

St. Johns County School District
PURCHASING DEPARTMENT
40 Orange Street
St. Augustine, FL 32084



REQUEST FOR PROPOSAL (RFP) REQUIRED RESPONSE FORM

RFP NO.: 2015-23
RELEASE DATE: May 28, 2015

RFP TITLE: Health Center Management

F.O.B. Destination: **District Wide**

CONTACT: Patrick Snodgrass
Director of Purchasing
(904) 547-7700
patrick.snodgrass@stjohns.k12.fl.us

RFP DUE DATE AND TIME: June 30, 2015 @ 10:00 am
RFP OPENING DATE AND TIME: June 30, 2015 @ 10:30 am

SUBMIT RFP TO: Purchasing Department
40 Orange Street
St. Augustine, FL 32084

RFP OPENING LOCATION: Purchasing Department
40 Orange Street
St. Augustine, FL 32084

REQUIRED SUBMITTALS CHECKLIST - Each submittal checked below is **required** for proposal to be considered.

- Literature Specifications Catalogs Product Samples: See Special Conditions
 Debarment Form Manufacturer's Certificate of Warranty
 Drug-Free Workplace Certification List of References
 Certificate of Insurance: See Special Conditions
 Additional submittals specific to this RFP may also be required – See Special Conditions for details

PROPOSER MUST FILL IN THE INFORMATION LISTED BELOW AND SIGN WHERE INDICATED FOR RFP TO BE CONSIDERED.

Company Name: _____

Address: _____

City, State: _____ Zip: _____ FEIN: _____

Signature of Owner or Authorized Officer/Agent _____ Telephone: _____

Typed Name of Above: _____ FAX: _____

Email: _____

By my signature, I certify that this offer is made without prior understanding, agreement, or connection with any corporation, firm, business entity or person submitting an offer for the same materials, supplies, equipment, or services (s), and is in all respects fair and without collusion or fraud. I further agree to abide by all conditions of this invitation and certify that I am authorized by the offeror to sign this response. In submitting an offer to the School Board of St. Johns County, I, as the proposer, offer and agree that if the offer is accepted, the offeror will convey, sell, assign, or transfer to the School Board of St. Johns County all right, title, and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodity(s) or service(s) purchased or acquired by the School Board. At the School Board's discretion, such assignment shall be made and become effective at the time the School Board of St. Johns County tenders final payment to the vendor.

GENERAL CONDITIONS, INSTRUCTIONS AND INFORMATION

Proposer: To ensure acceptance of the proposal follow these instructions:

1. **DEFINITIONS:** For purpose of this RFP, "Proposal" refers to the completed RFP Required Response Form above, together with all supporting documentations and submittals. "Proposer" refers to the entity or person that submits the proposal. "District" refers to the St. Johns County School District, and "School Board" to the St. Johns County School Board. "Purchasing Department Representative" refers to the Purchasing Department staff member named as its contact on the first page of the RFP. "Conditions" refers to both the General Conditions and the Special Conditions of this RFP.
2. **EXECUTION OF PROPOSAL:** The RFP Required Response Form must be completed, signed, and returned in a sealed envelope to the Purchasing Department, together with the Proposal and all required submittals. All Proposals must be completed in ink or typewritten. If a correction is necessary, draw a single line through the entered figure and enter the corrected figure or use an opaque correction fluid. All corrections should be initialed by the person signing the Proposal even when using opaque correction fluid. Any illegible entries will not be considered for award. The RFP General Conditions, Special Conditions and specifications **cannot** be changed or altered in any way by the Proposal or otherwise by the Proposer. In the event of any conflict between the Conditions and specifications of the RFP and the terms and Conditions of the Proposal, the Conditions and specifications of the RFP take precedence. Any failure to comply with the RFP Conditions or specifications or attempt to alter them by the Proposer shall be grounds for rejection of the Proposal.
3. **SUBMISSION OF PROPOSAL:** The completed Proposal must be submitted in a sealed envelope with the RFP title and number on the outside. Proposals must be time stamped by the Purchasing Department prior to the RFP due time on date due. No Proposal will be considered if not time stamped by the Purchasing Department prior to the stated submission deadline. Proposals submitted by telegraphic or facsimile transmission will not be accepted unless authorized by the Special Conditions of this RFP.
4. **SPECIAL CONDITIONS:** The Purchasing Department has the authority to issue Special Conditions as required for individual proposals. Any Special Conditions that vary from these General Conditions shall take precedence over the General Conditions.
5. **PRICES QUOTED:** Deduct trade discounts and quote a firm net price. Give both unit price and aggregate total. Prices must be stated in units to quantity specified in the RFP. In case of discrepancy in computing the amount of the Proposal, the **Unit Price** quoted will govern. All prices quoted shall be F.O.B. destination, freight prepaid. Proposer is responsible for freight charges. Proposer owns goods in transit and files any claims, unless otherwise stated in Special Conditions. Each item must be proposed separately and no attempt is to be made to tie any item or items in with any other item or items. If a Proposer offers a discount or offers terms less than Net 30, it is understood that a minimum of thirty (30) days will be required for payment. If a payment discount is offered, the discount time will be computed from the date of satisfactory delivery at place of acceptance and receipt of correct invoice at the office specified.
 - a) Taxes: The School Board does not pay Federal excise and State taxes on direct purchase of tangible personal property. The applicable tax exemption number is shown on the purchase order. This exemption does not apply to purchases of tangible personal property made by contractors who use the tangible personal property in the performance of contracts for the improvement of School Board-owned real property as defined in Chapter 192 of the Florida Statutes.
 - b) Mistakes: Proposers are expected to examine the General and Special Conditions, specifications, delivery schedules, Proposal prices and extensions, and all instructions pertaining to supplies and services. Failure to do so will be at Proposer's risk.
 - c) Conditions and Packaging: It is understood and agreed that any item offered or shipped as a result of this RFP shall be new (current production model at the time of this RFP) unless otherwise stated. All containers shall be suitable for storage or shipment, and all prices shall include standard commercial packaging.
 - d) Underwriters' Laboratories: Unless otherwise stipulated in the RFP, all manufactured items and fabricated assemblies shall be U.L. listed where such has been established by U.L. for the item(s) offered and furnished. In lieu of the U.L. listing, Proposer may substitute a listing by an independent testing laboratory recognized by OSHA under the Nationally Recognized Testing Laboratories (NRTL) Recognition Program.
 - e) Preference for St. Johns County Bidders: For all purchases made by the School Board, prices and quality being equal, preference may be given to St. Johns County Proposers, subject to certification as a drug-free workplace (Florida Statutes 287.087 and 287.084).
6. **BRAND NAMES:** The District reserves the right to seek proposals for a particular product or specific equipment by manufacturer, make, model or other identifying information. However, a Proposer may propose a substitute product of equal quality and functionality unless the Conditions or Specifications state that substitute products or equipment may not be proposed and will not be considered. If a substitute product is proposed, it is the Proposer's responsibility to submit with the Proposal brochures, samples and/or detailed specifications on the substitute product. The District shall be the sole judge in the exercise of its discretion for determining whether the substitute product is equal and acceptable.
7. **QUALITY:** The items proposed must be new and equal to or exceed specifications. The manufacturer's standard warranty shall apply. During the warranty period the successful bidder must repair and/or replace the unit without cost to the District with the understanding that all replacements shall carry the same warranty as the original equipment. The successful Proposer shall make any such repairs and/or replacements immediately upon receiving notice from the District.
8. **SAMPLES:** Samples of items, when required, must be furnished free of expense by the RFP due date unless otherwise stated. If not destroyed, upon request, samples will be returned at the Proposer's expense. Proposers will be responsible for the removal of all samples furnished within thirty (30) days after RFP opening. All samples will be disposed of after thirty (30) days. Each individual sample must be labeled with Proposer's name, RFP number, and item number. Failure of Proposer to either deliver required samples or to clearly identify samples as indicated may be reason for rejection of the RFP. Unless otherwise indicated, samples should be delivered to the office of the Purchasing Department of the St. Johns County School Board, 40 Orange Street, St. Augustine, FL 32084.
9. **TESTING:** Items proposed may be tested for compliance with RFP Conditions and specifications.
10. **NON-CONFORMITY:** Items delivered that do not conform to RFP Conditions or specifications may be rejected and returned at Proposer's expense. Goods or services not delivered as per delivery date in RFP and/or purchase order may be purchased on the open market. The Proposer shall be responsible for any additional cost. Any violation of these stipulations may also result in Proposer being disqualified from participating in future competitive solicitations or otherwise doing business with the District.
11. **DELIVERY:** Unless actual date of delivery is specified (or if specified delivery cannot be met), the Proposal must show the number of days required to make delivery after receipt of purchase order in space provided. Delivery time may become a basis for recommending an award (see Special Conditions).
12. **REQUESTS FOR CLARIFICATION:** No correction or clarification of any ambiguity, inconsistency or error in the RFP Conditions and specifications will be made to any Proposer orally. Any request for such interpretation or correction should be by email addressed to the Purchasing Department Representative prior to the deadline specified in the Special Conditions for submitting questions. All such interpretations and supplemental instructions

will be in the form of written addenda to the RFP. Only the interpretation or correction so given by the Purchasing Department Representative, in writing, shall be binding and prospective proposers are advised that no other source is authorized to give information concerning, or to explain or interpret the RFP Conditions and specifications.

13. **DISPUTE:** Any dispute concerning the Conditions or specifications of this RFP or the contract resulting from this RFP shall be decided by Purchasing Department and that decision shall be final.
14. **AWARDS:** Proposals shall be reviewed in accordance with the RFP Conditions and specifications and the best interest of the School District. To that end, the Board reserves the right to reject any and all proposals; to waive any irregularities or informalities; to accept any item or group of items; to request additional information or clarification from any proposal; to acquire additional quantities at prices quoted in the Proposal unless additional quantities are not acceptable, in which case the Proposal must be conspicuously labelled "PROPOSAL IS FOR SPECIFIED QUANTITY ONLY", and to purchase the product or service at the price and terms of any contract with a governmental entity procured by competitive solicitation, in accordance with Florida law. The decision to award a contract or take other action in regard to the RFP shall be made in the best interest of the School District.
15. **OTHER GOVERNMENTAL AGENCIES:** It is the intent of this solicitation to obtain proposals to sell the services or products to the School Board. Other school boards and governmental agencies/entities may purchase goods or services based on the contract awarded as a result of this RFP. The services and products are to be furnished in accordance with the terms of the resulting contract.
16. **MARKING:** A packing list must be included in each shipment and shall show the School Board purchase order number, RFP number, school name or department name, contents and shipper's name and address; mark packing list and invoice covering final shipment "Order Completed". If no packing list accompanies the shipment, the buyer's count will be accepted. Mark each package clearly with (A) shipper's name and address, (B) contents, (C) the School Board of St. Johns County purchase order number, and (D) RFP number.
17. **INSPECTION, ACCEPTANCE & TITLE:** Inspection and acceptance will be at destination shown on purchase order unless otherwise provided. Title to/or risk of loss or damage to all items shall be the responsibility of the successful Proposer until acceptance by the District. If the materials or services supplied to the District are found to be defective or do not conform to specifications, the Board reserves the right to cancel the order upon written notice to the Proposer and return product at Proposer's expense.
18. **BILLING AND PAYMENT:** Invoices, unless otherwise indicated, must show purchase order numbers and shall be submitted to St. Johns County School District, Accounts Payable Department, 40 Orange Street, St. Augustine, FL 32084. Payment will be made as prescribed in the Special Conditions and properly invoiced.
19. **COPYRIGHT AND PATENT RIGHTS:** The Proposer, without exception, shall indemnify and hold harmless the School Board and its employees from liability of any nature or kind, including legal fees and other costs and expenses, for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or used in the performance of the contract, including its use by the School Board. If the proposer uses any design, device, or materials covered by letters, patent, or copyright, it is mutually understood and agreed without exception that the proposal prices shall include all royalties or cost arising from the use of such design, device or materials in any way involved in the work.
20. **OSHA:** The Proposer warrants that the product supplied to the School Board shall conform in all respects to the standards set forth in the Occupational Safety and Health Act of 1970, as amended, and the failure to comply with this condition will constitute a breach of contract.
21. **LEGAL REQUIREMENTS:** The Proposer shall comply with Federal, State, County, and local laws, ordinances, rules, and regulations that in any manner affect the items covered herein. Lack of knowledge by the proposer will in no way be a cause for relief from responsibility.
22. **CONFLICT OF INTEREST:** The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All Proposers must disclose with their Proposal the name of any officer, director, or agent who is also an employee of the School Board. Further, all Proposers must disclose the name of any Board employee who owns directly or indirectly, an interest of five per cent (5%) or more of the total assets of capital stock in the Proposer's firm.
23. **ANTI-DISCRIMINATION:** The Proposer certifies that Proposer is in compliance with the requirements of law regarding equal employment opportunity for all persons without regard to age, race, color, religion, sex, national origin, or disability.
24. **LICENSES AND PERMITS:** The Proposer shall be responsible for obtaining, at its expense, all licenses and permits required for performance of the work or services resulting from the RFP award.
25. **BID BONDS, PERFORMANCE BONDS, CERTIFICATES OF INSURANCE:** Bid bonds, when required, shall be submitted with the bid in the amount specified in Special Conditions. Bid bonds will be returned to unsuccessful bidders. After acceptance of bid, the Board will notify the successful bidder to submit a performance bond and certificate of insurance in the amount specified in Special Conditions. St. Johns County School District shall be named as additional insured on policies required by detailed specifications. Upon receipt of the performance bond, the bid bond will be returned to the successful bidder.
26. **DEFAULT AND REMEDIES:** The following remedies for default shall apply.
 - a) **Failure to Timely Deliver.** The parties acknowledge and agree that the damages for the failure of the successful Proposer to timely deliver the products or services contracted for may be difficult to determine. Moreover, both parties wish to avoid lengthy delay and expensive litigation relating to the failure of the successful Proposer to deliver on time. Therefore, in the event the successful Proposer fails to timely deliver the products or services contracted for, the School Board may exercise the remedy of liquidated damages against the successful Proposer in an amount equal to 25% of the unit price proposal, times the quantity. The successful Proposer shall pay that sum to the School Board not as a penalty, but as liquidated damages intended to compensate for unknown and unascertainable damages.
 - b) **Other Default.** In the event of default for any reason other than the failure of the successful proposer to timely deliver the products or services contracted for, the School Board may exercise any and all remedies in contract or tort available to it, including, but not limited to, the recovery of actual and consequential damages.
27. **TERMINATION:** In the event any of the provisions of this RFP are violated by the Proposer, the Purchasing Department reserves the right to reject its proposal. Furthermore, the School Board reserves the right to terminate any contract resulting from this RFP for financial or administrative convenience, as determined in its sole business judgment, upon giving thirty (30) days prior written notice to the other party.
28. **FACILITIES:** The Board reserves the right to inspect the Proposer's facilities at any time with prior notice.
29. **ASBESTOS STATEMENT:** All material supplied to the School Board must be 100% asbestos free. Proposer by virtue of proposing, certifies by signing Proposal, that if awarded any portion of this proposal, will supply only material or equipment that is 100% asbestos free.
30. **INDEMNITY AND HOLD HARMLESS AGREEMENT:** During the term of this Proposal and any contract awarded to Proposer as a result of this RFP, the Proposer shall indemnify, hold harmless, and defend the School Board, its agents, and employees from any and all costs and expenses, including but not limited to, attorney's fees, reasonable investigative and recovery costs, court costs and all other sums which the Board, its agents, servants and employees, may pay or become obligated to pay on account of any, all and every claim or demand, or assertion of liability, or any claim or actions

founded, thereon, arising or alleged to have arisen out of the products, goods or services furnished by the Proposer, its agents, or employees, or any of its equipment, including, without limitation, claims for damages, injury to person or property, including the Board's property, or death.

- 31. CRIMINAL BACKGROUND SCREENING:** Pursuant to Florida Statute 1012.467 and School Board Rule 7.142, the District will issue and recognize statewide background badges to non-instructional contractor employees who meet the clearance requirements of Florida Statute 1012.467(2)(g) when it is not anticipated that they will come into direct contact with students. However, pursuant to Florida Statute 1012.467 and School Board Rule 7.142, if the District is unable to rule out that Proposer's employees or subcontractors may come into contact with students, then, in the paramount interest of student safety, the employees will be required to undergo and pass background screening in accordance with School Board Rule 7.142, unless another statutory exemption applies.

For this RFP:

- A. Student contact not anticipated
- B. Student contact anticipated

If Box A is checked, statewide badge will be recognized or issued, if applicable.

If Box B is checked, background screening pursuant to School Board Rule 7.142(4) will be required.

The Proposer acknowledges and agrees to comply with the requirements of School Board Rule 7.142. Proposer shall be responsible for the expense of the background screening of its employees.

- 32. PUBLIC RECORDS AND CONFIDENTIALITY:** Subject to the limited confidentiality afforded pending RFP Proposals by Florida Statute 119.071, the RFP and all proposals are public records subject to disclosure pursuant to the Florida Public Records Law. Requests for tabulations and other records pertinent to the competitive solicitation shall be processed in accordance with the Florida Public Records Law. By submitting a proposal, proposers will be deemed to have waived any claim of confidentiality based on trade secrets, proprietary rights, or otherwise.

- 33. VENUE:** Any suit, action, or other legal proceedings arising out of or relating to any contract awarded based upon this RFP shall be brought in a court of competent jurisdiction in St. Johns County, Florida. The parties waive any right to require that a suit, action, or proceeding arising out of this Agreement be brought in any other jurisdiction or venue.

- 34. WAIVER OF JURY TRIAL:** The parties knowingly, voluntarily, and intentionally waive their right to trial by jury with respect to any litigation arising out of, under, or in connection with this RFP or any contract awarded upon this RFP. This provision is a material inducement for the School Board to enter into the proposal contract.

- 35. LOBBYING:** Lobbying is not permitted with any District personnel or School Board members in connection with any RFP or competitive solicitation. All oral or written inquiries must be directed through the Purchasing Department. Lobbying is defined as any action taken by an individual, firm, association, joint venture, partnership, syndicate, corporation, and all other groups who seek to influence the governmental decision of a board member or district personnel on the award of this contract. Any proposer or any individuals that lobby on behalf of proposer will result in rejection/disqualification of said proposal.

- 36. ASSIGNMENTS:** The successful bidder may not sell, assign or transfer any of its rights, duties or obligations under this bid contract without the prior written consent of the School Board.

- 37. PROTEST:** Failure to give notice or file a protest within the time prescribed in Section 120.57 (3), Florida Statutes, shall constitute a waiver of any protest.

- 38. COMPLIANCE WITH FEDERAL REGULATIONS:** All contracts involving Federal funds will contain certain provisions required by applicable sections of Title 34, Section 80.36(l) and 85.510, Code of Federal Regulations and are included by reference herein.

- a) **Debarment:** The Proposer certifies by signing the Proposal and required response form that the Proposer and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in Federally funded transactions and may, in certain instances, be required to provide a separate written certification to this effect.

During the term of any contract with the School Board, in the event of debarment, suspension, proposed debarment, declared ineligible or voluntarily excluded from participation in Federally funded transactions, the proposer shall immediately notify the Purchasing Department and the Superintendent, in writing.

- b) **Records:** Vendors will also be required to provide access to records, which are directly pertinent to the contract and retain all required records for three (3) years after the School Board's final **payment is made.**

- c) **Termination:** For all contracts involving Federal funds, in excess of \$10,000, the School Board reserves the right to terminate the contract for cause as well as convenience by issuing a certified notice to the vendor.

- 39. PUBLIC ENTITY CRIME:** Pursuant to Florida Statute 287.133, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 of Florida Statute, for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

- 40. COLLECTION, USE OR RELEASE OF SOCIAL SECURITY NUMBERS:** The St. Johns County School District is authorized to collect, use or release social security numbers (SSN) of vendors, contractors and their employees and for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law (Sections 119.07(5)(a)2 and 3, Florida Statutes):

- a) **Criminal history and criminal background checks/identifiers for processing fingerprints by Department of Law Enforcement/, if SSN is available** [Required by Fla. Admin. Code 11 C-6.003 and Fla. Stat. § 119.07(5)(a)6]
- b) **Vendors/Consultants that District reasonably believes would receive a 1099 form if a tax identification number is not provided including for IRS form W-9** [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. § 119.07(5)(a)2 and 6]

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Instructions for Certification:

1. The prospective lower tier participant certifies, by submission of this proposal that neither it nor its principals are:
 - (a) presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
 - (b) have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in performing a public (federal, state or local) transaction or contract under a public transaction; or for violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
 - (c) are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of the offenses enumerated in this certification; or
 - (d) have not within a three-year period preceding this application had one or more public transaction (federal, state or local) terminated for cause or default.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

| | |
|-------------------|-------------------------------------|
| Name of Applicant | PR/Award Number and/or Project Name |
| Printed Name | Title of Authorized Representative |
| Signature | Date |

DRUG FREE WORKPLACE CERTIFICATION FORM

In accordance with 287.087, Florida Statutes, preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids, which are equal with respect to price, quality, and service, are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program *shall be given preference* in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free program, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the action that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

(Vendor's Signature)

ST. JOHNS COUNTY SCHOOL DISTRICT

REQUEST FOR PROPOSAL

SPECIAL CONDITIONS

1.0 INTRODUCTION

1.1 The St. Johns County School District (hereinafter referred to as the District) is requesting proposals from experienced and qualified firms to operate and manage the District's onsite health centers.

1.2 The District currently operates three (3) onsite health centers for active employees, dependents and retirees that are covered under the District's current health plan.

2.0 GENERAL INFORMATION

2.1 The District currently provides medical benefits through a self-insured plan, utilizing the Blue Cross Blue Shield provider network. The medical plan is currently administered through a third party Benefits Coordinator, The Bailey Group. Oversight is provided by an Insurance committee.

2.2 Current information regarding enrollment in the medical plan, utilization of the health centers and location is included in **Exhibit A**.

2.3 The primary objective for the health centers are to:

1. Lower or moderate the employee's and District's future cost for medical services.
2. Promote wellness and health management for those employees, dependents and retirees enrolled in the District's self-insured health plan.
3. Improve health outcomes among the health plan members.
4. Integrate with the District's population health management model as partner in improving the health of District employees and dependents

3.0 INSTRUCTIONS FOR RFP SUBMITTAL

3.1 All proposals must be received no later than, June 30, 2015 @ 10:00 AM and must be delivered to:

St. Johns County School District
Purchasing Department
40 Orange Street
St. Augustine, FL 32084

RFP #2015-23 Health Center Management

If a proposal is transmitted by US mail or other delivery medium, the proposer will be responsible for its timely delivery to the address indicated

- 3.2 Any proposal received after the stated date and time, **WILL NOT** be considered.
- 3.3 One manually signed original proposal and seven (7) photocopies of the proposal must be sealed in one package and clearly labeled “RFP #2015-23 Health Center Management” on the outside of the package. The legal name, address, proposer’s contact person and telephone number must also be clearly noted on the outside of the package.
- 3.4 Failure to submit one original proposal with a manual signature may result in rejection of the bid.
- 3.5 All proposals must be signed by an officer or employee having the authority to legally bind the proposer.
- 3.6 Any corrections must be initialed. This includes corrections made using correction fluid (white out) or any other method of correction.
- 3.7 Proposers should become familiar with any local conditions that may, in any manner, affect the services required. The proposer(s) is/are required to carefully examine the RFP terms and to become thoroughly familiar with any and all conditions and requirements that may in any manner affect the work to be performed under the contract. No additional allowance will be made due to lack of knowledge of these conditions.
- 3.8 Proposals not conforming to the instructions provided herein will be subject to disqualification at the sole discretion of the District.
- 3.9 Any proposal may be withdrawn prior to the date and time the proposals are due. Any proposal not withdrawn will constitute an irrevocable offer for a period of 90 days, to provide the District with the services specified in the proposal.
- 3.10 Pursuant to Florida Statute, it is the practice of the District to make available for public inspection and copying any information received in response to an Invitation to Bid or Request for Proposal (RFP). No action on the part of the respondent to a Bid or RFP will create an obligation of confidentiality on the part of the District, including but not limited to, making a reference in the response to the trade secret statutes. It is recommended that potential suppliers exclude from their response any information that, in their judgment may be considered a trade secret.
- 3.11 When applicable and pursuant to §287.084 Florida Statutes, award recommendations shall include appropriate adjustments to pricing when considering Bids from Bidders having a principal place of business outside the State of Florida. When applicable, all Bidders must complete and include Vendor’s

RFP #2015-23 Health Center Management

Statement of Principal Place of Business with its Bid. Failure to comply shall render its Bid non-responsive and therefore not subject to contract award.

4.0 AWARD

- 4.1 The District reserves the right to waive any irregularities and technicalities and may, at its sole discretion, request a re-submittal or other information to evaluate any or all proposals.
- 4.2 The District reserves the right to require proposer(s) to submit evidence of qualifications or any other information the Board may deem necessary, including audited and unaudited financial statements.
- 4.3 The District reserves the right, prior to Board approval, to withdraw the RFP or portions thereof, without penalty.
- 4.4 The District reserves the right to: (1) accept the proposal of any firm to be in the best interest of the District and (2) to reject any and/or all proposals.
- 4.5 The District reserves the right to conduct interviews with any of the proposers and to require a formal presentation by any of the proposers.
- 4.6 It is the intent of the District to award this RFP to one vendor.
- 4.7 The RFP award will be made based on funds availability and will be at the sole discretion of the St. Johns County School Board.

5.0 TIME SCHEDULE

- 5.1 The District will attempt to use the following schedule, however, make no guarantee that the schedule will be achieved.

| | |
|--|------------------------------|
| RFP Release | May 28, 2015 |
| All written inquiries/questions due | June 11, 2015 @ 12:00 PM EDT |
| District Response to written inquiries/questions | June 18, 2015 @ 5:00 PM EDT |
| Proposals Due | June 30, 2015 @ 10:00 AM EDT |
| Proposals Opened | June 30, 2015 @ 10:30 AM EDT |
| Final Phase Presentations (tentative) | Week of July 27, 2015 |
| School Board Approval | September 2015 |

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5.2 The District will not be under any requirement to complete the evaluation by a specific date and reserves the right to suspend or postpone the evaluation process should the need arise due to budget constraints, time constraints or other factors as directed by the School Board.

6.0 CONTRACT/RENEWAL

6.1 The term of this contract shall be from January 1, 2016 through December 31, 2018 and may by mutual agreement between the District and the awarded vendor be renewable for up to three (3) additional one-year periods. Cost shall be firm for the initial three (3) year term of the contract. Cost for extended years will be negotiated. The awarded vendor agrees to this condition by signing its proposal.

6.2 All terms and conditions of this RFP, any addenda, and negotiated terms are incorporated into the contract by reference as set forth herein.

7.0 RFP INQUIRIES/NOTICES

7.1 In order to maintain a fair and impartial competitive process, District staff or Board members will not communicate with prospective vendors regarding this RFP after the release date. All questions and inquiries must be submitted via email no later than June 11, 2015 @ 12:00 PM to:

Patrick Snodgrass
Director of Purchasing
patrick.snodgrass@stjohns.k12.fl.us

Communication via email as stated above is the only means prospective bidders may contact the District regarding this solicitation. Violation of this section is grounds for automatic disqualification of a prospective bidder's submittal.

The District will not respond to questions and inquiries submitted after the deadline stated above.

All questions will be answered via posting to the DemandStar website www.demandstar.com no later than June 18, 2015 @ 5:00 PM.

7.2 Copies of addendum will be made available for inspection at the District's Purchasing Department where bid documents will be kept on file.

7.3 No Addendum will be issued later than June 18, 2015, except an addendum withdrawing the RFP or one which includes postponement of the date for receipt of proposals or one containing the questions and answers.

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7.4 All notices relative to this RFP, including but not limited to initial release, addendums, letters of intent and awards will be posted on the DemandStar web site – www.demandstar.com.

8.0 MINIMUM QUALIFICATIONS

8.1 **ALL PROPOSERS RESPONDING TO THIS SOLICITATION MUST MEET THE FOLLOWING MINIMUM QUALIFICATIONS. ANY PROPOSAL RECEIVED THAT INDICATES THAT THE PROPOSER DOES NOT MEET THE MINIMUM QUALIFICATIONS WILL BE CONSIDERED NON RESPONSIVE AND WILL BE AUTOMATICALLY DISQUALIFIED FROM FURTHER CONSIDERATION.**

8.2 Proposers must demonstrate a minimum of five (5) years experience in operating/managing onsite health centers for public or private organizations, or have a minimum of five (5) years experience operating/managing a health care center.

8.3 Proposers must have procedures in place to ensure HIPAA compliance.

8.4 Proposers must have account managers (full time employees) with demonstrated experience in operating and managing health care centers.

9.0 SCOPE OF SERVICES

9.1 The successful proposer shall provide services including but not limited to the following:

9.2 Primary Care Medical Services (Age 12 and Above)

1. Provide ordinary and routine medical care.
2. Provide medical care to members for acute conditions.
3. Provide medical care to members with chronic conditions.
4. Provide follow up medical care for acute and chronic conditions.
5. Provide medical care for urgent conditions.
6. Conduct periodic comprehensive physical examinations.
7. Provide follow up care for abnormal screening results.
8. Serve as first report of injuries for all District employee workers compensation incidents.

9.3 Ancillary Medical Services

1. Provide laboratory specimen collection for pre-employment drug screening.
2. Provide radiology services (Nease and Menendez health centers only).
3. Fit for duty examinations when referred by the District office.

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9.4 Medication Management

1. Purchase and dispense common acute medications, or as an alternative provide the filling of medications at a pharmacy convenient to the member. Provide a mail order option for medications.
2. Manage medication usage for patients with chronic medical conditions.
3. Interact with members to improve medication adherence.
4. Interface with member's primary care physician when appropriate.
5. All stale dated and contaminated medications are to be disposed following standard industry disposal practices. No stale dated medication shall be dispensed from the Health Centers.
6. The successful proposer shall reimburse the District for all disposed medications, regardless of reason for disposal.

NOTE: NARCOTIC MEDICATION WILL NOT BE OBTAINED OR DISPENSED THROUGH THE HEALTH CENTERS

9.5 Health Management Services

1. Conduct health risk assessments with comprehensive blood draw analysis.
2. Conduct periodic screenings in areas such as skin cancer, vision and hearing.
3. Provide long term prevention programs, including but not limited to:
 - Physician/Nurse "reach out" program to reach members with highest risks
 - Population Health Management Programs targeted for greatest impact (obesity, high blood pressure, diabetes, etc.)
 - Disease/Case Management
 - Self Care Education Tools – Online and print form
 - Comprehensive Health Education Training
 - Physician Health Seminars
 - Population Promotions
 - Collaborate with existing in house/Blue Cross Blue Shield wellness program

9.6 Facilities and Staffing

1. Hours of operation of the health centers shall include hours Monday through Saturday, and shall be flexible and set to meet the needs of the District's employees. The District shall have sole and final approval of the hours of operation of each health center. Health Centers may be closed if the following holidays fall on a day regularly open for operations:
 - July 4th
 - Thanksgiving Day
 - Christmas Day
2. Staff members are to be contracted employees or full time/regular part time employees of the proposer. The District reserves the right to interview and approve all staff during the term of the contract.
3. Proposer agrees that it will remove (within a mutually agreed upon period of time) any individual providing services under the contract, if, after the matter has been reviewed jointly by the District and the proposer, the District request such

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action in writing. Any such removal shall not necessarily reflect on the capabilities or competencies of the individual so removed.

4. All health centers must be staffed with a full time licensed Physician. The District prefers Physicians be assigned to a specific clinic. Additionally, the successful proposer shall provide one (1) floating Nurse Practitioner.

5. All Medical Professionals, including but not limited to Physicians, Nurse Practitioners, Registered Nurses, X-Ray Technicians, etc. shall maintain, during the term of the agreement, appropriate credentials including:

- A duly issued and active license to practice medicine and prescribe medication in the State of Florida
- A good standing with his or her profession and state professional association
- The absence of any license restrictions, revocation, or suspension
- The absence of any involuntary restriction placed on his or her federal DEA registration
- The absence of any conviction of a felony

6. Proposer shall ensure adequate staff for vacation coverage.

9.7 Interface Capabilities

1. Proposer must provide online appointment scheduling.

2. Proposer must utilize electronic medical records that are accessible at all District health centers.

3. Health center encounters and medication dispensing are to interface with the District's health plan through the District's Benefits Coordinator.

4. Proposer must contact patients 24 hours prior to scheduled appointments.

9.8 Communication and Reporting

1. Proposer shall market the services provided by the Health Centers to the District's employees.

2. Proposer shall provide the District with monthly reports, including but not limited to the following:

- Health Center Appointment Utilization
- Referrals outside the health centers
- Cost savings
- Cost avoidance
- Value added analysis
- Detailed report of medications purchased, medications dispensed and medications disposed, with reason for disposal

3. Attend insurance committee meetings.

9.9 Additional Services and Responsibilities

1. Purchase all routine supplies and minor equipment for the operation of the health centers. The District reserves the right to purchase these supplies and minor equipment directly with the proposer's suggested supplier(s) or with any supplier of its choice, as determined to be in the best interest of the District.

2. Proposer shall work with the District to establish a procedure for purchases

RFP #2015-23 Health Center Management

made directly by the District.

3. Successful proposer shall be responsible for damage, loss or theft to all district owned equipment used by health center staff and damage to the health center buildings when damage is due to negligence on the part of proposer or health center staff.

4. Invoices for services and reimbursement shall be submitted the District on a monthly basis. All invoices for reimbursement shall include supporting documentation evidencing the proposer's actual purchase cost. The successful proposer shall work with the District to establish an acceptable invoicing method.

10.0 DISTRICT RESPONSIBILITIES

10.1 The District shall be responsible for the following as it relates to the health center facilities.

1. Provide electric, telephone, water and sewer service.

2. Provide internet access.

3. Provide pest control service.

4. Provide cleaning service, including floor stripping and waxing as needed.

5. Provide grounds and building maintenance and repair as required.

6. Purchase all major medical and other equipment required for the operation of the health centers. The District shall coordinate these purchases with the proposer to ensure adherence to specifications, particularly for purchases of major medical equipment.

7. Information Technology support for technology related issues – computer equipment, networking, and telephone system.

11.0 FINANCIAL INFORMATION

11.1 Proposers that are selected as a finalist must provide copies of their three (3) most recent audited financial statements. It is the intent of the District to submit the financial statements to the District's CPA firm for review and assessment of the proposer's financial strength.

12.0 COST AND CHARGES

12.1 All cost and charges must be stated on Attachment A – Cost Schedule and Certification. Cost submitted by Proposers must be based on the operation of three (3) health centers. The District reserves the right to negotiate cost should it decide to increase or decrease the number of health centers.

12.2 The District is requesting cost and charges for two options as stated on Attachment A. **All proposers MUST provide cost for both two options for their proposal to be considered responsive.**

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- 12.3 The Evaluation Committee (“Committee”) shall determine which option shall be used for the evaluation of cost of service. Such option shall also be used as the basis for the contract.

13.0 PROPOSAL FORMAT AND EVALUATION CRITERIA

- A. RFP COVER SHEET: Required response form (Page 1 of RFP) with all required information completed and all signatures as specified.
- B. DEBARMENT FORM
- C. DRUG FREE WORKPLACE CERTIFICATION
- D. INSURANCE COVERAGE: Insurance certificates evidencing coverage as specified in section 15.0
- E. RELATED EXPERIENCE, KEY PERSONNEL AND QUALIFICATIONS: Describe your organization, its legal structure, ownership experience, history and number of years providing the services requested. Include qualifications of key personnel, including those that will be assigned to manage the District’s health centers.
- Provide three (3) references, including names, current telephone numbers and current email addresses from other Florida school districts or other similar public agencies for services similar to that required by this RFP.
- F. ABILITY TO PROVIDE SERVICES: Describe in detail your ability and approach to providing the scope of services as outlined in section 9.1 –9.9.
- G. ABILITY TO IMPROVE EMPLOYEE HEALTH: Describe in detail your approach to improving the health of District employees.
- H. ABILITY TO REDUCE/MODERATE EMPLOYEE AND DISTRICT MEDICAL COST: Describe in detail your approach to reducing medical cost of both the employee and the District.
- I. COST OF SERVICE: Complete and sign Attachment A. **Both cost options must be completed for a proposal to be considered responsive.**

14.0 PROPOSAL EVALUATION PROCESS

- 14.1 Proposals will be received and publicly opened. Only names of respondents will be read at this time.

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14.2 Proposals will be evaluated in accordance with the evaluation criteria specified in this document. Information derived by investigation and overall due diligence of staff will be considered.

14.3 The evaluation of proposals shall consist of a two phase process.

14.4.1 Preliminary Phase

The preliminary phase shall consist of an evaluation of all responsive and responsible proposals by the Committee. Committee members shall independently review and score the written proposals in each criteria (13.0 E-I) awarding points ranging from 90% to 100% of the maximum points for excellent, 80% to 90% for good, 70% to 80% for satisfactory, 60% to 70% for marginally unsatisfactory and 0% to 60% for unsatisfactory.

The Committee member's scores will be totaled for each proposal and they will be ranked from highest to lowest based on the total number of points awarded.

| PRELIMINARY PHASE CRITERIA | MAXIMUM POINTS |
|--|-----------------------|
| Related experience, key personnel and qualifications | 20 |
| Ability to provide services | 20 |
| Demonstrated ability to improve employee health | 20 |
| Demonstrated ability to reduce/moderate employee and District medical cost | 20 |
| Cost of Service | 20 |
| Preliminary Phase Maximum Points | 100 |

14.4.2 Final Phase

It is the intent of the District to select the three highest ranked proposers from the preliminary phase to provide an oral presentation. The District reserves the right to increase the number of proposers making oral presentations in its sole discretion and exercise of good judgment.

Presentations will be scheduled at the convenience of the Committee. The Committee will strive to provide adequate notice to each finalist relative to their scheduled presentation. Per Florida Statute, oral presentations are conducted as closed meetings, however, all oral presentations will be recorded in compliance with Florida's Sunshine Law.

In the final phase, the Committee will score and rank the finalists following their oral presentations. Committee members will independently review and rank the

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finalists in each criteria (Section 13.0 E-I), awarding points ranging from 90% to 100% of the maximum points for excellent, 80% to 90% for good, 70% to 80% for satisfactory, 60% to 70% for marginally unsatisfactory and 0% to 60% for unsatisfactory.

Upon completion of the oral presentations, scores from the final phase will be totaled and finalists will be ranked from the total number of points awarded in the final phase. Points awarded in the preliminary phase will not be considered in the final phase rankings.

| FINAL PHASE | MAXIMUM POINTS |
|--|----------------|
| Related experience, key personnel and qualifications | 20 |
| Ability to provide services | 20 |
| Demonstrated ability to improve employee health | 20 |
| Demonstrated ability to reduce/moderate employee and District medical cost | 20 |
| Cost of Service | 20 |
| Final Phase Maximum Points | 100 |

- 14.5 Upon completion of the evaluation, the Committee will recommend to the Board that it authorize District staff to pursue negotiations with the highest ranked finalist. If a satisfactory contract cannot be negotiated for presentation to the Board, negotiations with the highest ranked finalist will be terminated at the discretion of the District and negotiations will commence with the second highest ranked finalist. This process shall continue until a satisfactory contract is reached with one of the finalists, subject to acceptance and final approval by the Board. If a contract cannot be reached with any of the finalists, the District reserves the right to acquire the services specified in this solicitation from any vendor of its choosing through direct negotiation, in accordance with Florida Department of Education Rules.
- 14.6 During the negotiation process, a finalist shall not propose or require contract terms or conditions that are contrary to or inconsistent with the terms and requirements of the RFP, as contained in the General and Special Conditions, and any addenda.
- 14.7 The contract shall be negotiated incorporating terms and conditions of the General Conditions, Special Conditions and proposal, based on the District's standard Vendor Services Agreement attached as **Exhibit B**.
- 14.8 The Committee reserves the right to meet as a group prior to the completing the scoring process in order to discuss the proposals and scoring. Any such meeting will be noticed on the District's website and shall be conducted as a public meeting.

RFP #2015-23 Health Center Management

14.9 The Committee may consult with other District staff and third-party consultants for the purpose of gathering facts, information and feedback about the RFP and the proposals, but such other staff and consultants will not participate in the deliberation and evaluation process, as such, communications are not subject to sunshine law and may take place outside of public meetings.

15.0 INSURANCE REQUIREMENTS

15.1 It is mandatory that the person/firm submitting the proposal have Comprehensive General Liability, which shall have limits of not less than \$1,000,000 occurrence and \$2,000,000 aggregate. The person/firm submitting the bid must also have at least the statutory limit of Worker's Compensation. All coverage must be included on the certificate(s). Proposer's insurance provider must be rated A- or better by AM Best. If the Proposer's current certificate of insurance does not meet the amount required, a statement must be included with the proposal document from their insurance carrier indicating that if a Proposal award was made to the firm, that the carrier would write the necessary insurance coverage. The successful Proposer must then have the required insurance placed in force with written notification provided to the Director of Purchasing, prior to issuance of a purchase order that authorizes the work performance to begin. Failure to do so may invalidate the award and result in an award to the next lowest responsible proposer. **Successful vendor must list St. Johns County School Board as an additional insured.**

15.2 In addition to the above insurance requirements, the successful proposer shall ensure that all Medical Professionals providing service under the agreement, maintain throughout the term of the contract, professional liability insurance covering the acts and omissions of the Medical Professionals, in the minimum coverage of \$1,000,000 occurrence and \$2,000,000 aggregate. The successful proposer will require Medical Professional to notify them immediately in the event he or she does not have the required coverage and will promptly remove and replace such Medical Professional with another qualified Medical Professional. The successful proposer shall provide the District with proof of such professional liability insurance maintained by the Medical Professionals.

Attachment A



COST SCHEDULE AND CERTIFICATION

Option 1: Cost under option 1 is to be a flat monthly charge to include all administrative/management fees for three (3) health centers, plus salaries and benefits of all health center personnel (contracted employees and full time/regular part time employees of the proposer). The District will NOT be responsible for bonuses or incentives paid to health center personnel. Cost under this option is NOT to be based on employee count, or number of members enrolled in the District’s medical plan. Cost for all supplies, medication and minor equipment needed for the operation of the health centers shall be reimbursed to the successful proposer at the proposer’s cost, subject to section 9.9 of the RFP. Per section 6.1 of the RFP, cost shall be firm for the three (3) year term of the contract.

Option 1 cost (monthly) \$_____

Option 2: Cost under option 2 is to be a flat monthly charge to include ONLY administrative/management fees for three (3) health centers. Salaries and benefits of all health center personnel (contracted employees and full time/regular part time employees) shall be reimbursed to the proposer. The District will NOT reimburse bonuses or incentives paid to health center personnel. Cost under this option is NOT to be based on employee count, or number of members enrolled in the District’s medical plan. Cost for all supplies, medication and minor equipment needed for the operation of the health centers shall be reimbursed to the successful proposer at the proposer’s cost, subject to section 9.9 of the RFP. Per section 6.1 of the RFP, cost shall be firm for the three (3) year term of the contract.

Option 2 cost (monthly) \$_____

ALL PROPOSERS MUST PROVIDE COST UNDER BOTH OPTIONS FOR THEIR PROPOSAL TO BE CONSIDERED RESPONSIVE.

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Attachment A



COMPANY NAME: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

DATE: _____

CONTACT PERSON: _____

CONTACT PERSON'S ADDRESS: _____

TELEPHONE: _____ FAX: _____

TOLL FREE: _____

E-MAIL ADDRESS: _____

NOTE: Entries must be completed in ink or typewritten. An original manual signature is required.

Exhibit A
RFP #2015-23 Health Center Management

Medical Plan Enrollment
As of March 2015

| | |
|-----------|------|
| Employee | 3469 |
| Spouse | 1388 |
| Dependent | 2292 |

Retirees are included in the above figures.

Health Centers

Locations

Nease Health Center (Adjacent to Nease High School)
10430 Ray Road
Ponte Vedra, FL 32081

Menendez Health Center (Adjacent to Pedro Menendez High School)
580 State Road 206 W
St. Augustine, FL 32086

O'Connell Health Center (Adjacent to Mill Creek Elementary School)
3740 International Golf Parkway
St. Augustine, FL 32092

Square Footage

Nease Health Center – 1944 sq ft

Menendez Health Center – 1944 sq ft

O'Connell Health Center – 2185 sq ft

Specialized Equipment

Nease Health Center and Menendez Health Center are both equipped with X-Ray equipment as follows:

Radiographic System: with 40kW “QUEST HF” ULTRA High Frequency Generator, QS-550 Deluxe Floor Mounted Tubestand, Float Top Radiographic Table, “VERTI-Q” Wall Stand and Collimator

Exhibit A
RFP #2015-23 Health Center Management

Hours of Operation

The following hours of operation are typical of the health centers, however, are subject to change at the discretion of the District.

| Hours of Operations | O'Connell | Nease | Menendez |
|----------------------------|--|--------------------|--------------------|
| Day | <u>Blood Draws Only</u> | | |
| Monday | None | None | None |
| Tuesday | None | None | None |
| Wednesday | None | None | 6:30 AM - 10:40 AM |
| Thursday | 6:30 AM - 10:40 AM | None | None |
| Friday | None | 6:30 AM - 10:40 AM | None |
| Saturday | None | None | None |
| Day | Medical Visits Morning Schedule | | |
| Monday | 8:00 AM - 1:00 PM | 8:00 AM - 1:00 PM | 8:00 AM - 1:00 PM |
| Tuesday | 7:00 AM - 1:00 PM | 8:00 AM - 1:00 PM | 10:00 AM - 2:00 PM |
| Wednesday | 10:00 AM - 2:00 PM | 8:00 AM - 1:00 PM | 8:00 AM - 1:00 PM |
| Thursday | 7:00 AM - 1:00 PM | 10:00 AM - 2:00 PM | 8:00 AM - 1:00 PM |
| Friday | 8:00 AM - 1:00 PM | 8:00 AM - 1:00 PM | 8:00 AM - 1:00 PM |
| Saturday | None | 9:00 AM - 1:00 PM | None |
| Day | Medical Visits Afternoon Schedule | | |
| Monday | 2:00 PM - 5:00 PM | 2:00 PM - 5:00 PM | 2:00 PM - 5:00 PM |
| Tuesday | 2:00 PM - 5:00 PM | 2:00 PM - 5:00 PM | 3:00 PM - 7:00 PM |
| Wednesday | 3:00 PM - 7:00 PM | 2:00 PM - 5:00 PM | 2:00 PM - 5:00 PM |
| Thursday | 2:00 PM - 7:00 PM | 3:00 PM - 7:00 PM | 2:00 PM - 5:00 PM |
| Friday | 2:00 PM - 5:00 PM | 2:00 PM - 5:00 PM | 2:00 PM - 5:00 PM |
| Saturday | None | None | None |

Exhibit A

Employee Health Center Monthly Utilization Summary

St Johns County School District

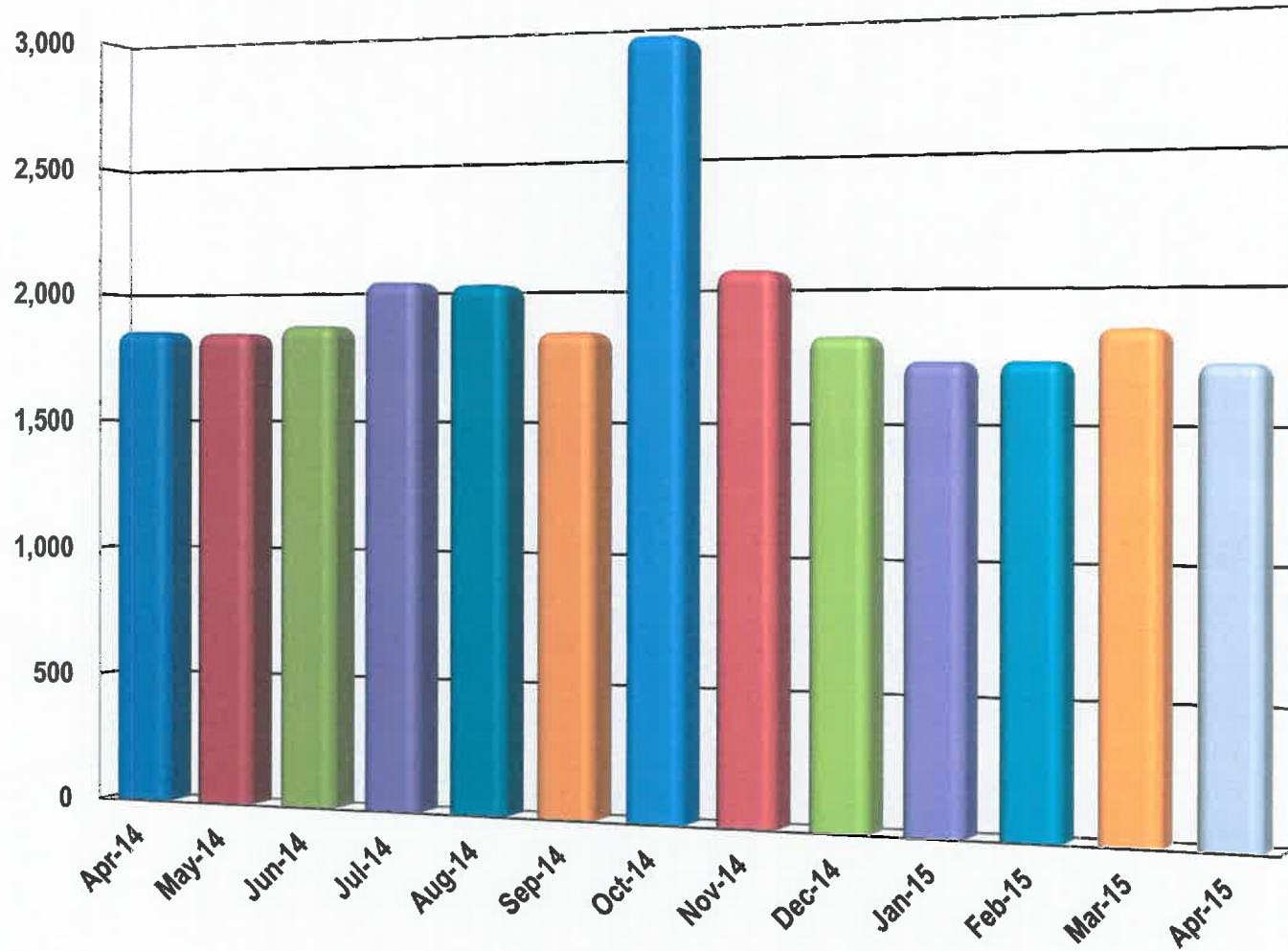
Period Ending: April 30, 2015

Employee Health Center Utilization Statistics

| Month | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | Apr-15 | Total | Rolling 13 Month Average |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------------------|
| Total Appointment Capacity - All Schedules - All Facilities | 2,038 | 2,036 | 2,009 | 2,278 | 2,293 | 2,043 | 3,071 | 2,145 | 2,015 | 1,963 | 1,880 | 2,140 | 2,058 | 27,969 | 2,151 |
| Total Appointment Utilization - All Schedules - All Facilities | 1,848 | 1,840 | 1,868 | 2,035 | 2,022 | 1,840 | 2,953 | 2,067 | 1,821 | 1,729 | 1,730 | 1,847 | 1,721 | 25,321 | 1,948 |
| Total Appointment Utilization - All Schedules - All Facilities | 90.7% | 90.4% | 93.0% | 89.3% | 88.2% | 90.1% | 96.2% | 96.4% | 90.4% | 88.1% | 92.0% | 86.3% | 83.6% | | 90.3% |
| Appointment Capacity Utilization - Medical Schedules - All Facilities | 88.7% | 88.0% | 91.2% | 85.6% | 83.3% | 87.4% | 93.3% | 94.3% | 87.9% | 85.6% | 90.2% | 82.4% | 80.0% | | 87.5% |
| Unique Patients Per Month - All Facilities | 986 | 950 | 989 | 1,129 | 1,190 | 1,026 | 1,765 | 1,264 | 1,093 | 950 | 942 | 909 | 925 | 14,118 | 1,086 |
| MENENDEZ - Appointment Capacity Utilization | 77.1% | 78.0% | 87.7% | 74.5% | 71.8% | 86.1% | 90.2% | 88.4% | 84.9% | 78.8% | 86.0% | 78.4% | 79.2% | | 81.6% |
| Total Medical Appointments | 407 | 393 | 442 | 391 | 362 | 434 | 498 | 382 | 428 | 397 | 413 | 414 | 418 | 5,379 | 414 |
| Total Ancillary Appointments | 110 | 86 | 111 | 44 | 162 | 120 | 286 | 223 | 129 | 115 | 92 | 105 | 119 | 1,702 | 131 |
| NEASE - Appointment Capacity Utilization | 93.4% | 96.3% | 96.4% | 91.8% | 89.7% | 91.5% | 96.3% | 99.4% | 92.4% | 93.1% | 94.9% | 86.3% | 82.5% | | 92.6% |
| Total Medical Appointments | 538 | 543 | 532 | 529 | 506 | 505 | 578 | 477 | 510 | 525 | 501 | 497 | 475 | 6,716 | 517 |
| Total Ancillary Appointments | 116 | 121 | 149 | 208 | 246 | 175 | 362 | 203 | 115 | 134 | 126 | 127 | 97 | 2,179 | 168 |
| O'CONNELL - Appointment Capacity Utilization | 96.2% | 94.6% | 88.6% | 89.3% | 89.5% | 87.1% | 84.5% | 93.1% | 94.5% | 86.1% | 84.1% | 89.4% | 82.0% | | 89.2% |
| Total Medical Appointments | 548 | 497 | 493 | 526 | 481 | 469 | 567 | 445 | 470 | 464 | 472 | 475 | 456 | 6,363 | 489 |
| Total Ancillary Appointments | 112 | 115 | 109 | 190 | 173 | 137 | 314 | 186 | 104 | 99 | 126 | 225 | 118 | 2,008 | 154 |
| Workers' Comp Visits - All Facilities | 14 | 13 | 16 | 5 | 6 | 26 | 33 | 15 | 18 | 25 | 31 | 21 | 21 | 244 | 19 |
| % of Dependent Appointments - Medical Schedule - All Facilities | 19.5% | 20.0% | 22.4% | 21.0% | 24.0% | 24.2% | 22.8% | 19.9% | 24.2% | 18.8% | 21.0% | 19.5% | 21.0% | | 21.4% |
| # of Appointment No Shows - All Facilities - All Schedules | 137 | 170 | 138 | 131 | 129 | 156 | 194 | 99 | 75 | 75 | 76 | 82 | 74 | 1,536 | 1,536 |
| # Health Risk Assessments - Employees | 76 | 219 | 208 | 254 | 229 | 166 | 248 | 225 | 114 | 162 | 145 | 168 | 184 | 2,398 | 184 |
| # Health Risk Assessments - Others | 78 | 87 | 76 | 127 | 126 | 100 | 141 | 109 | 56 | 67 | 71 | 62 | 81 | 1,181 | 91 |
| Total # Health Risk Assessments | 154 | 306 | 284 | 381 | 355 | 266 | 389 | 334 | 170 | 229 | 216 | 230 | 265 | 3,579 | 275 |
| COBRA Visits | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| # Mail Order Medications | 592 | 487 | 614 | 596 | 507 | 526 | 577 | 437 | 608 | 392 | 541 | 706 | 524 | 7,107 | 547 |
| # Medications Dispensed | 1,007 | 947 | 924 | 859 | 764 | 849 | 950 | 845 | 1,239 | 1,143 | 1,200 | 1,104 | 1,075 | 12,906 | 993 |

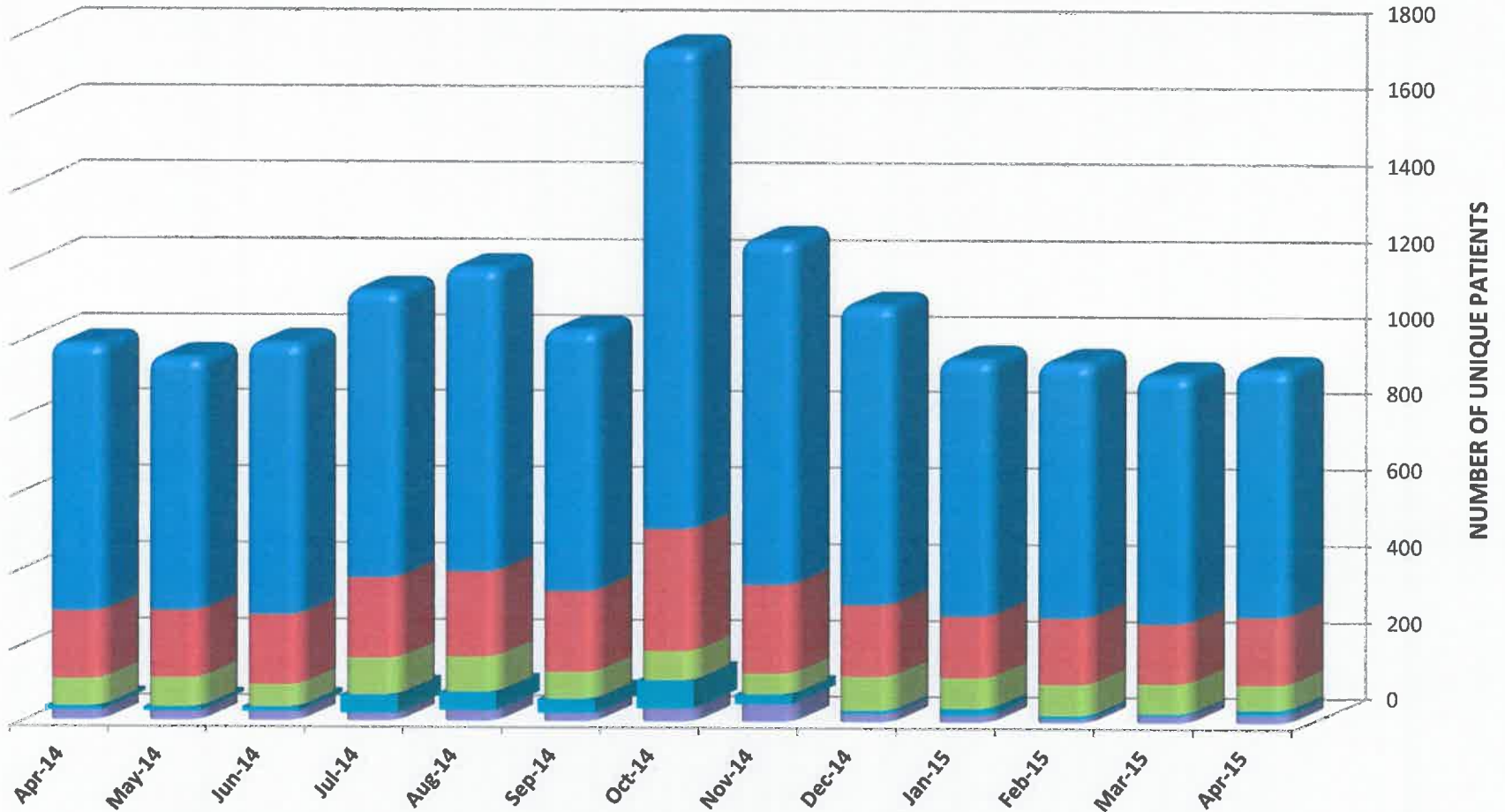
Appointment Schedule Utilization - All Schedules - Monthly

APPOINTMENT SCHEDULE UTILIZATION



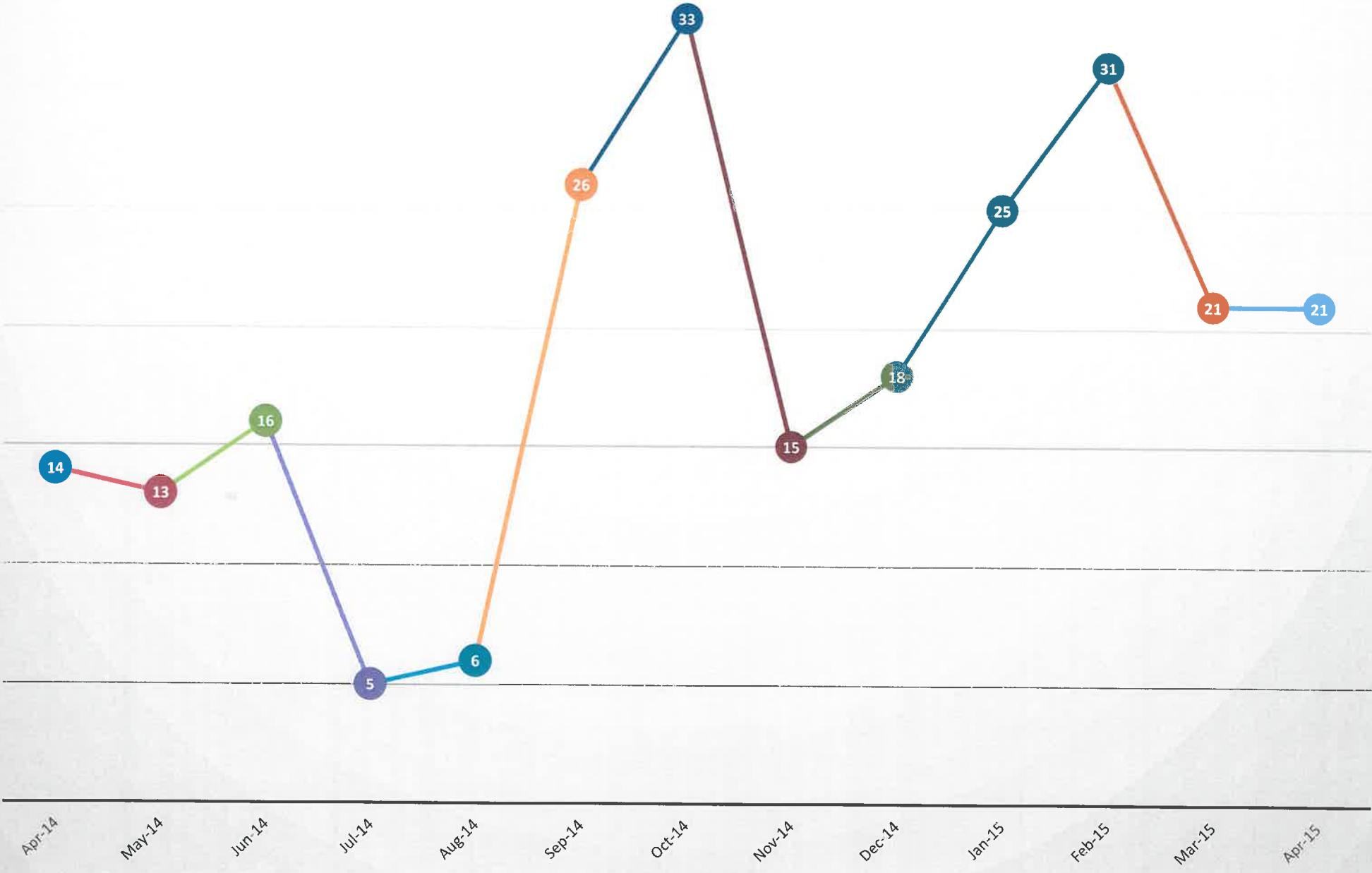
| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | Apr-15 |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Medical Schedule Utilization | 1,848 | 1,840 | 1,868 | 2,035 | 2,022 | 1,840 | 2,953 | 2,067 | 1,821 | 1,729 | 1,730 | 1,847 | 1,721 |

PATIENT VISIT ANALYSIS UNIQUE VISITS BY PATIENT CLASS



| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | Apr-15 |
|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| ■ Employees | 699 | 661 | 710 | 752 | 797 | 684 | 1260 | 903 | 784 | 670 | 666 | 647 | 645 |
| ■ Dep Spouse | 177 | 176 | 184 | 211 | 222 | 212 | 319 | 233 | 188 | 162 | 175 | 158 | 179 |
| ■ Dep Child | 72 | 77 | 58 | 96 | 94 | 70 | 76 | 54 | 90 | 81 | 82 | 79 | 66 |
| ■ Other | 11 | 11 | 13 | 49 | 48 | 38 | 75 | 26 | 8 | 18 | 9 | 5 | 12 |
| ■ Retiree | 27 | 25 | 24 | 21 | 29 | 22 | 35 | 48 | 23 | 19 | 10 | 20 | 23 |

Total W/C Visits per Month



VENDOR AGREEMENT

This Vendor Agreement (“Agreement”) is entered into by and between the School Board of St. Johns County, Florida (“School Board”), 40 Orange Street, St. Augustine, Florida 32084 (“School Board”) and (“Vendor”), with an address of _____, effective _____, 2011.

NOW, THEREFORE, the parties agree as follow:

1. Description of Services. Vendor shall
2. Location of Services. Performance of services cited above will be conducted at designated locations within St. Johns County.
3. Term. This Agreement will be effective on the Effective Date, and will remain in effect for a period of one year. At the conclusion of the initial term, the School Board’s may renew this Agreement
4. Termination. The School Board may terminate this Agreement for convenience, upon thirty (30) days written notice. Vendor shall be paid for services performed and completed under this Agreement up to the effective date of termination and for expenses (such as non-refundable travel expenses), which would be otherwise reimbursable under this Agreement and which Vendor had incurred prior to the effective date of termination.
5. Compensation and Payment. Vendor shall be paid for the services and license as provided for in the quotation attached as Exhibit A. Services and license shall be provided at the fixed fee rates specified in the quotation, with no allowance for additional fees or expenses, without the express written agreement of School Board.
6. Independent Contractor. The Vendor certifies that it is an independent contractor and shall not employ, contract with or otherwise use the services of any officer or employee of the School Board. The Vendor certifies that its owner, officers, directors or agents, or members of their immediate family, do not have an employee relationship or other material interest with the School Board.
7. Insurance and Indemnification. The Vendor agrees to indemnify and save harmless the School Board, its officers, agents and employees from and against any and all claims and liabilities (including expenses) for injury or death of persons or damage to any property which may result, in whole or in part, from any negligence or other act or omission on the part of the Vendor, its agents, employees or representatives. The Vendor will carry and maintain as a minimum the following coverage from insurance carriers that maintain a rating of “A-” or better and a financial size category of “VI” or higher

Exhibit B

according to the A. M. Best Company: (a) general liability; (b) workers' compensation where applicable, in the minimum amounts required by the Risk Management Department and Purchasing Department of the School District of St. Johns County, Florida. The Vendor will provide before commencement of work, and attach to this Agreement, certificates evidencing such coverage.

(a) Commercial General Liability. Commercial general liability coverage which includes broad form commercial general liability, including premises and operation, products and complete operations, personal injury, fire damage (minimum \$100,000) for limits of not less than \$1,000,000 per occurrence and \$2,000,000 per general aggregate. This policy will include the District as an additional insured.

(b) Workers' Compensation Coverage. The workers' compensation insurance will be maintained as required by applicable Florida law.

8. Laws and Regulations. This Agreement, and all extensions, supplements and modifications thereto, and all questions relating to its validity, interpretation, performance or enforcement shall be governed and construed in accordance with the laws of the State of Florida. Any legal disputes, legal proceedings or actions arising out of or in connection with this Agreement shall be brought in the state courts of St. Johns County, Florida. The parties shall not violate the code of ethics for public officers and employees, Chapter 112, Florida Statutes.

9. Background Check. The Vendor agrees to comply with all requirements of Sections 1012.32 and 1012.465, Florida Statutes, and, except as provided in Sections 1012.467 or 1012.468 and consistent with District policy, all of its personnel who: (1) are to be permitted access to school grounds when students are present, (2) will have direct contact with students, or (3) have access or control of school funds, shall successfully complete the background screening required by the referenced statutes and meet the standards established by the statutes and the School Board. This background screening will be conducted by the School Board in advance of the Vendor or its personnel providing any services under the conditions prescribed in the previous sentence. The Vendor shall bear the cost of acquiring the background screening required by Section 1012.32, Florida Statutes, and any fee imposed by the Florida Department of Law Enforcement to maintain the fingerprints provided with respect to the Vendor and its personnel. The parties agree that the failure of the Vendor to perform any of the duties described in this section shall constitute a material breach of this Agreement entitling the School Board to terminate immediately with no further responsibilities or duties to perform under this Agreement. The Vendor agrees to indemnify and hold harmless the School Board, its officers and employees from any liability in the form of physical or mental injury, death or property damage resulting from Vendor's failure to comply with requirements of this section or with Sections 1012.32 and 1012.465, Florida Statutes.

10. Assignability. This Agreement is for the personal services of the Vendor and may not be assigned by the Vendor except as part of the sale of all or substantially all

Exhibit B

of Vendor's assets, without the prior written consent of the School Board, which shall not be unreasonably withheld. Neither a sale of all or substantially all Vendor's assets, a stock sale, merger or change in control shall require the School Board's consent. However, in any such event, Vendor's successor shall honor and abide by all the terms and conditions of the Agreement and the accompanying License Agreement.

11. Conduct While on School Property. The Vendor acknowledges that its employees and agents will behave in an appropriate manner while on the premises of any school facility and shall at all times conduct themselves in a manner consistent with School Board policies and within the discretion of the premises administrator (or designee). It is a breach of this Agreement for any agent or employee of the Vendor to behave in a manner which is inconsistent with good conduct or decorum or to behave in any manner that will disrupt the educational program or constitute any level of threat to the safety, health and well being of any student or employee of the School Board. The Vendor agrees to immediately remove any agent or employee if directed to do so by the premises administrator or designee.

12. No Taxes. The School Board is not obligated and does not agree to pay any federal, state or local tax as a result of this Agreement. The only exemption regarding payment of taxes shall be for situations that involve re-sale of product to the public for the purpose of fundraising.

13. Public Records. This Agreement is subject to and governed by the laws of the State of Florida, including without limitation Chapter 119, Florida Statutes, which generally make public all records and other writings made or received by the parties.

14. No Waiver. Nothing herein is intended to serve as a waiver of sovereign immunity by any agency or political subdivision to which sovereign immunity may be applicable.

15. Non-Discrimination. The parties shall not discriminate against any employee or participant in the performance of the duties, responsibilities and obligations under this Agreement because of race, color, religion, gender, age, marital status, disability, political or religious beliefs, national or ethnic origin.

16. Confidentiality. The Vendor shall keep confidential in accordance with HIPAA all personally identifiable health information and records pertaining to health center patients.

17. Access to and Retention of Documentation. The School Board, the United States Department of Education, the Comptroller General of the United States, the Florida Department of Education or any of their duly authorized representatives shall have access to any books, documents, papers and records of the Vendor which are directly pertinent to work and services to be performed under this Agreement for the purpose of audit, examination, excerpting and transcribing. The parties will retain all

Exhibit B

such required records, and records required under any state or federal rules, regulations or laws respecting audit, for a period of four years after the School Board has made final payment and all services have been performed under this Agreement.

18. Debarment. By signing this Agreement, Vendor certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declare ineligible or voluntarily excluded from covered transactions by a federal department or agency.

(b) Have not, within the preceding five-year period, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

(c) Are not presently indicted or otherwise criminally charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in the preceding paragraph (b).

(d) Have not within the preceding five-year period had one or more public transactions (federal, state or local) terminated for cause or default.

Vendor agrees to notify School Board within 30 days after occurrence of any of the events, actions, debarments, proposals, declarations, exclusions, convictions, judgments, indictments, informations or terminations as described in paragraph 18(a) - (d) above, with respect to Vendor or its principals.

IN WITNESS WHEREOF, the parties hereunto have executed this Agreement as of the date first above written.

ATTEST (WITNESS):

THE SCHOOL BOARD OF ST. JOHNS COUNTY, FLORIDA

By: _____
Print Name: _____
Title: _____

By: _____
Joseph G. Joyner, Ed.D.
Superintendent

Date Approved: _____

Exhibit B

ATTEST (WITNESS):

VENDOR

By: _____

Print Name: _____

Title: _____

By: _____

Print Name: _____

Title: _____



ST. JOHNS COUNTY SCHOOL DISTRICT

Purchasing Department

40 Orange Street

St. Augustine, Florida 32084

Telephone (904) 547-7700 FAX (904) 547-7705

Patrick Snodgrass, CPSM

Director of Purchasing

School Board Administration Center

Historic St. Augustine

June 16, 2015

TO ALL VENDORS:

The purpose of this letter is to serve as **ADDENDUM #1** to RFP #2015-23 Health Center Management.

The following is a list of questions that were asked along with the response.

1. **Question:** What are the top 3 reasons St. Johns County School district wants to transition this onsite center to another provider?
#1-
#2-
#3-

Answer: A formal “top 3 reasons” is not available. The current provider began providing service to the District in 2009. The existing agreement expires December 31, 2015. Release of the RFP allows the District to review proposals from multiple vendors. All interested parties are encouraged to participate in the process.

2. **Question:** How would you describe your corporate culture and what important characteristics (demographic or otherwise) should we consider in developing a transition plan for your organization?

Answer: Our culture is about serving children and the community. Our county is large and thus, our staff are located in all areas. Teachers do not have the luxury of leaving an office during the day to go to the Doctor. To be absent, they must have a substitute to do their job. Our culture for the clinics is to serve the medical needs of our employees in a professional, accurate and efficient manner so that they continue to serve the needs of our children. The demographics consist of individuals age 12 and above.

3. **Question:** What are the main areas of concern with your current model of care that you wish to improve?

Answer: Integration of clinic and medical plan data.

4. **Question:** Has the School District looked at or toured any other health clinics prior to this RFP being released? Which health clinics did you review to gain an understanding of the various models in the market?

Answer: No other health clinics have been looked at or toured.

5. **Question:** Are any healthcare services currently provided onsite such as mass biometric screening, pre-employment drug testing, etc. If so, please provide the volume of screenings and the typical time periods when these services would be delivered.

Answer: The clinics currently handle all of the District's Health Risk Assessments, flu shots and pre-employment drug screening.

Health Risk Assessment: Approximately 2,000 members between January 1 and November 15.

Flu Shots: Approximately 1,100 vaccines given in a 3 month period via provider traveling to specific work locations to limit disruption to the clinics. Members may still receive the vaccine at the clinics if they prefer.

Pre-Employment: Approximately 800 employees over a 12 month period with the summer months being the heaviest time.

6. **Question:** Can you provide a brief overview of medical plan options or provide us with a new hire kit to see the medical plan choices offered from a total program design perspective?

Answer: Attached to this addendum is a copy of the most recent District Benefits Booklet.

7. **Question:** Does your current health center provide disease management and other health intervention services (please specify by program) to your organization or are these carved out to a specialty vendor?

Answer: Current services include flu shots, diabetes management, smoking cessation and weight management.

8. **Question:** What is your employee annual turnover rate for 2013? 2014? YTD?

Answer: This information is not available.

9. **Question:** What is your healthcare data warehousing strategy and do you use a vendor independent from your claims administrator?

Answer: This is currently managed by a third party administrator.

10. **Question:** Can you provide us with reports detailing the disease prevalence/cost for your population as well as your Lifestyle Management and Disease Management program ROI thus far in the current onsite center?

Answer: No.

11. **Question:** Do you currently provide (or will you consider) incentives/disincentives to employees for participating in health care intervention services, wellness, onsite clinic etc.? What are the current (or contemplated) rewards/incentives/disincentives for the future plan years?

Answer: Yes, currently a surcharge will be assessed if either employee or spouse covered under the medical plan does not complete the HRA. Additional details may be found in the attached District Benefits Booklet.

12. **Question:** Do you know what the risk profile of your population is? If so, what toolsets do you use? (HRA; biometric screening, data mining).

Answer: Yes. HRA.

13. **Question:** Do you have the data you need to document how your current onsite clinic vendor is performing with respect to improving population health status, reducing disease prevalence in your population or achieving other health/condition improvements, and improvement in gaps in care? What areas, in terms of data, would you want to improve?

| | |
|--|---------------------------|
| Do your employees currently complete an HRA or participate in biometric screening? Who provides the HRA? Is a Personal Health Record generated for the employee as a result? | |
| HRA | % of population completed |

| | |
|-----------------------------|--------------------------|
| Biometric Screening | % of population screened |
| Coaching Program Enrollment | #Identified at-risk; |
| DM Program Enrollment | #Engaged |

Answer: No. There are no specific areas, in terms of data, for improvement.

Yes, employees participate in an HRA. The clinics provide the HRA. Yes, a health record is generated for the employee as a result.

| | |
|-----------------------------|---|
| HRA | Approximately 90% of population completed |
| Biometric Screening | N/A |
| Coaching Program Enrollment | N/A |
| DM Program Enrollment | N/A |

14. **Question:** What is your “per employee per month” (PEPM) medical spend now? PEPM for primary care now?

Answer: Medical: \$564.00; Prescription: \$221.00.

15. **Question:** Fitness center or child care center on site now? Insourced/outsourced?

Answer: No, a fitness center or child care center is not on site.

16. **Question:** Where are your primary interests in terms of onsite solutions? PLEASE RANK INTEREST IN ORDER OF IMPORTANCE (#1 MOST IMPORTANT TO LEAST):

Answer: Please see interest ranking below.

- __ 1 __ Onsite primary care
- __ 5 __ Onsite personalized coaching
- __ 7 __ Onsite Pharmacy
- __ 11 __ Onsite Occupational Health
- __ 10 __ Onsite absence management services
- __ 14 __ Integrator of multiple vendors/programs
- __ 2 __ Individually tailored health improvement programs that recognize the unique health history, profile and risks uniquely by patient

- __ 8 __ Personal Health Record (integrated with HRA and auto-populated)
- __ 4 __ Electronic Medical Record (for better clinician interactions)
- __ 3 __ Risk Identification/stratification services (HRA, biometrics, data mining)
- __ 13 __ Health content, ePortal, incentive tracking tools
- __ 9 __ Employee Communication Services
- __ 6 __ Executive Dashboard/Performance Reporting
- __ 12 __ Promoting greater adherence to evidence-based medicine for your population

17. **Question:** Could you provide an overview of any incentive programs designed to encourage employee participation in health risk assessments, biometric screenings/blood draws?

Answer: Currently, a surcharge will be assessed if either employee or spouse covered under the medical plan does not complete the HRA. Additional details may be found in the attached District Benefits Booklet.

18. **Question:** Will the St. Johns County School District provide the formulary or listing of common acute medications referenced in section 9.4.?

Answer: A patient formulary listing has been attached to this addendum.

19. **Question:** Will the St. Johns County School District consider alternative pricing proposals in addition to Option 1 and Option 2 outlined in attachment A?

Answer: The District will not consider alternative pricing options.

20. **Question:** Will the St. Johns County School District consider alternative staffing proposals in addition to what is outlined in section 9.6(4)?

Answer: The District desires to replicate the existing staffing model and is not interested at this time in evaluating other options.

21. **Question:** Will it be possible for the St. Johns County School District to provide more detail in regards to the interface requirements associated with Health Center encounters and medication dispensing interface with the health plan outlined in section 9.7(3)?

Answer: Proposer must have the ability to integrate claims data information with our TPA, currently Florida Blue. Additional interface requirements are not available at this time.

22. **Question:** If the current onsite clinic partner is not awarded the contract, will the St. Johns County School District be interested in retaining the existing staff? If yes, would the District be willing to negotiate with the prior vendor in regards to any non-compete or restrictions presently in place?

Answer: Decision has not been determined at this time.

23. **Question:** Would the St. Johns County School District be interested in exploring telemedicine services as a means of expanding access to employees and dependents?

Answer: Yes, specifically when it comes to follow up appointments for the HRA.

24. **Question:** Does the School District presently own the EMR and is there interest in keeping the same system?

Answer: No, the District does not presently own the EMR. No.

25. **Question:** Does the School District presently own the centralized scheduling system and is there interest in keeping the same system?

Answer: The scheduling system is provided by the current vendor. As stated in the RFP, the successful proposer must provide online appointment scheduling. Information regarding this service should be included in all submitted proposals. Should a new vendor be awarded the RFP, the District would not expect to keep the same scheduling system.

26. **Question:** Are emails, texts, and phone calls all acceptable forms of communication for appointment reminders?

Answer: Yes.

27. **Question:** How will historic data, patient history/physical be retrieved by the clinician?

Answer: Recommendations will be discussed between the District and proposers regarding the most efficient and accurate method of retrieval.

Thank you for your continued participation in the bid process.

Sincerely,

A handwritten signature in cursive script that reads "Patrick Snodgrass".

Patrick Snodgrass
Director of Purchasing

2015

{ YOUR 2015 INSURANCE }

benefits

AT A GLANCE

BROUGHT TO YOU BY THE SJCS D SELF-FUNDED PLAN



2014 OPEN ENROLLMENT

WHAT'S INSIDE:



- welcome.....2
- medical.....3
- hospital indemnity plan.....4
- vision plan.....4
- basic life.....4
- dental plans.....5
- long-term disability.....5
- health centers.....6-7
- wellness.....8
- hra guidelines.....9
- self-funded rates.....10
- voluntary life insurance.....11
- voluntary long-term disability.....11
- voluntary short term disability.....12
- flexible spending accounts.....13
- employee assistance program.....14
- dependent eligibility documents.....14
- open enrollment.....15
- benefits portal.....16
- federal notices.....17-19
- contacts.....20

PRODUCED BY:



welcome.

A Note from Your Plan Administrator:

Dear Plan Members:

Welcome to your 2015 Benefits Booklet. The information in this booklet is extremely important for you to read and understand. There are many changes occurring with the medical plan and this booklet is just one resource for you to use to gain the answers that you need. Staff from the benefits office will be coming to your school during the month of October, I encourage you to review this information and then bring your list of questions to them so that they may assist you. You may also view a new presentation linked on the SunGard employee on-line home page. This presentation is different from the video which you may have already viewed.

*One of the changes for the 2015 plan year includes the option of choosing between two medical plans with different plan designs and different premiums. Further, a spousal surcharge will be implemented beginning January 1, 2015 for any employee who has a spouse on the SJCS D medical plan who is offered insurance through an employer sponsored plan outside of the school district. Should they remain on our medical plan, a \$35 per pay period surcharge will be implemented. Employees with spouses on the plan will be required to submit a Spouse Medical Benefits Affidavit to the Human Resources Benefits Department by October 31, 2014.

*Another important change for 2015 is the re-insurance fee. This fee is part of the Affordable Care Act. A \$63 fee per member on the medical plan is required to be submitted to the Department of Health and Human Services. The school board will pay the fee for the employee and the employee will be required to cover the cost of their dependents.

This is a big year for changes. Together, we can work to ensure that we continue to receive these great benefits while improving the fiscal position of the plan. Be well.



Cathy Weber, Director of Benefits & Salaries

**This is subject to board approval and union ratification.*

This Benefits at a Glance booklet is an overview of the comprehensive benefits package offered to you by St. Johns County School District (SJCS D). As an eligible employee, you will have 30 days from your date of hire, or transition to full-time status, to complete your benefit elections. Your benefits will be effective the 1st of the month following 30 days of employment. If you choose not to enroll, or miss the deadline, you will have to wait until the next Annual Enrollment period to enroll, unless you experience a Family Status Change, or a Qualifying Event.

This booklet will assist you in understanding the various benefits which are available to you, effective January 1, 2015 through December 31, 2015. You will also learn about the wonderful online tools that are available for managing your benefits, claims, accessing health & wellness information, and exploring discount programs, at no additional cost!

At SJCS D, we are proud of our benefits package for our associates, which includes group medical, dental, vision, basic life insurance, optional life insurance, LTD, STD, various voluntary products, and our wellness programs. You have the opportunity to participate in benefits which help provide financial protection for you and your family, and encourage healthy living and preventive care.

A complete legal description of the plan is available upon request. If there is any discrepancy between this guide and the official plan documents, the plan documents govern. The benefit options you select will be binding. You will be governed by the terms, provisions and restriction of the plans in which you enroll. Generally, unless you experience a Qualifying Event, your elections will remain in effect for the entire plan year. By completing your enrollment, you authorize St. Johns County School District to deduct contributions from your paycheck, now and in the future, as required under each of the plans.

MEDICAL

(Administered by Florida Blue)

| Benefit Description and Cost Sharing | PPO Hospital 1 (Standard Plan) | | PPO Hospital 2 (Buy-up Plan) | |
|--|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Network | Blue Options | Blue Options | Blue Options | Blue Options |
| Calendar Year Deductible Per Individual Family Aggregate | \$1000 \$3000 | \$2000 \$6000 | \$300 \$600 | \$600 \$1200 |
| Coinsurance | 80%/20% | 60%/40% | 80%/20% | 75%/25% |
| Annual Out of Pocket Maximum | \$5,000/\$13,200 (includes Deductible) | \$6,500/\$20,000 (includes Deductible) | \$5,000/\$13,200 (includes Deductible) | \$6,500/\$20,000 (includes Deductible) |
| Lifetime Maximum Per Insured | Unlimited | Unlimited | Unlimited | Unlimited |
| Office Services | | | | |
| Family Physician | \$30 | CYD + coins. | \$30 | CYD + coins. |
| Specialist (no referral needed) | \$60 | CYD + coins. | \$50 | CYD + coins. |
| Inpatient Hospital Facility | CYD+ coins. | CYD+ coins. | CYD+ coins. | CYD+ coins. |
| Outpatient Hospital Surgery Facility | CYD + coins. | CYD + coins. | CYD+ coins. | CYD+ coins. |
| Emergency Room Facility | \$100 Copay + Ded/ coins. | \$100 Copay + Ded/ coins. | \$100 Copay + Ded/ coins. | \$100 Copay + Ded/ coins. |
| Urgent Care Center | \$30 Copay | CYD+ coins. | \$30 Copay | CYD+ coins. |
| Prescription Plans | | | | |
| Rx - Retail / Mail-order | Mandatory Generic | | Mandatory Generic | |
| Deductible* | \$200 Individual/\$600 Family | | N/A | |
| Generic | \$20/\$40 | | \$15/\$30 | |
| Formulary Brand name | \$35/\$70 | | \$30/\$60 | |
| Non-Formulary Brand name | \$55/\$110 | | \$50/\$100 | |
| Specialty Drugs | Copay | | Copay | |

• **Mandatory generic prescriptions required for all members.**

• Drugs that do not have a generic will pay at the brand name or non-preferred brand name co-pay. Members choosing brand name drugs that have a generic available will pay the brand co-pay plus the difference between the price of the generic and the brand medication.

• Physician ordered brand prescriptions will be reviewed for “dispensed as written” or medically necessary notation. These prescriptions will be charged at the \$30 brand name co-pay or the \$50 non-preferred brand name co-pay.

*Copays and mail-order availability applies once the Prescription deductible has been met.

This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.

(Administered by MFB Financial TPA, Inc. dba The Bailey Group)

*The Hospital Indemnity Plan is only available to eligible employees who are not enrolled in the Medical plan, at no cost to the employee!

DAILY BENEFIT:

| | |
|-----------------------------|----------|
| 1st through 10th day..... | \$200 |
| 11th through 180th day..... | \$100 |
| Maximum number of days..... | 180 days |

ROUTINE PHYSICAL EXAMINATION:

Benefit includes one exam and/or one Health Risk Assessment (HRA) to be performed only at one of the three St. Johns County School District CareHere Centers. Limited to one exam and/or one HRA every consecutive 12-month period. You do not receive an identification card for this plan and there are no payroll deductions for this benefit. Claims for reimbursement under the HIP plan shall include a completed HIP Claim Form. Forms can be found on HRConnection.com

VISION PLAN

(Administered by MFB Financial TPA, Inc. dba The Bailey Group)

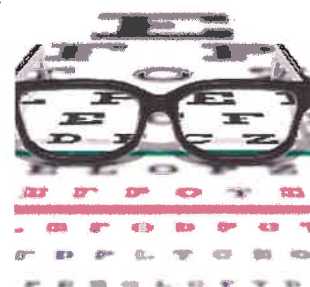
Please note that there is no vision network. You may use the vision provider of your choice.

EYE EXAM

| | |
|--|------|
| Eye Exam, Maximum Benefit..... | \$65 |
| Benefit percentage payable..... | 100% |
| Limited to one exam every consecutive 12-month period. | |

OCULAR HARDWARE

| | |
|---------------------------------|-------|
| Maximum Benefit..... | \$150 |
| Benefit percentage payable..... | 100% |



This benefit may be used for Prescription Contact Lenses, Prescription Eyeglasses/Prescription Frames, or Prescription Sunglasses. The maximum benefit is per member every consecutive 12-month period. Contact Noelle Szczes or Becky Cromwell at 904.461.1800 or at nsczes@mbaileygroup.com or bcromwell@mbaileygroup.com.

Claims for reimbursement under the VISION plan shall include a completed Vision Claim Form. Forms can be found on the front page of www.HRconnection.com, under Frequently Used Forms.

BASIC LIFE AND AD&D



(Administered by Mutual of Omaha)

| CLASS | AMOUNT OF LIFE INSURANCE | FULL AMOUNT OF AD&D INSURANCE |
|------------------------|---|-------------------------------|
| All Eligible Employees | Two times your yearly salary (rounded to the nearest \$1000) up to a maximum of \$200,000.00 (free) | |
| Retirees | A maximum of 50% of the amount in force prior to retirement | |

This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.

DENTAL PLAN

(Administered by Humana Dental)

| GENERAL PROVISIONS | IN-NETWORK BENEFITS (Plan 1) | OUT-OF-NETWORK BENEFITS (Plan 1) | IN-NETWORK BENEFITS (Plan 2) | OUT-OF-NETWORK BENEFITS (Plan 2) |
|--|--|--|--------------------------------|---|
| Benefit Year Deductible | \$25 individual / \$50 family | | | |
| Benefit Year Maximum | \$1,000 individual Separate Plan Year Maximum per person. Surgical extraction of impacted wisdom teeth—\$1,000. | | | |
| COVERED SERVICES | IN-NETWORK BENEFITS (Plan 1) | OUT-OF-NETWORK BENEFITS (Plan 1) | IN-NETWORK BENEFITS (Plan 2) | OUT-OF-NETWORK BENEFITS (Plan 2) |
| Preventive Services The deductible is waived for preventive services. | Plan pays 100% | Plan pays 100% of PPO Fee Schedule | Plan pays 100% | Plan pays 100% of Usual & Customary charges |
| Basic Services The deductible is not waived for basic services. | Plan pays 70% after deductible | Plan pays 70% of PPO Fee Schedule after deductible | Plan pays 90% after deductible | Plan pays 90% of Usual & Customary charges after deductible |
| Major Services The deductible is not waived for major services. The waiting period for Major Services is three months. | Plan pays 50% after deductible | Plan pays 50% of PPO Fee Schedule after deductible | Plan pays 60% after deductible | Plan pays 60% of Usual & Customary charges after deductible |
| Orthodontic Services The waiting period for orthodontic services is six months. | Plan Percentage Payable 50% Orthodontic Lifetime Maximum per person \$1,000 | | | |

LONG-TERM DISABILITY

(Administered by CIGNA)

This CIGNA LTD program covers disabling injuries or sicknesses sustained off the job, after a 90-day elimination period. If you suffer a covered disability while insured by this plan, you'll receive monetary benefits designed to help you maintain your normal lifestyle. Your SJCSD employer provides coverage at 50% of your earnings up to a \$3,000 monthly maximum, at no cost to you.

If you are approved for Long-Term Disability from CIGNA, you will first have the option to resign, or retire, from St. Johns County School District, effective as of your approval date of Cigna's Long-Term Disability Claim. If you do not resign or retire within 10 days from Cigna's LTD approval date, you will receive a termination letter from SJCSD, effective as of your approval date for LTD.

PROVIDED BY SJCSD

This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.

(Funded by the St Johns County School District Self-Funded Medical Plan)

Locations

O'Connell Health Center at Mill Creek: 3720 International Golf Parkway

St. Johns County School District Employee Health Center at Pedro Menendez: 600 State Road 206 W

St. Johns County School District Employee Health Center at Nease: 10550 Ray Rd., Ponte Vedra Beach



Available Services

- EAP
- Primary Care, Urgent Care, Chronic Care
- Diabetic Management Program
- Majority of top utilized generic drugs¹
- Registered Dietician
- Exercise Physiologist
- Lab work
- Digital X-ray (Nease & Menendez locations only)
- Routine/Preventive
- All services will be provided to employees, dependents age 12 years and older, and retirees covered under the St. Johns County School District Self-Funded Medical Plan.

Prescriptions:

Did you know you can get generic prescriptions for **free** with CareHere? Just make an appointment with the CareHere provider of your choice to take advantage of filling your prescriptions for free! CareHere also offers a 90-day mail-order program! Please note that the Health Centers are a dispensary for prescriptions, not a pharmacy. This means you must schedule a medical appointment with a Health Center Physician to receive prescriptions at the Health Center. Not all prescription drugs are available at the Health Centers. Check out www.HRConnection.com for a current formulary list available at the CareHere Health Centers!

Using the CareHere Clinic saves you money!

| Employee Cost | Health Centers |
|---------------------------|----------------|
| Deductible | \$0 |
| Coinsurance | None |
| Co-Pays | \$0 |
| Rx Co-Pays ¹ | \$0 |
| Diabetic Testing Supplies | \$0 |



Onsite Health Center Operating Hours*

O'Connell
M, F: 8 am - 5 pm
T: 7 am - 5 pm
W: 10 am - 7 pm
Th: 7 am - 7 pm
Extended Lab Hours
Th: 6:30 am - 10:30 am

Pedro Menendez
M, W, Th, F: 8 am - 5 pm
T: 10 am - 7 pm
Extended Lab Hours
W: 6:30 am - 10:30 am

Nease
M, T, W, F: 8 am - 5 pm
Th: 10 am - 7 pm
Saturday: 9 am - 1 pm
Extended Lab Hours
Th: 6:30 am - 10:30 am

*All Health Centers are closed for lunch from 1 - 2 pm when clinic hours are from 8 - 5 pm, and from 2 - 3pm when clinic hours are 10 - 7 pm.

CareHere!



Be Contagious.

Your **attitude** and **actions** are **contagious** to those around you.

Whether you are a young adult, a parent with children depending on you for their healthcare needs, or an individual preparing for your "Golden Years," the actions and attitude of preventive healthcare and wellness are critical for long-term health.

Preventive care is about more than just you. Yes, preventive care reduces your health risks, but healthy living influences those around you to live better as well. When you decide to live a healthier life, you are deciding to positively influence others to live that way as well.

This list of preventive services are examples of the types of preventive services you can take advantage of by scheduling an appointment to be seen in the health & wellness center.

CareHere abides by all federal HIPAA and confidentiality regulations.

Preventive Care Services with CareHere!

- Wellness Programs
- Health Coaching
- Physicals (Sports and Annual)
- Flu Vaccines
- Skin Cancer Screenings
- PSA Testing
- Fecal "Stool" Testing
- Well-woman Exams

Connect with us, and learn more about CareHere!
877.423.1330 • www.CareHere.com •  

WellAwards Chance Drawing:

All benefit eligible St. Johns County School District employees only (no dependents) enrolled in the Self Funded Medical Plan or the Hospital Indemnity Plan will have the chance to earn up to **\$100** by participating in health management, health education, physical health, and preventive health programs!

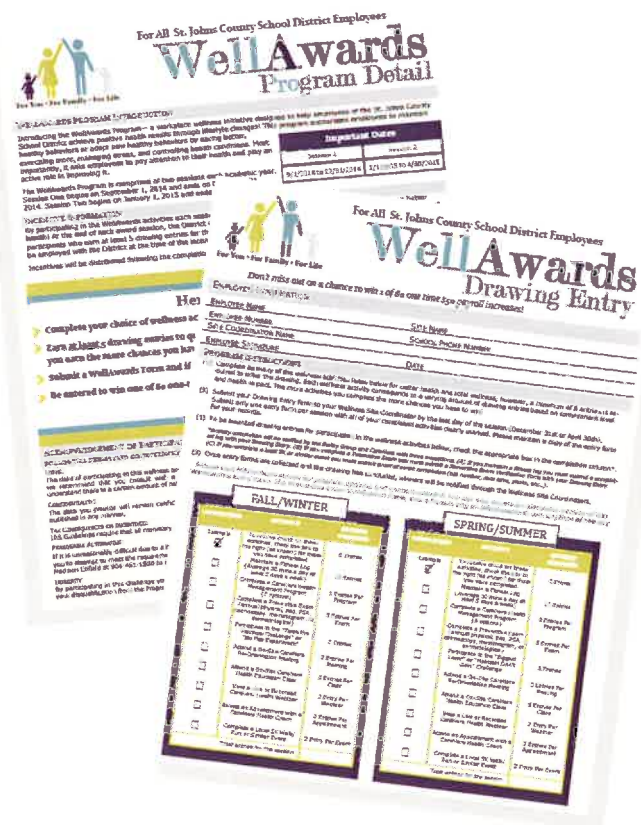
By participating in the WellAwards activities each session, employees have a chance to earn rewards far beyond better health! At the end of each award session, the District will award a one-time payroll increase of \$50 to 80 randomly chosen participants who earn at least 5 drawing entries for the session.

To explore the activities offered, to print a drawing entry form (pictured below), for a listing of site coordinators, and to read program updates and Frequently Asked Questions please visit the "Wellness" tab at www.hrconnection.com!

Please join us in this program that encourages employees to maintain healthy behaviors or adopt new healthy behaviors by eating better, exercising more, managing stress, and controlling health conditions.

Here's How It Works!

- Complete your choice of wellness activities listed on entry form (example to the right)
- Earn at least 5 drawing entries to qualify for the session's WellAwards Drawing—the more entries you earn the more chances you have to win
- Submit a WellAwards Form and if required, activity verification by the final day of the session
- Be entered to win one of 80 one-time \$50 payroll increases!



REASONABLE ALTERNATIVE:

If it is unreasonably difficult due to a health factor for you to meet the requirements under this program (or if it is medically inadvisable for you to attempt to meet the requirements of this program), we will make available a reasonable alternative standard for you. Please contact Madison Cofield at 904-461-1800 to inquire about reasonable alternatives.

Health Risk Assessment (HRA) Surcharge Program Guidelines for 2015

The St. Johns County School District (SJCSD) is pleased to announce improvements to the Health Risk Assessment Surcharge Program. Beginning with the 2014 Benefit Year, all members that meet the following qualifications will have the opportunity to complete a HRA at one of the St. Johns County School District's three health centers only and have a premium surcharge per pay period waived. Members who choose not to complete their HRA at a SJCSD CareHere facility during the time frame noted below will be subject to a premium surcharge.

Members required to participate:

1. Active employees and their spouses covered under the Medical Plan.
2. Retirees and covered spouses under age 65 covered under the Medical Plan.

Members not required to participate:

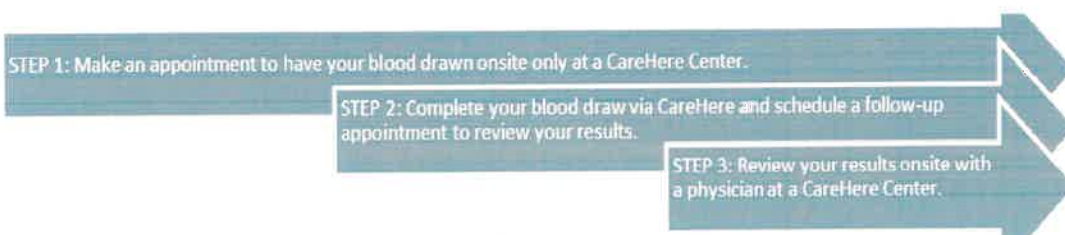
1. Active employees covered under the Hospital Indemnity Plan.
2. Retirees and covered spouses over 65 covered under the Medical Plan.
3. Retirees and their spouses covered under Group Medicare
4. Dependent Children covered under the Medical Plan.

The Health Risk Assessment Surcharge Program (HRA) is a blood draw, which is a 22 panel blood work-up **AND** one follow-up visit with a Health Center physician to review your lab results. The HRA Surcharge Program is required to be completed at one of the 3 health center locations **ONLY**: O'Connell Health Center, Nease Health Center, or Pedro Menendez Health Center. HRA results are private, confidential, and are not shared with St. Johns County School District. **You can download your lab results online and take them to your own physician if you choose.**

HRA Requirements January 1, 2015 through November 15, 2015

- Employees born in an ODD year and covered under the medical plan are required to complete the HRA in 2015 (e.g., 1963).
- Spouse of an employee covered under the medical plan is required to complete HRA by following employee's birth year, regardless of the spouse's birth year (e.g., 1966).
- This does not apply to enrolled dependent children regardless of age.
- \$20 surcharge per pay period will be assessed for 2 years effective January 15, 2016 through December 31, 2017, if either employee or spouse covered under the medical plan does not complete HRA in 2015.
- \$10 surcharge per pay period will be assessed for 2 years effective January 15, 2016 through December 31, 2017, if employee covered under the medical plan does not complete HRA in 2015.

Exceptions for the HRA Surcharge Program will be considered on a case by case basis for extreme extenuating circumstances. Exception requests need to be sent to Cathy Weber at Cathy.Weber@stjohns.k12.fl.us or mailed to 40 Orange Street, St. Augustine, FL, 32084. Exceptions must be received by **July 31, 2015. If you have previously submitted an exception request in years' past, you will need to submit a new request this year by the date above. Please note that St. Johns County School District does not receive the individual results of any member's Health Risk Assessment. CareHere only sends notification that it has been completed.*



Please note the HRA process is not complete until the member reviews their results at a follow-up appointment with one of the St. Johns County School District CareHere Physicians.

Rates are subject to change based upon negotiations, insurance committee recommendations, or board action.

rates:

| | 19 Pay Periods | 9/15/2014—6/15/2015 |
|--|---------------------------------|--|
| <u>MEDICAL - PPO HOSPITAL 1</u> | | |
| | Employee Pays: | SJCSD Pays: |
| Single | \$56.23 | \$279.32 |
| Family with 2* | \$108.12 (\$54.06 per employee) | \$685.84 (\$342.92 per employee) |
| Family | \$240.63 | \$553.34 |
| <u>MEDICAL - PPO HOSPITAL 2 (BUY-UP PLAN)</u> | | |
| Single | \$68.59 | \$279.32 |
| Family with 2* | \$166.60 (\$83.30 per employee) | \$685.84 (\$342.92 per employee) |
| Family | \$299.11 | \$553.34 |
| <u>HOSPITAL INDEMNITY ONLY</u> | | |
| | \$0.00 | \$279.32 |
| <u>DENTAL Plan 1</u> | | |
| Single | \$0.00 | \$15.76 |
| Family with 2* | \$1.88 (\$0.94 per employee) | \$31.52 (\$15.76 per employee) |
| Family | \$17.64 | \$15.76 |
| <u>DENTAL Plan 2</u> | | |
| Single | \$4.97 | \$15.76 |
| Family with 2* | \$18.12 (\$9.06 per employee) | \$31.52 (\$15.76 per employee) |
| Family | \$33.88 | \$15.76 |
| <u>VISION</u> | | |
| Single | \$0.00 | \$5.20 |
| Family with 2* | \$3.08 (\$1.54 per employee) | \$5.69 (\$5.20 No Dependents Attached) |
| Family | \$7.02 | \$6.32 |

- (1) Any Open Enrollment insurance changes will cause a higher premium amount, effective January 1, 2015, rather than amounts stated above. Premiums will have a "Pro-Rated" amount beginning December 14, 2014 through June 15, 2015 for insurance coverage through September 30, 2015. In school year 2015—2016, premiums will then revert back to the Premium Rates stated above.
- (2) *Family with 2 - Both you and your spouse are employed full-time with SJCSD. The total premiums will be divided equally among BOTH employee's paychecks. Family with 2 with no dependents will each be charged the single rate.
- (3) If you cover a spouse on SJCSD medical plans, and they have coverage offered through their employer, you will be assessed a \$35 Spousal Surcharge in addition to your per-pay-period medical deduction. (Subject to board approval and union ratification.)
- (4) Each employee who covers dependents (spouse, child(ren)) will be assessed a \$63 PPACA (Affordable Care Act) fee that will be deducted over 19 paychecks. For example, if you cover 2 dependents, you will pay \$126, which is \$6.63 per paycheck when spread over 19 paychecks.
- (5) Please note: Premium deductions are taken out pre-tax with your permission.

VOLUNTARY LIFE INSURANCE

(Administered by Mutual of Omaha)

- **For Yourself:** An amount between \$10,000 and \$1,000,000, in increments of \$10,000 not to exceed 4 times your basic annual earnings. You will need to fill out an Evidence of Insurability (EOI) and it will be subject to approval from Mutual of Omaha.
- **For Your Spouse:** An amount between \$5,000 and \$150,000, in increments of \$5,000 and up to a maximum equal to one-half of the employee's coverage. You will need to fill out an EOI for your spouse and it will be subject to approval from Mutual of Omaha.
- **For Your Child(ren):** Get a \$10,000 policy for \$1.23 a month. This covers each child up to \$10,000.
- **Apply online at www.www.mutualofomaha.com/signup/StJohnsCountySchoolDistrict** (website is case sensitive)
- Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 70, amounts reduce to 67%. At age 75+, amounts reduce to 50%. Spouse coverage terminates at age 70. Employee coverage terminates at retirement.

| MONTHLY COST FOR EMPLOYEE / SPOUSE | | | |
|------------------------------------|-----------------------|-----------|-----------|
| AGE | LIFE INSURANCE POLICY | | |
| | \$50,000 | \$100,000 | \$250,000 |
| Under 25 | \$3.00 | \$6.00 | \$15.00 |
| 25-29 | \$3.60 | \$7.20 | \$18.00 |
| 30-34 | \$4.80 | \$9.60 | \$24.00 |
| 35-39 | \$5.40 | \$10.80 | \$27.00 |
| 40-44 | \$6.00 | \$12.00 | \$30.00 |
| 45-49 | \$8.95 | \$17.90 | \$44.75 |
| 50-54 | \$13.75 | \$27.50 | \$68.75 |
| 55-59 | \$25.70 | \$51.40 | \$128.50 |
| 60-64 | \$39.50 | \$79.00 | \$197.50 |
| 65-69 | \$75.95 | \$151.90 | \$379.75 |
| 70+ | \$123.20 | \$246.40 | \$616.00 |



VOLUNTARY LONG-TERM DISABILITY

(Administered by CIGNA)

- You can sign up for an additional 10% of coverage giving you long-term disability insurance of **60%** of your earnings up to a **\$5,000** monthly maximum. There is no guaranteed issue for the additional 10% buy-up, and you will be required to complete the enrollment form and Evidence of Insurability (EOI), subject to approval by CIGNA.
- **Pre-Existing Condition Limitation:** A pre-existing condition is any injury or illness for which you have consulted a physician (or for which a reasonable person would have consulted a physician), received medical treatment, care of services (including diagnostic measures), taken prescribed drugs or medicines, or incurred expenses during the 3 months prior to the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins more than 12 months after the effective date of your coverage.
- Forms can be found on HRConnection.com or SunGard, Employee On-Line, under **Benefits Summary** select **Additional Benefits Forms**. The effective date for voluntary LTD insurance coverage and premiums will be the approval date from Cigna, which may be after January 1, 2015.
- If you are approved for voluntary LTD from CIGNA, you will first have the option to resign, or retire, from St. Johns County School District, effective as of your approval date of CIGNA's LTD Claim. If you do not resign or retire within 10 days from CIGNA'S LTD approval date, you will receive a termination letter from SJCS D, effective as of your approval date for LTD.

TO CALCULATE YOUR MONTHLY COST: **Monthly Pay X .12 ÷ 100 = Monthly Premium** (If you make \$2,000 a month: **\$2,000 X .12 ÷ 100 = \$2.40 a month!**)

This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.

Voluntary:

Short-term Disability (STD) coverage protects you when an illness, accident* or maternity leave has kept you out of work. This coverage will pay you 60% of your weekly covered earnings.

- ALL OF YOUR SICK LEAVE BALANCE MUST BE USED PRIOR TO WEEKLY BENEFITS BEING PAID TO YOU
- AVAILABLE TO ALL EMPLOYEES WORKING 25 HOURS OR MORE PER WEEK (Percentage teachers are eligible for STD)
- MAXIMUM BENEFITS ARE \$1,000 PER WEEK
- COVERAGE IS PAID BY THE EMPLOYEE

The Pre-existing Condition Limitation will apply to any increases in benefits. This limitation will not apply to a period of disability that begins after an Employee is covered for at least 12 months after his or her most recent effective date of insurance, or the effective date of any added or increased benefits.

*Please note that this Short-Term Disability policy does not pay you benefits for work-related injuries covered by Workers' Compensation.

three plans to choose from:

OPTION 1 - PAYS AFTER 10 DAYS OF AN INJURY AND/OR SICKNESS.

OPTION 2 - PAYS AFTER 20 DAYS OF AN INJURY AND/OR SICKNESS.

OPTION 3 - PAYS AFTER 30 DAYS OF AN INJURY AND/OR SICKNESS.

- Guaranteed issue was available when you first became eligible for benefits. After this period, it is not a guarantee issue and you will need to provide evidence of insurability, subject to approval by CIGNA.
- Please complete Cigna's STD Enrollment form AND Cigna's STD Evidence of Insurability form and submit to Michelle Price, HR, no later than **October 31, 2014**. Forms can be found on HRConnection.com or login to SunGard, select Employee On-Line, under **Benefits Summary**, select **Additional Benefits Forms**. The effective date for STD insurance coverage and premiums will be the approval date from CIGNA, which may be after January 1, 2015.
- Use the "Short-Term Disability Calculator" under "Frequently Used Forms" on www.HRconnection.com or login to SunGard, Employee On-Line, under **Benefits Summary**, select **Additional Benefits Forms** to calculate your rates!

| MONTHLY RATES PER \$10 OF COVERED BENEFIT | | | |
|---|----------|----------|----------|
| If you are between these ages: | OPTION 1 | OPTION 2 | OPTION 3 |
| Age 54 and Under | \$0.59 | \$0.32 | \$0.23 |
| 55 - 59 | \$0.65 | \$0.35 | \$0.25 |
| 60 - 64 | \$0.76 | \$0.41 | \$0.29 |
| 65 & Over | \$0.83 | \$0.45 | \$0.32 |

For example: If you are 40, earning \$40,000 annually, and choose Option 1, your weekly benefit is \$461.54.

SHORT-TERM DISABILITY—OPTION 1

Your Monthly Cost: $\$40,000/52 = \$769.23 \times 0.60 = \$461.54 \times \$0.59 = \$272.31/10 = \27.23 monthly/20 or 24 PP =

\$16.34 = Deduction for Employee with 20 Pay Periods

\$13.62 = Deduction for Employee with 24 Pay Periods

Free services:

Identity Theft Program: Call 1.888.226.4567 if you suspect you might be a victim of identity theft

Will Preparation Program: Visit CIGNAwillcenter.com to get started! **Healthy Rewards Program:** Visit CIGNA.com/rewards (password: savings) and print out a Healthy Rewards ID card or call 1.800.258.3312!

This is only a summary of benefits and not a contract. Please refer to your summary plan description for complete details.

FLEXIBLE SPENDING ACCOUNT

(Administered by AmeriFlex)

WHAT ARE THE BENEFITS OF AN AMERIFLEX FSA?

- NO taxes on the amount(s) that are deducted from your paycheck and deposited to your FSA account!
- Online services at <http://www.flex125.com>! Track your FSA account online!
- Eliminate paper claims!
- Use your FSA card to pay for qualified expenses without sending in receipts!
- Pay for Dependent Day Care with the same card you use for Medical FSA!!!
- Order your pharmacy items through the AmeriFlexRx online drug store TAX FREE with FREE SHIPPING!



WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

- A FSA is an IRS regulated Section 125 plan which allows you to have money deducted from your paycheck before taxes are determined and deposited into an account that you can use for unreimbursed medical expenses or dependent daycare expenses.

WHAT ARE SOME EXAMPLES OF ELIGIBLE MEDICAL EXPENSES?

- Your annual medical and dental plan deductibles, and Your annual medical, dental and vision co-insurance expenses
- Prescription co-pays
- Mileage for medical, dental and vision appointments
- Any IRS approved Medical Expense in accordance with IRS publication 502 even if it is not covered under the medical or dental plans

WHAT ARE ELIGIBLE DEPENDENT DAYCARE EXPENSES?

- Daycare for children under the age of 13, disabled spouses, dependent parents

WHAT ARE THE CHANGES TO OVER-THE-COUNTER (OTC) RULES DUE TO HEALTH CARE REFORM?

- You are required to file a paper claim form in order to be reimbursed for all OTC medicines for which a prescription is required.
- OTC items which are not considered a medicine or drug will not require a prescription and therefore, you will still be able to use your debit card to pay for these items at a pharmacy/drug store, just as you have in the past: Acne creams, anti-fungal foot medication, antiseptics and wound cleaners, band aids, braces and supports, catheters, denture adhesives, diabetic testing and aids, diagnostic tests and monitors, elastic bandages and wraps, eye care and contact lens supplies, family planning kits, fiber laxatives, first aid supplies, hearing aid batteries, infant electrolytes and dehydration solutions, infant teething pain supplies, insulin and diabetic supplies, nebulizers, orthopedic aids, ostomy products, reading glasses, smoking deterrents, syringes, thermometers, wheelchairs, walkers and canes.

WHAT IS THE MAXIMUM THAT I CAN DEPOSIT INTO EACH ACCOUNT EACH YEAR?

- Unreimbursed Medical FSA - \$2,500.00
- Dependent Day Care FSA - \$5,000.00

HOW DO I ELECT TO PARTICIPATE IN THE FSA PLANS?

- Each year you must login to SunGard, select Employee On-Line, under "Benefits Summary," select Flex Spending Medical/Dependent Day Care 125, input the annual amount you elect to contribute for calendar year (January 1, 2015 - December 31, 2015), and SAVE.

WHAT IF I DO NOT USE ALL OF THE FUNDS THAT ARE IN MY FLEXIBLE SPENDING ACCOUNT(S)?

Plan Carefully! If you do not use the funds by the end of the year you will lose the funds. The funds will not roll over to your account for the next year. For example, 2014 funds will not roll over to 2015. They will remain in the general FSA account to be used for administrative purposes. *Please note that this is an IRS regulation.*

Employee Assistance Program (EAP)

What is an Employee Assistance Program (EAP)?

Part of the wellness program for St. Johns County School District employees is an Employee Assistance Program (EAP). An EAP can provide the help you need to get through tough times. **It is a voluntary and confidential counseling service.** Employees and family members may access the EAP to assist them in coping with the stress of everyday life. All services are designed to help maintain emotional well-being, as well as a productive role in the workplace and at home. Services include help with the following problems: abuse, adolescents, aging parents, alcohol/drug abuse, eating disorders, grief, child behavioral disorders, ADD/ADHD, school problems, smoking cessation, stress, and depression.

Who is the EAP Provider?

Dr. Townsend & Associates, PA is staffed by experts in various disciplines who are trained to diagnose and assist people in finding solutions to problems. If you or a family member have a problem, call (904) 797-2705 to set up an appointment. The SJCS D Employee Assistance Program (EAP) is designed to ensure confidentiality at all times. If you are a self-referral, no one employed by the SCJSD will know of your contact with the EAP (to the extent permitted by law). If you are referred by your supervisor, only limited information can be released, and that is only with your specific written permission. People will have problems that sometimes spill over into their personal or professional lives. Usually, the individual solves them alone. Sometimes people are unable to solve these problems without help. It is our belief that most problems can be resolved if professional help is available. This help is provided at no cost for SJCS D employees for their first three EAP visits.

St. Augustine

9 St. Johns Medical Park Dr.

St. Augustine, FL 32086

(904) 797-2705

O'Connell Health Center

3740 International Golf Pkwy

St. Augustine, FL 32092

(904) 797-2705

Palatka

6910 Old Wolf Bay Road

Palatka, FL 32177

(904) 797-2705

Dependent Eligibility Documents

If you have not provided dependent eligibility documentation in the past for your dependents on Medical/Dental/Vision, you will need to provide during October 2014 for Open Enrollment.

For Spouse:

*A Certified copy of your Marriage Certificate **AND one of the following**

*A copy of the front page of your 2013 or 2014 federal tax return confirming this dependent is your spouse OR a document **dated within the last 60 days** such as a recurring monthly household bill.

The document must list your spouse's name, the date and your mailing address.

For Children up to age 26:

*A copy of the child's birth certificate or adoption certificate naming you or your spouse as the child's parent. If you are covering a stepchild and your spouse is not a covered dependent, you must also provide documentation of your current relationship to your spouse as requested above.

For Disabled Children age 26 or older:

* A copy of the child's birth certificate (or hospital birth record) AND Evidence of Social Security Disability (SSD) showing parent/guardian and dependent names.

Documents may be emailed to Benefits_Documentation@stjohns.k12.fl.us by October 31, 2014.

OPEN ENROLLMENT

Open Enrollment is the annual opportunity for employees to make changes to their Medical, Dental, Vision, Long-Term Disability, Short-Term Disability Voluntary Life, and Flexible Spending Accounts (Medical and/or Dependent Care) benefits for the upcoming benefit year.

THIS YEAR'S OPEN ENROLLMENT PERIOD WILL BE HELD OCTOBER 1—OCTOBER 31, 2014.

MEDICAL/DENTAL/VISION INSURANCE INSTRUCTIONS FOR OPEN ENROLLMENT

STEP 1: Enter Dependent Information

In the **Benefits Summary** section on the left, select **Family Info**. Complete all of the following information for every dependent you want covered on any insurance benefit (Medical, Dental, Vision, or Additional Life).

Add your dependent's First, Middle, Last Name (if they have a suffix, enter Last Name Suffix (e.g. Smith Jr)), Relationship, Date of Birth, Social Security Number (do not enter all 0 or all 9; must enter a legitimate Social Security Number), Gender, and check the box next to Address if they have the same address as you. If they do not have the same address, enter their address and phone number. You do not need to fill out any other information on this screen. Click SAVE button at the bottom of the page to save the dependent data. Click the BACK button to return to the Family Info screen, and add the next dependent. Do this for every dependent you want covered on any insurance.

Family with 2: Both you AND your spouse are full-time employees with St. Johns County School District. The total premium is divided among BOTH employees' paychecks.

- **Male spouse of the family with 2** is required to add ALL of their dependents under Family Info in Employee Online. Then, he will select all of his dependents who are to be covered under Medical, Dental, and Vision insurance, and select **Family with 2**.
- **Female spouse of the family with 2** will NOT have any dependents. She will select **Family with 2 – No dependents** for Medical, Dental, and Vision insurance.

STEP 2: Change Insurance

Login to SunGard and click on the Employee On-Line tab. In the **Benefits Summary** section on the left, select **Current Insurance: Add, Change, or Terminate Hospital, Dental, Vision, or Indemnity**.

To add or change coverage:

For each benefit you would like to modify, select the coverage type (such as HOSPITAL, DENTAL, VISION), then select the Plan Name (such as HOSPITAL 1) and choose the pre-tax or post-tax plan option. On the **Switch Insurance Benefit** or **Update Insurance Benefit** screen if modifying the current insurance plan (e.g. moving from Single to Family), select the coverage category that you want to enroll in and select the dependents to enroll by clicking in the box next to their name. In the Change Events dropdown box, click on "Open Enrollment." Enter "Effective 1/1/15" in the Reason for Change text box. Save and move on to the next benefit you're updating. The status will change to PENDING for any benefits modified during Open Enrollment.

To terminate employee/dependents from coverage:

For each benefit you would like to modify, select the coverage type (such as HOSPITAL, DENTAL, VISION), then select the Plan Name (such as HOSPITAL 1) and choose the pre-tax or post-tax plan option. On the **Switch Insurance Benefit** or **Update Insurance Benefit** screen if modifying the current insurance plan (e.g. removing child from plan), click the link beside the coverage category, such as Single, that you want to change. Select the dependents to discontinue by unchecking the box next to their name. Click on the Change Event dropdown box to click on "Open Enrollment." Enter "Effective 1/1/15" in the Reason for Change text box. Save and move on to the next benefit you're updating. The status will change to PENDING for any benefits modified during Open Enrollment.

Delete Pending Open Enrollment Changes:

Select **Current Insurance: Add, Change, or Terminate Hospital, Dental, Vision, or Indemnity** to delete pending changes. On the **Current Eligible Insurance Benefit** screen, select the appropriate benefit (HOSPITAL, DENTAL, VISION). On the **Update Insurance Benefit** screen, click on the box "Delete this request" button, click SAVE.

STEP 3: Submit Dependent Eligibility Documents

If you submitted your dependent's eligibility documents during the Dependent Verification Audit, April 2013, or after to the Benefits Department, who you are enrolling or increasing coverage for Open Enrollment 2015, into Hospital, Dental, Vision, or Additional Life Insurance, **you are not required to resubmit the dependent eligibility documents.**

For each dependent you are enrolling/updating for Medical, Dental, Vision, or Additional Life insurance, you must provide a copy of valid Dependent Eligibility Document(s). Documents must be emailed to Benefits_Documentation@stjohns.k12.fl.us by October 31, 2014.

If all three steps above are not completed, by Friday, October 31, 2014, the PENDING status on the "Current Eligible Insurance Benefits screen," will be changed from PENDING to ACTIVE status. The Active status will either revert back to your previous insurance coverage and/or the dependent(s) that were in the Pending Status will not be enrolled in your current insurance coverage.

Open Enrollment Directions for Voluntary Life Insurance, Disability Insurance, and Flexible Spending Accounts are located in SunGard, in Employee Online, under Benefits Summary in Additional Benefits Forms or under the Medical/Dependent Daycare 125 sections.

HRconnection Login

Username:

Sjcsd01

Password:

.....

Login

www.HRconnection.com

User Name: Sjcsd01

Password: Sjcsd01

On the Home tab you will find important communications, recommended links and frequently used files.

Wednesday, September 04, 2013

Good Afternoon, St. Johns County School Board



St. Johns County School District

Excellen Public Ed Since 1

Home Benefits On-Site Health Centers Wellness

You are here: Home

2013

Please

independt

Check out the Benefits tab to find details on all benefits offered to employees, FAQ's and health news.

View the On-Site Health Centers tab for hours, appointment scheduling tips, and more.

Purchase Break!

SD Health Ris is taking a b there is no rec risk Assesse

Click the Wellness tab to find the latest on what's happening with the wellness program.

Frequently Used Form

Below are some helpful forms, including both Benefit and Human Resource forms;

- [Delegation of Authority](#)
- [Dental Claim Form](#)
- [Family Status Change 2013 2014](#)
- [Flexible Spending Account Claim Form](#)
- [Flexible Spending Account Enrollment Form](#)
- [Flexible Spending Account Quick Reference Guide](#)
- [FRS Beneficiary Form](#)
- [HIP Claim Form](#)
- [HIPAA Authorization Form](#)
- [Life Claim Form](#)

see the attached flyer for more information!

RA Program Break Flyer

Qualifying Life Events - Family Status Change

If you have a new baby you MUST add them to your health coverage WITHIN 30 days from the day of the qualifying event. It is most important that you remember to notify your Benefits Department within 30 days of a qualifying event. If you do not notify the Benefits Department within 30 days, you will not be able to add your new baby until the next Open Enrollment.

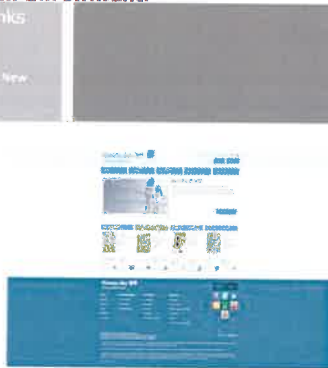
Open Enrollment.

| Benefit Item | In Network | Out Network |
|-------------------------------|-------------------|-------------------|
| Medical PPO (Self-Fund (YTD)) | Self-Fund | Self-Fund |
| Individual | \$0 | 15% |
| Family | \$0 | \$1,400 |
| CO Insurance (Plan / Member) | 80% / 20% | 80% / 40% |
| Out of Pocket Maximum | \$2,500 / \$5,000 | \$2,500 / \$5,000 |
| Out of Network | \$1,500 | \$1,500 |
| Office Visit | \$100 / \$200 | \$100 / \$200 |
| Primary Care | \$0 | \$0 |
| Specialty | \$0 | \$0 |
| Emergency | \$0 | \$0 |



Recommended Links

- [2013-2014 Benefits Presentation](#)
- [Benefits Presentation for New Hires](#)
- [Florida Blue](#)
- [FSA Enrollment Presentation](#)
- [Login to Your AmeriFlex](#)
- [My Blue Service](#)



Recommended Links

- [Benefits Presentation](#) 14
- [Benefits Presentation for New Hires](#) How
- [Blue Cross Blue Shield of Florida](#) 101
- [FSA Enrollment Presentation](#) 20
- [Login to Your AmeriFlex FSA](#) 20
- [My Blue Service](#) 20

2012-2013 50% Teacher Rates

2012-2013 Insurance Rates

2012-2013 Percentage-Teacher Rates

FEDERAL NOTICES

St. Johns County School District Self-Funded Medical Plan Privacy Notice

The full privacy notice can be viewed on your benefits website, www.HRconnection.com. If you do not have computer access, please contact Virginia Schulze at The Bailey Group at 904-461-1800 to be mailed a copy.

Section 125 Qualifying Events & Benefit Election Changes

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 be in effect January 1—December 31, 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 St. John’s County School District Self-Funded 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 or employment status; and
- You or your spouse experience a change in work hours that affects benefit eligibility.

All benefit plan changes must be necessitated by and consistent with the Family Status Change rules and that change must be acceptable under the Health Insurance Portability Act (HIPAA).

The following items must be completed and forms and documentation submitted to Michelle Price, HR, within thirty (30) days of the qualifying event in order to be approved.

- (1) Login to SunGard and request Insurance Changes.
- (2) Submit completed Family Status Change and Self-Funded Enrollment forms.
- (3) Submit Dependent Eligibility Documents for each dependent.

Women’s Health & Cancer Rights Act of 1998 (WHCRA) Model Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.



We know how difficult it can be to make a phone call during normal business hours. That is why the after-hours phone line is available to answer your medical plan questions. If you have a claim issue or question about your coverage, we are here to help. The extended hours are: Monday, Tuesday and Wednesday from 6 PM—8 PM. Please contact Ellen Dixon at 547-7561.

Medicaid and the Children's Health Insurance Program (CHIP)

Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, **but not already enrolled in the employer's plan**. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. The following information for Florida is current as of January 31, 2012. You should contact the State of Florida for further information on eligibility – Florida Medicaid: Website: <https://www.flmedicaidtplrecovery.com> Phone: 1-877-357-3268.

Notice to Employees in a Self-Funded Nonfederal Governmental Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. St. Johns County School District has elected to exempt the St. Johns County School District Self-Funded Medical Plan from the following requirements:

Parity in the application of certain limits to mental health benefits

Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan. This basically means that your current mental health and substance abuse benefits provided under the St. Johns County School District Self-funded Medical Plan will not be changed. The exemption from these Federal requirements will be in effect for the 2015 Plan Year beginning 1/1/2015 and ending 12/31/2015. The election may be renewed for subsequent plan years. HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. If you have any further questions, please contact Virginia Schulze at The Bailey Group at 904-461-1800.

FEDERAL NOTICES

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & 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 St. Johns County School District 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.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. 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.
2. St. Johns County School District has determined that the prescription drug coverage offered by the St. Johns County School District Self-Funded Medical Plan & Florida Blue is, on average for all participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is 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 November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (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 SJCS D Self-Funded Medical Plan prescription coverage will be affected. You can not keep your coverage with the SJCS D if you elect Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage under the SJCS D Self-Funded Medical Plan, be aware that you and your dependents will not be able to get this coverage back. See pages 7- 9 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.]

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 the SJCS D Self-Funded Medical Plan 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 the coverage. For example, if you go nineteen 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 November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact your Human Resources Department. **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 with Florida Blue 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 will 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.

REMEMBER: Keep this Creditable Coverage notice. If you decided 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). 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).

Date: October 1, 2014
Name of Entity/Sender: St. Johns County School District
Contact/Position: Virginia Schulze, Account Executive, The Bailey Group
Address: 1200 Plantation Island Drive, Suite 210, St. Augustine, FL 32080
Phone Number: (904) 461-1800

contacts:

Medical Plans & Prescription Drug:

Florida Blue, Group #63316

PO Box 1798

Jacksonville, FL 32231

1-800-352-2583

www.floridablue.com

Dental Plans:

Humana Dental, Group #673584

PO Box 14611

Lexington, KY 40512

1-800-233-4013

www.humanadental.com

Vision & Hospital Indemnity Plans:

MFB Financial, TPA

1200 Plantation Island Dr. S., Suite 210

St. Augustine, FL 32080-3115

1.866.826.1800 Toll Free Office

1.904.461.1800 Office

1.904.461.1775 Fax

HR Benefits Contacts:

Michelle Price, Benefits Supervisor, 904-547-7549

Cathy Weber, Dir. Benefits & Salaries, 904-547-7610

Chris Hector, Benefits Clerk, 904-547-7760

Julie Ritter, Executive Secretary, 904-547-7610

Life Insurance (Basic & Voluntary):

Mutual of Omaha, Group Life Claims

Mutual of Omaha Plaza

Omaha, NE 68175-0001

1-800-775-8805 - Claims Office

FSA/Dependent Day Care:

AmeriFlex

ATTN: Claims Dept.

PO Box 269009

Plano, TX 75026

1-888-868-FLEX (3539) Ext. 121 1-888-631-1038 Fax

www.flex125.com

SJCSD Insurance Committee

Cathy Weber - Plan Administrator

Lois Corpuz - SJESPA

Carolyn Coffey - SJESPA

Phyllis Coppola - SJESPA

Dawn Chapman - SJEA

Kelly Abbatinuzzi - SJEA

Kathleen Mitchell - SJEA

Michael Degutis - Administration

Brennan Asplen - Administration

Tim Forson - Administration

Bill Mignon - School Board Representative

LOCAL REPRESENTATIVE

Receptionist—1.904.461.1800

Mark Bailey, **President of The Bailey Group**

Allison Profitt, **Account Executive**

Virginia Schulze, **Account Executive**

Becky Cromwell, **Account Executive**

Ellen Dixon, **Account Executive**

Toll Free—1.866.826.1800

mbailey@mbaileygroup.com

aprofitt@mbaileygroup.com

vschulze@mbaileygroup.com

bcromwell@mbaileygroup.com

ellen.dixon@stjohns.k12.fl.us, 904.547.7561



St. John's School District, FL

CLINIC DISPENSARY

Patient Formulary Listing-By Generic Name

Care Here!

| Generic Name | Strength | Form | QTY | Brand Name |
|------------------------------------|------------|--------|-------|------------------------------|
| FOR DEPRESSION | | | | |
| amitriptyline | 10mg | Tab | 90 | Elavil |
| amitriptyline | 25mg | Tab | 90 | Elavil |
| bupropion HCl | 100mg | Tab | 90 | Wellbutrin |
| bupropion SR | 150mg | SR Tab | 60 | Wellbutrin SR |
| bupropion hcl XL | 150mg | XL Tab | 90 | Wellbutrin XL |
| buspirone | 10mg | Tab | 90 | Buspar |
| citalopram | 20mg | Tab | 100 | Celexa |
| citalopram | 40mg | Tab | 100 | Celexa |
| fluoxetine | 10mg | Cap | 90 | Prozac |
| fluoxetine | 20mg | Cap | 90 | Prozac |
| mirtazapine | 15mg | Tab | 30 | Remeron |
| paroxetine | 10mg | Tab | 90 | Paxil |
| paroxetine | 20mg | Tab | 90 | Paxil |
| paroxetine | 40mg | Tab | 90 | Paxil |
| sertraline | 100mg | Tab | 90 | Zoloft |
| sertraline | 50mg | Tab | 90 | Zoloft |
| trazodone | 100mg | Tab | 90 | Desyrel |
| trazodone | 50mg | Tab | 90 | Desyrel |
| venlafaxine ER | 150mg | Cap | 30 | Effexor XR |
| venlafaxine ER | 75mg | Cap | 30 | Effexor XR |
| venlafaxine | 75mg | Tab | 30 | Effexor |
| FOR DIABETES | | | | |
| glimepiride | 4mg | Tab | 100 | Amaryl |
| glipizide | 10mg | Tab | 100 | Glucotrol |
| glipizide | 5mg | Tab | 100 | Glucotrol |
| glipizide XL | 10mg | XL Tab | 60 | Glucotrol XL |
| glyburide | 5mg | Tab | 100 | Diabeta |
| glyburide-metformin | 2.5-500mg | Tab | 60 | Glucovance |
| glyburide-metformin | 5-500mg | Tab | 100 | Glucovance |
| metformin ER | 500mg | ER Tab | 90 | Glucophage XR |
| metformin HCl | 1000mg | Tab | 100 | Glucophage |
| metformin HCl | 500mg | Tab | 100 | Glucophage |
| metformin HCl | 850mg | Tab | 100 | Glucophage |
| Pioglitazone HCl | 30mg | Tab | 90 | Actos |
| Pioglitazone HCl | 45mg | Tab | 90 | Actos |
| Pioglitazone HCl | 15mg | Tab | 90 | Actos |
| Quintet blood glucose strips | | | 50 | Quintet blood glucose strips |
| Lancets | | | 200 | Lancets |
| FOR NAUSEA/VOMITING | | | | |
| meclizine | 25mg | Tab | 30 | Antivert |
| ondansetron | 4mg | Tab | 10 | Zofran |
| ondansetron | 8mg | Tab | 10 | Zofran |
| promethazine HCl | 25mg | Tab | 30 | Phenergan |
| promethazine HCl | 6.25mg/5ml | Syrup | 120ml | Phenergan |
| FOR HIGH CHOLESTEROL/LIPIDS | | | | |
| atorvastatin | 10mg | Tab | 90 | Lipitor |

| Generic Name | Strength | Form | QTY | Brand Name |
|--|--------------|--------|-----|----------------------|
| atorvastatin | 20mg | Tab | 90 | Lipitor |
| atorvastatin | 40mg | Tab | 90 | Lipitor |
| atorvastatin | 80mg | Tab | 90 | Lipitor |
| fenofibrate | 160mg | Cap | 30 | Tricor |
| gemfibrozil | 600mg | Tab | 60 | Lopid |
| lovastatin | 20mg | Tab | 90 | Mevacor |
| lovastatin | 40mg | Tab | 90 | Mevacor |
| lovastatin | 10mg | Tab | 90 | Mevacor |
| simvastatin | 10mg | Tab | 90 | Zocor |
| simvastatin | 20mg | Tab | 90 | Zocor |
| simvastatin | 40mg | Tab | 90 | Zocor |
| FOR HIGH BLOOD PRESSURE AND HEART | | | | |
| amlodipine | 10mg | Tab | 90 | Norvasc |
| amlodipine | 5mg | Tab | 90 | Norvasc |
| atenolol | 25mg | Tab | 100 | Tenormin |
| atenolol | 50mg | Tab | 100 | Tenormin |
| atenolol | 100mg | Tab | 90 | Tenormin |
| benazepril HCl | 10mg | Tab | 90 | Lotensin |
| benazepril HCl | 20mg | Tab | 90 | Lotensin |
| benazepril HCl | 40mg | Tab | 90 | Lotensin |
| carvedilol | 12.5mg | Tab | 180 | Coreg |
| carvedilol | 25mg | Tab | 180 | Coreg |
| clonidine | 0.1mg | Tab | 90 | Catapres |
| diltiazem | 120mg | ER Cap | 90 | Cardizem SR |
| enalapril maleate | 10mg | Tab | 100 | Vasotec |
| furosemide | 20mg | Tab | 100 | Lasix |
| furosemide | 40mg | Tab | 100 | Lasix |
| hydrochlorothiazide | 12.5mg | Cap | 100 | Microzide |
| hydrochlorothiazide | 25mg | Tab | 100 | Hydrodiuril |
| isosorbide mononitrate | 30mg | ER Tab | 100 | Imdur |
| lisinopril | 2.5mg | Tab | 90 | Prinivil, Zestril |
| lisinopril | 5mg | Tab | 90 | Prinivil, Zestril |
| lisinopril | 10mg | Tab | 90 | Prinivil, Zestril |
| lisinopril | 20mg | Tab | 90 | Prinivil, Zestril |
| lisinopril | 40mg | Tab | 90 | Prinivil, Zestril |
| lisinopril/HCTZ | 10/12.5mg | Tab | 90 | Prinzide, Zestoretic |
| lisinopril/HCTZ | 20/12.5mg | Tab | 90 | Prinzide, Zestoretic |
| lisinopril/HCTZ | 20/25mg | Tab | 100 | Prinzide, Zestoretic |
| losartan potassium | 50mg | Tab | 90 | Cozaar |
| losartan potassium | 100mg | Tab | 90 | Cozaar |
| losartan potassium/HCTZ | 100mg/12.5mg | Tab | 90 | Hyzaar |
| losartan potassium/HCTZ | 100mg/25mg | Tab | 90 | Hyzaar |
| losartan potassium/HCTZ | 50/12.5mg | Tab | 90 | Hyzaar |
| metoprolol succinate | 25mg | Tab | 90 | Toprol |
| metoprolol succinate | 50mg | Tab | 90 | Toprol |
| metoprolol tartrate | 100mg | Tab | 90 | Lopressor |
| metoprolol tartrate | 50mg | Tab | 90 | Lopressor |
| nitroglycerin | 0.4mg | SL Tab | 25 | Nitrostat |
| potassium chloride | 10mEq | ER Tab | 100 | K Dur |
| potassium chloride | 20mEq | ER Tab | 60 | K Dur |
| propafenone HCL | 225mg | Tab | 60 | Rhythmol |
| propranolol | 10mg | Tab | 100 | Inderal |

| Generic Name | Strength | Form | QTY | Brand Name |
|-----------------------------------|-----------|----------|------|-------------------|
| propranolol | 20mg | Tab | 100 | Inderal |
| ramipril | 10mg | Cap | 90 | Altace |
| ramipril | 5mg | Cap | 90 | Altace |
| spironolactone | 25mg | Tab | 100 | Aldactone |
| triamterene/hydrochlorothiazide | 37.5/25mg | Tab | 90 | Maxzide |
| valsartan | 80mg | Tab | 90 | Diovan |
| valsartan | 160mg | Tab | 90 | Diovan |
| verapamil HCl | 120mg | Tab | 100 | Isoptin |
| verapamil HCl ER | 180mg | ER Tab | 30 | Isoptin SR |
| verapamil HCl ER | 240mg | ER Tab | 30 | Isoptin SR |
| FOR ALLERGIES | | | | |
| loratadine | 10mg | Tab | 90 | Claritin |
| montelukast | 10mg | Tab | 90 | Singulair |
| montelukast | 5mg | Tab | 30 | Singulair |
| FOR INFECTION | | | | |
| acyclovir | 200mg | Tab | 50 | Zovirax |
| acyclovir | 400mg | Tab | 60 | Zovirax |
| amoxicillin | 500mg | Cap | 30 | Amoxil |
| amoxicillin | 875mg | Cap | 20 | Amoxil |
| amoxicillin chewable | 250mg | Chew Tab | 30 | Amoxil |
| amoxicillin-clavulanate potassium | 500-125mg | Tab | 21 | Augmentin |
| amoxicillin-clavulanate potassium | 875-125mg | Tab | 20 | Augmentin |
| azithromycin | 200mg/5ml | Susp | 30ml | Zithromax |
| azithromycin | 250mg | Tab | 6 | Zithromax |
| azithromycin | 500mg | Tab | 3 | Zithromax tripack |
| cefdirinir | 300mg | Tab | 20 | Omnicef |
| cefaclor | 500mg | Cap | 21 | Ceclor |
| cephalexin | 500mg | Cap | 30 | Keflex |
| ciprofloxacin | 500mg | Tab | 20 | Cipro |
| clindamycin | 150mg | Cap | 30 | Cleocin |
| fluconazole | 150mg | Tab | 1 | Diflucan |
| levofloxacin | 500mg | Tab | 10 | Levaquin |
| metronidazole | 500mg | Tab | 28 | Flagyl |
| nitrofurantoin mono/macro | 100mg | Cap | 14 | Macrobid |
| nystatin | 100mu/ml | Susp | 60ml | Mycostatin |
| penicillin v potassium | 250mg | Tab | 28 | Veetids |
| sulfamethoxazole-trimethoprim | 800-160mg | Tab | 28 | Septra DS |
| terbinafine | 250mg | Tab | 30 | Lamisil |
| FOR INFLAMMATION AND PAIN | | | | |
| ibuprofen | 800mg | Tab | 30 | Motrin |
| ibuprofen | 800mg | Tab | 100 | Motrin |
| indomethacin | 25mg | Cap | 100 | Indocin |
| meloxicam | 15mg | Tab | 90 | Mobic |
| meloxicam | 7.5mg | Tab | 60 | Mobic |
| methylprednisolone | 4mg | Tab | 21 | Medrol |
| nabumetone | 500mg | Tab | 30 | Relafen |
| nabumetone | 750mg | Tab | 30 | Relafen |
| naproxen sodium | 500mg | Tab | 100 | Naprosyn |
| prednisone | 10mg | Tab | 30 | Deltasone |
| prednisone | 20mg | Tab | 20 | Deltasone |
| prednisone | 5mg | Tab | 30 | Deltasone |
| FOR INHALATION | | | | |

| Generic Name | Strength | Form | QTY | Brand Name |
|---|-------------|------------|----------|-------------------|
| albuterol sulfate | 0.083% | Soln | 25 x 3ml | Proventil |
| albuterol sulfate | 108mcg | Inhaler | 8gm | Ventolin HFA |
| fluticasone | 50mcg/spray | Soln | 16gm | Flonase |
| ORAL BIRTH CONTROL/HORMINE REPLACEMENT | | | | |
| alyacen | 1/35mcg | Tab | 28 | Ortho Novum 1/35 |
| estradiol | 1mg | Tab | 30 | Estrace |
| estradiol | 2mg | Tab | 30 | Estrace |
| Low-Ogestrel | | Tab | 28 | Lo-Ovral |
| Marlissa | 0.15/0.03 | Tab | 28 | Levlen, Nordette |
| medroxyprogesterone | 10mg | Tab | 30 | Provera |
| Orsythia | | Tab | 28 | Aviane |
| Previfem | | Tab | 28 | Ortho-Cyclen |
| TriPrevifem | | Tab | 28 | Ortho-Tricyclen |
| WERA | 0.5/35-28 | Tab | 28 | Brevicon |
| EAR PREPARATIONS | | | | |
| antipyrine-benzocaine-glycerin | | Otic Soln | 15ml | Auralgan |
| carbamide peroxide | 6.5% | Otic Soln | 15 | Debrox |
| hydrocortisone-neomycin-polymyxin B | | Otic susp | 10ml | Cortisporin |
| ofloxacin | 0.30% | Otic | 5ml | Floxin |
| EYE PREPARATIONS | | | | |
| ciprofloxacin ophth | 0.30% | Ophth Soln | 5ml | Ciloxan |
| cromolyn | 4% | Ophth Soln | 10ml | Opticrom |
| erythromycin | 0.05% | Ophth Oint | 3.5gm | Ilotycin |
| gentamicin sulfate | 0.3% | Ophth Soln | 5ml | Garamycin |
| neomycin-polymyxin B-dexamethasone | | Ophth Susp | 5ml | Maxitrol |
| polymyxin b sulfate/trimethoprim | | Ophth Soln | 10ml | Polytrim |
| GERD/GI DISCOMFORT | | | | |
| dicyclomine | 10mg | Tab | 60 | Bentyl |
| metoclopramide | 10mg | Tab | 30 | Reglan |
| omeprazole | 20mg | Cap | 90 | Prilosec |
| pantoprazole | 40mg | Tab | 90 | Protonix |
| ranitidine | 150mg | Tab | 90 | Zantac |
| ranitidine | 300mg | Tab | 100 | Zantac |
| MISCELLANEOUS | | | | |
| alendronate | 70mg | Tab | 4 | Fosamax |
| allopurinol | 100mg | Tab | 90 | Zyloprim |
| allopurinol | 300mg | Tab | 100 | Zyloprim |
| aspirin EC | 81mg | EC Tab | 120 | Ecotrin |
| benzonatate | 100mg | Cap | 30 | Tessalon |
| benzonatate | 200mg | Cap | 30 | Tessalon |
| clopidogrel bisulfate | 75mg | Tab | 90 | Plavix |
| diclofenac sodium | 75mg | DR Tab | 30 | Voltaren |
| vitamin D | 50,000U | Cap | 8 | Vitamin D |
| ferrous sulfate | 325mg | Tab | 100 | Feosol |
| finasteride | 5mg | Tab | 100 | Proscar |
| finasteride | 5mg | Tab | 30 | Proscar |
| folic acid | 1mg | Tab | 100 | Folic acid |
| gabapentin | 100mg | Cap | 90 | Neurontin |
| gabapentin | 300mg | Cap | 90 | Neurontin |
| lidocaine, viscous | 2% | Soln | 100ml | Xylocaine viscous |
| oxybutynin | 5mg | Tab | 100 | Ditropan |
| sumatriptan | 100mg | Tab | 9 | Imitrex |

| Generic Name | Strength | Form | QTY | Brand Name |
|-------------------------|----------|----------|------|------------|
| sumatriptan | 50mg | Tab | 9 | Imitrex |
| tamoxifen | 20mg | Tab | 60 | Nolvadex |
| tamsulosin | 0.4mg | Cap | 90 | Flomax |
| terazosin | 5mg | Cap | 100 | Hytrin |
| topiramate | 100mg | Tab | 60 | Topamax |
| topiramate | 50mg | Tab | 60 | Topamax |
| topiramate | 25mg | Tab | 60 | Topamax |
| warfarin sodium | 1mg | Tab | 30 | Coumadin |
| warfarin sodium | 2.5mg | Tab | 30 | Coumadin |
| warfarin sodium | 2mg | Tab | 30 | Coumadin |
| warfarin sodium | 4mg | Tab | 30 | Coumadin |
| warfarin sodium | 5mg | Tab | 30 | Coumadin |
| warfarin sodium | 5mg | Tab | 90 | Coumadin |
| MUSCLE RELAXERS | | | | |
| cyclobenzaprine HCL | 10mg | Tab | 30 | Flexeril |
| methocarbamol | 500mg | Tab | 30 | Robaxin |
| tizanadine | 4mg | Tab | 30 | Zanaflex |
| tizanadine | 4mg | Tab | 90 | Zanaflex |
| FOR THE THYROID | | | | |
| levothyroxine | 0.025mg | Tab | 90 | Synthroid |
| levothyroxine | 0.05mg | Tab | 90 | Synthroid |
| levothyroxine | 0.075mg | Tab | 90 | Synthroid |
| levothyroxine | 0.088mg | Tab | 90 | Synthroid |
| levothyroxine | 0.1mg | Tab | 90 | Synthroid |
| levothyroxine | 0.112mg | Tab | 90 | Synthroid |
| levothyroxine | 0.125mg | Tab | 90 | Synthroid |
| levothyroxine | 0.137mg | Tab | 90 | Synthroid |
| levothyroxine | 0.15mg | Tab | 90 | Synthroid |
| FOR TOPICAL USE | | | | |
| betamethasone valerate | 0.1% | Cream | 45gm | Vallisone |
| econazole | 1% | Cream | 30gm | Spectazole |
| metronidazole | 0.75% | Vag. Gel | 70gm | Metrogel |
| mupirocin | 2% | Tab | 22gm | Bactroban |
| nystatin | 100000U | Cream | 15gm | Mycostatin |
| silver sulfadiazine | 1% | Cream | 25gm | Silvadene |
| terconazole | 0.80% | Vag.Cr | 20gm | Terazol |
| triamcinolone acetonide | 0.1% | Ointment | 15gm | Kenalog |