





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) **Insurance elections must be made through People First**

OPS employee benefit eligibility is determined by People First. 866-663-4735



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







BENEFITS GUIDE 2021 PLAN YEAR

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 and Password Required
 - Available Monday Friday 8am-6pm

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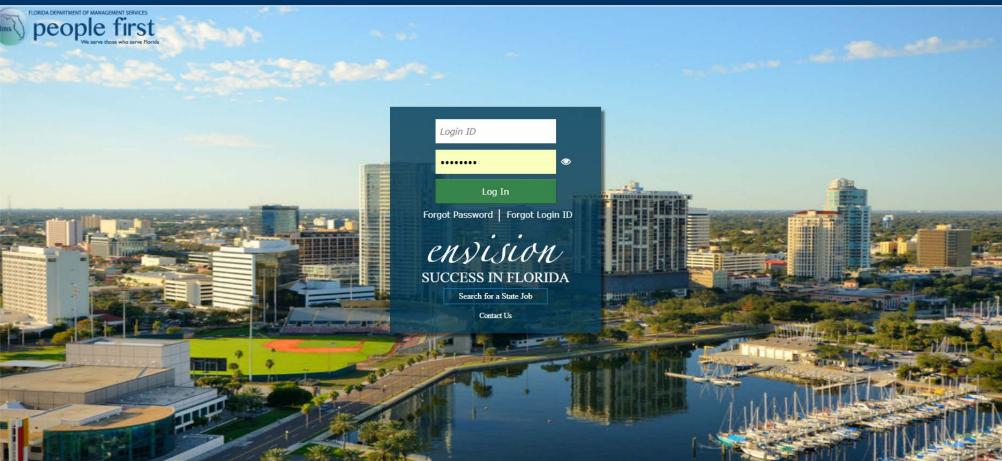


To Receive People First User ID

- 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.



People First default password: Pf + Birthdate = PfMMDDYY





Insurance Effective Dates

Employees have <u>60 days</u> from hire date to enroll in insurance. The <u>earliest effective date</u> for health insurance is the: <u>1st day of the month following hire</u>.

Example: If you are hired on August 15, 2021 the earliest your health insurance coverage can be active is September 1, 2021*. *You must complete your enrollment with People First before 5pm on August 31, 2021.

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

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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 <u>required by People First!</u>



Health Insurance

 Insurance cards are mailed AFTER the effective date. You can also login to your plan provider website, <u>after</u> the effective date, to print temporary id cards.

 Premiums are paid one month in advance, and will be automatically deducted from FAU biweekly paychecks.

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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 Standard Options

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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 >\$750 for individual coverage, and >\$1,650 for family/spouse coverage monthly.



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

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<u>Health Insurance HIHP Options</u>** (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			
PPO – Standard	Individual/Family	\$250 / \$500	\$750 / \$1,500			
PPO/HMO –HIHP	Individual	\$1,400	\$2,500			
PPO/HMO –HIHP	Family	\$2,800	\$5,000			
Under "HIHP" plans, you are responsible for 100% of medical bills and prescription costs until annual deductible has been met. Benefits eligibility is determined by People First.						

<u>P</u>	rescription I	FLORIDA AT	LANTIC UNIVERSITY (C)
	Download CVS Care account, see your I	mark's smartphone app to manage D card and more!	your
Caremark www.caremark.com/sofrxplan	Standard HM	O & Standard PPO	HIHP HMO & PPO
	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%
	Benefits	eligibility is determined by Peo	ple First.



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.



Medical Reimbursement Account / Health Savings Account	Dependent Care Reimbursement Account
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!
Benefits eligibility is determined	by People First.

844-752-6170



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.





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 healthplan)
 - Flexible spending account (FSA) (for enrollees in a standard healthplan)
 - Limited purpose FSA (for enrollees in a high deductible healthplan)





<u>2021</u> <u>Flexible</u> <u>Savings</u> <u>Accounts</u>

Flexible Spending Accounts (FSA)		Health Savings	Health Reimbursement Account (HRA) and Post-	
Healthcare FSA	Limited Purpose FSA	Dependent Care FSA	Account (HSA)	Deductible HRA
		How it Works		
You deposit pretax money into the account through payroll ieductions to pay for eligible nedical, dental and vision repenses, prescriptions, over- the-counter medications and menstrual hygiene products. Use the Benefit Card to pay for eligible services and items, Pay your provider directly from your provider directly from your account online; or Pay out of pocket for eligible medical expenses, then submit claims to be reimbursed.	You deposit pretax money into the account through payroll deductions to pay for eligible dental and vision expenses. • If you are annolled 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 enline; or • Pay out of pocket for certain eligible expenses; then submit claims to be reimbursed.	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. • 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.	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. Erroll in an HDHP online in People First, which automatically opens your HSA Advantage TM account. • The state contributes \$41.65/ 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.	 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. 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. 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 \$2,800.
Sctive employees, who are	Active employees, who are	Who is Eligible Active employees, who are	Active employees, who are	All State Group Insurance health
senefits elgible.	benefits eligible.	benefits eligible.	enrolled in a HDHP.	plan enrollees are eigible. If you enroll in an HDHP, you are only eigible for the Post-Deductible HRA. Your HRA becomes active once your first reward has been credited to the account.
	Sh	ared Savings Program Rewa	rds	
res. Earn up to \$500 in Shared lavings rewards. Shared Savings Program ewards are credited to your recount on January 1st of the following plan year (the plan year after the reward is earned).	Yes. Earn up to \$500 in Shared Savings rewards. 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).	No. Shared Savings Program awards are only credited to one of the health spending or savings plans.	Yes. Earn up to the annual contribution limit in Shared Savings rewards. Shared Savings Program rewards are credited to your account as they are earned.	Yes. There is no limit in the amount of Shared Savings rewards earned. Shared Savings Program rewards are credited to your account as they are earned.
	1	Employee Contribution Lim	it	
/es. 50 minimum/year. 2,750 maximum/year	Yes. \$60 minimum/year. \$2,750 maximum/year.	Yes. S60 minimum/year. S5,000 maximum/year/ household.	Yes. No minimum contribution. \$3,600/year for single coverage \$7,200/year for family coverage (Limits include the state's contribution.) Employees ages 55+ may make catch-up contributions of an additional \$1,000/year.	Employer funded, through rewards earned by utilizing the Shared Savings Program.

	Dental Plans Comparison Chart						
		Prepaid Dental (HMO)	Dental Preferred Provider Organization (DPPO)	Dental Indemnity with a DPPO Network Plan	Dental Indemnity Plan		
2021	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.		
<u>2021</u> Dental	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.		
<u>nsurance</u>	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 dolla amount.		
	Calendar Year Maximum	No.	Yes.	Yes.	Yes.		
You Si	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		

Humana.

📔 MetLife

Sun Life

💦 Cigna.

Ameritas.



<u>2021</u> <u>Dental</u> Insurance

People First Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
4021	Ameritas Indemnity w/PPO	\$43.46	\$80.60	\$91.78	\$132.54
4022	Ameritas Standard PPO	\$36.06	\$67.60	\$75.64	\$110.16
4023	Ameritas Preventive PPO	\$26.16	\$49.46	\$52.94	\$77.58
4031	MetLife Indemnity w/PPO	\$49.44	\$91.48	\$102.20	\$148.38
4032	MetLife Standard PPO	\$34.86	\$64.50	\$72.06	\$104.64
4033	MetLife Preventive PPO	\$23.88	\$44.18	\$49.36	\$71.66
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





	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				
<u>20</u>	21	Frames Every	24 months				
Vie	ion	Benefits	In Network			Out of Network	
<u>15</u>		Eye Exam	100% after you pa	y \$10 copay		\$40 allowance	
Insu	rance	Lenses:					
		Single	100% after you pa	y \$10 copay		\$40 allowance	
Coverage Level	Monthly Premium	Bifocal	100% after you pa	y \$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	\$50 allowance			
Employee	\$6.96	Frames	\$75 wholesale allo	owance		\$60 retail allowance	
Only		Contact Lenses					
		Elective	\$150 allowance			\$75 allowance	
Employee	\$13.74	Medically Necessary	100%			\$100 allowance	
+ Spouse Employee		LASIK	Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK ser- vices from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures.				
+ \$13.60 Children							
		Monthly Premium	Employee Only	Employee + Spouse	Emp	loyee + Child(ren)	Employee + Family
	¢01.04		\$6.96	\$13.74		\$13.60	\$21.36
Family	\$21.36						

Benefits eligibility is determined by People First.

LENSCRAFTERS'

PEARLE VISION

JCPenney . Optical

Sears

O OPTICAL

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State Life Insu Underwritten by		LANTIC UNIVERSITY
Basic Life Insurance – V	alue = \$25,000	
Group Term, includes Accidental Death & Dismemberment (AD&D)	Beneficiary designation online or by mail	Monthly premium \$3.58
Spouse Life Insurance		
\$15,000 coverage	Guaranteed issue during first 60 days of employment	\$4.50/Monthly Premium
\$20,000 coverage	No underwriting necessary	\$6.00/Monthly Premium
Child Life Insurance		
\$10,000 coverage	Guaranteed issue for eligible children	\$0.85/Monthly Premium



FLORIDA ATLANTIC UNIVERSITY Supplemental Insurance Plans through People First

Hospitalization
 Cigna & New Era

• <u>Cancer/Intensive Care</u> 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

Other Employe	<u>e Benefits</u>	LORIDA ATLANTIC UNIVERSITY
Gabor Agency	GABOR EVERYDAY GUIDANCE	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	Bright Star Credit Union Bright Star CREDIT UNION	Gold Coast Federal Credit Union GOLD COAST FEDERAL CREDIT UNION
Employee Discounts		
Cell Phone Service – Sprint/Verizon/AT&T	Broward Center for the Performing Arts	<u>Rapids Water Park</u> <u>Tickets at Work - Orlando Attractions</u>



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 <u>www.mylifevalues.com</u> Login ID: Florida Atlantic University Password: EAP



ALL OPS employees contribute 7.5% to their FICA ALT TIAA CREF plan instead of Social Security.

Excluded:

students, graduate assistants, fellows, phased retirees, rehired retirees, and any employees covered by current university retirement plans.

RETIREMENT PLANS

The Omnibus Reconciliation Act of 1990 (OBRA 90) introduced into the law IRS Section 3121(b) (7) (f). As a result, **temporary employees** of a government entity may deposit money into a private retirement plan instead of Social Security. The FICA Alternative Plan is a defined contribution plan authorized under Section 403 (b) of the Internal Revenue Code. TIAA is the plan administrator for Florida Atlantic University.

SAMPLE PAYCHECK

	Without Plan	With Plan
Earnings	\$1,000.00	\$1,000.00
Less 7.5% Plan	0.00	75.00
Taxable Income	1,000.00	925.00
Less 15% Income Tax	150.00	138.75
Less 6.2% Social Security *	62.00	0.00
Less 1.45% Medicare	14.50	14.50
Net Take-Home Pay	\$773.50	\$771.75
Accumulated Savings		75.00
Net-Pay + Savings		\$846.75
*Note that SS is after tax		
Calculate your biweekly payc	heck	

For more information please visit <u>http://www.fau.edu/hr/benefits/fica-alternative.php#faq</u>

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Voluntary Retirement Options

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

■ <u>403(b)</u>

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
- 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 voluntary 403(b) provider companies:
 - MetLife
 - TIAA-CREF
 - VALIC
 - VOYA
 - T Rowe Price

➢ <u>457 Deferred Compensation</u>

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

2020 IR.S Maximum:

- \$19,500: Employees under age 50
- \$26,000: Employees age 50 and older



Ess	Company
	AIG (formerly VALIC)
	<u>www.valic.com</u> www.valic.com/florida
	VOYA
\geq	www.gaborfs.com
EN III	https://www.voya.com
	TIAA/CREF
	www.tiaa-cref.org
	АХА
	www.axa.com
	MetLife Resources
	www.metliferesources.co

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



IMPORTANT DATE

Insurance: 60 Days from Hire Date



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: <u>www.fau.edu/hr/benefits</u>