



# 2026 Employee Benefits-at-a-Glance Guide

**2026 Special Open Enrollment**  
**December 11-17, 2025**



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# Welcome to the St. Johns County School District 2026

## Special Open Enrollment!

### Special Open Enrollment Notice

Due to approved premium rate increases effective **January 31, 2026**, we are offering a **Special Open Enrollment period** for employees who wish to make changes to their **medical or dental elections only**.

#### Key Details:

- **Who is eligible?** All employees currently enrolled in indemnity, medical or dental coverage.
- **What changes can be made?** You may **add, drop, or change** your medical and/or dental plan elections.
- **Effective date of changes:** Rate adjustments will take effect **January 31, 2026**.
- **Action required:** Complete the [\*\*Employee Benefits Special Open Enrollment Form\*\*](#) to make changes.
- **Deadline:** All changes must be completed by the end of the special enrollment period, December 17<sup>th</sup>. Late submissions cannot be accepted.

## QUICK REMINDERS!

- Deductions are taken out over 19 pay periods (August 31—May 31).
- **Coverage changes start: January 1, 2026**
- **First deduction for new elections: January 15 paycheck** (reflects your changes, not the rate increase)
- **Premium rate increase applies: January 31 paycheck** (includes both your changes and new rates)
- Dependent documentation is required to cover any family members on any insurance plan.
- Spousal affidavit is required for anyone with a spouse on the plan. This is now due annually during Open Enrollment.
- Life Insurance beneficiaries can be updated at any time.
- Check your January 31 paycheck to verify your Open Enrollment changes are accurate.



J. Wynn, Director of Benefits & Salaries

# ONLINE ENROLLMENT

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**.

**EMPLOYEE ONLINE**

Personal Dashboard **EMPLOYEE ONLINE**

Employee

[Employee Online](#)

[Timecard Online](#)

**Employee Benefit Summary**

Family Info

Current Insurance Information

Medical/Dependent Daycare 125

Retirement

Other Benefits

Additional Benefits Forms

Additional Term Life Insurance

**Employee Online Benefit Instructions**

Step 1: Add Family Members

Step 2: Enroll In Benefits

**Open Enrollment Plan Change Pro-Rates**

Hospital Pro-Rate

Dental Pro-Rate

Vision Pro-Rate

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

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

1. Select Step 1:

2. Click the (+) icon to add a family member.

3. Enter all required:

- Names in A-Z
- Relationship
- Date of Birth
- Social Security
- Gender
- Address (city, state, zip)

4. Repeat for each

5. Click the Save button when finished.

## **Update Plan**

### **Choose New Plan**

[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"/>

## **USE ENROLLMENT FORM**

**Family/2 Clarification: (If both spouses are employed by SJCSD)**

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 skip this section.**

**Dependent Daycare**

- Minimum: \$
- If enrolling: C
- If NOT enrolling: C

**Medical:**

- Minimum: \$
- If enrolling: C
- If NOT enrolling: C

**Final Steps**

1. Click the Right Arrow
2. Click the Finish Button
3. You'll return to the
4. If satisfied, click Con
5. If changes are need

**USE ENROLLMENT FORM****Update Plan****Choose New Plans** **Confirm All****Submit Dependent Eligibility Documents**

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

**Please note: If documents are not received upon the closing of Open Enrollment, the dependent will not be enrolled.**

**If adding a spouse:**

- Spousal Medical Affidavit (required only if adding spouse to medical coverage)
- Official Marriage Certificate
- Verification of shared household:
  - The first page of your 2024 tax return showing your spouse listed as a dependent OR
  - A bill or statement dated within the past 60 days that includes your name, your spouse's name, the date, and your current mailing address.

**If adding a child or children:**

- Official Birth Certificate or adoption records for each child being added
- or Children with Disabilities age 26 or older:
  - A copy of the child's birth certificate (or hospital birth record) AND
  - Evidence of Social Security Disability (SSD) showing parent/guardian and dependent name(s).

**Submit documents to HR Benefits Department by Campus Mail or email [HRBenefitsAsst@stjohns.k12.fl.us](mailto:HRBenefitsAsst@stjohns.k12.fl.us).**

# SELF-FUNDED INSURANCE RATES

**19 Pay Periods**

**8/30/2025—5/30/2026**

**Rates are subject  
to negotiations  
and may change.**

**Employee Rates:**

**Employer Contributions:**

## **HOSPITAL INDEMNITY**

*(Not Major Medical Insurance)*

Employee Only	\$0.00	\$358.63
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## **HOSPITAL PLAN 1**

**(Standard Plan)**

Employee Only	\$70.93	\$358.63
Family with 2* (Children)	\$161.70 (\$80.85 per employee)	\$880.06 (\$440.03 per employee)
Family w/2 Single**	\$141.86 (\$70.93 per employee)	\$860.22 (\$430.11 per employee)
Employee & Family	\$298.21	\$723.71

## **HOSPITAL PLAN 2**

**(Buy-Up Plan)**

Employee Only	\$96.51	\$358.63
Family with 2* (Children)	\$242.48 (\$121.24 per employee)	\$880.06 (\$440.03 per employee)
Family w/2 Single**	\$193.02 (\$96.51 per employee)	\$860.22 (\$430.11 per employee)
Employee & Family	\$398.12	\$723.71

## **DENTAL PLAN 1**

**(Standard Plan)**

Employee Only	\$0.00	\$23.81
Family with 2* (Children)	\$5.08 (\$2.54 per employee)	\$42.78 (\$21.39 per employee)
Family w/2 Single**	\$0.00 (\$0.00 per employee)	\$42.78 (\$21.39 per employee)
Employee & Family	\$21.47	\$23.81

## **DENTAL PLAN 2**

**(Buy-Up Plan)**

Employee Only	\$6.15	\$23.81
Family with 2* (Children)	\$30.50 (\$15.25 per employee)	\$42.78 (\$21.39 per employee)
Family w/2 Single**	\$12.30 (\$6.15 per employee)	\$42.78 (\$21.39 per employee)
Employee & Family	\$48.88	\$23.81

## **VISION**

Employee Only	\$0.00	\$6.42
Family with 2* (Children)	\$3.88 (\$1.94 per employee)	\$12.64 (\$6.32 per employee)
Family w/2 Single**	\$0.00 (\$0.00 per employee)	\$12.84 (\$6.42 per employee)
Employee & Family	\$7.82	\$8.71

- (1) Changes made during Open Enrollment will result in adjusted "Pro-Rated" premiums from January 15, 2026, to May 30, 2026. Deductions through May 30 provide coverage until September 30, even if employment at SJCSD does not continue into the 2026-2027 school year. Continuation of employment means resuming standard premium rates, but rates may vary with any plan year increases.
- (2) Please note: Premium deductions are taken out pre-tax with your permission.
- (3) If you cover a spouse on SJCSD medical plans, and the spouse is offered medical coverage through their employer, you will be assessed a **\$35 Spousal Surcharge** in addition to your per-pay-period medical deduction.
- (4) **\*Family with 2 (Children)** - Both you and your spouse are employed full-time with SJCSD with children enrolled on the insurance policy. The total premiums will be divided equally among BOTH employees' paychecks.
- (5) **\*\*Family w/2 Single Rate** - Both you and your spouse are employed full-time with SJCSD with NO children enrolled on the insurance policy. Both Employees are considered Family w/2, both premiums will be deducted at the SINGLE rate for each employee.

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

## PHARMACY

(Administered by Express Scripts Inc. (ESI))

	PPO Hospital 1 (Standard Plan)	PPO Hospital 2 (Buy-up Plan)
Rx Retail/Mail-Order	<b>Mandatory Generic*</b>	<b>Mandatory Generic*</b>
Deductible	\$200 Individual/\$600 Family	N/A
Generic	\$20/\$40	\$15/\$30
Formulary Brand Name	\$35/\$70	\$30/\$60
Non-Formulary Brand Name	\$55/\$110	\$50/\$100
Specialty Drugs	Copay	Copay

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

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

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

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



## Our services: In-person and virtual care

Marathon Health is your complete health partner, all at **no cost** to you.

Primary and preventive care	Immediate and sick care
<ul style="list-style-type: none"> <li>Annual exams and screenings</li> <li>Blood pressure</li> <li>Biometric screening (height, weight, blood glucose, and cholesterol)</li> <li>Condition management (diabetes, heart disease, COPD, and more)</li> </ul>	<ul style="list-style-type: none"> <li>Mental health support (provider assessment for mental health concerns)</li> <li>Vaccines (flu, TDAP, and more)</li> </ul>
Family care (ages 12+)	Lab services <sup>1</sup>
<ul style="list-style-type: none"> <li>School and sports physicals</li> <li>Minor injuries (cuts, scrapes, and minor burns)</li> </ul>	<ul style="list-style-type: none"> <li>Sick care (fever, flu, vomiting, pink eye, cough, and more)</li> </ul>
	<ul style="list-style-type: none"> <li>Basic metabolic panel</li> <li>Blood draws and sample collection</li> <li>Cholesterol</li> </ul>
Medications	Health coaching & condition management
<ul style="list-style-type: none"> <li>Common medications are available at the health center for you to take home when you leave your appointment. Additionally, you may have some medications delivered to your home at no additional cost.</li> </ul>	<ul style="list-style-type: none"> <li>Achieving/maintaining a healthy weight</li> <li>Quitting tobacco/nicotine</li> <li>Diabetes prevention or management</li> <li>High blood pressure</li> <li>High cholesterol</li> <li>Diet and nutrition</li> <li>Physical activity</li> <li>Sleep</li> <li>Work/life balance</li> </ul>
Physical therapy (ages 12+)	Mental health counseling (ages 12+)
<ul style="list-style-type: none"> <li>Treatment for acute and chronic injury</li> <li>Pain management</li> <li>Strengthening and conditioning</li> </ul>	<ul style="list-style-type: none"> <li>Wellness assessments</li> <li>Occupational health assessments and testing</li> <li>Anxiety, excessive worries</li> <li>Depressed mood, sadness</li> <li>Disordered eating</li> <li>Grief</li> <li>Substance abuse (alcohol, drugs)</li> </ul>
	<p><b>Suicide &amp; crisis lifeline:</b> call or text 988</p> <p><b>Crisis text line:</b> text the phrase HOME to 741741</p>

Marathon Health will protect your Personal Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable laws.



### Schedule an appointment

**Nease:** 904-671-8329

**O'Connell:** 904-671-8333

**Pedro Menendez:** 904-671-8337

[my.marathon.health](http://my.marathon.health)

1. Additional lab tests can also be drawn and sent to an outside lab for processing.  
The care you receive by Marathon Health is confidential and protected by state and federal law.

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# SJCSD Well-being: Districtwell

Aim for rewards each semester!

**Program Dates: Spring Semester (January 1 – April 30)**  
**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:

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



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

## How to Participate:

Log in to your personal Marathon Health account by visiting the website at [my.marathon.health](http://my.marathon.health). Unlike the HRA & biometric screening program, 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.

# 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 [marathon.health/sjcsd](https://marathon.health/sjcsd) (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).

**Participation Timeline:** 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).

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

### 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

**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 SJCSD HRA & Screening Exemption Request Link; provided here:

<https://survey.alchemer.com/s3/8462448/SJCSD-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.





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

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

The first visit is free to members currently enrolled on the Self-Funded Medical Plan, and subsequent visits are \$25 each. If you are enrolled on the Hospital Indemnity Plan (HIP), your visits are \$57 each. Dermatology visits will be \$89 each.

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



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

**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](http://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**

Benefit Description	Dental 1 (Standard Plan)		Dental 2 (Buy-Up Plan)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Network	PPO/Traditional Preferred	N/A	PPO/Traditional Preferred	N/A
Calendar Year Deductible (CYD) Per Individual Family Maximum		\$25 \$50		\$25 \$50
Calendar Year Maximum Payable Per Individual		\$1,000 (excludes orthodontia and surgical extraction of wisdom teeth benefits)		\$1,000 (excludes orthodontia and surgical extraction of wisdom teeth benefits)
<b>Preventive Services</b>	Plan pays 100% No Deductible		Plan pays 100% No Deductible	
<b>Basic Services</b> - Plan Pays - Member Pays	70% CYD + 30%	70% CYD + 30% + Bill Balance	90% CYD + 10%	70% CYD + 30% + Bill Balance
<b>Major Services</b> 3 Month Waiting Period - Plan Pays - Member Pays	50% CYD + 50%	50% CYD + 50% + Bill Balance	60% CYD + 40%	60% CYD + 40% + Bill Balance
<b>Surgical Wisdom Teeth Extraction(s)</b> - Plan Pays - Member Pays	80% of the covered services, after Deductible, up to \$1,000 annual maximum CYD + 20%			
<b>Orthodontic Services</b> 6 Month Waiting Period	50% of the covered services, up to \$1,000 lifetime orthodontia maximum			
<p>*To ensure you do not receive additional charges, visit a participating in-network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in-network. If a member visits a participating in-network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance (%) will apply to the usual and customary charge.</p> <p>Out-of-network dentists may bill you for charges above the amount covered by your dental plan (balance billing).</p>				

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

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

Here's how:

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

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

**\*The Hospital Indemnity Plan (HIP) is free and only available to eligible employees who are not enrolled in the Florida Blue Medical plan. This is not a MAJOR MEDICAL PLAN.**

**DAILY BENEFIT:**

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

**ROUTINE PHYSICAL EXAMINATION:**

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

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

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

## VISION PLAN

(Administered by Preferred Benefits Admin.)

FREE EMPLOYEE ONLY COVERAGE  
PROVIDED BY SJCSD

**EYE EXAM**

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

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

**OCULAR HARDWARE**

*Maximum Benefit.....\$200*

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

This benefit may be used for Prescription Contact Lenses, Prescription Eyeglasses/Prescription Frames, or Prescription Sunglasses. Claims for reimbursement under the Vision plan must include a completed Vision Claim Form and an itemized bill or payment receipt from your provider. Forms can be found on <https://sjcsd.mbaileylgroup.com> or [BusinessPlus/Employee Online/Menu/Benefits/Benefits Summary/Additional Benefits Forms/Vision Claim Form](#). You can fax your claim to 1(407)786-2999 or mail it to Preferred Benefit Administrators, Inc. PO Box 916188, Longwood, FL 32791-6188. Contact Vision Customer Service at 1(888)524-2777. **Please note that there is no vision network. You may use the vision provider of your choice. All Vision Claims MUST be filed within 6 months from your Date of Service or the claim will be DENIED.** This is only a summary of benefits and not a contract. Refer to the summary plan description for complete details at [www.PreferredTPA.com](http://www.PreferredTPA.com).



### Dependent Eligibility Documents

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

**For Spouse:**

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

\*A copy of the front page of your 2024 federal tax return confirming this dependent is your spouse OR a document such as a recurring monthly household bill, **dated within the last 60 days. The document or bill must include your name, your spouse's name and your mailing address.**

**For Children up to age 26:**

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

**For Children with Disabilities aged 26 or older:**

\*A copy of the child's birth certificate (or hospital birth record) **AND**

\*Evidence of Social Security Disability (SSD) showing parent/guardian and dependent name(s).

**\*Submit documents to HR Benefits Department by Campus Mail, or email [HRBenefitsAsst@stjohns.k12.fl.us](mailto:HRBenefitsAsst@stjohns.k12.fl.us).**

## EMPLOYEE ASSISTANCE PROGRAM

(Administered by Townsend & Assoc.)

FREE COVERAGE  
PROVIDED BY SJCS

### **What is an Employee Assistance Program (EAP)?**

St. Johns County School District provides employees with an Employee Assistance Program (EAP), which can help them get through tough times.

#### **It is a voluntary and confidential counseling service.**

Employees and family members may access the EAP to assist them in coping with the stress of everyday life. All services are designed to help maintain emotional well-being and a productive role in the workplace and at home. Services include help with the following problems: abuse, adolescents, aging parents, alcohol/drug abuse, eating disorders, grief, child behavioral disorders, ADD/ADHD, school problems, smoking cessation, stress, and depression.

#### **Who is the EAP Provider?**

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

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

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

## LONG-TERM DISABILITY

(Administered by Voya Financial)

FREE COVERAGE  
PROVIDED BY SJCS

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

#### **Additional Benefits Available to You at No Cost:**

**Voya Travel Assistance**—Offers you enhanced security for your leisure and business trips. Access Voya Travel Assistance via phone or web for these types of services: Pre-trip information, emergency personal services, medical assistance service and emergency transportation services. IMG—(317) 659-5841 Register Now with IMG! <http://www.imglobal.com/member/login>, “Create an Account” and use the Referral Code VOYATRAVEL. Download the mobile app and use your login.

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

## BASIC LIFE AND AD&D

(Administered by Vocya Financial)

FREE COVERAGE  
PROVIDED BY SJCS

<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 support@empathy.com	

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

## WHAT ARE THE BENEFITS OF AN FSA ACCOUNT?

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

### YEARLY MAXIMUM:

Unreimbursed Medical FSA 125 - \$3,400 FSA Dependent Daycare - \$7,500 (\$300 minimum each)

### ENROLLMENT INSTRUCTIONS:

To enroll, sign into BusinessPlus with your Employee ID and Password. Under the Employee Online tab, launch the application, navigate to the Menu, select Benefits then select Step 2:Enroll in Benefits. Choose "Choose New Plans" and follow the prompts (blue arrows) through the screens until you get to the Medical FSA 125 or FSA Dependent 125 options. If you wish to elect these, mark the checkbox and specify the Calendar Year 2026 amount, not the per paycheck amount. Select Open Enrollment as your Change Reason and save your choices. After confirming all steps, finish and review your benefits on the Future Enrollment screen; if everything is correct, select "CONFIRM ALL." Your selections will be pending approval and processed accordingly.

### PAY PERIOD DETAILS:

Your annual election will be divided over 19 pay periods from January 15, 2026, to December 31, 2026. Please note that deductions will not occur between June 15 and August 15, 2026.

### MANDATORY ANNUAL ENROLLMENT:

During Open Enrollment (October 8–31, 2025), you need to re-enroll into Medical FSA 125 or FSA Dependent 125 for the upcoming calendar year on BusinessPlus. Remember, elections for 2025 will end on December 31, 2025, and do not carry over into the following year.

### UNUSED FUNDS POLICY:

Remember to spend your FSA funds within the calendar year or you will lose the funds since they do not roll over to the following year. Due to IRS regulations, any unused funds for 2025 will stay in the general FSA account and cannot be used in 2026.

### DEFINITION OF FSA:

An FSA is regulated by Section 125 of the IRS code, allowing pre-tax payroll deductions for medical or dependent daycare expenses.

### LIST OF QUALIFYING MEDICAL EXPENSES:

- Deductibles, copays, coinsurance for medical, dental, vision, and prescriptions
- Travel mileage for medical appointments
- Any medical expense approved by IRS publication 502, regardless of insurance coverage
- Certain OTC medicines may require a paper claim form and prescription before reimbursement. A complete list of items can be found at [sjcsd.mbaileygroupp.com](http://sjcsd.mbaileygroupp.com).

### QUALIFYING DEPENDENT DAYCARE EXPENSES:

This includes daycare services for children under 13, disabled spouses, disabled children over 13, and dependent parents.

## VOLUNTARY TERM LIFE INSURANCE

(Administered by Voya Financial)

**For Yourself:** An amount between \$10,000 and \$1,000,000, in increments of \$10,000 not to exceed **four** times your base annual earnings. If you currently have voluntary life, you will need to fill out an Evidence of Insurability (EOI) for increasing your amount **greater** than \$30,000, and it will be subject to approval from Voya Financial. If you do not currently have voluntary life, you will need to fill out an EOI form. Your life insurance benefits are subject to age reductions. At age 70, amounts reduce to 67%. At age 75, amounts reduce to 50%.

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

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

Log into [BusinessPlus/Employee Online/Menu/Benefits/Benefits Summary/Additional Life Insurance](#). Complete the Voya Financial Additional Life Enrollment Insurability form to enroll, increase, or decrease your voluntary term life insurance. Submit form to the HR Benefits department by October 31, 2025, NOT VOYA. Once the Benefits Department receives the Life Insurance Enrollment Form, you will be provided the Evidence of Insurability form by Voya. The effective date for voluntary term life insurance coverage and premiums will be the approval date from Voya Financial.

MONTHLY COST FOR EMPLOYEE / SPOUSE			
AGE	LIFE INSURANCE POLICY		
	\$50,000	\$100,000	\$250,000
Under 25	\$3.00	\$6.00	\$15.00
25-29	\$3.60	\$7.20	\$18.00
30-34	\$4.80	\$9.60	\$24.00
35-39	\$5.40	\$10.80	\$27.00
40-44	\$6.00	\$12.00	\$30.00
45-49	\$6.60	\$13.20	\$33.00
50-54	\$7.20	\$14.40	\$36.00
55-59	\$7.80	\$15.60	\$39.00
60-64	\$8.40	\$16.80	\$42.00
65-69	\$9.00	\$18.00	\$45.00
70+	\$123.20	\$246.40	\$616.00

Want the exact cost for you?

Check out the life insurance rate sheet at [BusinessPlus/Employee Online/Menu/Benefits/Benefit Summary/Additional Benefit Forms/Rate Sheet and Life Insurance Enrollment form](#).

## VOLUNTARY SHORT-TERM DISABILITY

(Administered by Voya Financial)

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

**During Open Enrollment Guaranteed Issue is effective January 1, 2026.**

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

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

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

**OPTION 1** - PAYS AFTER 10 DAYS OF AN INJURY AND/OR SICKNESS UP TO 12 WEEKS.

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

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

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

### **How Do I Apply for Short-Term Disability?**

Complete the Voya Financial Enrollment Form and submit it to HR Benefits by October 31, 2025. The "Short-Term Disability Calculator" can be found on <https://sjcsd.mbaileygroup.com> or BusinessPlus/Employee Online/Menu/Benefits/Benefits Summary/Additional Benefit Forms/Short-Term Disability Calculator. The effective date for voluntary STD coverage and premiums will be January 1, 2026.

MONTHLY RATES PER \$10 OF COVERED BENEFIT			
If you are between these ages:	OPTION 1	OPTION 2	OPTION 3
Under 40	\$0.39	\$0.21	\$0.16
40—49	\$0.43	\$0.24	\$0.16
50—59	\$0.50	\$0.27	\$0.20
60 and Over	\$0.56	\$0.29	\$0.21

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

### **SHORT-TERM DISABILITY—OPTION 1**

Your Monthly Cost:  $\$40,000/52 = \$769.23 \times 0.60 = \$461.54$   
 $\times \$0.39 = \$180.00/10 = \$18.00$  monthly  $\times 12 = \$216.00$   
Annually

**\$10.80 = Deduction for Employee with 20 Pay Periods**  
**\$9.00 = Deduction for Employee with 24 Pay Periods**

## VOLUNTARY LONG-TERM DISABILITY

(Administered by Voya Financial)

- You can sign up for an additional 10% of coverage giving you long-term disability insurance of **60%** of your earnings up to a **\$5,000** monthly maximum.
- Guaranteed issue is available when you first become eligible for benefits. After this period, there is no guaranteed issue for the additional 10% buy-up.
- Pre-Existing Condition Limitation: A pre-existing condition is any injury or illness for which you have consulted a physician (or for which a reasonable person would have consulted a physician), received medical treatment, care, or services (including diagnostic measures), taken prescribed drugs or medicines, or incurred expenses during the 3 months before the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins more than 12 months after the effective date of your coverage.
- **You will be required to complete the enrollment form and Evidence of Insurability (EOI), subject to approval by Voya Financial.**
- The Voya Enrollment form can be found on **BusinessPlus/Employee Online/Menu/Benefits/Benefits Summary/Additional Benefit Forms/Long-Term Disability. Submit your Enrollment Form to HR Benefits by October 31, 2025. You will be provided the Evidence of Insurability form by Voya.**
- The effective date for voluntary LTD coverage and premiums will be the approval date from Voya, not January 1, 2026.
- **You are not approved for Long-Term Disability until you have received notification of approval from Voya.**

*TO CALCULATE YOUR MONTHLY COST: ((Annual Salary X .13 ÷ 100)) / 12  
(If you make \$40,000: ((\\$40,000 X .13) ÷ 100)/12 = \$4.33 a month!)*

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

**Starting right where you work:**

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

**Let's face it, life happens:**

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

**Portable coverage:**

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

**Built-in guarantees:**

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

**Dividends:**

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

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

- No Medical Exam
- No Evidence of Insurability (EOI)
- Answer Questions 1 and 2 below to receive Guaranteed Issue (in \$5,000 increments) from \$10,000—\$100,000.
- Answer Questions 1, 2, and 3 below to receive Simplified Issue (in \$5,000 increments) from \$105,000—\$250,000.

Where can I apply?

<https://mm.benselect.com/enroll/login.aspx?ReturnUrl=%2fenroll>  
Username: 9-digit SSN (123456789)  
Password: Last 4 digits of SSN + Last 2 digits of birth year

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

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

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

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

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

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

1. Within the last 12 months have you used tobacco or other nicotine containing products?
2. Are you actively at work at your usual and customary location, maintaining your normal work schedule, performing all the duties of your occupation without limitation due to injury or sickness?
3. During the last 2 years, have you sought treatment for, been treated for, or been diagnosed by a member of the medical profession as having any of the following:
  - *Cancer*
  - *Heart Attack, coronary artery, valve disease, heart failure, or cardiomyopathy*
  - *Alcohol or drug abuse*
  - *Diabetes for which the recommended treatment is insulin*
  - *Chronic obstructive pulmonary disease, emphysema, or other chronic lung disease*
  - *Stroke or transient ischemic attack*
  - *Chronic Kidney disease or kidney failure*
  - *Parkinson's disease or paralysis*
  - *Cirrhosis of the liver or hepatitis*
  - *AIDS or tested positive for HIV or its antibodies*

**Examples:**

- John Doe—Age 55 (Non-Tobacco) \$50,000 coverage = \$33.24 per week, \$1,728.22 annual, \$90.96 Per Pay Period (19 Deductions) - *Guaranteed Cash Value at 65 is \$8,801.00.*
- Jane Smith—Age 25 (Non-Tobacco) \$50,000 coverage = \$7.62 per week, \$396.24 annual, \$20.85 Per Pay Period (19 Deductions) - *Guaranteed Cash Value at 65 is \$20,241.00.*
- Alice Wilson—Age 45 (Non-Tobacco) \$50,000 coverage = \$19.04 per week, \$990.08 annual, \$52.11 Per Pay Period (19 Deductions) - *Guaranteed Cash Value at 65 is \$14,726.00.*

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

### NOTICE REGARDING WELLNESS PROGRAM

SJCSD Wellness Program is a voluntary wellness program available to all medical-enrolled employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for blood glucose, cholesterol, 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 infor-

mation. 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. Any-one 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).

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

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

**Why is creditable coverage important?**

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

**How can I find out more?**

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

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

**PORATABILITY OF COVERAGE**

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

**MICHELLE'S LAW**

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

**CHILDREN'S HEALTH INSURANCE PROGRAM**

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

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

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

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

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

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

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

**SPECIAL ENROLLMENT RIGHTS**

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

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

## SPECIAL ENROLLMENT RIGHTS CONT'D

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

## A NOTE ABOUT SOCIAL SECURITY

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

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

## PRE-TAX OR AFTER-TAX?

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

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

## HIPAA NOTICE OF PRIVACY PRACTICES

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

## HEALTH CARE REFORM: AFFORDABLE CARE ACT

### *Summaries of Benefits and Coverage*

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

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

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

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

### *Health Insurance Marketplace (Exchange)*

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

### **What is the Health Insurance Marketplace?**

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

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

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

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

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

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

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

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

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

# St. Johns County School District Benefits Contacts

## MEDICAL:

**Florida Blue**

Group #63316

PO Box 1798

Jacksonville, FL 32231

1-800-352-2583

**Use your Florida Blue ID Card.**

[www.floridablue.com](http://www.floridablue.com)

## PHARMACY:

**Express Scripts, Inc. (ESI)**

Group #SJCSDRX

Express Scripts Customer Service:

1-855-723-6091

**Use your Express Scripts ID Card for prescriptions.**

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

## DENTAL:

**Humana Dental**

Group #673584

Humana Dental Claims Office

PO Box 14611

Lexington, KY 40512-4611

1-800-233-4013

**Access your Humana Dental ID Card via mobile app!**

[www.humana.com](http://www.humana.com)

## VISION:

**Preferred Benefit Administrators, Inc.**

Group# 463

PO Box 916188

Longwood, FL 32791-6188

1-888-524-2777

Fax 1-407-786-2999

**No ID card needed.**

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

## HOSPITAL INDEMNITY:

**Preferred Benefit Administrators, Inc.**

Group# 463

PO Box 916188

Longwood, FL 32791-6188

1-888-524-2777

Fax 1-407-786-2999

**No ID card needed.**

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

## BASIC & TERM LIFE INS:

**Voya Financial**

Group #711543

Term Life: 1-888-238-4840

[www.voya.com/claims](http://www.voya.com/claims)

**No ID card needed.**

## WHOLE LIFE INSURANCE:

**Mass Mutual**

Group #75081

1-844-667-5223 8am—8pm EST

**No ID card needed.**

## SHORT & LONG-TERM DISABILITY:

**Voya Financial**

Group#711543

Short Term Disability:

1-888-305-0602

Long Term Disability:

1-888-305-0602

[www.voya.com/claims](http://www.voya.com/claims)

**No ID card needed.**

## FLEXIBLE SPENDING ACCOUNTS:

**Employee Benefits Corporation**

Participant Services

Group #S34034

1-800-346-2126

[Participantservices@ebcflex.com](mailto:Participantservices@ebcflex.com)

Monday through Friday

7:00 a.m. - 5:00 p.m. Central Time

Employee Benefits Corporation

PO Box 44347

Madison, WI 53744-4347

[www.EBCFlex.com](http://www.EBCFlex.com)

## 2025– 2026 Insurance Committee

Kelly Abbatinozzi

Romilda Caruso-Smith

Diana Churchill

Sally Cunningham

Kate Dowdie

Sherri Mickley

Anthony Coleman, Board Member

Wayne King

Cathy Weber

Donna Herrmann, Benefits Supervisor

J Wynn, Plan Administrator

## Local Representatives:

Receptionist: 904-461-1800

Mark Bailey, President—

[mbailey@mbaileygrou.com](mailto:mbailey@mbaileygrou.com)

Allison Profitt, Vice President, Managing Consultant—[aprofitt@mbaileygrou.com](mailto:aprofitt@mbaileygrou.com)

Virginia Schulze, Sr. Account Manager, Benefits—[vschulze@mbaileygrou.com](mailto:vschulze@mbaileygrou.com)

Becky Cromwell, Account Executive, Benefits—[bcromwell@mbaileygrou.com](mailto:bcromwell@mbaileygrou.com)

Erin Dolan, Sr. 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

**Sheryl McLean**

Executive Secretary (904)547-7610

**Tabetha Rodriguez**

Benefits Specialist (904)547-7729

**Shauna Lewis**

Benefits Specialist (904)547-7760

**Erin Dolan**

Sr. Account Manager (904)547-7561