



2025

Retiree Benefits Guide



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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 SORiskmanagement@sjso.org

Deferred Compensation Plan Change

For individuals that participated in the Empower Deferred Compensation plan, the carrier administration has transferred to Lincoln Financial Group. For any questions, please see contact information below:

Phone: 1-800-234-3500

Visit: lfg.com



Note: We intend for this benefits guide to help you choose benefits offered by St. Johns County. This benefits guide is not representative of all plan provisions or rules. Please refer to each plan document for a full explanation of benefits. Each plan document is available on Plan Source under Document Library. Plan documents and rules prevail if there are any discrepancies with this benefits guide.

An electronic version of this benefits guide can also be found at <https://sjcbenefits.mbaileygroupp.com/>.

Benefits to Support Your Life Journey



This Benefits Guide provides an overview of the comprehensive benefits package the St Johns County Sheriff's Office offers to its retirees.

St. Johns County is self-funded for its medical, prescription, dental and vision coverage. Your premiums which are based on claims incurred in each plan/tier, as calculated by an independent actuary, are kept in a health insurance fund, along with the deposits that St. Johns County contributes toward your health insurance. A third party administrator is used to identify network providers, apply discounts, and pay claims, which are subtracted from the fund.

New for 2025

RETIREE RATES

Effective January 1, 2025, the following rate changes will take effect:

Grandfathered Rates

- PPO Plan rates will increase by 5% for 1-24 years of service and 3% for 25+ years of service.

Non-Grandfathered Under 65 and Over 65 Rates

- PPO Plan rates will increase 5%.
- PPO with HRA Plan rates will increase 5%.

MEDICARE

In addition to the plans offered by St. Johns County, you may have other opportunities for health insurance coverage through an individual medical or Medicare Supplement plan. With the implementation of the Affordable Care Act, you can no longer be turned down for an individual medical plan based on your past medical history or preexisting conditions. This means there may be less expensive coverage options available to you other than the County's insurance plan.

If you are interested in exploring other options please contact, The Bailey Group at 904-461-1800, visit the Federal Market Place website www.HealthCare.gov, or call 1-800-318-2596.





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.



Health Coverage
Florida Blue

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



Deferred Compensation
Lincoln Financial

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



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



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



Labwork
MyQuest

View your appointments and lab results securely and quickly



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Enrollment Basics

WHO YOU CAN COVER

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

ELIGIBLE DEPENDENTS	REQUIRED DOCUMENTATION
Spouse: The retiree's spouse under a legally valid existing marriage.	Marriage certificate
Dependent Child(ren): The retiree's natural, newborn, adopted, foster, or step child(ren) (or a child for whom the Retiree 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, hospital footprint record, or hospital record, naming the retiree as the child's parent OR appropriate court order/ adoption decree naming the retiree or retiree'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 retiree'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 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 benefits.plansource.com/?sjs0 or call SJSO Risk Management, 904.209.2234
- Supporting documentation should be uploaded into the enrollment portal at the time the change is requested
- **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.



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.

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.

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.

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

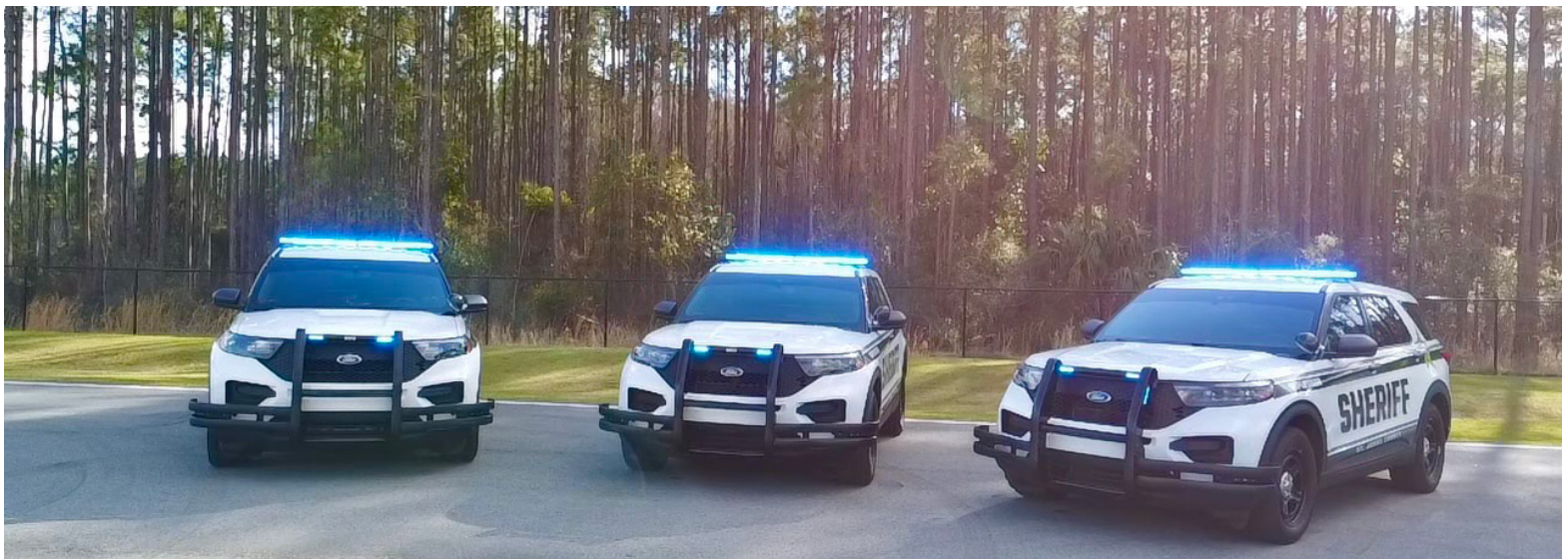
How to find a provider:

- 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
- Panic Disorder
- Depression
- Stress
- PTSD
- Grief
- Family/Marriage Issues
- Eating Disorders
- Substance Abuse
- Work Pressures
- Trauma resolution
- 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 cancelation fee will apply.*

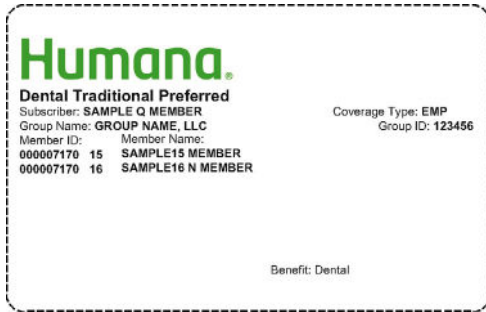


Consult: Speak with the selected provider and build an ongoing relationship.



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.

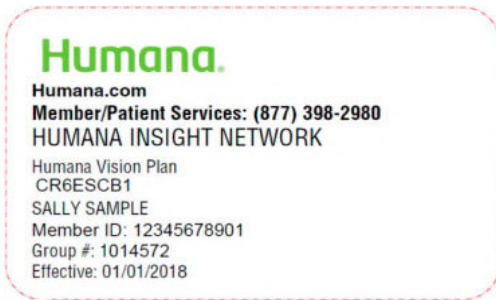
IN-AND OUT-OF-NETWORK

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.teledentix.com/c/humanaondemand)

Vision Plan



Your vision coverage is provided through **Humana**. All retirees 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.

ID cards are not mailed. 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	\$130 allowance
Medically Necessary Contacts	Paid in Full
<i>Benefits may be redeemed every 12 months</i>	

Extra Care for Diabetics

Diabetic Eye Care	\$0
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	Up to \$104
Medically Necessary Contacts	Up to \$200

Diabetic Eye Care

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

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

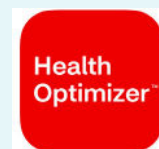
A screenshot of the Health Optimizer mobile app sign-up screen. The screen displays the title "Health Optimizer" and a link "Already have an account? Log in". Below this are two input fields for email and password, each with a "Show" or "Hide" toggle. The next section asks "What type of diabetes do you have?" with radio buttons for "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 radio buttons for "Yes" and "Type 2". Under "Yes", there are three checkboxes: "Pills and/or injection (not insulin)", "Insulin at bedtime/fasting" (which is checked), 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 Sharepoint.

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	\$0	\$0
Primary Care Physician	\$35	\$35
Specialist	CYD + 20%	CYD + 20%
Urgent Care	\$35	\$35
Mental Health		
Teladoc Virtual Visits	\$35	\$35
Specialist	CYD + 20%	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	\$150/\$250	CYD + 20%/CYD + 25%
Ambulatory Surgery Center	\$100	CYD + 20%
Outpatient Diagnostic Tests		
Hospital - Level 1/Level 2	\$150/\$250	CYD + 20%/CYD + 25%
Quest Diagnostics (Lab/Blood work)	\$0	\$0
Independent Testing Facility (X-rays, MRI, CT, PET, etc.)	\$100	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 and Chiropractic*		
Combined days/visits. *More than 5 chiropractic visits require provider authorization through Florida Blue/ASH.	35	35
Home Health Care Visits	20	20
Inpatient Rehabilitation Days	30	30
Skilled Nursing Facility Days	60	60

Medical, Prescription, Dental, Vision and Life Insurance

Health Benefits are bundled and not available for standalone enrollment. Your retiree costs for this plan year are based on your choice of plan, coverage tier, and years of service with St. Johns County. Listed below are monthly (12) costs for you and your dependents effective January 1, 2025:

Grandfathered Rates (Retired Prior to 1/1/2009)

Monthly Retiree Cost	PPO 1-24 Years	PPO 25+ Years
Retiree Only	\$400	\$357
Retiree + Spouse	\$635	\$566
Retiree + Child(ren)	\$567	\$505
Retiree + Family	\$732	\$652

Non-Grandfathered Rates (Retired On or After 1/1/2009)

	Years of Service					Years of Service			
PPO Over 65	1-19 Years	20-24 Years	25-29 Years	30+ Years	PPO Under 65	1-19 Years	20-24 Years	25-29 Years	30+ Years
Retiree Only	\$ 752	\$ 752	\$ 712	\$ 594	Retiree Only	\$ 752	\$ 752	\$ 752	\$ 726
Retiree + Spouse	\$1,884	\$1,876	\$1,608	\$1,340	Retiree + Spouse	\$1,884	\$1,884	\$1,884	\$1,639
Retiree + Child(ren)	\$1,359	\$1,359	\$1,271	\$1,059	Retiree + Child(ren)	\$1,359	\$1,359	\$1,359	\$ 1,295
Retiree + Family	\$2,462	\$2,153	\$1,846	\$1,539	Retiree + Family	\$2,462	\$2,462	\$2,257	\$1,882
PPO with HRA Over 65	1-19 Years	20-24 Years	25-29 Years	30+ Years	PPO with HRA Under 65	1-19 Years	20-24 Years	25-29 Years	30+ Years
Retiree Only	\$ 618	\$ 476	\$ 408	\$ 340	Retiree Only	\$ 618	\$ 586	\$ 503	\$ 418
Retiree + Spouse	\$1,150	\$ 805	\$ 690	\$ 575	Retiree + Spouse	\$1,414	\$ 990	\$ 849	\$ 707
Retiree + Child(ren)	\$1,025	\$ 718	\$ 615	\$ 512	Retiree + Child(ren)	\$ 1,148	\$ 883	\$ 756	\$ 630
Retiree + Family	\$1,320	\$924	\$ 792	\$ 659	Retiree + Family	\$1,624	\$ 1,137	\$ 974	\$ 812

Spousal Surcharge

Spouses of St. Johns County retirees 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.

How to Find a Provider

Florida Blue, CVS/Caremark and Humana offer quick and easy tools to help you find an in-network doctor, specialist or pharmacy in your area. Never rely on your medical or dental provider to tell you whether they are in or out-of-network. You can call the Customer Service number or go online and look up providers.

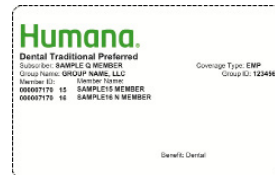
Medical - Florida Blue

- 800.664.5295
- floridablue.com



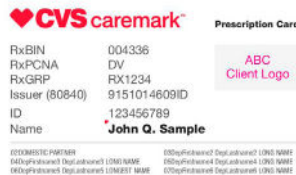
Dental - Humana

- 800.233.4013
- humana.com



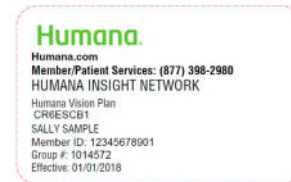
Prescription - CVS Caremark

- 844.278.5590
- caremark.com



Vision - Humana

- 877-398-2980
- eyedoclocator.humanavis.com



BlueCard Program

When you're a Florida Blue member, you take your healthcare benefits with you across the country and around the world. The BlueCard Program gives you access to doctors and hospitals almost everywhere, giving you the peace of mind that you'll be able to find the healthcare provider you need.



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).

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.

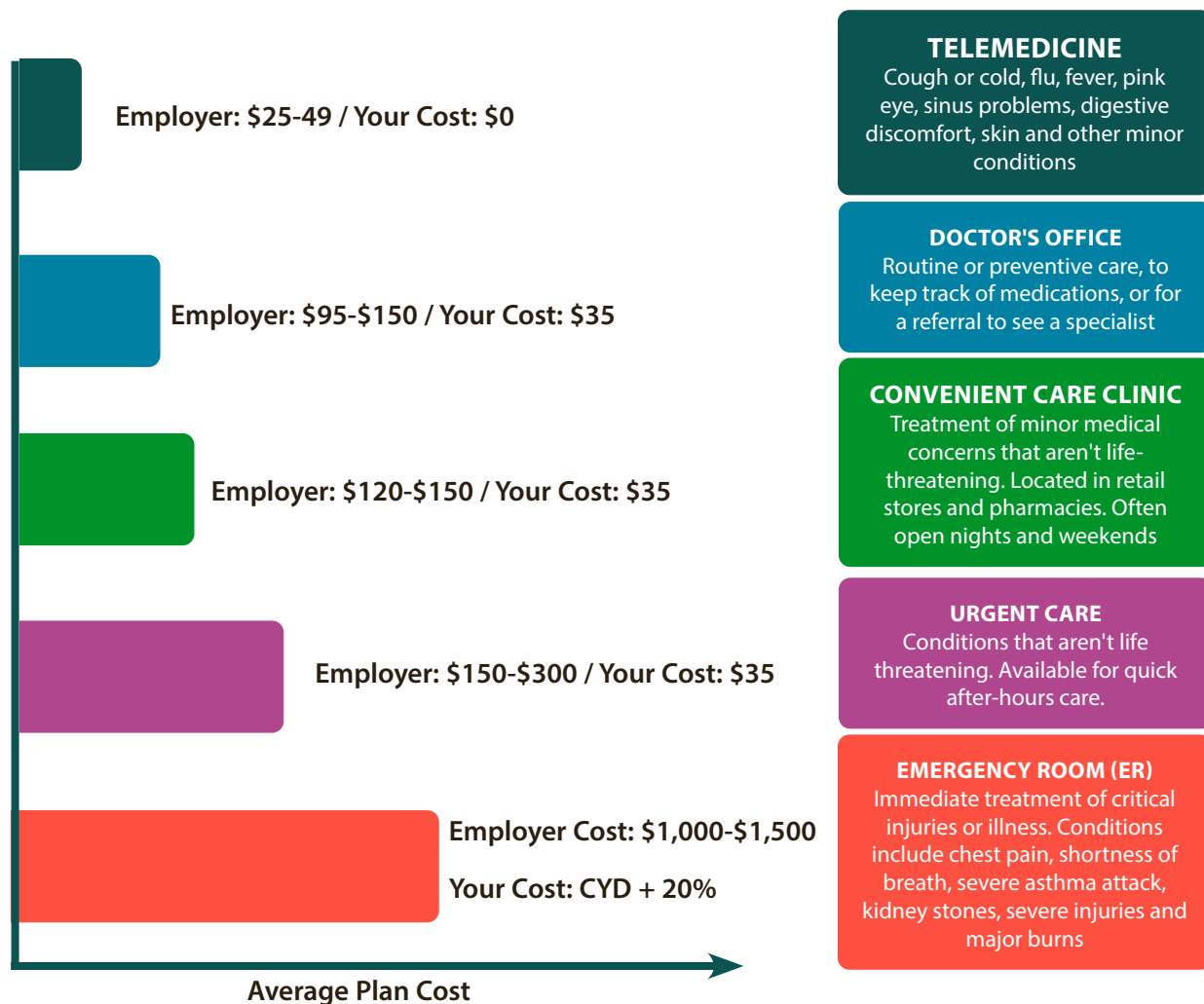
Nobody knows you better than your physician

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.



Health Reimbursement Account (HRA)



A Health Reimbursement Account (HRA) is an employer-funded account that is designed to reimburse you for qualified out-of-pocket expenses. All retirees 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
- You can use your HRA to pay for qualified medical, prescription, dental, and vision expenses for yourself and your dependents enrolled on the health plan
- The account is completely funded by St. Johns County

Who administers our HRA

- The HRA is administered by Medcom
- You will receive a Debit 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 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

IMPORTANT TO KNOW

Employer Annual Contribution

\$600 -Retiree Only

\$1,000-Retiree and Spouse

\$1,000-Retiree and Children

\$1,500-Retiree and Family

IMPORTANT TO KNOW

Auto-Substantiation for an 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.

Medcom will take care of the rest! 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 CVS/RX because most vendors are able to auto-substantiate at point of sale.



Basic Life



St. Johns County provides all retirees enrolled on one of the St. Johns County Medical Plans with Retiree Basic Life coverage through **The Standard**.

BASIC LIFE INSURANCE COVERAGE AMOUNTS

All Eligible Retirees

\$10,000

Note: This benefit does not include spouse life insurance.

BENEFICIARIES 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. Supportive services can help your beneficiary cope after a loss.
- Grief support (up to six face-to-face sessions with a professional counselor and unlimited phone support).
- Legal services (schedule an initial 30-minute office and a telephone consultation with a network attorney, and receive a 25% rate reduction for retaining the same attorney).
- Financial assistance (unlimited phone access to financial counselors for your beneficiaries).



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.

Retiree Assistance Resources

Our Retirees well-being is of the utmost importance and we want to equip you 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:

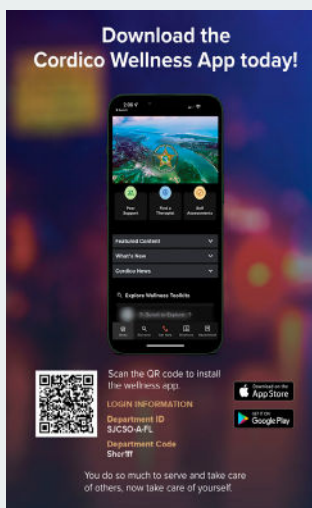
sochaplains@sjso.org

Shield Advocate:

Dr. Tracy Hejmanowski

thejmanowski@sjso.org

(904) 295-6381



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

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

Spring Health



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

IMPORTANT NOTICE FROM ST. JOHNS COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Plan Administrator has determined that the prescription drug coverage offered by your employer's group medical plan is, on average for all participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan and drop your current coverage under the employer group medical plan, be aware that you and your dependents will not be able to get this coverage back. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact Risk Management for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer group medical plan changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

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

For more information about Medicare prescription drug coverage:

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

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

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

ST. JOHNS COUNTY NOTICE OF PRIVACY PRACTICES

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the health plan that compiled it. However, you have certain rights with respect to the information. You have the right to:

- Receive a copy of this Notice of Privacy Practices from us upon enrollment or upon request.
- Request restrictions on our uses and disclosures of your protected health information for treatment, payment and health care operations. We reserve the right not to agree to a given requested restriction.
- Request to receive communications of protected health information in confidence.
- Inspect and obtain a copy of the protected health information contained in your medical or billing records and in any other of the organization’s health records used by us to make decisions about you.
- Request an amendment to your protected health information. However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request: was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment; is not part of your medical or billing records; is not available for inspection as set forth above; or is accurate and complete. In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.
- Receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you, except for disclosures: to carry out treatment, payment and health care operations as provided above; to persons involved in your care or for other notification purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; for national security or intelligence purposes; that occurred prior to the date of compliance with privacy standards (April 14, 2003 or April 14, 2004 for small health plans); incidental to other permissible uses or disclosures; that are part of a limited data set (does not contain protected health information that directly identifies individuals); made to plan participant or covered person or their personal representatives; for which a written authorization form from the plan participant or covered person has been received
- Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of

obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

- Receive notification if affected by a breach of unsecured PHI

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

Treatment: We may use or disclose your health information without your permission for health care providers to provide you with treatment.

Payment: We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.

To Carry Out Certain Operations Relating to Your Benefit Plan: We also may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications of health care professionals, placing contracts for stop-loss insurance and conducting quality assessment activities.

To Plan Sponsor: Your protected health information may be disclosed to the plan sponsor as necessary for the administration of this health benefit plan pursuant to the restrictions imposed on plan sponsors in the plan documents. These restrictions prevent the misuse of your information for other purposes.

Health-Related Benefits and Services: We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your protected health information for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing health plan coverage, and about health-related products and services that may add value to your existing health plan.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. An example might include a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Limited Data Sets: We may use or disclose, under certain circumstances, limited amounts of your protected health information that is contained in limited data sets. These circumstances include public health, research, and health care operations purposes.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related

to other law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

For Purposes For Which We Have Obtained Your Written Permission: All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

INFORMATION WE COLLECT ABOUT YOU

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

GENETIC INFORMATION

We will not use genetic or disclose genetic information or results from genetic services for underwriting purposes, such as:

- Rules for eligibility or benefits under the health plan;
- The determination of premium or contribution amounts under the health plan;
- The application of any pre-existing condition exclusion under the health plan; and
- Other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our services or benefits, the new notice will be posted on that Web site. Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY

We restrict access to nonpublic personal information about you to those retirees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY FOR E-MAIL COMMUNICATION

If you choose to communicate with us via e-mail, please be aware of the following due to the nature of e-mail communication: (a) privacy and security of e-mail messages are not guaranteed (b) we are not responsible for loss due to technical failures and (c) e-mail communication should not be used for emergencies or time and content sensitive issues.

POTENTIAL IMPACT OF STATE LAW

In some circumstances, the privacy laws of a particular state, or other federal laws, provide individuals with greater privacy protections than those provided for in the HIPAA Privacy Regulations. In those instances, we are required to follow the more stringent state or federal laws as they afford the individual greater privacy protections. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of Protected Health Information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, and reproductive rights.

NOTICE OF PRIVACY PRACTICES AVAILABILITY

You will be provided a hard copy for review at the time of enrollment (or by the Privacy compliance date for this health plan). Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site (if applicable Web site exists) for downloading.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our HIPAA Privacy Officer at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints. The contact information for both is included below.

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

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

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- 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 HR Department.

CHIPRA - PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

FLORIDA – Medicaid

Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html>

Phone: 1-877-357-3268



[illegible]

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
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	888.937.4783
The Standard Group:164622 Value-Added Services (at no additional cost)	standard.com Life Services Toolkit: 800.378.5742 Emergency Travel Assistance: 800.872.1414
MENTAL HEALTH SUPPORT	855.629.0554
Spring Health	sjc.springhealth.com
DEFERRED COMPENSATION	800.234.3500
Lincoln Financial Group (LFG)	lfg.com
RISK MANAGEMENT	904.209.2234
St. Johns County Sheriff's Office	SORiskmanagement@sjso.org http://sharepoint.sjso.org/homepage/gnsv/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