What's New for 2017?

Spousal Surcharge

Beginning January 1, 2017, spouses of St. Johns County employees, covered under one of the St. Johns County medical plans, who work and are eligible for employer-sponsored medical insurance through their employer, will be required to contribute $50 a month toward the cost of medical insurance at St. Johns County. The $50 monthly surcharge is in addition to the monthly medical premiums listed on the Monthly Rates page (see Inserts, Front Pocket).

Moving to a NEW Online Enrollment Tool

Based on employee feedback, we are moving to a new online enrollment tool (Plan Source) so the look will be different from prior years and the ease of use will be improved. Open Enrollment will be held during the month of October as always and remains a mandatory requirement for all employees. Beginning October 1, 2016, ALL open enrollment elections, new hire elections, and life event changes will be made through our new online enrollment system, Plan Source. Benergy will no longer be available. For more information on Plan Source, see Back Pocket.

FSA Rollover Benefit is Increasing

Effective January 1, 2017, if you contributed to the Health Flexible Spending Account in 2016, up to $500 of leftover unused funds will automatically roll over at the end of the year. This amount is an increase from the $250 of rollover funds allowed in 2016.

Medical Plan Updates

There are two changes being made to the St. Johns County Self-Funded Medical Plan which will take effect January 1, 2017.

- On BlueOptions PPO 03559, Emergency Room cost sharing for the facility charge will change from $100 copay to 10% after calendar year deductible (CYD) has been met.
- On BlueOptions PPO 03559 and BlueOptions HDHP 05360, the maximum number of mental health inpatient days will decrease from 30 to 20, while the maximum number of outpatient visits will increase from 20 to 30.

Dependent Audit

During the first quarter of 2017 St. Johns County will be initiating a dependent audit conducted by an independent vendor. If you have a spouse or child(ren) on the St. Johns County Self Funded Medical Plan as of January 1, 2017, you will be receiving notification requesting documentation from you to verify that your spouse and child(ren) are eligible for coverage. In this Guide are the spouse and child(ren) eligibility for coverage requirements (page 3) effective January 1, 2017. If your spouse or child(ren) do not meet the eligibility requirements they should be removed from your coverage immediately. If it is discovered in the audit that they are not eligible, they will be removed as of the date they were originally added. Any claims that were processed during the time period they were not eligible for coverage will be rescinded and you will be responsible for any charges incurred by medical providers that were utilized. More detailed information regarding the audit process will be sent out at a later date.

New Voluntary Products

Two (2) new products will be offered for the first time during Open Enrollment: Allstate voluntary critical illness with cancer coverage and a voluntary prepaid legal plan by Legal Shield. For more information on the new plans, see Front Pocket.

Monthly Rates

Medical, Prescription, Dental and Vision

Blue Options PPO 03559

Monthly Employee Cost	Standard Monthly Rate	With PHA Credit 1 *If EITHER Employee or Spouse Complete the PHA*	With PHA Credit 2 *If BOTH Employee and Spouse complete the PHA*	St. Johns County Contribution
Employee Only	$ 50.00	$ 0.00	N/A	$950.00
Employee + Spouse	$225.00	$175.00	$125.00	$950.00
Employee + Child(ren)	$175.00	$125.00	N/A	$950.00
Employee + Family	$330.00	$280.00	$230.00	$950.00

Blue Options High Deductible Health Plan 05360

Monthly Employee Cost	Standard Monthly Rate	With PHA Credit 1 *If EITHER Employee or Spouse Complete the PHA*	With PHA Credit 2 *If BOTH Employee and Spouse complete the PHA*	St. Johns County Contribution
Employee Only	$ 50.00	$ 0.00	N/A	$950.00
Employee + Spouse	$200.00	$150.00	$100.00	$950.00
Employee + Child(ren)	$150.00	$100.00	N/A	$950.00
Employee + Family	$280.00	$230.00	$180.00	$950.00

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 contribute an additional $50 monthly toward the cost of medical insurance at St. Johns County.

Voluntary Life Insurance

Voluntary Life insurance is available to employees as well as dependents on an optional basis and is provided through Sun Life Financial. Employees must elect Voluntary Life Insurance for themselves in order to elect either Spouse and/or Child Voluntary Life.

How much does additional life insurance cost?

Please see the rate chart below.

If I purchase additional coverage, do I have to fill out a medical questionnaire?

Not necessarily. If you are a new employee and first enrolling, you can purchase up to $300,000 of coverage without filling out a medical questionnaire, also called evidence of insurability (EOI). All other employees who later choose to elect or increase coverage, either mid-year due to a qualifying life event or during the next open enrollment period, will be required to complete EOI before your coverage is effective.

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 Sun Life website and complete the EOI questions online. You will then be notified by mail from Sun Life whether you are approved for coverage. Premiums subject to EOI will not be deducted from your pay until you have been approved.

How long can my child be covered?

You can cover your child up to age 19, or up to the end of the calendar month in which they turn 26 if they are unmarried.

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, and not both.

How do I name a beneficiary for my life insurance?

You can name or change your beneficiaries at any time by logging onto the online enrollment system. See Back Pocket for more details.

Can I take my insurance with me when I leave employment?

Yes. If you are under age 70 when 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 Sun Life Financial within 31 days of your last day at work in order to be eligible for either of these options. See "Contacts" on page 20 for more details.

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	Up to $150,000 ($5,000 increments)
Dependent Child	Up to $10,000 ($2,000 increments)

Voluntary Life Employee / Spouse Monthly Costs (Age Band per $1,000)			
Under 30	$0.07	50-54	$0.47
30-34	$0.08	55-59	$0.70
35-39	$0.11	60-64	$1.01
40-44	$0.17	65-69	$1.50
45-49	$0.31	70+ (Employee Only)	$2.74
Child(ren) Rate: $0.24 per $2,000 unit (each unit covers all eligible children)			

This is only a summary of benefits and not a contract. This information is not intended to replace or constitute as the Evidence of Coverage or Summary Plan Document. Any questions regarding benefits, limitations or exclusions, please consult your plan documents which are located on your benefits website.

Voluntary Short Term Disability

St. Johns County offers all benefit eligible employees two short term disability options through Sun Life Financial. 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?

Both benefit options replace 60% of your weekly pay, up to $1,000 per week for a determined length of time based on your benefit period selection.

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

If you elect short term disability when you are a new employee and first eligible, EOI is not required. If you decline coverage when first eligible but choose to elect it later, either mid-year due to a qualifying life event or during the next open enrollment period, EOI will be required before your coverage is effective.

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 3 months before your coverage began. If you become disabled in your first year of coverage as a result of this condition, no benefits will be payable for that disability.

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

If you select short-term disability Option 1, benefits begin on the 15th day of disability, due to either an accident or illness, and generally continue for up to 24 weeks. If you select short term disability Option 2, benefits begin on the 30th day of disability, due to either an accident or illness, and generally continue for up to 22 weeks of a disability.

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

You may 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.

Option 1
15/24

15 consecutive days absent / up to 24 weeks of coverage

Employee Only Monthly Cost (per $10 of weekly benefit)	
Under 25	$0.67
25-29	$0.83
30-34	$0.61
35-39	$0.60
40-44	$0.69
45-49	$0.81
50-54	$1.01
55-59	$1.38
60-64	$1.91
65-69	$1.98
70+	$2.02

Option 2
30/22

30 consecutive days absent / up to 22 weeks of coverage

Employee Only Monthly Cost (per $10 of weekly benefit)	
Under 25	$0.53
25-29	$0.65
30-34	$0.48
35-39	$0.47
40-44	$0.54
45-49	$0.64
50-54	$0.80
55-59	$1.09
60-64	$1.51
65-69	$1.56
70+	$1.59

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Voluntary Critical Illness with Cancer Coverage by Allstate

The supplemental benefit options highlighted below are offered through Allstate for employees to enroll on a post-tax basis, and are also portable benefits. These voluntary benefits help employees with copays, deductibles and lost wages when sick.

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

When does the plan pay a benefit?

This voluntary benefit helps you 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.

How much does coverage cost?

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 age, benefit amount, and tobacco use.

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

Coverage is guaranteed issue to all employees during Open Enrollment in October 2016. Additionally, if you elect the critical illness plan when you are a new employee and first eligible, EOI is not required. If you decline coverage when first eligible but choose to elect it later, EOI will be required before your coverage is effective.

Is this benefit available for my dependents?

Yes, you may enroll your spouse and/or children on this plan for an additional cost. The benefit amount will be the same for your spouse and/or children as shown in the table below.

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.

Benefit Details		
Benefit Amount	$10,000 or $20,000	
Recurrence Benefit	100% if treatment free for 12 months	
Vascular Conditions	Heart Attack - 100% Stroke - 100% Coronary Artery Bypass Surgery - 25%	
Organ Conditions	Major Organ Transplant - 100% End Stage Renal Failure - 100%	
Cancer	Invasive Cancer - 100% Carcinoma in Situ[1] - 25%	
Miscellaneous Conditions	Benign Brain Tumor - 100% Coma - 100% Complete Blindness - 100% Complete Loss of Hearing - 100%	Paralysis - 100% Advanced Alzheimer's Disease - 25% Advanced Parkinson's Disease - 25%
Annual Wellness Benefit	$50 per insured	

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

This is only a summary of benefits and not a contract. This information is not intended to replace or constitute as the Evidence of Coverage or Summary Plan Document. Any questions regarding benefits, limitations or exclusions, please consult your plan documents which are located on your benefits website.

Legal Assistance by Legal Shield

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.

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

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?

Advice

- Unlimited topics, personal or business even on pre-existing conditions

Letters and Phone Calls on Your Behalf

Legal Document Review

- Contracts/documents up to 10 pages each

Standard Will Preparation

- Standard Will with yearly reviews/updates
- Available to covered family members for $20
- Other documents available: Living Will, Healthcare Power of Attorney

Motor Vehicle Services

- Available 15 days after enrollment
- Available only if member has a valid driver's license and is driving a properly licensed personal motor vehicle
- Moving traffic violations
- Accidents: Help with defense for charges of manslaughter, involuntary manslaughter, negligent homicide, or vehicular homicide
- Damage recovery, driver's license issues and personal legal injury assistance (up to 2.5 hours of attorney time, up to $2,000 per claim)

IRS Audit Legal Services

- One hour of consultation, advice or assistance when you are notified of an audit by the IRS
- An additional 2.5 hours if a settlement is not achieved within 30 days
- If your case goes to court, you'll receive 46.5 hours of your Provider Law Firm's services
- Coverage for this service begins with the tax return due April 15 of the year you enroll

Trial Defense Hours

Assistance if you or your spouse is named defendant or respondent in a covered civil or job-related criminal action filed in court.

Are there any additional resources available through Legal Shield?

When you enroll in the prepaid legal plan, you also have access to a video law library, online forms, and 25% off additional legal services. After initial consultation, the following are covered under your 25% discount:

- Lawsuits filed due to conditions that were foreseeable prior to enrollment
- Charges of DUI/DWI, drug-related matters, hit-and-run, leaving the scene of an accident, unmeritorious cases, issues resulting from operating a commercial vehicle with more than two axles
- Bankruptcy, divorce, separation, annulment, child custody
- If you are named in a civil lawsuit or have criminal charges filed against you
- Garnishment, attachment, other appeals
- Charges of tax fraud or income tax evasions, Trust returns, business (including Schedule C) and/or corporate tax returns, payroll and information returns, partnerships, corporation returns or portions thereof that are included in the Member's tax returns, or services rendered by an enrolled agent.

This is only a summary of benefits and not a contract. This information is not intended to replace or constitute as the Evidence of Coverage or Summary Plan Document. Any questions regarding benefits, limitations or exclusions, please consult your plan documents which are located on your benefits website.

NEW TOOL

Online Enrollment Plan Source

Plan Source is the employee self-service, online portal for employees of St. Johns County Board of County Commissioners to enroll in all benefits plans. Once logged in, you will be able to see what plans you are currently enrolled in and compare costs and benefit details. Before you begin the enrollment process, please make sure you have reviewed the benefit plans in this booklet and have all dependent information including date of birth and social security number.

IMPORTANT NOTE: All new hires eligible for benefits will have 60 days from date of hire to complete the enrollment process. This is the employee's responsibility; Personnel Services will not contact you regarding your enrollment. Additionally, you must provide documentation proving dependent eligibility. See page 3 in the Benefits Guide for more information.

1 Log on to https://benefits.plansource.com
Username is your first initial, first six letters of your last name, last four of social. (Ex. jsmith0410).
Initial password will be your date of birth in the YYYYMMDD format.
- For existing employees, select **"Enroll - Annual"** for open enrollment
- If you are a new employee, select "**Enroll - New Hire**"

2 Review the information and update your personal data by inputting any requested information.
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 enrollment changes will be lost.

3 If you need to add a dependent to your coverage, choose "Add Dependent" on the Update Dependent screen. <u>You should verify/add all dependents, even if you are not enrolling them.</u> This will allow the system to offer the benefits as needed. Press "Continue" at the bottom of the page to proceed through the enrollment. If your desired election does not appear, or your dependent is not showing, you must go back to this section and add them.

4 Review notices and electronically sign to begin your election. Review the SBC Notice, Health Insurance Marketplace Notice, and Notice of Privacy Practices. For each notice, choose "I Agree" and press "Continue." The **E-Signature screen** will appear next. Type in your password and choose "Continue" to electronically sign.

5 Continue through each benefit offering, choosing your desired election under the appropriate plan, or by declining the benefit entirely. <u>If you elect coverage with dependents (eligible for coverage under IRS guidelines), check the box next to each dependent you would like enrolled.</u> Choose "Continue" at the bottom to continue to the next benefit.

6 Once you have completed each benefit election, the Confirmation page will appear.
Review each benefit including all dependents to be added to be sure everything is correct. Once you have reviewed and confirmed all of the desired elections are correct, choose "Confirm" at the bottom of the page. Your benefit election will <u>not</u> be complete until you hit the "Confirm" button. Email a copy of this for your records by entering your email address and clicking "Send."

Life Events

From the Plan Source home page, select "**Make a Change to My Benefits"** if you would like to request a change to your benefits due to a life event. 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 on 9/30, the date you will enter is 10/1 because that is the date you want your spouse added to your insurance.

PLEASE NOTE: Life Events are not immediately processed. It may take up to 2 weeks for a change to be made after the life event has been submitted.

For more information or assistance with your enrollment, please contact Human Resources or The Bailey Group. (See "Contacts" on page 20.)

Important Notices

Health Insurance Marketplace

PART A: General Information

When key parts of the health care law took effect 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers" one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly insurance premium right away.

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

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

Does Employer Health Coverage Affect Premium Savings through the Marketplace?

Yes. If the health coverage from your employer meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set up the Affordable Care Act, you may be eligible for a tax credit.[1]

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

How Can I Get More Information?

For more information about your employer coverage, please check your Summary Plan Description or contact your Benefits Administrator. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. You may also contact an individual health agent at The Bailey Group.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. The information below is numbered to correspond to the Marketplace application.

<table>
<tr><td>3. Employer Name: St. Johns County</td><td colspan="2">4. Employer Identification Number: 59-6000825</td></tr>
<tr><td>5. Employer Address: 500 San Sebastian View</td><td colspan="2">6. Employer Phone Number: (904) 209-0655</td></tr>
<tr><td>7. City: St. Augustine</td><td>8. State: FL</td><td>9. Zip Code: 32084</td></tr>
<tr><td colspan="3">10. Who can we contact about associate health coverage at this job? Personnel Services, Benefits Team</td></tr>
<tr><td>11. Phone Number: (904) 209-0635, Option 5</td><td colspan="2">12. Email Address: tfarrow@sjcfl.us</td></tr>
<tr><td colspan="3">As your employer, we offer a health plan to Some employees. Eligible Employees are Full-time, active employee normally scheduled to work a minimum of 30 hours per week, on the regular payroll of the Company, and in a class of employees eligible for coverage.</td></tr>
<tr><td colspan="3">With respect to dependents, we do offer coverage. Eligible dependents are defined as the Covered Employee's spouse under a legally valid existing marriage, Dependent Child(ren) up to age 26 and the newborn child of a Covered Dependent child up to 18 months.</td></tr>
<tr><td colspan="3">This coverage meets the minimum value standard, and the cost to you is intended to be affordable, based on employee wages.</td></tr>
</table>

DOL Form OMB 1210-0149 exp.1/31/2017

Premium Assistance Under Medicaid and Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). Florida: Website: http://flmedicaidtplrecovery.com/hipp/. Phone: 1-877-357-3268.

Section 125 Qualifying Life 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 remain in effect until the next annual Open Enrollment period, unless you experience an IRS-approved qualifying life event. A qualifying life 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 employer group medical plan. Qualifying life 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, student status, marital status, or employment status, and you or your spouse experience a change in work hours that affects benefit eligibility.

Note: Your qualified status change must be consistent with the event. You must notify Personnel Services within 30 days of your qualifying life event.

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

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the 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, prostheses, treatment of physical complications of the mastectomy, including lymphedema, and surgery and reconstruction of the other breast to produce a symmetrical appearance.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call the Plan Administrator (contact information provided at the end of this communication).

Credible Coverage & Medicare Notice

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

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

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. If you decide to join a Medicare drug plan and drop your current coverage under the employer group medical plan, be aware that you and your dependents will not be able to get this coverage back. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/). You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About Your Options Under Medicare Prescription Drug Coverage…

> Visit www.medicare.gov or 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.

NOTE: You will also get this notice before the next period you can join a Medicare drug plan, and if your current coverage changes. You also may request a copy of this notice at any time. **Remember**: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty). 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 1-800-772-1213 (TTY 1-800-325-0778).

Date:	10/01/2016
Name of Entity:	St. Johns County BOCC

CMS Form 10182-CC

Notice to Employees in a Self-Funded Non-federal Governmental Group Health Plan
Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. St. Johns County has elected to exempt the St. Johns County Self-Funded Medical Plan from the following requirements:

Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from these Federal requirements will be in effect for the 2017 plan year beginning January 1, 2017 and ending December 31, 2017. The election may be renewed for subsequent plan years.

St. Johns County Notice of Privacy Practices

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

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

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

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HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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INFORMATION WE COLLECT ABOUT YOU

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

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

GENETIC INFORMATION

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

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

OUR RESPONSIBILITIES

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

OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY

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

OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY FOR E-MAIL COMMUNICATION

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

POTENTIAL IMPACT OF STATE LAW

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

NOTICE OF PRIVACY PRACTICES AVAILABILITY

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

FOR MORE INFORMATION OR TO REPORT A PROBLEM

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

U.S. Department of Health and Human Services
Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775
http://www.hhs.gov/contacts

St. Johns County Self-Funded Medical Plan
Sarah Taylor
Privacy Officer
500 San Sebastian View
St. Augustine, FL 32084
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