



# 2025-2026 Retiree Benefits-at-a-Glance

*2025 SPECIAL Open Enrollment May 21—June 11, 2025*



**PREMIUM  
INCREASE!!  
EFFECTIVE  
8/1/2025**

## St. Johns County School District is Holding a Special Retiree Open Enrollment Due to a Premium Increase May 21—June 11, 2025!

### Schedule an Open Enrollment Appointment on May 27th or May 29th

Date: May 27th or May 29th, 2025

To book your appointment, please call Virginia Schulze at The Bailey Group at 904-461-2116

Time: 8:00 AM until 5:00 PM

Location: The Bailey Group

1200 Plantation Island Drive, Suite 210

St. Augustine, FL 32080

You can meet with benefits staff or an agent virtually, by phone, or in-person to help with enrollment and answer questions about options like Florida Blue individual Medicare Supplement Plans and Medicare Advantage Plans. For Medicare-eligible individuals, major changes are coming in 2025, including updated doctor and hospital networks, and a new \$2,000 out-of-pocket maximum for Part D prescriptions. For any Medicare-related questions, whether you are on an individual Medicare plan or the SJCSO medical plan, contact our Medicare specialist Tommy Delany.

- **No action is needed if you are not changing your current insurance. New premiums will be effective on the July 31, 2025 FRS Deduction or the August 2025 Self-Pay Invoices.**
- **To modify coverage, complete and return the enclosed Retiree Self-Funded Enrollment form by June 11, 2025, to:**

St. Johns County School District

40 Orange Street

St. Augustine, FL 32084

Attention: Donna Herrmann

- **Adding a dependent requires Dependent Eligibility Documents if not previously submitted. Please refer to page 7.**
- **To enroll your spouse in Medical Plan 1 or 2, submit the Spousal Medical Benefits Affidavit form by June 11, 2025.** A monthly \$55.42 surcharge applies if your spouse has employer-sponsored insurance. Update the affidavit if your spouse's employment status changes.
- **Terminating Medical, Dental, Vision, or Life insurance will result in losing re-enrollment ability for that product.**

After Open Enrollment, changes can only be made during the next period or due to qualifying events (marriage, divorce, death, or loss of spouse's coverage). Notify HR Benefits within 30 days of the event; late requests will not be accepted.

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# UNDER AGE 65 MONTHLY PREMIUMS

Retiree Medical Insurance Premium Program Under Age 65

## Self-Funded Insurance Rates Effective July 1, 2025:

The purpose of the Retiree Medical Insurance Premium Program is to assist in funding medical insurance for eligible retired employees of the St. Johns County School District. The program is based on years of service to St. Johns County School District and the age of the employee at retirement. Coverage would be from the time the employee enters the Florida Retirement System (FRS) until the time the employee is eligible to receive Medicare, whichever comes first. The insurance coverage under the Self-Insured Plan is currently offered at a reduced premium to those retirees who meet the following criteria:

1. Worked for St. Johns County School District full-time for the last ten (10) consecutive years of employment and have been a member of the Major Medical Plan (Single or Family) for the majority of their employment, and at least age 55.
2. Retired from the Florida Retirement System and St. Johns County School District was the last employer.
3. The plan will fund family premiums only for retirees who have contributed to a family plan for the majority of their employment with the SJCSO. A retiree who only qualifies to receive single coverage may elect family coverage by paying the difference between the single and family costs.

Reduced Insurance Monthly Premiums		Not Eligible for Reduction of Premiums Under 65	
<u>MEDICAL 1 -</u> <u>PPO Standard Plan</u>		<u>MEDICAL 1 -</u> <u>PPO Standard Plan</u>	
	<u>RETIREE PREMIUM</u>		<u>RETIREE PREMIUM</u>
Single	\$547.40	Single	\$617.40
Family	\$1,033.56	Family	\$1,405.81
Family - Retiree Major Medical/ Dependent on Medicare	\$1,313.76	Family - Retiree Major Medical/ Dependent on Medicare	N/A
Blue Medicare Group PPO/ Medical Plan 1	\$933.18	Family - Retiree Medicare / Dependent Only Major Medical	N/A
<u>MEDICAL 2 -</u> <u>PPO Buy Up Plan</u>		<u>MEDICAL 2 -</u> <u>PPO Buy Up Plan</u>	
Single	\$648.26	Single	\$668.31
Family	\$1,281.62	Family	\$1,582.10
Family - Retiree Major Medical/ Dependent on Medicare	\$1,534.64	Family - Retiree Major Medical/ Dependent on Medicare	N/A
Blue Medicare Group PPO/ Medical Plan 2	\$1,034.04	Family - Retiree Medicare / Dependent Only Major Medical	N/A
<u>DENTAL 1</u>		<u>DENTAL 1</u>	
Single	\$11.91	Single	\$25.64
Family	\$22.64	Family	\$49.42
<u>DENTAL 2</u>		<u>DENTAL 2</u>	
Single	\$14.88	Single	\$39.00
Family	\$36.59	Family	\$65.58
<u>VISION</u>		<u>VISION</u>	
Single	\$7.10	Single	\$8.87
Family	\$14.21	Family	\$22.77

*This is only a summary of benefits and not a contract. Please refer to your benefit booklet certificate for complete details.*

**All retirees and dependents 65+, whether enrolled in a Blue Options Plan or Blue Medicare PPO Plan must be enrolled in Medicare Parts A&B.**

Benefit Description and Cost Sharing	Medical Plan 1		Medical Plan 2		Medicare over 65	
	(Standard Plan)		(Buy-up Plan)		BlueMedicare Plan 1	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Blue Options		Blue Options		PPO	
Calendar Year Deductible (CYD) Per Individual Family Maximum	\$1000 \$3000	\$2000 \$6000	\$300 \$600	\$600 \$1200	\$0	\$1,000
Coinsurance	80%/20%	60%/40%	80%/20%	75%/25%	80%/20%	80%/20%
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)	\$1,000	\$3,000
Lifetime Maximum Per Insured	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Family Physician	\$30	CYD + coins.	\$30	CYD + coins.	\$10	CYD + coins.
Specialist (no referral needed)	\$60	CYD + coins.	\$50	CYD + coins.	\$25	CYD + coins.
Inpatient Hospital Facility	CYD+ coins.	CYD+ coins.	CYD+ coins.	CYD+ coins.	\$200 Copay/ 1st 5 Days	CYD+ coins.
Outpatient Hospital Surgery Facility	CYD+ coins.	CYD+ coins.	CYD+ coins.	CYD+ coins.	\$150 Copay	CYD+ coins.
Emergency Room Facility	\$100 Copay + CYD/coins.	\$100 Copay + CYD/coins.	\$100 Copay + CYD/coins.	\$100 Copay + CYD/coins.	\$75 Copay	\$75 Copay
Urgent Care Center	\$30 Copay	CYD+ coins.	\$30 Copay	CYD+ coins.	\$25 Copay	\$25 Copay
	Prescription Plans (Administered by ESI)				Prescription (Administered by Florida Blue)	
Rx - Retail/Mail-order	Mandatory Generic		Mandatory Generic		Pharmacy/Mail Order	
Deductible*	\$200 Individual/\$600 Family		N/A		N/A	
Generic	\$20/\$40		\$15/\$30		\$0/\$0 (Preferred Generic/PrimeMail)	
Formulary Brand Name	\$35/\$70		\$30/\$60		\$30/\$90	
Non-Formulary Brand Name	\$55/\$110		\$50/\$100		\$60/\$120 \$35/\$105*Insulin Copay	
Specialty Drugs	Copay		Copay		33%	
Retiree Rates (Over 65)	Plan 1* - Monthly		Plan 2** - Monthly		Blue Medicare Monthly	
Retiree Only	\$547.40		\$648.26		\$385.78	
Retiree & Spouse Over 65	\$1,033.56		\$1,281.62		\$771.56	
Retiree Over 65 & Spouse Under 65	\$1,313.76		\$1,534.64		Plan 1 \$1,003.18 Plan 2 \$1,054.09	
Retiree Over 65 & De- pendents Under 65	\$1,405.81		\$1,582.10		N/A	

\*Generic prescriptions are mandatory for all members. If members opt to fill a brand-name prescription when a lower-cost generic is available, they will be responsible for the brand co-pay along with the cost difference between the brand-name and generic drug unless the physician indicates that it is medically necessary.

\*By utilizing the mail-order or Retail90 program, members can pay for a 2-month supply and receive an additional month at no extra charge. All major chain pharmacies are part of the Express Scripts Home Delivery maintenance network. Additionally, the prescription drug coverage provided by all medical plans qualifies as 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.*



# SJCSD Well-Being: Earn the Lowest Premium!

## Health Risk Assessment & Biometric Screening Program



**Program Dates: January 1 - November 15, 2025**

### Program Details:

The Health Risk Assessment (HRA) & Biometric Screening Program is two steps: an online HRA (questionnaire) and a biometric screening (no fasting required). The screening can **ONLY** be completed at one of our Marathon Health Wellness Centers: O'Connell Wellness Center, Nease Wellness Center, or Pedro Menendez Wellness Center. All results are private, confidential, and not shared with St. Johns County School District.

### Program Guidelines:

- Participation occurs *every other year*, depending on birth year: beginning January 1, 2025, employees born in an **ODD** year (e.g., 1967) and covered under the medical plan can complete the program before the deadline to earn the lowest premium for their plan.
- Open to all active employees and spouses (regardless of age) enrolled in the SJCSD medical plan AND SJCSD retirees and their covered spouses (only under age 65), on the medical plan.
  - Covered spouses participate following the covered EMPLOYEE'S birth year, regardless of the spouse's birth year (e.g., the employee's birth year is 1967, but the spouse's birth year is 1970).
  - *This program does not apply to enrolled-dependent children regardless of age.*
  - If enrolled in "FAMILY WITH 2" coverage, both parties follow the **HUSBAND'S** birth year.
  - Same-sex "FAMILY WITH 2" covered employees follow the earlier **birth month**. For example, if one birth month is July (July 1967) and other birth month is February (February 1970), both follow the **birth year** of the person born in February (EVEN year, in this example).
- Employees hired **after** June 1, 2025, are NOT expected (nor are their spouses) to participate, even if born in an ODD year. Those newer hires wait until the next odd year (in this case, 2027).

### Required Program Steps:

- Log in to your own Marathon Health account by visiting the website at [my.marathon-health.com](https://my.marathon-health.com). *Employees and spouses have separate logins and accounts.*
- Select the "**Incentives**" tab and scroll to the bottom, under "**Goals**", to view and complete the **two** program steps that must be completed by **November 15, 2025**, to earn the lowest premium for 2026 and 2027.
  - Schedule your appointment by selecting "Complete your Biometric Screening". Then, click through the following prompts:
    - "Go to Schedule" → select the "member" → "Preventative" → "Biometric Wellness Screen" → "Next"
    - Select your preferred Wellness Center location → appointment time → "Confirm Appointment"
  - Take the Health Risk Assessment Questionnaire. After answering the questions
    - Select "Complete the Health Risk Assessment". Then, select "Send to My Health Record"

Still have questions after logging in? For portal or points questions, email [sjcsdwellness@marathon.health](mailto:sjcsdwellness@marathon.health)

### Premium surcharge information:

- Surcharge assessed per pay period for 2 years, effective January 1, 2026, through December 31, 2027
  - Single Coverage (Retiree participation): \$10 surcharge per month
  - Family Coverage (Retiree & Spouse participation): \$10 OR \$20 surcharge per month
    - \$10 if one completes but the other does not OR \$20 if neither completes the program

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



### Exemptions:

Exemptions for the HRA & Biometric Screening Program will be considered on a case-by-case basis for extreme, extenuating circumstances. Exemption requests need to be submitted via the current SJCSD HRA & Screening Exemption Request Link; provided here:

<https://survey.alchemer.com/s3/7983141/SJCSD-2025-HRA-Screening-Exemption-Request>

Requests must be received by **November 1, 2025**. If you have previously submitted an exemption request in past years, exemptions do not carry over, so you will need to submit a new request this year, if applicable.

## Available to Retirees and their dependents enrolled in Medical Plans 1 or 2 ONLY.

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 in the United States. 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!

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 1 or 2 only, and subsequent visits are \$25 each. Dermatology visits are \$85 each.

## CANARX

### Available to Retirees and their dependents enrolled in Medical Plans 1 or 2 ONLY.

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:**

**SJCSD.**

**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

## ***Dependent Eligibility Documents***

**You must provide documentation for Medical/Dental/Vision dependents.**

### **For Spouse:**

A certified copy of your marriage certificate **and either:**

The front page of your 2024 federal tax return showing this dependent as your spouse or a recurring monthly household bill, dated within 60 days, addressed to you and your spouse at your mailing address.

### **For Children up to age 26:**

A copy of the child's birth certificate or adoption papers naming you or your spouse as the parent. If covering a stepchild and your spouse isn't a covered dependent, also provide proof of your relationship to your spouse.

### **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 names.

***For more information, contact Benefits Supervisor Donna Herrmann at 904.547.7549 or Donna.Herrmann@stjohns.k12.fl.us.***

## **VOLUNTARY LIFE**

(Administered by Voya)

MONTHLY COST FOR RETIREE			
AGE	LIFE INSURANCE POLICY AMOUNT		
	\$10,000	\$25,000	\$50,000
45-49	\$3.80	\$9.50	\$19.00
50-54	\$6.20	\$15.50	\$31.00
55-59	\$10.10	\$25.25	\$50.50
60-64	\$13.60	\$34.00	\$68.00
65-69	\$21.10	\$52.75	\$105.50
70-74	\$28.60	\$71.50	\$143.00
75-79	\$45.80	\$114.50	\$229.00
80-84	\$70.00	\$175.00	\$350.00
85-89	\$106.30	\$265.75	\$531.50
90-100	\$164.70	\$411.75	\$823.50

### **Retiree Life Insurance Rates and Qualifications:**

- Must be a qualified retiree under the Florida State Retirement System.
- Retirees are entitled to 50% of their current active life insurance benefit or to a minimum of \$10,000 at their own expense.
- You must start your life insurance immediately upon retirement.
- Your selected amount of life insurance to a minimum of \$10,000 cannot be increased at any time. However, you may decrease your selected amount at any time.
- Check out the Life Insurance Premium Calculator on [sjcsd.mbaileygroup.com](http://sjcsd.mbaileygroup.com)!

**Remember to update your beneficiaries with the HR Benefits Dept.!**



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

## Standard Retiree Premium Rates:

	PLAN 1	PLAN 2
SINGLE	\$25.64	\$39.00
FAMILY	\$49.42	\$65.58

## VISION

## EYE EXAM

(Administered by Preferred Benefit Administrators)

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 [sjcsd.mbailegroup.com](http://sjcsd.mbailegroup.com). You can fax your claim to 1(407)786-2999 or mail 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.**

## Standard Retiree Premium Rates:

	VISION
SINGLE	\$8.87
FAMILY	\$22.77

*This is only a summary of benefits and not a contract. Refer to summary plan description for complete details at [www.PreferredTPA.com](http://www.PreferredTPA.com).*

## RETIREE BENEFITS PORTAL

**You can access details on Retiree Benefits at [sjcsd.mbailegroup.com](http://sjcsd.mbailegroup.com)!**

*This is only a summary of benefits and not a contract. Please refer to your benefit booklet certificate for complete details.*



## FEDERAL NOTICES

### **Important Notice from St. Johns County School District Health and Welfare Plan About Your Prescription Drug Coverage and Medicare**

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. **St. Johns County School District** has determined that the prescription drug coverage offered by Express Scripts is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current coverage with **St. Johns County School District** will not be affected. Your current coverage pays for health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all your current health and prescription drug benefits. [See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.] If you do decide to join a Medicare drug plan and **drop your current St. Johns County School District coverage**, be aware that you and your dependents will **NOT** be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

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

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

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2025  
Name of Entity/Sender: St. Johns County School District  
Contact/Position: Virginia Schulze, Sr. Account Manager, The Bailey Group  
Address: 1200 Plantation Island Drive, Suite 210, St. Augustine, FL 32080  
Phone Number: 904.461.1800

## 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.

## 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 30 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.

However, you must request enrollment within 30 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.

## CHILDREN'S HEALTH INSURANCE PROGRAM

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

## HIPAA NOTICE OF PRIVACY PRACTICES

The HIPAA Notice of Privacy Practices is available on [sjcsd.mbaileygroup.com](http://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](http://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.

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### ***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.mbaileygroupp.com](http://sjcsd.mbaileygroupp.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](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  
**Use your Humana Dental ID card!**

### 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](http://www.PreferredTPA.com)

### LIFE:

Voya Financial  
Group#711543  
Term Life: 1-888-238-4840  
[www.voya.com/claims](http://www.voya.com/claims)  
**No ID card needed.**

### BLUEMEDICARE PPO:

Florida Blue  
1-800-926-6565



### Local Representatives:

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

### HR Benefits:

**Donna Herrmann,**  
Benefits Supervisor,  
904-547-7549  
**J Wynn,**  
Dir. Benefits & Salaries,  
904-547-7610  
**Tabetha Rodriguez,**  
Benefits Specialist,  
904-547-7729  
**Shauna Lewis,**  
Benefits Specialist,  
904-547-7760  
**Sheryl Mclean,**  
Exec. Secretary,  
904-547-7610  
**Erin Dolan,**  
Account Manager,  
904-547-7561