



Federal Notices | Exchange Notices | Summary of Benefits and Coverage (SBC) | Privacy Notices

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Summary of Benefits and Coverage (SBC) Agreement, Health Insurance Marketplace Notice, Notice of Privacy Practices, Notice of Premium Assistance Under Medicaid and Children’s Health Insurance Program (CHIP), Women’s Health & Cancer Rights Act of 1998 (WHCRA) Notice, Notice about Your Prescription Drug Coverage and Medicare, Notice to Employees in a Self-Funded Non-Federal Governmental Group Health Plan, Notice Regarding Wellness Programs, and Section 125 Agreement and Fraud Statement

Summary of Benefits and Coverage (SBC) Agreement

The Patient Protection and Affordable Care Act (PPACA) requires group health plans to prepare and distribute a brief, standard summary of the plan’s benefits and coverage. This summary is called the summary of benefits and coverage (SBC), also commonly known as the “four-page summary.” This summary is in addition to the regular summary of benefits in your Benefits Guide. We apologize for the redundancy but as previously stated, the SBC is a requirement put forth by PPACA.

The purpose of the requirement is to provide individuals with a better understanding of the health coverage offered under the plan and a means for comparing various health plans and policies. To achieve this purpose, the SBC is subject to strict content, appearance, format and language requirements. Additionally, you will see that the SBC includes coverage examples that illustrate benefits provided under our plan. However, please note that while these coverage examples do take into account actual St. Johns County benefits, they may differ from the actual cost of services in your area.

If you have any questions regarding the SBC, please feel free to contact The Bailey Group at (904) 461-1800.

Health Insurance Marketplace Notice

When key parts of the health care law took effect in 2014, there are new ways 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.

Notice of Privacy Practices

The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights.

Notice of 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.

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.



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Notice about Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with St. Johns County 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.

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 in the attached 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 2021 plan year beginning January 1, 2022 and ending December 31, 2022. The election may be renewed for subsequent plan years.

Notice Regarding Wellness Programs

St. Johns County's Wellness Premium Incentive (WPI) Program is a voluntary wellness program available to all benefits-enrolled employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

Section 125 Agreement and Fraud Statement

I understand that:

- I cannot change or revoke any of my elections or this compensation redirection agreement at any time during the plan year unless I have changes in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of spouse, change in my spouse's employment status from full-time to part-time or from part-time to full-time, my spouse or I take an unpaid leave of absence, a substantial change in family's health coverage due to change in my spouse's employer sponsored health coverage, etc..). Notification of change must be within 30 days of the qualifying event.
- Prior to the first day of each plan year I will be offered the opportunity to change my benefit elections for the following plan year.
- I hereby authorize my employer to reduce my cash compensation by the amount(s) indicated for each pay period during the plan year following the date on which this agreement is signed.
- My election may impact my future Social Security benefits.

All notices can be found in PlanSource under Documents (<https://benefits.plansource.com/?sjc>)