MEMORANDUM OF UNDERSTANDING

BETWEEN

ST. JOHNS COUNTY SCHOOL DISTRICT ("District")

AND THE

ST. JOHNS EDUCATION ASSOCIATION ("SJEA" or "UNION")

Insurance Plan Design & Premium Increases MOU

This Memorandum of Understanding ("MOU") is entered into by and between St. Johns County School District and St. Johns Education Association. The parties acknowledge and agree to the insurance plan design changes and premium adjustments that will go into effect January 2027 – December 2027 as outlined in the attached documents, Appendix D and Insurance Premiums.

By signing below, the parties affirm their agreement to the insurance plan design modifications and premium increases as described in the attachments.

~~It is the understanding of these parties that the plan design and premiums will be reevaluated before the expiration of this MOU to monitor the effect on the health of the insurance fund, with the intention of improving the overall plan.~~

This Memorandum of Understanding begins July 1, 2026, and shall expire on June 30, 2027.

28 Jul 26
Jesse Biesiada Date

Paul Abbatinozzi Date
7/28/26

APPENDIX D

Supporting Rates for Insurance Article

Beginning with the November 15, 2026 Paycheck

STANDARD AND BUY UP MEDICAL PLAN

	Employee Premium Hosp 1	Employee Premium Hosp 2	Employee Indemnity Plan	Board Premium Medical	Employee Premium Dental 1	Employee Premium Dental 2	Board Premium Dental	Employee Premium Vision	Board Premium Vision
Employee	$77.37	$185.89	$0.00	$395.14	$0.00	$6.15	$23.81	$0.00	$6.42
Family W 2 Children	$161.88 $80.94 per employee	$469.90 $234.95 per employee	N/A	$962.24 $481.12 per employee	$5.08 $2.54 per employee	$30.50 $15.25 per employee	$42.78 $21.39 per employee	$3.88 $1.94 per employee	$12.64 $6.32 per employee
Family W 2 Single	$154.74 $77.37 per employee	$371.78 $185.89 per employee	N/A	$1,060.36 $530.18 per employee	$0.00	$12.30 $6.15 per employee	$42.78 $21.39 per employee	$0.00	$12.84 $6.42 per employee
Family	$323.76	$631.78	N/A	$800.35	$21.47	$48.88	$23.81	$7.82	$8.71

*** Premiums above are based upon 19 paychecks annually. Employees hired after the start of the school year may require a pro-rated premium. Premiums are subject to change through board approval.

LONG TERM DISABILITY AT 50% BENEFIT

	Employee Premium LTD	Board Premium LTD
Employee	$0.00	$.085 per $100 of salary
Family W 2	N/A	N/A
Family	N/A	N/A

St. Johns County School District 1/1/2027	FL Blue BlueOptions PPO Hospital 1	FL Blue BlueOptions PPO Hospital 2	FL Blue BlueOptions PPO Hospital 1	FL Blue BlueOptions PPO Hospital 2	FL Blue BlueOptions PPO 5906 Hospital 1	FL Blue BlueOptions PPO (Prior Hos 1 05770) Hospital 2
	Current		Renewal		Option 3	
					Accepted 260408	
IN NETWORK						
Deductible (CYD): (Ind / Fam)	$1,000 / $3,000	$300 / $600	$1,000 / $3,000	$300 / $600	$5,000 / $10,000	$2,000 / $6,000
Coinsurance: Carrier / Member	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Physician Services: PCP / Specialist	$30 / $60	$30 / $50	$30 / $60	$30 / $50	$10 / $100	$10 / $75
Independent Diagnostic Lab/X-Ray/AIS	$30	$30	$30	$30	CYD + 20%	$50, CYD + 20% AIS
Outpatient Surgery and Services	CYD + 20%	CYD + 20%	CYD + 20%	CYD + 20%	CYD + 20%	CYD + 20%
Emergency Room Services	$100 + CYD + 20%	$100 + CYD + 20%	$100 + CYD + 20%	$100 + CYD + 20%	CYD + $250 + 20%	$200 + CYD + 20%
Urgent Care Services	$30	$30	$30	$30	$75	$60
Rx Deductible	$200	$0	$200	$0	$300	$0
Prescription Drugs - Generic	$20	$15	$20	$15	$20	$10
Prescription Drugs - Brand	$35	$30	$35	$30	$70	$50
Prescription Drugs - Non-formulary Brand	$55	$50	$55	$50	$110	$80
Out of Pocket Maximum (Ind / Fam)	$5,000/$13,200	$5,000 / $13,200	$5,000/$13,200	$5,000 / $13,200	$7,900 / $15,800	$6,350 / $19,050
OUT OF NETWORK						
Deductible (Individual / Family)	$2,000/$6,000	$600 / $1,200	$2,000/$6,000	$600 / $1,200	$10,000 / $20,000	$5,000 / $15,000
Coinsurance: Carrier / Member	60%/40%	75% / 25%	60%/40%	75% / 25%	50% / 50%	50% / 50%
Out of Pocket Maximum (Ind / Fam)	$6,500/$20,000	$6,500/$20,000	$6,500/$20,000	$6,500/$20,000	$20,000 / $40,000	$13,000 / $26,000

Your Insurance Committee Medical Plan Recommendations