

2018



{ YOUR 2018 INSURANCE }

benefits

2018 OPEN ENROLLMENT
OCTOBER 1—31, 2017

WELCOME TO
THE ST. JOHNS COUNTY SCHOOL DISTRICT SELF-FUNDED PLAN

WHAT'S INSIDE:



welcome	2
online enrollment	3
self-funded rates	4
medical	5
pharmacy	5
dental plans	6
hospital indemnity plan	7
vision plans	7
dependent eligibility documents	7
employee assistance program	8
long-term disability	8
basic life	8
flexible spending accounts	9
voluntary life insurance	9
voluntary short-term disability	10
voluntary long-term disability	10
wellness centers	11
wellawards	12
benefits portal	13
federal notices	14-15
contacts	16

Welcome!

Dear Plan Members:

Welcome to your 2018 Benefits-at-a-Glance Booklet! This booklet contains important material for you about the benefits provided to you by the St. Johns County School District. This October, during our Annual Open Enrollment Period, staff from HR Benefits and The Bailey Group will be at your school or site to answer any questions you may have.

*We offer two medical plans with different plan designs and different premiums. These choices are still available to you.

*The spousal surcharge is for any employee who has a spouse on the SJCS D medical plan who is offered employer-sponsored insurance outside of the school district. The surcharge is \$35 per pay period. If **there have been any changes to your spouse’s employment, you will need to update the Spousal Surcharge Affidavit form and submit by Tuesday, October 31, 2017.** You can find the form on www.HRConnection.com (User Name and Password: Sjcsd01 (case sensitive)).

**Premiums may increase effective January 1, 2018. Current rates are subject to negotiations for 2017–2018 school year.* By raising premium rates, we continue to stabilize the Medical Fund, which pays for the claims that members of the self-funded medical plan incur. Our schools district is privileged to have incredible benefits, on-site wellness centers, and the capacity to advance the fiscal position of the plan!

*SJCS D Wellness Centers powered by Marathon Health provide free and convenient healthcare for enrolled members (age 12+) of the St. Johns County School District medical plan. Clinicians at the wellness centers provide preventive and sick care, health coaching to develop wellness plans, and help for managing chronic conditions. The centers are there for you when you are not feeling well, but the greater focus is on helping you stay healthier longer.

* By participating in the Flexible Spending Accounts, you set aside pre-tax dollars to pay for unreimbursed medical/dental/vision /prescription expenses, or dependent day care. It does not matter which medical plan you’re enrolled in, you can enroll in the Medical and/or Dependent Day Care Flexible Spending Accounts to save money on certain expenses throughout the year. See page 9 for more details.

To your good health,



Cathy Weber
Director of Salaries and Benefits
SJCS D Insurance Plan Administrator

2017 –2018 Insurance Committee

- Kelly Abbatinozzi
- Michelle Dillon
- Bill Mignon, Board Member
- Carole Gauronskas
 - Mike Degutis
 - Lois Corpuz
 - Marie Lebon
 - Renee Downey
 - Cathy Hutchins
- Michelle Price, Benefits Supervisor
- Cathy Weber, Plan Administrator

ONLINE ENROLLMENT

MEDICAL/DENTAL/VISION INSURANCE INSTRUCTIONS

STEP 1: Enter Dependent Information

Login to SunGard using your Employee ID and password. Click on the Employee On-Line tab.

In the **Benefits Summary** section on the left, select **Family Info**. Complete all of the following information for every dependent you want covered on any insurance benefit (Medical, Dental, Vision, or Additional Life).

Add your dependent's First, Middle, Last Name (if they have a suffix, enter Last Name Suffix (e.g. Smith Jr)), Relationship, Date of Birth, Social Security Number (do not enter all 0 or all 9; must enter a legitimate Social Security Number), Gender, and check the box next to Address if they have the same address as you. If they do not have the same address, enter their address and phone number. You do not need to fill out any other information on this screen. Click SAVE button at the bottom of the page to save the dependent data. Click the BACK button to return to the Family Info screen, and add the next dependent. Do this for every dependent you want covered on any insurance.

*Family with 2 - Both you and your spouse are employed full-time with SJCSJ with children enrolled on the insurance policy. The total premiums will be divided equally among BOTH employee's paychecks. **Family w/2 Single Rate - Both you and your spouse are employed full-time with SJCSJ with NO children enrolled on the insurance policy. Both Employees are considered Family w/2, but premiums will be deducted at the SINGLE rate.

*Male spouse of the family w/2 or family w/2 Single Rate is required to add ALL of their dependents under Family Info in Employee Online. Then, he will select all of his dependents who are to be covered under Medical, Dental, and Vision insurance, and select Family w/2.

*Female spouse of the family w/2 or family w/2 Single Rate will NOT have any dependents. She will select Family w/2 – No dependents for Medical, Dental, and Vision insurance.

*Family w/2 Same sex spouses follow the person with the earliest birth month. For example, if you were born in January, but your same sex spouse was born in March, the employee born in January will add all of the dependents under their Family Info. See "Male Spouse" information above.

STEP 2: Select Insurance

In the **Benefits Summary** section on the left, select **Current Insurance**: Add, Change, or Terminate Hospital, Dental, Vision, or Indemnity.

For each benefit you would like to add, select the coverage type (such as HOSPITAL, DENTAL, VISION), then select the Plan Name (such as HOSPITAL 1) and choose the pre-tax or post-tax plan option. On the **Add Insurance Benefit** screen, select the coverage category that you want to enroll in and select the dependents to enroll by clicking in the box next to their name. In the Change Events dropdown box, click on "Open Enrollment." Enter 01/01/2018 in the Reason for Change text box. Save and move on to the next benefit you're adding. The status will change to PENDING for any benefits you are electing.

Delete Pending Change (If you have made a mistake):

Select **Current Insurance**: Add, Change, or Terminate Hospital, Dental, Vision, or Indemnity to delete pending changes. On the Current Eligible Insurance Benefit screen, select the appropriate benefit (HOSPITAL, DENTAL, VISION). On the Update Insurance Benefit screen, click on the box "**Delete this request**" button, click SAVE.

STEP 3: Submit Dependent Eligibility Documents

For each dependent you are enrolling/updating for Medical, Dental, Vision, or Additional Life insurance, you must provide a copy of valid Dependent Eligibility Document(s). See page 7 for details.

SELF-FUNDED INSURANCE

Current Rates Below are Subject to Negotiations for 2017-2018 School Year!

19 Pay Periods

8/31/2017—5/31/2018

Rate Increase Effective 1/15/2018

Employee Rates:

SJCSD Employer Contributions:

HOSPITAL INDEMNITY ONLY

\$0.00 \$317.56

MEDICAL - PPO HOSPITAL 1 (STANDARD PLAN)

Single	\$62.98	\$317.56
Family with 2*	\$134.22 (\$67.11 per employee)	\$766.18 (\$383.09 per employee)
Family w/2 Single**	\$125.96 (\$62.98 per employee)	\$766.18 (\$383.09 per employee)
Family	\$267.24	\$633.16

MEDICAL - PPO HOSPITAL 2 (BUY-UP PLAN)

Single	\$76.99	\$317.56
Family with 2*	\$200.53 (\$100.27 per employee)	\$766.18 (\$383.09 per employee)
Family w/2 Single**	\$153.98 (\$76.99 per employee)	\$766.18 (\$383.09 per employee)
Family	\$333.55	\$633.16

DENTAL Plan 1

Single	\$0.00	\$17.87
Family with 2*	\$4.09 (\$2.05 per employee)	\$35.74 (\$17.87 per employee)
Family w/2 Single**	\$0.00 (\$0.00 per employee)	\$35.74 (\$17.87 per employee)
Family	\$19.88	\$17.87

DENTAL Plan 2

Single	\$5.64	\$17.87
Family with 2*	\$20.60 (\$10.30 per employee)	\$35.74 (\$17.87 per employee)
Family w/2 Single**	\$11.28 (\$5.64 per employee)	\$35.74 (\$17.87 per employee)
Family	\$38.30	\$17.87

VISION

Single	\$0.00	\$5.89
Family with 2*	\$3.53 (\$1.77 per employee)	\$11.60 (\$5.80 per employee)
Family w/2 Single**	\$0.00 (\$0.00 per employee)	\$11.60 (\$5.80 per employee)
Family	\$7.47	\$7.66

- (1) If you make a change during Open Enrollment, your premiums will be at a Pro-Rated amount from December 15, 2017—May 31, 2018. You will have coverage through September 30, 2018, regardless of whether you continue with SJCSD in 2018-2019. If you do continue, your premiums will revert to the normal premium amounts above. The rates are subject to change if there are rate increases during the plan year.
- (2) Please note: Premium deductions are taken out pre-tax with your permission.
- (3) If you cover a spouse on SJCSD medical plans, and the spouse is offered medical coverage through their employer, you will be assessed a \$35 Spousal Surcharge in addition to your per-pay-period medical deduction.
- (4) *Family with 2 - Both you and your spouse are employed full-time with SJCSD with children enrolled on the insurance policy. The total premiums will be divided equally among BOTH employee's paychecks. **Family w/2 Single Rate - Both you and your spouse are employed full-time with SJCSD with NO children enrolled on the insurance policy. Both Employees are considered Family w/2, but premiums will be deducted at the SINGLE rate.

MEDICAL

(Administered by Florida Blue)

Benefit Description and Cost Sharing	PPO Hospital 1 (Standard Plan)		PPO Hospital 2 (Buy-up Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Blue Options		Blue Options	
Calendar Year Deductible (CYD) Per Individual Family Maximum	\$1000 \$3000	\$2000 \$6000	\$300 \$600	\$600 \$1200
Coinsurance (Coins)	80%/20%	60%/40%	80%/20%	75%/25%
Annual Out of Pocket Maximum	\$5,000/\$13,200 (includes CYD)	\$6,500/\$20,000 (includes CYD)	\$5,000/\$13,200 (includes CYD)	\$6,500/\$20,000 (includes CYD)
Lifetime Maximum Per Insured	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit				
Family Physician	\$30	CYD + coins.	\$30	CYD + coins.
Specialist (no referral needed)	\$60	CYD + coins.	\$50	CYD + coins.
Independent Lab	\$30	CYD + coins.	\$30	CYD + coins.
Inpatient Hospital Facility	CYD+ coins.	CYD+ coins.	CYD+ coins.	CYD+ coins.
Outpatient Hospital Surgery Facility	CYD + coins.	CYD + coins.	CYD+ coins.	CYD+ coins.
Emergency Room Facility	\$100 Copay + CYD/coins.	\$100 Copay + CYD/coins.	\$100 Copay + CYD/coins.	\$100 Copay + CYD/coins.
Urgent Care Center	\$30 Copay	CYD+ coins.	\$30 Copay	CYD+ coins.

PHARMACY

(Administered by ESI)

	PPO Hospital 1 (Standard Plan)	PPO Hospital 2 (Buy-up Plan)
Rx Retail/Mail-Order	Mandatory Generic*	Mandatory Generic*
Deductible	\$200 Individual/\$600 Family	N/A
Generic	\$20/\$40	\$15/\$30
Formulary Brand Name	\$35/\$70	\$30/\$60
Non-Formulary Brand Name	\$55/\$110	\$50/\$100
Specialty Drugs	Copay	Copay
Employee Cost Per Pay Period for Hospital Plans		
Single	\$62.55	\$76.46
Family with 2*	\$132.54 (\$66.27 per employee)	\$198.36 (\$99.18 per employee)
Family w/2 Single**	\$125.10 (\$62.55 per employee)	\$152.92 (\$76.46 per employee)
Family	\$265.56	\$331.38



*Mandatory generic prescriptions required for all members. When members choose to fill a brand-name prescription when a lower cost generic is available, the member pays the brand co-pay and the cost difference between the brand and generic drug. Physician must write medically necessary on the script to have the penalty waived.

**By utilizing the mail-order program, you pay for 2 months of supply but receive 3! All major chain pharmacies participate in the Express Scripts Home Delivery maintenance network.

This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.

Benefit Description	Dental 1		Dental 2	
	(Standard Plan)		(Buy-Up Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Traditional		PPO	
Calendar Year Deductible CYD Per Individual	\$25.00		\$25.00	
Family Maximum	\$50.00		\$50.00	
Calendar Year Maximum Payable Per Individual	\$1,000 Surgical extraction of impacted wisdom teeth \$1,000.		\$1,000 Surgical extraction of impacted wisdom teeth \$1,000.	
Preventive Services	Plan pays 100%	Plan pays 100% of Usual & Customary Charges	Plan pays 100%	Plan pays 100% of Usual & Customary Charges
Basic Services - Plan Pays - Member Pays	70% CYD + 30%	70% of Usual & Customary Charges CYD + Bill Balance	90% CYD + 10%	70% of Usual & Customary Charges CYD + Bill Balance
Major Services 3 Month Waiting Period - Plan Pays - Member Pays	50% CYD + 50%	50% of Usual & Customary Charges CYD + Bill Balance	60% CYD + 40%	60% of Usual & Customary Charges CYD + Bill Balance
Orthodontic Services 6 Month Waiting Period - Plan Pays - Member Pays	Orthodontic Lifetime Maximum Insurance Payable per person \$1,000 50% 50%			
Dental 1		Dental 2		
(Standard Plan)		(Buy-up Plan)		
Single	\$0.00		\$5.60	
Family with 2*	\$4.02 (\$2.01 per employee)		\$20.40 (\$10.20 per employee)	
Family w/2 Single**	\$0.00 (\$0.00 per employee)		\$11.20 (\$5.60 per employee)	
Family	\$19.81		\$38.09	

MyHumana Mobile app
"Now we go where you go"

Access your health information anytime, anywhere
Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

Use the MyHumana Mobile app and website to:

- View medical, dental, vision and pharmacy claims
- View and fax medical, dental and pharmacy ID cards
- View your plans and coverage details
- View your HumanaVitality® Dashboard†
- Receive medication reminders
- Research drug prices
- Locate providers in your network
- Refill your Humana Pharmacy™ prescriptions

Download the Mobile App:

Download the MyHumana Mobile app from your app store. Search "MyHumana" in the Google Play or App Store.



This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.

HOSPITAL INDEMNITY

PROVIDED BY SJCSO

(Administered by MFB Financial TPA, Inc. dba The Bailey Group)

**The Hospital Indemnity Plan is free and only available to eligible employees who are not enrolled in the Florida Blue Medical plan.*

DAILY BENEFIT:

- 1. Pays \$200 per day for the first 10 days of hospital confinement.**
- 2. Pays \$100 per day from day 11 through 180 days maximum.**

ROUTINE PHYSICAL EXAMINATION:

Benefit includes one exam and/or one Health Risk Assessment (HRA) to be performed only at one of the three St. Johns County School District On-Site Health Centers. Limited to one exam and/or one HRA every consecutive 12-month period.

You do not receive an identification card for this plan and there are no payroll deductions for this benefit.

Claims for reimbursement under the HIP plan shall include a completed HIP Claim Form. Forms can be found on www.HRConnection.com (Login information on the bottom of this page).

VISION PLAN

(Administered by MFB Financial TPA, Inc. dba The Bailey Group)

EYE EXAM

Eye Exam, Maximum Benefit.....\$65
 Benefit percentage payable.....100%
 Limited to one exam every consecutive 12-month period.

OCULAR HARDWARE

Maximum Benefit.....\$150
 Benefit percentage payable.....100%

This benefit may be used for Prescription Contact Lenses, Prescription Eyeglasses/Prescription Frames, or Prescription Sunglasses. Claims for reimbursement under the VISION plan shall include a completed Vision Claim Form. Forms can be found on www.HRConnection.com (see login info below), under Frequently Used Forms. **Contact Vision Customer Service at 904.461.1800 or at bbourne@mbaileygroup.com or bcromwell@mbaileygroup.com. Please note that there is no vision network. You may use the vision provider of your choice.**



All Vision Claims MUST be filed within 6 months from your Date of Service; or the claim will be DENIED.

This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.

Vision Plan	
Single	\$0.00
Family with 2*	\$3.50 (\$1.75 per employee)
Family w/2 Single**	\$0.00 (\$0.00 per employee)
Family	\$7.44

Dependent Eligibility Documents

You are required to provide dependent eligibility documentation for your dependents enrolled in Medical/Dental/Vision.

For Spouse:

*A Certified copy of your Marriage Certificate **AND one of the following**

*A copy of the front page of your 2016 federal tax return confirming this dependent is your spouse OR a document such as a recurring monthly household bill, **dated within the last 60 days**. **The bill must include your spouse's name and your mailing address.**

The document must list your spouse's name, the date and your mailing address.

For Children up to age 26:

*A copy of the child's birth certificate or adoption certificate naming you or your spouse as the child's parent. If you are covering a stepchild and your spouse is not a covered dependent, you must also provide documentation of your current relationship to your spouse as requested above.

For Disabled Children age 26 or older:

*A copy of the child's birth certificate (or hospital birth record) AND Evidence of Social Security Disability (SSD) showing parent/guardian and dependent names.

Submit documents to HR Benefits Department by Campus Mail, fax to (904) 547-7635, or email to Benefits_Documentation@stjohns.k12.fl.us.

What is an Employee Assistance Program (EAP)?

Part of the wellness program for St. Johns County School District employees is an Employee Assistance Program (EAP). An EAP can provide the help you need to get through tough times. **It is a voluntary and confidential counseling service.** Employees and family members may access the EAP to assist them in coping with the stress of everyday life. All services are designed to help maintain emotional well-being, as well as a productive role in the workplace and at home. Services include help with the following problems: abuse, adolescents, aging parents, alcohol/drug abuse, eating disorders, grief, child behavioral disorders, ADD/ADHD, school problems, smoking cessation, stress, and depression.

Who is the EAP Provider?

Dr. Townsend & Associates, PA is staffed by experts in various disciplines who are trained to diagnose and assist people in finding solutions to problems. If you or a family member have a problem, call (904) 797-2705 to set up an appointment. The SJCS D Employee Assistance Program (EAP) is designed to ensure confidentiality at all times. If you are a self-referral, no one employed by the SCJSD will know of your contact with the EAP (to the extent permitted by law). If you are referred by your supervisor, only limited information can be released, and that is only with your specific written permission. People will have problems that sometimes spill over into their personal or professional lives. Usually, the individual solves them alone. Sometimes people are unable to solve these problems without help. It is our belief that most problems can be resolved if professional help is available. This help is provided at no cost for SJCS D employees for their first three EAP visits.

St. Augustine
9 St. Johns Medical Park Dr.
St. Augustine, FL 32086
(904) 797-2705

Palatka
6910 Old Wolf Bay Road
Palatka, FL 32177
(904) 797-2705

O'Connell Wellness Center
3740 Int'l Golf Pkwy, Ste. 100
St. Augustine, FL 32092
(904) 797-2705

LONG-TERM DISABILITY

(Administered by The Hartford)

The Hartford LTD program covers disabling injuries or sicknesses sustained off the job, after a 90-day elimination period. If you suffer a covered disability while insured by this plan, you'll receive monetary benefits designed to help you maintain your normal lifestyle. Your SJCS D employer provides coverage at 50% of your earnings up to a \$3,000 monthly maximum, at no cost to you.

Additional Benefits Available to you at No Cost:

Ability Assist Counseling Services: Call 1.800.96.HELPS if you would like guidance on emotional, work-life, financial, legal or health.

Travel Assist & Identity Theft Program: Hurt away from home? Think you've been the victim of ID theft? Learn more at www.thehartford.com/employeebenefits.

BASIC LIFE AND AD&D

(Administered by Mutual of Omaha)

Employees	Coverage is provided free of charge at 2 times your salary, minimum of \$20,000 and maximum of \$200,000.
------------------	---

This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.

FLEXIBLE SPENDING ACCOUNT

(Administered by AmeriFlex)

WHAT ARE THE BENEFITS OF AN AMERIFLEX FSA?

- NO taxes on the amount(s) that are deducted from your paycheck and deposited to your FSA account!
- Track your FSA account online! <http://www.flex125.com>
- Eliminate paper claims. Online Benefit!
- Use your FSA card to pay for qualified Medical and Dependent Daycare expenses.



YEARLY MAXIMUM:

Unreimbursed Medical FSA - \$2,600.00 Dependent Day Care FSA - \$5,000.00 (**\$300 minimum each account**)

HOW DO I ENROLL?

- **EACH OPEN ENROLLMENT** (October 1—31) You MUST login to SunGard and provide your calendar election for 2018. Your 2017 calendar election will terminate December 31, 2017. Login to SunGard, select Employee On-Line, under "Benefits Summary," select Medical/Dependent Daycare 125. Select either Med125 PT EMPL for Medical FSA or Dep/Daycare for Dependent Daycare. Next to Employee Cost, replace the Per Pay Period amount by typing over the amount and entering the new **ANNUAL** amount you elect to contribute per calendar year (January 1 - December 31). Select Open Enrollment in the Change Events drop down box, and SAVE.

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

- A FSA is an IRS regulated Section 125 plan which allows you to have money deducted from your paycheck before taxes are determined and deposited into an account that you can use for unreimbursed medical expenses or dependent daycare expenses.

EXAMPLES OF ELIGIBLE MEDICAL EXPENSES:

- Your annual medical and dental plan CYDs, and Your annual medical, dental and vision co-insurance expenses
- Prescription co-pays
- Mileage for medical, dental and vision appointments
- Any IRS approved Medical Expense in accordance with IRS publication 502 even if it is not covered under the medical or dental plans

ELIGIBLE DEPENDENT DAYCARE EXPENSES:

- Daycare for children under the age of 13, disabled spouses, disabled children over 13, and dependent parents

OVER-THE-COUNTER (OTC) RULES DUE TO HEALTH CARE REFORM:

- You are required to **file a paper claim form** in order to be reimbursed for all OTC medicines for which a prescription is required.
- OTC items which are not considered a medicine or drug will **not** require a prescription and therefore, you will still be able to use your debit card to pay for these items at a pharmacy/drug store, just as you have in the past: Acne creams, anti-fungal foot medication, antiseptics and wound cleaners, band aids, braces and supports, catheters, denture adhesives, diabetic testing and aids, diagnostic tests and monitors, elastic bandages and wraps, eye care and contact lens supplies, family planning kits, fiber laxatives, first aid supplies, hearing aid batteries, infant electrolytes and dehydration solutions, infant teething pain supplies, insulin and diabetic supplies, nebulizers, orthopedic aids, ostomy products, reading glasses, smoking deterrents, syringes, thermometers, wheelchairs, walkers and canes.

WHAT IF I DO NOT USE ALL OF THE FUNDS THAT ARE IN MY FLEXIBLE SPENDING ACCOUNT(S)?

Plan Carefully! If you do not use the funds by the end of the year you will lose the funds. The funds will not roll over to your account for the next year. For example, 2017 funds will not roll over to 2018. They will remain in the general FSA account to be used for administrative purposes. *Please note that this is an IRS regulation.*

VOLUNTARY LIFE INSURANCE

(Administered by Mutual of Omaha)

***NEW FOR OPEN ENROLLMENT 2018* GUARANTEED ISSUE (GI) FOR EMPLOYEE COVERAGE: \$30,000 GI for Employees who already have any amount of Voluntary Life, if you apply during OE! No Evidence of Insurability (EOI) required!**

For Yourself: An amount between \$10,000 and \$1,000,000, in increments of \$10,000 not to exceed 4 times your base annual earnings. You will need to fill out an Evidence of Insurability (EOI) for amounts greater than \$30,000, and it will be subject to approval from Mutual of Omaha. Your life insurance benefits are subject to age reductions. At age 70, amounts reduce to 67%. At age 75, amounts reduce to 50%. Employee coverage terminates at retirement.

For Your Spouse: An amount between \$5,000 and \$150,000, in increments of \$5,000 and up to a maximum equal to one-half of the employee's coverage. You will need to fill out an EOI for your spouse and it will be subject to approval from Mutual of Omaha. Spouse coverage terminates at age 70.

For Your Child(ren): From birth to 13 days, the coverage will be \$1,000. From 14 days to age 26, regardless of full-time student status, it is a \$10,000 policy for \$1.23 a month. This covers each child for \$10,000.

Log into SunGard, Employee On-Line, under **Benefits Summary**, select **Additional Life Insurance**. Select **Apply Online** or **apply online at www.mybensite.com/stjohns** (website is case sensitive).

The effective date for voluntary life insurance coverage and premiums will be the approval date from Mutual of Omaha.

MONTHLY COST FOR EMPLOYEE / SPOUSE

AGE	LIFE INSURANCE POLICY AMOUNT		
	\$50,000	\$100,000	\$250,000
Under 25	\$3.00	\$6.00	\$15.00
25-29	\$3.60	\$7.20	\$18.00
30-34	\$4.80	\$9.60	\$24.00
35-39	\$5.40	\$10.80	\$27.00
40-44	\$6.00	\$12.00	\$30.00
45-49	\$8.95	\$17.90	\$44.75
50-54	\$13.75	\$27.50	\$68.75
55-59	\$18.00	\$36.00	\$90.00
60-64	\$22.50	\$45.00	\$112.50
65-69	\$27.00	\$54.00	\$135.00
70+	\$31.50	\$63.00	\$166.00

Want exact cost for you?
Check out the life insurance deduction calculator on HR Connection and SunGard!

Voluntary:

Short-term Disability (STD) coverage protects you when an illness, accident* or maternity leave has kept you out of work. This coverage will pay you 60% of your weekly covered earnings. Coverage available for all percentage teachers.

- ALL OF YOUR SICK LEAVE BALANCE MUST BE USED PRIOR TO WEEKLY BENEFITS BEING PAID TO YOU
- AVAILABLE TO ALL EMPLOYEES WORKING 25 HOURS OR MORE PER WEEK
- MAXIMUM BENEFITS ARE \$1,000 PER WEEK
- COVERAGE IS PAID BY THE EMPLOYEE

The Pre-existing Condition Limitation will apply to any increases in benefits. This limitation will not apply to a period of disability that begins after an Employee is covered for at least 12 months after his or her most recent effective date of insurance, or the effective date of any added or increased benefits.

*Please note that this Short-Term Disability policy does not pay you benefits for work-related injuries covered by Workers' Compensation.

OPTION 1 - PAYS AFTER 10 DAYS OF AN INJURY AND/OR SICKNESS.

OPTION 2 - PAYS AFTER 20 DAYS OF AN INJURY AND/OR SICKNESS.

OPTION 3 - PAYS AFTER 30 DAYS OF AN INJURY AND/OR SICKNESS.

• **There are two steps to enroll in Short-Term Disability:**

- Complete The Hartford Enrollment Form and submit to HR Benefits by **Oct. 31, 2017**.
- You will receive an **email** from The Hartford with a link to the Online Evidence of Insurability form. You must complete and submit the on-line Evidence of Insurability form back to The Hartford. **You are not approved for Short-Term Disability until you have received notification of approval from The Hartford.**
- Guaranteed issue is available when you first become eligible for benefits. After this period, it is not guaranteed issue and you will need to provide evidence of insurability, subject to approval by The Hartford.
- The enrollment form and "Short-Term Disability Calculator" can be found under "Frequently Used Forms" on www.HRConnection.com. Or, login to SunGard, Employee On-Line, under **Benefits Summary**, select **Additional Benefits Forms** to calculate your rates!
- The effective date for voluntary STD coverage and premiums will be the approval date from The Hartford, **not 1/1/18**.

MONTHLY RATES PER \$10 OF COVERED BENEFIT			
If you are between these ages:	OPTION 1	OPTION 2	OPTION 3
Age 54 and Under	\$0.38	\$0.21	\$0.15
55 - 59	\$0.42	\$0.23	\$0.16
60 - 64	\$0.49	\$0.27	\$0.19
65 & Over	\$0.54	\$0.29	\$0.21

For example: If you are 40, earning \$40,000 annually, and choose Option 1, your weekly benefit is \$461.54.

SHORT-TERM DISABILITY—OPTION 1

Your Monthly Cost: $\$40,000/52 = \$769.23 \times 0.60 = \$461.54 \times \$0.38 = \$175.39/10 = \17.54 monthly $\times 12 = \$210.48$ Annually

\$10.53 = Deduction for Employee with 20 Pay Periods

\$8.77 = Deduction for Employee with 24 Pay Periods

VOLUNTARY LONG-TERM DISABILITY

(Administered by The Hartford)

• **There are two steps to enroll in Long-Term Disability:**

- Complete The Hartford Enrollment Form and submit to HR Benefits by **Oct. 31, 2017**.
- You will receive an **email** from The Hartford with a link to the Online Evidence of Insurability form. You must complete and submit the on-line Evidence of Insurability form back to The Hartford. **You are not approved for Long-Term Disability until you have received notification of approval from The Hartford.**
- You can sign up for an additional 10% of coverage giving you long-term disability insurance of **60%** of your earnings up to a **\$5,000** monthly maximum. Guaranteed issue is available when you first become eligible for benefits. After this period, there is no guaranteed issue for the additional 10% buy-up, and **you will be required to complete the enrollment form and Evidence of Insurability (EOI), subject to approval by THE HARTFORD.**
- Pre-Existing Condition Limitation: A pre-existing condition is any injury or illness for which you have consulted a physician (or for which a reasonable person would have consulted a physician), received medical treatment, care or services (including diagnostic measures), taken prescribed drugs or medicines, or incurred expenses during the 3 months prior to the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins more than 12 months after the effective date of your coverage.
- Enrollment form can be found on www.HRConnection.com or SunGard, Employee On-Line, under **Benefits Summary** select **Additional Benefits Forms**. The effective date for voluntary LTD coverage and premiums will be the approval date from The Hartford, not 1/1/18.

TO CALCULATE YOUR MONTHLY COST: **Monthly Pay X .05 ÷ 100 = Monthly Premium**
 (If you earn \$2,000 a month: $\$2,000 \times .05 \div 100 = \1.00 a month!)

Locations

Pedro Menendez Wellness Center: 580 State Road 206 W

Nease Wellness Center : 10430 Ray Rd., Ponte Vedra Beach

O'Connell Wellness Center at Mill Creek: 3740 International Golf Parkway

Available Services

- EAP—First 3 **FREE!**
- Primary Care, Urgent Care, Chronic Care
- Diabetic Management Program
- Majority of top utilized generic drugs **FREE!**
- Diabetic Testing Supplies **FREE!**
- **NO COPAY!**
- Lab work **FREE!**
- Digital X-ray (Nease & Menendez locations only) **FREE!**
- Routine/Preventive **FREE!**
- All services are provided to employees, dependents age 12 years and older, and retirees covered under the SJCSD Self-Funded Medical Plan.

On-Site Prescriptions & 90-Day Prescription Mail

Did you know you can get some generic prescriptions for **free at the On-Site Wellness Center**? Just make an appointment with the provider of your choice to determine your medication needs! The On-Site Wellness Center also offers a 90-day mail-order program! *Please note that the Wellness Centers are a dispensary for prescriptions, not a pharmacy. This means you must schedule a medical appointment with a Wellness Center Physician to receive prescriptions at the Wellness Center.* You cannot fill a prescription written by anyone other than a Marathon Wellness Center physician at the Wellness Centers. **Not all prescription drugs are available at the Wellness Centers.**

HRA Surcharge Program:

- Step 1: Complete the Marathon Health online (HHRA) Health History and Risk Assessment—www.marathon-health.com/myphr and after logging in, select the “Manage My Health” tab. After completion, select the option to “Save Send to My Health Record.”
- Step 2: Schedule an appointment for a Biometric Screening—Go online: www.marathon-health.com/myphr or call one of the wellness centers to schedule an appointment!
- Complete Biometric screening and HHRA to avoid a 2-year, \$10 insurance premium surcharge per pay period.
- Employees hired **after April 15, 2017 and before April 15, 2018**, and born in an odd year are **NOT** required to complete these steps by November 15, 2017. Employees and their spouse will be required to complete these steps January 1, 2019 through November 15, 2019.
- Employees hired **after April 15, 2017 and before April 15, 2018**, and born in an even year **ARE** required to complete these steps in 2018. Employee and their spouses are required to complete these steps January 1, 2018 through November 15, 2018.
- Spouses follow employees birth year, regardless of their own birth year.
- Family w/2 employees follow the male employee birth year.
- Same-sex Family w/2 employees follow the person with the earlier birth month. For example, if your birth month is July and your spouse birth month is February, you both follow the birth year of the person born in February.

No Show Policy:

- Patients will receive an email reminder of their appointment 24 hours prior. You have until 1 hour prior to cancel and not be subject to a fee.
- You will receive written notification from the insurance plan administrator of your recorded no shows. The first one will be excused.
- Should the employee, retiree, or dependent, not show up and not cancel within a 12-month period after the first excused “no show,” the employee or retiree will be subject to a fee of \$25 per slot whether appointment was medical or ancillary. Employees/retirees are responsible for fees incurred by their covered dependents.



SJCSD Wellness Centers

Pedro Menendez Wellness Center

580 State Rd. 206 W.
St. Augustine, FL 32086
904-671-8337
Mon/Thu/Fri 8am-5pm
Tue 10am-7pm
Wed 6:30am-5pm*

Nease Wellness Center

10430 Ray Road
Ponte Vedra, FL 32081
904-671-8329
Mon-Wed 8am-5pm
Thu 10am-7pm
Fri 6:30am-5pm*
Saturday 9am-1pm

O'Connell Wellness Center

3740 International Golf Parkway Suite 100
St. Augustine, FL 32092
904-671-8333
Mon/Tue/Fri 8am-5pm
Wed 8am-7pm
Thu 6:30am-5pm*



my.marathon-health.com



For All St. Johns County School District Employees

WellAwards

Don't miss out on a chance to win 1 of 80 one time \$100 payroll increases!

PROGRAM INSTRUCTIONS

- (1) Complete as many of the wellness activities listed below for better health and total wellness; however, a minimum of 5 entries is required to enter the drawing. Each wellness activity corresponds to a varying amount of drawing entries based on commitment level and health impact. The more activities you complete the more chances you have to win!
- (3) Submit your Drawing Entry using the new electronic program submission form or submit your form to your Wellness Site Coordinator by the last day of the session (December 1). Submit only one entry form per session with all of your completed activities clearly marked. Please maintain a copy of the entry form for your records.

- (1) To be awarded drawing entries for participation in the wellness activities below, check the appropriate box in the completion column*.

**Activity completion will be verified by the Bailey Group and Marathon Health with three exceptions. (A) If you maintain a fitness log you must submit a completed log with your Drawing Entry. (B) If you complete a Preventive Exam you must submit a Preventive Exam Verification Form with your Drawing Entry. (C) If you complete a local 5K or similar event you must submit proof of event completion (bib number, race time, photo, etc.).*

- (3) Once entry forms are collected and the drawing has concluded, winners will be notified through the Wellness Site Coordinators.

Please visit HRConnection.com for program updates and announcements! You can also access an electronic version of the WellAwards Entry Form, the Preventive Exam Verification Form, and a Fitness Log on HRConnection.com anytime of the day.

FALL SEMESTER ACTIVITIES

ACTIVITY DIScription		ENTRIES AWARDED
Example <input type="checkbox"/>	To receive credit for these activities, check the box to the left (as shown) for those you have completed.	0 Entries
<input type="checkbox"/>	Maintain a Fitness Log {Average 30 mins a day at least 5 days a week for the duration of the program } Must submit the written log or gym utilization to earn to entries.	10 Entries
<input type="checkbox"/>	Receive a Flu Immunization At an on-site flu clinic, Marathon Health Clinic or a local provider. More information on proof of completion to come.	5 Entries Per Immunization
<input type="checkbox"/>	Complete a Preventive Exam Between June 1—November 30th {Includes but is not limited to: annual physical, pap, PSA, colonoscopy, mammogram, or dermatological.} Must submit a completed WellAwards Preventative Exam Form to earn the entries.	5 Entries Per Exam
<input type="checkbox"/>	Complete a Local 5K Walk/Run or Similar Event Must submit proof of completion in the form of a race bib, race results or picture at event to earn entries.	2 Entries Per Event

ACTIVITY DIScription		ENTRIES AWARDED
Example <input type="checkbox"/>	To receive credit for these activities, check the box to the left (as shown) for those you have completed.	0 Entries
<input type="checkbox"/>	Participate in an Online Wellness Workshop Webinar {Can be found on the Marathon Health eHealth Portal under the Wellness section.}	3 Entries
Participate in the Semester Wellness Challenges		
<input type="checkbox"/>	Taste the Rainbow Dates: September 25—October 22 4-Week Nutritional Challenge *Must participate in all 4-weeks of the program to be eligible for entries.	5 Entries
<input type="checkbox"/>	Walk Across the USA Dates: October 30—Dec 10 6-Week Walking (Step) Challenge *Must participate in weeks 1-5 check-ins to be eligible for entries.	5 Entries

BENEFITS PORTAL

www.HRConnection.com

User Name: Sjcsd01 Password: Sjcsd01

Both the User Name and Password are Case Sensitive!

HRconnection

HRconnection Login

Username:

Sjcsd01

Password:

•••••

Login



On the Home tab you will find important communications, recommended links and frequently used files.

Check out the Benefits tab to find details on all benefits offered to employees, FAQ's and health news.

View the On-Site Wellness Centers tab for hours, appointment scheduling tips, and more.

Click the Wellness tab to find the latest on what's happening with the wellness program.

HR Department New Hire Benefits Information Guide

Frequently Used Forms

Below are some helpful forms, including both Benefit and Human Resource forms.

- [2014-2015 Mutual of Omaha Enrollment Form](#)
- [2016 Exclusions](#)
- [2016 Hospital 1 Benefits Booklet](#)
- [2016 Hospital 2 Benefits Booklet](#)
- [2016-2017 Family Status Change Form](#)
- [2016-2017 Self-Funded Enrollment Form](#)
- [Changing your PC Username and](#)

SUNGARD/EMPLOYEE ONLINE

Login to SunGard with your Employee ID number and password.

You can access Employee Online through SunGard. Use your Employee ID Number and password to access your Benefits Summary.

Click on Employee Online and scroll down the left hand side menu to Benefits Summary. Click on Current Insurance to view your enrollments.

Connect to ifas_prod

User:

Password:

Login

Help

Benefits Summary

- [Family Info](#)
- [Current Insurance: Add, Change or Terminate Hospital, Dental, Vision or Indemnity](#)
- [Medical/Dependent Daycare 125](#)
- [Retirement](#)
- [Additional Benefits Forms](#)
- [Additional Life Insurance](#)

St. Johns County School District Self-Funded Medical Plan Privacy Notice

The full privacy notice can be viewed on your benefits website, www.HRConnection.com. If you do not have computer access, please contact Virginia Schulze at The Bailey Group at 904-461-1800 to be mailed a copy.

Section 125 Qualifying Events & Benefit Election Changes

Under IRC § 125, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken out of your paycheck before federal income and Social Security taxes are calculated. You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will be in effect January 1—December 31, unless you experience an IRS-approved qualifying event. A qualifying event, also known as a "Family Status Change," is a change in your personal life that may impact you or your dependents' eligibility for benefits under the St. John's County School District Self-Funded Medical Plan. Qualifying events include, but are not limited to:

- Marriage or divorce;
- Death of spouse or other dependent;
- Birth or adoption of a child;
- A spouse's employment begins or ends;
- A dependent's eligibility status changes due to age or employment status; and
- You or your spouse experience a change in work hours that affects benefit eligibility.

All benefit plan changes must be necessitated by and consistent with the Family Status Change rules, and that change must be acceptable under the Health Insurance Portability Act (HIPAA).

The following items must be completed and forms and documentation submitted to Michelle Price, HR, within thirty (30) days of the qualifying event in order to be approved.

- (1) Login to SunGard and request Insurance Changes.
- (2) Submit completed Family Status Change and Self-Funded Enrollment forms.
- (3) Submit Dependent Eligibility Documents for each dependent.

Women's Health & Cancer Rights Act of 1998 (WHCRA) Model Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same DEDs and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits contact your Plan Administrator, Florida Blue, at 1.800.352.2583.

Notice to Employees in a Self-Funded Nonfederal Governmental Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. St. Johns County School District has elected to exempt the St. Johns County School District Self-Funded Medical Plan from the following requirements:

Parity in the application of certain limits to mental health benefits

Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan. This basically means that your current mental health and substance abuse benefits provided under the St. Johns County School District Self-funded Medical Plan will not be changed. The exemption from these Federal requirements will be in effect for the 2018 Plan Year beginning 1/1/2018 and ending 12/31/2018. The election may be renewed for subsequent plan years. HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. If you have any further questions, please contact Virginia Schulze at The Bailey Group at 904-461-1800.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

FEDERAL NOTICES

FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>
- Click on Health Insurance Premium Payment (HIP)
Phone: 404-656-4507

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2019)

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with St. Johns County School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. St. Johns County School District has determined that the prescription drug coverage offered by the St. Johns County School District Self-Funded Medical Plan & Florida Blue is, on average for all participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current SJCS D Self-Funded Medical Plan prescription coverage will be affected. You **cannot** keep your coverage with the SJCS D if you elect Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage under the SJCS D Self-Funded Medical Plan, be aware that you and your dependents will **not** be able to get this coverage back. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.)

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the SJCS D Self-Funded Medical Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have the coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact your Human Resources Department. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage with Florida Blue changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

REMEMBER: Keep this Creditable Coverage notice. If you decided to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty). If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 1, 2017
Name of Entity/Sender: St. Johns County School District
Contact/Position: Virginia Schulze, Account Executive, The Bailey Group
Address: 1200 Plantation Island Drive, Suite 210, St. Augustine, FL 32080
Phone Number: (904) 461-1800

St. Johns County School District Benefits Contacts

MEDICAL:

Florida Blue
Group #63316
PO Box 1798
Jacksonville, FL 32231

1-800-352-2583

Use your Florida Blue ID Card.

www.floridablue.com

PHARMACY:

Express Scripts, Inc. (ESI)

Group #SJCSDRX

Express Scripts Customer Service:

1-855-723-6091

Use your Express Scripts ID Card for prescriptions.

www.express-scripts.com

DENTAL:

Humana Dental

Group #673584

Humana Dental Claims Office

PO Box 14611

Lexington, KY 40512-4611

1-800-233-4013

Use your Humana Dental ID Card.

VISION:

MFB Financial, TPA

Group #1-V

1200 Plantation Island Dr., #210

St. Augustine, FL 32080

1-866-826-1800, 904-461-1800

904-461-1819.fax

No ID card needed.

www.HRConnection.com

HOSPITAL INDEMNITY:

MFB Financial, TPA

Group #1-H

1200 Plantation Island Dr., #210

St. Augustine, FL 32080

1-866-826-1800, 904-461-1800

904-461-1819.fax

No ID card needed.

www.HRConnection.com

LIFE:

Mutual of Omaha

Group #49996

Group Life Claims

Mutual of Omaha Plaza

Omaha, NE 68174-0001

1-800-775-8805

No ID card needed.

SHORT & LONG-TERM

DISABILITY:

The Hartford

Group #402873

1-800-549-6514

No ID card needed.

www.thehartfordatwork.com

FSA:

AmeriFlex

Group #AMFSJOHNS

PO Box 269009

Plano, TX 75026

1-888-868-3539

1-888-631-1038.fax-

ATTN:CLAIMS

Use your AmeriFlex FSA Card.

www.flex125.com

BENEFITS WEBSITE:

Find all of your benefits forms, up-to-date info, wellness tips, and more at:

www.HRConnection.com

User ID: Sjcsd01

Password: Sjcsd01

Local Representative:

Receptionist: 904-461-1800

Mark Bailey, President—
mbailey@mbaileygroup.com

Allison Profitt, Account Executive—
aprofitt@mbaileygroup.com

Virginia Schulze, Account Executive—
vschulze@mbaileygroup.com

Becky Cromwell, Account Executive—
bcromwell@mbaileygroup.com

BB Bourne, Account Research Coordinator—
bbourne@mbaileygroup.com

Ellen Dixon, Account Executive—
edixon@mbaileygroup.com or
ellen.dixon@stjohns.k12.fl.us



HR Benefits:

Michelle Price, Benefits Supervisor, 904-547-7549

Cathy Weber, Dir. Benefits & Salaries, 904-547-7610

Chris Hector, Benefits Specialist, 904-547-7760

Angela Taylor, Benefits Clerk, 904-547-7729

Phyllis Coppola, Executive Secretary, 904-547-7610

Ellen Dixon, Account Executive, 904-547-7561