

2018 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 Contribution
Employee Only	\$100.00	\$ 50.00	N/A	\$937.50
Employee + Spouse	\$337.50	\$287.50	\$237.50	\$937.50
Employee + Child(ren)	\$262.50	\$212.50	N/A	\$937.50
Employee + Family	\$495.00	\$445.00	\$395.00	\$937.50

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 Contribution
Employee Only	\$ 50.00	\$ 0.00	N/A	\$937.50
Employee + Spouse	\$200.00	\$150.00	\$100.00	\$937.50
Employee + Child(ren)	\$150.00	\$100.00	N/A	\$937.50
Employee + Family	\$280.00	\$230.00	\$180.00	\$937.50

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 2018 were earned through participation in the PHA program from October 1, 2016 through September 30, 2017. New hires and non-participating employees will not be eligible for the 2018 PHA credit. For more information regarding this program refer to the Personal Health Assessment guide, available through your HR department.

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			35	
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	\$100.00	\$ 50.00	N/A	\$50.00	\$ 0.00	N/A
Employee + Spouse	\$337.50	\$287.50	\$237.50	\$200.00	\$150.00	\$100.00
Employee + Child(ren)	\$262.50	\$212.50	N/A	\$150.00	\$100.00	N/A
Employee + Family	\$495.00	\$445.00	\$395.00	\$280.00	\$230.00	\$180.00
St. Johns County Contribution		\$937.50			\$937.50	