



2025-2026

# Benefits

Guide



**ST. JOHNS COUNTY**  
SCHOOL DISTRICT

EXCELLENCE IN PUBLIC EDUCATION  
SINCE 1869

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# Welcome to the St. Johns County School District 2026 Open Enrollment!

Open Enrollment for the 2026 plan year begins **October 8, 2025**, and we want to ensure every employee has the information and support needed to make confident benefit decisions.

This is your annual opportunity to:

Review and update your medical, dental, vision, and voluntary benefits  
Enroll in Flexible Spending Accounts (FSA) for medical and dependent care  
Submit your Spousal Medical Affidavit (required annually if covering a spouse)

Explore offerings like Marathon Health Centers, CanaRx prescription savings, and enhanced dental coverage

We encourage you to actively participate in this year’s Open Enrollment by:

- ✓ Attending virtual or on-site benefit meetings
- ✓ Reviewing your current elections in BusinessPLUS
- ✓ Asking questions and connecting with our HR Benefits team
- ✓ Signing up for text alerts by texting SJCS D to 844-678-0490

Your engagement helps ensure you and your family are covered with the benefits that best meet your needs. Let’s work together to make this Open Enrollment smooth, informed, and successful!

**This interactive guide is designed to help you navigate your benefit options. Simply click or tap on a particular benefit on the left side of the page to go directly to that specific benefit offering.**

## Quick Reminders!

- Deductions are taken out over 19 pay periods (August 31 – May 31)
- Open Enrollment changes are effective January 1, with pro-rated deductions from January 15 – May 31
- Dependent documentation is required to cover any family members on any insurance plan
- Spousal affidavits are required for anyone with a spouse on the medical plan
- Life insurance beneficiaries can be updated at any time
- Check your paycheck to verify your Open Enrollment changes are accurate

This guide provides information to help you make your enrollment decisions. Not all plan provisions, limitations and exclusions are included in this guide.

In the event of any conflict between the information contained in this guide and the actual plan documents and insurance contracts, the plan documents and insurance contracts will prevail. This guide does not constitute a Summary Plan Description (SPD) or Plan Document.

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## What's New?

### HIGHLIGHTS

Updates have been made to the two medical plan options.

#### Hospital 1 – Standard Plan Updates

- Deductible is now \$2,000 individual / \$6,000 family
- Coinsurance is 75% / 25%
- Prescription deductible has increased to \$300 individual
- Out-of-pocket maximum is \$6,350 individual / \$19,050 family
- Out-of-network benefits have also been revised

#### Hospital 2 – Buy-Up Plan Updates

- Deductible is now \$1,000 individual / \$3,000 family
- A new prescription deductible is now \$300 individual / \$600 family
- Out-of-pocket maximum is \$5,000 individual / \$15,000 family
- Out-of-network benefits have been updated as well

Please review the plan options carefully to select the one that best fits your needs.

**The Dental 2 Annual Maximum has increased to \$2,500!**

**The Medical FSA max is \$3,400, and the Dependent Care FSA max is \$7,500.**

### ANNUAL SPOUSAL MEDICAL AFFIDAVIT UPDATE

- **Who needs it?** Anyone covering a spouse on either medical plan
- **What is it?** A form confirming spousal eligibility
- **When is it due?** Annually by October 31
- **Where to submit?** Follow the instructions or link provided (reach out to HR Benefits if you're unsure)

✅ This form helps verify dependent eligibility for coverage—so be sure to submit it each year if applicable!



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## How Can I Get Open Enrollment Assistance?

### VIRTUAL MEETINGS FOR OPEN ENROLLMENT

Our benefits consultants are ready to meet with you virtually to discuss your benefits and address any questions to help you make informed decisions about your benefit options. Please visit <https://calendly.com/sjcsdbenefits> to book your appointment. A confirmation email will be sent to remind you of your meeting and provide options to cancel or reschedule if needed.

### ON-SITE OPEN ENROLLMENT MEETINGS

Our benefits consultants will be visiting multiple locations. You can find the full schedule of dates and times at [https://sjcsd.mbaileysgroup.com/wp-content/uploads/sites/12/2025/09/250924-SJCSO-OE-Calendar\\_Virtual-On-Site\\_Flu-Shots\\_FINAL-1.pdf](https://sjcsd.mbaileysgroup.com/wp-content/uploads/sites/12/2025/09/250924-SJCSO-OE-Calendar_Virtual-On-Site_Flu-Shots_FINAL-1.pdf). No appointment is necessary for these on-site meetings; feel free to attend at any time during the designated hours. Please be aware that wait times may occur depending on the number of employees seeking assistance.

### OPEN ENROLLMENT TEXT MESSAGING

Keep up to date on benefits and wellness by signing up for text alerts! Text the keyword SJCSO to 844-678-0490. Terms and privacy information can be found at [sms.mbaileysgroup.com](https://sms.mbaileysgroup.com).





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# Eligibility Information

## COVERAGE LEVELS

You may choose to enroll in one or all of the benefit offerings. You may choose from the following coverage levels for your medical, dental and vision options:

- Employee
- Employee Family
- Family with 2 (Single or Children) – both adults are employees of SJCS D and either have dependents or do not have dependents

## ELIGIBLE DEPENDENTS

In addition to electing SJCS D benefits for yourself, you also may choose to cover your eligible dependents. Eligible dependents include:

- Your legal spouse
- Your dependent child up to the end of the month in which he or she reaches age 26 regardless of their student or tax dependent status
- Your dependent child age 26 or older with required documentation, located in the right paragraph



## DEPENDENT DOCUMENTATION REQUIREMENTS

If you cover dependents under St. Johns County School District (SJCS D) benefit plans, please review your dependent information to ensure they meet SJCS D’s eligibility requirements. To control costs effectively, it is crucial to cover only employees and their eligible dependents under our benefit plans. We will verify the eligibility of any new dependents added to the plans.

For any new dependent additions to the Medical, Dental, Vision plans or Life, proof of eligibility must be provided. Required documents include:

- Spousal Medical Affidavit (required to add spouse to medical coverage)
- Official Marriage License AND a copy of your 2024 federal tax return confirming your spouse as a dependent OR a document such as a recurring monthly bill dated within the last sixty days, including your name, your spouse’s name, the date, and your mailing address.
- Birth Certificate
- Adoption Placement documentation
- Legal Guardianship documentation
- Other legal documents for children with disabilities over age 26 along with the birth certificate, including evidence of Social Security Disability (SSD) showing parent/guardian name and dependent name(s).

All elections will remain in a “pending” status until the required documentation is provided. To submit documentation, please email scanned documents to [HRBenefitsAssistant@stjohns.k12.fl.us](mailto:HRBenefitsAssistant@stjohns.k12.fl.us), fax them to 904-547-7635, or send them through Campus Mail to the HR Benefits Department.

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## Making Changes To Coverage

Benefit elections during your enrollment period last for the whole plan year (January 1 - December 31). If you experience a Qualified Life Event, you can add or drop dependents from your existing plan. Changes must align with the specific event.

**Provide documentation within 30 days of the event, including the reason, date, and affected names.**

### Qualified Life Events:

- Birth, Adoption, Legal Guardianship, Placement for Adoption
- Marriage, Divorce, Annulment
- Death of a Dependent
- Gain/Loss of Other Creditable Coverage

Contact **SJCSD HR Benefits** at [HRBenefits@stjohns.k12.fl.us](mailto:HRBenefits@stjohns.k12.fl.us) and provide documentation within 30 days. Missing this deadline means waiting until the next Open Enrollment.



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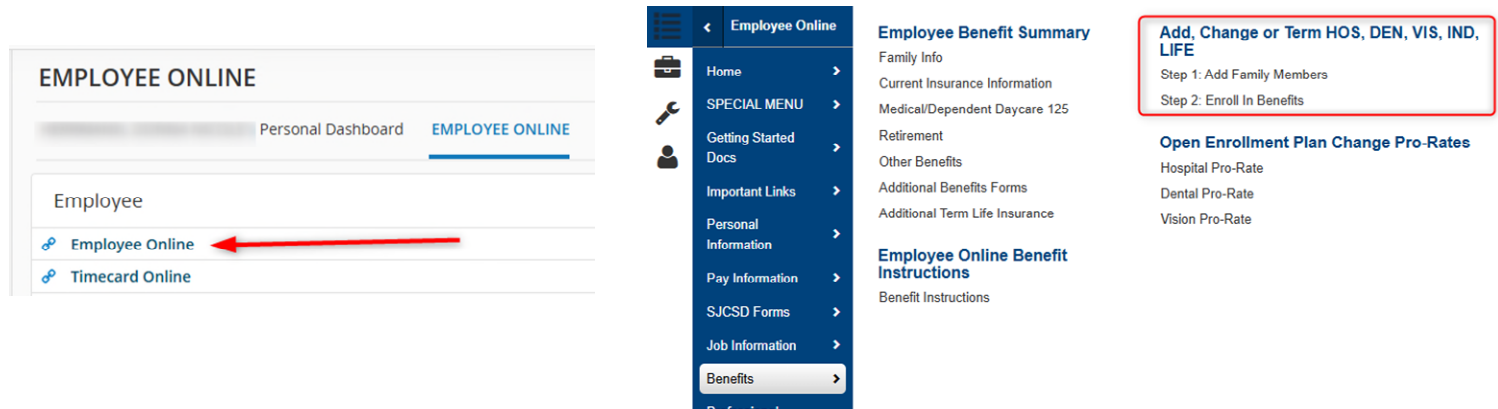
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## Making Changes in BusinessPlus/Employee Online

To begin, open Google Chrome and navigate to the BusinessPLUS login page. Log in using your Employee ID and Password. Once logged in, select the "**Employee Online**" heading, then click the "**Employee Online**" link located under the "**Employee**" section. A new browser tab will open. In this tab, click the **Menu icon** located in the upper-left corner of the screen and select **Benefits**.



### 1: Add Family Members (If applicable)

Skip this step if you are NOT adding dependents to Medical, Dental, Vision, or Life Insurance.

1. Select Step 1: Add Family Member(s).
2. Click the (+) icon in the bottom corner to add a family member.
3. Enter all required information:
  - Names in ALL CAPS
  - Relationship
  - Date of Birth
  - Social Security Number (click the pencil to enter)
  - Gender
  - Address (check box if same as yours)
4. Repeat for each dependent.
5. Click the Save icon (top-right corner) when finished.



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## Making Changes in BusinessPlus/Employee Online cont'd

Please note: If **NO CHANGES** are being made to the benefit, **NO ACTION** is required.

### 2: Enroll In Benefits

1. Go to Menu > Benefits > Step 2: Enroll in Benefits.
2. Click Choose New Plans.
3. Use the right arrow to navigate through the screens.
4. Select only the plans you are making changes to.
5. Under the "Select" column, check the box next to your chosen plan (e.g., Family Hospital 1).  
Note: If selecting a Family plan, you MUST check the boxes next to each dependent to be covered.
6. Select Change Reason: **Open Enrollment**
7. Click Save, then continue with Dental and Vision using the same steps.

Update Plan

Choose New Plans Confirm All

▲ Select Primary Plan

Benefit Type	Coverage Category	Vendor	Description	Employer Cost	Employee Cost	Select
PRE-TAX	EO - EMPLOYEE ONLY	MFB FINANCIAL TPA INC	INDEMNITY PRE-TAX EMPLOYEE	342.91	0.00	<input type="checkbox"/>
PRE-TAX	EF - EMPLOYEE FAMILY	FLORIDA BLUE	HOSP 1 STANDARD PT/FAMILY	690.71	287.20	<input type="checkbox"/>
PRE-TAX	EO - EMPLOYEE ONLY	FLORIDA BLUE	HOSP 1 STANDARD PT/EMPLOYEE	342.91	68.16	<input type="checkbox"/>
PRE-TAX	F2 - FAMILY W/2 CHILDREN	FLORIDA BLUE	HOSP 1 STAND PRE-TAX FAMILY/2	411.89	77.37	<input type="checkbox"/>
PRE-TAX	S2 - FAMILY W/2 SINGLE	FLORIDA BLUE	HOSP 1 STANDARD PT F2/SINGLE	411.89	68.16	<input type="checkbox"/>
PRE-TAX	W2 - FAMILY W/2 CHILD/SPOUSE	FLORIDA BLUE	HOSP 1 STANDARD PT F2/SPOUSE	411.89	77.37	<input type="checkbox"/>
PRE-TAX	WS - FAMILY W/2 SINGLE/SPOUSE	FLORIDA BLUE	HOSP 1 STAND PT F2/SINGLE/SP	411.89	68.16	<input type="checkbox"/>
PRE-TAX	EF - EMPLOYEE FAMILY	FLORIDA BLUE	HOSP 2 BUY-UP PT/FAMILY	690.71	360.19	<input type="checkbox"/>
PRE-TAX	EO - EMPLOYEE ONLY	FLORIDA BLUE	HOSP 2 BUY-UP PT/EMPLOYEE	342.91	83.45	<input type="checkbox"/>
PRE-TAX	F2 - FAMILY W/2 CHILDREN	FLORIDA BLUE	HOSP 2 BUY-UP PT FAMILY/2	411.89	113.57	<input type="checkbox"/>
PRE-TAX	S2 - FAMILY W/2 SINGLE	FLORIDA BLUE	HOSP 2 BUY-UP PT F2/SINGLE	411.89	83.45	<input type="checkbox"/>
PRE-TAX	W2 - FAMILY W/2 CHILD/SPOUSE	FLORIDA BLUE	HOSP 2 BUY-UP PT F2/SPOUSE	411.89	113.57	<input type="checkbox"/>
PRE-TAX	WS - FAMILY W/2 SINGLE/SPOUSE	FLORIDA BLUE	HOSP 2 BUY-UP PT F2/SINGLE/SP	411.89	83.45	<input type="checkbox"/>

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## Making Changes in BusinessPlus/Employee Online cont'd

### Family/2 Clarification: (If both spouses are employed by SJCS D)

Family With 2 (with Children):

- Male Spouse: Select F2-FAMILY W/2 CHILDREN and check all dependents.
- Female Spouse: Select W2-FAMILY W/2 CHILD/SPOUSE and do NOT check dependents.

Family With 2 (Single)

- Male Spouse: Select S2-FAMILY W/2 SINGLE and check spouse.
- Female Spouse: Select WS-FAMILY W/2 SINGLE/SPOUSE and do NOT check dependents.

Family with 2, Same-Sex Spouses:

- The spouse with the earlier birth month is considered the "Male Spouse."
- Follow the instructions above based on birth month.

### Flexible Spending Account 125

**Please note: The Flexible Spending Account (FSA) is not continuous. This is the only benefit you must update annually if you wish to participate in the upcoming tax (calendar) year. If you are not making changes to Medical, Dental, or Vision please navigate straight to the FSA election screens.**

#### Dependent Care:

Minimum: \$300 | Maximum: \$7,500

If enrolling: Check the box, enter deduction amount, Select Change Reason: Open Enrollment, Click Save

If NOT enrolling: Click the right arrow to skip.

#### Medical:

Minimum: \$300 | Maximum: \$3,400 (maximum amount is subject to change per the IRS)

If enrolling: Check the box, enter deduction amount, Select Change Reason: Open Enrollment, Click Save

If NOT enrolling: Click the right arrow to skip.

### **Final Steps**

1. Click the Right Arrow through the final 4 informational screens.
2. Click the Finish Button.
3. You'll return to the Benefit Enrollment screen.
4. If satisfied, click Confirm All – your benefits will be marked Pending Approval.
5. If changes are needed, please select the insurance name (in blue) and make your corrections to the benefit. Select save and exit.



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## Terms To Know

**AIS** – Advanced Imaging Services, including MRI, CT scans, etc.

**Annual Out-of-Pocket Maximum** – The highest amount you are required to pay for deductibles and coinsurance within a calendar year.

**Coinsurance/Cost Sharing (Coins)** – The method by which you and your insurance share the costs of covered healthcare services after your deductible has been met.

**Contribution or Employee Contribution** – The portion of healthcare costs deducted from your paycheck each pay period.

**Copay** – Payments made for healthcare services that do not apply to your annual deductible but do count toward your annual out-of-pocket maximum.

**Calendar Year Deductible (CYD)** – The sum you pay for covered services before your insurance begins to pay. This amount counts toward your annual out-of-pocket maximum and tends to be higher for out-of-network care.

**Dependent Care FSA (DCFSA)** – A Dependent Care Flexible Spending Account that lets you set aside pre-tax funds to cover eligible dependent care expenses.

**Explanation of Benefits (EOB)** – A statement summarizing details of processed insurance claims.

**Florida Blue** – The insurer providing medical plans for SJCSD.

**Generic Prescription** – Medications that are not branded but legally contain the same active ingredients as brand-name drugs, meeting identical quality and effectiveness standards, usually at a lower cost.

**Humana** – The dental insurance provider for SJCSD.

**In-Network** – Providers who have negotiated discounted rates with Florida Blue, resulting in lower costs when you use their services.

**Marathon Health** – The on-site wellness provider for SJCSD.

**Market Average Charge** – An estimate of average prices for services in a specific geographic location.

**Medical FSA** – A Medical Flexible Spending Account lets employees use pre-tax dollars to pay for eligible out-of-pocket medical expenses.

**Non-Preferred Prescription** – Medications that generally have equally effective, more affordable generic or preferred brand alternatives, usually resulting in higher costs.

**Out-of-Network** – Providers who are not part of the Florida Blue network. Utilizing out-of-network providers typically leads to increased expenses.

**Out-of-Pocket** – Expenses you pay directly for your healthcare services.

**Preferred Provider Organization (PPO)**; a health plan that uses a network of providers offering services at negotiated discounted rates.

**Preferred Benefit Administrator (PBA)** – The entity responsible for administering vision and hospital indemnity plans for SJCSD.

**Preventive Care** – Services like screenings, vaccinations, and other procedures designed to detect and manage medical conditions early, aiming to prevent disease. These follow guidelines from the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices.

**Express Scripts (ESI)** – The administrator that manages retail and home delivery prescription drug plans for SJCSD.

**Provider** – Medical professionals and facilities that deliver healthcare services, including doctors, hospitals, pharmacies, medical centers, and dentists.

**Reasonable and Customary (R&C)** fees that reflect the typical charges for a specific service within a certain geographic area.

**Specialty Drugs** – High-cost medications that may be injectable, infused, oral, or inhaled, often requiring careful patient monitoring.

**Voya** – The insurance company that provides life and disability coverage for SJCSD.



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# Group Medical Benefits

St. Johns County School District offers medical coverage through Florida Blue, emphasizing early detection and prevention to support your health and reduce costs.



You can choose between two Florida Blue plans: Hospital 1 Standard Plan BlueOptions and Hospital 2 Buy-Up Plan BlueOptions.

Benefit Description & Cost Sharing	Hospital 1 (Standard Plan) Blue Options Network			Hospital 2 (Buy-Up Plan) Blue Options Network	
	In-Network	Out-of-Network		In-Network	Out-of-Network
Calendar Year Deductible (CYD) Per Individual Family Maximum	\$2,000 \$6,000	\$5,000 \$15,000		\$1,000 \$3,000	\$2,500 \$7,500
Coinsurance (Coins)	75%/25%	50%/50%		80%/20%	60%/40%
Annual Out of Pocket Maximum	\$6,350/\$19,050 (includes CYD)	\$13,000/\$26,000 (includes CYD)		\$5,000/\$15,000 (includes CYD)	\$10,000/\$20,000 (includes CYD)
Lifetime Maximum Per Insured	Unlimited	Unlimited		Unlimited	Unlimited
Office Visit/Family Physician	\$35 Copay	CYD + 50% coins.		\$35 Copay	CYD + 40% coins.
Office Visit/Specialist (no referral needed)	\$85 Copay	CYD + 50% coins.		\$60 Copay	CYD + 40% coins.
Independent Lab/X-ray/Advanced Imaging Services	\$50, CYD + 25% AIS	CYD + 50% coins.		\$50, \$200 AIS	CYD + 40% coins.
Inpatient Hospital Facility	\$300 PAD, CYD + 25%	CYD + 50% coins.		CYD + coins.	CYD + 40% coins.
Outpatient Hospital Surgery Facility	CYD + 25% coins.	CYD + 50% coins.		CYD + coins.	CYD + 40% coins.
Emergency Room Facility	\$200 Copay + CYD + Coins			\$200 Copay + CYD + Coins	
Urgent Care Center	\$60 Copay	DED + \$60 Copay		\$50 Copay	DED + \$50 Copay

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## Pharmacy Benefits

Employees who have elected medical coverage will receive prescription drug coverage through Express Scripts (ESI), the District's pharmacy benefit manager.

When you fill your prescription at a participating retail pharmacy, you may purchase up to a 31-day supply of covered drugs. You may also be able to obtain a 90-day supply through your retail pharmacy, or you can use the mail order program through ESI.

	Hospital 1 (Standard Plan)	Hospital 2 (Buy-Up Plan)
Rx Retail/Mail-Order	<b>Mandatory Generic*</b>	<b>Mandatory Generic*</b>
Deductible	<b>\$300</b> Individual/\$600 Family	<b>\$300</b> Individual/\$600 Family
Generic	\$20/\$40	\$15/\$30
Formulary Brand Name	<b>\$70</b>	<b>\$60</b>
Non-Formulary Brand Name	<b>\$110</b>	<b>\$100</b>
Specialty Drugs	Copay	Copay

### GENERIC SAVES YOU MONEY – AND ARE GENERALLY REQUIRED

Generic substitution is required at retail and for home delivery under both plans. If you choose a brand-name prescription drug, you pay the difference in cost between the name brand and generic drug. Remember to always ask your doctor if a generic alternative is available. Physician must write "medically necessary" on the script to have the upcharge waived.

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



CANARX is a **voluntary** international mail-order prescription program available to members and their dependents enrolled in the St. Johns County School District Self-Funded Medical plans 1 or 2. Brand-name medications, delivered in the original factory-sealed packaging, come directly to your door from certified pharmacies in Canada, the United Kingdom, and Australia. Thanks to CANARX, you pay \$0.00 due to the savings provided to your plan.

Getting started is simple:

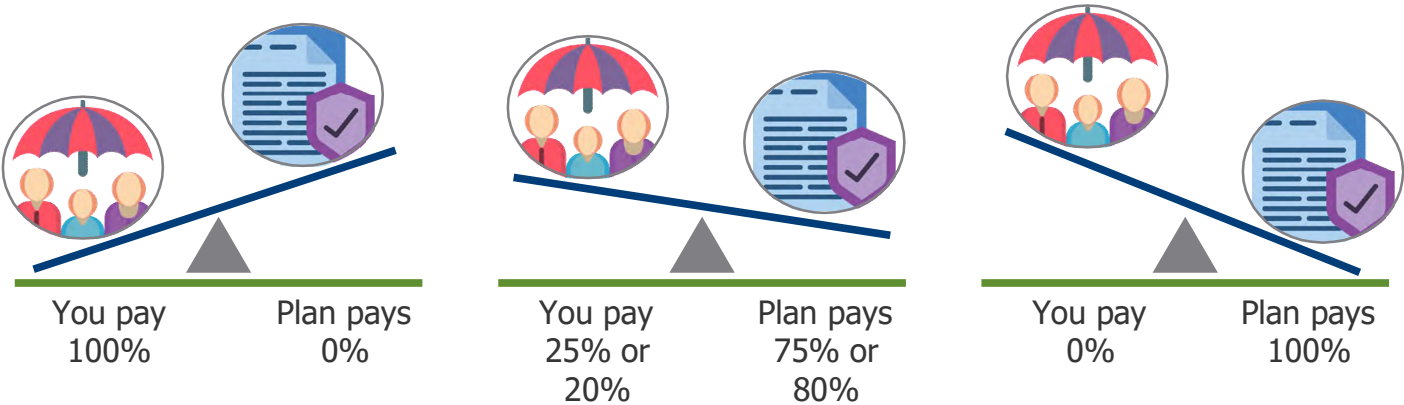
1. Confirm if your medication is available by calling 1-866-893-6337 to speak with a CANARX representative or by visiting [www.canarx.com](http://www.canarx.com) (WebID: SJCSD) to view the full formulary and print enrollment materials.
2. Request a prescription from your doctor for a 3-month supply with 3 refills.
3. Submit the required documents, including the completed enrollment form, prescription, and a copy of your photo ID.
4. Your medication will be shipped within 4 weeks.



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# Using Your Medical Plan

This table reflects the in-network cost sharing on your medical plans.



DEDUCTIBLE	COINSURANCE	OUT-OF-POCKET MAXIMUM
The amount you pay until the plan begins paying	A percentage of the cost of a service you pay after meeting the deductible	Protects you from high healthcare costs
<ul style="list-style-type: none"><li>Both plans cover 100% of eligible preventive care costs when services are received from an in-network provider, regardless of whether the deductible has been met.</li><li>You pay 100% of the in-network negotiated costs until you meet the deductible.</li></ul>	<ul style="list-style-type: none"><li>For Hospital Plan 1, you pay 25% and the plans pay 75% for all covered medical services received in-network.</li><li>For Hospital Plan 2, you pay 20% and the plans pay 80% for all covered medical services received in-network.</li></ul>	<ul style="list-style-type: none"><li>Plan pays 100% for all covered medical and prescription services for the remainder of the year.</li></ul>



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## Medical Plan Resources

The St. Johns County School District is dedicated to supporting the health and fitness of you and your family. As a covered member, both you and your eligible dependents have access to various benefits and resources. You are encouraged to use these tools to help you achieve your individual fitness and wellness goals. Below resources are available to those enrolled in the Florida Blue medical plans.

### HEALTH SUPPORT SERVICES

If you experience sudden health changes or need assistance navigating care options, the Care Consultant team is available to help. They can explain your benefits, assist with managing costs, and connect you with doctors, programs, and community resources. Reach the Care Consultation and Advocacy program at 1-888-476-2227.

### 24-HOUR NURSE HELPLINE

For urgent health issues or general medical questions, a 24-hour nurse line is available at 1-877-789-2583.

### HEALTHY ADDITION PROGRAM

Designed for expectant mothers, the Healthy Addition Prenatal Program offers prenatal education, which is especially helpful for high-risk pregnancies. Nurses provide advice on maintaining a healthy pregnancy, childbirth, and infant care. Participants receive free educational materials and gifts. To enroll, call 1-800-955-7635, option 6.

### SUPPORT FOR COMPLEX AND CHRONIC CONDITIONS

Managing complex or chronic health conditions can be difficult. Florida Blue provides condition-specific programs and educational resources to help you stay on track, with options to engage with Care Consultants as you prefer. For details, contact the Florida Blue Care Team at 1- 844-730-2583.

### ADVANCED ILLNESS CARE AND PLANNING

Specialized clinical staff can help you prepare advanced directives to ensure your care wishes are respected. Hospice and palliative care services are also available if needed. For more information, contact the Florida Blue Care Team at 844-730-2583.

### BLUE365

A free health and wellness discount program offered to members. Blue365 offers year-round discounts on gym memberships, fitness gear, healthy eating options, and more. You must be enrolled in St. Johns County School District's medical plan in order to be eligible.

Sign up for Blue365 at [blue365deals.com](https://blue365deals.com)





## Teladoc & Hospital Indemnity (HIP)

### TELEMEDICINE SERVICES THROUGH TELADOC

Teladoc provides support for a variety of non-emergency medical conditions at a lower cost compared to urgent care or emergency room visits. With 24/7 access to U.S. board-certified physicians via phone, web, or mobile app, Teladoc offers a convenient and cost-effective option to receive quality care without long wait times.

#### How to create your Teladoc account

- Online: Go to [www.teladoc.com](http://www.teladoc.com) and click “set up account.”
- Mobile app: Download the Teladoc app and select “Activate account.” The app can be found at [www.teladoc.com/mobile](http://www.teladoc.com/mobile).
- By phone: Set up your account by calling 1-800-Teladoc (835-2362).

**Medical issues Teladoc can address:** Sinus infections, flu, coughs, sore throats, rashes, allergies, upset stomach, and dermatology concerns!

Cost for those enrolled in the Medical Plans:

FREE for the first visit (General Medicine), \$25 for subsequent visits  
\$89 for Dermatology

Cost for those on the Hospital Indemnity Plan:

\$57 for General Medicine  
\$89 for Dermatology

### HOSPITAL INDEMNITY (HIP) administered by [Preferred Benefit Administrators \(PBA\)](#)

Eligible employees **not enrolled** in the Florida Blue Medical plan can access HIP at **no cost**. This is **not major medical coverage**.

**Hospital Benefit:** \$200/day for first 10 days; \$100/day for days 11–180.

**Wellness:** One annual physical or Health Risk Assessment at a District Wellness Center.

**No ID card or payroll deductions.**

Forms and details: <https://sjcsd.mbaileygroup.com> or **BusinessPlus/Employee**

**Online/Menu/Benefits/Benefits Summary/Additional Benefits Forms/HIP Claim Form**

Claims must be filed within 6 months. Questions? Call Preferred Benefit Administrators at **1 (888) 524-2777**.

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## Marathon Health Wellness Centers

We're excited to offer Marathon Health at **no cost** to all employees—regardless of medical plan enrollment—as well as spouses, dependents, and retirees covered by the company medical plan. Marathon Health provides easy, convenient access to healthcare for everything from preventive screenings to urgent care and chronic condition management. This benefit does not disrupt your current medical coverage, and the wellness centers are exclusive to St. Johns County School District employees, covered spouses, dependents and retirees.



### Who is Marathon Health

- ☐ **Appointments when you need them:** Visits for care, with minimal wait times and personalized attention.
- ☐ **Convenient locations:** Health centers near home or work, plus virtual care options.
- ☐ **Dedicated provider:** Schedule with a primary care provider who knows your name and your needs.
- ☐ **24/7 care management:** Access your health information anytime, anywhere.
- ☐ **Onsite services:** Bloodwork, vaccines, labs, and medication dispensing. X-ray is also available at the Nease and Pedro Menendez health centers.
- ☐ **Chronic condition support:** Management programs for conditions such as diabetes and high blood pressure.

### No Cost Services You Can Count On

- ☐ Annual physical exams
- ☐ Back-to-school and sports physicals (ages 12+)
- ☐ Sick and episodic care
- ☐ Preventive screenings
- ☐ Chronic condition management
- ☐ Family care (ages 12+)
- ☐ Men's and women's health
- ☐ Virtual mental health counseling
- ☐ Occupational health
- ☐ Physical therapy at Nease health center (ages 12+)



Activate Account





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## Marathon Health Wellness Centers



### Schedule an Appointment

Log in or activate your account at [my.marathon.health](https://my.marathon.health). Then, you can:

- ☐ Book appointments
- ☐ Request medication refills
- ☐ Log on securely for virtual visits
- ☐ View medical records
- ☐ Chat with your care team
- ☐ And more

### Wellness Center Locations

#### Nease Wellness Center

10430 Ray Road  
Ponte Vedra, FL 32081  
904-671-8329

#### O'Connell Wellness Center

3740 International Golf  
Parkway  
St. Augustine, FL 32092  
904-671-8333

#### Pedro Menendez Wellness Center

580 State Rd 206 W  
St. Augustine, FL 32086  
904-671-8337



Check out the new  
Physical Therapy  
location!

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## Ways To Save Money



### USE IN-NETWORK PROVIDERS AND FACILITIES

Choosing in-network providers is the most effective way to maximize your plan benefits and minimize your personal costs.

To find in-network, contracted healthcare providers, go to the Florida Blue website and use the “BlueOptions” network to search for providers and facilities.

You can locate a provider by using the provider search guides provided below:

#### Located in Florida, and already enrolled in the St. Johns County School District Medical Plans:

- Go to Florida Blue’s website at [www.floridablue.com](http://www.floridablue.com). Click the log in button located at the top right of the screen > A pop up window will appear where you will enter your USERID and PASSWORD, once entered, click GO (note, if you have not registered to the FL Blue Site, click the link labeled New Member Registration, be sure to have your Insurance ID card available to register). > A welcome screen will appear, scroll down to the bottom of the page, under the Know Before You Go section, click on the blue go button under find doctors, pharmacies, and more. > The Find a Doctor & More screen will appear where you will automatically be defaulted to your health plan coverage > Enter your search criteria. Upon completing your search, you can email or save/print the results.
- **Utilize the Marathon Health Wellness Centers as your primary care physician. See page 16 for more detailed information.**

#### Located outside of Florida, already enrolled in the St. Johns County School District Medical Plans:

- Go to Florida Blue’s website at [www.floridablue.com](http://www.floridablue.com). Click the log in button located at the top right of the screen > A pop up window will appear where you will enter your USERID and PASSWORD, once entered, click GO (note, if you have not registered to the FL Blue Site, click the link labeled New Member Registration, be sure to have your Insurance ID card available to register). > A welcome screen will appear, scroll down to the bottom of the page, under the Know Before You Go section, click on the blue go button under find doctors, pharmacies, and more. > The Find a Doctor & More screen will appear where you will automatically be defaulted to your health plan coverage > Scroll to the bottom of the Find a Doctor & More screen and click on Doctors and Hospitals Nationally > The next screen will ask for some information to help the system search for the correct network of providers. You can enter the first three letters on your insurance card OR select a network. If you chose to select a network, select **BlueCard PPO/EPO** network from the network drop down > Upon completing your search, you can email or save/print the results.

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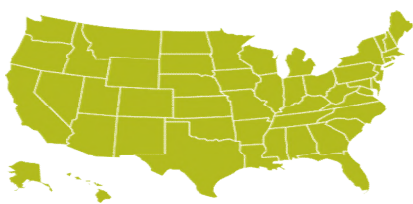
# Where To Find Care

The first place to go is the Marathon Wellness Center for **FREE** care!  
See page 16 for additional details!

TELEMEDICINE	CONVENIENT CLINIC DOCTOR'S OFFICE	URGENT CARE	ER
Lowest Cost			Highest Cost
<ul style="list-style-type: none"> <li>• Flu and Cold</li> <li>• Sore Throat</li> <li>• Earaches and Fever</li> <li>• Allergies</li> <li>• Rash</li> <li>• Mental Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Flu and Cold</li> <li>• Sore Throat</li> <li>• Earaches and Fever</li> <li>• Allergies</li> <li>• Rash</li> <li>• Vomiting and stomach pain</li> <li>• Minor Cuts</li> </ul>	<ul style="list-style-type: none"> <li>• Flu and Cold</li> <li>• Sore Throat</li> <li>• High Fever</li> <li>• Cuts and Severe Scrapes</li> <li>• Dehydration</li> <li>• Minor sprains or broken bones</li> <li>• Minor injuries or burns</li> </ul>	<ul style="list-style-type: none"> <li>• Severe Allergic reactions</li> <li>• Severe broken bones</li> <li>• Chest Pain</li> <li>• Constant vomiting or continuous bleeding</li> <li>• Shortness of breath</li> <li>• Deep wounds</li> <li>• Head Injuries</li> <li>• Weakness or pain in arm or leg</li> </ul>

## WHERE AM I COVERED?

Your Florida Blue coverage is the same regardless of where you live. Florida Blue utilizes the national Blue Card program that enables members to obtain healthcare service benefits in all U.S. states. You also have access to doctors and hospitals in more than 200 countries and territories around the world through the Blue Cross Blue Shield Global Care Program.



**Blue Card Program**

To locate in-network contracted medical providers outside the state of Florida including nationwide and internationally, visit [bcbs.com](https://www.bcbs.com) or call 1-800-810-Blue (2583).



**Blue Cross Blue Shield Global Core Program**

Verify your international benefits by calling the customer service number on your member ID card before leaving the United States. Coverage may be different outside the country. For more information, visit [bcbsglobalcore.com](https://www.bcbsglobalcore.com) or call 1-800-810-Blue (2583).

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# SJCSD Wellness: Districtwell



Aim for rewards each semester!

**Program Dates: Spring Semester (January 1 – April 30) and Fall Semester (August 1 – November 30)**

## Program Details:

Each semester all employees (regardless of birth year) who are enrolled in the SJCSD medical plan have the opportunity to participate in the Districtwell program.

By participating in challenges, educational webinars, completing annual preventive exams and more, participants have a chance to receive a one-time payroll increase at the end of each semester! See below for examples.

### Incentive Program Activities include:

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

**Incentive Reward:** One-time payroll increase

Level	Points	Gift
Bronze	25+	\$50 to 150 winners
Silver	50+	\$75 to 65 Winners
Gold	75+	\$100 to 25 winners

Log in to your personal Marathon Health account by visiting the website at [my.marathon.health](https://my.marathon.health).



To view a complete list of activities and to track your progress, click on the Incentives tab in the Marathon Health Portal.



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## SJCSD Wellness: Districtwell



**Aim for rewards each semester!**

**Program Dates: Spring Semester (January 1 – April 30) and Fall Semester (August 1 – November 30)**

### **How to Participate:**

Log in to your personal Marathon Health account by visiting the website at [my.marathon.health](https://my.marathon.health). This rewards program is open to all employees on the SJCSD medical plan, regardless of birth year. Click on Incentives & Wellness → Incentives to see the program activities and how to participate.

### **What about Summer/Winter break?**

While most program components are only available during the semester periods defined above, there is an exception for preventative health activities. Employees may complete some of the preventative health activities over the summer and winter breaks, and may submit their verification forms to earn points in the following semester. See verification form for details.



### **Program Communications:**

Be on the lookout for communications to come from Marathon Health to the email address in your Marathon portal account, and from your site Wellness Champion to your district email for upcoming events and reminders!

### **Program Rewards:**

All participation data is finalized following the deadline and employees eligible for each of the reward levels are entered into a drawing facilitated by a third party – The Bailey Group, an NFP Company.



To view a complete list of activities and to track your progress, click on the Incentives tab in the Marathon Health Portal.

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## SJCSD Wellbeing: HRA & Biometric Screening



Two simple steps. Two years of Savings.

**Program Dates: January 1 - November 15, 2026**

***Your health matters*** – and so does your wallet. By completing the two-step Health Risk Assessment (HRA) & Biometric Screening Program, you can avoid a surcharge and ***unlock savings*** that last for two full years.

### Here's how it works:

Login into your own Marathon Health account at [my.marathon.health](https://my.marathon.health) (Spouses have separate account/login)

**Step 1:** Complete your online Health Risk Assessment (HRA) through the Marathon Health portal.

**Step 2:** Attend a quick, non-fasting biometric screening at one of our 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.

Scan the QR code for the Marathon Health HRA Portal Guide:



### Why participate?

- Save \$10 per pay period for up to two years—just by completing both steps.
- Empower your health journey with personalized insights and support.
- Keep your benefits costs low while staying informed about your wellness.

### Who's eligible?

All employees and spouses enrolled in the medical plan, as well as retirees and their covered spouses (under age 65).

### Save \$190 to \$380 per year!

- Surcharge assessed per pay period for 2 years, effective January 1, 2027, through December 31, 2028:
  - SINGLE COVERAGE (Employee-only participation): \$10 surcharge per pay period
  - FAMILY COVERAGE (Employee & Spouse participation): \$10 OR \$20 surcharge per pay period
    - \$10 if one completes but the other does not, OR \$20 if neither completes the program

Log in to your personal Marathon Health account by visiting the website at [my.marathon.health](https://my.marathon.health).

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# SJCSW Wellbeing: HRA & Biometric Screening



Two simple steps. Two years of Savings.

**Program Dates: January 1 - November 15, 2026**

## Participation Timeline & Details:

The participation year is based on the employee subscriber's birth year. Employees born in an EVEN year (e.g., 1968) must complete both steps by November 15, 2026 to save money, avoiding the two-year surcharge that would start January 2027.

- Spouses on the plan will follow the employee's birth year.
- Enrolled-dependent children, regardless of age, don't participate.
- 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 1967, and other birth month is February 1970, both follow the birth year of the person born in February (EVEN year, in this example).
- Employees newly enrolled to medical, or hired, after June 1, 2026, are NOT expected to participate (nor are their spouses), even if born in an EVEN year. Those will wait until the next even year (in this case, 2028).

Log in to your personal Marathon Health account by visiting the website at [my.marathon.health](https://my.marathon.health).

**Still have questions? Email [sjcsdwellness@marathon.health](mailto:sjcsdwellness@marathon.health)**

**Exemptions:** We understand that life happens. If you're facing extenuating circumstances, you may request an exemption by submitting a form before the deadline.

Exemptions for the HRA & Biometric Screening Program will be considered on a case-by-case basis for extreme circumstances.

Requests need to be submitted via the current SJCSW HRA & Screening Exemption Request Link; provided here: <https://survey.alchemer.com/s3/8462448/SJCSW-2026-HRA-Screening-Exemption-Request>

Requests must be received by November 1, 2026. 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.

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# Flexible Spending Account (FSA)

Our Flexible Spending Accounts are administered by Employee Benefits Corp (EBC).



## Key Dates & Deadlines

- Open Enrollment:** October 8–31 (you must re-enroll each year)
- 2026 Deduction Period:** January 15 – December 31
- No deductions: June 15 – August 15
- **Important to Remember**
- No rollover:** Use all FSA funds by December 31 or you'll lose them
- Re-enrollment is mandatory** every year—2025 plans don't carry into 2026
- Claims** may require extra steps for over-the-counter medications



## What Qualifies as FSA Expenses

### Medical FSA:

- Medical, dental, vision deductibles & copays
- Prescription costs
- Mileage for appointments
- Expenses approved by IRS Pub 502

## Yearly FSA Contribution Limits

Account Type	Maximum Contribution	Minimum Required
Medical FSA (FSA 125)	\$3,400	\$300
Dependent Care FSA	\$7,500	\$300

### 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!
- Use your FSA card to pay for qualified medical expenses and cannot be used to pay for Dependent Care FSA expenses.
- Track your FSA account online: [www.ebcflex.com](http://www.ebcflex.com)
- This benefit does terminate upon the last day worked, or the last day of the plan year.



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## Dependent Care Flexible Spending Account



You have the opportunity to save money in taxes by participating in the Dependent Care Flexible Spending Account. Qualifying dependent care expenses include daycare services for children under 13, disabled spouses, disabled children over 13, and dependent parents. You need to plan carefully before you participate because you forfeit any unused funds at the end of the year, as legally required under the “use it or lose it” rule. You may only change your FSA elections during the year if you have a qualified life event that permits the change.

DEPENDENT CARE FSA	
<b>Annual Contributions</b>	\$7,500 (\$3,750 if you are married filing separately)
<b>Eligible Expenses</b>	<ul style="list-style-type: none"> <li>• Preschool or nursery school expenses</li> <li>• After-school care</li> <li>• Expenses for a babysitter in your home</li> <li>• Day care center</li> <li>• Summer day camp</li> <li>• Adult day care center or in-home care for an adult dependent</li> </ul>
<b>Claims Period</b>	Expenses must be incurred between January 1 - December 31
<b>Claims Deadline</b>	Claims must be submitted by March 31, for services through December 31

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## Group Dental Benefits

**St. Johns County School District** offers dental coverage through **Humana**, emphasizing the importance of oral health. You can visit both in-network and out-of-network providers, but staying in-network maximizes benefits. Out-of-network visits require upfront payment and possible claim submissions, with reimbursements based on local Usual and Customary Rates. **Below is a summary of your cost-sharing responsibilities.**



Benefit Description & Cost Sharing	Dental 1 (Standard Plan)		Dental 2 (Buy-Up Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
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)		<b>\$2,500</b> (excludes orthodontia and surgical extraction of wisdom teeth benefits)	
<b>Preventive Services</b>	Plan pays 100% No Deductible		Plan pays 100% No Deductible	
<b>Basic Services</b> - Plan Pays - Member Pays	70% CYD + 30%	70% CYD + 30% + Bill Balance	90% CYD + 10%	70% CYD + 30% + Bill Balance
<b>Major Services</b> 3 Month Waiting Period - Plan Pays - Member Pays	50% CYD + 50%	50% CYD + 50% + Bill Balance	60% CYD + 40%	60% CYD + 40% + Bill Balance
<b>Surgical Wisdom Teeth Extraction(s)</b> - Plan Pays - Member Pays	80% of the covered services, after Deductible, up to \$1,000 annual maximum CYD + 20%			
<b>Orthodontic Services</b> 6 Month Waiting Period	50% of the covered services, up to \$1,000 lifetime orthodontia maximum			



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## Group Vision Benefits

The Vision Plan is administered by [Preferred Benefit Administrators \(PBA\)](#)

### EYE EXAM

Eye Exam, Maximum Benefit.....\$65

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

### OCULAR HARDWARE

This benefit may be used for prescription contact lenses, prescription eyeglasses/prescription frames, or prescription sunglasses.

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.**

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. Set up your account at: [Members Portal](#).

**Please note:** 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.

**Any questions?** Contact Vision Customer Service at 1 (888) 524-2777.

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

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## Disability Plans

### SHORT-TERM DISABILITY (STD) administered by [Voya Financial](#)

The St. Johns County School District offers optional STD coverage through Voya Financial. This coverage helps you maintain your income if you are unable to work because of a non-work-related injury or illness and are anticipated to be off work for more than 10 consecutive days.

#### Coverage Highlights

- **Benefit Amount:** Pays **60% of weekly earnings**, up to **\$1,000/week**
- **Who's Eligible:** Employees working **25+ hours per week**, including all percentage teachers
- **Coverage Start:** Effective **January 1<sup>st</sup>** if enrolled during Open Enrollment
- **Premiums:** Paid by **you**, the employee
- **Requirement:** Must **use all sick leave** before benefits kick in

#### Important Conditions


- **Pre-Existing Conditions:** mean any condition for which you have done any of the following at any time during the 6 months just prior to your effective date of coverage:
  - Received medial treatment or consultation
  - Taken or were prescribed drugs or medicine
  - Received care or services, including diagnostic measures
- **Please note:** benefits will not be paid if your disability begins in the first 6 months following the effective date of your coverage; and your disability is caused by, contributed to by, or the result of a pre-existing condition.
- **Work-Related Injuries:** Not covered (those fall under **Workers' Compensation**)

#### Plan Options, Maximum Period of Payment & Elimination Period:

Option 1: 11 weeks (pays after 10 days)

Option 2: 10 weeks (pays after 20 days)

Option 3: 9 weeks (pays after 30 days)

 *Elimination period begins on the first day of disability. Benefits for a payable claim begin the day after the elimination period is completed.*

 *Please note that your benefit may be reduced by any deductible sources of income and disability earnings.*

**SHORT-TERM DISABILITY COVERAGE IS GUARANTEED ISSUE DURING OPEN ENROLLMENT!** What does that mean? Offers guaranteed acceptance, regardless of your health status. To apply, please complete the application found in Employee Online/Benefits/Employee Benefit Summary/Additional Benefits Forms. Additionally, there is a STD calculator available at the link above.

Submit enrollment form to the HR Benefits Department by October 31, 2025.



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## Disability Plans (continued)

**LONG-TERM DISABILITY (LTD)** administered by [Voya Financial](#)

LTD 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. The SJCSD provides coverage at 50% of your earnings up to a \$3,000 monthly maximum, at no cost to you.

### LONG-TERM DISABILITY BUY-UP

This buy-up plan provides you with an additional 10% of coverage giving you LTD insurance of 60% of your earnings up to a \$5,000 monthly maximum, paid for by you.

- **Guarantee Issue (GI):** Offers guaranteed acceptance, regardless of health status. There is no guarantee issue for the additional 10% buy-up during open enrollment if you waived this coverage when you first become eligible for benefits.

- **Evidence of Insurability (EOI):** The process of providing a health questionnaire to assess your health and lifestyle risks for insurance coverage. .

- *Please note:* During open enrollment, you are required to complete an EOI in addition to an application, which is subject to approval by Voya Financial.

- **Pre-Existing Conditions:** mean any condition for which you have done any of the following at any time during the 3 months just prior to your effective date of coverage:

- Received medial treatment or consultation
- Taken or were prescribed drugs or medicine
- Received care or services, including diagnostic measures

- **Effective Date:** The effective date of the LTD Buy-Up coverage will be the approval date from Voya, not January 1. You will receive written communication from Voya once a determination has been made.

- **How to calculate cost?**  $((\text{Annual salary} \times .13) / 100) / 12$   
(If you make \$40,000 annually,  $((40,000 \times .13)/100)/12 = \$4.33$  a month!)

- **How to apply?** Complete the disability enrollment form located in Employee Online/Benefits/Employee Benefit Summary/Additional Benefits Forms.

**Submit the enrollment form to the HR Benefits Department by October 31, 2025. You will receive the EOI directly from Voya Financial.**

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## Life Insurance



### BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

administered by [Voya Financial](#)

St. Johns County School District provides eligible employees with basic life insurance in the amount of 2x your annual base salary (up to \$200,000) at no cost to you. AD&D insurance is provided with your life insurance coverage in the amount equal to the amount of basic employee life insurance. AD&D insurance protects you in case of accidental death or injury - if you lose a limb, eyesight or hearing.

<b>Employees</b>	Coverage is provided free of charge at 2 times your salary, minimum of \$20,000 and maximum of \$200,000.
<b>Empathy Funeral Planning</b> —Offers funeral planning, will prep, and concierge services. Please call 251-299-8482 or email <a href="mailto:support@empathy.com">support@empathy.com</a>	

#### BENEFICIARY DESIGNATION

Upon enrolling, you will be required to designate a beneficiary. Your beneficiary is the person or estate that will receive the benefit payment from your coverage in the event of your death. You may update your beneficiary(ies) by contacting St. Johns County School District's Benefits Department.

#### CONVERTING THE POLICY

Your basic and supplemental life insurance policies can be converted to individual policies if you were to leave St. Johns County School District. You cannot convert your AD&D. benefits. Contact St. Johns County School District's Benefits Department for more information.

#### 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](http://guidanceresources.com)/App: GuidanceNow/WebID:

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## Life Insurance (continued)



### SUPPLEMENTAL GROUP TERM LIFE administered by [Voya Financial](#)

You have the option to purchase Supplemental Group Term Life insurance in excess of what is automatically provided to you under the Basic Life plan.

•**For yourself:** An amount between \$10,000 and \$1,000,000, in increments of \$10,000 not to exceed four times your base annual earnings. Please note that at age 70, coverage reduces to 67% and at age 75, coverage reduces to 50%.

•**For your spouse:** An amount between \$5,000 and \$150,000, in increments of \$5,000 up to a maximum equal to one-half the employee's coverage. Spouse coverage terminates at age 70.

**For your child(ren):** \$10,000 policy per child(ren) from birth to age 26.

#### Key Terms:

•**Evidence of Insurability (EOI):** The process of providing a health questionnaire to assess your health and lifestyle risks for insurance coverage. .

•**Guaranteed Issue (GI):** Offers guaranteed acceptance, regardless of your health status.

#### How to apply?

•If you currently have at least \$10,000 in supplemental group term life insurance for yourself, you can increase your amount up to \$30,000 with no EOI.

•If you do not already have supplemental group term life insurance for yourself, or you have coverage and wish to increase greater than the guaranteed amount, or you wish to add coverage for your spouse or child(ren), complete the application found

**Employee Online/Benefits/Employee Benefit**

**Summary/Additional Benefits Forms.**

**Please Note:** The effective date of the supplemental coverage will be the approval date from Voya, not January 1 if not within the guaranteed issue limits. You will receive written communication from Voya once a determination has been made.

MONTHLY COST FOR EMPLOYEE / SPOUSE			
AGE	LIFE INSURANCE POLICY AMOUNT		
	\$50,000	\$100,000	\$250,000
Under 25	\$3.00	\$6.00	\$15.00
25-29	\$3.60	\$7.20	\$18.00
30-34	\$4.80	\$9.60	\$24.00
35-39	\$5.40	\$10.80	\$27.00
40-44	\$6.00	\$12.00	\$30.00
45-49	\$8.95	\$17.90	\$44.75
50-54	\$13.75	\$27.50	\$68.75
55-59	\$25.70	\$51.40	\$128.50
60-64	\$39.50	\$79.00	\$197.50
65-69	\$75.95	\$151.90	\$379.75
70+	\$123.20	\$246.40	\$616.00

**Submit the enrollment form to the HR Benefits Department by October 31, 2025. You will receive the EOI directly from Voya Financial if needed based on your application.**

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# Life Insurance (continued)



## WHOLE LIFE INSURANCE administered by **Mass Mutual**

The MassMutual group whole life insurance can help you prepare for the unexpected by providing a generally income tax free death benefit, along with coverage that builds cash value. The plan also includes a chronic care rider which is a living benefit allowing you to take a payout for Long Term Care expenses. You own the certificate along with the accumulated cash value and can take it with you, even if you leave the company. Group whole life allows you to be eligible to receive dividends each year, beginning on the certificate’s second anniversary. No medical exams are required, and premiums are guaranteed to be level throughout the length of the policy. Employees can choose to cover spouses up to age 60 and children and grandchildren from 14 days to age 26.

The guaranteed issue maximum is \$100,000. If eligible for Express Issue, determined through one underwriting question, you can purchase up to \$250,000. Additionally, you are eligible to purchase up to \$250,000 of coverage during each subsequent open enrollment period. Dependent maximums are \$25,000. Spouse eligibility for Express Issue is also determined through one underwriting question. Children are guaranteed issue.

If you did not elect coverage in year one, you are no longer eligible for Guaranteed Issue and are subject to Express Issue with one medical question. If you did elect some coverage but not up to the guaranteed issue amount, you are entitled to the remaining guaranteed issue amount as long as you are employed with the District.

### Where can I apply?

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

**Username:** 9-digit SSN (123456789)

**Password:** Last 4 digits of SSN + Last 2 digits of birth year

Illustrated costs and cash value for \$50,000 of whole life coverage			
Age	25	45	55
Cost per pay period*	\$16.50	\$41.25	\$72.00
Guaranteed cash value at age 65	\$19,580	\$14,299	\$8,558



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## FEDERAL NOTICES

### 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.

### NEWBORNS' AND 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).

### SECTION 125 QUALIFYING EVENTS & BENEFIT ELECTION CHANGES

Under IRC § 125, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken out of your paycheck before federal income and Social Security taxes are calculated. You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual Open Enrollment period, unless you experience an IRS-approved qualifying event. A qualifying event, also known as a "Family Status Change," is a change in your personal life that may impact you or your dependents' eligibility for benefits under your employer's plan. Qualifying events include, but are not limited to:

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

Please note that your qualified status change must be consistent with the event. You must notify the HR Benefits within 30 days of your qualifying event.

### WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: all stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call Florida Blue.

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## FEDERAL NOTICES

### IMPORTANT NOTICE 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 your employer 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. Florida Blue has determined that the prescription drug coverage offered by the Blue Options plan 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 15th to December 7th. 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 Employer’s coverage will not be affected. You can keep this coverage if they elect part D and this plan will coordinate with Part D coverage. For those individuals who elect Part D coverage, coverage under the entity’s plan will not end for the individual and all covered dependents. If you do decide to join a Medicare drug plan and drop your current Employer’s 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 your employer 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.

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## FEDERAL NOTICES

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact Virginia Schulze at 904-461-1800. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'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).

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## FEDERAL NOTICES

### MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025.

U.S. Department of Labor Employee Benefits Security Administration <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a> 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a> 1-877-267-2323, Menu Option 4, Ext. 61565
	<b>FLORIDA – Medicaid</b> Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hi pp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hi pp/index.html</a> Phone: 1-877-357-3268

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## Wellness Program Notices

### 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, and screenings 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 earn the lowest premium for their medical plan. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so may avoid the surcharge, and earn the lower medical premium.

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 biometric screening team member or health coach 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).



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## Benefits Contacts

### Your Benefits Team

**Donna Herrmann**  
Benefits Supervisor (904) 547-7549  
**J Wynn**  
Director Benefits & Salaries (904) 547-7610  
**Sheryl McLean**  
Executive Secretary (904) 547-7610  
**Shauna Lewis**  
Benefits Specialist (904) 547-7760  
**Tabetha Rodriguez**  
Benefits Specialist (904) 547-7729  
**Linda Osborne**  
Benefits Assistant (904) 547-7521  
**Erin Dolan**  
Sr. Account Manager (904)-547-7561

### The Bailey Group Local Representatives

Mark Bailey, President  
Allison Profitt, Vice President & Managing Consultant  
Becky Cromwell, Account Executive  
Virginia Schulze, Sr. Account Manager  
Erin Dolan, Sr. Account Manager  
Receptionist: (904)-461-1800

### 2025-2026 Insurance Committee

Kelly Abbatinuzzi  
Romilda Caruso-Smith  
Diana Churchill  
Anthony Coleman, Board Member  
Sally Cunningham  
Kate Dowdie  
Wayne King  
Sherri Mickley  
Cathy Weber  
Donna Herrmann, Benefits Supervisor  
J Wynn, Plan Administrator

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## Benefits Contacts

<b>Medical</b>	<b>Florida Blue</b> Group Number: 63316 P.O. Box 1798 Jacksonville, FL 32231 1-800-352-2583 <a href="http://www.floridablue.com">www.floridablue.com</a> Use your Florida Blue ID card	<b>Pharmacy</b>	<b>Express Scripts, Inc. (ESI)</b> Group Number: #SJCSDRX 1-855-723-6091 <a href="http://www.express-scripts.com">www.express-scripts.com</a> Use your ESI ID card
<b>Dental</b>	<b>Humana</b> Group Number: 673584 P.O. Box 14611 Lexington, KY 40512-4611 1-800-233-4013 <a href="http://www.humana.com">www.humana.com</a> Use your Humana ID card Access your ID card via the mobile app!	<b>Vision &amp; Hospital Indemnity (HIP)</b>	<b>Preferred Benefit Administrators, Inc. (PBA)</b> Group Number: 463 P.O. Box 916188 Longwood, FL 32791-6188 1-888-524-2777 Fax: 1-407-786-2999 <a href="http://www.PreferredTPA.com">www.PreferredTPA.com</a> No ID card needed
<b>Telemedicine</b>	<b>Teledoc</b> 1-800-835-2362 <a href="http://www.Teladoc.com">www.Teladoc.com</a> No ID card needed	<b>International Mail-order Rx</b>	<b>CanaRx</b> PO Box 3009 Windsor, ON N8N 2M3 Canada 1-866-893-6337 No ID card needed
<b>Whole Life Insurance</b>	<b>Mass Mutual</b> Group Number: 75081 1-844-667-5223 No ID card needed	<b>Flexible Spending Accounts (FSA) Medical &amp; Dependent Care</b>	<b>Employee Benefits Corporation (EBC)</b> Group Number: #S34034 P.O. Box 44347 Madison, WI 53744-4347 1-800-346-2126 <a href="http://www.EBCFlex.com">www.EBCFlex.com</a> <a href="mailto:participantservices@ebcflex.com">participantservices@ebcflex.com</a> Use your EBC card for Medical FSA No ID card for Dependent Care FSA
<b>Short-Term &amp; Long-Term Disability</b>	<b>Voya Financial</b> Group Number: 711543 1-888-305-0602 <a href="http://www.voya.com/claims">www.voya.com/claims</a> No ID card needed	<b>Basic Life &amp; AD&amp;D Supplemental Group Term Life Insurance</b>	<b>Voya Financial</b> Group Number: 711543 1-888-238-4840 <a href="http://www.voya.com/claims">www.voya.com/claims</a> No ID card needed

