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Dear Plan Members:

Welcome to your 2016 Benefits-at-a-Glance Booklet! This booklet contains essential information for you about the benefits provided to you by St. John's County School District. Staff from HR Benefits and The Bailey Group office will be coming to your school during the month of October to provide you with answers to questions you may have.

*Last year, we began offering two medical plans with different plan designs and different premiums. These choices are still available to you. The spousal surcharge began for any employee who has a spouse on the SJCS District medical plan who is offered employer-sponsored insurance outside of the school district. The surcharge is $35 per pay period. If there have been any changes to your spouse's employment, you will need to update the Spousal Surcharge Affidavit form and submit by Friday, October 30, 2015. You can find the form on www.hrconnection.com.

*The 2016 PPACA Reinsurance Fee has decreased to $44 per member on the medical plan, and is required to be submitted to the Department of Health and Human Services. The SJCS District will pay the fee for the employee and the employee will be required to cover the cost of their dependents. Beginning January 15, 2016, the surcharge amount will decrease from $63 per dependent to $44.

*Premiums increased effective July 1, 2015. By raising premium rates, we began to stabilize the Medical Fund, which pays for the claims that members of the self-funded medical plan incur. We are fortunate to have wonderful benefits and the ability to improve the fiscal position of the plan!

*New for 2016: SJCS District recently changed the Medical Prescription provider to Express Scripts, effective January 1, 2016. It is our expectation that this new Pharmacy Benefits Manager will provide increased savings to the Medical plan's prescription costs, generating an overall positive effect on the bottom line. We have worked diligently to make this transition seamless.

* Do you participate in the Flexible Spending Account program? No matter which medical plan you're enrolled in, you can enroll in the Medical and/or Dependent Day Care Flexible Spending Accounts to save money on certain expenses throughout the year. You can now elect up to $2,550 in your Medical FSA. Enrollment is annual and your dollars are taken out pre-tax. See page 10 for more details!

In good health,

Cathy Weber
Director of Salaries and Benefits
SJCS District Insurance Plan Administrator
On the Home tab you will find important communications, recommended links and frequently used files.

BENEFITS PORTAL

www.HRconnection.com
User Name: Sjcsd01        Password: Sjcsd01
Both the User Name and Password are Case Sensitive!

St. Johns County
School District

Welcome to the St. Johns County School District's Benefits portal.

Check out the Benefits tab to find details on all benefits offered to employees, FAQ's and health news.

View the On-Site Health Centers tab for hours, appointment scheduling tips, and more.

Click the Wellness tab to find the latest on what's happening with the wellness program.

Login to SunGard with your E number and password

Florida Blue Information
Want to know where to go? How about what kind of wellness and care is offered to you? Check out the Florida Blue flyers for additional information!

You can access Employee Online through SunGard. Use your E Number and password to access your Open Enrollment Benefits Summary.

Click the Wellness tab to find the latest on what's happening with the wellness program.

Click on Employee Online and scroll down the left hand side menu to Benefits Summary. Click on Current Insurance to view your enrollments.

Benefits Summary
- Family Info
- Current Insurance: Add, Change or Terminate
- Hospital, Dental, Vision or Indemnity
- Medical/Dependent Daycare 125
- Retirement
- Additional Benefits Forms
- Additional Life Insurance

Connect to ifas_prod

User: 
Password: 
Login

On-Site Health Centers

View the On-Site Health Centers tab for hours, appointment scheduling tips, and more.

Login to SunGard with your E number and password

Benefits Summary
- Family Info
- Current Insurance: Add, Change or Terminate
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Benefits Summary
- Family Info
- Current Insurance: Add, Change or Terminate
- Hospital, Dental, Vision or Indemnity
- Medical/Dependent Daycare 125
- Retirement
- Additional Benefits Forms
- Additional Life Insurance

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## SELF-FUNDED INSURANCE

(RATES EFFECTIVE 7/1/2015)

<table>
<thead>
<tr>
<th>HOSPITAL INDEMNITY ONLY</th>
<th>19 Pay Periods</th>
<th>8/31/2015—5/31/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Rates:</strong></td>
<td></td>
<td><strong>SJCSD Employer Contributions:</strong></td>
</tr>
<tr>
<td><strong>MEDICAL - PPO HOSPITAL 1</strong> (STANDARD PLAN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$62.27</td>
<td>$313.55</td>
</tr>
<tr>
<td>Family with 2*</td>
<td>$131.94 ($65.97 per employee)</td>
<td>$757.30 ($378.65 per employee)</td>
</tr>
<tr>
<td>Family w/2 Single**</td>
<td>$124.54 ($62.27 per employee)</td>
<td>$757.30 ($378.65 per employee)</td>
</tr>
<tr>
<td>Family</td>
<td>$264.45</td>
<td>$624.80</td>
</tr>
<tr>
<td><strong>MEDICAL - PPO HOSPITAL 2</strong> (BUY-UP PLAN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$76.11</td>
<td>$313.55</td>
</tr>
<tr>
<td>Family with 2*</td>
<td>$197.43 ($98.72 per employee)</td>
<td>$757.30 ($378.65 per employee)</td>
</tr>
<tr>
<td>Family w/2 Single**</td>
<td>$152.22 ($76.11 per employee)</td>
<td>$757.30 ($378.65 per employee)</td>
</tr>
<tr>
<td>Family</td>
<td>$329.94</td>
<td>$624.80</td>
</tr>
<tr>
<td><strong>DENTAL Plan 1</strong></td>
<td>$0.00</td>
<td>$17.65</td>
</tr>
<tr>
<td>Single</td>
<td>$0.00</td>
<td>$17.65</td>
</tr>
<tr>
<td>Family with 2*</td>
<td>$4.00 ($2.00 per employee)</td>
<td>$35.30 ($17.65 per employee)</td>
</tr>
<tr>
<td>Family w/2 Single**</td>
<td>$0.00 ($0.00 per employee)</td>
<td>$35.30 ($17.65 per employee)</td>
</tr>
<tr>
<td>Family</td>
<td>$19.76</td>
<td>$17.65</td>
</tr>
<tr>
<td><strong>DENTAL Plan 2</strong></td>
<td>$5.57</td>
<td>$17.65</td>
</tr>
<tr>
<td>Single</td>
<td>$5.57</td>
<td>$17.65</td>
</tr>
<tr>
<td>Family with 2*</td>
<td>$20.30 ($10.15 per employee)</td>
<td>$35.30 ($17.65 per employee)</td>
</tr>
<tr>
<td>Family w/2 Single**</td>
<td>$11.14 ($5.57 per employee)</td>
<td>$35.30 ($17.65 per employee)</td>
</tr>
<tr>
<td>Family</td>
<td>$37.95</td>
<td>$17.65</td>
</tr>
<tr>
<td><strong>VISION</strong></td>
<td>$0.00</td>
<td>$5.82</td>
</tr>
<tr>
<td>Single</td>
<td>$0.00</td>
<td>$5.82</td>
</tr>
<tr>
<td>Family with 2*</td>
<td>$3.48 ($1.74 per employee)</td>
<td>$11.46 ($5.73 per employee)</td>
</tr>
<tr>
<td>Family w/2 Single**</td>
<td>$0.00 ($0.00 per employee)</td>
<td>$11.46 ($5.73 per employee)</td>
</tr>
<tr>
<td>Family</td>
<td>$7.42</td>
<td>$7.52</td>
</tr>
</tbody>
</table>

(1) If you make a change during Open Enrollment, your premiums will be at a pro-rated amount from December 11, 2015 - May 31, 2016. You will have coverage through September 30, 2016, regardless of whether you continue with SJCSD in 2016-2017. If you do continue, your premiums will revert to the normal premiums stated above. The rates are subject to change if there are rate increases during the plan year.

(2) If you cover a spouse on SJCSD medical plans, and the spouse is offered medical coverage through their employer, you will be assessed a $35 Spousal Surcharge in addition to your per-pay-period medical deduction. Each employee who covers dependents (spouse, child (ren)) will be assessed a $44 PPACA (Affordable Care Act) fee that will be deducted over 19 paychecks. For example, if you cover 2 dependents, you will pay $88, which is $4.63 per paycheck when spread over 19 paychecks.

(3) *Family with 2 - Both you and your spouse are employed full-time with SJCSD with children enrolled on the insurance policy. The total premiums will be divided equally among BOTH employee’s paychecks. **Family w/2 Single Rate - Both you and your spouse are employed full-time with SJCSD with NO children enrolled on the insurance policy. Both Employees are considered Family w/2, but premiums will be deducted at the SINGLE rate.

(4) Please note: Premium deductions are taken out pre-tax with your permission.
### MEDICAL
(Administered by Florida Blue)

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

### PHARMACY
(Administered by ESI)

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

<table>
<thead>
<tr>
<th>Employee Cost Per Pay Period for Hospital Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Family with 2*</td>
</tr>
<tr>
<td>Family w/2 Single**</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

*By utilizing the mail-order program, you pay for 2 months of supply but receive 3!* **All major chain pharmacies participate in the Retail 90 maintenance network.**

*If you make a change during Open Enrollment, your premiums will be at a pro-rated amount from December 11, 2015 - May 31, 2016. You will have coverage through September 30, 2016, regardless of whether you continue with SJCSD in 2016-2017. If you do continue, your premiums will revert to the normal premiums stated above. The rates are subject to change if there are rate increases during the plan year.

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

<table>
<thead>
<tr>
<th>Network</th>
<th>Dental 1 (Standard Plan)</th>
<th>Dental 2 (Buy-Up Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Calendar Year Deductible CYD Per Individual</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Family Maximum</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Calendar Year Maximum Payable Per Individual</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Surgical extraction of impacted wisdom teeth</td>
<td>$1,000</td>
<td></td>
</tr>
</tbody>
</table>

### Preventive Services

Plan pays 100% of Traditional Fee Schedule

### Basic Services

- Plan Pays
- Member Pays

<table>
<thead>
<tr>
<th>Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>70% of Traditional Fee Schedule</td>
<td>90%</td>
</tr>
<tr>
<td>CYD + 30%</td>
<td>CYD + 10%</td>
<td>CYD+Bill Balance</td>
</tr>
</tbody>
</table>

### Major Services

- Plan Pays
- Member Pays

<table>
<thead>
<tr>
<th>Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>50% of Traditional Fee Schedule</td>
<td>60%</td>
</tr>
<tr>
<td>CYD + 50%</td>
<td>CYD + 40%</td>
<td>CYD+Bill Balance</td>
</tr>
</tbody>
</table>

### Orthodontic Services

- Plan Pays
- Member Pays

Orthodontic Lifetime Maximum Insurance Payable per person $1,000

### Vision Plan

<table>
<thead>
<tr>
<th>Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$0.00</td>
<td>$5.57</td>
</tr>
<tr>
<td>Family with 2*</td>
<td>$4.00 ($2.00 per employee)</td>
<td>$20.30 ($10.15 per employee)</td>
</tr>
<tr>
<td>Family w/2 Single**</td>
<td>$0.00 ($0.00 per employee)</td>
<td>$11.14 ($5.57 per employee)</td>
</tr>
<tr>
<td>Family</td>
<td>$19.76</td>
<td>$37.95</td>
</tr>
</tbody>
</table>

### Vision Plan

<table>
<thead>
<tr>
<th>Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$0.00</td>
<td>$1.74</td>
</tr>
<tr>
<td>Family with 2*</td>
<td>$3.48 ($1.74 per employee)</td>
<td>$20.30 ($10.15 per employee)</td>
</tr>
<tr>
<td>Family w/2 Single**</td>
<td>$0.00 ($0.00 per employee)</td>
<td>$11.14 ($5.57 per employee)</td>
</tr>
<tr>
<td>Family</td>
<td>$7.42</td>
<td>$37.95</td>
</tr>
</tbody>
</table>

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HOSPITAL INDEMNITY

*The Hospital Indemnity Plan is free and only available to eligible employees who are not enrolled in the Florida Blue Medical plan.

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

ROUTINE PHYSICAL EXAMINATION:
Benefit includes one exam and/or one Health Risk Assessment (HRA) to be performed only at one of the three St. Johns County School District On-Site Health Centers. Limited to one exam and/or one HRA every consecutive 12-month period.
You do not receive an identification card for this plan and there are no payroll deductions for this benefit.
Claims for reimbursement under the HIP plan shall include a completed HIP Claim Form. Forms can be found on www.HRConnection.com
(Login information on the bottom of this page.)

---

Dependent Eligibility Documents

If you have not provided dependent eligibility documentation in the past for your dependents enrolled in Medical/Dental/Vision, you will be required to provide documentation no later than October 30, 2015.

For Spouse:
* A Certified copy of your Marriage Certificate **AND one of the following**

* A copy of the front page of your 2014 federal tax return confirming this dependent is your spouse OR a document such as a recurring monthly household bill, **dated within the last 60 days. The bill must include your spouse’s name and your mailing address.**

The document must list your spouse’s name, the date and your mailing address.

For Children up to age 26:
* A copy of the child’s birth certificate or adoption certificate naming you or your spouse as the child’s parent. If you are covering a stepchild and your spouse is not a covered dependent, you must also provide documentation of your current relationship to your spouse as requested above.

For Disabled Children age 26 or older:
* A copy of the child’s birth certificate (or hospital birth record) AND Evidence of Social Security Disability (SSD) showing parent/guardian and dependent names.

Submit documents to HR Benefits Department by Campus Mail, fax to (904) 547-7635, or email to Benefits_Documentation@stjohns.k12.fl.us by October 30, 2015.
Open Enrollment is the annual opportunity for employees to make changes to their Medical, Dental, Vision, Long-Term Disability, Short-Term Disability Voluntary Life, and Flexible Spending Accounts (Medical and/or Dependent Care) benefits for the upcoming benefit year.

OPEN ENROLLMENT PERIOD WILL BE HELD SEPTEMBER 30—OCTOBER 30, 2015.

Changes will be effective January 1, 2016.

MEDICAL/DENTAL/VISION INSURANCE INSTRUCTIONS FOR OPEN ENROLLMENT

STEP 1: Enter Dependent Information

Login to SunGard using your Employee ID and password. Click on the Employee Online tab.

In the Benefits Summary section on the left, select Family Info. Complete all of the following information for every dependent you want covered on any insurance benefit (Medical, Dental, Vision, or Additional Life).

Add your dependent’s First, Middle, Last Name (if they have a suffix, enter Last Name Suffix (e.g. Smith Jr)), Relationship, Date of Birth, Social Security Number (do not enter all 0 or all 9; must enter a legitimate Social Security Number), Gender, and check the box next to Address if they have the same address as you. If they do not have the same address, enter their address and phone number. You do not need to fill out any other information on this screen. Click SAVE button at the bottom of the page to save the dependent data. Click the Back button to return to the Family Info screen, and add the next dependent. Do this for every dependent you want covered on any insurance.

*Family with 2 - Both you and your spouse are employed full-time with SJCS&D with children enrolled on the insurance policy. The total premiums will be divided equally among both employee’s paychecks. **Family w/2 Single Rate - Both you and your spouse are employed full-time with SJCS&D with NO children enrolled on the insurance policy. Both Employees are considered Family w/2, but premiums will be deducted at the SINGLE rate.

• Male spouse of the family w/2 & Children or family w/2 Single Rate is required to add ALL of their dependents under Family Info in Employee Online, by placing a check mark next to each dependent covered. Then, he will select all of his dependents who are to be covered under Medical, Dental, and vision insurance, and select Family w/2.

• Female spouse of the family w/2 & Children or family w/2 Single Rate will NOT have any dependents. She will select Family w/2 (Children/Spouse) or Family w/2 Single – No dependents for Medical, Dental, and Vision insurance.

STEP 2: Modify Current Insurance

Login to SunGard and click on the Employee Online tab. In the Benefits Summary section on the left, select Current Insurance: Add, Change, or Terminate Hospital, Dental, Vision, or Indemnity.

To add or change coverage:

For each benefit you would like to modify, select the coverage type (such as HOSPITAL, DENTAL, VISION), then select the Plan Name (such as HOSPITAL 1) and choose the pre-tax or post-tax plan option. On the Switch Insurance Benefit or Update Insurance Benefit screen if modifying the current insurance plan (e.g. moving from Single to Family), select the coverage category that you want to enroll in and select the dependents to enroll by clicking in the box next to their name. In the Change Events dropdown box, click on “Open Enrollment.” Enter “Effective 1/1/16” in the Reason for Change text box. Save and move on to the next benefit you’re updating. The status will change to PENDING for any benefits modified during Open Enrollment.

To terminate employee/dependents from coverage:

For each benefit you would like to modify, select the coverage type (such as HOSPITAL, DENTAL, VISION), then select the Plan Name (such as HOSPITAL 1) and choose the pre-tax or post-tax plan option. On the Switch Insurance Benefit or Update Insurance Benefit screen if modifying the current insurance plan (e.g. moving from Single to Family), select the coverage category, such as Single, that you want to change. Select the dependents to discontinue by unchecking the box next to their name. Click on the Change Event dropdown box to click on “Open Enrollment.” Enter “Effective 1/1/16” in the Reason for Change text box. Save and move on to the next benefit you’re updating. The status will change to PENDING for any benefits modified during Open Enrollment.

Delete Pending Open Enrollment Changes:

Select Current Insurance: Add, Change, or Terminate Hospital, Dental, Vision, or Indemnity to delete pending changes. On the Current Eligible Insurance Benefit screen, select the appropriate benefit (HOSPITAL, DENTAL, VISION). On the Update Insurance Benefit screen, click on the box "Delete this request" button, click SAVE.

STEP 3: Submit Dependent Eligibility Documents

If you submitted your dependent’s eligibility documents during the Dependent Verification Audit, April 2013, or after to the Benefits Department, who you are enrolling or increasing coverage during Open Enrollment 2016, for Hospital, Dental, Vision, or Additional Life Insurance, you are not required to resubmit the dependent eligibility documents.

For each dependent you are enrolling/updating for Medical, Dental, Vision, or Additional Life insurance, you must provide a copy of valid Dependent Eligibility Document(s). Documents must be emailed to Benefits_Documentation@stjohns.k12.fl.us by October 30, 2015. See page 7 for a list of Dependent Eligibility Documents.

If all three steps above are not completed by Friday, October 30, 2015, the PENDING status on the “Current Eligible Insurance Benefits screen,” will be changed from PENDING to ACTIVE status. The Active status will revert back to your previous insurance coverage and the dependent(s) that were in the PENDING Status will not be enrolled in your current insurance coverage.

Open Enrollment Directions for Voluntary Life Insurance, Long-Term or Short-Term Disability Insurance, and Flexible Spending Accounts are located in SunGard, in Employee Online, under Benefits Summary in Additional Benefits Forms or under the Medical/Dependent Daycare 125 sections.
What is an Employee Assistance Program (EAP)?
Part of the wellness program for St. Johns County School District employees is an Employee Assistance Program (EAP). An EAP can provide the help you need to get through tough times. It is a voluntary and confidential counseling service. Employees and family members may access the EAP to assist them in coping with the stress of everyday life. All services are designed to help maintain emotional well-being, as well as a productive role in the workplace and at home. Services include help with the following problems: abuse, adolescents, aging parents, alcohol/drug abuse, eating disorders, grief, child behavioral disorders, ADD/ADHD, school problems, smoking cessation, stress, and depression.

Who is the EAP Provider?
Dr. Townsend & Associates, PA is staffed by experts in various disciplines who are trained to diagnose and assist people in finding solutions to problems. If you or a family member have a problem, call (904) 797-2705 to set up an appointment. The SJCSD Employee Assistance Program (EAP) is designed to ensure confidentiality at all times. If you are a self-referral, no one employed by the SCJSD will know of your contact with the EAP (to the extent permitted by law). If you are referred by your supervisor, only limited information can be released, and that is only with your specific written permission. People will have problems that sometimes spill over into their personal or professional lives. Usually, the individual solves them alone. Sometimes people are unable to solve these problems without help. It is our belief that most problems can be resolved if professional help is available. This help is provided at no cost for SJCSD employees for their first three EAP visits.

<table>
<thead>
<tr>
<th>St. Augustine</th>
<th>O'Connell Health Center</th>
<th>Palatka</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 St. Johns Medical Park Dr.</td>
<td>3740 International Golf Pkwy</td>
<td>6910 Old Wolf Bay Road</td>
</tr>
<tr>
<td>St. Augustine, FL 32086</td>
<td>St. Augustine, FL 32092</td>
<td>Palatka, FL 32177</td>
</tr>
<tr>
<td>(904) 797-2705</td>
<td>(904) 797-2705</td>
<td>(904) 797-2705</td>
</tr>
</tbody>
</table>

LONG-TERM DISABILITY
(Administered by The Hartford)

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

If you are approved for Long-Term Disability from The Hartford, you will first have the option to resign, or retire, from St. Johns County School District, effective as of your approval date of The Hartford’s Long-Term Disability Claim. If you do not resign or retire within 10 days from The Hartford’s LTD approval date, you will receive a termination letter from SJCSD, effective as of your approval date for LTD.

Additional Benefits Available to you at No Cost:

**Ability Assist Counseling Services:** Call 1.800.96.HELPS if you would like guidance on emotional, work-life, financial, legal or health!

**Travel Assist & Identity Theft Program:** Hurt away from home? Think you’ve been the victim of ID theft? Learn more at www.thehartford.com/employeebenefits!

BASIC LIFE AND AD&D
(Administered by Mutual of Omaha)

<table>
<thead>
<tr>
<th>Employees</th>
<th>Coverage is provided free of charge at 2 times your salary, minimum of $20,000 and maximum of $200,000.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirees</td>
<td>Eligible to continue coverage at your own expense up to 1 times your annual salary at time of retirement.</td>
</tr>
</tbody>
</table>

This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.
WHAT ARE THE BENEFITS OF AN AMERIFLEX FSA?

- NO taxes on the amount(s) that are deducted from your paycheck and deposited to your FSA account!
- Track your FSA account online!  http://www.flex125.com
- Eliminate paper claims!  Online Benefit!
- Use your FSA card to pay for qualified Medical and Dependent Daycare expenses without sending in receipts!

YEARLY MAXIMUM:
Unreimbursed Medical FSA - $2,550.00
Dependent Day Care FSA - $5,000.00

HOW DO I ENROLL?
- EACH YEAR you must login to SunGard, select Employee On-Line, under “Benefits Summary,” select Medical/Dependent Daycare 125.  Select either Med125 PT EMPL for Medical FSA or Dep/Daycare for Dependent Daycare.  Next to Employee Cost, replace the Per Pay Period amount by typing over the amount and entering the new annual amount you elect to contribute per calendar year (January 1 - December 31, 2016).  Select Open Enrollment in the Change Events drop down box, and SAVE.

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

- A FSA is an IRS regulated Section 125 plan which allows you to have money deducted from your paycheck before taxes are determined and deposited into an account that you can use for unreimbursed medical expenses or dependent daycare expenses.

EXAMPLES OF ELIGIBLE MEDICAL EXPENSES:
- Your annual medical and dental plan DEDs, and Your annual medical, dental and vision co-insurance expenses
- Prescription co-pays
- Mileage for medical, dental and vision appointments
- Any IRS approved Medical Expense in accordance with IRS publication 502 even if it is not covered under the medical or dental plans

ELIGIBLE DEPENDENT DAYCARE EXPENSES:
- Daycare for children under the age of 13, disabled spouses, disabled children over 13, and dependent parents

OVER-THE-COUNTER (OTC) RULES DUE TO HEALTH CARE REFORM:
- You are required to file a paper claim form in order to be reimbursed for all OTC medicines for which a prescription is required.
- OTC items which are not considered a medicine or drug will not require a prescription and therefore, you will still be able to use your debit card to pay for these items at a pharmacy/drug store, just as you have in the past:
  - Acne creams, anti-fungal foot medication, antiseptics and wound cleaners, band aids, braces and supports, catheters, denture adhesives, diabetic testing and aids, diagnostic tests and monitors, elastic bandages and wraps, eye care and contact lens supplies, family planning kits, fiber laxatives, first aid supplies, hearing aid batteries, infant electrolytes and dehydration solutions, infant teething pain supplies, insulin and diabetic supplies, nebulizers, orthopedic aids, ostomy products, reading glasses, smoking deterrents, syringes, thermometers, wheelchairs, walkers and canes

WHAT IF I DO NOT USE ALL OF THE FUNDS THAT ARE IN MY FLEXIBLE SPENDING ACCOUNT(S)?
Plan Carefully!  If you do not use the funds by the end of the year you will lose the funds.  The funds will not roll over to your account for the next year.  For example, 2015 funds will not roll over to 2016.  They will remain in the general FSA account to be used for administrative purposes.  Please note that this is an IRS regulation.

VOLUNTARY LIFE INSURANCE
(Administered by Mutual of Omaha)

For Yourself:  An amount between $10,000 and $1,000,000, in increments of $10,000 not to exceed 4 times your base annual earnings.  You will need to fill out an Evidence of Insurability (EOI) and it will be subject to approval from Mutual of Omaha.  Employee coverage terminates at retirement.

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

For Your Child(ren):  Get a $10,000 policy for $1.23 a month.  This covers each child up to $10,000.

Apply online at www.mutualofomaha.com/signup/StJohnsCSD (website is case sensitive)
Your life insurance benefits and guaranteed issue amounts are subject to age reductions.  At age 70, amounts reduce to 67%.  At age 75+, amounts reduce to 50%.

Forms can be found on HRConnection.com or SunGard, Employee On-Line, under Benefits Summary select Additional Benefits Forms.  The effective date for voluntary LTD insurance coverage and premiums will be the approval date from The Hartford, which may be after January 1, 2016.
**Voluntary:**

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

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

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

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

**three plans to choose from:**

- **OPTION 1** - PAYS AFTER 10 DAYS OF AN INJURY AND/OR SICKNESS.
- **OPTION 2** - PAYS AFTER 20 DAYS OF AN INJURY AND/OR SICKNESS.
- **OPTION 3** - PAYS AFTER 30 DAYS OF AN INJURY AND/OR SICKNESS.

- Guaranteed issue was available when you first became eligible for benefits. After this period, it is not a guarantee issue and you will need to provide evidence of insurability, subject to approval by The Hartford.
- Please complete The Hartford’s STD Enrollment form and Evidence of Insurability form and submit to Michelle Price, HR, no later than October 30, 2015. Forms can be found on HRConnection.com or login to SunGard, select Employee On-Line, under Benefits Summary, select Additional Benefits Forms. The effective date for STD insurance coverage and premiums will be the approval date from The Hartford, which may be after January 1, 2016.
- Use the “Short-Term Disability Calculator” under “Frequently Used Forms” on www.HRconnection.com or login to SunGard, Employee On-Line, under Benefits Summary, select Additional Benefits Forms to calculate your rates!

### MONTHLY RATES PER $10 OF COVERED BENEFIT

<table>
<thead>
<tr>
<th>If you are between these ages:</th>
<th>OPTION 1</th>
<th>OPTION 2</th>
<th>OPTION 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 54 and Under</td>
<td>$0.38</td>
<td>$0.21</td>
<td>$0.15</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$0.42</td>
<td>$0.23</td>
<td>$0.16</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$0.49</td>
<td>$0.27</td>
<td>$0.19</td>
</tr>
<tr>
<td>65 &amp; Over</td>
<td>$0.54</td>
<td>$0.29</td>
<td>$0.21</td>
</tr>
</tbody>
</table>

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

**SHORT-TERM DISABILITY—OPTION 1**

Your Monthly Cost: $40,000/52 = $769.23 x 0.60 = $461.54 x $0.38 = $175.39/10=$17.54 monthly x12=$210.48 Annually

$10.53 = Deduction for Employee with 20 Pay Periods

$8.77 = Deduction for Employee with 24 Pay Periods

**VOLUNTARY LONG-TERM DISABILITY**

(Administered by The Hartford)

- You can sign up for an additional 10% of coverage giving you long-term disability insurance of 60% of your earnings up to a $5,000 monthly maximum. There is no guaranteed issue for the additional 10% buy-up, and you will be required to complete the enrollment form and Evidence of Insurability (EOI), subject to approval by THE HARTFORD.
- Pre-Existing Condition Limitation: A pre-existing condition is any injury or illness for which you have consulted a physician (or for which a reasonable person would have consulted a physician), received medical treatment, care or services (including diagnostic measures), taken prescribed drugs or medicines, or incurred expenses during the 3 months prior to the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins more than 12 months after the effective date of your coverage.
- Forms can be found on HRConnection.com or SunGard, Employee On-Line, under Benefits Summary select Additional Benefits Forms. The effective date for voluntary LTD insurance coverage and premiums will be the approval date from The Hartford, which may be after January 1, 2016.
- In the future, if you have a Long Term Disability Claim and your Claim is approved, you will first have the option to resign, or retire, from St. Johns County School District, effective as of your approval date of The Hartford’s LTD Claim. If you do not resign or retire within 10 days from The Hartford’s LTD approval date, you will receive a termination letter from SJCSD, effective as of your approval date for LTD.

TO CALCULATE YOUR MONTHLY COST: Monthly Pay X .05 + 100 = Monthly Premium (If you make $2,000 a month: $2,000 X .05 + 100 = $1.00 a month!)
St. Johns County School District
On-Site Health Centers

(Funded by the St Johns County School District Self-Funded Medical Plan)

Locations

O'Connell Health Center at Mill Creek: 3720 International Golf Parkway
St. Johns County School District Employee Health Center at Pedro Menendez: 600 State Road 206 W
St. Johns County School District Employee Health Center at Nease: 10550 Ray Rd., Ponte Vedra Beach

Available Services

- EAP
- Primary Care, Urgent Care, Chronic Care
- Diabetic Management Program
- Majority of top utilized generic drugs
- Registered Dietician
- Exercise Physiologist
- Lab work
- Digital X-ray (Nease & Menendez locations only)
- Routine/Preventive

All services will be provided to employees, dependents age 12 years and older, and retirees covered under the St. Johns County School District Self-Funded Medical Plan.

On-Site Prescriptions & 90-Day Prescription Mail Order Program

Did you know you can get generic prescriptions for free at the On-Site Health Center? Just make an appointment with the provider of your choice to take advantage of filling your prescriptions for free! The On-Site Health Center also offers a 90-day mail-order program! Please note that the Health Centers are a dispensary for prescriptions, not a pharmacy. This means you must schedule a medical appointment with a Health Center Physician to receive prescriptions at the Health Center. Not all prescription drugs are available at the Health Centers. Check out www.HRConnection.com for a current formulary list available at the Health Centers!

Using the Clinic saves you money!

<table>
<thead>
<tr>
<th>Employee Cost</th>
<th>Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>DED</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>Co-Pays</td>
<td>$0</td>
</tr>
<tr>
<td>Rx Co-Pays †</td>
<td>$0</td>
</tr>
<tr>
<td>Diabetic Testing Supplies</td>
<td>$0</td>
</tr>
</tbody>
</table>

On-Site Health Center Operating Hours*

O'Connell
M, F: 8 am - 5 pm
T: 7 am - 5 pm
W: 10 am - 7 pm
Th: 7 am - 7 pm
Extended Lab Hours
Th: 6:30 am - 10:30 am

Pedro Menendez
M, W, Th, F: 8 am - 5 pm
T: 10 am - 7 pm

Extended Lab Hours
W: 6:30 am - 10:30 am

Nease
M, T, W, F: 8 am - 5 pm
Th: 10 am - 7 pm
Extended Lab Hours
Saturday: 9 am - 1 pm
Extended Lab Hours
Th: 6:30 am - 10:30 am

*All Health Centers are closed for lunch from 1 - 2 pm when clinic hours are from 8 - 5 pm, and from 2 - 3 pm when clinic hours are 10 - 7 pm.

Please call CareHere at (877) 423-1330 for scheduling assistance.
St. Johns County School District Self-Funded Medical Plan Privacy Notice

The full privacy notice can be viewed on your benefits website, www.HRconnection.com. If you do not have computer access, please contact Virginia Schulze at The Bailey Group at 904-461-1800 to be mailed a copy.

Section 125 Qualifying Events & Benefit Election Changes

Under IRC § 125, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken out of your paycheck before federal income and Social Security taxes are calculated. You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will be in effect January 1—December 31, unless you experience an IRS-approved qualifying event. A qualifying event, also known as a “Family Status Change,” is a change in your personal life that may impact you or your dependents’ eligibility for benefits under the St. Johns County School District Self-Funded Medical Plan. Qualifying events include, but are not limited to:

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

All benefit plan changes must be necessitated by and consistent with the Family Status Change rules, and that change must be acceptable under the Health Insurance Portability Act (HIPAA).

The following items must be completed and forms and documentation submitted to Michelle Price, HR, within thirty (30) days of the qualifying event in order to be approved.

1. Login to SunGard and request Insurance Changes.
2. Submit completed Family Status Change and Self-Funded Enrollment forms.
3. Submit Dependent Eligibility Documents for each dependent.

Women’s Health & Cancer Rights Act of 1998 (WHCRA) Model Notice

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same DEDs and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your Plan Administrator, Florida Blue, at 1.800.352.2583.
Medicaid and the Children’s Health Insurance Program (CHIP)
Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. The following information for Florida is current as of January 31, 2012. You should contact the State of Florida for further information on eligibility – Florida Medicaid: Website: https://www.flmedicaidtplrecovery.com Phone: 1-877-357-3268.

Notice to Employees in a Self-Funded Nonfederal Governmental Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. St. Johns County School District has elected to exempt the St. Johns County School District Self-Funded Medical Plan from the following requirements:

Parity in the application of certain limits to mental health benefits

Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan. This basically means that your current mental health and substance abuse benefits provided under the St. Johns County School District Self-funded Medical Plan will not be changed. The exemption from these Federal requirements will be in effect for the 2016 Plan Year beginning 1/1/2016 and ending 12/31/2016. The election may be renewed for subsequent plan years. HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. If you have any further questions, please contact Virginia Schulze at The Bailey Group at 904-461-1800.
IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & MEDICARE

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

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

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

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

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current SJCSD Self-Funded Medical Plan prescription coverage will be affected. You can not keep your coverage with the SJCSD if you elect Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage under the SJCSD Self-Funded 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 the SJCSD Self-Funded Medical Plan 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 the 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 November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact your Human Resources Department. 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 with Florida Blue 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 will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- 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.

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

Date: October 1, 2015
Name of Entity/Sender: St. Johns County School District
Contact/Position: Virginia Schulze, Account Executive, The Bailey Group
Address: 1200 Plantation Island Drive, Suite 210, St. Augustine, FL 32080
Phone Number: (904) 461-1800
Medical Plans:
Florida Blue, Group #63316
PO Box 1798
Jacksonville, FL 32231
1-800-352-2583
www.floridablue.com

Vision & Hospital Indemnity Plans:
MFB Financial, TPA
1200 Plantation Island Dr. S., Suite 210
St. Augustine, FL 32080-3115
1.866.826.1800 Toll Free Office
1.904.461.1800 Office
1.904.461.1775 Fax

Prescription Drug:
Express Scripts
www.express-scripts.com

Long-Term Basic, Buy-Up, and Short-Term Disability:
The Hartford #402873
To File a Claim: 1-800-549-6514
www.thehartfordatwork.com

Dental:
Humana Dental, Group #673584
PO Box 14611
Lexington, KY 40512
1-800-233-4013
www.humanadental.com

Life Insurance (Basic & Voluntary):
Mutual of Omaha, Group Life Claims
Mutual of Omaha Plaza
Omaha, NE 68175-0001
1-800-775-8805 - Claims Office

FSA/Dependent Day Care:
AmeriFlex
ATTN: Claims Dept.
PO Box 269009
Plano, TX 75026
1-888-868-FLEX (3539) Ext. 121 1-888-631-1038 Fax
www.flex125.com

HR Benefits Contacts:
Michelle Price, Benefits Supervisor, 904-547-7549
Cathy Weber, Dir. Benefits & Salaries, 904-547-7610
Chris Hector, Benefits Clerk, 904-547-7760
Julie Ritter, Executive Secretary, 904-547-7610
Ellen Dixon, Account Executive, 904-547-7561

LOCAL REPRESENTATIVE

Receptionist—1.904.461.1800
Mark Bailey, President of The Bailey Group
mbailey@mbaileygroup.com
Allison Profitt, Account Executive
aprofitt@mbaileygroup.com
Virginia Schulze, Account Executive
vschulze@mbaileygroup.com
Becky Cromwell, Account Executive
bcromwell@mbaileygroup.com
Ellen Dixon, Account Executive
Ellen.Dixon@stjohns.k12.fl.us, 904.547.7561
BB Bourne, Account Research Coordinator
bbourne@mbaileygroup.com

Toll Free—1.866.826.1800