



FLORIDA ATLANTIC  
UNIVERSITY

## **Employee Benefits Guide**

**Department of Personnel Services**

777 Glades Road

Boca Raton, FL 33431



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## Introduction

Florida Atlantic University is extremely proud of the package of benefits available to you. You have an impressive array of benefits from which to choose, and we encourage you to study this book thoroughly and give careful consideration to your personal benefit needs. The benefits package provided to you is an extremely valuable part of the total compensation you receive as a University employee, and thoughtful consideration should be given to your choices in order to achieve the greatest return from this opportunity.

### Pre-Tax Benefit Plans

Pursuant to Section 125 of the Internal Revenue Code and the Florida Administrative Code, all benefit plans other than the optional life insurance plan and short/long term disability are offered on a pre-tax basis for active employees whose premiums are paid through payroll deduction. Premium payments for health, life, and supplemental plans, and amounts for Flexible Spending Accounts are deducted from the participant's gross income before taxes are applied; the amount paid for premiums is therefore tax-sheltered. By electing benefit plans on a pre-tax basis, the participant will pay less federal and Social Security taxes while receiving more take-home pay than an election of the same benefit plans with payment on a post-tax basis would yield.

**Supplemental plans and Flexible Spending Accounts are only available on a pre-tax basis,** but the pretax arrangement is optional on health and life insurance premiums. To waive the pre-tax arrangement, a **Pre-Tax Premium Waiver Form** must be completed within 60 days of initial employment with Florida Atlantic University or during the Annual Open Enrollment Period.

The most current version of this Employee Benefit Guide is located on the Florida Atlantic University Personnel Services website at:

<http://personnel.fau.edu/benefits/>

To view information on other benefits such as accrual of annual leave, sick leave, sick leave pool and holidays can be viewed in the Employee Handbook on the Personnel Services website at:

<http://personnel.fau.edu/EmpDevelopment/EmployeeHandbook.pdf>

# Personnel Services Employee Benefits Internet Page

<http://personnel.fau.edu/benefits/>

The Personnel Services Department has an Internet site that contains valuable information about benefit plans. It is easily accessible throughout the year to publications, forms, information about coverage, descriptions of benefit plans including all the information found in this Benefits Guide, provider links, and other important information. Further, since paper documents can become outdated, it is important to know that the most current version of this Employee Benefits Guide is located on the Personnel Services Resources website.

## Address Corrections

It is extremely important that employees update their address and personal information with the Department of Personnel Services. Information, including notification of open enrollment, benefit plan changes, and documentation of proof of coverage may not reach enrollees if their records do not contain accurate addresses.

# Eligibility

## ENROLLEES

All active full-time or part-time Faculty, AMP, and SP University employees qualify for coverage under the benefit plans described in this guide. Part-time employees should consult the Personnel Services Department to determine the level of coverage for which they qualify and the amount of required contributions.

**ELIGIBLE EMPLOYEES HAVE 60 DAYS FROM THEIR START DATE TO ENROLL IN THE MAJORITY OF BENEFITS FOR WHICH THEY ARE ELIGIBLE.**

Temporary employees are not eligible for any of the benefits in this publication.

## DEPENDENTS

Dependents eligible for coverage are defined as follows:

- Employee's legal spouse
- Employee's natural children, legally adopted children, and children placed in the home for the purpose of adoption in accordance with Chapter 63, Florida Statutes
- Stepchildren
- Foster children
- Children for whom the employee has established legal guardianship pursuant to Chapter

All children must be under the age of 19 and dependent upon the employee for support. Eligibility for dependent children usually ceases at the end of the month the child turns 19 years of age, however "over-age dependent children" and "disabled children" may be covered beyond the age of 25 as follows:

- Over-age dependent children: From age 19 through the end of the calendar year in which the child turns 25 years of age, children must meet both of the following criteria to remain eligible dependents:
  - (a) Must be dependent upon the employee for support, and full-time or part-time student
- Disabled children: Children who are mentally or physically disabled are eligible to *continue coverage* (if already enrolled) after they attain these age limits while the subscriber's family coverage is in effect, provided that they are incapable of self-sustaining employment because of mental or physical disabilities and are chiefly dependent upon the subscriber for support and maintenance. Disabled children who are over the age limits described in the previous paragraph *at the time of the subscriber's enrollment in the*

and who are mentally or physically disabled, are eligible for coverage if they are incapable of self-sustaining employment because of mental or physical disability, and chiefly dependent upon the employee or retiree for support and maintenance.

Documentation of dependent status is required in all instances. Failure to provide documentation may result in cancellation of coverage. Enrollees will be notified if the required documentation has not been received. If the required documentation is not received within sixty days, coverage for a dependent will be terminated retroactively to the date of initial enrollment. The enrollee or the dependent would then be responsible for any cost for services received while the dependent was listed as eligible. Falsification of documentation, misrepresentation of dependent status, or other fraudulent actions to obtain coverage not otherwise allowed may constitute criminal acts, and the Division of State Group Insurance may refer such cases for prosecution. Additional information regarding eligibility requirements may be obtained by contacting the Department of Personnel Services.

# Enrolling, Changing and Canceling

## New Employees

If you are a newly-hired full-time or part-time employee, **you have 60 days from the date you begin employment to enroll** in the benefit plans in which you are eligible. You can select health coverage with the Employees' PPO Plan administered by Blue Cross and Blue Shield of Florida, Inc. You can enroll in basic term life insurance coverage with an optional package of up to five times your base annual earnings with a maximum of \$500,000. If you wish, you may enroll in the Flexible Spending Accounts Program and set aside a specific amount from each paycheck on a pretax basis for the payment of non-covered medical expenses and Dependent Care. You will also find a wide array of supplemental insurance plans available to help you tailor a package suited to your individual needs. These offerings include dental and vision plans, cancer/intensive care coverage, accident and disability plans, and supplemental hospitalization coverage. To choose the benefits most appropriate for you, you should review this guide carefully and then contact the Department of Personnel Services to enroll.

New employees do not need to wait for an Open Enrollment Period; they are eligible for enrollment regardless of the date they begin employment, provided that they en-

roll within 60 days from that date. Once enrolled, however, new employees become subject to the rules governing all employees, and no benefit changes can be made until the next Open Enrollment Period without a Qualifying Status Change event. It is extremely important, therefore, that new employees carefully consider the wide range of options available before making final coverage choices.

Newly-hired part-time employees should also contact the Department of Personnel Services for assistance in determining the benefit plan(s) best suited to their needs and the amount of required contributions. The premium contributions required for health and life insurance coverage for part-time employees are significantly higher than the contributions required for full-time employees. If you wish to enroll in health or life insurance and are a part-time employee, you will pay premiums based on your FTE (full-time equivalent) percentage. Call the Department of Personnel Services for correct premiums.

# Qualifying Status Changes

New employees may enroll in any benefit plans for which they are eligible within 60 days of beginning employment, and all employees may make benefit plan elections during Open Enrollment. Otherwise, employees may not change their benefit elections during the course of a plan year unless they experience a Qualifying Status Change (QSC) event. The IRS rules regarding pre-tax premium plans do not allow for enrollment, additions, changes, or cancellations except with the occurrence of a Qualifying Status Change event, followed by written application for a change within a prescribed time frame. The Federal Government determines the events that qualify as QSCs, and this list is subject to periodic change. The following events are some, but not necessarily all, valid QSC events:

- Marriage or divorce
- Death of a spouse or dependent
- Birth, adoption, or legal guardianship
- Change in dependent eligibility
- Change in employment status of employee, spouse, or dependent including:
- Termination of spouse's or dependent's employment

**An enrollee who wishes to change a benefit election on the basis of a QSC must complete the following steps:**

- 1) Contact the Department of Personnel Services to report the QSC effective date
- 2) Complete all required forms authorizing the desired change
- 3) Provide the supporting documentation (e.g. marriage certificate, birth certificate, divorce decree, etc.), if available.\*
- 4) The Department of Personnel Services must receive the required enrollment forms within **31 days** of the QSC event. If the forms are received more than 31 days after the event, the request for change(s) will be denied and can not be made until the next Annual Open Enrollment Period.

**\*NOTE: The enrollee should not delay reporting the event because the documentation is not readily available; a period of 60 days is allowed to provide the necessary documentation.**

**To make an enrollment change based on a QSC**, the QSC must result in a gain or loss of eligibility for coverage, and general consistency rules must be met. For example, if an enrollee with family health insurance coverage is divorced and no longer has dependents, that enrollee may change from family to individual coverage but can not cancel enrollment in health insurance because the QSC merely changes the level of coverage eligibility. Cancellation would not be consistent with the nature of the QSC event.



## Spouse Program

When both spouses are employed by a state agency or state university, they are eligible for health insurance coverage at no cost. Employees must complete the following steps in order to enroll in the Spouse Program.

- Each spouse must contact their Department of Personnel Services to complete and sign a Spouse Program Enrollment Form; all eligible dependents must be listed on the Dependent Form.
- A copy of the marriage license must be attached to the enrollment form when submitted to the Department of Personnel Services.
- Both spouses must enroll in the same health plan.
- Enrollment forms must be faxed to the People First Service Center

Both spouses must agree to notify the Department of Personnel Services within 31 days of becoming ineligible for the Spouse Program. Employees become ineligible for the Spouse Program due to one of the following:

- One or both terminate employment
- One or both move to a Selected Exempt or Executive Service position
- In the event of a divorce
- One or both retire

If the People First Service Center receives notification that one spouse has become ineligible for the Spouse Program, the other spouse is notified and instructed to change to some other appropriate coverage. If the other spouse fails to make the appropriate coverage change, health insurance coverage is terminated. If Spouse Program participants fail to notify the Department of Personnel Services of their ineligibility for the program, they will be liable for any premiums that were paid by the University during the time they were not eligible.

# Open Enrollment

The State provides an Open Enrollment period each year to give all enrollees an opportunity to review available benefit plans and make changes for the following plan year.

The Open Enrollment Period is usually held during the Fall of the year, and all benefits elected during Open Enrollment go into effect on January 1 of the following calendar year. The benefit plan year is January 1 through December 31. Prior to the start of every Open Enrollment, the People First Service Center mails notices to all eligible participants announcing the dates during which Open Enrollment elections can be made and informing them of their current enrollment in their benefit plans.

The Open Enrollment Period is the only opportunity enrollees have to change plan participation unless they experience a Qualifying Status Change event (see the QSC section within this publication.) We highly recommend that all plan participants take full advantage of this once-a-year opportunity to review their benefit coverage's and adjust their plan participation to suit individual and family needs.

During the Annual Open Enrollment Period, you will be able to use the People First web site to review all of your current coverage's, and enroll in, change or cancel your health and life insurance, Flexible Spending Accounts, and supplemental insurance plans, including dental and vision care, supplemental hospitalization, and cancer/intensive care plans. Applications must also be submitted to the insurance companies to enroll in supplemental hospitalization and accident/intensive care plans.

Enrollment in accident and disability plans offered by the Colonial Insurance Company requires submission of company applications to the company once the correct premiums are determined by the company agent. The web site can not be used to enroll in the accident/disability plans.

You may also contact the Department of Personnel Services for information and assistance during Open Enrollment. If you do not have access to the Internet or if you prefer to use paper forms, you can submit forms to the Department of Personnel Services. The benefits staff will then enter your Open Enrollment elections into the insurance database and maintain your enrollment forms. We encourage our employees to contact benefit representatives in the Department of Personnel Services with any questions you may have. We will be happy to help you submit your changes.

## **FAU Annual Benefits Fair**

The Department of Personnel Services annually hosts an Open Enrollment Benefits fair. Come and meet representatives from the various plan providers and ask questions before making your changes for the following year.

## New Enrollment and Changes in Pre-Tax Benefits

Enrollment in pre-tax benefits plans provides the advantage of reduced federal income tax liability, but flexibility to make benefit changes is also restricted by the federal regulations that govern such plans. There are two opportunities to enroll in, change, or cancel enrollment in pre-tax benefit plans:

1. During the Annual Open Enrollment Period
2. When the enrollee or a dependent experiences a Qualifying Status Change (QSC) event.

**Federal Regulations require all employers who offer pre-tax benefit plans** to conduct an "open enrollment period" once a year. Typically conducted during the fall of each year, eligible participants may make any changes they wish for the next tax year beginning January 1. An employee who is not enrolled in benefit plans may enroll at this time, and an employee who is enrolled may make any desired changes in benefit plans or cancel participation. Except for certain underwriting requirements imposed by some supplemental insurance plans, employees do not have to "qualify" to make any such changes in their pre-tax benefit plans during this special open enrollment period, and this is why the open enrollment opportunity is so important. During the Open Enrollment Period, employees should consider their needs and available benefit options very carefully in order to make the best possible choices for the coming benefit plan year.

**Other than the unique opportunity of the Open Enrollment Period**, state and federal regulations prohibit additions, changes, or cancellations of enrollment in pre-tax plans unless an enrollee experiences a certain type of change known as a "Qualifying Status Change" event, or "QSC." Qualifying Status Change events include such events as a change in employment status (e.g., beginning or terminating employment with a new employer), a loss of insurance coverage, and certain changes in personal status (e.g., marriage, having children, or acquiring other new dependents).

Enrollees must submit the appropriate forms and documentation to the Department of Personnel Services within prescribed time periods to make benefit changes based upon the occurrence of a QSC. The benefit changes selected must meet general consistency rules; this means the change requested must be consistent with the QSC. Examples of QSC events and the corresponding types of permissible enrollment changes are described later in this book.

Download brochures from the Personnel Services webpage at:

<http://personnel.fau.edu/benefits/Forms.asp>

OR

All Brochures for available benefits can also be downloaded on the People First Website:

<http://peoplefirst.myflorida.com>

Call 1-866-663-4735 for a user ID and pin number



### **Sick Leave**

All full-time Employees earns 4 hours of Sick Leave for each biweekly period worked (13 days per year). Part-time Employees earn Sick Leave credits proportionate to time worked.

Sick Leave may be authorized for: The employee's personal illness, injury, exposure to a contagious disease or a disability where the employee is unable to perform assigned duties; The employee's personal appointments with a doctor, dentist, or other practitioner when it is not possible to arrange such appointments during non-working hours. The illness, injury, appointments with health care providers, or death of a member of the employee's immediate family (spouse, grandparents, parents, brothers, sisters, children, and grandchildren) of both the employee and the spouse. An employee who separates from employment and has 10 years of creditable service shall be compensated for unused Sick Leave at the employees current regular hourly rate of pay for one eighth (1/8) of unused Sick Leave credits accrued prior to October 1, 1973 and one fourth (1/4) of unused Sick Leave credits accrued after October 1, 1973, not to exceed 480 hours.

**Sick Leave Pool** -Provides for up to 480 hours of additional leave to eligible employees who have exhausted their existing leave and who have a documented serious or catastrophic illness. Enrollment information is available in Benefits and Retirement. See the new [Sick Leave Pool Program Handbook](#).

## **LEAVE BENEFITS FOR FACULTY , ADMINISTRATIVE, MANAGERIAL, PROFESSIONAL**

### **Annual Leave**

22 days for full calendar year employees (6.7 hours bi-weekly). All accrual hours over the 352 maximum will roll over into sick leave at the end of the calendar year.

### **Nine Paid Holidays**

New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day

## **LEAVE BENEFITS FOR SUPPORT PERSONNEL EMPLOYEES**

### **Annual Leave**

Up to **5** years of creditable service: 4 hours biweekly (13 days per year).

**5** to **10** years continuous and creditable service: 5 hours biweekly (16.3 days per year).

Over **10** years continuous and creditable service:6 hours biweekly (19.5 days per year).

All accrual hours over the 240 maximum will roll over into sick leave at the end of the calendar year.

Part-time SP employees earn Annual Leave proportionate to the full time equivalent.

A SP employee who successfully completes 6 months of service who separates from the University shall be paid for unused Annual Leave up to 240 hours.

### **Nine Paid Holidays**

Full-time employees enjoy the following paid State holidays:

New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day

### **Personal Holiday**

SP and AMP employees will earn one day of Personal Holiday each fiscal year, effective from date of hire. The personal holiday must be used by June 30th each year or be forfeited. Personal holidays cannot be accrued.

# Health Insurance

Here is an overview of types of medical plans available to choose from:

[State Employees' PPO Plan](#) - with Blue Cross Blue Shield of Florida and prescription drug benefits administered by Caremark. (summary page 12 )

[Traditional HMOs](#) - choose between AvMed, Vista or UnitedHealthcare. (summary page 13)

[Health Investor PPO](#) - with Blue Cross Blue Shield of Florida and prescription drug benefits administered by Caremark. (summary page 14 )

[Health Investor HMO](#) – choose between AvMed or Vista. (summary page 15 )

[TRICARE Supplement](#) - available if you are a retiree of the uniformed services, in lieu of any other State medical plan. (summary page 23 )

### State Employees' PPO – Blue Cross/Blue Shield

The State Employees' PPO is administered by **Blue Cross Blue Shield of Florida**, with prescription drug coverage provided by **Caremark**. With the PPO:

You have flexibility to see network or non-network providers, with a lower cost to you when you use network providers.

Network copayments make doctor visit and prescription drug costs more predictable.

The plan pays 100% of allowed amounts for some preventive care services.

You meet a deductible and pay a percentage of most other costs.

### Plan Highlights

State Employees' PPO							
Covers care received	network or non-network						
You meet annual deductible <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family maximum deductible</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Network</th> <th style="width: 50%; text-align: center;">Non-Network</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$250</td> <td style="text-align: center;">\$750</td> </tr> <tr> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$1,500</td> </tr> </tbody> </table>	Network	Non-Network	\$250	\$750	\$500	\$1,500
Network	Non-Network						
\$250	\$750						
\$500	\$1,500						
What you pay for care received <ul style="list-style-type: none"> <li>• Doctor office visits</li> <li>• Hospital stay</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; text-align: center;">\$15/visit for Primary Care Physician; \$25/visit for specialists \$250/visit then 20% of network allowed amount</td> <td style="width: 50%; text-align: center;">40% of non-network allowed amount \$500/visit then 40% of non-network allowed amount</td> </tr> </tbody> </table>	\$15/visit for Primary Care Physician; \$25/visit for specialists \$250/visit then 20% of network allowed amount	40% of non-network allowed amount \$500/visit then 40% of non-network allowed amount				
\$15/visit for Primary Care Physician; \$25/visit for specialists \$250/visit then 20% of network allowed amount	40% of non-network allowed amount \$500/visit then 40% of non-network allowed amount						
Prescription drug <ul style="list-style-type: none"> <li>• generic</li> <li>• preferred brand</li> <li>• non-preferred brand</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td colspan="2" style="text-align: center;"><i>Up to 30-day retail or 90-day mail order prescription</i></td> </tr> <tr> <td style="width: 50%; text-align: center;">\$10/retail; \$20/mail order \$25/retail; \$50/mail order \$40/retail; \$80/mail order</td> <td style="width: 50%; text-align: center;">not covered not covered not covered</td> </tr> </tbody> </table>	<i>Up to 30-day retail or 90-day mail order prescription</i>		\$10/retail; \$20/mail order \$25/retail; \$50/mail order \$40/retail; \$80/mail order	not covered not covered not covered		
<i>Up to 30-day retail or 90-day mail order prescription</i>							
\$10/retail; \$20/mail order \$25/retail; \$50/mail order \$40/retail; \$80/mail order	not covered not covered not covered						
Preventive care: some routine physical exams, health screenings and immunizations	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; text-align: center;">100% of allowed amount;</td> <td style="width: 50%; text-align: center;">30% of non-network allowed amount after deductible.</td> </tr> </tbody> </table>	100% of allowed amount;	30% of non-network allowed amount after deductible.				
100% of allowed amount;	30% of non-network allowed amount after deductible.						
Annual out-of-pocket maximum (not including deductible, copayments, cost of care not covered by plan)							
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; text-align: center;">\$2,500 network &amp; non-network combined \$5,000 network &amp; non-network combined</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>after your out-of-pocket costs reach these maximums, for the rest of the calendar year the plan pays 100% for covered care in most cases, up to allowable costs</i></td> </tr> </tbody> </table>	\$2,500 network & non-network combined \$5,000 network & non-network combined		<i>after your out-of-pocket costs reach these maximums, for the rest of the calendar year the plan pays 100% for covered care in most cases, up to allowable costs</i>			
\$2,500 network & non-network combined \$5,000 network & non-network combined							
<i>after your out-of-pocket costs reach these maximums, for the rest of the calendar year the plan pays 100% for covered care in most cases, up to allowable costs</i>							

## Traditional HMOs – UnitedHealthcare, Vista and AvMed

You must use network providers to receive benefits; no benefits are paid when you use non-network providers.

Set dollar copayments keep your costs more predictable.

### Plan Highlights

	Traditional HMOs
Covers care received	network only
No annual deductible <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	\$0 \$0
What you pay for care received <ul style="list-style-type: none"> <li>• Doctor office visits</li> <li>• Hospital stay</li> </ul> Prescription drug <ul style="list-style-type: none"> <li>• generic</li> <li>• preferred brand</li> <li>• non-preferred brand</li> </ul>	\$15/visit for PCP; \$25/visit for specialists \$250/visit  \$10/retail; \$20/mail order \$25/retail; \$50/mail order \$40/retail; \$80/mail order
Annual out-of-pocket maximum <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	\$1,500 \$3,000
Preventive care: routine physical exams, health screenings and immunizations at specified intervals	As covered by the HMO you select

\*No pre-existing condition clause

## Health Investor PPO – Blue Cross/Blue Shield

Like the current State Employees' PPO Plan, the Health Investor PPO gives you flexibility to see network or non-network providers, with a lower cost to you when you use network providers. Here are the highlights of how the plan works.

	Health Investor PPO	
Covers care received	network or non-network	
You meet annual deductible <ul style="list-style-type: none"> <li>Individual coverage</li> <li>Family coverage</li> </ul>	<b>Network</b> \$1,250 \$2,500	<b>Non-Network</b> \$2,500 \$5,000
<i>With family coverage, you must meet the family deductible before anything but preventive care is covered</i>		
What you pay for care received after deductible <ul style="list-style-type: none"> <li>Medical care</li> <li>Prescription drug               <ul style="list-style-type: none"> <li>generic and preferred brand</li> <li>non-preferred brand</li> </ul> </li> </ul>	20% of network allowed amount	40% of non-network allowed amount
	30% 50%	not covered not covered
Annual out-of-pocket maximum (after deductible) <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$3,000 \$6,000	\$7,500 \$15,000
<i>after your out-of-pocket costs reach these maximums, for the rest of the calendar year the plan pays 100% for covered care in most cases, up to allowable costs</i>		
<b>Preventive care:</b> routine physical exams, health screenings and immunizations	100% of allowed amount; see <a href="#">preventive care</a>	40% of non-network allowed amount after deductible; see <a href="#">preventive care</a>

While BlueCross BlueShield of Florida/Caremark will administer both PPOs in 2006 - and while both PPOs cover the same medical services and supplies - there are some key ways the Health Investor PPO is different. With the Health Investor PPO:

- If you contribute toward the cost of your coverage, your monthly insurance premiums are lower
- If you or your covered dependents do not have other medical coverage\*, you may open a [Health Savings Account](#) with a contribution from the State; you also can add your own contributions. You can use the HSA to pay out-of-pocket expenses like your deductible and coinsurance - now or in the future.
- For specific preventive care services, there's no deductible.
- Except for preventive care, you must meet the deductible before benefits begin for medical care or prescription drugs.
- If you have family coverage, you and your dependents must meet the family deductible before the plan pays benefits for any of you as individuals. If you have an HSA, you can use available funds for eligible expenses while you're meeting the deductible.

\*For purposes of determining whether you may open a Health Savings Account, "other coverage" includes coverage through your spouse's employer's plan, Medicare, Medicaid, a Healthcare Flexible Spending Account that covers medical expenses (like the State's Medical Reimbursement Account), or any other medical plan. You may participate in an HSA if you have a Limited Purpose Medical Reimbursement Account or enroll in the supplemental cancer, hospital or intensive care policies available to you as a State employee.

## Health Investor HMO – Vista or AvMed

Like the Traditional HMOs the State offers, with the Health Investor HMOs you must use network providers to receive benefits; no benefits are paid when you use non-network providers unless it's a medical emergency. Emergency room expenses are subject to the deductible. Here are the highlights of how the Health Investor HMO work.

### Plan Highlights

	Health Investor HMO
Covers care received	network only
You meet annual deductible Individual coverage Family coverage	\$1,250 \$2,500 <i>With family coverage, you must meet the family deductible before anything but preventive care is covered</i>
What you pay for care received after deductible Medical care Prescription drug generic and preferred brand non-preferred brand	20% 30% 50%
Annual out-of-pocket maximum (after deductible) Individual Family	\$3,000 \$6,000 <i>after your out-of-pocket costs reach these maximums, for the rest of the calendar year the plan pays 100% for covered care in most cases, up to allowable costs</i>
Preventive care: some routine physical exams, health screenings and immunizations	Same as Traditional HMOs; no deductible required  routine annual physicals screenings at published intervals

While the Health Investor HMO cover all the same services and supplies as their Traditional HMO counterparts, there are some key differences. Under the Health Investor HMO:

- If you contribute toward the cost of your coverage, your monthly insurance premiums are lower.
- If you or your covered dependents do not have other medical coverage\*, you may open a [Health Savings Account](#) with a contribution from the State; you also can add your own contributions. You can use the HSA to pay out-of-pocket expenses like your deductible and coinsurance - now or in the future.
- For specific preventive care services, there's no deductible.
- Except for preventive care, you must meet the deductible before benefits begin for medical care or prescription drugs.
- If you have family coverage, you and your dependents must meet the family deductible before the plan pays benefits for any of you as individuals. If you have an HSA, you can use available funds for eligible expenses while you're meeting the deductible.

\*For purposes of determining whether you may open a Health Savings Account, "other coverage" includes coverage through your spouse's employer's plan, Medicare, Medicaid, a Healthcare Flexible Spending Account that covers medical expenses (like the State's Medical Reimbursement Account), or any other medical plan. You may participate in an HSA if you have a Limited Purpose Medical Reimbursement Account or enroll in the supplemental cancer, hospital or intensive care policies available to you as a State employee.

## How the Health Savings Account (HSA) Works –must enroll in a Health Investor Health Plan

A HSA is like a personal savings account for healthcare, except it's all tax-free. Here's how it works if you enroll in a Health Investor Medical Plan and the HSA the State offers and participate for the entire calendar year:

For someone participating in a HSA for full year...			
	State Contributes	Employee can add:	Total Contributions*(from State and you)
Individual Coverage (employee only)	up to \$500/year	up to \$750/year tax-free	...up to \$1,250/year
Family Coverage (employee + dependents)	up to \$1,000/year	up to \$1,500/year tax-free	...up to \$2,500/year

\*Total contributions for both the individual and family plans are the same as the deductibles for each Health Investor plan.

- 1 Pay for expenses while meeting deductible...
- 2 Pay coinsurance...
- 3 Pay for other healthcare like dental and vision not covered by FSA or other plans...
- 4 Save for future healthcare costs... next year or longer-term

### Contribute More - If You're 55 or Older

**Federal rules allow what is called "catch-up" contributions to a Health Savings Account - up to an extra \$700**

## Once you activate your Health Savings Account:

- **The State will make its tax-free contribution during the year, and you may add your own pre-tax contributions.** You decide how much you want to contribute during Open Enrollment; you may make changes during the year.
- **When you receive your HSA debit card and convenience checks, you can draw on your account at any time for eligible expenses, up to the amount in your account at the time.** You decide how and when to use available HSA funds.
- **You don't have to worry about "use it or lose it" rules - in fact, the HSA operates with a "use it or keep it" philosophy.** This makes it different than the Medical Reimbursement Account the State offers.
- **HSA account balances "carry forward"** - letting you save for future healthcare expenses, even retiree healthcare costs.
- **If you stay in a Health Investor PPO or HMO beyond 2006, you can use HSA contributions you make in future years to cover 2006 expenses.** For example, if you have \$1,250 in your HSA and \$1,500 in expenses for 2006, you could use money you contribute to your HSA in 2007 to reimburse yourself for the \$250 that your 2006 account didn't cover.
- **Even if you change medical options in the future, you can still use the money in your HSA.** You may contribute to the HSA only in years you participate in a Health Investor plan, but you can use it to cover eligible healthcare expenses later.
- **Your account balance is yours if you leave your State job, and you can continue to use it tax-free for healthcare expenses or roll it over to another HSA.** If you leave it with the State's HSA custodian, fees may be subject to change.
- **As long as you use the money in your account for healthcare expenses the IRS considers tax-deductible, the money is tax-free.** Money you set aside in the HSA is taken off the top of your pay before taxes. If you pay federal income tax and Social Security tax, this creates at least a 20% savings on most of the healthcare services you buy. The savings could be more - depending on your income tax rate. Even when you pay no income taxes, the Social Security tax savings is about 7.5% -- or \$7.50 for each \$100 you spend. See [IRS Publication 502](#) for more information on eligible healthcare expenses

You are responsible for making sure you use the HSA for eligible expenses and can provide proof of those expenses if the IRS requests them. It's important to save copies of receipts for expenses paid through your HSA.

## Medical Plans

Each option provides services and shares costs with you in a different way, so taking time to learn about the options can help you decide which plan is the best fit for you. Here's a general look at some key features:

	Health Investor PPO	Health Investor HMO	State Employees' PPO	Traditional HMOs
Your contributions for coverage (payroll deduction)	Basic rates based on full time FTE: \$15.00 per month for Individual coverage \$64.30 per month for Family coverage		Basic rates based on full time FTE: \$50.00per month for Individual coverage \$180.00 per month for Family coverage	
Choice of providers	Network or not	Network only	Network or not	Network only
Lifetime maximum	\$2 million/person**	Unlimited	\$2 million/person**	Unlimited
Open a Health Savings Account?	Yes	Yes	No	No
Have a Reimbursement Account?	Yes, a Limited Purpose Medical Reimbursement Account		Yes, a full Medical Reimbursement Account	
Annual deductible	Higher	Higher	Lower	None
How you pay for most care	Percentage of cost after deductible  <i>With family coverage, you must meet the family deductible before anything but preventive care is covered</i>	Percentage of cost after deductible	Network: set copayments Non-network: percentage of cost after deductible	Set copayments
Preventive care	Some physical exams and screenings covered with no deductible;			
Annual out-of-pocket maximum (the cap on what you pay for most covered care you receive)	Higher	Higher	Lower	Lowest

*\*Individuals in the Spouse Program or in employment classifications eligible for State-paid or university-paid coverage will continue to make no contribution for their medical coverage.*

*\*\*Combined benefit under State Employees' PPO and Health Investor PPO while covered as employee, retiree or dependent.*

## Important Considerations: Choosing a Medical Plan

Step 1: Compare the four main types of options - the State Employees' PPO, the Traditional HMOs and the Health Investor PPO or HMO.

Step 2: Check to see which plans include your doctor and other specialists in their networks.

Step 3: Compare your cost for care under the different options.

Step 4: Compare the coverage costs for the health plans available in your area.

Step 5: Factor the Health Savings Account and the Reimbursement Accounts into your decision.

Step 6: Decide which health plan is best for you.

### **Step 1: Compare the four main types of options - the State Employees' PPO, the Traditional HMOs and the two Health Investor plans.**

Both types cover the same kinds of services, but the way they pay benefits is different.

#### **Key Decision Points:**

Access to Care	<p>For the Traditional HMO or the Health Investor HMOs, you must use network providers to receive benefits.</p> <p>For the State Employees' PPO or the Health Investor PPO, you have flexibility to see network or non-network providers. Your share of the cost of care will depend on whether you use network or non-network providers.</p>
Out-of-Pocket Costs	<p>Traditional HMOs use set dollar copayments to keep costs predictable.</p> <p>The State Employees' PPO uses set dollar copayments to keep costs that occur frequently more predictable; you pay a percentage of the cost - or a deductible and a percentage of the cost for other care.</p> <p>With the Health Investor PPO or HMO, you meet an annual deductible and then pay a percentage of the cost for other care. If you have family coverage, you must meet the family deductible before the plan pays for anything other than some preventive care. Your out-of-pocket costs could be higher under the Health Investor options.</p>
Insurance Premiums (payroll deduction)	<p>Health Investor PPO or HMO participants have lower insurance premiums.</p> <p>State Employees' PPO and Traditional HMOs have higher insurance premiums.</p> <p>Employees in the Spouse Plan will still pay no insurance premiums for their medical coverage.</p>

**Step 2: Check to see which plans include your doctor and other specialists in their networks.**

Many doctors, specialists and other healthcare providers participate in several different networks.

Health Plan	Web Address	Instructions/Provider Network Name
AvMed	<a href="http://www.avmed.org/go/state">http://www.avmed.org/go/state</a>	Click Online Provider Directory, and choose AvMed Classic as your medical plan
BlueCross BlueShield (State Employee's PPO and Health Investor PPO)	<a href="http://www.bcbsfl.com/index.cfm?fuseaction=StateEmployeesCurrent.home">http://www.bcbsfl.com/index.cfm?fuseaction=StateEmployeesCurrent.home</a>	Click on Provider Directory, then choose BlueChoice Preferred Patient Care (PPC) as your plan
UnitedHealthcare	<a href="https://www.myuhc.com/groups/stfl">https://www.myuhc.com/groups/stfl</a>	Click on Find a Physician, search United Healthcare Choice network
VISTA Healthplans	<a href="http://www.vistahealthplan.com/">www.vistahealthplan.com/</a>	Click Members, Find a Physician, then choose VHP-Vista Healthplan as your plan

If you have a doctor now and maintaining the relationship is important to you, find out if your physician is in the HMO and PPO plans available to you. If you don't currently have a doctor, you may want to consider choosing one now who is in one of the networks.

**Step 3: Compare your cost for care under the different options.**

Use the [Health Plan Cost Estimator](#) to see what your costs might be under each of the plans, based on services you think you'll need. This online calculation can help you compare the four main plans by asking questions specific to your health insurance needs. The calculator will then tell you, based on your answers, what you can expect to spend out of pocket for the year for each plan.

Try different scenarios to consider different situation that could come up, such as emergency room visits or hospital stays.

Here is the link to the website:

[http://dms.myflorida.com/dsgi\\_webcenter/active/calculator/HPCE.htm](http://dms.myflorida.com/dsgi_webcenter/active/calculator/HPCE.htm)

## Step 4: Compare monthly insurance premium costs for the health plans

<b>Standard PPO/HMO Plan</b>			
<b>Category</b>	<b>Coverage Type</b>	<b>Biweekly Contribution Enrollee</b>	<b>Monthly Contribution Enrollee</b>
<b>Active Full Time Employees (1)</b>	Single	\$25.00	\$50.00
	Family	\$90.00	\$180.00
	Exec Svc Single	\$0.00	\$0.00
	Evec Svc Family	\$0.00	\$0.00
	Spouse Plan Ins	\$0.00	\$0.00
	Spouse Plan Dep	\$0.00	\$0.00
<b>Health Investor PPO/HMO</b>			
<b>Category</b>	<b>Coverage Type</b>	<b>Biweekly Contribution Enrollee</b>	<b>Monthly Contribution Enrollee</b>
<b>Active Full Time Employees (1)</b>	Single	\$7.50	\$15.00
	Family	\$32.15	\$64.30
	Exec Svc Single	\$0.00	\$0.00
	Exec Svc Family	\$0.00	\$0.00
	Spouse Plan Ins	\$0.00	\$0.00
	Spouse Plan Dep	\$0.00	\$0.00

**Notes:**

(1) Premium contribution for Part-Time Employees is to be calculated as follows:

Step 1. Employer Contribution x FTE% = Calculated Employer Contribution

Step 2. Total Contribution - Calculated Employer Contribution = Employee Contribution

## TRICARE Supplement Plan

TRICARE is a federal health insurance program available to retirees of the federal uniformed services. Since the State employs many such retired service personnel, some state employees and retirees may be eligible for TRICARE. The State offers a TRICARE Supplement Plan to its employees and some retirees. Eligible employees and retirees who choose this plan will enroll in TRICARE as their primary health insurance, but will also be provided with a supplement that will pay certain expenses not covered by TRICARE.

The State's employer contribution will cover the entire premium for this, so it will be offered at no premium cost to active employees. Retirees will be responsible for the premium for the insurance supplement coverage. This option will not be available to retirees who have reached age 65.

Any participants who consider this option must be aware that they are responsible for ensuring they are eligible for TRICARE. Enrolling in the TRICARE Supplement may affect coverage for dependents, since the eligibility of children under TRICARE is different than eligibility under the other health plans in the State Group Insurance Program. Prospective enrollees should gather information about TRICARE eligibility, including the eligibility of dependents, and compare the benefits offered by TRICARE to those of the other two health plan options. Information about the TRICARE supplement is at [www.ASltrisuppFl.com](http://www.ASltrisuppFl.com) or call 1-800-638-261 0, ext 255.



# Life Insurance

# Life Insurance

The State of Florida offers eligible employees term life insurance, including an accidental death and dismemberment benefit, underwritten by The Prudential Insurance Company of America. The insurance is available to full-time and part-time State employees.

## Coverage & Premiums

For most employees, coverage is 1.5 times base annual earnings. For Senior Management Service, University Senior Management (non-faculty), Selected Exempt Service, Legislative employees, and employees of other certain classes, coverage is double the base annual earnings and the State of Florida pays the full premium as an additional employee benefit. Coverage amounts will be reduced by 50% at age 70 for Career Service employees. Part-time employees should contact the Department of Personnel Services to determine coverage level and premium.

Death benefits will be paid to the designated beneficiary(ies), a designation that may be changed at any time during the year. If a beneficiary is not designated in writing, the insurance proceeds will be paid to the policyholder's estate. Payments made to an estate, however, may result in a reduction in total benefits due to taxes and probate costs. The Change of Beneficiary Form for the State Group Life Insurance Plan can be found on the web site at

## Tax Treatment

The cost of the first \$50,000 of employer paid life insurance coverage is not considered taxable income under IRS regulations. However, the cost of coverage in excess of \$50,000 is taxable. The taxable cost of excess coverage is calculated based on an IRS defined premium table and is not determined based on the actual cost of the coverage.

Those employees who have higher earning levels with correspondingly higher coverage levels, or who occupy positions in classes for which the full premium for the Basic Term Life Plan is paid by the State, may wish to review their tax liability. Given the generous coverage and minimal premium, the State Group Life Insurance Plan is, in most cases, an exceptional value for State employees, including those affected by the addition of taxable earnings added to their income.

## Accidental Death and Dismemberment

The basic life insurance coverage also includes an additional benefit of accidental death and dismemberment coverage. Life insurance enrollees are eligible for significant benefits which will be paid in the event of accidental deaths or certain injuries. Payment amounts vary from 25% to 100% of the coverage amount depending upon the severity of the injury, but no more than 100% of the insured's coverage amount is payable for all losses due to the same accident. Participants may also be eligible to receive benefits for the loss of use of limbs, in instances where no amputation is required.

### **Accelerated Death Benefit**

The Accelerated Death Benefit, or "living benefit option," may provide covered members an advance benefit in the event of a terminal illness diagnosis that will result in death within a two-year period. Covered members may be eligible for up to 80% of their life insurance benefits, with a maximum of \$50,000. Upon death, the balance of the life insurance benefit will be paid to the named beneficiaries. (NOTE: if participants have the Optional Life Insurance, the benefits under the basic and optional plans will be coordinated so that only a maximum of \$50,000 is paid to the enrollee. The balance of the benefit will be paid to the beneficiaries upon the death of the enrollee.)

### **Conversion Privileges**

Life insurance coverage will be discontinued under the following circumstances: when employment is terminated, an employee becomes ineligible for coverage, or when an employee fails to pay the required premium contributions. At that time, the employee has the option of converting some or all of the life insurance to an individual contract.

Regardless of age or health, an employee may purchase a standard life insurance plan, provided the conversion request and premium payment are made to Prudential within 31 days of group plan termination. Interested employees should contact The Prudential Insurance Company of America directly for the conversion forms and applicable premium information.

### **Optional Insurance**

Employees who enroll in the basic term life insurance plan also have the opportunity to purchase additional term life insurance. They may add coverage by selecting amounts from one to five times their base annual earnings, up to a maximum of \$500,000. Although this is an "employee-pay-all" benefit, the premiums are competitive. At the time they are first hired, employees may purchase coverage in increments from one to five times their base annual earnings on a guaranteed-issue basis. This means that they may do so without medical underwriting, that is, they do not need to present evidence of insurability at the time of initial employment.

If they later wish to add coverage during an Open Enrollment Period, they may increase the amount of their benefit by an amount equal to their base annual earnings without medical underwriting. If they wish to increase the amount of their benefit by more than their base annual earnings, they will be subject to medical underwriting.

Those employees who decline optional life coverage when first hired but subsequently wish to enroll during Open Enrollment will also be subject to medical underwriting. In cases in which underwriting is required, The Prudential Insurance Company of America will conduct an underwriting review and coverage may be declined based on individual medical factors.

The brochure published by The Prudential Insurance Company of America has additional information about the State Group Life Insurance Program.

**Basic Term Life and Accidental Death & Dismemberment**

*Monthly Cost of Insurance (Rate per \$1000 of Coverage )*

**How to determine your total monthly cost per pay period**

Base Annual Earnings (BAE) x 1.5 / 1,000 x \$0.0432 (employee contribution) / 2

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**Optional Term Life and Accidental Death & Dismemberment**

*Monthly Cost of Insurance (Rates per \$1000 of Coverage)*

Age	Rates
Under 25	\$0.084
25-29	\$0.097
30-34	\$0.122
35-39	\$0.135
40-44	\$0.148
45-49	\$0.204
50-54	\$0.294
55-59	\$0.443
60-64	\$0.812
65-69	\$1.236
70+	\$2.359

May elect up to 5x your BAE when you are first eligible to enroll with no physical examination.

BAE x Multiple (1, 2, 3, 4, Or 5) /1,000 x rate based on age. Use the chart above to determine your rate.

Rates will increase as age increases. Premiums will increase if BAE increases.

# Flexible Spending Accounts Program

# Flexible Spending Accounts Program

## Reimbursement Accounts

Your benefits include three Reimbursement Accounts that can provide you with a tax break on your predictable out-of-pocket costs:

Medical Reimbursement Account*	Limited Purpose Medical Reimbursement Account	Dependent Care Reimbursement Account
Up to \$5,000 in pre-tax dollars for the 2006 plan year to pay yourself back for predictable out-of-pocket medical, dental and vision expenses eligible for deduction under IRS tax rules but not paid by insurance or reimbursed from any other source.	Up to \$5,000 in pre-tax dollars for the 2006 plan year to pay yourself back for predictable out-of-pocket dental, vision and over-the-counter medication expenses eligible for deduction under IRS tax rules but not paid by insurance or reimbursed from any other source.	Up to \$5,000 in pre-tax dollars each year (\$2,500 if you're married filing separate tax returns) to cover care for a child, disabled spouse or elderly adult who is dependent on you and needs care so that you (and your spouse if you're married) can work.

\*Not available if you enroll in a [Health Savings Account](#).

### How do FSAs work?

Money you set aside in the accounts is taken off the top of your pay before taxes. If you pay federal income tax and Social Security tax, this creates at least a 20% savings on most of the health or dependent care services you buy. The savings could be more - depending on your income tax rate. And yet, even when you pay no income taxes, the Social Security tax savings is about 7.5% - or \$7.50 for each \$100 you spend.

### The FSA Tax Advantage: An Example

If you:

Are in the 15% federal income tax bracket (for 2005, generally \$7,300-\$29,700 for single, and \$14,600 - \$59,400 for married filing jointly).

Have an eligible expense of \$150.

Your true cost for that expense would be about:

\$176 after-tax because you have to earn about \$176 to clear \$150 after taxes

\$150 pre-tax ... because the entire \$150 is never taxed and goes directly to your expenses

Before enrolling, estimate expenses carefully for the 2006 calendar year, and read the section about some [important considerations](#) for making your FSA choices.

### Claiming Your Reimbursement Account Benefits

You claim Reimbursement Account benefits by submitting a claim form and appropriate supporting documentation to [PeopleFirst](#)

## Medical Reimbursement Account

You can use the Medical Reimbursement Account to cover health-care expenses considered tax deductible by the IRS but not paid by any health plan. You may set aside as much as \$5,000 in an account for 2006 to cover eligible expenses during the year. Your contributions come out of your check in equal installments each pay period.

The Medical Reimbursement Account is not available to you if you are enrolled in a Health Investor medical plan and a Health Savings Account.

### **Eligible Expenses**

Eligible Expenses [IRS Publication 502](#) Medical and Dental Expenses includes more information about eligible expenses.

Some Eligible Expenses	Some Expenses Not Eligible
Money can be set aside for: Deductibles Copayments Dental and vision care expenses Orthodontia not covered by a dental plan Prescription drugs Over-the-counter medications Chiropractic visits Saline solution and contact lens cleaners Procedures or expenses that are medically necessary Doctor prescribed weight loss programs	The IRS lists these non-eligible expenses: Cosmetic procedures Your contributions for outside health or life insurance Employer medical premiums of any kind Procedures or expenses not medically necessary Weight loss programs not prescribed by a doctor

## Limited Purpose Medical Reimbursement Account

### To be used in conjunction with the HSA

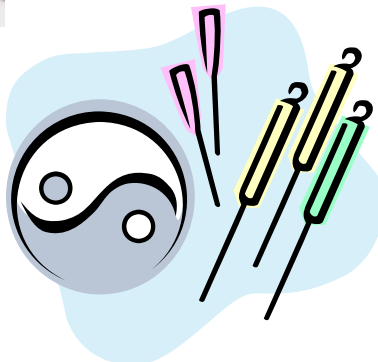
You can use the Limited Purpose Medical Reimbursement Account to cover dental, vision and over-the-counter medication costs considered tax deductible by the IRS but not paid by any health plan. You may set aside as much as \$5,000 in an account for 2006 to cover eligible expenses during the year. Your contributions come out of your check in equal installments each pay period.

### Eligible Expenses

[IRS Publication 502](#) Medical and Dental Expenses includes more information about eligible expenses. The chart below includes some examples:

Some Eligible Expenses	Some Expenses Not Eligible
Money can be set aside for: Dental and vision plan deductibles Dental and vision care expenses Orthodontia not covered by a dental plan Over-the-counter medications	The IRS lists these non-eligible expenses: Medical services and supplies, including prescription drugs, that are considered covered services under your State medical plan, if you are enrolled in a Health Investor medical plan and a Health Savings Account Your contributions for outside health or life insurance Employer medical premiums of any kind Procedures or expenses not medically necessary Weight loss programs not prescribed by a doctor

The Flexible Spending Accounts Handbook is available to download or print from the Personnel Services website at <http://personnel.fau.edu/benefits/>



## Dependent Care Reimbursement Account

You can use the Dependent Care Reimbursement Account for the care of qualified dependents so that you (and your spouse if you are married) can work. Qualifying dependents include:

Children under age 13 you claim as dependents on your tax return.

Anyone age 13 or older who lives with you at least eight hours a day and needs supervised care, such as an elderly parent or a disabled child or spouse.

You may set aside as much as \$5,000 in an account for 2006 to cover eligible expenses during the year. See [IRS Publication 503](#) for information about eligible expenses. The amount you can set aside may be different based on your tax status.

Based on your tax status ..	For 2006, you can set aside ...
If single or married filing jointly	up to \$5,000
If married filing jointly and your spouse's employer offers a dependent care account	Up to \$5,000 in total to the two accounts
If married filing separate returns	Up to \$2,500

Your contributions come out of your check in equal installments each pay period.

### ***Dependent Care Reimbursement Account vs. Dependent Care Tax Credit***

The federal government offers a dependent care tax credit for your day care expenses - and you can't get the tax benefit of both the reimbursement account and the tax credit for the same expenses.

Think about what fits your situation best - the flexible spending account or the dependent care tax credit provided by federal law. Keep in mind that you cannot take the tax credit for any amounts that are reimbursed through the Dependent Care Reimbursement Account. In some cases, the tax credit may provide more savings than an FSA.

Dependent Care Reimbursement Account	Dependent Care Tax Credit
You decide in advance how much to set aside for the coming year.	You wait until filing your tax return to determine your dependent care costs and decide whether you can take advantage of the tax credit.

## Reimbursement Accounts - Important Considerations

Based on federal government and State plan rules:

You must use any money you contribute to a Medical Reimbursement Account or a Dependent Care Reimbursement Account on expenses incurred by the end of the plan year - December 31, 2006 - and submit your claim by the April 15, 2007 deadline or it will be forfeited.

You cannot move money between the two accounts during the year. This means you can't use your contributions to a Medical Reimbursement Account for a dependent care expense or vice versa.

You cannot change your Reimbursement Account contributions during the plan year unless you have a [qualifying status change event](#).

You cannot enroll in both a Medical Reimbursement Account and a Health Savings Account (HSA). If you have enrolled in a Health Investor medical plan, you may want to consider enrolling in the HSA to take advantage of the State's contribution to that account, and make contributions to that account first, since it carries forward year-to-year and earns interest. You also could enroll in the Limited Purpose Medical Reimbursement Account to cover any eligible dental, vision, preventive medical care and over-the-counter medical expenses above the HSA contribution limit. If you enroll in both, you decide when to use your HSA and when to file a Limited Purpose Medical Reimbursement Account claim.

A person cannot enroll in both a Medical Reimbursement Account and a Limited Purpose Medical Reimbursement Account.



# Supplemental Insurance Plans

The State offers active employees the opportunity to participate in a number of optional "employee-pay-all" Supplemental Insurance plans and to have the premium payments for these plans deducted on a pre-tax basis. These are employee-pay-all plans; the State does not contribute any portion of the premium for these plans. Those interested in supplemental coverage should examine the information available from the specific companies that provide supplemental insurance plans. Most of the Supplemental Insurance providers have Internet web sites, and there are links to those sites on the web site at <http://personnel.fau.edu/benefits/>

The information brochures published by the supplemental insurance companies are available from the companies and from the Personnel Services website.

## Supplemental Insurance Plans

A number of supplemental plans are available. The following Supplemental Insurance products are offered by various supplemental insurance companies:

- Vision Care Insurance
- Dental Insurance
- Supplemental Hospitalization Insurance
- Cancer and Cancer/Intensive Care Insurance
- Accident and Accident/Disability Insurance

The Disability, Cancer, and Cancer/Intensive Care insurance plans require medical underwriting, and enrollment is subject to approval by the supplemental insurance carrier. To enroll in these plans, employees must submit applications to the companies as well as enrollment forms to the Department of Personnel Services. To enroll in Disability plans, employees must first contact an agent of the company so that the appropriate premium can be determined. Forms can then be turned into the Department of Personnel Services to enroll in the plans. For this reason, enrollment in Disability Insurance cannot be done on the web site. The forms must be faxed to the People First Service Center.

**Employees who enroll in Cancer, Cancer/Intensive Care, and Hospitalization insurance plans on the Internet during Open Enrollment must also submit separate applications to the companies for review and approval.**

Most of these plans operate as standard supplemental products. For a selected benefit level and a given premium, the plan will pay cash benefits to the participant if the participant requires hospitalization, contracts cancer, spends time in an intensive care unit, has an accident or becomes disabled. There are a number of options within each plan, allowing employees to choose between several different levels of coverage in exchange for different premium payments.

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# VisionCare



The Vision Care Plan offered from VisionCare is a prepaid vision care insurance plan and not merely a vision discount plan. VisionCare Plan's Customer Service section for State employees can be reached at the toll free telephone number (800) 939-5369. The Vision Care Plan Internet web site can be reached by typing the Internet address, [www.visionhealthcare.com](http://www.visionhealthcare.com) or through a link in Personnel Services web site. For full details on the VisionCare plan, refer to the plan brochure located on the Personnel Services website <http://personnel.fau.edu/benefits/>

**VisionCare Plan benefits include eye exams, plus lenses every 12 months and frames every 24 months. More specifically they include:**

**Examinations:** The plan provides for members to receive once-a-year professional vision and eye health exams- a complete analysis of visual functions, including a prescription for eyeglasses if needed.

**Eyeglass lenses:** Single-vision, bifocal, trifocal and other lenses are provided as needed. Plan doctors order lenses from contract labs and verify that the lenses conform to the prescription.

**Frames:** VisionCare Plan covers a wide range of frames, with an allowance designed to include the most popular styles. Plan members may also choose frames that exceed the limit and pay the difference in wholesale cost plus a modest service fee.

**Contact Lenses:** The plan also provides for contact lenses that are not medically necessary. When you choose contacts instead of eyeglasses, the plan pays a flat allowance \* toward the combined value of any or all of all of these services:

- Eye Exam
- Extended exam to fit contact lenses
- Contact lenses
- Any follow-up visits

\*CONTACT LENS ALLOWANCE:If you prefer contact lenses the plan provides an allowance of \$100 in place of exam and glasses

<b>EMPLOYEE ONLY COST BI- WEEKLY</b>	<b>\$ 3.48</b>
<b>EMPLOYEE + FAMILY COST BI- WEEKLY</b>	<b>\$ 8.94</b>

# Dental Plans

American Dental Plan, CIGNA Dental, Denticare and Oral Health Services all offer Dental plans. All four providers have Internet web sites and toll-free numbers. Information about their products can be obtained on the Internet or by telephone. Within this booklet we have included some information on each of the dental plans. The complete brochure as well as links for the dental provider websites can be found on the Personnel Services website at:

<http://personnel.fau.edu/benefits/>

There are three types of dental plans offered:

- **PREPAID** plans are a HMO style dental plan. You **must** select a dental provider from their provider listing and be placed on that dentist offices “roster”. This roster allows you to receive services at that location only and pay the agreed co-pay for the services rendered.
- **DPPO** plan through OHS allows you to go to a dentist that is in network and your expenses will be reimbursed at a higher percentage than if you go to an out of network dentist. With the DPPO though, unlike the prepaid, you can go to an out of network dentist but you will be reimbursed at a lower percentage.
- **Indemnity** plans allow you to go to any dentist you want. You are responsible for paying your bill at the time of services and then you submit your claim for reimbursement.

Some suggestions in helping you find the best plan for you and your family:

- Look at the services you will need to have during the year
- Compare the plans and costs to see which ones will best meet your needs
- If selecting a Pre-Paid plan—look at the listing of dental offices in the area—are there many taking new patients? Call some of the offices and make sure that they are still taking new patients and see how long it will take to get an appointment once you are on their roster. Also, take some time to stop by a few of the offices before you make your choice.
- Remember that unless you have a qualifying status change during the year you can only change dental offices within the plan but not change dental plans. Make sure you have a few offices as options in case an office drops out of the plan.

## Oral Health Services

- Offers Pre-paid plus plan that does offer the option of specialist coverage. Co-payments to acceptable specialist on the plan are higher than a general dentist.
- DPPO plan—will pay at a higher percentage if you go to a provider that is in network. Will still cover you, though at a slightly lower percentage, if you go to an out of network provider.

## Cigna Dental

- Offers a Pre-paid only plan. Choose the Dentist you would like to use from the provider listing. You must choose a Dentist on the plan and be on the roster. Specialist services are covered only with at 25% discount. You will pay a co-payment based on services. Complete schedule of services and cop-pays are in provider brochure. Make sure to call to make sure the providers on their listing are still taking patients and ask how long it will take to get an appointment once you are on their roster.

## American Dental Plan

- Offers Pre-paid plan. Choose the Dentist you would like to use from the provider listing. You must choose a Dentist on the plan and be on the roster. Specialist services are covered only with at 25% discount. You will pay a co-payment based on services. Complete schedule of services and cop-pays are in provider brochure. Make sure to call to make sure the providers on their listing are still taking patients and ask how long it will take to get an appointment once you are on their roster.
- Indemnity plan allows you to go to any dental office. You must pay for your dental visit and then submit a claim for reimbursement. American Dental reimburses you a minimal dollar amount for each service. Please see schedule of reimbursement in brochure for full details.

## Denticare Plan

- Offers Pre-paid plan. Choose the Dentist you would like to use from the provider listing. You must choose a Dentist on the plan and be on the roster. Specialist services are covered only with at 25% discount. You will pay a co-payment based on services. Complete schedule of services and cop-pays are in provider brochure. Make sure to call to make sure the providers on their listing are still taking patients and ask how long it will take to get an appointment once you are on their roster.
- Indemnity plan allows you to go to any dental office. You must pay for your dental visit and then submit a claim for reimbursement. Fortis reimburses 100% for cleanings, 80% for x-rays and minor dental work, and 25% for major dental work up to \$1000 per calendar year. Please see plan booklet for specific plan details

## PLAN COSTS

Per month	Employee	Employee + One	Employee + Family
<b>Oral Health Services</b>			
Pre- Paid	\$11.66		\$30.72
DPPO	\$28.50		\$64.92
<b>American Dental Plan</b>			
Pre- Paid	\$11.90	\$20.24	\$27.70
Indemnity	\$14.30	\$21.44	\$28.60
<b>Cigna</b>			
Pre-Paid	\$21.70	\$40.86	\$54.02
<b>Denticare</b>			
Pre-Paid	\$12.35	\$20.89	\$32.95
Indemnity	\$38.35	\$76.79	\$114.56

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# Additional Supplemental Insurances

# The GABOR AGENCY

## SUS Long Term Disability- Non Pre-tax

Offered by UNUM through the Gabor Agency. . Pays two-thirds of annual salary for as long as you remain disabled or until age 65. Employee must elect this supplemental option within the first 60 days of employment. Please note, it is not customarily available for enrollment during the annual open enrollment period. If elects after first 60 days of employment is subject to medical examination and can be denied.

**Choice of elimination periods**– an elimination period means a period of continuous disability must be satisfied before you are eligible to receive benefits from UnumProvident. Under the 30 day Elimination Period Option, weekly benefits begin on the 31st day of disability and under the 90 day Elimination Period Option monthly benefits begin on the 91st day of disability,

**Cost**– the monthly cost to participate in the 30 day Elimination Period Option is **\$.85 per \$100** of covered monthly salary. Should you prefer to participate in the 90 day Elimination Period Option, the monthly cost is **\$.52 per \$100** of covered monthly salary, collected on a bi-weekly basis.

THE FULL PLAN BOOKLET IS AVAILABLE ON OUR WEBSITE :

<http://personnel.fau.edu/benefits/Forms.asp>

OR AT THE GABOR WEBSITE: <http://www.gaboragency.com/>

## Group Term Life Insurance

This is a low cost term life insurance available through payroll deduction and available to new employees during their first 60 days of employment on a guaranteed issue basis. Please see plan booklet for minimum and maximum multiples of salaries and “Limits at Issue”. Dependents can be insured on this plan when insuring yourself.

Current Rates:

Age Group	Premium per month per \$1,000
19-34	.07
35-44	.15
45-49	.25
50-54	.38
55-59	.61
60-64	.96
65-69	1.55
70-74	2.45

## 1—2—3 PLAN

A pre-tax hospital supplemental insurance plan for employees of the State of Florida

\$100.00 OR \$200.00

For Each Day You Are Hospitalized Beginning With the First Day, Up to 365 Days For Each Confinement

Includes Benefits For

-- Convalescent Care

-- Hospice Care

-- Home Health Care

-- Extended Care

-- Ambulatory Surgical Care

With optional Expanded Coverage Rider (ECR)--(Available only with \$100.00 per day plan)

Pays additional \$200.00 per day from the 4th to 10th day in hospital.

	Employee	Employee + One	Employee + Family
\$100 per day	\$9.58	\$19.20	\$25.18
\$200 per day	\$20.36	\$40.60	\$53.52
\$100 per day/ECR	\$12.92	\$25.86	\$32.72

Other Life Insurance options are available through the GABOR agency including Cash value Life Insurance, and Life Insurance for Dependents. Please contact your Gabor Representative for more information.

Andrea Modica

1-800-330-6115

e-mail: [Gabor62ald@aol.com](mailto:Gabor62ald@aol.com)

Your GABOR Representative also represents the following 403-B and Optional Retirement Tax Sheltered Annuity programs:  
ING, SYMETRA and Jefferson National

# Capital Insurance

## Supplemental Health plans

- **Preferred Provider Plus**—designed for participants in the State Employees' PPO Plan you can enroll in the Preferred Provider Plus (PPP). This plan is designed to be used for preferred provider network facilities. It is a supplemental hospital plan especially created to help offset your out-of-pocket facility expenses when you or your covered dependents are confined in a hospital.
  - Pays \$250 Hospital inpatient deductible per admission
  - Pays 10% first \$25,000 of eligible hospital expenses
  - Pays 10% first \$25,000 of eligible ambulatory surgical center expenses
- **30/20 Plus**—Designed for participants in the State Employees' PPO Plan using non-network providers, the 30/20 Plus plan will provide additional benefits paid directly to you or your hospital for in-hospital confinement or surgery at licensed Ambulatory Surgical Centers.
  - Pays \$250 per admission of inpatient hospital "special charges"
  - Pays 20% after deductible of next \$12,500 inpatient "special charges"
  - Plus pays \$30 per day of inpatient hospital confinement for each person
- **State Insurance Supplement SIS**—Specifically designed to be used where employees and eligible dependents are based outside of the State of Florida as a condition of employment and employees and dependents who live in a county where network providers are not available.
  - Pays 100% of first \$100 Network hospital expense
  - Pays 10 % of next \$25,000 of eligible expenses
  - Pays 10% first \$25,000 eligible Ambulatory Surgical Center expenses
  - Pays \$250 per admission Non-Network Hospital expenses
  - Pays 20% next \$12,500 misc. hospital charges non-network
  - \$100 daily room and board
  - \$200 daily ICU

RATES ARE BASED ON LEVEL AND AGE  
SEE BROCHURE FOR COMPLETE PLAN DETAILS

## Personal Cancer Indemnity/Hospital Intensive Care Protection Insurance With AFLAC

AFLAC's Personal Cancer Indemnity Policy Plan has the option of two levels , level one or level three. Level three pays a higher benefit. Some of the plans benefits include , but are not limited to:

- Wellness
- Hospital Confinement Benefit
- Skin Cancer Surgery
- Hospice
- First Occurrence Benefit
- Medical Imaging
- Bone Marrow Transportation
- Home Health Care

### Optional Rider Benefits to your Cancer Plan

#### First-Occurrence Building Benefit

Paid when covered person is first diagnosed with internal cancer. Can be purchased in units of \$100 each up to max of five units or \$500. Level 1 sold in 3 units only, Level 3 sold in 5 units only

#### Specified-Disease Rider

While coverage is in force, if an insured person is first diagnosed with one or more of the covered specified diseases and hospitalized for treatment of the covered specified diseases, AFLAC will pay \$200 per day for days 1-30, \$500 per day for days 31+

SEE BROCHURE FOR COMPLETE PLAN DETAILS or go to

<http://www.capitalins.com/>



## AFLAC'S Personal Hospital Intensive Care Protection

- Daily Hospital Intensive Care Unit Benefit \$600 per day (days 1-7) \$1000 per day (days 8-15) No maximum lifetime benefit
- Human Organ Transplant Benefit \$25,000 per occurrence benefit when covered person is confined in hospital and receives one or more of the following : kidney, liver, heart, heart-lung, lung, or pancreas transplant.
- Daily Sub-Acute Intensive Care Unit Benefit of \$250 per day
- Ambulance benefit

Rates per Month	Employee	Employee + Children	Employee + Family
<b>AFLAC Hospital Intensive Care</b>	\$8.70		\$16.64
<b>AFLAC Cancer</b>			
PCI Level 1	\$18.70	\$21.70	\$30.50
PCI Level 1 +SDR	\$19.70	\$23.20	\$32.50
PCI Level 1 +BBR	\$20.50	\$24.40	\$34.40
PCI Level +Both	\$21.50	\$25.90	\$36.40
PCI Level 3	\$33.50	\$40.20	\$55.90
PCI Level 3 + SDR	\$34.50	\$41.70	\$57.90
PCI level 3 + BBR	\$36.50	\$44.70	\$62.40
PCI Level 3 + Both	\$37.50	\$46.20	\$64.40

# Colonial Insurance



## Short Term Disability

Short Term Disability Income Protection Insurance places a portion of your income if you become unable to work because of a covered illness or injury.

- You're paid regardless of any other insurance you may have with other insurance companies
- Benefits are paid directly to you unless you specify otherwise
- You may choose the amount of your disability benefit to meet your needs, subject to your income
- Coverage is guaranteed renewable to age 70
- If you change jobs or leave your employer, you can take your coverage with you
- You're covered worldwide
- Benefit period six months, 12 months or 24 months
- Choice of elimination periods

**\*\*For cost information, and to apply for this plan, please contact your Colonial Representative.**

## Accident Insurance

Colonial's accident insurance offers you:

- 24-hour coverage for accidents that occur on- and off-the-job
- Benefit payments regardless of workers' compensation or any other insurance you may have with other insurance companies
- Optional spouse and dependent coverage
- Portability—you can take your coverage with you if you change jobs or retire

## Optional Riders - Base plan must be purchased to have these riders Health Screening Rider

Colonial's Health Screening Rider will provide a benefit if one of the covered persons had one of the covered screening tests once in the calendar year after the 30 day waiting period. This is a \$50 benefit towards one of the approved health screenings.

Monthly premium \$1.75 \*

## Sickness and Off-Job Accident Disability Income

- Available to employee and spouse.
- Must be permanent, benefit-eligible employees and employees spouse (outside home) working minimum of 20 hours per week.
- Disability amounts for employee from 400 to 1500
- Disability amounts for spouse 400 to 1000 per month
- Benefit period options of 6 to 12 months

See Brochure for full details

## Sickness Hospital Confinement

With each day you spend in the hospital, your expenses are likely to increase. Traditional health insurance policies may have per admission deductibles and co-payments that must be satisfied during a hospital stay. This rider is designed to help you with these costs.

- You're paid regardless of any other insurance you may have
- Benefits are paid directly to you unless you specify otherwise
- Guaranteed renewable for life as long as the policy to which the rider is attached is in force and premiums are paid when due.

**\*\*For cost information, and to apply for this plan, please contact your Colonial Representative.**

**For more extensive information on plan coverage download the brochure on our website at:**<http://personnel.fau.edu/benefits/>

Or visit Colonial's website at: <http://www.coloniallife.com/florida/>



# Colonial's Cancer Insurance

Even the best group health insurance may not cover 100 percent of cancer treatment costs. There are also costs associated with cancer that are rarely , if ever, covered.

Colonial's cancer plan:

- Pays benefits directly to you unless you specify otherwise
- Pays benefits regardless of any other insurance you may have with any other insurance company
- Is guaranteed renewable
- Has few lifetime limits. This is an important feature because cancer treatment is often prolonged.
- Is portable– you can keep your coverage if you change jobs or retire

Colonials Cancer Plan comes with several benefits:

- Wellness benefit: Cancer screening test(s) \$50 per calendar year, per insured, for test and exam/ office visits.
- Cancer Benefit: Will pay these benefits if cancer is first diagnosed after the 30-day waiting period
- Initial diagnosis: will pay \$1000 when the named insured is first diagnosed with having cancer (internal) and \$500 when covered family member is diagnosed with having cancer



Please download brochure for full details

	Employee	Employee + Family
Cancer	\$10.94	\$18.18
Cancer / Intensive Care	\$13.96	\$24.48

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# Retirement Options

## Florida Retirement System (FRS)

The FRS provides two retirement options: the Pension Plan and the Investment Plan.

The FRS Pension Plan is a defined benefit plan, paid for by the State and requires 6 years of creditable service to vest and receive a retirement benefit. This system is combined with Social Security to assist you by providing an income for your later years or for an unforeseen disability. Once vested, you may retire at age 62 or 30 years of service and receive full benefits. If you retire at an earlier age, your benefits will be reduced. The monthly benefit payment you will receive when you retire depends on your years of creditable service and the average income of the five highest years (fiscal year) during your covered employment.

The FRS Investment Plan is a defined contribution plan that is paid by the State through contributions that are based on your salary and your FRS membership class (Regular Class, Special Risk Class, etc.) The Investment Plan requires 1 year of creditable service to vest (i.e. own the assets in your Investment Plan account.) The Investment Plan directs contributions to individual member accounts, and you allocate your contributions and account balance among various investment funds. (Participant contributions are not allowed.) Your Investment Plan retirement benefit is the value of your account. Unlike the Pension Plan, there is no fixed benefit level at retirement. However, the Investment Plan, like the Pension Plan, has a guaranteed lifetime payment option (based on the benefit to be distributed) and is available with annual 3% benefit increases like the Pension Plan.

### Risks and Uncertainties to Consider

#### FRS Pension Plan

- If you leave FRS employment with less than 6 years of service, you will leave with no benefit
- Even if you leave with 10 or 15 years of service, you may receive a very small benefit.
- You cannot participate in any investment decisions.
- You cannot receive any lump sums at retirement, except under DROP\*

## FRS Investment Plan

- You bear investment risk; your benefit may decrease in value when your investments don't perform well.
- If you're an older employee, you may have too few years before retirement to accumulate a large account balance.
- You could outlive your benefit after you retire if you don't plan carefully.
- You must have the discipline to allow your money to keep growing and not withdraw it and spend it when you change jobs.
- You are not eligible for DROP\*

\*DROP is only available to you if you are in the Pension Plan, vested and have reached your normal retirement date. It allows Pension Plan members to retire and have their retirement benefits accumulate in the Pension Plan Trust Fund, earning tax-deferred interest, while they continue to be employed by an FRS employer for up to 60 months.

For more information about the FRS call 1-866-446-9377; or TTY: 1-888-429-2160 or access online at [www.MyFRS.com](http://www.MyFRS.com).

**All enrollment forms for SP Staff Employees must reach the FRS Plan Choice Administrator by 4pm ET on the last business day of the employees deadline month to be considered timely filed.** Please be sure to fill out form ELE-1 or ELE-1-EZ to make your election or you will default to the FRS pension plan.

SP Staff Deadlines	
If Hired in this Month ...	Retirement Plan Choice Deadline is ...
October 2005	March 31, 2006
November 2005	April 28, 2006
December 2005	May 31, 2006
January 2006	June 30, 2006
February 2006	July 31, 2006
March 2006	August 31, 2006
April 2006	September 29, 2006
March 2006	October 31, 2006
April 2006	November 30, 2006
May 2006	December 30, 2006

## Optional Retirement Plan (ORP)

**Available to all Faculty and AMP employees –only.** Each pay period, the University contributes a percentage of the employee's earnings so that an annuity may be purchased. The University pays the full cost of the ORP, however employees can elect to contribute up to the same percentage of earnings that the University contributes subject to IRS regulations. Currently the University contributes 10.42 % to the ORP plan.

Upon employment with the University Faculty and A & P employees are enrolled in the Optional Retirement Plan but are eligible to participate in either the ORP or the FRS. Participation in one of these plans is mandatory. You must fill out an ORP-16 form to make your selection during the first 90 days of your employment. If you are enrolling in the ORP you must also complete an annuity contract with one of the approved vendors.

The five approved participating companies with which participants must invest their ORP funds are:

### ING

WEB Site -- [www.ingretirementplans.com/index.shtml](http://www.ingretirementplans.com/index.shtml)

Company Representative -

Andrea Modica

1-800-330-6115

e-mail: [Gabor62ald@aol.com](mailto:Gabor62ald@aol.com)

### Jefferson National

WEB Site -- <http://www.jeffnat.com/>

Company Representative

Andrea Modica

1-800-330-6115

e-mail: [Gabor62ald@aol.com](mailto:Gabor62ald@aol.com)

### MetLife Resources

WEB Site -- <http://www.metlife.com/Applications/Corporate/WPS/CDA/PageGenerator>

Company Representative

Bob Minlionica

(561) 350-8965

## TIAA-CREF

WEB Site -- <http://www.tiaa-cref.org/>

Company Representative

Sharon Mohan

561-338-0785

## VALIC

WEB Site -- <http://www.valic.com/valic2003/aigvalic.nsf/contents/home>

Company Representative

Gerald Greenberg

954-946-1765

For more information on the Optional Retirement Program visit their Website:

WEB Site -- <http://www.frs.state.fl.us/frs/orpoap/orpoap.htm>

Please remember that Faculty and AMP employees only have **90 days** to execute an annuity contract with one of the approved provider companies. Once you have selected a provider company, please come by Personnel Services Department to complete the ORP-16 form. If you have not executed an annuity contract within **90 days** of your start date, you will automatically (and irrevocably) revert back to the Florida Retirement System.

## Other individual retirement options available to you:

### Tax Deferred Annuities- Pre-tax

The university offers a tax sheltered annuity program which allows employees the opportunity to save an amount from each salary warrant and postpone payment of taxes on that amount until a later date. Brochures are available for VALIC, TIAA-CREF, Jefferson National, Aetna/ING, and MetLife Investors. The name of company representatives may be obtained from Personnel Services.

### State Deferred Compensation- Pre-tax

Voluntary supplemental retirement (457) plan offered by the State of Florida. You are allowed to shelter a portion of your annual gross salary from Federal taxes, while your money is forwarded to your chosen Investment Provider. Your Investment Provider directs your money to your chosen investment vehicle, where your account grows tax-free. Obtain brochure from Personnel Services.

#### Some Reminders:

- **You have 60 days to enroll in the majority of benefits in which you are eligible.**
- Make sure to download the brochure on any of the benefits that you are interested in. This brochure does not contain full plan details, but is meant to give you a comprehensive overview to help you on your way.
- The web site to download brochures is:  
<http://personnel.fau.edu/benefits/>
- Please contact your personnel representative with any questions or to enroll.

## **Department of Personnel Services Benefits & Retirement**

Associate Director	561 297-3074
Manager	561 297-3071
Retirement	561 297-2061
Benefits	561 297-3073
FICA / Benefits	561 297-0242
Time Keeping	561 297-3077

<http://personnel.fau.edu/benefits/>