



2025

Employee Benefits Guide



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St. Johns County Sheriff's Office
2025 Benefits

The terms and provisions will govern you and restrictions of the plans in which you enroll. As prohibited by the rules of the plan, falsifying dependent information or documentation, certifying ineligible persons as eligible, enrolling ineligible persons in coverage, falsifying the occurrence of life events or life event documentation, and failing to remove dependents from coverage within 30 days of when they lose eligibility, will be treated as fraud or misrepresentation. Such acts will require you to reimburse the plan for any claims incurred. Legal and disciplinary action may be taken. Generally, unless you experience a qualifying life event, your elections will remain in acct. for the entire plan year. By completing your enrollment you authorize St. Johns County Sheriff's Office to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Risk Management. St. Johns County Sheriff's Office reserves the right to change, amend or cease these benefits at any time.

This guide was last updated on 9/18/2024.

Use the interactive guide to explore your benefit options.

Click on each section to quickly and easily find the benefit information you need. This guide will assist you in understanding the various benefits which are available to you effective January 1st through December 31st.

After reviewing the information contained in this guide, should you have any benefits questions, please contact Risk Management at SRiskmanagement@sjso.org

If you are reviewing a copy of the printed guide, you can find the interactive version on SharePoint > General Services > Risk Management > Benefits Guides.

Benefits to Support Your Life Journey



We offer a comprehensive health care program to meet the needs of you and your family. This guide provides information to help you make your enrollment decisions. During benefits enrollment, you have the opportunity to review your coverage needs, consider the benefit plans available to you and select those that will provide the most value to you and your family.

2025 Rate Notice to Employees



Great News! Medical Rates will not increase in 2025! This will be the third consecutive year with no rate increase. This stability in costs can be beneficial, as it helps in financial planning and eases the burden of healthcare expenses. While enjoying current rates, it's also wise to prepare for potential future increases and consider ways to maintain health care affordability. Here are some strategies that employees can use to help manage their healthcare costs:

- 1. Understand Your Benefits:** Take the time to thoroughly understand the healthcare benefits offered by St. Johns County including what is covered, what is not, and how best to use the benefits available to you.
- 2. Use In-Network Providers:** Staying within the Florida Blue, Blue Options Network can significantly reduce costs, as in-network providers have agreed upon discounted rates.
- 3. Avoid Emergency Room for Non-Urgent Services:** Emergency room visits are more expensive than visits to a primary care physician or urgent care clinic, especially for conditions that are not true emergencies. This can lead to high out-of-pocket costs for you and the health plan.
- 4. Preventive Care:** Utilize preventive services that are covered at 100% by both plans. Regular check-ups and screenings can help catch health issues early, potentially avoiding expensive treatments later.
- 5. Generic Drugs:** Opt for generic drugs over brand-name ones when possible as generics are typically much less expensive.
- 6. Compare Costs:** For planned medical procedures, compare costs at different facilities. Florida Blue does provide a comparison tool on the employee portal to help estimate the cost of procedures and tests at various providers.
- 7. Utilize Telemedicine:** Take advantage of Teladoc services as they are more affordable and convenient alternate to in-person visits for non-emergency issues. St. Johns County provides General Medicine, Dermatology and Behavioral Health Teladoc services.
- 8. Review Medical Bills:** Always review your medical bills and explanation of benefits (EOBs) for errors. Billing mistakes can be costly, and it's important to ensure you're only paying for services you receive.
- 9. Healthy Lifestyle:** Adopting a healthy lifestyle by eating well, exercising, and avoiding tobacco can lower the risk of chronic diseases and associated healthcare costs.
- 10. Education:** Stay informed about health conditions and treatment options. Being educated can lead to more productive discussions with healthcare providers and better decision-making.

If you need further information or assistance with understanding your healthcare plan options, please contact Risk Management.



Carry Your Benefits Wherever You Go

It's never been easier to download
and use your St. Johns County
benefits with these mobile apps.



Travel Assistance
Assist America

View pre-trip information, such as country-specific visa requirements, immunization regulations, and security advisories



Wellness
Cordico

Access proactive 24/7, confidential, easy-to-use wellness solutions through the Therapist Finder, peer support, on-demand tools, and more.



Prescription
CVS Caremark

View your Rx benefits, cost coverage and spend review, savings, medication costs, and in-network pharmacies



Health Coverage
CVS Health Optimizer

Monitor your glucose, calories and more. Message a health coach and get personalized support from a Certified Diabetes Care Nurse.



Deferred Comp
Lincoln Financial

Stay on-track with your financial goals, access forms, check balances and explore helpful videos



Health Coverage
Florida Blue

Find in-network doctors, get ID cards, check benefits and claims, and compare medical costs



Reimbursement Accounts
Medcom

View your benefit account(s) recent transactions, balances, election information, and claims filing deadlines



Dental & Vision
MyHumana

Access ID cards, view claims, and find a provider



Labwork
MyQuest

View your appointments and lab results securely and quickly



Mental Health
Spring Health

Book a session, try a Moments wellbeing exercise, get upcoming appointment notifications, and more.



Enrollment
PlanSource

PlanSource doesn't have an app, as benefits.plansource.com is mobile optimized.

- Enroll in benefits.
- Access uploaded insurance cards and saved contacts.



Telemedicine
Teladoc

Create an account, talk with a doctor, and search for nearby pharmacies



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Enrollment Basics

WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, your dependents must meet the following eligibility criteria:

ELIGIBLE DEPENDENTS	REQUIRED DOCUMENTATION
Spouse: The employee's spouse under a legally valid existing marriage.	Marriage certificate AND current document establishing current relationship status (i.e. joint bill, insurance policy, lease agreement, etc). Document MUST be dated within the last ninety (90) days.
Dependent Child(ren): The employee's natural, newborn, adopted, foster, or step child(ren) (or a child for whom the Employee has been court-appointed as legal guardian or legal custodian). Can be covered on the plan up to the end of the month in which they turn 26 (regardless of marital or school status) or is no longer eligible under the Foster Child Program.	Birth Certificate naming the employee as the child's parent OR appropriate court order/ adoption decree naming the employee or employee's spouse as the child's legal guardian. For stepchild(ren): Birth Certificate naming spouse as the child's parent AND above documentation required for a spouse.
Newborn Grandchild(ren): The newborn child of a covered dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.	Birth Certificate naming employee's dependent child as the parent.
Disabled Dependents: Dependents who become totally and permanently disabled before age 26 and rely on you for support may be eligible.	Proof of the disability will be a statement from the dependent's physician certifying that the dependent was incapacitated or disabled prior to the limiting age, is incapable of self sustaining employment by reason of mental or physical disability, and is fully dependent upon the contract holder for support.



How To Enroll

PLANSOURCE®



All benefit elections must be submitted through PlanSource - the employee self-service, online portal for employees to enroll in all benefit plans. Once logged in, you will be able to see benefits offered to you and compare cost.

TO START ENROLLMENT:

- Visit <https://benefits.plansource.com/?sjso>
- Your user ID is your first initial + up to the first six letters of your last name + last 4 of SSN (i.e. JSMITH4567)
- Your initial password is your birth date in the YYYYMMDD format (i.e. 01/09/1957 = 19570109)
- If you're having trouble remembering your password, click the *Forgot your password* link just below the login.

STEP 1: REVIEW PROFILE

- The * indicates a required field. Verify your Personal Information; if there are changes, you will need to log into ESS to make the necessary updates in payroll.
- If you need to add a family member to your coverage, select *Next: Review My Family* and add family member. You can add eligible family members during this step, even if you are not enrolling them for coverage. Please double check spelling of names and verify dates of birth and social security numbers.

STEP 2: SHOP BENEFITS

Shop each benefit offering, choosing your desired election under the appropriate plan, or declining the benefit entirely. In order to proceed through each enrollment page, use the *Shop Plans* button next to the first benefit type. If you elect coverage with family members, select family members to add to coverage, then click *Update Cart*.

STEP 3: REVIEW BENEFICIARIES

View, add, or edit beneficiaries for each of your coverages. When adding a beneficiary, click the box next to *Add to all benefits* if you wish to designate the same beneficiary for all coverages.

STEP 4: CHECKOUT

Once you have completed each benefit election, click *Confirm and Checkout* at the bottom of the page. Review for accuracy and choose *Checkout*. Your benefit election will not be complete until you hit the *Checkout* button.

Mid-Year Changes



You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred.

EVENT	ACTION	REQUIREMENTS
Life Event (Adding) Within 30 days of event date	Adoption	Adoption records
	Birth	Birth Certificate
	Marriage	Marriage Certificate
	Gain custody of Dependent	Court Order documents
	Self/Spouse/ Dependent Loses Coverage	Letter (on letterhead) from employer showing date coverage ended, or Online Benefit Confirmation Statement showing date coverage ended, AND required documents listed in "Who You Can Cover."
	Lose Eligibility Medicare/ Medicaid	Letter from Center of Medicare and Medicaid Services (CMS) showing date coverage ended, AND required documents listed in "Who You Can Cover."
	Spousal Surcharge	When your spouse becomes eligible for coverage through their employer, you are required to report this event and pay a spousal surcharge in order to keep your spouse covered on the medical plan.
Life Event (Removing) Within 30 days of event date	Self/ Spouse/ Dependent Gains Coverage	Letter (on letterhead) from employer showing date coverage started, or Online Benefit Confirmation Statement showing date coverage started.
	Gain Eligibility Medicare/Medicaid	Copy of Medicare or Medicaid card
	Spousal Surcharge	When your spouse loses eligibility from coverage through their employer, you can report this event and remove the spousal surcharge, keeping your spouse covered on the medical plan.
	Death of Dependent	Death Certificate (Long form)
	Divorce	First page and Judges Signature page of Dissolution document/ Divorce Decree.

IMPORTANT TO KNOW

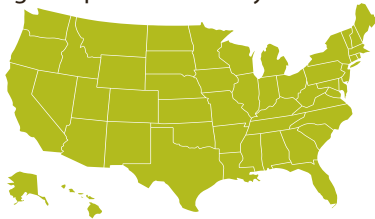
How to enroll or make mid-year changes to your benefits if you've experienced a qualified life event

- Log in to <https://benefits.plansource.com/?sjso>
- If you do not request the change and provide the necessary documentation within 30 days of the event date, you will have to wait until the next Open Enrollment to make the change

Medical Plan

Your medical coverage is administered through **Florida Blue**. You'll have access to a broad network of doctors and hospitals, providing you with quality care and significant savings in comparison to receiving services out-of-network.

Florida Blue has an arrangement with **Quest Diagnostics** that provides even deeper discounts than other in-network outpatient lab facilities, such as outpatient hospital, and other free standing labs. If you are outside of Florida, you can visit any participating independent lab in your area.



Blue Card Program

To locate in-network contracted medical providers outside the state of Florida including nationwide and internationally, visit provider.bcbs.com or call 1-800-810-Blue (2583). You will need your plan prefix or the first three letters of your member ID.



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. Visit bcbsglobalcore.com or call 1-800-810-Blue (2583).

Resources

We are dedicated to helping you and your family be healthy and fit. As a covered member, you and your covered dependents have access to the following benefits and resources.

CARE ASSISTANCE PROGRAMS

Did you know you have access to free Care Consultants, Health Coaches, Care Management Programs, as well as Diabetic Resources when enrolled on the medical plan?

- Care Consultants provide assistance in comparing your choices for medical services or prescriptions. Call 888.476.2227.
- Health Coaches are licensed nurses available 24/7 to provide support with significant medical decisions and symptom management. Call 877.789.2583.
- Care Management Programs help you or a covered dependent living with a chronic condition, including Diabetes, Congestive Heart Failure, Chronic Obstructive Lung Disease (COPD), Asthma, or Cardiac Conditions. Call 800.955.5692 or visit floridablue.com

DIABETES CARE MANAGEMENT

- Personalized diabetic resources are available 24/7 by calling Health Dialog at 877.789.2583. With member cost sharing, Insulin is covered through the pharmacy program while diabetic supplies are covered through Florida Blue's CareCentrix.

MENTAL HEALTH BENEFITS

All health plan members have access to in-person mental health care through the Florida Blue provider network.

- To find an in-person Mental Health Clinician, visit floridablue.com or call 866.350.2280.

DISCOUNTS

Blue365 offers premier health and wellness discounts and is free to join. View hundreds of discounts available to you, including hearing devices, fitness equipment, homeopathic health services, and much more. Log in to your member website at floridablue.com to access these great deals.

MATERNITY MANAGEMENT

Whether you are considering having a baby or are already expecting, the Healthy Addition Prenatal Program can teach you how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby. The program is free and confidential.

- Call 800.955.7635, Option 6 or email healthyaddition@bcbsfl.com

Durable Medical Equipment and Home Health

CareCentrix, Florida Blue's Durable Medical Equipment (DME) supplier, has an established network of providers who are accessible throughout Florida. Durable Medical Equipment (DME) is any medical equipment used in the home to aid in a better quality of living. When prescribed by your doctor and medically necessary, Florida Blue will cover these items at 80% after your in-network deductible is met and as long as you go through CareCentrix by calling 877.561.9910.

Examples of DME include, but not limited to:

- nebulizers
- CPAP machine and supplies
- wheelchair
- boots
- breast pumps
- colostomy bags
- diabetic supplies
- walkers

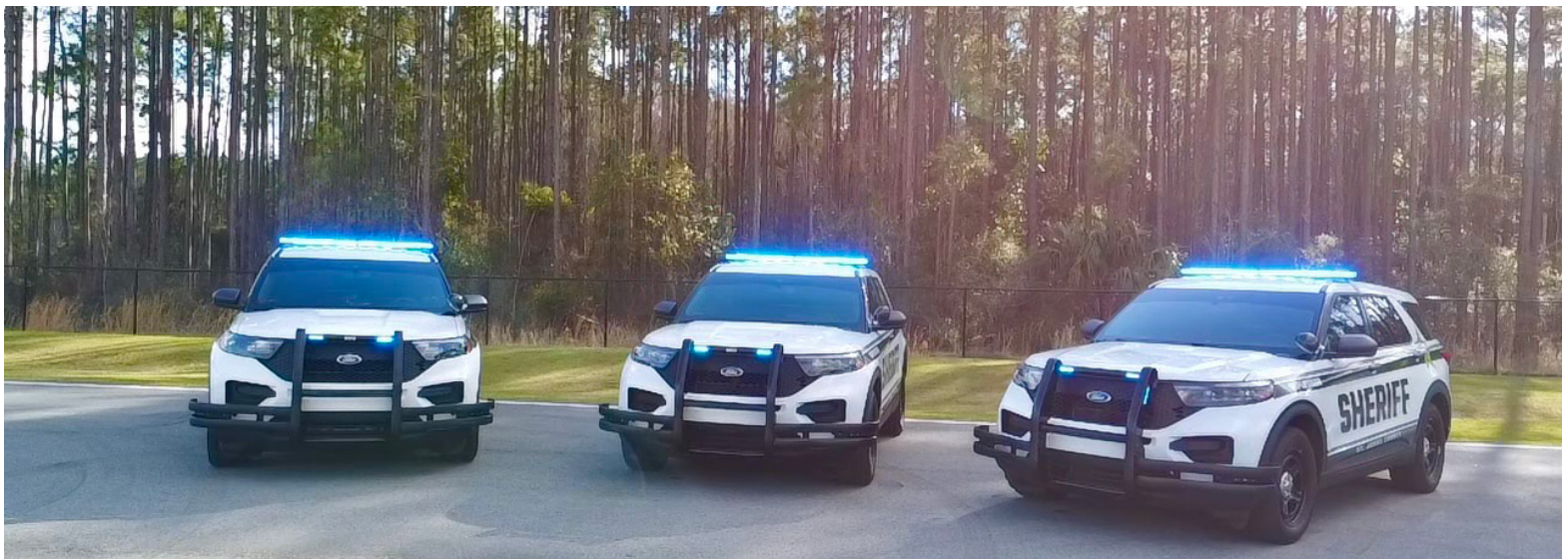
How to find a provider:

- Visit www.floridablue.com
- Click on *Find a doctor*.
- Under **Step 1**, choose Support Service and select either Durable/Home Medical Equipment or Home Health Agency.
- Under **Step 2**, select your plan name.
- Under **Step 3**, fill in the criteria for your location Click the Search button and see your results.

IMPORTANT TO KNOW

Home Health Agencies

A home health agency provides professional home health services, such as wound care, medication teaching, pain management, disease education and management, speech therapy, physical therapy or occupational therapy. Home care is often an integral component of the post-hospitalization recovery process, especially during the initial weeks after discharge when the patient still requires some level of regular physical assistance.





When You Don't Have Time to Wait, You've Got Teladoc 24/7/365!
Call today 1-800-Teladoc (835-2362) or visit [Teladoc.com](https://www.teladoc.com)

GENERAL MEDICINE

- **\$0 copay per visit**



When you or a family member don't feel well and a doctor or pediatrician can't see you right away, you have access within minutes. Teladoctors can help with many non-emergency illnesses, including:

- Sinus infection
- Allergies
- Flu
- Upset stomach
- Cough
- Nausea
- Sore Throat
- Other minor health issues

DERMATOLOGY

- **\$0 copay per visit**

Skin care is now so much easier, and you don't even have to leave home. Dermatologists diagnose & treat common skin conditions such as:

- Acne
- Rash
- Psoriasis
- Poison Ivy
- Eczema
- Skin Infections
- Rosacea
- Dermatitis

Set up your account today - so when you need care, a Teladoc doctor is just a call or click away.

REGISTER: 3 easy ways: download the mobile app, visit the Teladoc website, or call the number above.

PROVIDE MEDICAL HISTORY: Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

REQUEST A VISIT: That's it! The next time you need immediate care for a non-emergency illness, you have another option.

MENTAL HEALTH CARE

- **\$35 copay per visit**

With Mental Health Care, members have easy access to

quality care for a spectrum of conditions, without the obstacles of conventional in-office options. Members can speak with board-certified psychiatrists, licensed psychologists/therapists by phone, video, or in app messaging, from wherever they feel most comfortable. Common conditions treated include:

- Anxiety
- Depression
- PTSD
- Family/Marriage Issues
- Substance Abuse
- Trauma resolution
- Panic Disorder
- Stress
- Grief
- Eating Disorders
- Work Pressures
- ADHD

HOW MENTAL HEALTH CARE WORKS



Initiate: Provide basic information, including eligibility, by Teladoc app, phone, or web.



Schedule: Select a preferred mental health provider and schedule a virtual visit. *If you are unable to make your scheduled visit, a cancellation fee will apply.*

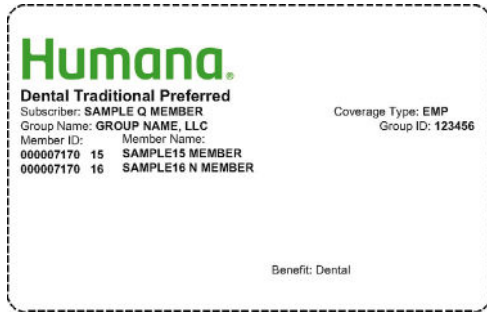


Consult: Speak with the selected provider and build an ongoing relationship.



Support: Ongoing mental health management support is provided.

Dental Plan



Your dental coverage is provided through **Humana**. All employees who enroll in one of the medical plans are automatically enrolled in the dental plan. You may view your benefits, print an ID card and locate in-network dental providers by visiting [humana.com](https://www.humana.com)

HOW TO FIND A PROVIDER

- Visit [humana.com](https://www.humana.com)
- Click on *Member Resources*, then *Find a doctor*.
- Select *Dentist*, enter your zip code, select a lookup method and choose *PPO* coverage type and *PPO/Traditional Preferred Network*.

IMPORTANT TO KNOW

Out-of-Network Benefits

If you choose to receive your dental care from an out-of-network dentist, you may be balance billed the difference between their charge and what your Humana dental plan allows.

For example, let's say an out-of-network dentist charges \$100 but your plan will only allow for \$70. The dentist may bill you for the remaining \$30 in addition to what you may owe for your deductible or coinsurance.

IN-AND OUT-OF-NETWORK

Calendar Year Deductible	
Per Individual	\$50
Family Aggregate	\$100
Preventive Services	
Routine exam, cleaning, bitewing x-ray; fluoride treatment and space maintainers for children	Covered 100%
Basic Services	
Filling, extraction, endodontic, periodontic, oral surgery, and general anesthesia	80%
Major Services	
Crown, denture, bridge, and implant	50%
Regular Annual Allowance (RAA) Per Individual	
RAA covers the cost of basic and major services. Preventive services do not apply to annual maximum.	\$1,000
Wisdom Teeth Extraction Annual Maximum Per Individual Per Year	
	\$1,000
Orthodontic Benefit Lifetime Maximum Per Individual	
Exam, x-ray, extraction and appliance for orthodontic service.	\$2,000

KEY FEATURES AND DETAILS

- Two preventive services such as routine exam, cleaning, and x-ray and two periodontal visits are covered in addition to the Regular Annual Allowance. They do not get applied to the Annual Maximum and are covered at 100% with no balance billing in-network.
- There is a separate annual allowance for wisdom teeth extraction.
- Orthodontic benefits are available for adults and children.
- Teledentix gives you free access to teledentistry, allowing you to see a dentist within minutes from your computer, smartphone or tablet. Register at [humana.teledentix.com/c/humanaondemand](https://www.humana.com/c/humanaondemand)

Vision Plan



Humana.

Humana.com
Member/Patient Services: (877) 398-2980
HUMANA INSIGHT NETWORK
Humana Vision Plan
CR6ESCB1
SALLY SAMPLE
Member ID: 12345678901
Group #: 1014572
Effective: 01/01/2018

Your vision coverage is provided through **Humana**. All employees who enroll in one of the medical plans are automatically enrolled in the vision plan.

When you utilize a provider that participates in the Humana Insight Network, discounts will be greater. The Vision Refresh Plan provides comprehensive routine vision coverage and does not include medical or surgical treatment of the eyes.

There is no ID card mailed, you will need to login and print. You may view benefits, print an ID card and locate in-network vision providers by visiting humana.com

HOW TO FIND A PROVIDER

- Visit eyedoclocator.humanavis.com
- Enter your zip code

IMPORTANT TO KNOW

Frequently asked questions

What is a benefit allowance?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%. If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

Can I get contacts AND glasses in the same calendar year?

No. You can only get contacts OR glasses in the same calendar year, not both.

IN-NETWORK

Eye Exams

Routine Eye Exam	\$10 copay
Contact Lens Fitting/Follow-up	Up to \$55
<i>Benefits may be redeemed every 12 months</i>	

Frames

<i>Benefits may be redeemed every 24 months</i>	\$130 allowance 20% off remainder
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Lens

Single Vision	\$15 Copay
Bifocal	\$15 Copay
Trifocal	\$15 Copay
Lenticular	\$15 Copay
<i>Benefits may be redeemed every 12 months</i>	

Contacts

Conventional/ Disposable Contacts Medically Necessary Contacts	\$130 allowance Paid in Full
<i>Benefits may be redeemed every 12 months</i>	

Extra Care for Diabetics

Diabetic Eye Care	
Exam	\$0
Retinal imaging	\$0
Scanning laser	\$0

Laser Correction Discount

15% off retail prices

Provider Network

Humana Insight Optometrist and Retail

OUT-OF-NETWORK¹

Eye Exams

Routine Eye Exam	Up to \$30
Contact Lens Fitting/Follow-up	Not Covered

Frames

\$65 allowance

Lens

Single Vision	Up to \$25
Bifocal	Up to \$40
Trifocal	Up to \$60
Lenticular	Up to \$100

Contacts

Conventional/ Disposable Contacts Medically Necessary Contacts	Up to \$104 Up to \$200
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Diabetic Eye Care

Exam	Up to \$77
Retinal imaging	Up to \$50
Scanning laser	Up to \$33

¹Same frequency redemption as in-network

Prescription Plan



Your pharmacy benefits are provided through **CVS/Caremark**.

You may purchase up to a 30-day supply of covered medication when you fill your prescription at a participating retail pharmacy.

You can use the mail order or retail-90 pharmacy programs if you use a maintenance medication, such as those for blood pressure or cholesterol. Both CVS retail and home delivery offer up to a 90-day supply at a reduced cost to you.

CVS partnered with **GoodRx** to provide cheaper alternative medications.

The **Cost Saver Program** is included with the prescription benefits. This program is specifically for generic and non-specialty medications

Nicotine Cessation- We know quitting nicotine is not easy. That is why the prescription plan provides coverage for 168-day supply per medication, per calendar year. Coverage is included for over-the-counter products, generic prescription medications, branded Nicotrol Nasal Spray, Nicotrol Inhaler System, and Chantix. Call CVS/Caremark 844.278.5590



Prescription Specialty



Specialty medications must be filled by CVS Caremark Specialty Pharmacy.

Once the pre-authorization form is provided, your order can be placed through Specialty Connect. You can choose between in-store pickup at your local CVS Pharmacy, or UPS delivery of your medication to your home or doctor's office. Dedicated clinical support will be provided to you, by phone from a team of specialty pharmacy experts trained in your therapeutic area. Available 24 hours a day, 365 days a year.

If you are taking a Specialty medication, you will also be automatically enrolled in the PrudentRx Specialty Medication Copay Program. The PrudentRx Copay Program will help you get copay assistance from drug manufacturers to reduce your 30% coinsurance share for eligible medications. Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program.

If you choose to opt out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for the full amount of the 30% coinsurance responsibility on eligible specialty medications.

Transform Diabetes Care



Managing diabetes? Extra support is here. Transform Diabetes Care is a program that provides the right amount of guidance and support based on your health needs. And it's covered by your prescription plan.

If you're managing diabetes, you're enrolled automatically. The program includes \$0 test strips and lancets. Your personalized experience may include, blood sugar and blood pressure monitoring, pharmacists and nurses supporting you, prescription refill reminders, preventative health screenings and more.

Individual coaching on:

- Developing a nutrition plan
- Meal planning
- Testing your blood glucose
- Managing your medications

Reminders on ways to help improve your health including:

- Scheduling an overdue screening
- Taking your medication
- Seeing your doctor

Helpful alerts and updates, tailored to you including:

- E-mail
- Text Message
- Pre-recorded and live calls

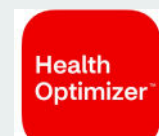
A screenshot of the Health Optimizer mobile app sign-up screen. The screen displays the app name "Health Optimizer" at the top, followed by a link "Already have an account? Log In". Below this are two input fields for email and password, each with a "Show/Hide" icon. The next section asks "What type of diabetes do you have?" with two radio button options: "Type 1" and "Type 2". A note states: "Your Experience will be modified based on your type of diabetes. If you are not sure what type of diabetes you have, please check with your health care provider." The following question is "Do you take medications for your diabetes?" with two radio button options: "Yes" and "Type 2". Below this are three checkboxes: "Pills and/or injection (not insulin)", "Insulin at bedtime/fasting" (which is checked with a green checkmark), and "Insulin with meals". At the bottom is a large blue "Sign Up" button.

IMPORTANT TO KNOW

Health Optimizer Mobile App

With the CVS Health® Tracker App., you can monitor your glucose, calories and more. To stay on track, you can message with a health coach and get personalized support from a Certified Diabetes Care Nurse.

- Connects with other devices to upload blood glucose and blood pressure.
- Supports lifestyle, weight and nutrition management.
- Provides enhanced medication adherence education.



Plan Comparison



See the summary of your medical and prescription benefits below. For complete details, exclusions, limitations, and out-of-network benefits, see the Summary Plan Descriptions which are available from Risk Management or your benefits website at sjcbenefits.mbaileygroup.com.

First

You pay a deductible >>

Then

You and the plan share costs

Next

You meet your out-of-pocket maximum and the plan starts to pay 100% of your remaining eligible expenses for the year >>

	PPO (03559)	PPO WITH HRA (05360)
MEDICAL BENEFITS	In-Network	In-Network
Calendar Year Deductible Per Individual / Family Aggregate	\$500 / \$1,500	\$1,500 / \$3,000
Coinsurance (% you pay)	20%	20%
Preventive Services	\$0	\$0
Office Visits Teladoc Virtual Visits: General Medicine/Dermatology Primary Care Physician Specialist	\$0 \$35 CYD + 20%	\$0 \$35 CYD + 20%
Urgent Care	\$35	\$35
Mental Health Teladoc Virtual Visits Specialist	\$35 CYD + 20%	\$35 CYD + 20%
Emergency Room (facility charge)	CYD + 20%	CYD + 20%
Inpatient Hospital (facility charge) Level 1/Level 2	\$600/\$900	CYD + 20%/CYD + 25%
Outpatient Procedures (facility charge) Hospital - Level 1/Level 2 Ambulatory Surgery Center	\$150/\$250 \$100	CYD + 20%/CYD + 25% CYD + 20%
Outpatient Diagnostic Tests Hospital - Level 1/Level 2 Quest Diagnostics (Lab/Blood work) Independent Testing Facility (X-rays, MRI, CT, PET, etc.)	\$150/\$250 \$0 \$100	CYD + 20%/CYD + 25% \$0 CYD + 20%
Provider Services Hospital, ER, Ambulatory Surgical Center	CYD + 20%	CYD + 20%
PRESCRIPTION BENEFITS		
Retail Pharmacy Generic/Preferred Brand/Non-Preferred Brand/ Specialty	\$10/\$50/\$75/30%	\$10/\$50/\$75/30%
Retail 90/Mail Order (90-day supply) Generic/Preferred Brand/Non-Preferred Brand	\$20/\$100/\$150	\$20/\$100/\$150
MEDICAL & PRESCRIPTION		
Out-of-Pocket Maximum Per Individual / Family Aggregate	\$3,000 / \$9,000	\$4,500 / \$9,000
BENEFIT MAXIMUMS Per Calendar Year		
Acupuncture Visits	30	30
Outpatient Therapies* *Calendar Year Combined days/visits. Physical, Occupational and Speech Therapy.	75	75
Chiropractic* *More than 5 chiropractic visits require provider authorization through Florida Blue/ASH.	26	26
Home Health Care Visits	20	20
Inpatient Rehabilitation Days	30	30
Skilled Nursing Facility Days	60	60

2025 Monthly Rates Include: Medical, Prescription, Dental and Vision

Health Benefits are bundled and not available for standalone enrollment. Your employee contributions for this plan year are based on your choice of plan and coverage tier. Listed below are monthly (12) and per-pay-period (24) costs for you and your dependents effective January 1, 2025:

	PPO (03559)							
	STANDARD		WITH WPI 1		WITH WPI 2		ST. JOHNS COUNTY HEALTH CONTRIBUTION ¹	
	MONTHLY	PER PAY	MONTHLY	PER PAY	MONTHLY	PER PAY	MONTHLY	PER PAY
Employee Only	\$113.32	\$56.66	\$ 63.32	\$31.66	N/A	N/A	\$1,186.26	\$593.13
Employee + Spouse	\$431.35	\$215.68	\$381.35	\$190.68	\$331.35	\$165.68	\$1,186.26	\$593.13
Employee + Child(ren)	\$297.46	\$148.73	\$247.46	\$123.73	N/A	N/A	\$1,186.26	\$593.13
Employee + Family	\$632.65	\$316.33	\$582.65	\$291.33	\$532.65	\$266.33	\$1,186.26	\$593.13

	PPO WITH HRA (05360)							
	STANDARD		WITH WPI 1		WITH WPI 2		ST. JOHNS COUNTY HEALTH CONTRIBUTION ¹	
	MONTHLY	PER PAY	MONTHLY	PER PAY	MONTHLY	PER PAY	MONTHLY	PER PAY
Employee Only	\$50.00	\$25.00	\$0.00	\$ 0.00	N/A	N/A	\$1,186.26	\$593.13
Employee + Spouse	\$219.40	\$109.70	\$169.40	\$84.70	\$119.40	\$59.70	\$1,186.26	\$593.13
Employee + Child(ren)	\$164.55	\$82.28	\$114.55	\$57.28	N/A	N/A	\$1,186.26	\$593.13
Employee + Family	\$307.16	\$153.58	\$257.16	\$128.58	\$207.16	\$103.58	\$1,186.26	\$593.13

¹Employer rates are subject to change.

	HEALTH REIMBURSEMENT ACCOUNT (HRA)	
	ANNUAL ST. JOHNS COUNTY CONTRIBUTION	
Employee Only	\$ 600.00	
Employee + Spouse	\$1,000.00	
Employee + Child(ren)	\$1,000.00	
Employee + Family	\$1,500.00	

Note: Annual contribution; prorated for new hires and life events

WPI 1: If EITHER Employee or Spouse complete the WPI

WPI 2: If BOTH Employee and Spouse complete the WPI

SPOUSAL SURCHARGE: Spouses of St. Johns County employees who work and are eligible for employer-sponsored medical insurance through their employer will be required to pay \$100 monthly toward the cost of medical in addition to the rates listed above. It is your responsibility to provide proof of change in insurance coverage within 30 days for spousal surcharge.

WELLNESS PREMIUM INCENTIVE (WPI): Wellness Premium Incentives for 2025 were earned through participation in the Wellness Premium Incentive (WPI) from October 1, 2023 through September 30, 2024. Children are not eligible to participate in the WPI.

Health Reimbursement Account (HRA)



A Health Reimbursement Account (HRA) is an employer-funded account that is designed to use on qualified out-of-pocket medical, prescription, dental and vision expenses. All employees who elect the PPO with HRA are automatically enrolled in an HRA.

Benefits of an HRA

- Our HRA is paired with the PPO with HRA medical plan, which has a higher deductible and lower premiums, meaning less money is deducted from your paycheck
- The account is completely funded by St. Johns County

Who administers our HRA

- The HRA is administered by Medcom
- You will receive a Medcom Benefits Card in the mail to pay for eligible expenses

How our health reimbursement works

- The total amount of your account is available January 1
- If you are a new employee with benefits starting after January 1, or your benefits change mid-year due to a qualifying life event, this amount will be prorated
- Swipe your Medcom Master Card at any healthcare provider's office that accepts credit or debit cards
- The HRA dollars must be used prior to the end of each plan year on December 31
- HRA funds do not rollover at the end of each plan year
- If you have a Health Care Flexible Spending Account (FSA), your FSA funds must be used prior to your HRA funds

IMPORTANT TO KNOW

Auto-Substantiation for FSA and HRA

Follow these easy steps to eliminate the need to upload receipts for healthcare expenses.

- **Step 1:** Gather your Florida Blue member portal login credentials for you and any dependents over 18. You may have to first register for a Florida Blue account by visiting floridablue.com. For dental claims, register through Humana by visiting humana.com.
- **Step 2:** Login to the Medcom participant portal at medcom.wealthcareportal.com. Click *Connect Your Plans*.
- **Step 3:** Choose Florida Blue in the carrier drop-down menu and enter you and your dependents' Florida Blue credentials. Choose Humana in the carrier drop-down menu for dental claims. You will receive a Multi Factor Authentication code when you initially register with Humana. Enter that code into the Medcom portal.

Every time Florida Blue or Humana issues a health statement, Medcom will automatically retrieve this information, match it to your card swipes, and substantiate your claims.

Note: The connection will not be validated if your Florida Blue login credentials are not valid. Substantiation is typically not required for prescription because most vendors are able to auto-substantiate at point of sale.

Flexible Spending Accounts (FSAs) (DCAs)

St. Johns County Sheriff's Office offers the choice of two Flexible Spending Accounts (FSAs) administered by Medcom, which allow you to pay for eligible expenses with pre-tax dollars.



HEALTH CARE FSA

An FSA allows you to set money aside into an account to pay for certain types of out-of-pocket medical expenses.

What can the FSA be used for?

- Co-pays
- Calendar Year Deductibles (CYD)
- Dental and vision expenses
- Prescription drugs
- Over-the-counter (OTC) items (a detailed list can be found at medcom.wealthcareportal.com)

How much can I contribute?

For Medical FSAs, the minimum annual contribution is \$75 and the maximum annual contribution allowed is \$3,200. If your spouse also works for St. Johns County, you may both contribute to the FSA, up to the \$3,200 annual limit.

DEPENDENT CARE FSA

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return. Funds cannot be used until deducted from Dependent Care Account.



What can the DCA be used for?

- Daycare for children under the age of 13
- Before and after school programs
- Babysitting in your home by someone who is not your dependent
- Care for a dependent adult (eldercare)
- Nanny, nursery school, or pre-school expenses
- Summer day camp

How much can I contribute?

For Dependent Care FSAs, the maximum contributions are:

- \$5,000 for a married couple, filing jointly
- \$5,000 for a single parent
- \$2,500 for a married person, filing separately

Reimbursement Spending Accounts Comparison

	HEALTH REIMBURSEMENT ACCOUNT (HRA) ¹	FLEXIBLE SPENDING ACCOUNT (FSA) ¹	DEPENDENT CARE ACCOUNT (DCA)
How it Works	For Employees enrolled in the PPO with HRA the County deposits money into your account to help pay for eligible medical, dental, vision, and prescription drug expenses	You deposit pretax money into your account through payroll deductions to help pay for eligible medical, dental, vision, and prescription drug expenses	You deposit pretax money into your account through payroll deductions. You get reimbursed for the care of an eligible child or adult dependent, but not for health care expenses
Who is Eligible to Use Funds	Employees enrolled in the PPO with HRA and ONLY their dependents enrolled on the health plan	Benefits-eligible employees and any eligible dependents, per IRS guidelines	Dependent children under age 13 or adult dependent on tax return
Employer Contribution Annual contribution; prorated for new hires and life events	Yes \$600 – Employee Only \$1,000 – Employee + Spouse \$1,000 – Employee + Children \$1,500 – Employee + Family	None	None
Employee Contribution	None	\$75 Minimum \$ 3,200 Annual Maximum If your spouse also works for St. Johns County, you may both contribute to your own FSA, up to the \$3,200 annual limit	\$5,000 for a married couple filing jointly, \$2,500 each for a married couple filing separately
When is Money Available	The total amount of your account is available January 1, or date of eligibility for new hires or individuals who have a qualifying life event	The total amount of your annual election is available January 1, or date of eligibility for new hires or individuals who have a qualifying life event	Money is added to your account after each payroll deduction. You may use only the amount you have in your account at that time
Deadline to Use Funds	December 31	December 31	December 31
Can Unused Funds Roll Over to Next Year	No	\$75 Minimum \$640 Maximum Funds less than \$75 or in excess of \$640 will be forfeited	No

¹Substantiation may be required for some expenses.

Where To Go When You Need Care

It can be hard to know where to go for medical care – especially in the heat of the moment. But, not every situation calls for a trip to the emergency room.

Telemedicine is a great first option

When you need care (and it isn't a true emergency like one of the conditions listed below), call Teladoc. Their doctors can advise you on what to do next. They may even be able to help you resolve or stabilize the situation right there on the spot.

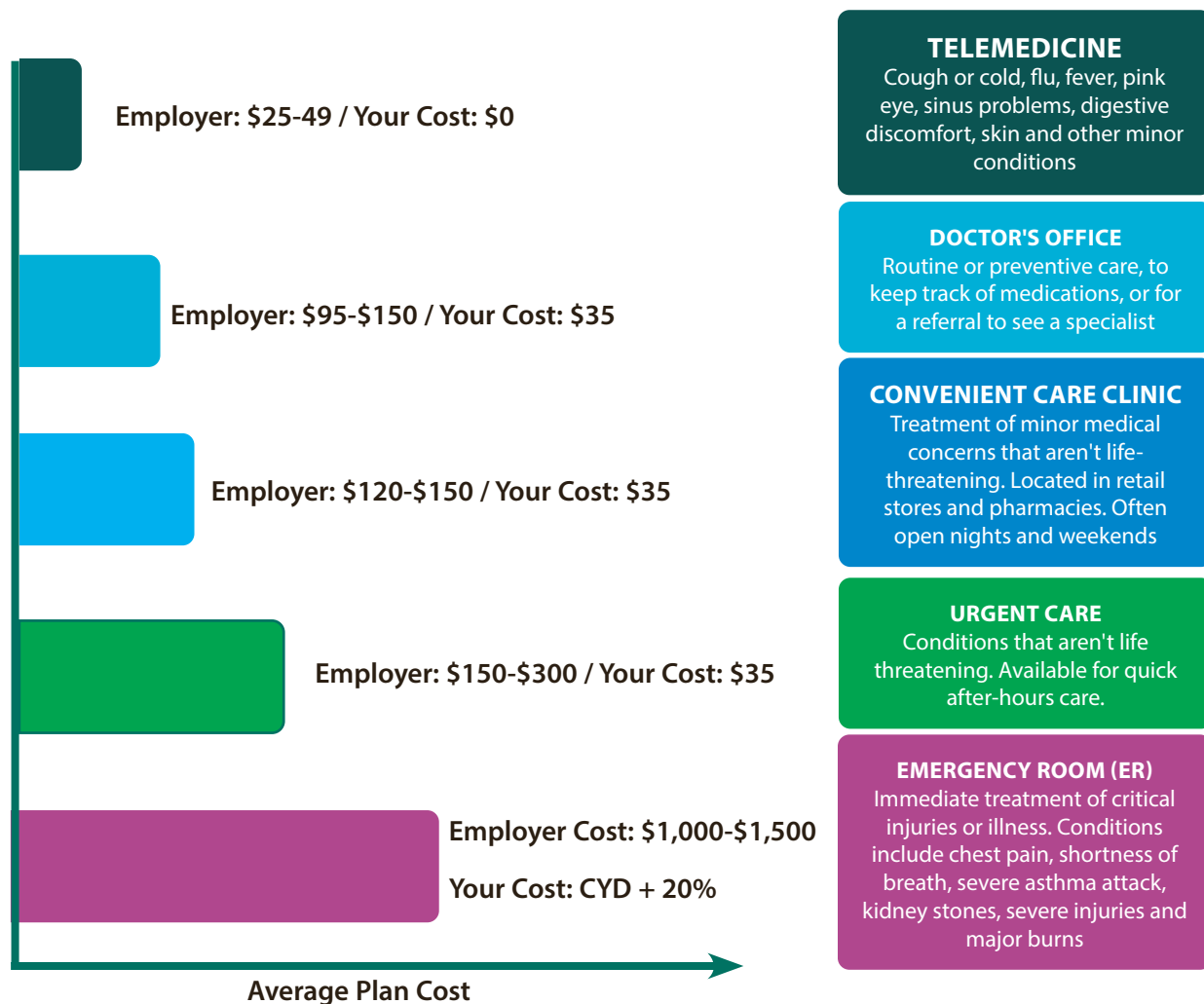
Nobody knows you better than your physician

Your physician has access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs.

When seeing your physician isn't possible, it's important to know your options for care that fits your specific needs or situation.

Understanding Your Cost

Your visit to the doctor will generate an electronic medical claim to Florida Blue. Florida Blue processes the doctor's claim and then bills the County Insurance Fund. It is important to keep the self-funded medical plan costs low as that affects premium increases in the future. Asking your doctor questions can help you decide which treatment plan is best for both your health and your wallet.



Basic Life and AD&D



We provide Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you, through **The Standard**. Benefits are also provided to your eligible Spouse and Dependent(s) enrolled on the health policy.

BASIC LIFE INSURANCE COVERAGE AMOUNTS	
All Eligible Employees	\$50,000
Elected Officials and Senior Management	\$75,000
Eligible Spouse if dependent on health policy	\$5,000
Eligible Child(ren) if dependent on health policy	\$2,000

Note: Your amount of basic and voluntary life insurance will reduce to 65% when you reach age 65, 50% when you reach age 70, and 35% when you reach age 75. Imputed income may apply.

CONVERSION AND PORTABILITY

- If your employment ends, you may elect to convert your term life insurance to whole life insurance or simply take your term life insurance policy with you. You must contact The Standard within 31 days of your last day at work in order to be eligible for either of these options.
- If you should become terminally ill with 12 months or less to live, you can apply to receive up to 75% of your current life insurance amount as a one-time lump sum. Any amount received will then reduce the amount of death benefit paid out.

ADDITIONAL ACCIDENTAL IN-LINE-OF-DUTY DEATH INSURANCE

- Florida Deputy Sheriff's Association- The Sheriff's Office provides accidental death/dismemberment coverage for full time employees. Coverage includes a benefit of one year's salary (not to exceed \$150,000) for accidental death/ dismemberment and may also include benefits for education.
- Florida Statutes 112.19- The Sheriff's Office provides in line of duty coverage for accidental death/ dismemberment. See statute for current benefit amounts.
- Federal Public Safety Officer's Benefit Act (PSOB)- In line of duty benefit, see www.psob.gov for current benefit amount.
- You may update your beneficiary information on [PlanSource](#)

NAME AND CHANGE YOUR BENEFICIARIES

It is important to designate a primary and contingent beneficiary. The following coverages allow a beneficiary to be named: Basic life, Voluntary life, Critical Illness, Accident, Hospital Indemnity, additional Accidental Death Benefits, FRS Investment and FRS Pension Plan. You can name one or more people, the trustee of a trust you've set up, a charity, or an estate. The allocation of the funds must equal 100%. You can name or change your beneficiaries at any time by logging into [PlanSource](#)

Voluntary Life



Voluntary Life insurance is available to employees as well as dependents on an optional basis and is provided through The Standard. Employees must elect Voluntary Life Insurance for themselves in order to elect either Spouse and/ or Child Voluntary Life. Additional life insurance costs are available on PlanSource. Imputed income may apply.

	EMPLOYEE	SPOUSE	DEPENDENT
Maximum Benefit	\$500,000	\$150,000	\$10,000
Increment	\$10,000	\$5,000	\$2,000
Guaranteed Issue	\$300,000	\$25,000	All amounts are guaranteed issue

IMPORTANT TO KNOW

Frequently asked questions

My spouse also works for St. Johns County. Can we both buy coverage?

You may both purchase supplemental employee coverage. However, an employee can only be insured as an employee or a dependent, but not both. Additionally, employees and spouses who both work for St. Johns County may not cover the same dependent child(ren).

Does the coverage amount change based on my age?

The amount of coverage will reduce to 65% at age 65, to 50% at age 70 and to 35% at age 75.

Can I continue this coverage if my employment ends?

Coverage may be continued through Portability or Conversion if certain criteria is met. See the Portability and Conversion explanations and criteria in the Basic Life and AD&D section of this booklet for more information.

Do I have to fill out a medical questionnaire?

Initial elections in excess of the guarantee issue amounts and late enrollees must complete evidence of insurability (EOI). You will be directed to go to [The Standard](#) website to complete the medical questions online. You will need your Group number **164622**. Premium subject to EOI will not be deducted from your pay until you have been approved. Premiums are deducted on a post-tax basis.



Long-Term Disability Income



LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job. The full premium is paid by St. Johns County Sheriff's Office.

LONG-TERM DISABILITY INCOME	
Elimination Period The amount of time you must wait between an illness or disability begins and when you can start receiving benefits.	180 days
Benefits Payable Duration	2 years (Own Occupation) or to Social Security Normal Retirement Age (SSNRA)
% of Income Replaced	60% of your Monthly Predisability Salary
Maximum Benefit Amount	\$5,000 monthly benefit less any other income benefit

Voluntary Short-Term Disability

We offer short-term disability benefits to all eligible full-time employees through **The Standard**. This coverage is to protect you and your family in the event that a short-term disability prevents you from performing the duties of your occupation. STD coverage protects your income due to injury or illness. To receive benefits, your claim must be approved by The Standard. See a brief summary of benefits below:

SHORT-TERM DISABILITY INCOME	
Waiting Period Illness/Accident	14 days, benefits begin on the 15th day
Max Benefit Duration	24 weeks
% of Income Replaced	60% of your weekly earnings
Maximum Benefit Amount	Up to \$1,000 per week
Pregnancy Coverage	Up to 6 weeks, or up to 8 weeks for a C-section

IMPORTANT TO KNOW

Why disability coverage is important

We understand that for most of us our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. Since Disability Insurance supplements your lost income, it is commonly referred to as Income Replacement Insurance.

Short-Term Disability is designed to provide income replacement for up to 6 months. Your employer offers the option to purchase Short-Term Disability.

Long-Term Disability is designed to provide income replacement anywhere from 2 years or until age 65, depending on your policy's provisions. Your employer provides Long-Term Disability at no cost to you.

Emergency Travel Assistance



All full-time benefit eligible employees have FREE access to emergency travel assistance through The Standard. Service is available when members experience travel or health emergencies more than 100 miles (150km) from home or internationally for up to 180 days for business or pleasure.

From the mobile app, you can use valuable travel resources including, one-touch access to Assist America's Emergency Operations, Worldwide travel alerts, mobile ID card and Embassy locator.

Contact Travel Assistance at 800.872.1414 / Reference Number 01-AA-STD-5201 Text: 609.334.0807

Email: medservices@assistamerica.com



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains



Connection to medical care providers, interpreter services, local attorneys, and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Life Services Toolkit

The Standard has partnered with Health Advocate to offer online tools and services, which can help you create a will, make advance funeral plans, and put your finances in order.

800-378-5742 • www.standard.com/mytoolkit • User Name: assurance

Estate Planning Assistance: Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and health care agent forms.

Financial Planning: Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters.

Identity Theft Prevention: Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.

Funeral Arrangements: Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

Beneficiary Services: Life insurance beneficiaries can access services for 12 months after the date of death, or 12 months after the date of payment for recipients of an Accelerated Benefit.

Supplemental Benefits



Supplemental plans are offered through **The Standard** and provide benefits which pay directly to you regardless of any other insurance you may have. These plans help with the medical and personal expenses incurred when a person is undergoing treatment. Costs of the plans will vary by employee. You can choose to cover an eligible spouse and children.

HOSPITAL INDEMNITY	
Hospital Coverage	
Admission (once per year)	\$1,500
Confinement (60 day limit)	\$200/day
ICU Confinement* (15 day limit)	\$350/day for ICU

*Pays in addition to the Hospital Confinement benefit.

ACCIDENT PLAN	
Accidental Death Benefit	
Employee	\$200,000
Spouse	\$100,000
Child	\$50,000
Line of Duty Benefit	
Public safety officers (police, corrections, judicial)	100% of AD&D
Dismemberment Loss & Paralysis	
Per Injury	\$25,000-\$100,000
Injuries	
Per Injury	Ranging from \$650-\$12,000
Medical Services & Treatments	
Per Issue	Ranging from \$400-\$1,500
Hospital Coverage (per accident)	
Admission	\$2,500 / \$5,000 (ICU)
Confinement	\$700/day
Physician Follow Up:	\$1,400/ day (ICU)
Physical Therapy (up to 6 visits)	\$450
	\$450
Ambulance	
	\$600 for ground \$1,500 for air
Health Maintenance Screening	\$50
Lodging Benefit (30 day limit per year)	\$200/ day

CRITICAL ILLNESS	
Benefit Amount	
Employee	\$10,000 to \$30,000 ¹
Spouse	\$5,000 to \$15,000
Recurrence Benefit	100% if treatment free for 6 months
Vascular Conditions	100%-Heart Attack 100%-Stroke 25%-Coronary Artery Bypass Surgery
Organ Conditions	100%-Major Organ Transplant 100%-End Stage Renal Failure
Cancer	100%-Invasive Cancer 25% -Cancer in Situ (non-invasive cancer)
Other Conditions	100%-Advanced Alzheimer's 100%-Advanced Parkinson's 100%-Advanced Multiple Sclerosis
Health Maintenance Screening	\$50

¹Employee benefit amount in increments of \$10,000. Spouse benefit amount in increments of \$5,000. Dependents are automatically covered from live birth to age 26 at no extra cost. Their coverage amount is 50% of your benefit.

IMPORTANT TO KNOW

Frequently asked questions

What is the Health Maintenance Screening Benefit?

Each family member who has The Standard Accident and/or Critical Illness coverage can receive \$50.00 per policy per year.

Voluntary Cancer Support GENOMIC LIFE

St. Johns County provides the Genomic Life benefit to help navigate genomics that matter to you. Understanding your unique genetics helps uncover health risks, inform treatment, and offer effective approaches to optimize health. The program comprises the following valuable features:

ESSENTIAL GENOMICS

A suite of genetic tests offering insights into health and predisposition to diseases, specifically cancer. The genetic tests and features include:

- **Genetic Health Screen** - Identifying elevated health risks for cancer, cardiac disease, and other critical illnesses
- **Carrier Screening** - uncovers genetic insights from both partners during family planning which help mitigate the risk of serious illness in offspring
- **Pharmacogenomics**- Analyzes the unique way an individual responds to medications to optimize treatment, maximize effectiveness, and minimize side effects
- **Genomic Life Platform** - securely and easily access your test results and share with your medical team at any time
- **Member Support** - ongoing support and personalized actions based on test results

IF DIAGNOSED WITH CANCER

If diagnosed with cancer, a cancer survivor, or have significant family risk of cancer, you have access to features such as:

- A dedicated cancer navigator
- Coordination of Care
- Ongoing patient advocacy and caregiver support
- Tumor genomic profiling as needed to help determine treatment
- Expert Pathology Review as needed to ensure correct diagnosis with 2nd opinion review
- Diagnostic Inherited Cancer Panel



Employee Assistance Resources

Our employee's well-being is of the utmost importance. We want to equip all employees with available mental health tools and resources.

These benefits are to help you and your family find the information and care that fits your needs. This includes multiple ways to access care via in-person, telephonic, app-based, and virtual modalities.

SJSO

Peer Support:

sopeersupport@sjso.org

Chaplains:

sochaplains@sjso.org

Shield Advocate:

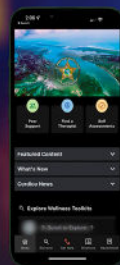
Dr. Tracy Hejmanowski

thejmanowski@sjso.org

(904) 295-6381



Download the
Cordico Wellness App today!



Scan the QR code to install
the wellness app.

LOGIN INFORMATION:
Department ID
SJC20-4476
Department Code
Sheriff

You do so much to serve and take care
of others, now take care of yourself.



SPRING HEALTH

Get support when it's convenient for you. Each member gets six (6) free therapy sessions and (6) free coaching sessions per year!

Download the Mobile app: Work-life code: sjc

Visit: springhealth/support

Call: 855-629-0554

General support: M-F, 8am-11pm ET

Crisis support: 24/7

Spring Health

- Dedicated guidance
- Wellness Library
- Personalized Care
- Diverse Providers
- Medication Management



LUCET PARTNER OF FLORIDA BLUE

If you are enrolled in the Florida Blue Medical plan, your health insurance includes behavioral health benefits like mental health services, substance use treatment and more.

Visit: <https://lucethealth.com/>

Call: 866-287-9569

- Locate in-network behavioural health providers, specialty doctors and treatment facilities

Lucet



Scan here to call Lucet.

HEALTH ADVOCATE

3-EAP sessions administered by Health Advocate. Available to all benefits eligible employees and dependents for 24/7 day-to-day challenges to sudden critical events.

Visit: healthadvocate.com/standard3

Call: 877-851-1631



ST JOHNS COUNTY SHERIFF'S OFFICE WELL-BEING

Mission:

To improve the health, well-being, and quality of life for all St. Johns County Sheriff's Office employees and their families by empowering them to promote and model positive attitudes and behaviors through a lifelong commitment to wellness.



The St. Johns County Sheriff's Office offers a workplace wellbeing program designed to engage employees in becoming healthier and happier at work and home. Our program is designed to encourage employees to maintain or adopt new healthy behaviors. Most importantly, employees are encouraged to pay attention to their health and play an active role in improving it.

WELL-BEING BENEFITS

- Heart Health Programs
- Annual Well Being Expo
- Quarterly Challenges
- Financial Advisors
- 24/7 Fully Equipped Gyms
- Personal Trainers
- Yoga Classes
- Nutritionist Consultation
- Lunch and Learns
- Cordico Wellness App
- Blood Pressure Kiosk
- Fresh Fruit Baskets
- Dermatology Services
- Dental Services
- Vaccination Clinics
- Peer Support Group Services
- Chaplain Services
- Mental Wellness Counselor
- Random Acts of Kindness
- And Much, Much, More



Deferred Compensation

Lincoln Financial Group | 800.234.3500 | lfg.com



Helps reduce your taxable income since contributions to your 457 Traditional is pre-tax.



Automatic payroll deductions help you make saving for your retirement a habit.



Any money you put into the plans is yours to keep-even if you change jobs.

The St. Johns County Sheriff's Office Deferred Compensation Plan is closely monitored by professionals to ensure cost efficient investment options that are in the best interest of our employees. Our Plan provide employees an opportunity to save more and generate additional income in retirement. All full time and part time employees are able to participate.

What is a Traditional 457?

The 457 plan is an IRS-sanctioned, tax-advantaged employee retirement plan. This plan is offered only to public service employees.

What is a Roth 457?

Designated Roth Contributions are a contribution type that allows participants to put aside after-tax dollars for retirement. Because Roth Contributions have already been taxed, unlike Pre-tax Contributions, distributions of Roth Contributions are not taxable, and any investment earnings can be withdrawn tax-free if requirements are met.

What is the difference between a Traditional 457 or Roth 457?

The main difference is that traditional Pre-tax Contributions are deferred from a participant's pay on a Pre-tax basis while Roth Contributions are made on an after-tax basis. Pre-tax Contributions (and earnings) are taxable to the participant upon distribution from the plan while Roth Contributions (and earnings) are not taxable if the distribution is a Qualified Distribution.



Florida Retirement System (FRS)

St. Johns County is an FRS participating employer. Employees may choose one of two retirement plan options, the FRS Pension Plan, or the FRS Investment Plan. Both plans include employer and mandatory employee contributions.

FLORIDA PENSION PLAN (FPP)

The FPP is known as a Defined Benefit plan, which is an employer-sponsored retirement plan under which members are promised a lifetime benefit at retirement if they meet certain age and/or service requirements. The benefit amount is based on the member's earnings, length of service, and service accrual value. Promised benefits are pre-funded by contributions made by the employer, employee, or both, plus investment earnings. All promised benefits to current and future retirees and other eligible beneficiaries are guaranteed under the plan. Members who participate in the FPP are eligible to join the Deferred Retirement Option Program or DROP, which is an elective program available for eligible members of the FRS Pension Plan, TRS, and SCOERS who are eligible for normal retirement. Under this program, a member effectively retires and continues covered employment for up to eight years. While in DROP, the member's monthly retirement benefits accumulate, earning interest and annual cost-of-living adjustments. When the DROP period concludes, the participant terminates covered employment and begins receiving a predetermined monthly retirement benefit, as well as the accrued DROP benefit.

FLORIDA INVESTMENT PLAN (FIP)

The FIP is known as a Defined Contribution Plan - which is an employer-sponsored retirement plan under which contributions are made by the employer and the employee to individual member accounts to generate funds for future distribution to the member. The benefit amount is the sum that accumulates in the member's account, based on contributions made, plus investment earnings, less fees and expenses. Members may have to meet certain age and/or service requirements to receive account accumulations. It is the responsibility of the member (employee) to ensure, through investment, that sufficient moneys are raised to provide adequate income in retirement.

For more detailed information on the plans offered by The Florida Retirement System, please go to <https://frs.fl.gov/#/login> or call the toll-free FRS Financial Guidance Line at 1-866-446-9377.

The above information is a brief summary of the retirement options available to FRS-covered employees and is not intended to include every program detail. Complete details can be found in Chapter 121, Florida Statutes, and the rules of the State Board of Administration of Florida in Title 19, Florida Administrative Code. In case of a conflict between the information in this publication and the statutes and rules, the provisions of the statutes and rules will control.

The following services are available to you as a FRS member. They are completely confidential, unbiased, and FREE.

WORKSHOP WEBCASTS



For dates and times, visit myfrs.com/workshop.htm. Attend as many of these free FRS financial planning workshops as you like. Sessions include *Using the FRS to Plan for Your Retirement*, *Estate Planning*, *Nearing Retirement*, and more.

ADVISOR SERVICE



This free online service can help you estimate your retirement needs, choose investments, and create a personal financial plan that includes FRS and non-FRS retirement accounts. To access the service, log in to [MyFRS.com](https://myfrs.com).

ELECTION CHOICE SERVICE



As a new hire, you can elect to join the Investment Plan or the Pension Plan. You may also change retirement plans one time during your FRS career. The **Choice Service** can help you with your initial election and with deciding whether changing plans by using your 2nd Election makes sense for you. Re-employed retirees enrolled July 1, 2017 or after are not eligible to use a 2nd Election. To access the service, log in to [MyFRS.com](https://myfrs.com) or call the MyFRS Financial Guidance Line at **866.446.9377**.

Key Contacts

MEDICAL	800.664.5295
Florida Blue Blue Options Network / Group: 13902	floridablue.com / Member Login > Tools > Find a Doctor and More
BlueCard Program National and Worldwide Coverage	800.810.BLUE (2583) provider.bcbs.com
Care Consultants Know Before You Go	888.476.2227 / floridablue.com Member Login > Tools > Compare Medical Costs or Compare Drug Prices
Care Centrix Durable Medical Equipment	877.561.9910
Teladoc	800.835.2362 / teladoc.com
PRESCRIPTION	844.278.5590
CVS Caremark CVS National Pharmacy Network Group: RX2787 Bin: 004336 PCN: ADV	Mail-Order: 866-284-9226 / Caremark Specialty: 800-237-2767 caremark.com
Specialty (24/7) / Retail 90 CVS Pharmacy	cvsspecialty.com
DENTAL	800.233.4013
Humana PPO Network / Group: 677885	humana.com
VISION	877.398.2980
Humana Insight Network / Group: 1014572	eyedoclocator.humanavis.com
FSAs and HRA	800.523.7542, Opt. 1
Medcom Employer Code: MCOJOHSHR	medcom.wealthcareportal.com / Employee ID: Social Security Number (no dashes) Registration ID: Select "Card Number", Enter Debit Card #
LIFE AND AD&D	888.937.4783
The Standard Group: 164622 Value-Added Services (at no additional cost)	standard.com EOI: https://myeoi.standard.com/164622 Life Services Toolkit: 800.378.5742 / Emergency Travel Assistance: 800.872.1414
SHORT & LONG-TERM DISABILITY	888.937.4783
The Standard Group: 164622	standard.com EOI: https://myeoi.standard.com/164622
VOLUNTARY COVERAGE	800.634.1743
The Standard Group: 164622 Critical Illness, Hospital Indemnity, Accident The Bailey Group , Dan Greene	standard.com 904.687.8389 / dgreene@mbaileygroup.com
Genomic Life Company Code: STJC-CGx-2021-0718	844.694.3666 genomiclife.com
MENTAL HEALTH & EMPLOYEE ASSISTANCE PROGRAM (EAP)	855.629.0554
Spring Health	sjc.springhealth.com
RETIREMENT	866.446.9377
Florida Retirement System (FRS)	866.446.9377 / MyFRS.com
Lincoln Financial Group (LFG)	800.234.3500 / lfg.com
RISK MANAGEMENT	904.209.2234
St. Johns County Sheriff's Office	SORiskmanagement@sjso.org http://sharepoint.sjso.org/homepage/gnsrv/risk/_layouts/15/start.aspx#/
BENEFIT ADMINISTRATION	904.461.1800
The Bailey Group	Debbie Weiner: dweiner@mbaileygroup.com Kaylah Cox: kcox@mbaileygroup.com Jasmine Castillo: jcastillo@mbaileygroup.com
PlanSource	benefits.plansource.com/?sjso
St. Johns County Web Resources	Employee Benefits: sjcbenefits.mbaileygroup.com
Well-Being & Engagement Email	stjohnswell@mbaileygroup.com