FLORIDA ATLANTIC UNIVERSITY

2026 Faculty Orientation

State of Florida Benefit Programs

Provided through the Department of Management Services (DMS), Division of State Group Insurance (DSGI), and are administered through the People First system.

The State of Florida offers a comprehensive insurance benefits package that includes:

- Health Insurance
- Dental and Vision
- Basic Life Insurance
- Savings and Spending Accounts *(Health Savings Account (HSA), Flexible Spending Accounts (FSA), Health Reimbursement Account (HRA)*
- Other Supplemental Insurances (*Accident, Cancer, Disability, Hospitalization, and Hospital Intensive Care*)

Insurance elections must be made through People First

How to Enroll

- Online
  - https://peoplefirst.myflorida.com
  - People First Login ID and Password Required
- Call the People First Service Center
  - Hours: Mon – Fri 8:00 a.m. to 6:00 p.m.
  - Phone Number: 866-663-4735
  - People First Login ID Required

People First Default Password:
PeopleFirstMMDDYYYY! (8-digit birthdate)

Important

If you previously worked for another State Agency, you may have to reset your password!

Insurance and Effective Dates

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

The earliest effective date for health insurance coverage is the first day of the month following the date of hire.

Example: If you are hired on August 7, 2026, the earliest date your health insurance coverage can begin is September 1, 2026*

*To ensure coverage is effective on this date, your enrollment must be completed by the last day of the month prior to the effective date. For example, you must complete your enrollment with People First by 4:00 p.m. on August 31, 2026.

Premiums are deducted one month in advance. If you elect an early effective date, this may result in double premium deductions during the first month of coverage.

Supplemental insurance plans generally become effective on the first day of the month following the first payroll deduction.

Changing Insurance after 60-Day Window

Open Enrollment

- October/November - Changes effective January 1

Qualifying Status Change

- Allow you to make specific benefit changes outside of new hire/open enrollment
- Examples include • Marriage/Divorce • Birth/Adoption • Change of Dependents • Loss of Coverage
- 60-day enrollment window from date of event
- Supporting documentation required

Eligible Dependents

- Spouse (legally married)
- Children: child, stepchild, foster child, guardianship (covered until the end of the year they turn 26)
- May be eligible until age 30 with additional premium
- Children with disabilities may be eligible after age limit

Dependent eligibility verification documentation is required by People First!

Health Insurance: PPO vs HMO

PPO Plan

- Offered through Florida Blue
- In-network and out-of-network coverage
- Using in-network providers results in lower out of pocket expenses

HMO Plan

- In-network coverage only
- Care must be received within the network to be covered
- Members can see an in-network specialist without a referral
- Providers vary by county of residence
  - United Healthcare HMO Palm Beach/Martin County
  - Aetna HMO Broward/Miami-Dade/Indian River

Health Insurance: Monthly Premiums

(HMO / PPO Plans)

Plan	Individual	Family (1+ Dependents)
Standard Plan	$50	$180
High Deductible Health Plan (HDHP)*	$15	$64.30
Spouse Program**	$15 per spouse	$30 total

- * HDHP plans include employer Health Savings Account (HSA) contributions.
- ** Spouse Program applies when both spouses are state employees.

Employer HSA Contributions (HDHP Only)

- **Individual:** $41.66/month (up to $500 annually)
- **Family:** $83.33/month (up to $1,000 annually)

Health Insurance: Standard Option

- The Standard Plan offers choice of PPO or HMO
  - *Note – same providers as high-deductible plan options*
- You pay a copayment for most office visits
- Higher Premiums, but may pay less out of pocket when receiving care
- Participation in Flexible Savings Account (FSA) to offset out-of-pocket expenses

Health Insurance: HDHP Option

- The High-Deductible Health Plan offers choice of PPO or HMO
  - *Note – same providers as standard plan options*
- Employee assumes greater responsibility with healthcare
- Lower Premiums, but may pay more out of pocket when receiving care
- High Deductibles - *Including deductibles for HMO plans*
- Participation in Health Savings Account (HSA) to offset out-of-pocket expenses. Employer contribution to HSA

Health Insurance: Highlights

	Standard PPO	Standard HMO	HDHP PPO	HDHP HMO
Provider Access	In or out of network	In network only	In or out of network	In network only
Annual Deductible (In-Network)	Single: $250 Family: $500	None	Single: $1700 Family: $3400	Single: $1700 Family: $3400
Preventative Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Flexible Spending Account	$3400 / year Rollover max is $680	$3400 / year Rollover max is $680	Limited Purpose	Limited Purpose
Health Savings Account	No	No	ER Contribution: $500 / $1000 EE Contribution: $3900 / $7750	ER Contribution: $500 / $1000 EE Contribution: $3900 / $7750
Network Provider	Florida Blue (BCBS)	Aetna or UHC	Florida Blue (BCBS)	Aetna or UHC
Rx Provider	Optum Rx	Optum Rx	Optum Rx	Optum Rx
EE Monthly Cost	$50	$50	$15	$15
Family Monthly Cost	$180	$180	$64.30	$64.30

Health Insurance: Prescription Drug Plan

Optum Rx®

Cost by Tier	Benefit	Standard HMO and PPO[1]		High Deductible HMO and PPO[1]	
		Retail 30-Day Supply	Mail or Retail 90-Day Supply	Retail 30-Day Supply	Mail or Retail 90-Day Supply
Tier I	Lower-cost generics and some brand names	$7	$14	30%[2]	30%[2]
Tier 2	Mid-range cost preferred brand names[3]	$30	$60	30%[2]	30%[2]
Tier 3	Higher-cost brand names and some generics	$50	$100	50%[2]	50%[2]

1 If you are enrolled in the PPO plan, you may fill three 30-day prescriptions of any maintenance medications at a retail pharmacy. After that, you must fill those medications through 90-day prescriptions or through the mail.

2 Your prescription costs apply after you meet your individual or family deductibles.

3 If you opt for a preferred brand-name drug when a generic alternative is available, you are responsible for covering the difference between the generic and preferred brand-name costs, in addition to the relevant brand copayment or coinsurance. However, if your physician specifies the medical necessity of the preferred brand-name drug or indicates "dispense as written" with a reason on the prescription, you only pay the appropriate brand copayment or coinsurance.

Health Savings Account (HSA)

A Health Savings Account is available **only if you enroll in a High-Deductible Health Plan (HDHP).** HSAs are designed to help pay current and future healthcare expenses.

Key Features:

- Employees can contribute **pre-tax dollars** to the account
- **FAU contributes to the HSA** (employee not required to contribute)
  - Individual coverage $41.66 per month
  - Family coverage $83.33
- HSA funds **belong to you** and roll over year to year—there is **no forfeiture**.
- Funds can be used for eligible medical, dental, vision and medication expenses.
- HSA balances can be saved and used in retirement for healthcare
- Contributions are subject to annual IRS limits.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow employees to set aside **pre-tax dollars** to pay for eligible out-of-pocket expenses.

- **Health Care FSA** – Used for eligible medical, dental, vision and medication expenses (copays, prescriptions, eyeglasses, orthodontia, etc.).
- **Limited Purpose FSA** – For employees with a HDHP, covers dental and vision expenses only
- **Dependent Care FSA** – Used for eligible childcare or elder care expenses that allow you (and your spouse, if married) to work.

Key Features:

- Contributions are deducted pre-tax, lowering taxable income.
- Annual election amount is generally available at the beginning of the plan year (Health Care FSA).
- **"Use-it-or-lose-it" rules apply**, meaning unused funds may be forfeited if not used by the allowed deadline.

DENTAL PLAN MONTHLY PREMIUMS

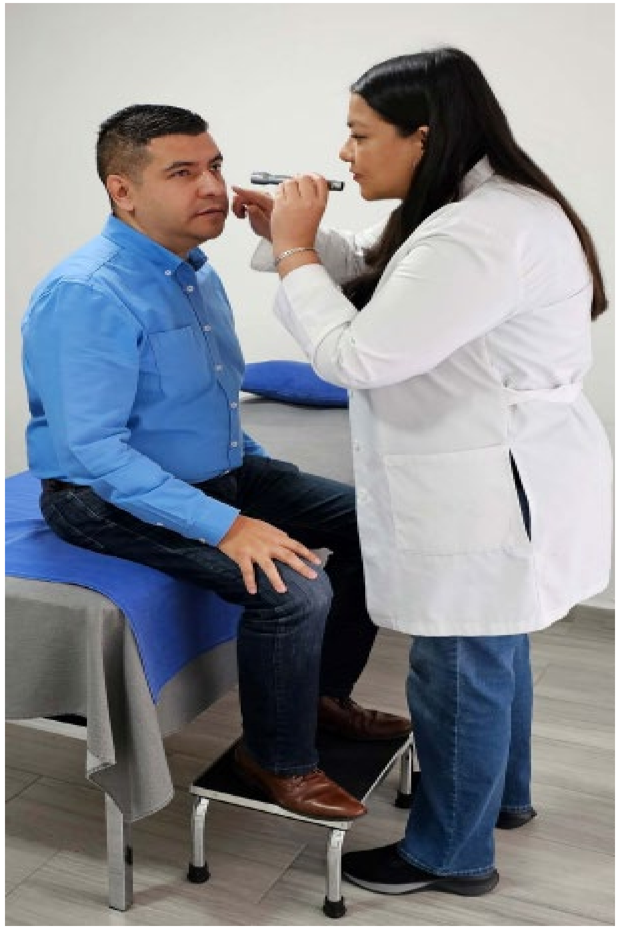
Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan • A primary care general dentist must be selected prior to service. • Pays benefits only when you use network providers. • No deductible or annual maximum. • Most preventive care at no charge. • You pay a fixed copayment for dental procedures listed on the copayment schedule. • Orthodontia: Covered for adults and children.	4034	Cigna Prepaid Dental	$23.49	$46.29	$55.20	$70.51
	4025	Sun Life Prepaid Dental	$14.93	$25.17	$33.26	$43.54
	4044	Humana HD205 Prepaid Dental	$12.64	$21.20	$23.00	$32.98
PPO Dental Plan • Receive care from any dentist. • Your cost is lower when you use network dentists. • You have an annual deductible to meet before the plan starts paying benefits and then you pay part of the cost for the services you receive. • Orthodontia: Covered for adults and children (Standard PPO plans only).	4023	Ameritas Preventive	$22.04	$41.68	$44.62	$65.36
	4094	Humana Preventive	$21.54	$39.88	$44.56	$64.68
	4033	Metlife Preventive	$19.24	$35.56	$39.74	$57.70
	4022	Ameritas Standard	$32.22	$60.34	$67.56	$98.36
	4092	Humana Standard	$32.16	$59.54	$66.52	$96.58
	4032	Metlife Standard	$38.06	$70.40	$78.66	$114.20
Indemnity with PPO Dental Plan • Receive care from any dentist. • Your cost is the same for in and out of network dentists. • You have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the services you receive. • Orthodontia: Covered for adults and children (Sun Life – children under 19 only).	4074	Sun Life Indemnity	$47.68	$91.54	$108.22	$142.74
	4021	Ameritas Indemnity	$48.12	$89.28	$101.66	$146.76
	4090	Humana Indemnity	$48.04	$88.88	$99.32	$144.20
	4031	Metlife Indemnity	$48.48	$89.66	$100.20	$145.46
Indemnity Dental Plan • Receive care from any dentist. • You pay the dentist upfront for full cost of service, then get reimbursed for the fixed amount listed in the Schedule B fee schedule. • You are responsible for any amount the dentist charges above the Schedule B allowance.	4084	Humana Schedule B	$14.74	$21.96	$23.30	$37.10

Dental Plans	Prepaid Dental Plans (DHMO)			Preferred Provider Organization (PPO) Plans		Indemnity with PPO Plans		Indemnity Plans
	Cigna Prepaid Dental (4034)	Sun Life Prepaid Dental (4025)	Humana HD 205 Prepaid Dental (4044)	Ameritas, Humana, MetLife Preventive PPO (4023, 4094, 4033)	Ameritas, Humana, MetLife Standard PPO (4022, 4092, 4032)	Ameritas, Humana, MetLife Indemnity w/PPO (4021, 4090, 4031)	Sun Life Indemnity w/ PPO (4074)	Humana Indemnity (4084)
Type I: Preventative Services (Routine cleanings, X-rays, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	100% in-network 80% out of network	100% in-network 80% out of network	100% in or out of network	100% in or out of network	See benefit schedule: Reimbursement amounts
Type II: Basic Services (Fillings, root canals, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	80% in-network 50% out of network	80% in-network 50% out of network	80% in or out of network	80% in or out of network	See benefit schedule: Reimbursement amounts
Type III: Major Services (Crown, bridges, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	No coverage	50% in-network 30% out of network	50% in or out of network	50% in or out of network	See benefit schedule: Reimbursement amounts
Annual Deductible	No Deductible	No Deductible	No Deductible	**Type I**: No deductible **Type II only:** Individual: $50 EE + Spouse: $100 EE + Children: $100 Family: $150	**Type I:** No deductible **Type II & III:** Individual: $50 EE + Spouse: $100 EE + Children: $100 Family: $150	**Type I:** No deductible **Type II & III:** Individual: $50 EE + Spouse: $100 EE + Children: $100 Family: $150	**Type I:** No deductible **Type II & III:** Individual: $50 Family: $100	No Deductible
Annual Maximum	None	None	None	$1,000	$1,500	$2,000	$2,000 in-network $1,500 out of network	$1,000
Orthodontia	Yes, no age limit	Yes, no age limit	No age limit: Eligible for 25% discount at provider's discretion	No coverage	Yes, no age limit	Yes, no age limit	Yes, only dependents under 19	No Coverage
Waiting Period for Orthodontic Services	None	None	None	No Coverage	12 month waiting period (may be satisfied w/ prior creditable coverage)	None	None	No Coverage
Orthodontia Maximum	None	None	None	No Coverage	$2,000 in-network; $1,500 out of network	$2,500 in or out of network	$1,500	No Coverage

Vision Insurance

VISION PLAN CHART		
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	$40 allowance	Not covered
Anti-Reflective Lenses	$70 allowance	Not covered
Frames	$125 wholesale allowance	$100 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	

MONTHLY PREMIUM			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
$6.12	$12.10	$11.96	$18.80



PRIVATE PRACTITIONERS LENSCRAFTERS PEARLE VISION JCPenney Optical Sears Optical OPTICAL

State Basic Life Insurance

- Offered through MetLife – Life Insurance
- $25,000 group term life benefit
- No cost to employee, premiums paid by FAU
- Designate your beneficiary online or by mail

Optional Life Insurance – MetLife

Optional Life Insurance

- Coverage based on salary multiples up to $1,000,000
- Guaranteed issue during the first 60 days of employment up to 5x salary or $500,000
- Premiums vary by age and coverage level

Dependent Spouse Life Insurance

- $15,000 or $20,000 coverage
- Guaranteed issue during the first 60 days of employment or first 60 days of marriage
- Premiums are $5.18 or $6.90 per month

Optional Child Life Insurance

- $10,000 coverage
- Guaranteed Issue
- Premiums are $.85 per month and cover all eligible children

Supplemental Insurance

Supplemental Plans Comparison Chart		
Plan	Benefit Examples	Offered By
Accident	Specified benefit amount(s) payable directly to the insured for covered accidents in which a doctor's office or hospital is visited for treatment of an accidental injury. Additional payments for follow-up visits and when crutches, wheelchairs, or other covered medical aids are needed for covered accidental injuries. Covers work and non-work related accidental injuries.	Colonial Insurance Company 888-756-6701
Cancer	Specified benefit amount(s) payable directly to insured for cancer screenings, diagnosis and treatment. Utilize benefit payments as needed. Benefit amounts dependent upon coverage level selected.	Aflac* (through Capital Insurance Agency) 800-780-3100 Colonial Insurance Company 888-756-6701
Disability	Supplements income loss during short-term disability to help pay living expenses. Can choose elimination period for accident and sickness related disabilities based upon need.	Colonial Insurance Company 888-756-6701
Hospitalization	Specified payment amounts directly to covered individual when hospitalized. Additional payments, depending on the coverage selected, for ancillary services related to hospitalization.	Cigna Health (through Capital Insurance Agency) 800-780-3100 New Era (through State Securities Corp.) 800-277-2300
Hospital Intensive Care	Daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit.	Aflac* (through Capital Insurance Agency) 800-780-3100

Other FAU Benefits

- Gabor Agency – Term Life and Disability Insurance
- Preferred Legal Plan
- Pet Assure – Pet Insurance Alternative
- Discounts and Perks
  - Cell Phone Discounts
  - Tickets at Work
  - Broward Center for the Performing Arts
- Credit Unions
  - Bright Star Credit Union
  - Gold Coast Federal Credit Union
  - iTHINK Southeast Employees Credit Union

Discounts & Perks | Florida Atlantic University

Employee Education Program (EEP)

The Employee Education Program (EEP) provides eligible Florida Atlantic University employees, along with their qualified spouses and dependents, the opportunity to pursue educational goals through a valuable tuition benefit.

Program Overview

- Eligible employees may receive tuition coverage for up to six (6) credit hours per academic term.
- Courses may be taken as part of a degree program or on a space-available basis.
- Tuition coverage is based on the applicable Florida resident undergraduate or graduate tuition rate.
- Courses may be completed online or at any FAU campus, including Boca Raton, Dania Beach, Davie, Fort Lauderdale, Harbor Branch, and Jupiter.
- The six (6) credit-hour maximum per term is shared among the employee, eligible spouse, and eligible dependents.

Employee Assistance Program (EAP)

Aetna Resources for Living

This confidential service provides professional guidance to help you address personal issues and find effective solutions. EAP counselors are independent professionals, ensuring privacy and confidentiality.

- Counseling Options – 5 counseling sessions per concern
- Talkspace Virtual Therapy – 5 free sessions per concern
- Mind Companion Self-Care – digital self-paced well-being program
- Legal Services – one 30-minute consultation with a network attorney
- Financial Service – 30-minute phone consultation with a money coach
- Identity Theft – 60-minute phone consultation with a fraud resolution specialist

Call: 800-865-3200 TTY: 711

resourcesforliving.com

Username: Florida Atlantic University Password: EAP

State Sponsored Retirement Plans

All retirement plans have a *mandatory* 3% employee contribution beginning with your first pay.

Enroll in *one* of following 3 plans (eligibility depends on employee type)

- **Florida Retirement System (FRS) Pension Plan**
  - Available to SP, AMP and Faculty
- **Florida Retirement System (FRS) Investment Plan**
  - Available to SP, AMP and Faculty
- **State University System Optional Retirement Plan (SUSORP or ORP)**
  - Available to AMP and Faculty
    - Post Docs

State Sponsored Retirement Plans (cont.)

FRS PENSION PLAN

Eligible Employees include SP / Faculty / AMP

- Vesting occurs after 8 years of creditable service within the FRS system.
- Defined Benefit = Guaranteed lifetime monthly income for life, regardless of how long you live, which creates a stable, predictable income in retirement. FAU contributes an amount set by the Florida Pension Trust which includes required fees. Please note that the amount on your pay statement does not reflect the actual amount contributed on your behalf.
- Formula-Based Benefit = Benefit in retirement is based on a formula using your years of service, average final compensation (highest 5 or 8 years) and your membership class.
- May be eligible for additional benefits including Disability and Deferred Retirement Optional Plan (DROP)
- Health Insurance Subsidy (HIS) - Receive $7.50 per month for every year of service with a maximum benefit of $225 per month. Can use to help offset health insurance expenses and premiums

State Sponsored Retirement Plans (cont.)

FRS INVESTMENT PLAN

Eligible Employees include SP / Faculty / AMP

- Vesting occurs after 1 year of creditable service within the FRS system
- Defined Contribution = FAU currently contributes **8.3%** to the employee's account. Contributions are invested in funds selected by the employee
- Benefit in retirement based on contributions made to your account, and Investment performance over time.
- No age or service requirements to receive benefits, once vested. Roll over into a new employer plan or IRA when leave FAU/retire. Tax implications for early retirement – consult tax advisor
- Health Insurance Subsidy (HIS) - Receive $7.50 per month for every year of service with a maximum benefit of $225 per month. Can use to help offset health insurance expenses and premiums

State Sponsored Retirement Plans (cont.)

State University System Optional Retirement Program (SUSORP)

Eligible Employees include Faculty / AMP / Post-Docs

- Vesting occurs immediately
- Defined Contribution = FAU currently contributes 5.14% to the employee's account. Contributions are invested in funds selected by the employee
- Benefit in retirement based on contributions made to your account, and Investment performance over time.
- State of Florida ORP account **MUST BE OPENED** and enrollment form submitted to benefits@fau.edu.
- Not eligible for HIS benefit.
- In addition to the mandatory 3% employee contribution, employees may choose to contribute up to an additional 5.14% of pay. These voluntary contributions are made solely by the employee, with no additional university funding.

Voluntary Retirement Options

University Sponsored 403(b)

- Choice of investment providers, including Corebridge Financial, Voya, and TIAA/CREF
- Pre-Tax and Roth contribution options available
- **To Enroll:**
  - Complete the FAU Salary Reduction Agreement
  - Contact one of the FAU Plan Providers to establish an account

State of Florida Sponsored 457(b)

- Investment providers include Corebridge, Voya, and Nationwide
- Pre-Tax and Roth contribution options available
- To enroll visit: Florida Deferred Compensation or call: 877-299-8002

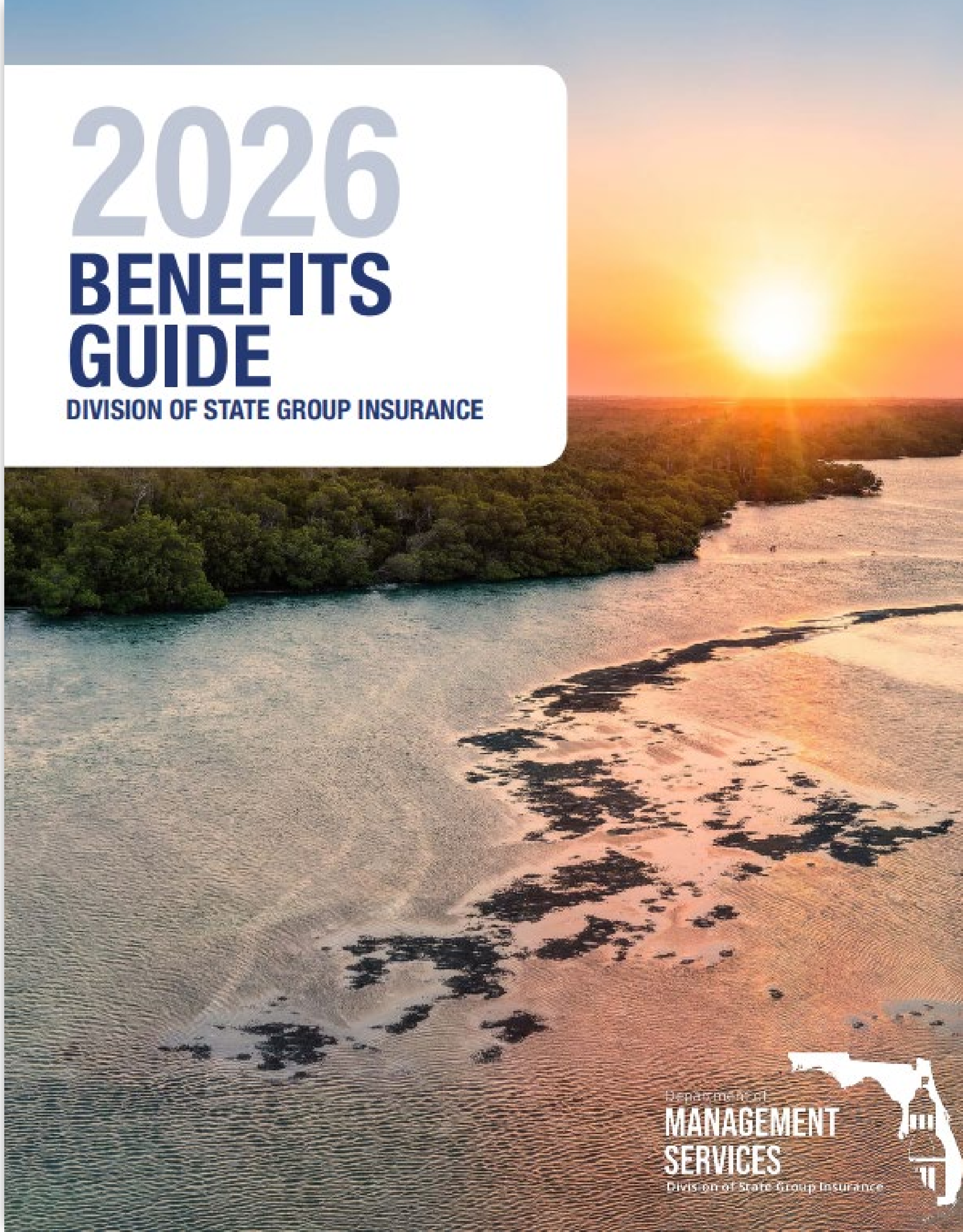
You can enroll at any time.
FAU does not match voluntary employee contributions.

Florida New Employee Benefits Guide

- **Visit:**

- **https://www.mybenefits.myflorida.com/health**

- Click on Benefits Guide



Human Resources
Benefits & Retirement
777 Glades Rd
Building IS-4, Second Floor
M-F 8:00 a.m. – 5:00 p.m.

Email: benefits@fau.edu

Employee Benefits Line: (561) 297-5555

Web: www.fau.edu/hr/benefits