



# 2022 Employee Benefits-at-a-Glance Guide

**2022 Open Enrollment  
October 1-31, 2021**



## TABLE OF CONTENTS

Welcome	2
BusinessPlus/Employee Online	2
Online Enrollment Directions	3
Self-Funded Rates	4
Medical Plans	5
Pharmacy Plans	5
Wellness Centers	6
HRA Surcharge	7
Well-Being	8
Teladoc	9
Dental Plans	10
Hospital Indemnity Plan (HIP)	11
Vision Plan	11
Dependent Eligibility Documents	11
Employee Assistance Program (EAP)	12
Employer Paid Long-Term Disability	12
Basic Life and AD&D	12
Comp Guidance Resources	13
Voluntary Flexible Spending Accounts (FSA)	14
Voluntary Term Life Insurance	14
Voluntary Short-Term Disability	15
Voluntary Long-Term Disability	15
Voluntary Group Whole Life Insurance	16
Federal Notices	17-19
Contacts	20

# Hello, SJCS D Plan Members!

Welcome to the 2022 Plan Year for St. Johns County School District Employee Benefits. Enclosed in this booklet are details to help you make informed decisions during Open Enrollment, October 1—31, 2021. This booklet is an overview of the comprehensive benefits package offered to you by St. Johns County School District. We care about our employees and are committed to bringing you the best possible benefits at the most reasonable cost. Each year, we evaluate our benefits programs to ensure we keep this commitment to you.

*Members of the HR Benefits team and The Bailey Group will be on-site at various locations and available via virtual meetings throughout the month of October. The link to sign up is: <https://calendly.com/sjcldbenefits> Once the calendar loads for October, locate the date and time assigned to your location. Choose the time that works for you. If the specific date/time for your location does not fit your needs, please choose SJCS D Virtual OE Consultation for ALL EMPLOYEES. On the Enter Details page, complete all required fields. You will receive an email confirmation. If you need to cancel/reschedule, please refer to your email confirmation.*

**NEW THIS YEAR:**



**Voya**—Voya is our new provider for Life and Disability. Please see the rates for short term and long term disability on page 15. You can find detailed information about Voluntary Term Life on page 14. Rates are available in BusinessPlus/Employee Online/Benefit Summary/Additional Benefits Forms/Additional Term Life.

**Guaranteed Issue is \$30k for employees only if you already have at least \$10k of voluntary life in place!**

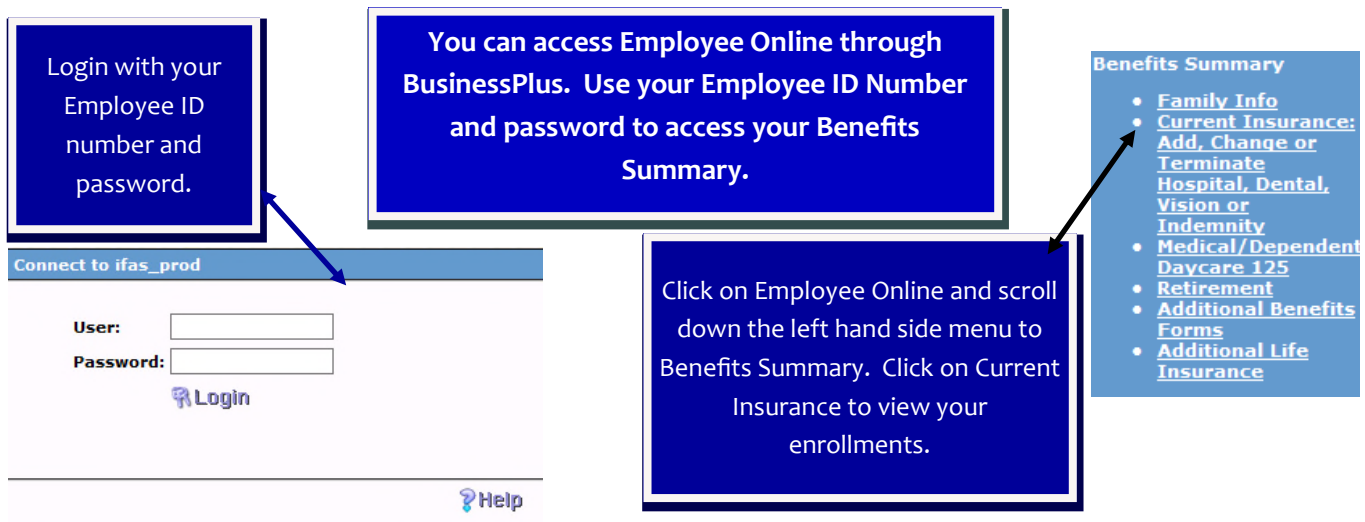
- Guaranteed Issue Whole Life Insurance from Mass Mutual! \$100k Guaranteed Issue and up to \$250k simplified if you answer NO to a simplified questionnaire. See page 16 for more information. Rates are available in BusinessPlus/Employee Online/Benefit Summary/Additional Benefits Forms/Additional Whole Life.
- Now is the time to update your life insurance beneficiaries with SJCS D. Complete the Self-Funded enrollment form located on BusinessPlus/Employee Online/Additional Benefit Forms/Self-Funded Enrollment Form and return to the HR Benefits Department by October 31, 2021.
- The Medical Spousal Surcharge Affidavit 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 October 31, 2021.** You can find the form on <https://sjcsd.mbailegroup.com> or on Business+/Employee Online/Additional Benefits Forms/Spousal Surcharge Affidavit
- Current rates are subject to negotiations for 2021—2022 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.
- SJCS D Wellness Centers powered by Marathon Health provide free and convenient healthcare for enrolled members (age 12+) of the SJCS D medical plan. Clinicians at the wellness centers provide preventive, sick care, health coaching to develop wellness plans, mental health counseling, 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.



- Opt-In Text Messaging—Receive important updates and information from SJCS D about your benefits and well-being program. Text the keyword SJCS D to 47177 to join now! Msg & data rates may apply. 5 msgs/mth. Reply STOP to 47177 to cancel. Terms & privacy policy at [sms.mbailegroup.com/sjcscd](https://sms.mbailegroup.com/sjcscd).

J. Wynn, Director of Benefits & Salaries

## BusinessPlus Portal



**MEDICAL/DENTAL/VISION INSURANCE INSTRUCTIONS****STEP 1: Enter Dependent Information**

Login to BusinessPlus 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 of the following insurance benefits (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 employees' paychecks.

- Male spouse selects Family with 2 Children and is required to add ALL of their dependents (including spouse) 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 selects Family with 2 Child/Spouse and will NOT have any dependents selected.

**\*\*Family w/2 Single Rate** - Both you and your spouse are employed full-time with SJCSJ without children enrolled on the insurance policy. The total premiums will be divided equally among BOTH employees' paychecks.

- Male spouse selects Family with 2 Single and is required to add his spouse only under Family Info in Employee Online. Then he will select his spouse who is to be a covered dependent under Medical, Dental, and Vision insurance.
- Female spouse selects Family with 2 Single/Spouse and will NOT have any dependents selected.

**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 "1/1/2022" 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 as a new hire.

Delete Pending New Hire Changes:

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 for Medical, Dental, Vision, or Additional Life insurance, you must provide a copy of valid Dependent Eligibility Document(s). See page 11 for details.

**19 Pay Periods****9/15/2021—6/15/2022****Employee Rates:****Employer Contributions:****HOSPITAL INDEMNITY****(Not Major Medical Insurance)**

Employee Only \$0.00 \$318.43

**HOSPITAL PLAN 1****(Standard Plan)**

Employee Only \$63.84 \$318.43

Family with 2\* (Children) \$137.61 (\$68.81/\$68.80) \$772.34 (\$386.17 per employee)

Family w/2 Single\*\* \$127.68 (\$63.84 per employee) \$772.34 (\$386.17 per employee)

Employee & Family \$270.07 \$639.32

**HOSPITAL PLAN 2****(Buy-Up Plan)**

Employee Only \$78.06 \$318.43

Family with 2\* (Children) \$204.92 (\$102.46 per employee) \$772.34 (\$386.17 per employee)

Family w/2 Single\*\* \$156.12 (\$78.06 per employee) \$772.34 (\$386.17 per employee)

Employee & Family \$337.94 \$639.32

**DENTAL PLAN 1****(Standard Plan)**

Employee Only \$0.00 \$22.14

Family with 2\* (Children) \$4.23 (\$2.12/\$2.11) \$40.28 (\$20.14 per employee)

Family w/2 Single\*\* \$0.00 (\$0.00 per employee) \$40.28 (\$20.14 per employee)

Employee & Family \$20.02 \$22.14

**DENTAL PLAN 2****(Buy-Up Plan)**

Employee Only \$5.72 \$22.14

Family with 2\* (Children) \$21.08 (\$10.54 per employee) \$40.28 (\$20.14 per employee)

Family w/2 Single\*\* \$11.44 (\$5.72 per employee) \$40.28 (\$20.14 per employee)

Employee & Family \$38.72 \$22.14

**VISION**

Employee Only \$0.00 \$5.97

Family with 2\* (Children) \$3.59 (\$1.80/\$1.79) \$11.78 (\$5.89 per employee)

Family w/2 Single\*\* \$0.00 (\$0.00 per employee) \$11.94 (\$5.97 per employee)

Employee & Family \$7.63 \$7.84

- (1) If you make a change during Open Enrollment, your premiums will be at a "Pro-Rated" amount from December 15, 2021—June 15, 2022. If you have deductions through June 15, 2022, you will have coverage through September 30, 2022, regardless of whether you continue with SJCSJ in 2022-2023. 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 SJCSJ 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 (Children)** - 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 employees' paychecks.
- (5) **\*\*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, both premiums will be deducted at the SINGLE rate for each employee.

# 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
<b>Network</b>	Blue Options	N/A	Blue Options	N/A
<b>Calendar Year Deductible (CYD) Per Individual Family Maximum</b>	\$1000 \$3000	\$2000 \$6000	\$300 \$600	\$600 \$1200
<b>Coinsurance (Coins)</b>	80%/20%	60%/40%	80%/20%	75%/25%
<b>Annual Out of Pocket Maximum</b>	\$5,000/\$13,200 (includes CYD)	\$6,500/\$20,000 (includes CYD)	\$5,000/\$13,200 (includes CYD)	\$6,500/\$20,000 (includes CYD)
<b>Lifetime Maximum Per Insured</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visit</b>				
Family Physician	\$30	CYD + coins.	\$30	CYD + coins.
Specialist (no referral needed)	\$60	CYD + coins.	\$50	CYD + coins.
<b>Independent Lab</b>	\$30	CYD + coins.	\$30	CYD + coins.
<b>Inpatient Hospital Facility</b>	CYD+ coins.	CYD+ coins.	CYD+ coins.	CYD+ coins.
<b>Outpatient Hospital Surgery Facility</b>	CYD + coins.	CYD + coins.	CYD+ coins.	CYD+ coins.
<b>Emergency Room Facility</b>	\$100 Copay + CYD/coins.	\$100 Copay + CYD/coins	\$100 Copay + CYD/coins	\$100 Copay + CYD/coins
<b>Urgent Care Center</b>	\$30 Copay	CYD+ coins.	\$30 Copay	CYD+ coins.

# PHARMACY

(Administered by Express Scripts Inc. (ESI))

	PPO Hospital 1 (Standard Plan)	PPO Hospital 2 (Buy-up Plan)
Rx Retail/Mail-Order	<b>Mandatory Generic*</b>	<b>Mandatory Generic*</b>
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
Current Rates Are Subject to Negotiations for 2021-2022 School Year <b>Employee Cost Per Pay Period for Medical Plans</b>		
Single	\$63.84	\$78.06
Family with 2*	\$137.61 (\$68.81/\$68.80)	\$204.92 (\$102.46 per employee)
Family w/2 Single**	\$127.68 (\$63.84 per employee)	\$156.12 (\$78.06 per employee)
Family	\$270.07	\$337.94

\*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 upcharge waived.

\*By utilizing the mail-order or Retail90 program, you pay for 2 months of supply but receive 3! All major chain pharmacies participate in the Express Scripts Home Delivery maintenance network.

\*The prescription drug coverage for all medical plans is considered to be Medicare Part D creditable coverage.

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

(Funded by the St Johns County School District Self-Funded Medical Plan)

**AVAILABLE SERVICES:**

- 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 SJCS D Self-Funded Medical Plan.

**Mental Health Counseling!** At your confidential appointment, you will meet with a mental health provider to discuss what you may be dealing with—grief, stress, anxiety, depression, relationship issues, PTSD, eating disorders, substance abuse, or self-image. To schedule an appointment, call any of the three wellness centers.

**On-Site & 90-Day Mail Order Prescriptions!**

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](http://www.marathon-health.com/myphr) and after logging in, select the “Questionnaires” tab. Select “Health History & Risk Assessment (HHRA).” After completion, select the option to “Send to My Health Record.”
- Step 2: Schedule an appointment for a Biometric Screening—Go online: [www.marathon-health.com/myphr](http://www.marathon-health.com/myphr). Select appointment then either “Appointment Quick Pic or First Available” or “Appointment Search: “Select Biometric Screening Labs Button/Click Search” 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 per member.
- Employees hired **after April 1, 2021 and before March 31, 2022**, and born in an **EVEN** year **ARE** required to complete these steps by November 15, 2022. Employees and their spouse will be required to complete these steps January 1, 2022 through November 15, 2022.
- Employees hired **after April 1, 2021 and before March 31, 2022**, and born in an **ODD** year **ARE NOT** required to complete these steps in 2022. Employee and their spouses are required to complete these steps January 1, 2023 through November 15, 2023.
- Spouse follows employee 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 or text 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.
- Within a 12-month period, should the employee, retiree, or dependent, not show up and not cancel 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.



## St. Johns County School District

**O’Connell Wellness Center**

3740 Int. Golf Pkwy, Ste. 100, St. Augustine, FL 32092

tel. 904-671-8333 | fax 904-209-5318

Monday/Tuesday/Friday: 8am – 5pm

Wednesday: 8am – 7pm

Thursday: 6:30am – 5pm\*

**Nease Wellness Center**

10430 Ray Road, Ponte Vedra, FL 32081

tel. 904-671-8329 | fax 904-824-9983

Monday – Wednesday: 8am – 5pm

Thursday: 10am – 7pm

Friday: 6:30am – 5pm\*

Saturday: 9am – 1pm

**Pedro Menendez Wellness Center**

580 State Road 206 W., St. Augustine, FL 32086

tel. 904-671-8337 | fax 904-794-4758

Monday/Thursday/Friday: 8am – 5pm

Tuesday: 10am – 7pm

Wednesday: 6:30am – 5pm\*

\*open for lab draws only 6:30am - 8am



# 2022 HRA Program

January 1 - November 15, 2022

## Program Details:

The Health Risk Assessment Surcharge Program (HRA) consists of two steps: an online HHRA (Health History and Risk Assessment) and Biometric Screening at one of the Marathon Health Wellness Centers. The HRA Surcharge Program is to be completed at one of the three health center locations ONLY: O'Connell Wellness Center, Nease Wellness Center, or Pedro Menendez Wellness Center. HRA results are private, confidential, and are not shared with St. Johns County School District. You can download your lab results online and take them to your physician if you choose.

## Program Guidelines for Participation:

- All active employees and spouses enrolled in the Medical Plan, regardless of age.
- Retirees of SJCSO and their covered spouses under age 65 covered under the Medical Plan.
- Beginning January 1, 2022 employees born in an **EVEN** year and covered under the medical plan are required to complete the HRA by November 15, 2022 (e.g., 1964).
- Employees born in an **ODD** year and covered under the medical plan are NOT required to complete the HRA in 2022. In this case, employees and their spouse will be required to complete these steps from January 1, 2023, through November 15, 2023.
- Employees hired after April 1, 2022, and born in an **EVEN** year are NOT required to complete these steps by November 15, 2022. In this case, employees and their spouse will be required to complete these steps from January 1, 2024, through November 15, 2024.
- Spouse of covered employees are required to complete the HRA by following EMPLOYEE'S birth year, regardless of the spouse's birth year (e.g., employee's birth year is 1964, but spouse's is 1965).
- This program does not apply to enrolled-dependent children regardless of age.
- If you are enrolled in FAMILY WITH 2 health insurance coverage, both parties follow the HUSBAND'S birth year.
- Same-sex Family with 2 employees follow the person with the earlier birth month. For example, if your birth month is July and your spouse's birth month is February, you both follow the birth year of the person born in February.

## Surcharge Information:

- FAMILY: \$10 surcharge per pay period, per employee and/or spouse for non-completion, for 2-years, effective January 2023 through December 31, 2024, if either employee or spouse covered under the medical plan does not complete HRA in 2022.
- SINGLE: \$10 surcharge per pay period will be assessed for 2-years effective January 2023 through December 31, 2024, if employee covered under the medical plan does not complete HRA in 2022.

## Exemptions:

Exceptions for the HRA Surcharge Program will be considered on a case by case basis for extreme extenuating circumstances. Exception requests need to be submitted via the SJCSO 2022 HRA Exemption Request Link; provided below.

<https://survey.alchemer.com/s3/6521471/SJCSO-2022-HRA-Exemption-Request>

Exceptions must be received by November 1, 2022. If you have previously submitted an exception request in years' past, you will need to submit a new appeal this year by the date above.




# 2021 FALL WELL-BEING PROGRAM



Earn points to earn a chance to win a **one-time**, payroll increase this semester!

 **BRONZE**  
 25+ POINTS  
 \$50 FALL PAY INCREASE  
 TO 80 WINNERS

 **SILVER**  
 50+ POINTS  
 \$75 FALL PAY INCREASE  
 TO 80 WINNERS

 **GOLD**  
 75+ POINTS  
 \$100 FALL PAY INCREASE  
 TO 80 WINNERS

## WAYS TO ACCUMULATE POINTS

**Program Open: August 9 - November 30, 2021**



### PHYSICAL WELL-BEING

- **Annual Exam**  
*(between May 1 - Nov 30, 2021)*  
*See program guide for eligible exams.*  
**10 Points per exam**
- **Receive a Flu Vaccine**  
*(between Aug 9 - Nov 30, 2021)*  
*See program guide for eligible exams.*  
**10 Points**
- **Physical Activity Log**  
*(August 9 - Nov 30, 2021)*  
*See program guide for details.*  
**5 Points per two-weeks**



### COMMUNITY WELL-BEING

- **Volunteer in the Community**  
*Some expectations apply; please see your Site HR for more info.*  
*(Duration of the program)*  
**10 Points per event**
- **Complete a Local 5K Walk/Run or Similar Virtual Event**  
*Points awarded for participation in 5ks, 1/2 Marathons and Marathons. See program guide for details*  
**5 Points per event**



### SOCIAL WELL-BEING

- **Go With Your Gut**  
*6-week gut health well-being challenge*  
*September 27 - November 3, 2021*  
**25 Points**
- **Power Up**  
*6-week sleep/energy well-being challenge*  
*November 1 - December 15, 2021*  
**25 Points**



### PURPOSE WELL-BEING

- **Professional Development**  
*Point per hour earned within*  
*May 1 - Nov 30, 2021.*  
*See guide for more details.*  
**1 Point per hour earned**
- **EAP Information**  
*Free and confidential*  
*counseling provided to SJCS D*  
*employees*
- **Health Coaching Powered by Marathon**  
*Available to employees enrolled in*  
*the Florida Blue medical plan*  
*provided by the District*



Additional Points may be available throughout the semester.



Submit Wellness Points on your phone!  
<https://survey.alchemer.com/s3/6271476/SJCS-D-Fall-2021>





Your Teladoc benefit provides access to virtual care services from anywhere you are by phone, video, web or app! Talk to a doctor by phone or video at any time, from wherever you are. Teladoc doctors can diagnose, treat, and even prescribe medicine, if needed, for common conditions like the flu, sinus infections, sore throats and more! Whether you're at home, work or on the road, Teladoc is here to listen, answer questions, and help you feel better faster!

Teladoc offers dermatology services to all SJCS D members. You can upload images of a skin issue for a confidential online review from a licensed dermatologist. They can diagnose and treat skin issues like eczema, psoriasis, acne, raised moles and more. Get a customized treatment plan within 2 business days and ask follow-up questions for up to 7 days after your consult!

The first visit is **free** to members currently enrolled on the Self-Funded Medical Plan, and subsequent visits are \$25 each. If you are enrolled on the Hospital Indemnity Plan (HIP), your visits are \$49 each. Dermatology visits are \$75 each.



**+7,000**

U.S.-licensed, board-certified  
doctors



**24/7**

access to doctors by  
phone, video, web or app  
from home



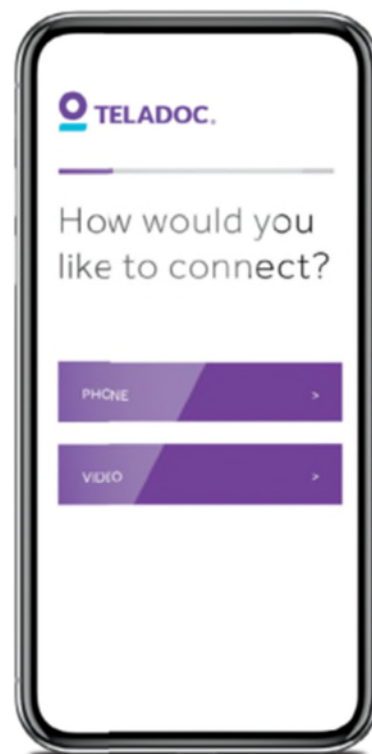
**+450**

Our experts cover over  
450 medical specialties

## Set up your Teladoc account in minutes

Access all of your virtual care services from our secure, award-winning app.

- 1 Download the app, go online or call us
- 2 Enter your first and last name, date of birth and ZIP code to get started
- 3 Provide basic information to confirm your benefits
- 4 Select your health provider and finish creating your account
- 5 Schedule a confidential virtual care visit or consult at your convenience



Benefit Description	Dental 1 (Standard Plan)		Dental 2 (Buy-Up Plan)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Network	PPO/Traditional Preferred	N/A	PPO/Traditional Preferred	N/A
Calendar Year Deductible (CYD) Per Individual Family Maximum	\$25 \$50		\$25 \$50	
Calendar Year Maximum Payable Per Individual	\$1,000 (excludes orthodontia and surgical extraction of wisdom teeth benefits)		\$1,000 (excludes orthodontia and surgical extraction of wisdom teeth benefits)	
<b>Preventive Services</b>	Plan pays 100% No Deductible		Plan pays 100% No Deductible	
<b>Basic Services</b> - Plan Pays - Member Pays	70% CYD + 30%	70% CYD + 30% + Bill Balance	90% CYD + 10%	70% CYD + 30% + Bill Balance
<b>Major Services</b> 3 Month Waiting Period - Plan Pays - Member Pays	50% CYD + 50%	50% CYD + 50% + Bill Balance	60% CYD + 40%	60% CYD + 40% + Bill Balance
<b>Surgical Wisdom Teeth Extraction(s)</b> - Plan Pays - Member Pays	80% of the covered services, after Deductible, up to \$1,000 annual maximum CYD + 20%			
<b>Orthodontic Services</b> 6 Month Waiting Period	50% of the covered services, up to \$1,000 lifetime orthodontia maximum			

\*To ensure you do not receive additional charges, visit a participating in-network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in-network. If a member visits a participating in-network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance (%) will apply to the usual and customary charge.  
Out-of-network dentists may bill you for charges above the amount covered by your dental plan (balance billing).

Current Rates Are Subject to Negotiations for 2021-2022 School Year	Dental 1 (Standard Plan)	Dental 2 (Buy-up Plan)
	Single	\$0.00
Family with 2*	\$4.23 (\$2.12/\$2.11)	\$21.08 (\$10.54 per employee)
Family w/2 Single**	\$0.00 (\$0.00 per employee)	\$11.44 (\$5.72 per employee)
Family	\$20.02	\$38.72

**How to view a copy of your Dental Identification (ID) card! —————>**

You will have access to view and print your dental ID cards via the website or mobile app after you receive your Humana Dental ID card.

Here's how:

- Go to [Humana.com](http://Humana.com) and sign in/register for MyHumana (Have your Humana member ID)
- Click "Access Your ID Card" under "Tools & Forms" in the lower right of your MyHumana home page or in the page's footer under "Tools & Resources"
- A new window will appear with links to the ID card or proof of coverage
- Print if desired

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

# HOSPITAL INDEMNITY

FREE EMPLOYEE ONLY COVERAGE  
PROVIDED BY SJCS D

(Administered by The Bailey Group, an NFP Company)

*\*The Hospital Indemnity Plan (HIP) is free and only available to eligible employees who are not enrolled in the Florida Blue Medical plan. This is not a MAJOR 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 [sjcsd.mbailegroup.com](http://sjcsd.mbailegroup.com) or BusinessPlus/Employee Online/Benefit Summary/Additional Benefit Forms. **All HIP Claims MUST be filed within 6 months from your Date of Service or the claim will be DENIED.**

# VISION PLAN

FREE EMPLOYEE ONLY COVERAGE  
PROVIDED BY SJCS D

(Administered by The Bailey Group, an NFP Company)

**EYE EXAM**

Eye Exam, Maximum Benefit.....\$65  
Benefit percentage payable.....100%

*Limited to one exam every year beginning January 1 through December 31.*

**OCULAR HARDWARE**

Maximum Benefit.....\$200  
Benefit percentage payable.....100%

*Ocular hardware reimbursement resets every year on January 1. Benefit may be carried over to the next year for a maximum of \$400 reimbursement.*

This benefit may be used for Prescription Contact Lenses, Prescription Eyeglasses/Prescription Frames, or Prescription Sunglasses. Claims for reimbursement under the Vision plan must include a completed Vision Claim Form. Forms can be found on [sjcsd.mbailegroup.com](http://sjcsd.mbailegroup.com) or BusinessPlus/Employee Online/Benefit Summary/Additional Benefit Forms. Contact Vision Customer Service at 904.461.1800 or at [bbourne@mbailegroup.com](mailto:bbourne@mbailegroup.com) or [bcromwell@mbailegroup.com](mailto:bcromwell@mbailegroup.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 summary plan description for complete details

Current Rates Are Subject to  
Negotiations for 2021-2022 School  
Year

**Vision Plan**

Single	\$0.00
Family with 2*	\$3.59 (\$1.80/\$1.79)
Family w/2 Single**	\$0.00 (\$0.00 per employee)
Family	\$7.53



## Dependent Eligibility Documents

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

**For Spouse:**

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

\*A copy of the front page of your 2020 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 document or bill must include your spouse's name 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 Children with Disabilities 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 name(s).

**\*Submit documents to HR Benefits Department by Campus Mail, [Christine.Hector@stjohns.k12.fl.us](mailto:Christine.Hector@stjohns.k12.fl.us), or by fax (904) 547-7635.**

FREE COVERAGE  
PROVIDED BY SJCS D

**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 SJCS D 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.

<p><b>St. Augustine</b> 9 St. Johns Medical Park Dr. St. Augustine, FL 32086 (904) 797-2705</p>	<p><b>Palatka</b> 6910 Old Wolf Bay Road Palatka, FL 32177 (904) 797-2705</p>
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**LONG-TERM DISABILITY**  
(Administered by Voya Financial)

FREE COVERAGE  
PROVIDED BY SJCS D

The 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:**

**Voya Travel Assistance**—Offers you enhanced security for your leisure and business trips. Access Voya Travel Assistance via phone or web for these types of services: Pre-trip information, emergency personal services, medical assistance service and emergency transportation services. 800.859.2821/ <https://travelsecurity.garda.com>

**ComPsych Guidance Resources**—Offers you someone to talk to and resources to consult whenever and wherever you need them. 877.533.2363/[guidanceresources.com/](http://guidanceresources.com/) **App: GuidanceNow/WebID: MY5848i**

**BASIC LIFE AND AD&D**  
(Administered by Voya Financial)

FREE COVERAGE  
PROVIDED BY SJCS D

<b>Employees</b>	Coverage is provided free of charge at 2 times your salary, minimum of \$20,000 and maximum of \$200,000.
<b>Everest Funeral Planning</b> —Offers funeral planning, will prep, and concierge services. 800.913.8318	

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

## Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



### Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you and your family members with any issues. Counseling is available in person or via telehealth sessions. Find assistance for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



### Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



### Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



### Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



### Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 877.533.2363

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceNow™

Web ID: MY5848i

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

# 24/7 Support, Resources & Information



### Contact Your GuidanceResources® Program

Call: 877.533.2363

TTY: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceNow™

Web ID: MY5848i

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(Administered by Employee Benefits Corporation)

**WHAT ARE THE BENEFITS OF AN FSA ACCOUNT?**

- NO taxes on the amount that is deducted from your paycheck and deposited to your FSA account!
- Track your FSA account online! [www.ebcflex.com](http://www.ebcflex.com)
- Eliminate paper claims. Online Benefit!
- Use your FSA card to pay for qualified Medical expenses.
- This card cannot be used to pay for Dependent Care FSA expenses.



**YEARLY MAXIMUM:**

Unreimbursed Medical FSA - \$2,750 Dependent Day Care FSA - \$5,000 (\$300 minimum each account)

**HOW DO I ENROLL?**

- **You MUST** login to BusinessPlus, select Employee Online, under “Benefits Summary,” select Medical/Dependent Daycare 125. Select either Med125PT EMPL for Medical FSA or Dep/Daycare for Dependent Daycare. Next to Employee Cost, enter the “Annual Amount” you elect to contribute for 2022. **(January 1, 2022—December 31, 2022)** In the Change Events drop down box, select New Hire and SAVE. **This Benefit does not roll over to the next calendar year. EACH year during Open Enrollment (i.e. October 2021),** you must login to BusinessPlus and provide your Annual Election for the next calendar year (2022—January 1, 2022—December 31, 2022).

**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 Calendar Year Deductibles, 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

**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 some OTC medicines for which a prescription is required.**
- **OTC items which are not considered a medicine or drug will not require a prescription. You can review a list of OTC items at [sjcsd.mbaileysgroup.com](http://sjcsd.mbaileysgroup.com).**

**ELIGIBLE DEPENDENT DAYCARE EXPENSES:**

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

**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. **Any 2022 fund balance will not roll over to 2023.** They will remain in the general FSA account to be used for administrative purposes.

**Please note that this is an IRS regulation.**

**VOLUNTARY TERM LIFE INSURANCE**

(Administered by Voya Financial)

**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. If you currently have voluntary life, you will need to fill out an Evidence of Insurability (EOI) for increasing your amount greater than \$30,000, and it will be subject to approval from Voya Financial. If you do not currently have voluntary life, you will need to fill out an EOI form. 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 Voya Financial. Spouse coverage terminates at age 70.

**For Your Child(ren):** From birth 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 BusinessPlus, Employee Online, under **Benefits Summary**, select **Additional Life Insurance**. Complete the **Voya Financial** Additional Life Enrollment and Evidence of Insurability forms to enroll, increase, or decrease your voluntary term life insurance. Submit both forms to the HR Benefits department by October 31, 2021. **The effective date for voluntary life term insurance coverage and premiums will be the approval date from Voya Financial.**

**MONTHLY COST FOR EMPLOYEE / SPOUSE**

AGE	LIFE INSURANCE POLICY		
	\$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	\$6.60	\$13.20	\$33.00
50-54	\$7.20	\$14.40	\$36.00
55-59	\$7.80	\$15.60	\$39.00
60-64	\$8.40	\$16.80	\$42.00
65-69	\$9.00	\$18.00	\$45.00
70+	\$123.20	\$123.20	\$616.00

Want exact cost for you? Check out the life insurance deduction calculator on [sjcsd.mbaileysgroup.com](http://sjcsd.mbaileysgroup.com) and BusinessPlus/Employee Online/Benefit Summary/Additional Benefit Forms

## VOLUNTARY SHORT-TERM DISABILITY

(Administered by Voya Financial)

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 IN ORDER FOR WEEKLY BENEFITS TO BE 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 UP TO 12 WEEKS.

**OPTION 2** - PAYS AFTER 20 DAYS OF AN INJURY AND/OR SICKNESS UP TO 10 WEEKS.

**OPTION 3** - PAYS AFTER 30 DAYS OF AN INJURY AND/OR SICKNESS UP TO 9 WEEKS.

*The elimination period is included in the maximum paid period. For example, maximum benefit is paid for up to 12 weeks, minus the 10-day elimination period.*

- **There are two steps to enroll in Short-Term Disability:**
  - Complete the Voya Financial Enrollment Form and Voya Evidence of Insurability forms and submit to HR Benefits Dept. by **October 31, 2021!**
- Guaranteed issue is only 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 Voya Financial.
- The enrollment form and "Short-Term Disability Calculator" can be found under "Frequently Used Forms" on [sjcsd.mbailegroup.com](http://sjcsd.mbailegroup.com) or log in to BusinessPlus, Employee Online, 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 Voya Financial, **not** January 1, 2022.

MONTHLY RATES PER \$10 OF COVERED BENEFIT			
If you are between these ages:	OPTION 1	OPTION 2	OPTION 3
Under 40	\$0.39	\$0.21	\$0.16
40—49	\$0.43	\$0.24	\$0.16
50—59	\$0.50	\$0.27	\$0.20
60 and Over	\$0.56	\$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:  $\$40,000/52 = \$769.23 \times 0.60 = \$461.54 \times \$0.39 = \$180.00/10 = \$18.00$  monthly  $\times 12 = \$216.00$  Annually

**\$10.80 = Deduction for Employee with 20 Pay Periods**

**\$9.00 = Deduction for Employee with 24 Pay Periods**

## VOLUNTARY LONG-TERM DISABILITY

(Administered by Voya Financial)

- 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 Voya Financial.**
- 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.
- The Voya Enrollment and Voya Evidence of Insurability (EOI) forms can be found on <https://sjcsd.mbailegroup.com/> or Business Plus/Employee Online, under **Benefits Summary** select **Additional Benefits Forms**. The effective date for voluntary LTD coverage and premiums will be the approval date from Voya, not January 1, 2022.
- **There are two steps to enroll in Voluntary Long-Term Disability:**
  - Complete the Voya Enrollment and Evidence of Insurability Forms and submit to HR Benefits by **October 31, 2021.**
  - **You are not approved for Long-Term Disability until you have received notification of approval from Voya.**

TO CALCULATE YOUR MONTHLY COST:  $((\text{Annual Salary} \times .115) \div 100) / 12$   
*(If you make \$40,000:  $((\$40,000 \times .115) \div 100) / 12 = \$3.83$  a month!)*



You can't predict the future. But you can prepare for it.

Starting right where you work:

Planning for the life you want can be difficult while you're busy managing the life you have. MassMutual@Work makes planning for financial wellness easy with guidance, educational online tools, and financial solutions all available through SJCSJ. How's that for a benefit? **You've got this.**

Let's face it, life happens:

If you are looking for a smart way to help achieve multiple financial goals, consider MassMutual@Work Group Whole Life Insurance. It can help you prepare for the unexpected by providing a generally income-tax free death benefit, along with coverage that builds cash value.

**Portable coverage:**

You own the certificate along with the accumulated cash value and you can take it with you, even if you leave the company.

**Built-in guarantees:**

- Guaranteed death benefit
- Guaranteed cash value
- Guaranteed level premium

**Dividends:**

MassMutual@Work Group Whole Life is participating permanent insurance that allows you to be eligible to receive dividends each year, beginning on the certificate's second anniversary. Although they are not guaranteed, MassMutual has paid dividends to eligible participating policy/certificate owners every year since 1869.

**Employees (Issue Age is 18-75):**

- No Medical Exam
- No Evidence of Insurability (EOI)
- Answer Questions 1 and 2 below to receive Guaranteed Issue (in \$5,000 increments) from \$10,000—\$100,000.
- Answer Questions 1, 2, and 3 below to receive Simplified Issue (in \$5,000 increments) from \$101,000—\$250,000.

**Spouse (Issue Age is 18-60):**

- May apply for \$25,000, not to exceed 100% of the employee Whole Life Insurance.

**Children and Grandchildren (Issue Age is 14 days to 26):**

- May apply for \$25,000, not to exceed 100% of the employee Whole Life Insurance.

The policy is a Whole Life Policy and the death benefit coverage will continue for employee, spouse, child, or grandchild to age 121.

**A Simple Application Process: Answer Just 3 Underwriting Questions to Determine Eligibility**

1. Within the last 12 months have you used tobacco or other nicotine containing products?
2. Are you actively at work at your usual and customary location, maintaining your normal work schedule, performing all the duties of your occupation without limitation due to injury or sickness?
3. During the last 2 years, have you sought treatment for, been treated for, or been diagnosed by a member of the medical profession as having any of the following:

- Cancer
- Heart Attack, coronary artery, valve disease, heart failure, or cardiomyopathy
- Alcohol or drug abuse
- Diabetes for which the recommended treatment is insulin
- Chronic obstructive pulmonary disease, emphysema, or other chronic lung disease
- Stroke or transient ischemic attack
- Chronic Kidney disease or kidney failure
- Parkinson's disease or paralysis
- Cirrhosis of the liver or hepatitis
- AIDS or tested positive for HIV or its antibodies

**Examples:**

- John Doe—Age 55 (Non-Tobacco) \$50,000 coverage = \$33.24 per week, \$1,728.22 annual, \$90.96 Per Pay Period (19 Deductions) - *Guaranteed Cash Value at 65 is \$8,089.93.*
- Jane Smith—Age 25 (Non-Tobacco) \$50,000 coverage = \$7.62 per week, \$396.24 annual, \$20.85 Per Pay Period (19 Deductions) - *Guaranteed Cash Value at 65 is \$18,310.91.*
- Alice Wilson—Age 45 (Non-Tobacco) \$50,000 coverage = \$19.04 per week, \$990.08 annual, \$52.11 Per Pay Period (19 Deductions) - *Guaranteed Cash Value at 65 is \$13,476.66.*

**Where can I apply?**

<https://mm.benselect.com/enroll/login.aspx>

**Username:** first name/last name/8 digit date of birth (no spaces)

**Example:** matthewjohnson05281983

**Password:** 4 digit birth year

Issue Age	\$50,000 Death Benefit Non-Tobacco			\$100,000 Death Benefit Non-Tobacco			\$150,000 Death Benefit Non-Tobacco		
	19 Pay Premium	Guaranteed Cash Value	Guaranteed RPU Value	19 Pay Premium	Guaranteed Cash Value	Guaranteed RPU Value	19 Pay Premium	Guaranteed Cash Value	Guaranteed RPU Value
25	\$ 20.85	\$ 19,580	\$ 41,226	\$ 39.17	\$ 39,160	\$ 82,452	\$ 57.48	\$ 58,740	\$ 123,678
30	\$ 25.90	\$ 18,692	\$ 39,358	\$ 49.27	\$ 37,385	\$ 78,717	\$ 72.64	\$ 56,078	\$ 118,075
35	\$ 31.27	\$ 17,542	\$ 36,935	\$ 60.01	\$ 35,084	\$ 73,871	\$ 88.75	\$ 52,626	\$ 110,806
40	\$ 42.64	\$ 16,122	\$ 33,946	\$ 82.75	\$ 32,245	\$ 67,893	\$ 122.85	\$ 48,368	\$ 101,839
45	\$ 52.11	\$ 14,299	\$ 30,107	\$ 101.69	\$ 28,598	\$ 60,214	\$ 151.27	\$ 42,897	\$ 90,321
50	\$ 73.27	\$ 11,859	\$ 24,970	\$ 144.01	\$ 23,719	\$ 49,941	\$ 214.75	\$ 35,578	\$ 74,911
55	\$ 90.96	\$ 8,558	\$ 18,019	\$ 179.38	\$ 17,116	\$ 36,039	\$ 267.80	\$ 25,674	\$ 54,058
60	\$ 126.96	\$ 10,683	\$ 19,356	\$ 251.38	\$ 21,366	\$ 38,713	\$ 375.80	\$ 32,049	\$ 58,069
65	\$ 156.64	\$ 13,210	\$ 20,844	\$ 310.75	\$ 26,421	\$ 41,689	\$ 464.85	\$ 39,631	\$ 62,533

To find the exact cost for you, check out the Whole Life Deductions Spreadsheet on <https://sjcsd.mbaileylgroup.com> or on BusinessPlus/Employee Online/Additional Forms/Additional Whole Life Rates.



## NOTICE REGARDING WELLNESS PROGRAM

SJCSD Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test, blood pressure, cholesterol, height/weight for BMI, and blood glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may receive an incentive of a reduced medical premium for participating. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Savannah Garber at [sgarber@mbaileygroup.com](mailto:sgarber@mbaileygroup.com).

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as nutrition, physical activity and preventive care educational resources. You also are encouraged to share your results or concerns with your own doctor.

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and SJCSD may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a health coach at the time of the screening in order to provide you with an explanation of the testing results.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Savannah Garber at [SGarber@mbaileygroup.com](mailto:SGarber@mbaileygroup.com).

**MEDICARE PART D CREDITABLE****COVERAGE DISCLOSURE NOTICE*****What is considered creditable coverage?***

Under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Medicare Part D) prescription drug coverage is considered creditable if the amount the plan expects to pay on average for prescription drugs for individuals covered by the plan in the applicable year for which the disclosure notice is being provided is the same or more than what standard Medicare prescription drug coverage would be expected to pay on average. If the prescription drug coverage does not meet these standards is considered to be non-creditable.

***Why is creditable coverage important?***

Making sure you have creditable coverage is important. If you fail to enroll in Medicare Part D when you first become eligible or if you drop or lose your creditable coverage and don't join a Medicare drug plan within 63 continuous days after your creditable coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later, which can only be done from October 15<sup>th</sup> through December 7<sup>th</sup> of each year.

***How can I find out more?***

- Visit [www.medicare.gov](http://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.

The Medicare Part D "credibility status" for our group medical plans is listed under Pharmacy Info on page 5 of this booklet.

**PORTABILITY OF COVERAGE**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 entitles you to a complete transfer of benefits (no pre-existing condition exclusions) if you change jobs or your employer changes insurance carriers. To guarantee the portability of your benefits, your previous coverage must not have lapsed for more than 63 days prior to your new eligibility date and you must provide proof of prior coverage to your new employer.

**MICHELLE'S LAW**

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

**CHILDREN'S HEALTH INSURANCE PROGRAM**

The CHIP Notice that describes this program is available on [sjcsd.mbailegroup.com](http://sjcsd.mbailegroup.com) and from the Human Resources Benefits Department.

**NEWBORNS' & MOTHERS' HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**MENTAL HEALTH PARITY & ADDICTION EQUITY ACT (MHPAE)**

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below 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:

Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from these Federal requirements will be in effect for the 2022 plan year beginning January 1, 2022, and ending December 31, 2022. The election may be renewed for subsequent plan years.

**WOMEN'S HEALTH AND CANCER RIGHTS ACT**

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:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 904-461-2116.

**SPECIAL ENROLLMENT RIGHTS**

If you decline enrollment for yourself or your dependents (including your spouse) because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 31 days after your coverage or your dependents' coverage ends (or after the employer stops contributing toward the other coverage).

In addition, you may be able to enroll yourself and your dependents if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, if your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP.

## SPECIAL ENROLLMENT RIGHTS CONT'D

However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption or within 60 days of the date of loss of CHIP coverage. To request a special enrollment or obtain more information, contact HR Benefits Department.

## A NOTE ABOUT SOCIAL SECURITY

Pre-tax deductions taken from your paycheck lowers your taxable income. Therefore your Social Security taxes (and, consequently, your future Social Security benefits) may be lower. How you are affected depends on your pay and the amount of pre-tax contributions you make.

The reduction on Social Security benefits, if any, for most employees will be minimal – a few dollars a month. Younger employees who use large amounts of tax-free dollars to pay for benefits over a long period (20 to 30 years) may experience a greater reduction in benefits when they retire. However, for most people, the benefit reduction has been more than offset by the tax savings. For more information, please contact your local Social Security Administration office.

## PRE-TAX OR AFTER-TAX?

For some benefits, you can use pre-tax dollars from your pay. For others, you must use after-tax dollars.

When you pay for benefits with pre-tax dollars, money is deducted from your pay before taxes are taken out. This way, you avoid paying Federal Income taxes on what you spend on qualified benefits. With after-tax contributions, just the opposite is true. They're deducted from your pay after Federal Income taxes are calculated and deducted from your gross pay.

## HIPAA NOTICE OF PRIVACY PRACTICES

The HIPAA Notice of Privacy Practices is available on [sjcsd.mbaileylgroup.com](http://sjcsd.mbaileylgroup.com) and from the Human Resources Department.

## HEALTH CARE REFORM: AFFORDABLE CARE ACT

### Summaries of Benefits and Coverage

The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide uniform summaries of benefits and coverage (SBC). These SBCs are provided by our medical insurance carrier.

You can access the SBCs on [sjcsd.mbaileylgroup.com](http://sjcsd.mbaileylgroup.com).

Paper copies are also available, free of charge, by calling Florida Blue at 800-352-2583 and Express Scripts at 855-723-6091, or by contacting The Bailey Group at 904-461-1800. This notice is provided to eligible employees. It is the responsibility of the employee to share this information with eligible dependents.

You can request a copy of this notice to be sent to eligible dependents that reside at an address other than your own by contacting Human Resources and providing the separate mailing address, or by contacting The Bailey Group at 904-461-1800.

### Health Insurance Marketplace (Exchange)

This section provides some basic information about the new Health Insurance Marketplace and employment-based health coverage offered by your employer. The Exchange Notice of Coverage Options is available on [sjcsd.mbaileylgroup.com](http://sjcsd.mbaileylgroup.com) and from the Human Resources Department.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. You may also be eligible for a tax credit that lowers your monthly premium. The annual open enrollment periods begin each year on November 1st and ends December 15th for the following year's coverage (these dates are subject to change). An individual generally cannot enroll in a QHP outside of the open enrollment period, unless a special enrollment period applies.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, **but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards.** The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of the least expensive plan that meets "minimum value" standards offered by your employer that would cover you (and not any other members of your family) is more than 9.69% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

***Our group medical coverage has been determined to meet affordability and "minimum" value standards as required by the Affordable Care Act. This means that employees eligible for participation in our group medical coverage are not eligible for a premium reduced policy through the Marketplace.***

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. Contact Human Resources for additional information.

***In accordance with the Affordable Care Act (ACA), all individuals are required to comply with the individual mandate for 2017 and 2018 or pay a penalty when filing end of year taxes. Beginning in 2019, individuals will no longer be penalized for failing to obtain acceptable health insurance coverage for themselves and their family members.***

## 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](http://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](http://www.express-scripts.com)

**DENTAL:**

Humana Dental  
 Group #673584  
 Humana Dental Claims Office  
 PO Box 14611  
 Lexington, KY 40512-4611  
 1-800-233-4013  
**Access your Humana Dental ID Card via mobile app!**

**VISION:**

The Bailey Group, an NFP Company  
 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.**  
<https://sjcsd.mbaileylgroup.com/>

**HOSPITAL INDEMNITY:**

The Bailey Group, an NFP Company  
 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.**  
<https://sjcsd.mbaileylgroup.com/>

**BASIC & TERM LIFE INS:**

Voya Financial  
 Group#711543  
 Term Life: 1-888-238-4840  
[www.voya.com/claims](http://www.voya.com/claims)  
**No ID card needed.**  
**WHOLE LIFE INSURANCE:**  
 Mass Mutual  
 Group#75081  
 844-667-5223 8am—8pm EST  
**No ID card needed.**

**SHORT & LONG-TERM**

**DISABILITY:**

Voya Financial  
 Group#711543  
 Short Term Disability:  
 1-866-228-8742  
 Long Term Disability:  
 1-888-305-0602  
[www.voya.com/claims](http://www.voya.com/claims)  
**No ID card needed.**

**FSA:**

Employee Benefits Corporation  
 Participant Services  
 800-346-2126  
[Participantservices@ebcflex.com](mailto:Participantservices@ebcflex.com)  
 Monday through Friday  
 7:00 a.m. - 5:00 p.m. Central Time  
 Employee Benefits Corporation  
 PO Box 44347  
 Madison, WI 53744-4347

**2021 –2022 Insurance Committee**

Kelly Abbatinozzi  
 Andrew Burk  
 Michelle Dillon  
 Tara Gatlin  
 Charlotte Hartley  
 Cathy Hutchins  
 Gretchen Saunders  
 Bill Mignon, Board Member  
 Michelle Price, Benefits Supervisor  
 J Wynn, Plan Administrator

**Local Representatives:**

Receptionist: 904-461-1800  
 Mark Bailey, President—  
[mbailey@mbaileylgroup.com](mailto:mbailey@mbaileylgroup.com)  
 Allison Profitt, Sr. Account Executive—  
[aprofitt@mbaileylgroup.com](mailto:aprofitt@mbaileylgroup.com)  
 Virginia Schulze, Sr. Account Manager, Benefits—  
[vschulze@mbaileylgroup.com](mailto:vschulze@mbaileylgroup.com)  
 Becky Cromwell, Sr. Account Manager, Benefits—  
[bcromwell@mbaileylgroup.com](mailto:bcromwell@mbaileylgroup.com)  
 BB Bourne, Sr. Account Manager, Benefits—  
[bbourne@mbaileylgroup.com](mailto:bbourne@mbaileylgroup.com)  
 Erin Dolan, Account Manager, Benefits—  
[erin.dolan@stjohns.k12.fl.us](mailto:erin.dolan@stjohns.k12.fl.us)



**HR Benefits:**

Michelle Price, Benefits Supervisor,  
 904-547-7549  
 J Wynn, Dir. Benefits & Salaries,  
 904-547-7610  
 Chris Hector, Benefits Specialist,  
 904-547-7760  
 Donna Herrmann, Benefits Specialist,  
 904-547-7729  
 Phyllis Coppola, Executive Secretary,  
 904-547-7610  
 Erin Dolan, Account Manager,  
 904-547-7561