



# 2020 Monthly rates include: Medical, Prescription, Dental and Vision

## PPO

	Standard Monthly Rate	With WPI 1	With WPI 2
<b>Employee Only</b>	\$106.40	\$56.40	N/A
<b>Employee + Spouse</b>	\$380.69	\$330.69	\$280.69
<b>Employee + Child(ren)</b>	\$279.30	\$229.30	N/A
<b>Employee + Family</b>	\$558.35	\$508.35	\$458.35

## PPO with HRA

	Standard Monthly Rate	With WPI 1	With WPI 2
<b>Employee Only</b>	\$ 50.00	\$ 0.00	N/A
<b>Employee + Spouse</b>	\$212.80	\$162.80	\$112.80
<b>Employee + Child(ren)</b>	\$159.60	\$109.60	N/A
<b>Employee + Family</b>	\$297.92	\$247.92	\$197.92

**WPI 1:** If EITHER Employee or Spouse Complete the WPI **WPI 2:** If BOTH Employee and Spouse complete the WPI.

## 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.

## Wellness Premium Incentive (WPI)

Wellness Premium Incentives for 2020 were earned through participation in the Wellness Premium Incentive Program (WPIP) from October 1, 2018 through September 30, 2019. Children are not eligible to participate in the WPI.

St. Johns County Contribution			
	Health	OPEB <sup>1</sup>	Annual HRA
<b>Employee Only</b>	\$997.50	\$70.84	\$600.00
<b>Employee + Spouse</b>	\$997.50	\$70.84	\$1,000.00
<b>Employee + Child(ren)</b>	\$997.50	\$70.84	\$1,000.00
<b>Employee + Family</b>	\$997.50	\$70.84	\$1,500.00

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

Note: Annual HRA prorated for New Hires and Life Events

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

## 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> 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) Per Individual/Family Aggregate	\$3,000/\$9,000	\$6,000/\$18,000		\$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> 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	
<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)	20% after CYD	20% 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) Level 1/Level 2	\$600 copay/ \$900 copay	40% after CYD		20% after CYD/ 25% after CYD	\$500 PAD + 40% after CYD	
<b>Outpatient Hospital</b> (facility charge) Level 1/Level 2	\$ 150 copay/ \$ 250 copay	40% after CYD		20% after CYD/ 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> 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	
<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	25 / 35			25 / 35		
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)	15 days/visits			15 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		
<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	\$106.50	\$ 56.50	N/A	\$50.00	\$ 0.00	N/A
Employee + Spouse	\$381.74	\$331.74	\$281.74	\$213.00	\$163.00	\$113.00
Employee + Child(ren)	\$279.57	\$229.57	N/A	\$159.75	\$109.75	N/A
Employee + Family	\$559.88	\$509.88	\$459.88	\$298.21	\$248.21	\$198.21
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.