



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

## Blue Options PPO 03559

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

## Blue Options HDHP 05360

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

## Blue Options HDHP / Health Reimbursement Account (HRA)

|                              | St. Johns County Contribution |
|------------------------------|-------------------------------|
| <b>Employee Only</b>         | \$ 600.00                     |
| <b>Employee + Spouse</b>     | \$1,000.00                    |
| <b>Employee + Child(ren)</b> | \$1,000.00                    |
| <b>Employee + Family</b>     | \$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.

<sup>1</sup>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   |              |
| <b>Calendar Year Deductible (CYD)</b><br>Per Individual/Family Aggregate   | \$500/\$1,500                 | \$500/\$1,500                  |              | \$1,500/\$3,000                 | \$3,000/\$6,000  |              |
| <b>Total Out-of-Pocket Maximum</b> (Includes CYD, coinsurance, medical and prescription copays)<br>Per Individual/Family Aggregate             | \$3,000/\$9,000               | \$3,000/\$9,000                |              | \$4,500/\$9,000                 | \$9,000/\$18,000   |              |
| <b>Coinsurance (Member Pays)</b>   | 20%                           | 40%                            |              | 20%                             | 40%  |              |
| <b>Adult and Child Wellness Services</b> (Preventive Care)   | Covered 100%                  | Covered 100%                   |              | Covered 100%                    | Covered 100%   |              |
| <b>Mammograms / Routine Colonoscopy</b> (Preventive Care)  | Covered 100%                  | Covered 100%                   |              | Covered 100%                    | Covered 100%   |              |
| <b>Office Visits</b><br>Primary Care Physician (PCP)<br>Specialist   | \$ 35 copay<br>20% after CYD  | 40% after CYD<br>40% after CYD |              | \$35 copay<br>20% after CYD     | 40% after CYD<br>40% after CYD   |              |
| <b>Convenient Care Centers</b>   | \$ 35 copay                   | 40% after CYD                  |              | \$35 copay                      | 40% after CYD  |              |
| <b>Urgent Care Visits</b>  | \$ 35 copay                   | \$ 35 copay                    |              | \$35 copay                      | \$35 copay   |              |
| <b>Emergency Room</b> (facility charge)  | 10% after CYD                 | 10% after CYD                  |              | 20% after CYD                   | 20% after CYD  |              |
| <b>Ambulance Services</b>  | 20% after CYD                 | 20% after CYD                  |              | 20% after CYD                   | 20% after CYD  |              |
| <b>Inpatient Hospital</b> (facility charge)<br>Level 1/Level 2   | \$600 copay/<br>\$900 copay   | 40% after CYD                  |              | 20% after CYD/<br>25% after CYD | \$500 PAD +<br>40% after CYD   |              |
| <b>Outpatient Hospital</b> (facility charge)<br>Level 1/Level 2  | \$ 150 copay/<br>\$ 250 copay | 40% after CYD                  |              | 20% after CYD/<br>25% after CYD | 40% after CYD  |              |
| <b>Ambulatory Surgical Center</b> (facility charge)  | \$ 100 copay                  | 40% after CYD                  |              | 20% after CYD                   | 40% after CYD  |              |
| <b>Provider Services at Hospital and ER</b>  | 20% after CYD                 | 20% after CYD                  |              | 20% after CYD                   | 20% after CYD  |              |
| <b>Provider Services at Ambulatory Surgical Center</b>   | 20% after CYD                 | 40% after CYD                  |              | 20% after CYD                   | 40% after CYD  |              |
| <b>Radiologists, Anesthesiologists, and Pathologists at Ambulatory Surgical Center</b>   | 20% after CYD                 | 20% after CYD                  |              | 20% after CYD                   | 20% after CYD  |              |
| <b>Outpatient Diagnostic Services</b><br>Labs/Blood Work (Quest Diagnostics only)<br>X-Rays and Advanced Imaging Services (MRI, CT, PET, etc.) | \$ 0<br>\$ 100 copay          | 40% after CYD<br>40% after CYD |              | 0% after CYD<br>20% after CYD   | 40% after CYD<br>40% after CYD   |              |
| <b>Durable Medical Equipment, Prosthetics, and Orthotics (DME)</b>   | 20% after CYD                 | 40% after CYD                  |              | 20% after CYD                   | 40% after CYD  |              |
| <b>Benefit Maximums Per Calendar Year</b>  |                               |                                |              |                                 |  |              |
| 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 <sup>1</sup>                |              |                                 | 35 <sup>1</sup>  |              |
| 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)<br>Funded by St. Johns County (Annual contribution; prorated for new hires)                                 |                               | N/A                            |              |                                 | \$600 Employee Only<br>\$1,000 Employee + Spouse<br>\$1,000 Employee + Children<br>\$1,500 - Employee + Family |              |
| <b>Monthly Rates</b> (Includes Medical, Rx, Dental, and Vision)  | <b>Standard</b>               | <b>PHA 1</b>                   | <b>PHA 2</b> | <b>Standard</b>                 | <b>PHA 1</b>   | <b>PHA 2</b> |
| 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   |              |

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