

FLORIDA ATLANTIC UNIVERSITY

Your
future
awaits.



**BENEFITS &
RETIREMENT
ORIENTATION**



State Benefit Programs

The State of Florida offers the following pre-tax insurance options:

- Health
- Basic Life
- Dental
- Vision
- Flexible Spending Accounts
(Medical Reimbursement Account, Dependent Care Reimbursement Account, etc.)
- Other Supplemental Insurances
(Cancer, Intensive Care, Accident, Hospitalization)

The State of Florida offers the following post-tax insurance option:

- Optional Life Insurance

Insurance elections must be made through People First



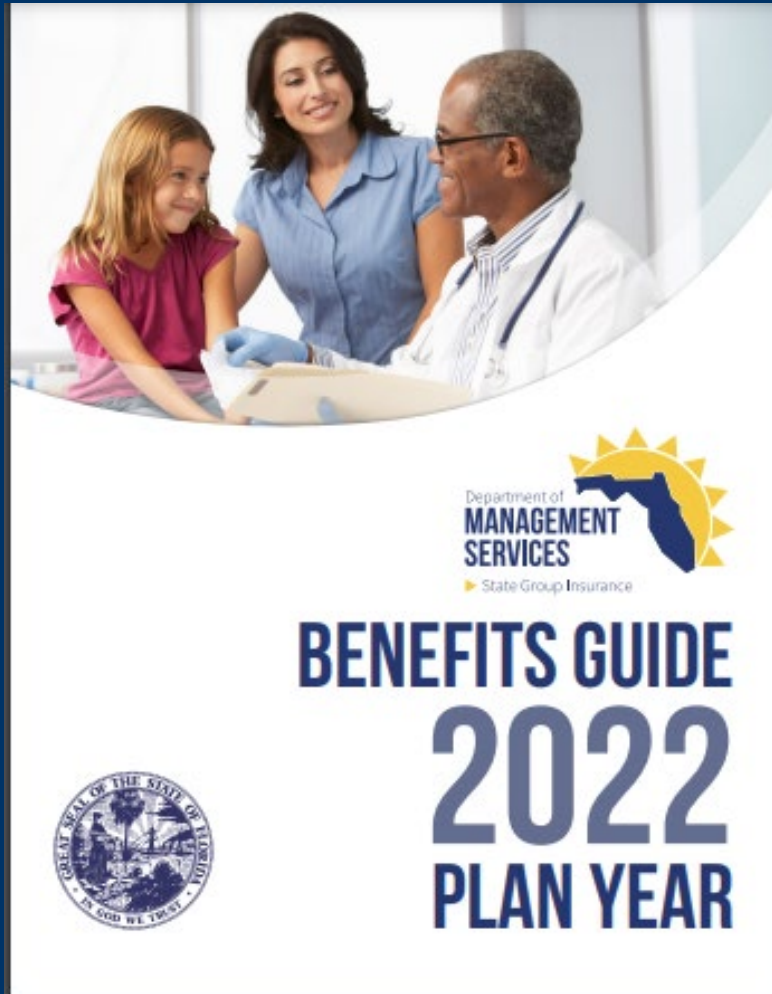
Who is People First?

- Plan administrator for State of Florida insurance, including state universities like FAU
- Responsible for the following:
 - ✓ Plan Enrollments
 - ✓ Dependent Eligibility
 - ✓ Qualifying Status Changes
 - ✓ Open Enrollment
 - ✓ COBRA





New Employee Benefits Guide



Visit:

<http://mybenefits.myflorida.com/>

Go to:

Health > Benefits Guide



How to Enroll

- Online
 - <https://peoplefirst.myflorida.com>
 - User ID and Password Required
- People First Service Center
 - Call 1-866-663-4735
 - User ID Required
 - Available Monday – Friday 8am-6pm



To Receive People First User ID

- Employee information is entered into Workday (onboarding completed in full)
- Daily electronic file is submitted to People First on hire date.
- You will receive your People First ID from the Benefits office via e-mail.
- People First also mails informational packet (including User ID) to employee's home address, **as listed in Workday.**

Important

If you are transferring from another State Agency, a new FAU People First appointment ID will be assigned to you by People First. You may have to create a new password!



People First default password: Pf + Birthdate = PfMMDDYY

A screenshot of the People First login portal overlaid on a cityscape background. The portal includes a login form with fields for 'Login ID' and a password field (masked with dots). Below the form is a green 'Log In' button. There are links for 'Forgot Password' and 'Forgot Login ID'. The portal also features the 'envision' logo and the text 'SUCCESS IN FLORIDA'. At the bottom, there are buttons for 'Search for a State Job' and 'Contact Us'. The background shows a city with a waterfront, a baseball field, and a marina with many boats.

FLORIDA DEPARTMENT OF MANAGEMENT SERVICES
people first
We serve those who serve Florida

Login ID

.....

Log In

[Forgot Password](#) | [Forgot Login ID](#)

envision
SUCCESS IN FLORIDA

[Search for a State Job](#)

[Contact Us](#)



Insurance Effective Dates

Employees have **60 days** from hire date to enroll in insurance.

The *earliest effective date* for health insurance is the:

1st day of the month following hire.

Example: If you are hired on May 9, 2022, the earliest your health insurance coverage can be active is June 1, 2022*.

*You must complete your enrollment with People First before 5pm on May 31, 2022.

Supplemental Insurance Plan effective dates are normally the 1st day of the month after deductions have been taken.



Changing Insurance

Employees have two (2) ways of changing insurance elections after the 60 day new hire period:

1. Qualifying status change

- Examples: Marriage, divorce, birth/adoption of child, spouse insurance termination, etc.

2. Open Enrollment

- Held annually each Fall (begins mid/late October)

- Coverage changes effective January 1 of the following year



Eligible Dependents

- Spouse (Legally Married)
- Children (up to age 26)
 - May be eligible until age 30 if they meet certain criteria:
 - Unmarried, no dependents of their own, dependent on you for financial support, live in Florida or attend school in another state, and have no other health insurance
 - Children with disabilities may be covered after age limit if they meet certain criteria



Dependent eligibility verification documentation is required by People First!



Health Insurance

- Insurance cards are mailed AFTER the effective date. You can also login to your plan provider website, after the effective date, to print temporary id cards.
- Premiums are paid one month in advance and will be automatically deducted from FAU biweekly paychecks.



Types of Health Insurance:

- **PPO** – Florida Blue (Blue Cross Blue Shield)
 - Includes in-network and out of network benefits and deductibles.
- **HMO** – Providers differ, depending on county of residence.
 - In-network coverage only, no deductibles or out of network coverage.

COUNTY	PLAN PROVIDER
Palm Beach / Martin	United Healthcare HMO
Broward / Miami-Dade / St. Lucie	AvMed HMO
Indian River	Aetna HMO

Plan Options:

- Standard
- Health Investor Health Plan
(HIHP/high deductible)



Health Insurance: HIHP Option

- Health Investor plan offers choice of PPO or HMO
 - *Note – same providers as standard plan options*
- Employee assumes greater responsibility with healthcare
- Lower Premiums
- High Deductibles - *Including deductibles for HMO plans*
- Participation in Health Savings Account (HSA) to offset out-of-pocket expenses



HEALTH PLAN SUMMARY COMPARISON CHART (EXCLUDING MA-PD PLANS)

	Standard			High Deductible (Pair with Health Savings Account)	
	HMO	PPO		HMO and PPO	PPO Only
Your Costs:	Network Only	Network	Out of Network	Network	Out of Network
Annual Deductible <small>(You pay this amount first before the plan pays anything, except for preventive care.)</small>	None	\$250 \$500 Single Family	\$750 \$1,500 Single Family	\$1,400 \$2,800 Single Family	\$2,500 \$5,000 Single Family
Global In-Network Annual Out-of-Pocket Maximum	\$8,700 \$17,400 per indiv. per family (combined pharmacy and medical)	\$8,700 \$17,400 per indiv. per family (combined pharmacy and medical)	N/A	\$4,400 \$8,800 (PPO) \$3,000 \$6,000 (HMO) per indiv. per family (combined pharmacy and medical)	N/A
Preventive Care ¹	No charge	No charge; no deductible	Amount between charge and out-of-network allowance; no deductible	No charge; no deductible	Amount between charge and out-of-network allowance; no deductible
Primary Care	\$20 copayment	\$15 copayment	40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance	Deductible then 20% of network allowed amount	Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance
Specialist	\$40 copayment	\$25 copayment			
Urgent Care	\$25 copayment	\$25 copayment			
Emergency Room	\$100 copayment	\$100 copayment			
Hospital Stay	\$250 copayment	20% after \$250 copayment	40% after \$500 copayment plus the amount between charge and out-of-network allowance	Deductible then 20% of network allowed amount	Deductible, \$1,000 copay, then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance
Generic Drugs Preferred Brand Non-Preferred Brand	\$7 \$30 \$50 Network Retail (up to 30-day supply)		Pay in full; file claim for reimbursement	After paying deductible, 30% 30% 50% Network Retail and Mail Oder	Pay in full; file claim for reimbursement
	\$14 \$60 \$100 Mail Order or Participating 90-Day Retail (up to 90-day supply)				



Health Insurance Standard Options

Plan Type	Coverage Level	Monthly Premium
PPO or HMO – Standard	Individual = Employee ONLY	\$50.00 per month
PPO or HMO – Standard	Family = Employee + eligible dependents	\$180.00 per month
PPO or HMO – Standard - Spouse Program	Family = Employee + eligible dependents	\$30.00 per month = \$15.00 per month/spouse

- **Premiums listed are for full time employees**

**FAU contributes over \$750.00 for individual coverage, and over \$1,650.00 for family or spouse coverage monthly.



Health Insurance HIHP Options** (high deductible plan)

Plan Type	Coverage Level	Monthly Premium
PPO or HMO – HIHP	Individual = Employee ONLY	\$15.00 per month
PPO or HMO – HIHP	Family = Employee + eligible dependents	\$64.30 per month
PPO or HMO – HIHP - Spouse Program	Family = Employee + eligible dependents	\$30.00 per month = \$15.00 per month/per spouse

- ****Includes HSA with FAU contribution**
 - \$41.66/month individual up to \$500/annually
 - \$83.33/month family, up to \$1,000/annually
- **Premiums listed are for full time employees**



Health Plan	Coverage Level	In-Network Deductible	Out-of-Network Deductible
HMO – Standard	Individual/Family	None	None / No out of Network Coverage
PPO – Standard	Individual/Family	\$250 / \$500	\$750 / \$1,500
PPO/HMO –HIHP	Individual	\$1,400	\$2,500
PPO/HMO –HIHP	Family	\$2,500	\$5,000

Important

Under "HIHP" plans, you are responsible for **100% of medical bills and prescription costs** until annual deductible has been met.

STANDARD PLAN OR HIGH DEDUCTIBLE HEALTH PLAN?



STANDARD PLANS

	PPO	HMOs
Choice of Providers	In or Out of Network	Network only
Open a Health Savings Account (HSA)	No	No
Have a Reimbursement Account	Yes – Active Employees Healthcare Flexible Spending (FSA)	
Annual Deductible	Lower	None
How You Pay for Most Medical Care	<p>NETWORK: set copayments or percentage of network allowed amount after deductible</p> <p>NON-NETWORK: percentage of non-network allowance after deductible and any balance up to charges</p>	Set copayments
Preventive Care	Certain routine, preventive services, and immunizations covered at 100%	
Annual Out-of-Pocket Maximum	Lower	Lower

HRA:

- No limit
- Rewards credits as earned.
- Money remains as long as you are an active enrollee in a State Group Plan.
- Employer contribution only.

FSA:

- Personal pretax contribution
- No state contributions
- \$550 max rollover
- Can't take with you when you leave state employment

HIGH DEDUCTIBLE HEALTH PLAN

	PPO	HMOs
Choice of Providers	In or Out of Network	Network only
Open a Health Savings Account (HSA)	Yes – Active Employees	
Have a Reimbursement Account	Yes – Active Employees Limited Purpose Medical Reimbursement Account	
Annual Deductible	Higher	Higher
How You Pay for Most Medical Care	<p>Percentage of cost after deductible</p> <p>You must meet the deductible (\$1,400 for individual, \$2,800 for family) before anything, but certain preventive care services are covered</p>	
Preventive Care	Certain routine, preventive services, and immunizations covered at 100%	
Annual Out-of-Pocket Maximum	Higher	Higher

HSA:

- Personal pretax contribution
- State contributions
- Rolls over every year
- Can take it when you leave state employment

* Post Deductible HRA & Limited Purpose FSA is available.

For more information on selecting your benefits, please visit mybenefits.myflorida.com/health.



Prescription Drugs – CVS Caremark



Download CVS Caremark’s smartphone app to manage your account, see your ID card and more!

Caremark <small>www.caremark.com/sofrxplan</small>	Standard HMO & Standard PPO		HIHP HMO & PPO- subject to deductibles
	Retail (30 Day Supply)	Mail Order &/or Retail (90 Day Supply)	Retail (30 Day); Mail Order &/or Retail (90 Day Supply)
Generic	\$7.00	\$14.00	30%
Preferred Brand-Name	\$30.00	\$60.00	30%
Non-Preferred Brand-Name	\$50.00	\$100.00	50%



Flexible Spending Accounts

It's easy to manage your account!

- Chard Snyder is the administrator of three types of Flexible Spending Accounts (FSA) that give you a tax break on eligible out-of-pocket expenses.
- Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted.
- Employees must contribute a minimum of \$60 per year to initiate an FSA.



<u>Medical Reimbursement Account / Health Savings Account</u>	<u>Dependent Care Reimbursement Account</u>
Deductibles / Co-payments / Co-Insurance / IVF Insulin supplies / Contact Lenses / Vision Expenses	Day care / In-home care / Nursery School Pre-school and afterschool care/ Summer Camp Elder Care services
***See IRS Pub 502 for all qualified expenses!	Use it or Lose it!



Shared
Savings:
Healthcare
Bluebook

Healthcare Bluebook

- Offers an online transparency website for you to “shop” for healthcare services, facilities, and providers
- You can earn rewards for some of the services that you or your dependents “shop” for.
- The rewards you generate can be deposited in your:
 - Health reimbursement account (HRA)
 - Post-deductible HRA (for enrollees in a high deductible health plan)
 - Health savings account (for eligible enrollees in a high deductible health plan)
 - Flexible spending account (FSA) (for enrollees in a standard health plan)
 - Limited purpose FSA (for enrollees in a high deductible health plan)



Healthcare Bluebook™

800-513-6118



Shared
Savings:
SurgeryPlus

SurgeryPlus

- SurgeryPlus is a voluntary benefit that provides pre-planned, non-emergency surgical services.
- By receiving services through SurgeryPlus, you and your dependents can earn financial rewards
- Coordinates services:
 - For example, rather than paying separately for the surgeon, facility, anesthesiologist, and radiologist, SurgeryPlus negotiates one “bundled” rate.



844-752-6170



2022 Flexible Spending Accounts

Flexible Spending Accounts (FSA)			Health Savings Account (HSA)	Health Reimbursement Account (HRA) and Post-Deductible HRA
Healthcare FSA	Limited Purpose FSA	Dependent Care FSA		
How it Works				
<p>You deposit pretax money into the account through payroll deductions to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications and menstrual hygiene products.</p> <ul style="list-style-type: none"> Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for eligible medical expenses; then submit claims to be reimbursed. 	<p>You deposit pretax money into the account through payroll deductions to pay for eligible dental and vision expenses.</p> <ul style="list-style-type: none"> If you are enrolled in a high deductible health plan (HDHP), you can choose a Limited Purpose FSA. You cannot choose a Healthcare FSA if you are enrolled in an HDHP and eligible for the HSA. Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for certain eligible expenses; then submit claims to be reimbursed. 	<p>You deposit pretax money into the account through payroll deductions. You get reimbursed for eligible services (not healthcare related) to care for children 12 years and younger or a dependent age 13 and older who live with you at least 8 hours a day and who need supervised care, such as an elderly parent or spouse with a disability. Use funds to care for your natural, adopted and foster children 12 years and younger and for family members who cannot physically or mentally care for themselves while you are working or going to school.</p> <ul style="list-style-type: none"> Use the Benefit Card to pay for eligible dependent care services; Pay your provider directly from you account online; or Pay out of pocket for eligible dependent care expenses; then submit claims to be reimbursed. 	<p>The state contributes pretax money to your personal bank account each month for you to pay for eligible health expenses and save for future costs. You may also deposit pretax money into the account. Enroll in an HDHP online in People First, which automatically opens your HSA Advantage™ account.</p> <ul style="list-style-type: none"> The state contributes \$41.66/month for single coverage (up to \$500/yr) and \$83.33/month for family coverage (up to \$1,000/yr). Pay for eligible expenses from this savings account at time of service or purchase; Pay your provider directly from your account online; or Pay out of pocket for eligible expenses; then reimburse yourself from the account. 	<p>Shared Savings Program rewards are credited to your account as they are earned. HRA money is used to pay for eligible medical, dental, vision, preventive and prescription drug expenses.</p> <ul style="list-style-type: none"> Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for eligible expenses; then submit claims to be reimbursed. <p>The Post-Deductible HRA works the same way except funds are not available for use until you have met the federal health plan deductible. Single deductible is \$1,400 and Family deductible is \$2,800.</p>
Who is Eligible				
Active employees, who are benefits eligible.	Active employees, who are benefits eligible.	Active employees, who are benefits eligible.	Active employees, who are enrolled in a HDHP.	All State Group Insurance health plan enrollees are eligible. If you enroll in an HDHP, you are only eligible for the Post-Deductible HRA. Your HRA becomes active once your first reward has been credited to the account.
Shared Savings Program Rewards				
<p>Yes. Earn up to \$500 in Shared Savings rewards.</p> <p>Shared Savings Program rewards are credited to your account on January 1st of the following plan year (the plan year after the reward is earned).</p>	<p>Yes. Earn up to \$500 in Shared Savings rewards.</p> <p>Shared Savings Program rewards are credited to your account on January 1st of the following plan year (the plan year after the reward is earned).</p>	<p>No. Shared Savings Program awards are only credited to one of the health spending or savings plans.</p>	<p>Yes. Earn up to the annual contribution limit in Shared Savings rewards.</p> <p>Shared Savings Program rewards are credited to your account as they are earned.</p>	<p>Yes. There is no limit in the amount of Shared Savings rewards earned.</p> <p>Shared Savings Program rewards are credited to your account as they are earned.</p>
Employee Contribution Limit				
<p>Yes. \$60 minimum/year. \$2,750 maximum/year</p>	<p>Yes. \$60 minimum/year. \$2,750 maximum/year.</p>	<p>Yes. \$60 minimum/year. \$5,000 maximum/year/ household.</p>	<p>Yes. No minimum contribution. \$3,650/year for single coverage \$7,300/year for family coverage (Limits include the state's contribution.) Employees ages 55+ may make catch-up contributions of an additional \$1,000/year.</p>	<p>Employer funded, through rewards earned by utilizing the Shared Savings Program.</p>



2022 Dental Insurance

Dental Plans Comparison Chart				
	Prepaid Dental (DHMO) (Sun Life, Cigna, Humana)	Dental Preferred Provider Organization (DPPO) (Ameritas, MetLife)	Dental Indemnity with a DPPO Network Plan (Ameritas, MetLife, Sun Life)	Dental Indemnity Plan (Humana)
Definition	Must use only network dental providers. No coverage for out-of-network services.	May use any dental provider, but you pay less when using network dental providers.	May use any dental provider, but pay discounted rates when using network dental providers.	May use any dental provider, but you pay first and then get reimbursed a set fee (scheduled amount) for covered services.
Choice of Providers	Network only.	In-or-out of network.	In-or-out of network.	Any you choose.
Preventive Care (no deductible)	No charge for most preventive services.	No charge in network; you pay 20% of costs for out of network.	You pay cost above set dollar amount.	You pay cost above set dollar amount.
Deductible	No.	Yes, for basic and major care.	Yes, for basic and major care.	Yes, for basic and major care.
Basic and Major Care	You pay set copays or a percentage of cost.	You pay a percentage of cost for the Standard plan. However, for the Preventive plan you will pay the full negotiated rate for major care.	You pay cost above a set dollar amount or a percentage of cost.	You pay cost above a set dollar amount.
Calendar Year Maximum	No.	Yes.	Yes.	Yes.
You Should Know	Your dentist could leave the network at any time. This is not a qualifying status change (QSC) event to cancel or change dental plans or coverage levels.	You pay all charges above the annual maximum each calendar year. Thus, your costs will be higher if you see an out-of-network dental provider.		You pay all charges above the annual maximum each calendar year. Dentist fee are not negotiated by insurer and dentists may charge any amount they choose per procedure.
People First Plan Code and Plan Name	4025 Sun Life Prepaid 225 4034 Cigna Dental 4044 Humana HD205	4022 Ameritas Standard PPO 4023 Ameritas Preventive PPO 4032 MetLife Standard PPO 4033 MetLife Preventive PPO	4021 Ameritas Indemnity w/PPO 4031 MetLife Indemnity w/PPO 4074 Sun Life Indemnity PPO	4084 Humana Schedule B



2022 Dental Insurance

People First Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
4021	Ameritas Indemnity w/PPO	\$46.50	\$86.24	\$98.20	\$141.80
4022	Ameritas Standard PPO	\$38.60	\$72.32	\$80.96	\$117.88
4023	Ameritas Preventive PPO	\$27.98	\$52.92	\$56.64	\$82.96
4031	MetLife Indemnity w/PPO	\$51.92	\$96.04	\$107.32	\$155.80
4032	MetLife Standard PPO	\$36.60	\$67.72	\$75.66	\$109.86
4033	MetLife Preventive PPO	\$25.08	\$46.38	\$51.84	\$75.24
4025	Sun Life Prepaid 225	\$14.93	\$25.17	\$33.26	\$43.54
4074	Sun Life Indemnity PPO	\$43.55	\$ 83.61	\$ 98.83	\$130.35
4034	Cigna Prepaid	\$ 24.01	\$ 47.31	\$ 56.41	\$72.06
4044	Humana HD205	\$ 12.64	\$ 21.20	\$ 23.00	\$ 32.98
4084	Humana Schedule B	\$ 14.74	\$ 21.96	\$ 23.30	\$ 37.10





2022 Vision Insurance



VISION PLAN CHART

Exam and Materials

Benefit Frequency (based on the service date and not per calendar year)

Exam Every	12 months		
Lenses Every	12 months		
Frames Every	24 months		
Benefits	In Network	Out of Network	
Eye Exam	100% after you pay \$10 copay	\$40 allowance	
Lenses:			
Single	100% after you pay \$10 copay	\$40 allowance	
Bifocal	100% after you pay \$10 copay	\$60 allowance	
Trifocal	100% after you pay \$10 copay	\$80 allowance	
Scratch Resistance Lenses	\$25 allowance	Not Covered	
Anti-Reflective Lenses	\$50 allowance	Not Covered	
Frames	\$75 wholesale allowance	\$60 retail allowance	
Contact Lenses			
Elective	\$150 allowance	\$75 allowance	
Medically Necessary	100%	\$100 allowance	
LASIK	Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures.		

Coverage Level	Monthly Premium
Employee Only	\$6.96
Employee + Spouse	\$13.74
Employee + Children	\$13.60
Family	\$21.36

Monthly Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
	\$6.96	\$13.74	\$13.60	\$21.36





State Life Insurance Underwritten by Securian

FLORIDA ATLANTIC UNIVERSITY

Basic Life Insurance – Value = \$25,000

Group Term, includes Accidental Death & Dismemberment (AD&D)

Beneficiary designation online or by mail

Monthly premium paid by
FAU

Optional Life Insurance – Value = 1–7x Annual Salary \$1,000,000 max.

Group Term, includes Accidental Death & Dismemberment (AD&D)

- Guaranteed issue up to \$500,000
- Underwriting necessary for any amount >\$500,000
- Beneficiary designation online or by mail

Monthly premium paid by
employee

Spouse Life Insurance

\$15,000 coverage

Guaranteed issue during first 60 days of employment or marriage

\$5.18/Monthly Premium

\$20,000 coverage

No underwriting necessary

\$6.90/Monthly Premium

Child Life Insurance

\$10,000 coverage

Guaranteed issue for eligible children

\$0.85/Monthly Premium



Supplemental Insurance Plans through People First

■ Hospitalization

Cigna & New Era

■ Cancer/Intensive Care

AFLAC & Colonial

■ Accident/Disability

Colonial

- ✓ Required to meet with company representative to complete medical underwriting
- ✓ Plans can either work in conjunction with or independently from health insurance
- ✓ Coverage effective date determined by People First

*Both the Aflac Cancer and Aflac Intensive Care policies require submission of a paper application. Upon completion of an election in People First, please access the Aflac brochure on the [MyBenefits website](#), complete it, and mail to the address listed at the top of the application. Contact Aflac or Capital Insurance Agency directly for application-related questions.



Other Employee Benefits

FLORIDA ATLANTIC UNIVERSITY

Gabor Agency



Contact Gabor to enroll

Short term & Long Term Disability

Life Insurance

Long Term Care

Preferred Legal Plan

Unlimited Legal Advice via phone

Can cancel at any time

\$4.98/Bi-weekly Premium

Credit Unions

iTHINK Southeast Employees Credit Union
(Formerly IBM)



Bright Star Credit Union



Gold Coast Federal Credit Union



Employee Discounts

Cell Phone Service –
Sprint/Verizon/AT&T

Broward Center for the
Performing Arts

Rapids Water Park
Tickets at Work - Orlando Attractions



Sick Leave Pool

Attendance & Leave: Sick Leave Pool

Eligibility

- Must be a Full Time or Part Time Employee (SP/AMP/FAC)
- Eligible upon invitation
- Minimum 1 year of service
- Minimum balance of 64 sick leave hours

Enrollment

- Receive email invitation
- Complete application process within Workday
- Donate 16 sick leave hours to Sick Leave pool (1x only)

Benefit

- In the event of serious or catastrophic injury/illness you can apply to use up to a maximum of 480 Sick Leave Pool hours (after all accrued PTO is exhausted)



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Employee Educational Scholarship Program (EESP)

To Qualify

- Must be a Full Time Employee (SP/AMP/FAC)
- Employed for a minimum of 6 consecutive months
- Must be employed last day of class
- Maintain grade of C or better (Undergraduate level)
- Maintain grade of B or better (Graduate level)

Benefit

- **6 credit hours – TUITION FREE** per semester
- 18 credit hours maximum annually

Notes

- Some fees still apply
- Must complete normal application/registration process
- **Application for EESP processed in Workday**
- <https://www.fau.edu/hr/benefits/scholarship.php>



Aetna Resources For Living

Employee Assistance Program

Investing in your career with completely confidential counseling

3 free session per issue with a private licensed therapist for guidance on:

Financial Issues	Legal Issues	Relationships
Stress or Anxiety	Grief Issues	Depression
Child & Elder Care	Alcohol Abuse	Drug Abuse
Life Improvement	Family Challenges	

Call: 800-865-3200

www.mylifevalues.com

Login ID: Florida Atlantic University

Password: EAP



STATE SPONSORED RETIREMENT PLANS

ALL Retirement Plans have a *mandatory 3% employee contribution*

- **SP EMPLOYEES:** *(or a previous FRS member)*
 - *2 options – FRS Pension plan or FRS Investment plan.*

- **AMP EMPLOYEES / FACULTY:**
 - *3 options – FRS Pension plan or FRS Investment plan, or SUSORP.*

- **POST DOCS:**
 - *may enroll in the SUSORP.*

ALL
Retirement
Plans
have a
mandatory
3%
employee
contribution



ALL
Retirement
Plans
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3%
employee
contribution

STATE SPONSORED RETIREMENT PLANS

FRS PENSION PLAN

Eligible Employees include SP / Faculty / AMP

8 year vesting period

Defined Benefit = Guaranteed monthly income after retirement, for life.

Benefit in retirement based on a formula using your salary, years of service, membership class, and age.

Retirement age is 65, with 8 years of service, or 33 years of service, regardless of age (Special Risk 60y.o./or 30 years of service).

Cannot contribute more into the Pension than your mandatory 3%.



STATE SPONSORED RETIREMENT PLANS

ALL
Retirement
Plans
have a
mandatory
3%
employee
contribution

FRS INVESTMENT PLAN

Eligible Employees include SP / Faculty / AMP

1 year vesting period

Defined Contribution = Market based retirement, 401(k) type, you are responsible for managing your account

Benefit in retirement based on contributions made to your account, and Investment performance over time. FAU currently contributes 6.3% (effective 07/01/2022)

No age or service requirements to receive benefits, once vested.
Roll over into new employer plan or IRA when leave FAU/retire
Tax implications for early retirement – consult tax advisor

Cannot contribute more into the Investment plan than your mandatory 3%.



ALL
Retirement
Plans
have a
mandatory
3%
employee
contribution

STATE SPONSORED RETIREMENT PLANS

SUSORP

State University System Optional Retirement Program
Eligible Employees include Faculty / AMP / Post-Docs

Immediate vesting

FAU currently contributes 5.14%

Benefit in retirement based on contributions made to your account, and Investment performance over time.

FAU affiliated ORP account **MUST BE OPENED**/ Enrollment form submitted to benefits@fau.edu.

Employee may contribute up to 5.14% Voluntarily.

RETIREMENT PROVIDERS

Company	Representative	Telephone	E-Mail	<u>ORP</u>	403(b)	Roth 403(b)	<u>Deferred</u> <u>Comp 457</u>
AIG (formerly VALIC) www.valic.com www.valic.com/floridadcp	<i>Sybilla Koch</i> <i>Thomas Jordan</i>	561-325-2154 561-302-8871 FAU ext. 7-4848	Sybilla.Koch@aig.com Thomas.Jordan@aig.com	◆	◆	◆	◆
VOYA www.gaboragency.com https://www.voya.com/products	<i>Andrea Modica</i> <i>Nick Rodkin</i> <i>Pete Ream</i>	561-714-4301 561-367-5065 561-703-4941 FAU Ext. 7-3219	andrea@gaboragency.com nrodkin@gaboragency.com pream@gaborfs.com	◆	◆	◆	◆
TIAA/CREF www.tiaa-cref.org	<i>Hope Glashen</i>	561-393-1330	hope.glashen@tiaa.org	◆	◆	◆	
AXA www.axa.com	<i>Lenny Tomson</i>	954-632-2555	Lenny.Tomson@equitable.com	◆			
MetLife Resources www.metliferesources.com	<i>Adam Townsend</i> <i>Shalom Moldavski</i>	561-207-2336 954-682-4586	ATownsend@mycoastalwealth.com smoldavski@edifyfcg.com		◆	◆	
T. Rowe Price Inc www.troweprice.com/403b		800-492-7670 x1687	Plan #000088885		◆	◆	
NationWide Retirement Solutions (NRS)		800-949-4457					◆





**ORP
Enrollment
Form –
Submit to
Benefits@fau.edu**

ORP-ENROLL-1
Effective 11/15
Enrollment

State University System Optional Retirement Program (SUSORP)
Retirement Plan Enrollment
PO Box 9000, Tallahassee, FL 32315-9000
Phone: 850-778-4696 Toll Free: 877-378-7677 Fax: 850-410-2030
Email: orpdata@dms.fl.gov



SECTION I

Name: _____
(Last name) (First name) (Middle initial)

Social Security Number: _____ Birth Date: _____ Gender: Male Female
mm/dd/yyyy

Email Address: _____ Telephone Number: _____

SECTION II I WANT TO BE AN FRS MEMBER

I am a new member and will complete the Form ELE-1 or Form ELE-1-EZ as appropriate. Proceed to Section IV – Signature.

I am an existing FRS member and want to retain my participation in the FRS. Proceed to Section IV – Signature.

SECTION III I WANT TO BE A SUSORP MEMBER

I am a new member and wish to enroll in the SUSORP.

I am an existing SUSORP member and want to retain my participation in the SUSORP.

As a SUSORP member, I understand that:

- It is my responsibility to ensure that my tax-deferred income deductions do not exceed the maximum amount set in the Internal Revenue Service Code and Regulations.
- I may choose to have up to 5.14% of my adjusted gross taxable salary deducted as my Voluntary Employee Contribution; however, (a) I must be under the maximum exclusion allowance and (b) my adjusted gross income minus any payroll deductions (e.g., credit union, or 457 plan), must be sufficient to cover the Voluntary Employee Contribution.

I elect the following:

Provider Company	Required Employer and Employee Contributions The total employer contribution is 5.14%. I choose to allocate contributions to one or more provider companies as indicated below. My 3% required employee contribution will also be allocated at the same ratio.	Voluntary Employee Contribution Total percentage must not exceed 5.14% of your salary.
TIAA	%	%
AIG	%	%
VOYA	%	%
EQUITABLE	%	%
Total 0.00 % (Must equal 5.14%)		Total 0.00 % (Must not exceed 5.14%)

SECTION IV MEMBER: PLEASE SIGN AND SUBMIT THIS FORM TO YOUR EMPLOYER

Member Signature: _____ Date: _____

SECTION V EMPLOYER: PLEASE COMPLETE INFORMATION BELOW AND SUBMIT TO THE DIVISION OF RETIREMENT

Agency Name: _____ Agency Number: _____
Class Code: _____ Position Number: _____
Position Title: _____
Date of Employment in SUSORP Eligible Position: _____ Effective Date: _____

I certify that the above information is correct, and this member is employed in a SUSORP-eligible position and has executed a contract(s) with the SUSORP provider(s) elected above.

Authorized Personnel Signature _____ Date _____



Voluntary Retirement Options

Employees who wish to make Voluntary contributions toward retirement may do so through the following options:

- 403(b)
- Roth 403(b)
- 457 State Deferred Compensation

- FAU does NOT match voluntary employee contributions
- Voluntary enrollments and/or changes can be made at any time using Salary Reduction Agreement:
 - SALARY REDUCTION AGREEMENT
- Multiple vendors/providers are available – please contact one to open your FAU affiliated account



How to Enroll – Voluntary Retirement

➤ 403(b) or ROTH 403(b)

- Open voluntary retirement account with one of the six (6) voluntary 403(b) companies:
 - VALIC
 - VOYA
 - TIAA-CREF
 - T Rowe Price
 - Fidelity

➤ 457 Deferred Compensation

- Contact the State Office of Deferred Compensation
 - Email benefits@fau.edu for contact information





IMPORTANT DATES

Insurance: 60 Days from Hire Date

Retirement: 90 Days from Hire Date



Human Resources Benefits & Retirement

777 Glades Rd

Building IS-4, Second Floor

Benefits Staff :

Insurance: 561.297.0242 / 3071 / 3073

Retirement: 561.297.3071 / 2061

Secure Fax: 561.297.4220

Email: benefits@fau.edu

Web: www.fau.edu/hr/benefits