



2024 Employee Benefits-at-a-Glance Guide

**2024 Open Enrollment
October 1-31, 2023**



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Welcome, St. Johns County School District Plan Members!

Welcome to the 2024 Plan Year for St Johns County School District (SJCS D) Employee Benefits. Open Enrollment is your annual opportunity to add, change, or remove benefits elections for the upcoming plan year. Most elections made during Open Enrollment, October 1—31, 2023, are effective January 1, 2024. SJCS D offers a comprehensive benefits package and is committed to bringing you, our employee, the best possible benefits at the most reasonable cost. We created this Open Enrollment booklet to help you make educated decisions as you review your current benefits enrollments and make changes for 2024!

- **Open Enrollment On-Site & Virtual Consultations October 1—31, 2023**
 - The SJCS D Benefits Team and The Bailey Group are here to assist you! Please join us for an open enrollment consultation either on-site or virtually! The link to sign up is <https://calendly.com/sjcsdbenefits>. Once the calendar loads, locate the date and time assigned to your location. Choose the time that works for you. If your location's specific date/time 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 which you would use should you need to cancel or reschedule.
- **Flexible Spending Accounts (FSA) Medical and Dependent Day Care**
 - EACH OPEN ENROLLMENT (October 1 - 31) You MUST log in to BusinessPlus and provide your calendar year election for 2024. You MUST re-enroll for the next calendar year, January 1, 2024 - December 31, 2024.
 - Your annual election will be divided into 19 pay periods from January 12, 2024 - December 31, 2024.
 - NO deductions will be taken from June 15, 2024- August 15, 2024 paychecks.
 - Your 2023 calendar election will terminate on December 31, 2023.
- **Health Risk Assessment (HRA) Screening Program**
 - The HRA consists of two steps: an online Health Risk Assessment Questionnaire (HRA) and a Biometric Screening at one of the Marathon Health Wellness Centers. The HRA Screening Program is to be completed at one of the three wellness center locations ONLY: O'Connell, Nease, or Pedro Menendez Wellness Centers. Beginning January 1, 2024, employees born in an **EVEN YEAR** and their spouses covered under the SJCS D Self-Funded Medical Plan must complete the HRA by November 15, 2024 (e.g., 1982). Employees hired after March 24, 2024, and born in an **EVEN YEAR** are NOT required to complete these steps by November 15, 2024. Employees hired after March 24, 2024, and their spouses will be required to complete these steps from January 1, 2026-November 15, 2026.
- **Spousal Surcharge Affidavit**
 - 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 through their employer. **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 it by October 31, 2023. The form is on <https://sjcsd.mbailegroup.com> or [BusinessPlus/Employee Online/Menu/Benefits/Benefits Summary/Additional Benefits Forms/Spousal Surcharge Affidavit](#).
- **Dependent Documents Needed**
 - You are required to provide dependent eligibility documentation for your dependents enrolled in Medical/Dental/Vision/Additional Life. See page 12 for more information.
- **Voluntary Short-Term Disability & Term Life**
 - **Guaranteed Issue is available for Short-Term Disability during Open Enrollment!** Refer to page 15 for more information!
 - **Guaranteed Issue is available for up to an additional \$30,000 for employees only if you already have at least \$10k of voluntary life in place!** Refer to page 14 for more information!
- **Voluntary Whole Life**
 - Mass Mutual offers Whole Life policies for employees and dependents of the District. Refer to page 16 for more information.
- **Life Insurance Beneficiaries**
 - Now is the time to update your life insurance beneficiaries with SJCS D. Complete the Self-Funded enrollment form located on <https://sjcsd.mbailegroup.com> or [BusinessPlus/Employee Online/Menu/Benefits/Benefit Summary/Additional Benefit Forms/Self-Funded Enrollment Form](#) and return it to the HR Benefits Department by October 31, 2023.
- **SJCS D On-Site Marathon Wellness Center**
 - Remember our Marathon Wellness Centers offer free and convenient healthcare for enrolled members (age 12+) covered on the SJCS D medical plan! Let's focus on staying healthier longer. Refer to pages 7 and 8 for updated information.
- **Opt-In Text Messaging**
 - Our cell phones have become a key part of our day-to-day lives and a convenient way to stay up-to-date. SJCS D would like to make it easy for you to receive information about your benefits and well-being programs. Opt-In to Text Messaging! Text the keyword SJCS D to 844-678-0490 to join now! Msg & data rates may apply. 5 msgs/mth. Reply STOP to 47177 to cancel. Terms & privacy policy at sms.mbailegroup.com/sjcsd.

Please review your benefits now so you are ready! We look forward to working with you!



J. Wynn, Director of Benefits & Salaries

ONLINE ENROLLMENT

MEDICAL, DENTAL, VISION, FSA (MED & DEP DAYCARE), AND LIFE INSURANCE ONLINE ENROLLMENT

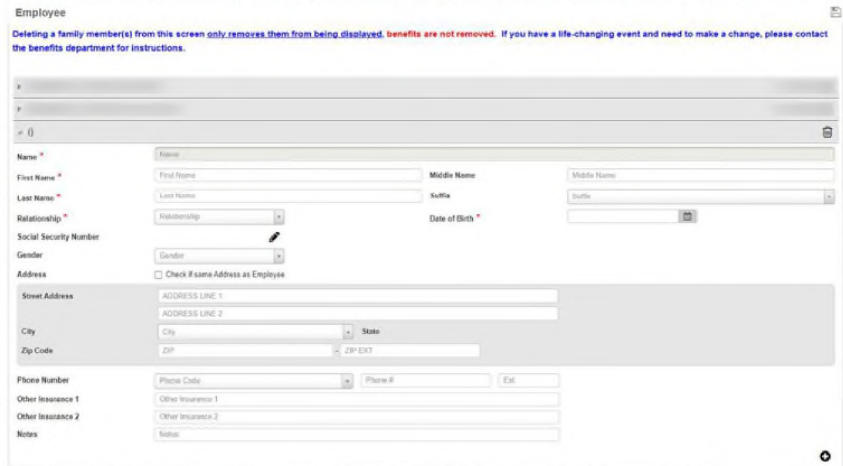
Log on to BusinessPLUS with Google Chrome using your Employee ID and Password. On the Employee Dashboard select the "Employee Online" heading. Please select the Employee Online link listed under the "Employee Section" Please click on the Menu in the upper-left corner and select **Benefits**.

***If you are not adding any dependents to Medical, Dental, Vision, or Life Insurance, please skip to Step 2.**

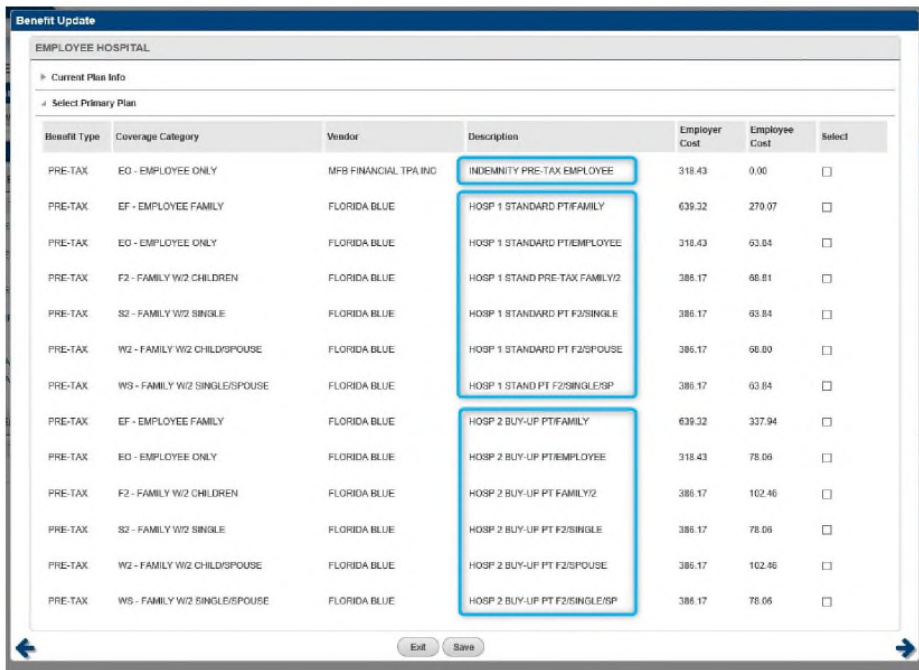
Select **Step 1. Add Family Member(s)**

Add **ALL** family members you are enrolling on any of the following plans: (Hospital, Dental, Vision, or Life Insurance). Click on the (+) icon in the bottom corner of the screen, then click on >()

You **MUST** enter family members' names in **ALL CAPS** in the designated boxes. Select Relationship, Enter Date of Birth, and click on the pencil to add the Social Security Number. Select Gender and **Checkmark** Address box if same as employee, if not then type in address, phone, and insurance.



Click on the (+) icon to add your next family member information. When you have added all your family members' information, Click the "Save icon" on the upper right-hand side. 



Benefit Type	Coverage Category	Vendor	Description	Employer Cost	Employee Cost	Select
PRE-TAX	E0 - EMPLOYEE ONLY	MFB FINANCIAL TPA, INC	INDEMNITY PRE-TAX EMPLOYEE	318.43	0.00	<input type="checkbox"/>
PRE-TAX	EF - EMPLOYEE FAMILY	FLORIDA BLUE	HOSP 1 STANDARD PT/FAMILY	639.32	270.07	<input type="checkbox"/>
PRE-TAX	E0 - EMPLOYEE ONLY	FLORIDA BLUE	HOSP 1 STANDARD PT/EMPLOYEE	318.43	63.04	<input type="checkbox"/>
PRE-TAX	F2 - FAMILY W/2 CHILDREN	FLORIDA BLUE	HOSP 1 STAND PRE-TAX FAMILY/2	386.17	66.81	<input type="checkbox"/>
PRE-TAX	S2 - FAMILY W/2 SINGLE	FLORIDA BLUE	HOSP 1 STANDARD PT F2/SINGLE	386.17	63.84	<input type="checkbox"/>
PRE-TAX	W2 - FAMILY W/2 CHILD/SPOUSE	FLORIDA BLUE	HOSP 1 STANDARD PT F2/SPOUSE	386.17	66.80	<input type="checkbox"/>
PRE-TAX	W3 - FAMILY W/2 SINGLE/SPOUSE	FLORIDA BLUE	HOSP 1 STAND PT F2/SINGLE/SP	386.17	63.84	<input type="checkbox"/>
PRE-TAX	EF - EMPLOYEE FAMILY	FLORIDA BLUE	HOSP 2 BUY-UP PT/FAMILY	639.32	337.94	<input type="checkbox"/>
PRE-TAX	E0 - EMPLOYEE ONLY	FLORIDA BLUE	HOSP 2 BUY-UP PT/EMPLOYEE	318.43	76.06	<input type="checkbox"/>
PRE-TAX	F2 - FAMILY W/2 CHILDREN	FLORIDA BLUE	HOSP 2 BUY-UP PT FAMILY/2	386.17	102.46	<input type="checkbox"/>
PRE-TAX	S2 - FAMILY W/2 SINGLE	FLORIDA BLUE	HOSP 2 BUY-UP PT F2/SINGLE	386.17	76.06	<input type="checkbox"/>
PRE-TAX	W2 - FAMILY W/2 CHILD/SPOUSE	FLORIDA BLUE	HOSP 2 BUY-UP PT F2/SPOUSE	386.17	102.46	<input type="checkbox"/>
PRE-TAX	W3 - FAMILY W/2 SINGLE/SPOUSE	FLORIDA BLUE	HOSP 2 BUY-UP PT F2/SINGLE/SP	386.17	76.06	<input type="checkbox"/>

Go to Menu, Select Benefits, Select **Step 2: Enroll in Benefits** Click "Choose New Plans", and click the right arrow to go to the next screen. Click right arrow again, past family members.

Choose your Hospital Plan: Indemnity (not a Major Medical plan), or Hospital 1, or Hospital 2. Under "Select" Column, place a **Checkmark** beside your Description Hospital Plan. (Example: Family Hospital 1)

****Family/2 (any plan)** is only if both you and your spouse are employed with the district and are benefits eligible. (See separate directions on the next page).

If choosing any family plan, You **MUST** checkmark the boxes next to the names of those who are to be covered in that insurance.

Change Reason: Select, **OPEN ENROLLMENT**, and click the "Save button".

Click the next right arrow.

Follow these same **Step 2: Enroll in Benefits** directions for Dental Plan.



PRE-TAX	EF - EMPLOYEE FAMILY	FLORIDA BLUE	HOSP 1 STANDARD PT/FAMILY	639.32	270.07	<input checked="" type="checkbox"/>
Change Reason *	New Hire					
Comment	Comment					
Eligible Dependents	DONALD K (SPOUSE)					<input checked="" type="checkbox"/>

****Family/2** – Both you and your spouse are employed full-time with the SJCSJ and both Benefit Eligible with or without children, the total premiums will be divided equally between BOTH employees’ paychecks.

Family with 2 (with children):

- ❖ **Male spouse** will Select (checkmark) **F2- FAMILY W/2 CHILDREN** and be required to Select (checkmark) **ALL the dependents (including Spouse)** under Eligible Dependents, who are to be covered.
- ❖ **Female spouse** will select **W2-FAMILY W/2 CHILD/SPOUSE** and **WILL NOT** have any dependents selected.

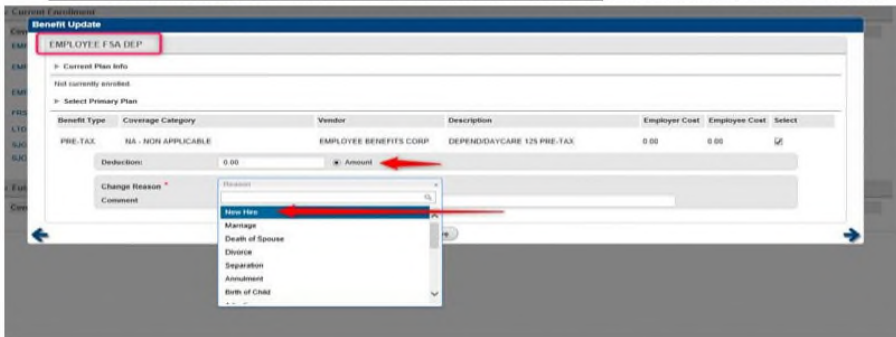
Family with 2 (Single): Without Children

- ❖ **Male spouse** will select (checkmark) **S2-FAMILY W/2 SINGLE** and be required to Select (checkmark) **Spouse** under Eligible Dependents.
- ❖ **Female spouse** will select **WS-FAMILY W/2 SINGLE/SPOUSE** and **WILL NOT** have any dependents selected.

Family with 2, Same Sex Spouses: Using the birthdate rule, the spouse with the earlier birth month will be listed as the male. For example, if you were born in January and your spouse was born in March, you (born in January) will add all of your dependents under the Eligible Dependents. See “Male Spouse” information above.

Your spouse, born in March will enter their selections as the “Female Spouse” See information above.

Flexible Spending Account 125: Dependent Daycare Minimum is \$300.00 Maximum is \$5,000.00



If you **DO NOT** want to Enroll in **Dependent Daycare 125, DO NOTHING, just click on the Right arrow.**

If you want to Enroll in **Dependent Daycare 125**, Select: (Checkmark Box) and Enter Deduction (\$) Amount for the current calendar year. Change Reason – New Hire, Click “SAVE” button. Click next Right Arrow

Flexible Spending Account 125: Medical Minimum is \$300.00 Maximum is \$3,050.00

Follow the same directions as the Flexible Spending Account: Dependent Daycare.

Choose your **Vision plan follow (Step 2: Enroll in Benefits)** directions same as Hospital and Dental.

Click the Right Arrow on the final 4 screens. These are informational only, there is nothing for you to select. **At the final screen click “Finish Button”**

It will then take you back to the **Benefits Enrollment screen with Future Enrollment at the bottom. If you are satisfied with your selections, please click “Confirm All”** Your benefits will now be **“Pending Approval”** until your Insurance is processed through to payroll.



If you are not satisfied with your selections, On the **“Benefits Enrollment Screen”** scroll down to the bottom of the screen under **Future Enrollment Section:** Under the **“Coverage Type”** click on the **Blue** Insurance name, that you want to change. **“Unselect”** your current insurance plan. Follow **Step 2: Enroll in Benefits.** After you select **“SAVE”**, click on **“Exit”** button. It will take you back to the **Benefits Enrollment Screen,** select **“Confirm All”** benefits will be **“Pending Approval”.**

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 Documentation.** See page 12 for details.

SELF-FUNDED INSURANCE RATES

Rates are subject to negotiations for the 2023-2024 school year.

19 Pay Periods

8/31/2023—5/31/2024

Employee Rates:

Employer Contributions:

HOSPITAL INDEMNITY

(Not Major Medical Insurance)

Employee Only	\$0.00	\$320.05
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HOSPITAL PLAN 1

(Standard Plan)

Employee Only	\$64.13	\$320.05
Family with 2* (Children)	\$138.74 (\$69.37) per employee	\$775.76 (\$387.88) per employee
Family w/2 Single**	\$128.26 (\$64.13) per employee	\$775.76 (\$387.88) per employee
Employee & Family	\$271.21	\$642.73

HOSPITAL PLAN 2

(Buy-Up Plan)

Employee Only	\$78.42	\$320.05
Family with 2* (Children)	\$206.39 (\$103.20/\$103.19)	\$775.76 (\$387.88) per employee
Family w/2 Single**	\$156.84 (\$78.42) per employee	\$775.76 (\$387.88) per employee
Employee & Family	\$339.42	\$642.73

DENTAL PLAN 1

(Standard Plan)

Employee Only	\$0.00	\$22.25
Family with 2* (Children)	\$4.29 (\$2.15/\$2.14)	\$40.44 (\$20.22) per employee
Family w/2 Single**	\$0.00 (\$0.00) per employee	\$40.44 (\$20.22) per employee
Employee & Family	\$20.07	\$22.25

DENTAL PLAN 2

(Buy-Up Plan)

Employee Only	\$5.75	\$22.25
Family with 2* (Children)	\$21.23 (\$10.62/\$10.61)	\$40.44 (\$20.22) per employee
Family w/2 Single**	\$11.50 (\$5.75) per employee	\$40.44 (\$20.22) per employee
Employee & Family	\$38.87	\$22.25

VISION

Employee Only	\$0.00	\$6.00
Family with 2* (Children)	\$3.61 (\$1.81/\$1.80)	\$11.84 (\$5.92) per employee
Family w/2 Single**	\$0.00 (\$0.00) per employee	\$12.00 (\$6.00) per employee
Employee & Family	\$7.55	\$7.90

- (1) If you make a change during Open Enrollment, your premiums will be at a "Pro-Rated" amount from December 15, 2023—May 31, 2024. If you have deductions through May 31, 2024, you will have coverage through September 30, 2024, regardless of whether you continue with SJCSJ in 2024-2025. 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.

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	N/A	Blue Options	N/A
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+ \$30 Copay	\$30 Copay	CYD+ \$30 Copay

PHARMACY

(Administered by Express Scripts Inc. (ESI))

	PPO Hospital 1 (Standard Plan)	PPO Hospital 2 (Buy-up Plan)
	Mandatory Generic*	Mandatory Generic*
Rx Retail/Mail-Order		
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 Medical Plans		
Single	\$64.13	\$78.42
Family with 2*	\$138.74 (\$69.37 per employee)	\$206.39 (\$103.20/\$103.19 per employee)
Family w/2 Single**	\$128.26 (\$64.13 per employee)	\$156.84 (\$78.42 per employee)
Family	\$271.21	\$339.42

*Mandatory generic prescriptions are 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.



St. Johns County School District Wellness Centers

Extensive service offerings to spark your health journey:



Prevention

Health Screenings

- Annual Exams
- Blood pressure
- Body mass index
- Cholesterol
- Glucose
- School, camp, and sports physicals

Health Coaching

- Nutrition
- Physical activity
- Tobacco cessation
- Stress management
- Weight loss

Chronic Condition

- Coaching
- Arthritis
- Asthma
- COPD
- Depression
- Diabetes
- Heart health
- Low back pain
- Sleep apnea
- Educational offerings



Sick Visits

- Bronchitis
- Common Cold
- Constipation
- Cough
- Diarrhea
- Eye infections
- Headache
- Joint pain
- Nausea and vomiting
- Nosebleed
- Sinus infections
- Skin infections
- Strep throat



Behavioral Health

- Anxiety
- Depression
- Eating disorders
- Grief
- PTSD
- Relationship issues
- Self-image
- Stress
- Substance use



Lab Services

Blood work and lab tests processed at the center include hemoglobin A1C, lipid panel, glucose, rapid strep, mono, urinalysis, oxygen saturation, and pregnancy. Additional lab tests can also be drawn and sent to an outside lab for processing.



Medications

- FREE on-site prescription drugs & SaveRx 90-Day Mail Order Program.
- Not all generic prescriptions are available at Marathon Wellness Centers.

Please note: Marathon Wellness Centers are a dispensary, NOT a Pharmacy for prescription medications. Centers will not fill prescriptions written by anyone other than Marathon providers. Schedule an appointment with Marathon providers to determine your medication needs!

No Show Policy

Patients will receive an email or text reminder of their appointment 24 hours prior. Cancelling an appointment less than 1 hour before the scheduled time will result in a cancellation fee. You will receive written notification from the insurance plan administrator of your recorded no-shows. The first one will be excused. Within 12 months, 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 the appointment was medical or ancillary. Employees/retirees are responsible for fees incurred by their covered dependents.



SCHEDULE AN APPOINTMENT
Scan the QR code to schedule and view health center information.
my.marathon-health.com

SJCSD

Fall 2023

DistrictWell Program

The SJCSD Fall DistrictWell Program will run from August 1, 2023 through November 30, 2023. EMPLOYEES who are enrolled in the SJCSD Self-Funded Medical Plan have the option of participating in the program. Participate in well-being activities for a chance to receive a one-time payroll increase.

Districtwell Program Activity Options

- **Preventative Health Activities:**
 - Annual physical exam (15 points)
 - Preventative screening/exam (15 points)
 - Flu vaccine (10 points)
- **Community and Social Wellbeing Activities:**
 - Volunteering in the community (10 points)
 - Community fitness event (10 points)
 - Physical activity challenge (10 points)
- **Personal Growth Activities:**
 - Wellness webinars (5 points each, max of 4)
 - Health coaching or mental health visits (15 points each, max of 2)
 - Professional development (5 points)

View program details and track your DistrictWell program progress in the Marathon Health Portal through the Incentives tab.

Districtwell Program Overview

- **Who:** EMPLOYEES who are enrolled in the SJCSD Self-Funded Medical Plan.
- **How:** Complete well-being activities to earn raffle entries for reaching the program levels.
- **When:** Complete your well-being activities by November 30, 2023.
- **Program Reward:** A one-time payroll increase will be awarded per tier:
 - Bronze: 25+ Points (\$50 to 150 winners)
 - Silver: 50+ Points (\$75 to 65 winners)
 - Gold: 75+ Points (\$100 to 25 winners)



Marathon
Health™

2024 SJCS D Health Risk Assessment Screening Program



Program Dates: January 1 - November 15, 2024

Program Details:

The Health Risk Assessment Screening Program (HRA) consists of two steps: an online HRA (Health Risk Assessment Questionnaire) and a Biometric Screening at one of the Marathon Health Wellness Centers. The HRA Screening Program is to be completed at one of the three center locations ONLY: O'Connell Wellness Center, Nease Wellness Center, or Pedro Menendez Wellness Center. HRA & Screening results are private, confidential, and are not shared with St. Johns County School District. Following your screening, 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 SJCS D Self-Funded Medical Plan, regardless of age.
- Retirees of SJCS D that are covered under the Medical Plan and their covered spouses under age 65.
- Beginning January 1, 2024, employees born in an **EVEN year** and covered under the medical plan are required to complete the HRA by November 15, 2024 (e.g., 1966).
- Employees born in an **ODD year** and covered under the medical plan are **NOT** required to complete the HRA in 2024. In this case, employees and their spouses will be required to complete these steps from January 1, 2025, through November 15, 2025.
- Employees hired after **March 24, 2024**, and born in an **EVEN year** are **NOT** required to complete this by November 15, 2024.
- Spouses of covered employees are required to complete the HRA by following the EMPLOYEE'S birth year, regardless of the spouse's birth year (e.g., the employee's birth year is 1966, but the spouse's birth year is 1963).
- 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.

Required Program Steps:

To complete the two HRA & Screening Program requirements, log in to your Marathon Health account by visiting the website at my.marathon-health.com. Select the "**Incentives**" tab and scroll down to the bottom of the page under "**Goals**" to view and complete the two HRA & Screening Program requirements. Both steps must be completed by **November 15, 2024**, to avoid the surcharge in 2025 and 2026. The details are below.

• Step 1 - Complete the Marathon Health Risk Assessment (HRA) Questionnaire:

Visit my.marathon-health.com to complete the Health Risk Assessment. Once you have completed all of the assessment questions, select "Complete the Health Risk Assessment". Then, select the option to "Send to My Health Record".

• Step 2 - Complete a Biometric Screening:

Schedule your appointment for a Biometric Screening at one of the three Wellness Centers by visiting my.marathon-health.com. Under the "Goals" section, select "Complete your Biometric Screening". Then, click through the following prompts: "Go to Schedule", select the "member", select "Preventative", "Biometric Wellness Screen", click "Next", select your preferred Wellness Center, select an appointment time, and then click "Confirm Appointment."

For additional information, scan the below QR code to access the Marathon Health Portal Guide



Surcharge Information:

- SINGLE: \$10 surcharge per pay period will be assessed for 2-years effective January 2025 through December 31, 2026, if the employee covered under the medical plan does not complete HRA in 2024.
- FAMILY: \$10 surcharge per pay period, per employee and/or spouse for non-completion, for 2 years, effective January 2025 through December 31, 2026, if either employee or spouse covered under the medical plan does not complete HRA in 2024.

Exemptions:

Exemptions for the HRA Surcharge Program will be considered on a case-by-case basis for extreme extenuating circumstances. Exemption requests need to be submitted via the SJCS D 2024 HRA Exemption Request Link; provided below.

<https://survey.alchemer.com/s3/7484370/SJCS D-2024-HRA-Exemption-Request>

Exemptions must be received by **November 1, 2024**. 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 as exemptions do not carry over.



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, at 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 will be \$75 each.

Download the app to talk to a doctor anytime, anywhere* by phone or video. Search for "Teladoc" in the App Store or on Google Play. Once you've downloaded the app, select "Set Up Your Account." Provide some information about yourself to confirm your eligibility. Enter your address and phone number, create a username and password, pick security questions, and agree to the terms and conditions. **Teladoc is not available internationally.*



CANARX Services Inc. administers the voluntary \$0 copay international mail-order prescription option. For program information, including searchable a medication listing and downloadable enrollment form, visit canarx.com and use **WebID: SJCS D**.

Step One | CHECK FOR MEDICATION—Check to see if your medication is offered. Full list on the website or call CANARX at **1-866-893-6337**.

Step Two | ENROLL—Complete and sign the enrollment form (a separate form is required for each member ordering). Submit the enrollment form and copy of your photo ID via secure upload at canarxdocs.com, or send by mail or fax.

Step Three | SUBMIT PRESCRIPTION— Request a prescription for a 3-month supply, with 3 refills. Mail **original** prescription to CANARX or have your physician's office fax it **directly** to CANARX at **1-866-715-6337** (prescriptions are ONLY accepted by fax when sent from the physician's office).

For assistance or more information call **CANARX** (toll-free) at **1-866-893-6337**.

Mailing Address:

CANARX Services Inc.
PO Box 3009
Windsor, ON N8N 2M3
Canada



- ✓ \$0 Copay
- ✓ 350+ FREE Brand Name Medications
- ✓ Easy, convenient refills
- ✓ Refills only, no "new to you" meds
- ✓ No additional costs

DENTAL RATES

(Administered by Humana)

**FREE EMPLOYEE ONLY
DENTAL 1 COVERAGE
PROVIDED BY SJCSJ**

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)	
Preventive Services	Plan pays 100% No Deductible		Plan pays 100% No Deductible	
Basic Services - Plan Pays - Member Pays	70% CYD + 30%	70% CYD + 30% + Bill Balance	90% CYD + 10%	70% CYD + 30% + Bill Balance
Major Services 3 Month Waiting Period - Plan Pays - Member Pays	50% CYD + 50%	50% CYD + 50% + Bill Balance	60% CYD + 40%	60% CYD + 40% + Bill Balance
Surgical Wisdom Teeth Extraction(s) - Plan Pays - Member Pays	80% of the covered services, after Deductible, up to \$1,000 annual maximum CYD + 20%			
Orthodontic Services 6 Month Waiting Period	50% of the covered services, up to \$1,000 lifetime orthodontia maximum			
<p>*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.</p> <p>Out-of-network dentists may bill you for charges above the amount covered by your dental plan (balance billing).</p>				

	Dental 1 (Standard Plan)	Dental 2 (Buy-Up Plan)
Single	\$0.00	\$5.75
Family with 2*	\$4.29 (\$2.15/\$2.14 per employee)	\$21.23 (\$10.62/\$10.61 per employee)
Family w/2 Single**	\$0.00 (\$0.00 per employee)	\$11.50 (\$5.75 per employee)
Family	\$20.07	\$38.87

**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 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 PLAN

(Administered by Preferred Benefits Admin.)

FREE EMPLOYEE ONLY COVERAGE PROVIDED BY SJCSO

***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:

The 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 Marathon Health On-Site Wellness 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.

Forms can be found on <https://sjcsd.mbaileygroupp.com> or [BusinessPlus/Employee Online/Menu/Benefits/Benefits Summary/Additional Benefits Forms/HIP Claim Form](#) . You can fax your claim to 1(407)786-2999 or mail it to Preferred Benefit Administrators, Inc. PO Box 916188, Longwood, FL 32791-6188. Contact HIP Customer Service at (888)524-2777. **All HIP Claims MUST be filed within 6 months from your Date of Service, or the claim will be DENIED.**

VISION PLAN

(Administered by Preferred Benefits Admin.)

FREE EMPLOYEE ONLY COVERAGE PROVIDED BY SJCSO

EYE EXAM

Eye Exam, Maximum Benefit.....\$65
Limited to one exam every year beginning January 1 through December 31.

OCULAR HARDWARE

Maximum Benefit.....\$200

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 and an itemized bill or payment receipt from your provider. Forms can be found on <https://sjcsd.mbaileygroupp.com> or [BusinessPlus/Employee Online/Menu/Benefits/Benefits Summary/Additional Benefits Forms/Vision Claim Form](#) . You can fax your claim to 1(407)786-2999 or mail it to Preferred Benefit Administrators, Inc. PO Box 916188, Longwood, FL 32791-6188. Contact Vision Customer Service at (888)524-2777. **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. Refer to the summary plan description for complete details at www.PreferredTPA.com.*

Vision Plan	
Single	\$0.00
Family with 2*	\$3.61 (\$1.81/\$1.80 per employee)
Family w/2 Single**	\$0.00 (\$0.00 per employee)
Family	\$7.55



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 2022 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 with your spouse as requested above.

For Children with Disabilities aged 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, Donna.Herrmann@stjohns.k12.fl.us, PhyllisCoppola.Bruce@stjohns.k12.fl.us, or by fax (904) 547-7635.**

EMPLOYEE ASSISTANCE PROGRAM

(Administered by Townsend & Assoc.)

FREE COVERAGE
PROVIDED BY SJCS D

What is an Employee Assistance Program (EAP)?

St. Johns County School District provides employees with 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. We believe 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

LONG-TERM DISABILITY

(Administered by Voya Financial)

FREE COVERAGE
PROVIDED BY SJCS D

The LTD program covers disabling injuries or sicknesses 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. IMG—(317) 659-5841 Register Now with IMG! <http://www.imglobal.com/member/login>, "Create an Account" and use the Referral Code VOYATRAVEL. Download the mobile app and use your login.

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

BASIC LIFE AND AD&D

(Administered by Voya Financial)

FREE COVERAGE
PROVIDED BY SJCS D

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

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
- 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 - \$3,050 Dependent Day Care FSA - \$5,000 (\$300 minimum each)

HOW DO I ENROLL?

Login to BusinessPlus using your Employee ID and Password. **Select Employee Online tab. Click on link to launch Employee Online, click on the Menu, Select Benefits. Enroll in Benefits.** Click "Choose New Plans," click the **right arrow** to go to the next screen. **Click right arrow again:** past family members, Hospital, Dental, to Dependent/Daycare, then Medical 125. If you **want to Enroll in Dependent Daycare or Medical 125**, Select: (Checkmark Box) Enter "**Calendar Year 2024 Amount.**" Change Reason— Open Enrollment, click "SAVE" button. Click next Right Arrow, 6 times and then click "FINISH" button. You will be taken back to the Benefit Enrollment screen with Future Enrollment at the bottom. If you are satisfied with your selections, please click "CONFIRM ALL." Your benefits will now be in "Pending Approval" status until your elections are processed through to payroll.

- **Your annual election will be divided by 19 pay periods January 12, 2024—December 31, 2024.** No deductions will be taken from June 15—August 15, 2024.
- **EACH OPEN ENROLLMENT (October 1—31) You MUST login to BusinessPlus and provide your calendar election for 2024.** You MUST reenroll for the next calendar year, January 1, 2024—December 31, 2024. **Your 2023 calendar election will terminate December 31, 2023.**
- **This benefit does not roll over to the next calendar year.**

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 2024 fund balance will not roll over to 2025.** They will remain in the general FSA account to be used for administrative purposes. **Please note that this is an IRS regulation.**

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, prescription, and dental plan Calendar Year Deductible, copays, annual medical, dental and vision coinsurance expenses
- 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. You can review a list of OTC items at sjcsd.mbaileygroup.com

ELIGIBLE DEPENDENT DAYCARE EXPENSES:

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

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%.

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/Menu/Benefits/Benefits Summary/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, 2023, NOT VOYA.** The effective date for voluntary term life insurance coverage and premiums will be the approval date from Voya Financial.

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	\$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	\$246.40	\$616.00

Want exact cost for you? Check out the life insurance deduction calculator on sjcsd.mbaileygroup.com and BusinessPlus/Employee Online/Menu/Benefits/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 is available for all percentage teachers.

During Open Enrollment Guaranteed Issue is effective January 1, 2024.

- ALL OF YOUR SICK LEAVE BALANCE MUST BE USED 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, the maximum benefit is paid for up to 12 weeks, minus the 10-day elimination period.

How Do I Apply for Short-Term Disability?

Complete the Voya Financial Enrollment Form and submit it to HR Benefits by October 31, 2023. The "Short-Term Disability Calculator" can be found on <https://sjcsd.mbailegroup.com> or [BusinessPlus/Employee Online/Menu/Benefits/Benefits Summary/Additional Benefit Forms/Short-Term Disability Calculator](#). The effective date for voluntary STD coverage and premiums will be January 1, 2024.

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.
- 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 before 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.
- **You will be required to complete the enrollment form and Evidence of Insurability (EOI), subject to approval by Voya Financial.**
- The Voya Enrollment and Voya Evidence of Insurability (EOI) forms can be found at <https://sjcsd.mbailegroup.com> or [BusinessPlus/Employee Online/Menu/Benefits/Benefits Summary/Additional Benefit Forms/Long-Term Disability Calculator](#).
- **Complete the Voya Financial Enrollment and Evidence of Insurability forms to enroll. Submit both forms to the HR Benefits department by October 31, 2023, NOT VOYA.**
- The effective date for voluntary LTD coverage and premiums will be the approval date from Voya, not January 1, 2024.
- **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 \$105,000—\$250,000.

Where can I apply?

<https://mm.benselect.com/enroll/login.aspx?ReturnUrl=%2fenroll>

ReturnUrl=%2fenroll

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

Example: matthewjohnson05281983

Password: 4 digit birth year

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 \$8,801.00.*
- 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 \$20,241.00.*
- 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 \$14,726.00.*

To find the exact cost for you, check out the Whole Life Rate Sheets on <https://sjcsd.mbaileygroup.com> or logon to BusinessPlus using your Employee ID and Password. On the "Welcome Tab" please click to launch Employee Online, click on the Menu, Select Benefits/Additional Benefit Forms.

NOTICE REGARDING WELLNESS PROGRAM

SJCSD Wellness Program is a voluntary wellness program available to all medical-enrolled 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 for blood glucose, cholesterol, height/weight for BMI, and blood pressure. 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 avoid a medical premium surcharge. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will avoid the surcharge.

Incentives may also 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 J Wynn (j.wynn@stjohns.k12.fl.us).

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 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 to provide 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 biometric screening 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 J Wynn (j.wynn@stjohns.k12.fl.us).

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 15th through December 7th of each year.

How can I find out more?

- 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.

The Medicare Part D "credibility status" for our group medical plans is listed under Pharmacy Info on page 6 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.mbaileygroup.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).

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.mbaileygroup.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.mbaileygroup.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.mbaileygroup.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 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

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
Access your Humana Dental ID Card via mobile app!
www.humana.com

VISION:

Preferred Benefit Administrators, Inc.

Group# 463
 PO Box 916188
 Longwood, FL 32791-6188
 1-888-524-2777
 Fax 1-407-786-2999
No ID card needed.
www.PreferredTPA.com

HOSPITAL INDEMNITY:

Preferred Benefit Administrators, Inc.

Group# 463
 PO Box 916188
 Longwood, FL 32791-6188
 1-888-524-2777
 Fax 1-407-786-2999
No ID card needed.
www.PreferredTPA.com

BASIC & TERM LIFE INS:

Voya Financial

Group #711543
 Term Life: 1-888-238-4840
www.voya.com/claims

No ID card needed.

WHOLE LIFE INSURANCE:

Mass Mutual

Group #75081
 1-844-667-5223 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

No ID card needed.

FLEXIBLE SPENDING ACCOUNTS:

Employee Benefits Corporation

Participant Services
 Group #S34034
 1-800-346-2126
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

www.EBCFlex.com

2023 –2024 Insurance Committee

Kelly Abbatinozzi
 Andrew Burk
 Jose Caride
 Michelle Dillon
 Martha Fulford
 Tara Gatlin
 Wayne King
 Gretchen Saunders
 Anthony Coleman, Board Member
 Michelle Price, Benefits Supervisor
 J Wynn, Plan Administrator

Local Representatives:

Receptionist: 904-461-1800
 Mark Bailey, President—
m Bailey@mbaileygroup.com
 Allison Profitt, Sr. Account Executive—
aprofitt@mbaileygroup.com
 Virginia Schulze, Sr. Account Manager, Benefits—
vschulze@mbaileygroup.com
 Becky Cromwell, Sr. Account Manager, Benefits—
bcromwell@mbaileygroup.com
 Erin Dolan, Account Manager, Benefits—erin.dolan@stjohns.k12.fl.us



HR Benefits:

Michelle Price, Benefits Supervisor,
 904-547-7549
 J Wynn, Dir. Benefits & Salaries,
 904-547-7610
 Donna Herrmann, Benefits Specialist,
 904-547-7729
 Phyllis Coppola Bruce, Benefits Specialist,
 904-547-7760
 Tamara Criner, Benefits Clerk,
 904-547-7521
 Tabetta Rodriguez, Exec. Secretary,
 904-547-7610
 Erin Dolan, Account Manager,
 904-547-7561