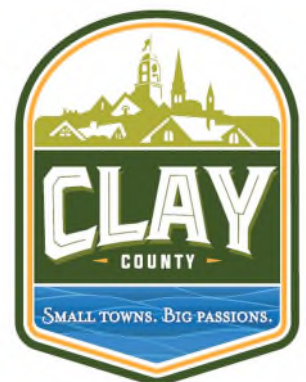




2025 RETIREE

Benefits Guide



New for Plan Year 2025

Medical

- There will be plan design changes on the PPO and the HDHP.
- Additionally, the coverage options will expand from the current two-tier coverage option (EE Only or Family) to a four-tier coverage option (EE only, EE+Spouse, EE+Child(ren), or Family).
- Added to your medical benefit- Teladoc will now be offered to anyone enrolled in a medical plan within all constitutionsals.

Pharmacy

- Pharmacy benefits will now be managed through Express Scripts. This change will include the issuance of a new ID card for prescription services. Be sure to update your pharmacy with your new pharmacy member ID upon receipt.

Dental

- Dental plans will continue with MetLife with plans and coverage remaining the same, but there will be a slight increase to the rates.

Opt-Out Allowance

- Allowance based on tier level; be sure to update your form when applicable.

Enrollment

- This year is an active enrollment, you **MUST** make elections via the enrollment form provided by your benefits team. You can only select plans that you are currently enrolled in, but you can change the tier level. Payments will still be processed by EBC.

Enrollment Basics

WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, you or your dependents must meet the following eligibility criteria and provide dependent eligibility documentation

Spouse

The person to whom you are legally married. Under no circumstances may ex-spouses be covered by a Retiree.

Required Documentation

(1) Most recent Federal Tax Return(s) showing that you are married filing jointly or separately. Financial information should be redacted, AND (2) Copy of Marriage Certificate

Dependent child(ren)

Children up to age 26 (eligible through December 31 following the child's 26th birthday).

Required Documentation

- Biological children: Copy of Birth Certificate (must list Retiree as a parent)
- Stepchildren: (1) Copy of Birth Certificate (Retiree's spouse must listed as a parent) AND (2) Copy of Marriage Certificate
- Adopted children/Court ordered dependents: Copy of Adoption / Guardianship documents.

Over-age dependents ages 26-30 (eligible only for medical coverage) who are:

- (1) Unmarried AND have no dependents of their own AND are dependent on the Retiree for financial support, (2) Not offered coverage through another group or individual plan, (3) Not entitled to benefits under Title XVIII of Social Security Act, (4) Resident of Florida or are full or part-time students

Newborn children of covered dependent children (under the age of 26)

A newborn child of a covered dependent child (under the age of 26) is eligible for medical coverage for the first 18 months, as long as the newborn's parent also remains covered.

Required Documentation

- Under 18 months old: (1) Copy of Birth Certificate (of covered grandchild) AND (2) Copy of birth Certificate (of covered grandchild's natural parent/Retiree's biological child).
- Over 18 months old: Copy of Custody or Guardianship documentation.

WHEN YOU CAN ENROLL.

During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective January 1, 2025 – December 31, 2025.

Mid-year changes

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted within 30-days of the date of the event.

EXAMPLES OF QUALIFIED LIFE EVENTS:

- Birth, adoption, legal guardianship or placement for adoption
- Marriage, divorce or annulment
- Death of a dependent
- Gain or loss of other creditable coverage

WAIVING HEALTH INSURANCE

If you are covered by another health plan and do not wish to enroll in the Clay County BOCC Plan, please be sure to check the area to waive coverage on enrollment form.

If you wish to receive the Opt-Out Allowance for you and your family, you will be required to submit all necessary documentation for proof of coverage. **Only one opt-out allowance per family.**

Important Note: If you waive your coverage at the time of initial enrollment or during the Open Enrollment period, you will not have another opportunity to enroll in the County's group benefits at a later date.

Medical Benefits



Your medical coverage is administered through **Florida Blue**. You'll have access to a broad network of doctors and hospitals, providing you with quality care and significant savings in comparison to receiving services out-of-network.

WELLNESS & PREVENTIVE CARE SERVICES

- Clay County is committed to your health. As part of the Clay County wellness program, you are encouraged to complete at least one preventive care visit each year. Your Clay County Medical Plan pays 100% of certain preventive care services with no out-of-pocket cost to you.
- Preventive care is routine health care that includes screening, checkups and patient counseling to help prevent illnesses, diseases or other health problems. There may be some exceptions, so it's important to know what qualifies as preventive care and what questions to ask your doctor to avoid extra costs.
- Preventive care guidelines vary based on factors such as your age and stage in life, as well as your personal and family health history. Your doctor can help determine what's appropriate for you.
- For more information, see current [Florida Blue's general wellness guidelines](#) for preventive care services.



MEDICAL AND PRESCRIPTION DRUG PLANS

See the summary of your medical and prescription benefits below.

For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available from Human Resources or your [Florida Blue benefits website](#).

	PPO Blue Options 03766	HDHP Blue Options 05168/05169
MEDICAL BENEFITS	In-Network	In-Network
Calendar Year Deductible Individual Family	\$500 \$1,500	\$2,500 \$5,000
Out-of-Pocket Maximum Individual Family	\$3,000 \$9,000	\$3,000 \$6,000
Coinsurance	80/20%	80/20%
Preventive Services	\$0	\$0
Office Visits Primary Care Physician Specialist	\$20 \$40	Deductible Deductible
Urgent Care	\$45	Deductible
Emergency Room	\$300	Deductible + 20%
Outpatient Diagnostic Tests Independent Clinical Lab Value Choice Specialist Independent Diagnostic Testing Center	\$0 \$40 \$50	Deductible Deductible Deductible
Advanced Imaging Physician Office Independent Diagnostic Testing Center	\$40 \$150	Deductible

IMPORTANT TO KNOW

What it means to stay "in-network" and why it saves you money

Think of it this way: in-network is about getting health care from the broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're a **Florida Blue** member.

They negotiate for you, so, you'll have less out-of-pocket costs when you get care. And they can't send you a bill for more than what has been agreed to - this is called balance billing and you're safe from it, as long as you stay in-network.

MEDICAL PLAN PREMIUMS

Your Retiree contributions for this plan year are based on your choice of plan and coverage tier. The subsidy provided by The County has not changed for 2025.

Listed below are monthly costs for you and your dependents effective January 1, 2025 – December 31, 2025:

Under 65 Hired before 2016	PPO Blue Options 03766				HDHP Blue Options 05168/05169			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
MONTHLY								
Retiree Contribution	\$692.81	\$1,477.59	\$1,321.61	\$2,114.41	\$627.89	\$1,378.53	\$1,231.49	\$1,970.23
County Subsidy	\$250.00	\$250.00	\$250.00	\$400.00	\$250.00	\$250.00	\$250.00	\$400.00
Total Premium	\$942.81	\$1,727.59	\$1,571.61	\$2,514.41	\$877.89	\$1,628.53	\$1,481.49	\$2,370.23

Over 65 Hired before 2016	PPO Blue Options 03766				HDHP Blue Options 05168/05169			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
MONTHLY								
Retiree Contribution	\$792.81	\$1,577.59	\$1,421.61	\$2,364.51	\$877.89	\$1,628.53	\$1,481.49	\$2,370.23
County Subsidy	\$150.00	\$150.00	\$150.00	\$150.00	\$0	\$0	\$0	\$0
Total Premium	\$942.81	\$1,727.59	\$1,571.61	\$2,514.41	\$877.89	\$1,628.53	\$1,481.49	\$2,370.23

Note: Retirees hired on or after August 1, 2016, are not eligible to receive retirement subsidies from CCBOCC.

Health and Well-Being Resources

We are dedicated to helping you and your family be healthy and fit. If you enroll in a Florida Blue medical plan, you and your covered dependents have access to the following benefits and resources.

ONLINE AND MOBILE RESOURCES

You can stay on top of your benefits anywhere you go thanks to the mobile apps and websites our benefit carriers provide. These tools give you the ability to:

- Find a provider and care
- Download an ID card
- Check your benefits and review your claims
- Compare costs and access discounts
- Contact customer support

Be sure to register on our carrier partners' websites and download their apps so that you can access your benefits information anytime, anywhere.

FLORIDA BLUE CARE TEAM

Managing a health condition can be tough – your Care Team is here to help and provide one-on-one support managing your medical condition.

Your team includes nurses and clinical professionals who work hand-in-hand with your doctor so you can have peace of mind.

Call 1-844-730-2583 to get in touch or learn more at www.FloridaBlue.com/ExtraCare.

Your Florida Blue plan includes these services at no extra cost:

- Dedicated nurses and other clinical professionals focused on helping you reach your health goals
- Access to community resources that help with transportation, food, finances, and more

BLUE365

Blue365 gives Blue Cross and Blue Shield members access to savings across all aspects of your life—including discounts on wearable devices, gym membership access starting at \$19/month, discounts on healthy, organic meal delivery services from Sunbasket, and much more!

Register now for free at www.Blue365Deals.com.

BETTER YOU STRIDES

Take advantage of a personalized wellness and rewards program to help you on your health journey.

You and your enrolled family members age 18 years or older can each earn up to \$100 every year — including a one-time \$30 reward just for joining.

Every 100 points = \$1. Your health journey is unique to you. Here are some examples of activities you may be able to complete to earn points:

- Complete your online health assessment
- Complete your yearly wellness checkup

Once you've earned rewards, go to the Rewards Center in your Florida Blue member account to redeem your points and we will mail you a reloadable prepaid card you can use for health care expenses like doctor visits, prescriptions, vision and dental care, plus more.

Pharmacy Benefit



Your pharmacy benefits are provided through **Express Scripts, Inc (ESI)**, effective **1/1/2025**.

You may purchase up to a 30-day supply of covered drugs when you fill your prescription at a participating retail pharmacy or you can use the mail order pharmacy program if you use a maintenance medication, such as those for blood pressure or cholesterol. The mail order pharmacy program offers up to a 90-day supply at a reduced cost to you.





MEMBER ID CARD

Members enrolled in a medical plan will receive a separate pharmacy member ID card from Express Scripts. Use this card for all prescriptions.

PRESCRIPTION BENEFITS		
Plan	PPO – Blue Options 03766:	HDHP – Blue Options 05168/69
Retail Pharmacy Generic / Preferred Brand / Non-Preferred Brand / Specialty	\$10 / \$35 / \$50 / \$85	Deductible
Mail Order (90-day supply) Generic / Preferred Brand / Non-Preferred Brand	\$20 / \$70 / \$100 / N/A	Deductible



Express Scripts Price Assure powered by GoodRx makes generic drug pricing seamless at point-of-sale!

-  Certain generic medications (excluding specialty generics) are included in the program.
-  Clinical safety and formulary checks provided prior to any pricing checks to ensure the claim is safe and compliant with the plan.
-  Seamless experience without going to a discount card site to get a cheaper price.
-  Claim included in member deductible – even if the GoodRx discount card price was used.

Create an account on express-scripts.com or through the Express Scripts mobile app to access your prescription plan anytime and anywhere.

ONLINE ACCESS - COST, CARDS, & CLAIMS

- Visit express-scripts.com and select REGISTER or download the mobile app for free and select REGISTER.
- Enter the requested information, including your member ID or Social Security Number, and create your username and password.
- Click or tap REGISTER NOW.

Once your account is created, you can:

- Check the cost of your prescriptions before you go to the pharmacy.
- Refill or renew prescriptions
- Find your nearest preferred pharmacy.
- View and print member ID Cards.
- Enroll eligible prescriptions in automatic refill.
- Set reminders to take your medication.
- Enroll in home delivery.

MAINTENANCE PRESCRIPTIONS -

Get your 90-day prescriptions shipped right to your door with mail order.

If enrolling a new prescription:

- Contact your doctor and ask them to e-prescribe a 90-day prescription directly to ESI.
- OR send in a request by selection "Form" or "Forms & Cards" from the "Benefits" menu, print a mail order form and follow the mailing instructions.
- OR call ESI at the Member Services number on your card and they will contact your doctor for you!

If enrolling current prescriptions:

- Transfer retail prescriptions to home delivery by clicking "Add Cart" for eligible prescriptions and check out.
- You can also refill and renew prescriptions.
- Check Order Status to track shipping of your prescriptions. After ESI receives our prescription from your doctor you will receive your medication in 7 days.

It can be hard to know where to go for medical care – especially in the heat of the moment. But not every situation calls for a trip to the emergency room.

Virtual visits allow you to connect for immediate care. Their doctors can advise you on what to do next. They may even be able to help you resolve or stabilize the situation right there on the spot. Call **Teladoc** at 1-800-835-2362, visit [Teladoc.com](https://www.teladoc.com), or download the mobile app.

Access Clinicians anytime, anywhere for routine illnesses:



U.S. board-certified clinicians help with conditions like the flu, bronchitis, rashes, sinus infections and more.



Talk to a clinician from wherever you are—day or night



Skip the trip to the ER or urgent care

Healthy skin made easier with virtual dermatology:

Dealing with a rash, acne, eczema or another skin issue? Start an online skin review with a **Teladoc** dermatologist.

- Upload images of your skin condition with a detailed description. A dermatologist will review and provide a custom treatment plan in 24 hours or less – with a prescription, if needed.
- Ask follow-up questions through the secure message center at no additional charge for up to 7 days.

Your mental health deserves as much attention as your physical health

Teladoc Health licensed therapists and psychiatrists are here for you no matter what you are facing, whether it's big or small. They can help you improve your mood with things like:

- Learning to stay calm in stressful moments
- Managing and understanding depression and managing trauma
- Controlling anxiety caused by work or personal issues
- Overcoming burnout which could be causing mental or physical exhaustion and irritation

Avecina Medical for Employees & Enrolled Family Members

Clay County employees and their family members on the same health insurance plan can enjoy waived co-pays and reduced office visit costs at Avecina Medical offices. Specifically, those on the BCBS non-HSA plan will have their \$45 co-pay waived, while employees on an HSA plan will receive a \$45 reduction in office visit costs. These benefits apply to all current and future Avecina Medical locations, ensuring affordable and convenient urgent care access throughout the region. For more details, visit Avecina Medical Locations.

Health Savings Account (HSA)



BOCC employees who are enrolled in a High Deductible Health Plan (HDHP), must open a Health Savings Account (HSA) with Fidelity. There is **NO Cost** to you as an active employee, for setting up the Health Savings Account. The administrative cost of \$2.00 per month is covered by Clay County for Plan Year 2025.

With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. This plan is not available for those enrolled in the PPO Plan.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

WHY HAVE AN HSA?

- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax deferred, and if used to pay eligible expenses, are tax free
- Money not used at year end 'rolls over' for use the next year
- The balance in your HSA account can be invested

ELIGIBILITY REQUIREMENTS

- Must be enrolled in a High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare, must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other 'first dollar' coverage, must not have received VA medical benefits at any time in the past three months, and may not be claimed as a dependent on another individual's tax return
- Spouse must not be contributing to/participating in a Health Care FSA through his/her employer

	Employee Only	Employee + 1 Or More (Family)
Total Maximum Contribution	\$4,300	\$8,550
Age 55+ Add Catch up contribution	\$1,000	\$1,000

**Over age 55 can contribute up to an addition \$1,000 catch up contribution.*

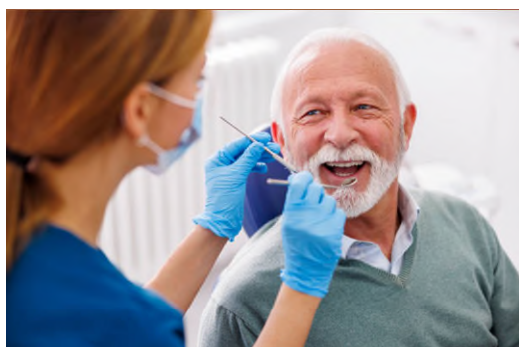
IMPORTANT INFORMATION – MEDICARE ELIGIBLE

Contributions into an HSA should be terminated at least 6 months prior to applying for Medicare or Social Security Retirement to avoid potential tax penalties.

Dental Benefits

Your dental coverage is provided through **MetLife**.

You may view your benefits, print an ID card and locate in-network dental providers by visiting www.MetLife.com.



	Low Plan	High Plan
IN-NETWORK		
Calendar Year Deductible Individual Family	\$50 \$150	\$50 \$150
Diagnostic & Preventive Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 100%	Covered 100%
Basic Services Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, oral surgery, general anesthesia, endodontics and periodontics	50% after Ded	80% after Ded
Major Services Inlays, onlays, crowns, bridges and implants	50% after Ded	50% after Ded
Annual Benefit Max	\$1,000	\$1,500
Orthodontic Services	50%	50%
Lifetime Ortho Max	\$1,000	\$1,500

	Low Plan		High Plan	
MONTHLY	Single	Family	Single	Family
Retiree Contribution	\$17.41	\$55.51	\$34.16	\$108.92

Life and AD&D

We provide Basic Life and Accidental Death and Dismemberment (AD&D) coverage. Retirees can elect a benefit of \$20,000 through **The Standard**.

You can also elect additional Voluntary life coverage.

RETIREE COVERAGE

You may elect to purchase \$10,000 coverage increments, up to 150,000. The guarantee issue amount is \$150,000 and you will be able to elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

SPOUSE COVERAGE

THIS BENEFIT IS ONLY AVAILABLE IF ENROLLED IN RETIREE OPTIONAL LIFE COVERAGE

You may elect \$10,000 of coverage for your spouse. The guarantee issue amount is \$10,000 and you will be able to elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

A Retiree may not be insured as both a Retiree and a dependent.

CHILD COVERAGE

THIS BENEFIT IS ONLY AVAILABLE IF ENROLLED IN Retiree OPTIONAL LIFE COVERAGE

You may elect \$5,000 of coverage for your dependent child.

A child may not be insured by more than one Retiree.



Key Terms to Know

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum

Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

Out-of-Pocket Maximum

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

Coinsurance

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Copayment

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar year before the plan pays for most services. The deductible does not apply to network preventive care if any services where you pay a copayment rather than coinsurance. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

Brand Formulary Drugs

The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Specialty Drugs

Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Network

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

Qualifying Event

An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

Federal Notices

HEALTH INSURANCE MARKETPLACE

PART A: General Information

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 offer's "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 that does not meet certain standards. The savings on your premium that you are eligible for, depends on your household income. The coverage offered by Clay County meets healthcare reform standards and is intended to be affordable to you. Based on these qualifications, employees offered coverage are not able to receive a subsidy.

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, if the cost of the plan from Clay County that would cover you (and not any other members of your family) is more than 9.86% of your household income for the year or if the coverage that Clay County provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost sharing. An employer-sponsored health plan meets "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than sixty percent (60%) of such costs. Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Clay County, you will lose the employer-offered coverage, which 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 coverage offered by your employer, 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 www.HealthCare.gov for more information, including online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information about Health Coverage Offered by Clay County

This section contains information about any health coverage offered by Clay County. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. However, it is important for you to understand that, since you are eligible for comprehensive health coverage through Clay County, you may not be eligible for premium savings through the Marketplace if Clay County health coverage meets both of the standards described above. The information below is numbered to correspond to the Marketplace application.

3. Employer Name: Clay County | 4. Employer Identification Number: **59-6000553** | 5. Employer Address: 477 Houston Street | 6. Employer Phone Number: 904-529-4719 | 7. City: Green Cove Springs 8. State: FL | 9. Zip Code: 32043 | 10. Who can we contact about associate health coverage at this job? Personnel 11. Phone Number: 904-529-4719 | 12. Email Address: humanresources@claycountygov.com

⌘ As your employer, we offer a health plan to some employees,. Eligible employees are Full-Time Employees working an average of thirty (30) hours per week and must satisfy a new hire eligibility waiting period.

⌘ With respect to dependents , we do offer coverage. Eligible employees are defined as spouse, child, adopted child, stepchild and foster child. Please review policy provisions.

⌘ This coverage meets the minimum value standard and the cost to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week, if you are newly employed mid-year or if you have other income losses, you may still qualify for a premium discount.

CHIPRA - PREMIUM ASSISTANCE UNDER MEDICAID AND THE 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 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).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

- FLORIDA – Medicaid Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html> | Phone: 1-877-357-3268
- GEORGIA – Medicaid Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp> | Phone: 678-564-1162, press 1

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.

HEALTH INSURANCE PROTECTION (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage and your dependents for up to twenty-four (24) months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are re-employed, generally without waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Enforcement: The U.S Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>.

HIPPA-PRIVACY ACT LEGISLATION

Clay County and your health insurance carrier(s) are obligated to protect your confidential protected health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. Clay County and your health insurance carrier(s) are required to notify you and your beneficiaries about our policies and practices to protect the confidentiality of your personal protected health information.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollments within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, you may be able to enroll yourself and your dependents if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, if your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption or within 60 days of the date of loss of CHIP coverage. To request special enrollment or obtain more information, contact your Benefits Administrator.

SECTION 125 QUALIFYING EVENTS

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 Open Enrollment period, unless you experience an IRS-approved qualifying event. A qualifying 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 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 Human Resources within thirty (30) days of your qualifying event.

IMPORTANT NOTICE FROM CLAY COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Clay County 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. 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:

- 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.
- Clay County has determined that the prescription drug coverage offered by your employer's group medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered 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.

When can you 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 to 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 2-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current coverage with Clay County may be affected. See pages 9-11 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Clay County coverage, be aware that you and your dependents will only be able to get this coverage back only during a qualified life event or during the annual enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Clay County 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. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen (19) months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact your Benefit Administrator (contact below). NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Clay County changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- 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.

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 them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

Date: 01/01/2025
Name of Entity: Clay County Board of County Commissioners
Contact-Position: Personnel
Address: 477 Houston Street; Green Cove Springs, FL 32043
Phone Number: (904) 529-4719
Email: humanresources@claycountygov.com

Key Contacts

CONTACT	PHONE	EMAIL / WEBSITE
Medical Florida Blue	1.800.322.2808 1.888.476.2227 (Care Consultant)	www.FloridaBlue.com
Pharmacy Express Scripts, Inc. (ESI)	1.877.817.4044	www.express-scripts.com
Dental MetLife	1.800.942.0854	www.MetLife.com
Health Savings Account (HSA) Fidelity	1.800.544.3716	www.netbenefits.com
Life and Disability Standard	1.904.793.5413	humanresources@claycountygov.com
Deferred Compensation Nationwide Empower	1.352.682.2342 1.866.816.4400	mckinns6@nationwide.com www.empowermyretirement.com
Benefits Team	1.904.793.5413	humanresources@claycountygov.com
The Bailey Group Benefits Consultants Teresa Anderson	1.904.417.9127	tanderson@mbaileygroup.com



Clay County BOCC
2025 Benefits

The information in this Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The benefit options selected during Open Enrollment will be binding. The terms and provisions will govern you and restrictions of the plans in which you enroll. Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. By completing your enrollment, you authorize Clay County BOCC to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. Clay County BOCC reserves the right to change, amend or cease these benefits at any time.