

ST. JOHNS COUNTY BCC

YOUR
benefits
GUIDE
2019



PRODUCED BY 

Access Your Benefits 24/7 with Mobile Apps



Find doctors, get ID cards, check benefits and claims, compare medical costs and set notification preferences. You can also make a payment, access member discounts and so much more—all on the go with the Florida Blue app.



Find a pharmacy, review orders and history, check drug costs, view prescription ID card, refill by scanning the barcode on your mail Rx label, identify your pills by entering the imprint, color or shape, and identify unwanted interactions with a scan - all with the CVS/caremark app.



Access your health information on the go with the MyHumana© App including: coverage & benefits, ID cards, claims, and provider finder. With our mobile app, you have the ability to manage your healthcare needs anywhere, anytime.



Stay on track with your financial goals using Lincoln Financial Group's app. Get easy access to forms, check balances and explore helpful videos, calculators and other financial resources. For more info visit www.LincolnFinancial.com.



The Medcom App lets you view all of your benefit account(s) recent transactions, balances, election information, claims filing deadlines, and more. You may also view transactions that require receipt documentation that may need to be submitted.



Morneau Shepell's My EAP App lets you gain immediate, confidential, and secure access to your Employee Assistance Program (EAP), a value-added program that is part of your Group Life Insurance.

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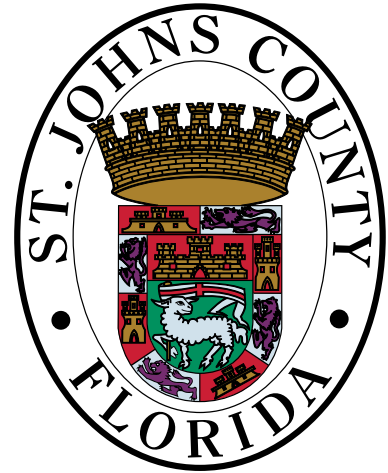
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*Know the options for you
and your family*



*Take control of your
health, income protection, and
self*



This Benefits Guide provides an overview of the comprehensive benefits offered to employees of St. Johns County Board of County Commissioners. Included in this guide are summary explanations of benefits and costs, as well as contact information for each provider.

We encourage you to review each section and discuss your benefits with your family members. Be sure to pay close attention to dependent eligibility and required documentation, monthly premiums, co-pays, co-insurance and deductibles.

We are committed to bringing you the best possible benefits and hope this guide will help you with the enrollment process.

Note: We intend for this benefits guide to help you choose benefits offered by St. Johns County Board of County Commissioners. This benefits guide is not representative of all plan provisions or rules. Please refer to each plan document for a full explanation of benefits, which are available on [Plan Source](#). Plan documents and rules prevail if there are any discrepancies with this benefits guide.

What's New for 2019?

Pharmacy Update



Our prescription coverage for 2019 will now be with CVS Caremark. CVS Caremark will manage your prescription benefits just like Florida Blue manages your medical benefits. The CVS Caremark team will ensure that you get the medication you need, when you need it. You can learn more about your Rx benefits, including coverage and spend review, savings, medication costs, in-network pharmacies, refill prescriptions and more at caremark.com or by downloading the mobile app. During the month of December, you will receive new ID cards from CVS for your prescription needs, effective 1/1/2019. You will also be receiving new ID cards from Florida Blue to use for your medical needs.

Reimbursement Accounts Update



Our Health Reimbursement Account (HRA), Health Care Flexible Spending Account (FSA), and Dependent Care Reimbursement Account (DCA) are now with Medcom. This new administrator has an excellent customer service team, a robust app for easy claim and receipt submission, and will continue to provide one debit card that can be used for all enrolled account types. All employees covered under the Reimbursement Accounts will receive a new debit card for 2019.

Employee Rates

To protect the Self-Funded Medical Plan from future large claims and to minimize substantial employee rate increases, we will begin increasing employee rates annually based on the Employment Cost Index (ECI) for Government Workers. Beginning January 1, 2019, employee rates on the PPO 03559 Plan will increase by 3.2% for all coverage tiers. Employee rates on the HDHP 05360 Plan will increase by 3.2% on all tiers except Employee Only.

Employee Assistance Program



For 2019 our Employee Assistance Program will transition to Morneau Shepell. The Employee Assistance Program (EAP) is a free service provided for you and your dependents by St. Johns County to help resolve work/life issues. Counseling sessions through EAP will increase up to 6 visits per year per family member. Counseling services are completely confidential and can be easily accessed by calling the toll-free helpline. Morneau Shepell EAP Services is here for you, 24 hours per day, 7 days per week.

Life and Disability



Our Group and Voluntary Life Insurance, Group Long Term Disability, and Voluntary Short Term Disability are now with The Standard. In addition to cost savings for Basic Life and Long Term Disability, your coverage still includes additional value-added services as outlined in your benefits guide.

If you have not previously enrolled in Short Term Disability, you will have an opportunity for guaranteed issue enrollment during Annual Enrollment without having to answer medical questions. Please note that effective January 1, 2019, Short Term Disability Option 2 (29 day elimination period, 22 week benefit period) will no longer be offered. If you are currently enrolled in this plan, you will need to [login to Plan Source](#) during Annual Enrollment and make a new benefit election.

Covering Spouses or Other Dependents

If you are eligible for medical coverage, you can also enroll your spouse and/or eligible dependent children for medical, prescription, dental, vision, and spouse and/or child life insurance. You must provide documentation proving that your dependents meet eligibility requirements.

Eligible dependents	Required documentation
Spouse: The Employee's spouse under a legally valid existing marriage.	Marriage Certificate AND current document establishing current relationship status (i.e. tax return, joint bill, insurance policy). Document MUST be dated within the last six (6) months.
Child(ren): The Employee's natural, newborn, adopted, Foster, or step child(ren) (or a child for whom the Employee has been court-appointed as legal guardian or legal custodian). Can be covered on the plan up to the end of the month in which they turn 26, or in the case of a foster child, is no longer eligible under the Foster Child Program.	Birth Certificate naming the employee as the child's parent OR appropriate court order/adoption decree naming the employee or employee's spouse as the child's legal guardian.
Stepchild(ren): The biological offspring or adopted child of an employee's eligible spouse. Can be covered on the plan up to the end of the month in which they turn 26.	Birth Certificate naming spouse as the child's parent AND above documentation required for a spouse.
Grandchild(ren): The newborn child of a Covered Dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.	Birth Certificate naming employee's dependent child as the parent.
Handicapped Children: Children of any age who become totally and permanently disabled before age 26.	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.

You must submit required documentation for your eligible dependents within 30 days of enrolling. If documentation is not provided, coverage for the dependent(s) will be denied.

NOTICE: As prohibited by the rules of the plan, the following acts will be treated as fraud or misrepresentation of material fact:

- falsifying dependent information or documentation
- certifying ineligible persons as eligible
- enrolling ineligible persons in coverage
- falsifying the occurrence of life events or life event documentation
- failing to remove dependents from coverage within 30 days of when they lose eligibility

Such acts will require you to reimburse the plan for any claims incurred. Legal and disciplinary action may be taken.

Enrolling for Benefits

Plan Source is 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.

Current Employees: Mandatory Annual Open Enrollment is October 1- October 31. Coverage elected during Annual Open Enrollment becomes effective on January 1.

New Hires: All new employees eligible for benefits will have 60 days from date of hire to complete the enrollment process.

Log on to <https://benefits.plansource.com>. Username is your first initial of your first name, first six letters of your last name, and last four of social. (Ex. jsmith0410). At the start of Open Enrollment, password will be reset to your date of birth in the YYYYMMDD format. For existing employees, select **"Enroll - Annual"**; new hires, select **"Enroll - New Hire."**

Step 1: Review the information and update your personal data.

The * indicates a required field. Remember to press "Continue" at the bottom of the page to proceed through the enrollment and only use the gray Plan Source "Back" button. Do NOT use the back button on your internet browser or your changes will be lost.

Step 2: If you need to add a dependent to your coverage, choose "Add Dependent" on the Update Dependent screen. You should verify/add all dependents, even if you are not enrolling them. If your desired election does not appear, or your dependent is not showing, you must go back to this section and add them.

Step 3: Continue through each screen including benefit offering, choosing your desired election under the appropriate plan, or declining the benefit entirely. If you elect coverage with dependents, check the box next to each dependent you would like to enroll.

Step 4: Following enrollment you will still need to provide required documents if you added any dependents to your coverage to your HR Department.

Step 5: Once you have completed each benefit election, the Confirmation page will appear. Review for accuracy and choose "Confirm" at the bottom of the page. Your benefit election will not be complete until you hit the "Confirm" button.

Life Events:

You may add, drop, or change coverage or dependent coverage outside of Open Enrollment ONLY if you experience a qualifying life event.

Qualifying life events include: marriage, divorce, birth, adoption, or a gain/loss of coverage by your spouse or other dependent. Please refer to Plan Source for a full list of qualifying life events. It is required that you submit your qualifying life events through Plan Source and all supporting documents to your HR department within 30 calendar days of any change in status.

Log on to Plan Source, select "Make a Change to My Benefits." You will then be asked for the type of life event and the date of the event. The date of the event should be the date your coverage is to change. For example, if your spouse lost coverage and his/her last date of coverage is 9/30, the date you will use is 10/1.

PLEASE NOTE: It may take up to 2 weeks for life events to be processed.

Choosing Your Medical Plan

800-352-2583 • www.floridablue.com

Health insurance is a way to pay for health care and protects you from paying the full costs of medical services when you become injured or sick. You choose a plan and pay a certain rate, or premium, each month. Both plan options, administered by Florida Blue, cover preventive care such as doctor visits and screenings, as well as hospital visits, ER trips, and even prescription drugs.



Do I have to use certain medical providers?

You can see any medical provider you choose, but **cost savings are highest** when you use a participating provider in Florida Blue's network. Both medical plan options use Florida Blue's Blue Options network.

What is the benefit of the Health Reimbursement Account that comes with enrollment in the Blue Options HDHP?

The high deductible health plan (HDHP) offers lower premiums and higher deductibles than the Blue Options PPO plan. Enrolling in the HDHP automatically enrolls you in a Health Reimbursement Account (HRA), a reimbursement plan funded by St. Johns County. The HRA contribution will be pro-rated on a monthly basis for employees whose benefits become effective after January 1.

If you are enrolled in the Blue Options HDHP as of January 1, St. Johns County contributes to your HRA account based on health coverage tiers:

- \$600 Employee Only
- \$1,000 Employee + Spouse
- \$1,000 Employee + Children
- \$1,500 Employee + Family

What are some of the key plan terms I should know before electing a plan?

Calendar Year Deductible (CYD): The amount you pay before the health plan begins to pay for covered services. For example, if your deductible is \$1,500, the plan won't pay anything until you meet your deductible for covered health care services that are subject to the deductible.

Coinsurance: After you've met the CYD, coinsurance is the cost sharing between you and the plan. For example, with an in-network service, the plan pays 80% and you pay 20% (depending on your plan).




Out of Pocket Maximum: The most you will pay for covered expenses within a calendar year. The maximum never includes your premium or services the plan does not cover.

Copay: A fixed amount you owe at the time of a health care service. Copay amounts do not apply to CYD and you do not need to meet CYD first.

Premium: The amount deducted from your paycheck for your health plan coverage, along with the amount St. Johns County pays each month.

Understanding Your Medical Plan

When you have eligible in-network medical expenses:

 <p>You pay 100% Plan pays 0%</p>	 <p>You pay 10 - 25% Plan pays 80%</p>	 <p>You pay 0% Plan pays 100%</p>
<p>Before Reaching Your Calendar Year Deductible</p>	<p>Between Your Calendar Year Deductible & Reaching the Out-of-Pocket Max</p>	<p>Beyond Out-of-Pocket Max</p>
<p>NON-PREVENTIVE SERVICES</p> <ul style="list-style-type: none"> You pay a \$35 copay for Primary and Urgent Care Visits You pay 100% for Specialist and Emergency Room Visits 	<p>NON-PREVENTIVE SERVICES</p> <ul style="list-style-type: none"> You pay a \$35 copay for Primary and Urgent Care Visits You pay 20% / Plan pays 80% for Specialist You pay 10% or 25% (depending on your plan) for Emergency Room Visits 	<p>NON-PREVENTIVE SERVICES</p> <ul style="list-style-type: none"> Plan pays 100% for Primary and Urgent Care Visits Plan pays 100% for Specialist and Emergency Room Visits

Preventive Services:

Routine Wellness visits are covered by the plan 100%.

Prescription Costs:

You pay the copay which depends on the drug type and the plan pays the remaining cost.

Out-of-network medical expenses:

When you use out-of-network providers the percent you pay of the allowed amount for covered health care services will usually cost you more than if you had used an in-network provider.

Stay in network to avoid extra costs



Choosing doctors, hospitals, and other providers outside of the participating network can cost you more money. Using providers in the Florida Blue network (medical), CVS/Caremark (pharmacy) and the Humana network (dental and vision), whenever possible, can help you lower your healthcare costs. When you use an out-of-network provider, they may charge you more and they could bill you (where permitted) for the difference your plan doesn't cover. That's called balance billing.

What is an out-of-network provider?

An out-of-network provider is a doctor, care professional (nurse practitioner, anesthesiologist, etc.) or facility (hospital, lab processing facility, ambulatory surgery center, etc.) that isn't part of your plan's network. The insurance companies negotiate with providers and facilities to provide services at lower rates, and that's how doctors and hospitals become part of the network. Out-of-network providers do not have contracts with the insurance companies.

What happens when I use an out-of-network hospital or provider?

Your out-of-pocket costs (like copayments, coinsurance, and deductibles) will be higher. That's because you're charged the full price for a service, and not the lower, negotiated rate you'd pay through the network.

How often do I need to check to make sure my provider is in the network?

Providers can come in or drop out of networks at any time. It is good practice to verify every time before you go to a facility, dentist or doctor.

What is an allowable charge?

An allowable charge is the amount the insurance company allows for a covered healthcare service. The amount Florida Blue allows an out-of-network provider to charge Florida Blue for a covered service is called the allowed amount. The amount Humana allows an out-of-network provider to charge Humana for a covered service is called a maximum allowable fee (MAF).*

What is balance billing?

Balance billing is when an out-of-network provider bills you for the difference between their charge and what your health plan will allow. For example, let's say an out-of-network doctor charges \$100 to review your MRI, but your plan will only allow for \$70. The doctor may bill you for the remaining \$30 in addition to what you may owe for your deductible or coinsurance.

*Note: Any balance bill you may pay will not apply to your deductible or maximum out-of-pocket limit for the plan year. *Also referred to as "usual and customary" amount.*

Care Management and Wellness Tools

Florida Blue offers many disease management and care management options for all enrolled plan members. For more information regarding the programs listed below, or to access the Health and Wellness Center, log on to www.floridablue.com.



Care Consultants	•Get assistance in comparing your choices for medical services and prescriptions.	888-476-2227
Care Management Programs	•Programs for diabetes, congestive heart failure, chronic obstructive pulmonary disease, asthma and cardiac conditions.	800-955-5692, Opt. 3 www.floridablue.com
24/7 Nurseline	•Licensed nurses available 24/7 to provide support with significant medical decisions and symptom management.	877-789-2583

DME and Home Health Providers

CareCentrix, Florida Blue's DME supplier, has an established network of providers, accessible throughout Florida, which many Florida Blue providers are already part of.

Services

Durable Medical Equipment (DME) is any medical equipment used in the home to aid in a better quality of living. Examples of DME include a nebulizer, CPAP machine and supplies, wheelchair, a boot, or diabetic supplies.

Home Health Agencies provide 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.

How to Find a Participating Provider

To find participating, in-network providers for DME and Home Health Care services, go to www.floridablue.com and 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.

For more information, or for assistance in finding a provider, please call CareCentrix at (877) 561-9910. Or, call Florida Blue at (800) 352-2583.



2019 Monthly rates include: Medical, Prescription, Dental and Vision

Blue Options PPO 03559

	Standard Monthly Rate	With PHA Credit 1 <i>If EITHER Employee or Spouse Complete the PHA</i>	With PHA Credit 2 <i>If BOTH Employee and Spouse complete the PHA</i>	St. Johns County Health Contribution	St. Johns County OPEB ¹ Contribution
Employee Only	\$103.20	\$ 53.20	N/A	\$967.50	\$86.00
Employee + Spouse	\$348.30	\$298.30	\$248.30	\$967.50	\$86.00
Employee + Child(ren)	\$270.90	\$220.90	N/A	\$967.50	\$86.00
Employee + Family	\$510.84	\$460.84	\$410.84	\$967.50	\$86.00

Blue Options HDHP 05360

	Standard Monthly Rate	With PHA Credit 1 <i>If EITHER Employee or Spouse Complete the PHA</i>	With PHA Credit 2 <i>If BOTH Employee and Spouse complete the PHA</i>	St. Johns County Health Contribution	St. Johns County OPEB ¹ Contribution
Employee Only	\$ 50.00	\$ 0.00	N/A	\$967.50	\$86.00
Employee + Spouse	\$206.40	\$156.40	\$106.40	\$967.50	\$86.00
Employee + Child(ren)	\$154.80	\$104.80	N/A	\$967.50	\$86.00
Employee + Family	\$288.96	\$238.96	\$188.96	\$967.50	\$86.00

Blue Options HDHP / Health Reimbursement Account (HRA)

	St. Johns County Contribution
Employee Only	\$ 600.00
Employee + Spouse	\$1,000.00
Employee + Child(ren)	\$1,000.00
Employee + Family	\$1,500.00

Spousal Surcharge:

Spouses of St. Johns County employees who work and are eligible for employer-sponsored medical insurance through their employer will be required to pay \$100 monthly toward the cost of medical in addition to the rates listed above.

Personal Health Assessment Credit:

PHA credits for 2019 were earned through participation in the PHA program from October 1, 2017 through September 30, 2018. Non-participating employees will not be eligible for the 2019 PHA credit. For more information regarding this program refer to the Personal Health Assessment pages in this benefits guide.

¹ Other post-employment benefits (OPEB) are the benefits that an employee will begin to receive at the start of retirement.

Medical Plan Comparison

Calendar Year Plan Benefits	Blue Options PPO			Blue Options HDHP		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Calendar Year Deductible (CYD) Per Individual/Family Aggregate	\$500/\$1,500	\$500/\$1,500		\$1,500/\$3,000	\$3,000/\$6,000	
Total Out-of-Pocket Maximum (Includes CYD, coinsurance, medical and prescription copays) Per Individual/Family Aggregate	\$3,000/\$9,000	\$3,000/\$9,000		\$4,500/\$9,000	\$9,000/\$18,000	
Coinsurance (Member Pays)	20%	40%		20%	40%	
Adult and Child Wellness Services (Preventive Care)	Covered 100%	Covered 100%		Covered 100%	Covered 100%	
Mammograms / Routine Colonoscopy (Preventive Care)	Covered 100%	Covered 100%		Covered 100%	Covered 100%	
Office Visits Primary Care Physician (PCP) Specialist	\$ 35 copay 20% after CYD	40% after CYD 40% after CYD		\$35 copay 20% after CYD	40% after CYD 40% after CYD	
Convenient Care Centers	\$ 35 copay	40% after CYD		\$35 copay	40% after CYD	
Urgent Care Visits	\$ 35 copay	\$ 35 copay		\$35 copay	\$35 copay	
Emergency Room (facility charge)	10% after CYD	10% after CYD		20% after CYD	20% after CYD	
Ambulance Services	20% after CYD	20% after CYD		20% after CYD	20% after CYD	
Inpatient Hospital (facility charge) Level 1/Level 2	\$600 copay/ \$900 copay	40% after CYD		20% after CYD/ 25% after CYD	\$500 PAD + 40% after CYD	
Outpatient Hospital (facility charge) Level 1/Level 2	\$ 150 copay/ \$ 250 copay	40% after CYD		20% after CYD/ 25% after CYD	40% after CYD	
Ambulatory Surgical Center (facility charge)	\$ 100 copay	40% after CYD		20% after CYD	40% after CYD	
Provider Services at Hospital and ER	20% after CYD	20% after CYD		20% after CYD	20% after CYD	
Provider Services at Ambulatory Surgical Center	20% after CYD	40% after CYD		20% after CYD	40% after CYD	
Radiologists, Anesthesiologists, and Pathologists at Ambulatory Surgical Center	20% after CYD	20% after CYD		20% after CYD	20% after CYD	
Outpatient Diagnostic Services Labs/Blood Work (Quest Diagnostics only) X-Rays and Advanced Imaging Services (MRI, CT, PET, etc.)	\$ 0 \$ 100 copay	40% after CYD 40% after CYD		0% after CYD 20% after CYD	40% after CYD 40% after CYD	
Durable Medical Equipment, Prosthetics, and Orthotics (DME)	20% after CYD	40% after CYD		20% after CYD	40% after CYD	
Benefit Maximums Per Calendar Year						
Autism Spectrum Disorder Services (\$200,000 lifetime maximum)	\$36,000			\$36,000		
Home Health Care Visits	20			20		
Inpatient Rehabilitation Days	30			30		
Mental Health Services - Inpatient Days / Outpatient Visits	20 / 30			20 / 30		
Outpatient Therapies and Spinal Manipulations Visits (combined)	35 ¹			35 ¹		
Skilled Nursing Facility Days	60			60		
Substance Dependency Care and Treatment (Combined days and/or visits)	10 days/visits			10 days/visits		
Health Reimbursement Account (HRA) Funded by St. Johns County (Annual contribution; prorated for new hires)	N/A			\$600 Employee Only \$1,000 Employee + Spouse \$1,000 Employee + Children \$1,500 - Employee + Family		
Monthly Rates (Includes Medical, Rx, Dental, and Vision)	Standard	PHA 1	PHA 2	Standard	PHA 1	PHA 2
Employee Only	\$103.20	\$ 53.20	N/A	\$50.00	\$ 0.00	N/A
Employee + Spouse	\$348.30	\$298.30	\$248.30	\$206.40	\$156.40	\$106.40
Employee + Child(ren)	\$270.90	\$220.90	N/A	\$154.80	\$104.80	N/A
Employee + Family	\$510.84	\$460.84	\$410.84	\$288.96	\$238.96	\$188.96
St. Johns County Contribution	\$967.50			\$967.50		

Learn More: <http://ec.sjcf.us/home/Benefits> | Enroll Online: <https://benefits.plansource.com/>

¹Chiropractic services are required to be authorized by the provider through Florida Blue if a member has more than 5 chiropractic visits.



Prescription Plan

Mail-Order: 866-284-9226 • www.caremark.com



All employees who enroll in one of the St. Johns County Medical Plans will be automatically enrolled in the Prescription Plan through CVS/Caremark. This plan has four tiers: Generic, Preferred Brand Name, Non-Preferred Brand Name, and Specialty. The tier that your medication is in determines your portion of the drug cost. Prescription coverage is included in your medical plan premium.

Prescription Drug Benefits	Retail (30-day supply)	Retail 90/Mail-Order (90-day supply)
Generic	\$ 10 copay	\$ 20 copay
Preferred Brand	\$ 50 copay	\$ 100 copay
Non-Preferred Brand	\$ 75 copay	\$ 150 copay
Specialty	\$500 deductible, then normal copays apply	Not available

Are all prescription drugs covered?

No, a complete list of drugs not covered is available on the CVS/Caremark website.

Do I have to use certain pharmacies?

You can use any pharmacy you choose, but **cost savings are highest** when you use a participating pharmacy in CVS/Caremark's network.

Can I only fill my prescriptions for 30 days at a time?

In addition to using an in-network retail pharmacy to receive a 30-day prescription, you also have the option of getting a 90-day supply for your maintenance medications prescribed by your doctor at a CVS Pharmacy or by mail order through [CVS/Caremark](http://www.caremark.com).



Prescription Specialty Program

Mail-Order: 800-237-2767 • www.cvsspecialty.com

Certain medications, such as injectable, oral, inhaled and infused therapies used to treat complex medical conditions are typically more difficult to maintain, administer and monitor when compared to traditional drugs. Specialty medications treat rare or complex conditions including, but not limited to, Hepatitis C, Multiple Sclerosis, Psoriasis, Oncology and Rheumatoid Arthritis, and often require special handling, storage and administration. Specialty medications must be filled by a specialty pharmacy, a provider of complex medications for complex health conditions. CVS Caremark Specialty Pharmacy is your provider for the St. Johns County Self-Funded Medical Plan.



Getting Started: After your medication is prescribed, you will need to obtain Pre-Authorization from your doctor. It is important to remember that whenever the doctor changes the dose or strength of the medication, it is treated as a new prescription, which will need to go through the entire process as a new specialty medication.

Step 1: Filling your Prescription: You or your doctor must clarify with the Pharmacist that your order is being placed through **Specialty Connect**, which is a separate system the pharmacists access. The Copay method of payment can be made via phone or through CVS Caremark Specialty Pharmacy.

Step 2: Delivery Options: 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.

Personalized Care: You will receive dedicated clinical support by phone from a team of specialty pharmacy experts trained in your therapeutic area. Available 24 hours a day, 365 days a year. Call toll free at 1-800-869-0479.

Convenient Online Prescription Management: Register for a secure, online specialty prescription profile and make managing your medication even easier with these online tools at www.cvsspecialty.com.



Dental Plan

800-233-4013 • www.humana.com

Dental health is the gateway to your overall well-being and is one of the most sought after health benefits. Dental disease is largely preventable through effective preventive care to keep your teeth and gums healthy, as well as help reduce future costly procedures. All employees who enroll in one of the St. Johns County Medical Plans will be automatically enrolled in the Dental Plan through Humana Dental.



Do I have to use certain dental providers?

You can see any dentist you choose, but **cost savings are highest** when you use a provider in Humana's network. You can find in-network providers by calling Humana or visiting their website.

Is there a maximum age for orthodontia coverage?

Orthodontia coverage is available to any covered plan participant, regardless of their age. There is no waiting period for orthodontia services.

Calendar Year Plan Benefits	Examples of Service	In- and Out-of-Network
Calendar Year Deductible (CYD) Per Individual Family Aggregate	Applies to basic and major services	\$50 \$100
Preventive Services	Routine exams, cleanings, bitewing x-rays; fluoride treatment and space maintainers for children	100%
Basic Services (Plan covers)	Fillings, extractions, endodontics, periodontics, oral surgery, and general anesthesia	80%
Major Services (Plan covers)	Crowns, dentures, bridges, and implants	50%
Regular Benefit Maximum (RBM) Per Individual	RBM covers the cost of preventive, basic, and major services	\$1,000
Wisdom Teeth Extraction Maximum Per Individual	Wisdom teeth extractions	\$1,000
Orthodontic Benefit Per Individual (\$1,000 lifetime maximum)	Exams, x-rays, extraction and appliances for orthodontic services	100%

Note: 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.



Vision Plan

877-398-2980 • www.humana.com

Vision exams can identify the signs of many serious health conditions and annual check-ups are critical to your overall health. All employees who enroll in one of the St. Johns County Medical Plans will be automatically enrolled in the Vision Refresh Plan through Humana, utilizing the Humana Insight Network. The Vision Refresh Plan provides comprehensive routine vision coverage and does not include medical or surgical treatment of the eyes.



Do I have to use certain vision providers?

You can see any vision provider you choose, but **cost savings are highest** when you use a participating provider in Humana's network.

What is a Benefit Allowance?

A benefit allowance gives you a certain dollar amount toward contacts and glasses (lenses and frames). As long as 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?

You can only get contacts OR glasses in the same calendar year, not both.

Do I have to file a claim to use this benefit?

If you stay in-network, your provider will file the claim. If you go out-of-network, you will need to download a Humana Vision Claim Form to be reimbursed.

Frequency (based on calendar year)

Routine Vision Exam	Once per year
Lenses or Contact Lenses	Once per year
Eye Glass Frames	Once every other year

Benefit	In-Network	Out-of-Network
Routine Eye Exam	\$10 Copay	Up to \$30
Prescription Lenses		
Single Lenses	\$15 Copay	Up to \$25
Lined Bifocal Lenses	\$15 Copay	Up to \$40
Lined Trifocal Lenses	\$15 Copay	Up to \$60
Lenticular Lenses	\$15 Copay	Up to \$100
Eye Glass Frames		
Frames	Allowance	Reimbursement
Max Benefit/Allowance	\$130 Retail	\$65 Retail
Discount over Allowance	20%	N/A
Contact Lenses		
Standard Fit and Follow-up	Up to \$40	Not Covered
Conventional/Disposable Contacts	\$130 Allowance	Up to \$104
Medically Necessary Contacts	Paid in Full	Up to \$200
Diabetic Eye Care		
Exam	\$0	Up to \$77
Retinal imaging	\$0	Up to \$50
Scanning laser	\$0	Up to \$33
Laser Correction Discount	15% off retail prices	N/A
Provider Network (Humana Insight)	Optometrist and Retail	N/A



Reimbursement Accounts

800-523-7542 • medcom.wealthcareportal.com



St. Johns County offers three (3) Reimbursement Spending Accounts available on one convenient debit card, administered by Medcom.

Health Reimbursement Account (HRA) - funded by St. Johns County

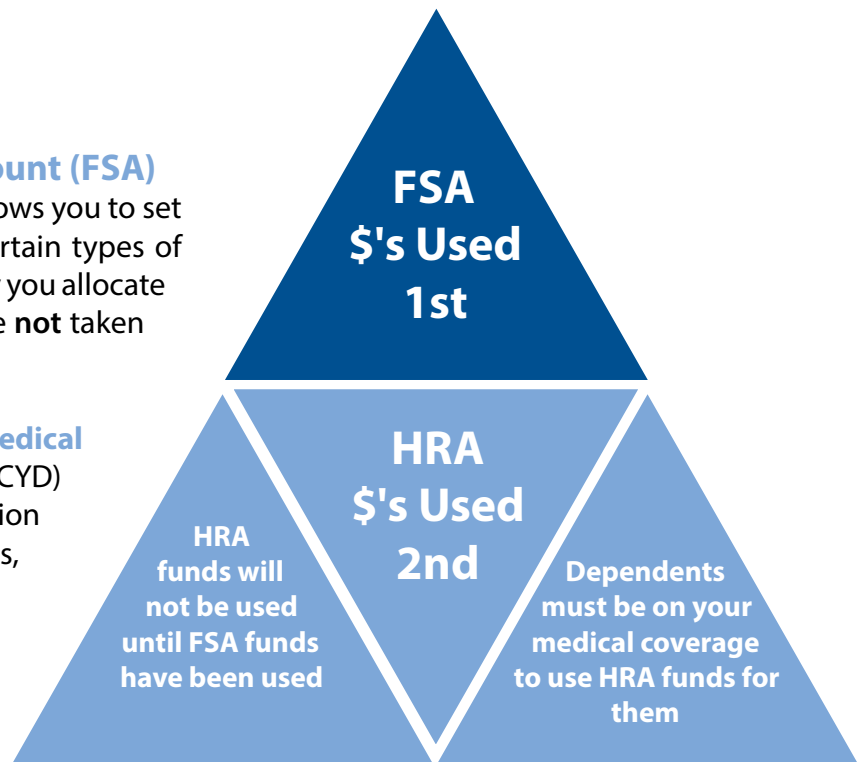
An HRA is a great way to pay for covered medical, prescription, dental and vision expenses through the plan year. If you elect the High Deductible Health Plan (HDHP) you will receive a Health Reimbursement Account (HRA) for you to use to pay for health care expenses. The account is completely funded by St. Johns County.

Health Reimbursement Account (HRA) Tiers	
Employee Only - \$600	Employee + Spouse - \$1,000
Employee + Children - \$1,000	Employee + Family - \$1,500

Health Care Flexible Spending Account (FSA)

An FSA, which must be elected annually, allows you to set money aside into an account to pay for certain types of out-of-pocket medical expenses. The money you allocate is pre-tax. Federal, State, and FICA taxes are **not** taken out on the amount you contribute.

You can use a Health Reimbursement and Medical FSA for: Copays / Calendar Year Deductible (CYD) / Dental and Vision expenses / Prescription drugs. For a complete list of eligible expenses, visit medcom.wealthcareportal.com.



Dependent Care Reimbursement Account (DCA)

A DCA, which must be elected annually, reimburses you for eligible expenses, such as daycare, that you pay for the care of a qualified dependent. A DCA can be used to pay for the daily care of an eligible child or adult dependent, but not for health care expenses.

You can use a DCA for: Daycare for children under the age of 13 / Before and after school programs / Babysitting in your home by someone who is not your dependent / Care for a dependent adult (eldercare) / Nanny, nursery school, or pre-school expenses / Summer day camp. For a complete list of eligible expenses visit medcom.wealthcareportal.com.

Reimbursement Spending Accounts Comparison

800-523-7542 • medcom.wealthcareportal.com

	Health Reimbursement Account (HRA)¹	Flexible Spending Account (FSA)¹	Dependent Care Account (DCA)
How it Works	For Employees enrolled in the Blue Options HDHP, the County deposits money into your account to help pay for eligible medical, dental, vision, and prescription drug expenses	You deposit pretax money into your account through payroll deductions to help pay for eligible medical, dental, vision, and prescription drug expenses	You deposit pretax money into your account through payroll deductions. You get reimbursed for the care of an eligible child or adult dependent, but not for health care expenses
Who is Eligible to Use Funds	Employees enrolled in the HDHP and ONLY their dependents enrolled on the health plan	Benefits-eligible employees and any eligible dependents, per IRS guidelines	Benefits-eligible employees and any of their dependents
Employer Contribution	Yes \$600 – Employee Only \$1,000 – Employee + Spouse \$1,000 – Employee + Children \$1,500 – Employee + Family	None	None
Employee Contribution	None	\$75 Minimum \$ 2,650 Annual Maximum If your spouse also works for St. Johns County, you may both contribute to your own FSA, up to the \$2,650 annual limit.	\$2,500 for a married person, filing separately \$5,000 for a single person OR for a married couple, filing jointly
When is Money Available	The total amount of your account is available January 1, or date of eligibility for new hires or individuals who have a qualifying life event	The total amount of your annual election is available January 1, or date of eligibility for new hires or individuals who have a qualifying life event	Money is added to your account after each payroll deduction. You may use only the amount you have in your account at that time
Deadline to Use Funds	December 31	December 31	December 31
Can Unused Funds Roll Over to Next Year	No	\$75 Minimum \$500 Maximum Funds less than \$75 or in excess of \$500 will be forfeited	No

¹Substantiation may be required for some expenses.



Basic Life and Accidental Death & Dismemberment

Group# 164622 • 888-937-4783 • www.standard.com

St. Johns County provides all benefits eligible employees with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance at no cost to the employee. Basic Life and AD&D coverage is provided through The Standard.



Basic Life Insurance	Coverage
All Eligible Employees	\$50,000
Elected Officials and Senior Management	\$75,000
Eligible Spouse <i>if dependent on health policy</i>	\$5,000
Eligible Child(ren) <i>if dependent on health policy</i>	\$2,000

What is an accelerated death benefit?

If you should become terminally ill with 12 months or less to live, you can apply to receive up to 75% of your current life insurance amount as a one-time lump sum. Any amount received will then reduce the amount of death benefit paid out.

Can I take my County provided life insurance with me when I leave employment?

Yes. If your employment ends, you may elect to convert your term life insurance to whole life insurance or simply take your term life insurance policy with you. You must contact The Standard within 31 days of your last day at work in order to be eligible for either of these options.

Will my life insurance reduce?

Your amount of basic and voluntary life insurance will reduce to 65% when you reach age 65, 50% when you reach age 70, and 35% when you reach age 75.

Naming & Changing Your Beneficiaries

It is important to designate who you want to receive your basic or voluntary life insurance money. You can name or change your beneficiaries at any time by logging onto [Plan Source](#).

Long Term Disability

Group# 164622 • 888-937-4783 • www.standard.com

St. Johns County provides long term disability (LTD) to all benefits eligible employees. LTD is designed to replace part of your income in the event of disabling injuries or sickness, whether it occurs on or off the job. LTD plan benefits generally begin after an elimination period and will assist you in maintaining your normal lifestyle.

How much does the plan pay if I become disabled?

The plan replaces 60% of your monthly earnings, up to \$5,000 per month. You must meet the plan's definition of "disabled" to qualify for benefits and certain rules apply.

What is the plan's definition of "disabled"?

Generally, you must be unable to perform the duties of your Own Occupation for the first 24 months of disability and be unable to perform any Gainful Occupation after 24 months.

What is an Elimination Period?

An elimination period is the period of time between an injury or illness and when the benefit payments begin.

If I become disabled, how long will I receive benefits?

Benefits begin after 180 days of disability and generally continue until your disability ends or you reach your normal retirement age under Social Security whichever comes first. If you're age 60 or older when your covered disability begins your benefits duration may differ.

Emergency Travel Assistance

866-455-9188 • www.standard.com/travel • Policy # 164622

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 (150 km) from home or internationally for up to 180 days for business or pleasure. Some of the benefits available are:

- Medical Consultation and Evaluation
- Lost Luggage or Document Assistance
- Emergency Message Transmission
- Emergency Medical Evacuation
- Care of Minor Children
- Prescription Assistance
- Pre-Trip Information
- Emergency Cash Coordination
- Legal and Interpreter Referrals



Life Services Toolkit

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

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

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. Supportive services can help your beneficiary cope after a loss, including **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), and more.

Planning for Retirement



FRS Financial Planners: 866-446-9377 • www.myfrs.com

St. Johns County is an FRS participating employer. Employees may choose one of two retirement plan options, the Florida Retirement System's Pension Plan, or the Florida Retirement System's Investment Plan. Both plans include employer and mandatory employee contributions. Free resources and tools are available for every career stage at myfrs.com.

Florida Pension Plan

The FRS Pension Plan is a traditional "defined benefit" plan. It is designed for employees who want a guaranteed monthly retirement benefit and who are not comfortable with choosing investments and managing their own portfolio. In this type of plan, you receive a guaranteed benefit that is based on a formula. This formula uses your earnings, length of service, and other factors. While both you and your employer will contribute money to help fund the Pension Plan, you will not own an account or manage any investments. When you are eligible to begin receiving your benefit at retirement, it will be paid to you in monthly installments for the rest of your life. Options to continue payments to a beneficiary after your death may also be available.

Florida Investment Plan

The FRS Investment Plan is similar to a 401(k) plan. It is designed primarily for employees who want greater control over their retirement plan and who want flexibility in how their benefit is paid at retirement. The Investment Plan is known as a "defined contribution" plan. That's because contributions to the plan - yours and your employer's - are defined by law. The benefit you ultimately receive from the plan will depend on how much is contributed to your account, the performance of your investments over time, and the impact of account fees and expenses. When you're ready to withdraw your money, you will have a variety of payment options to choose from.



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

Deferred Compensation 457(b)

800-234-3500 • www.lincolnfinancial.com/retirement



In addition to the FRS retirement program, St. Johns County offers a Deferred Compensation Plan, provided through Lincoln Financial Group.

Deferred Compensation - 457(b) Plan

A 457(b) plan is a non-qualified tax-deferred compensation plan designed to help you invest regularly for your retirement. It is offered to you through your employer and is available only to state or local employees and certain employees of many tax-exempt organizations. The 457(b) plan is designed as a long-term retirement plan. With a 457(b) plan, employees set aside money for retirement on a pre-tax basis through a salary deferral agreement with their employer. The money contributed is directed into an investment company offered by St. Johns County. The 457(b) contributions can be invested among a selection of investment options, the invested contributions can grow tax deferred until withdrawal at retirement or termination of employment. Federal tax law limits the amount of contributions that can be contributed annually to all 457(b) plans on your behalf, including salary deferrals.



First time users can [get registered](#) and access forms online at Lincoln Financial. Existing users can visit [Lincoln Financial](#) to view balances, make account changes, name a beneficiary, and take advantage of online planning tools and calculators.



Voluntary Life Insurance

Group# 164622 • 888-937-4783 • www.standard.com



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

If I elect an amount that requires evidence of insurability (EOI), how do I provide it?

If EOI is required, you will be directed to go to [The Standard website](http://TheStandard.com) and complete the EOI questions online. You will need to provide your Group number: 164622. You will then be notified by mail from The Standard whether you are approved for coverage. Premiums subject to EOI will not be deducted from your pay until you have been approved.

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

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

How long can my child be covered?

You can cover your child up to the end of the calendar month in which they turn 26.

Special Offer!

During Open Enrollment
all employees can apply for up to \$100,000 of coverage without answering medical questions to a \$300,000 maximum.
Spouses can apply for up to \$25,000 without answering medical questions to a \$25,000 maximum.

Will my life insurance reduce?

Your amount of basic and voluntary life insurance for you and your spouse will reduce to 65% when you reach age 65, 50% when you reach age 70, and 35% when you reach age 75.

Please note that optional life insurance premiums are deducted from your payroll on a post-tax basis.

Voluntary Life Insurance	Amount
Employee	Up to \$500,000 (\$10,000 increments)
Spouse ¹	Up to \$150,000 (\$5,000 increments)
Dependent Child	Up to \$10,000 (\$2,000 increments)

¹ Spouse coverage amount may not exceed employee coverage amount.

Short Term Disability

Group# 164622 • 888-937-4783 • www.standard.com

St. Johns County offers all benefit eligible employees short term disability through The Standard. Short term disability allows you to continue to receive pay at a fixed weekly amount for a temporary amount of time if you cannot work due to a non-work related disabling injury or illness.

How much coverage can I elect?

Benefits begin after 14 days of disability and replaces 60% of your weekly pay, up to \$1,000 per week. Benefits continue until your disability ends or for up to 24 weeks. For pregnancy, coverage lasts for up to 6 weeks, or up to 8 weeks for a c-section.

Do I have to provide evidence of insurability (EOI)?

Not if you elect short term disability when you are a new employee and first eligible, or during the 2019 Open Enrollment Guaranteed Issue period. If you choose to elect it later an EOI will be required before your coverage is effective. Premiums subject to EOI will not be deducted from your pay until you have been approved.

15 consecutive days absent /
up to 24 weeks of coverage

Can I use sick leave or vacation time while receiving short term disability benefits?

When you receive income from your paid leave, your short term disability payment will be reduced accordingly. Policy requires that you use accrued sick leave or vacation time while receiving short term disability benefits but the combination of the two cannot exceed 100% of pre-disability earnings.

Please note that short term disability premiums are deducted from your payroll on a post-tax basis.

Voluntary Critical Illness by Allstate



800-348-4489 • www.allstatebenefits.com/mybenefits

The supplemental benefit options highlighted below are offered through Allstate for employees to enroll on a post-tax basis, and are also portable. These voluntary benefits help employees with copays, deductibles and lost wages when sick. Allstate pays you a cash benefit when you need it most, regardless of what your medical insurance covers. The cost of this plan will be shown as a pay period deduction when you enroll online through the online enrollment system. *Rates are based on policy issue age, benefit amount, and tobacco use.*

Benefit Details	
Benefit Amount	\$10,000 or \$20,000 ¹
Recurrence Benefit	100% if treatment free for 12 months
Vascular Conditions	100% - Heart Attack 100% - Stroke 25% - Coronary Artery Bypass Surgery
Organ Conditions	100% - Major Organ Transplant 100% - End Stage Renal Failure
Cancer	100% - Invasive Cancer - 100% 25% - Carcinoma in Situ ² - 25%

¹Covered dependents receive 50% of your benefit.

²A cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue.

What is a pre-existing condition?

A pre-existing condition is one for which you received treatment, a diagnosis, service or prescription drugs during the 12 months before your coverage began. If you become sick in your first year of coverage as a result of this condition, no benefits will be payable for that illness.

What is the Recurrence Benefit?

You will receive a benefit payment upon your initial diagnosis/treatment. If you are treatment free for 12 months and have a condition within the same category as your initial diagnosis recur, you would receive a second benefit payment. At that time, the benefits for that category would be exhausted.

Please note that critical illness premiums are deducted from your payroll on a post-tax basis.

Legal Assistance by Legal Shield

800-654-7757 • www.legalshield.com/info/standardplan



Unexpected legal questions arise every day and if you elect this voluntary benefit, you'll have access to top-quality legal advice 24/7, for covered situations. LegalShield gives you the ability to talk to an attorney on any matter without worrying about high hourly costs.

How much does coverage cost?

Only **\$15.95** a month. Please note that legal assistance premiums are deducted from your payroll on a post-tax basis.

What family members are covered under my plan?

Your Spouse, dependent children under 18, never-married dependent children under 21 and living at home, or to 23 if full-time students, and any dependent child, regardless of age, who is incapable of sustaining employment because of mental or physical disability and who is chiefly dependent on you or your spouse for support.

What situations can Legal Shield assist with?

Legal Advice, letters and phone calls on your behalf, legal document review, standard will preparation, motor vehicle services, IRS audit legal services, and trial defense hours.



Employee Assistance Program (EAP)



877-851-1631 • workhealthlife.com • Text "MSEAP" to 53342

You want to do your best on the job, but when you have something on your mind, it can affect your work as well as your home life. The way you feel affects the way you work, so we want you to have someone to turn to when you need help. Our Life and Disability provider, The Standard, has partnered with Morneau Shepell to offer free, confidential counseling services to you and your family, including children to age 26 through the Employee Assistance Program (EAP). Contact master's-degreed clinicians 24/7 by phone, online, live, chat, email, text or via mobile app.

How many counseling services are included and what issues can counseling help with?

Up to 6 visits per member per year are included with EAP. Any additional visits may be processed through your insurance coverage. Counseling can help with stress at home or on the job, depression, grief, family, parenting or relationships, aging and retirement, addictions such as alcohol and drug abuse, financial and legal concerns, conflicts and communication, life improvement and setting goals.



Additional EAP Services	Overview
Legal Services	Free 30-minutes face-to-face or telephonic consultation for each legal issue with nationwide panel of attorneys, 25% discount if network attorney is retained, free online will preparation
Financial Services	Free 60-minute financial counseling session per issue with certified consumer credit counselors and financial planners, identity theft consultations for prevention and free identity theft kit if identity has been stolen.
WorkLife Services	<p>Family Support is available to you through consultation with a professional over the telephone to find local solutions and helpful resources for your family for:</p> <ul style="list-style-type: none"> •Childcare and after-school programs •Adoption, Expectant and new parenting •Seniors' accommodations/nursing homes •Caregiver support groups •Rehabilitation and home support programs
EAP Web Site	Comprehensive library, videos, articles, financial calculators, health assessments, webinar

Wellness Program

What is the SJC Wellness program? The Wellness Program is an employer / employee health partnership. The [County Wellness Program](#) provides educational programs and resources to assist employees in recognizing and addressing potential health risks. It also provides employees opportunities to improve their overall health and well being.

Why do we need wellness? Besides the obvious — *that we all want to live long and healthy lives* — because staying healthy is one of the best ways to reduce health care costs!

Who is eligible to participate? All employees who are in active work status and are eligible for benefits as defined by St. Johns County Employees Benefits are eligible to participate, along with eligible spouses and dependent children.

As part of the Health Partnership, the county will make available to employees educational materials designed to bring the latest and most innovative sources of information for making good healthy choices.



WELLNESS

We Take it to Heart @ St. Johns County



SJC Wellness empowers employees to promote and model positive attitudes and behaviors through a lifelong commitment to wellness. SJC Wellness initiatives include:

- [County-maintained gyms](#) for employees to use
- Self-service blood pressure monitors
- [Discounts to wellness services](#)
- Team Building Wellness activities
- Health education workshops and classes
- Biometric screenings (PHA is approved annually)

Contacts

Medical	800-352-2583	ID Card
Florida Blue / Blue Options Network Group #13902	www.floridablue.com <i>Member Login > Tools > Find a Doctor and More</i>	Yes
BlueCard Program <i>National and Worldwide Coverage</i>	800-810-BLUE (2583) http://provider.bcbs.com	No <i>(same as medical ID)</i>
Care Consultants <i>Know Before You Go</i>	888-476-2227 / www.floridablue.com <i>Member Login > Tools > Compare Medical Costs or Compare Drug Prices</i>	
CareCentrix <i>Durable Medical Equipment</i>	877-561-9910	
24/7 Nurseline	877-789-2583	
Prescription	844-278-5590	
CVS/Caremark CVS National Pharmacy Network Group #RX2787 Bin #004336, PCN - ADV Retail 90- CVS Retail Pharmacies	Mail-Order: 866-284-9226 Specialty: 800-237-2767 www.caremark.com/ www.cvsspecialty.com	Yes
Dental	800-233-4013	
Humana / PPO Network / Group #677885	www.humana.com / <i>Top Menu > Find a Doctor > Select "Dental"</i>	Yes (Printable online)
Vision	877-398-2980	
Humana / Insight Network / Group #014572	www.humana.com / <i>Top Menu > Find a Doctor > Select "Vision"</i>	Yes (Printable online)
FSA's and HRA	800-523-7542, Option 1	
Medcom	https://medcom.healthcareportal.com <i>Employee ID: Social Security Number (no dashes)</i> <i>Registration ID: Select "Card Number", Enter Debit Card Number</i>	Yes
Life and AD&D	888-937-4783	
The Standard / Group # 164622	www.standard.com Online EOI: https://connection.standard.com/deliver/eoi	No
Value-Added Services (at no additional cost)	Travel Assistance: 866-455-9188, Policy #: 164622 Employee Assistance Program: 888-293-6948 Life Services Toolkit: 800-378-5742	
Short & Long Term Disability	888-937-4783	
The Standard / Group # 164622	www.standard.com Online EOI: https://connection.standard.com/deliver/eoi	No
Retirement	866-446-9377	
Florida Retirement System (FRS) Deferred Compensation 457(b) Lincoln Financial Group	www.myFRS.com 800-234-3500 www.LFG.com	
Employee Assistant Program	877-851-1631	
Morneau Shepell	www.workhealthlife.com	No
Wellness Program	904-209-0635	
BCC Human Resources	http://ec.sjcf.us/home/Wellness	
Human Resources		
Board of County Commissioners	904-209-0635 (Benefits option 5), bccbenefits@sjcf.us	
Benefit Administration	904-461-1800	
The Bailey Group	Rachael Friedman: rfriedman@mbaileygroup.com Debbie Weiner: dweiner@mbaileygroup.com	
St. Johns County Web Resources	Employee Benefits: sjcbenefits.mbaileygroup.com	