

INSURANCE BENEFITS

Welcome to Florida Atlantic University Employment!

Florida Atlantic University offers an excellent employee benefits package that includes various types of insurances, retirement plans, and generous annual and sick leave policies.

This summary provides an overview of each of our insurance plans. We hope that it assists you in making your important insurance decisions. More detailed information may be found in the brochures that are either provided with this summary or available in the Department of Personnel Services. You also will be provided with a New Employee Orientation.

Please remember: If you choose to enroll in the benefits plans available to you, you must do so within **60 days of your date of hire**. Changes in your insurance elections also may be made during the Fall Open Enrollment period or after a qualifying status event. The effective date for changes and enrollments by new employees will be no sooner than the first of the month following enrollment. Enrollments and changes made during the Fall Open Enrollment will be effective January 1 of the following year. In no case is enrollment ever retroactive. Please ask your benefits representative for

specific details regarding your coverage effective dates. In addition, premiums are paid one month in advance, and dependent eligibility documentation (birth, marriage certificate, etc.) must be provided within **30 days** of coverage enrollment to ensure dependent coverage.

Health Insurance

State Employees' PPO Plan: The State Employees' PPO Plan uses a network of participating providers who offer services at a lower cost to enrollees and to the Plan. Enrollees may use providers who are not in the network, but greater costs are incurred in doing so. Generally, enrollees in the PPO Plan have greater flexibility in provider choice, but usually experience higher costs in the form of deductibles, co-insurance payments, and co-payments. **Health Maintenance Organizations:** Enrollees in HMO's must select providers within the networks of the HMO's. Enrollees select Primary Care Physicians who make referrals to specialists when the Primary Care Physicians determine that referrals are medically appropriate. HMO enrollees may obtain services from providers who are not in the networks **only** in exceptional circumstances or with approval of the HMO. HMO enrollees generally have less flexibility in provider choice, but usually incur lower costs, normally being responsible only for nominal co-payments. HMO's emphasize preventive care as part of the managed care approach as well. **HMO coverage is available only if the enrollee lives in the HMO's service area, and HMO's are not available in all areas of the state.**

For information about the **Florida Atlantic University's** annual and sick leave policies, see your *Florida Atlantic University A & P and USPS Employee Handbook* or our web site at: www.fau.edu/admin/fiscal/personnel/. Faculty members may contact the Department of Personnel Services.

Benefits & Retirement

(561) 297-3073

(561) 297-2061

(561) 297-3071

(561) 297-3074

(561) 297-3915 FX

Employment Office

(561) 297-3079

(561) 297-6068

(561) 297-3058

(561) 297-2958

(561) 297-2404 FX

Employee Development

(561) 297-2554

(561) 297-3077

Employee Relations

(561) 297-3072

(561) 297-2401

Processing & Records

(561) 297-2556

(561) 297-2851

(561) 297-0364

(561) 297-0355

Classification & Compensation

(561) 297-2401

(561) 297-3026

Personnel Services-Broward campuses

(954) 236-1245

(954) 236-5686

Florida Atlantic University

EMPLOYEE BENEFITS SUMMARY

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HEALTH INSURANCES - New employees must enroll within sixty days of their hire date. Please complete the State Employees Insurance Health Insurance enrollment form and submit to the Benefits Office, Administration Bldg. Rm. 251.

Provider / Plan Type	Biweekly Premium	Pre-Tax	Deductible	Co-Payment	Coverages	Comments
<p>State Employees- PPO Plan - Preferred Patient Care (PPC) and Non-PPC.</p> <p>Blue Cross & Blue Shield 1-800-825-2583 www.bcbsfl.com</p> <p>Prescription Benefits <i>CareMark</i>: 1-800-378-4408 www.caremark.com</p>	<p>Individual: Employee: \$24.34 Employer: \$144.34</p> <p>Family: Employee: \$87.57 Employer: \$295.15</p> <p style="text-align: center;">N/A</p>	<p>Yes</p> <p style="text-align: center;">N/A</p>	<p>PPC: \$250/indiv / year \$500/family / year</p> <p>Non-PPC: \$750 / indiv / year \$1,500 / family / year</p> <p style="text-align: center;">N/A</p>	<p>PPC: 20% plus \$15 office visit Non-PPC: 40% plus \$ 25.00</p> <p>Hospital stay: \$250.00 /per admission + 20% of allowed amt. Emergency Room: \$50.00 (waived if admitted)</p>	<p>PPC coverage area: United States.</p> <p>Non-PPC coverage area: Worldwide.</p> <p>\$10 generic \$25 Preferred brand \$40 Non-preferred</p>	<p>A six-month pre-existing condition provision applies. For a comparison of PPC/Non-PPC co-payments and deductibles, please see page 22. Please direct questions regarding specific procedures to Blue Cross Blue Shield of Florida at 1-800-825-2583. You may subscribe to the prescription mail in program.</p>
<p>Health Maintenance Organizations (HMO)</p> <p>Avmed Health Plan 1-800-882-8633 www.avmed.com</p> <p>JMH Health Plan Jackson Memorial Hospital 1-800-721-2993</p> <p>Vista Health Plan 1-866-847-8235</p>	<p>Individual: Employee: \$24.34 Employer: \$144.34</p> <p>Family: Employee: \$87.57 Employer: \$295.15</p>	<p>Yes</p>	<p>None</p>	<p>Office visit: \$15.00</p> <p>Emergency services: \$50.00 (waived if admitted) \$250.00 / hospital stay</p>	<p>Regional coverage area. If outside of coverage area, must be life or limb threatening.</p> <p>\$10 generic \$25 Preferred brand e \$40 Non-preferred</p>	<p>No pre-existing condition provision. For a list of participating HMOs, their phone numbers, and co-payment schedule, please see pages 18 thru 20.</p>

* Health insurance premium given is based on full-time employment (i.e.: 1.0 FTE). Less than full-time employment is calculated at a percentage of employment. Example, an employee with .50FTE will pay the biweekly rate plus 50% of the employer contribution, for a total of \$96.51(*Bi-weekly*) single & \$235.14(*Bi-weekly*) family.

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

Provider / Plan Type	Biweekly Premium	Pre-Tax	Coverages	Comments
<p>Philadelphia American Life Insurance Company/ The Gabor Agency 1-800-330-6115</p>	<p>Based on age group. Premium is adjusted as age falls into a higher group.</p>	No	<p>May select coverage based on various types of life insurance such as Group Term Life, Cash Value Life Insurance, Universal Life and Whole Life policies.</p>	<p>You can purchase insurance for family members too. For detailed information on your choice of life insurance policy please contact the Gabor representatives, FAU ext. 7-3219. Policy is portable.</p>
<p>State of Florida Basic Group Life Ins. Plan Insured by Prudential Insurance Co. of America 1-800-778-3827</p>	<p>State pays 75% of premium based on FTE.</p>	Yes	<p>Basic life insurance is paid at one and one-half times base annual salary; e.g., if salary is \$20,000, benefit is \$30,000. (20,000 x 1.5).</p>	<p>Basic Term Life insurance benefit is paid in the event of your death, however enrollment includes automatic Accidental Death & Dismemberment insurance which includes benefits for accidental losses of sight, limbs, hearing, speech etc.</p> <p>Basic Life Insurance is available for employee only. <i>Retirees may continue coverage in the amount of \$10,000 at a monthly cost of \$4.20.</i></p>
<p>State of Florida Optional Life & AD&D Insured by Prudential Insurance Co. of America 1-800-778-3827</p>	<p>Employee pay-all basis. Premium based on the amount of coverage selected. Premiums will increase with age.</p>	No	<p>You may enroll for one, two, three, four or five times your base earnings, up to a maximum of \$500,000.</p>	<p>Must enroll in the Basic Group Term Life insurance before enrolling in the Optional Term Life & AD&D plan. AD&D provides an additional benefit for loss of life and certain covered accidents: <i>Seat belt benefit</i> - pays an additional benefit of 10% of the coverage amount if accidental death occurs while wearing a seat belt. <i>Air bag Benefit</i> - Additional 10% of the coverage amount up to \$10,000, if an accident death occurs while riding in an automobile equipped with an air bag system and wearing a seat belt.</p>

DENTAL INSURANCE - New employees must enroll within sixty days of their hire date. Please complete the State Employees Insurance Dental Insurance enrollment form and submit to the Benefits Office, Administration Bldg. Rm. 251.

Provider / Plan Type	Biweekly Premium	Pre-Tax	Deductible	Co-Payment	Coverages	Comments
American Dental Plan (ADP) 1-800-342-5209 www.compbenefits.com	Prepaid Plan (HMO) Employee: \$5.60 Employee+ one: \$9.53 Employee+ two or more: \$13.05	Yes	None	Varies with procedures. See ADP benefit schedule	No maximum benefit limitations. Includes limited discounts on vision, contact lens prescription, and hearing aid programs.	Must choose dentist from list of participating general dentists. Specialty care at 25% discount of participating specialists normal fees.
	Indemnity Plan (PPO) Employee: \$7.15 Employee+ one: \$10.72 Employee+ two or more: \$14.30	Yes	\$50 per person per calendar year, maximum of 3 family members	Varies with procedures	\$1000 calendar year maximum. Includes limited vision, prescription, contact lens and hearing aid programs.	You may select any dentist of your choice. See ADP benefit schedule for coverage details. Benefits are based on what plan pays for specific services.
Cigna Dental Plan - HMO only www.cigna.com 1-800-367-1037	Prepaid Plan (HMO) Employee: \$9.98 Employee+ one: \$18.81 Employee+ two or more: \$24.86	Yes	None	Varies with procedures. See Cigna's benefit schedule	No per visit charge No lifetime maximum Must select a Cigna dentist	Specialty care with referral approved for payment at the same fees you would pay the general dentist
Denticare www.fortisbenefitsdental.com 1-800-347-3331	Prepaid Plan (HMO) Employee: \$5.78 Employee+ one: \$10.20 Employee+ two or more: \$13.98	Yes	None	Varies with procedures. See Denticare's benefit schedule	No maximum benefit limitations. Includes limited vision care benefit.	Must choose dentist from list of participating general dentists. See benefit schedule for coverage details and how much you pay for specific services.

DENTAL INSURANCE - New employees must enroll within sixty days of their hire date. Please complete the State Employees Insurance Dental Insurance enrollment form and submit to the Benefits Office, Administration Bldg. Rm. 251.

Provider / Plan Type	Biweekly Premium	Pre-Tax	Deductible	Co-Payment	Coverages	Comments
Denticare www.fortisbenefitsdental.com 1-800-347-3331	Indemnity Plan (PPO) Employee: \$14.96 Employee+ one: \$29.97 Employee+ two or more: \$44.70	Yes	\$50 per person, per calendar year maximum of 3 per family for Preventive and Basic care only.	Varies with procedures	\$750 calendar year maximum benefit per person. Covers 80% of preventive care and 50% of Basic care. Includes limited vision program.	This plan provides no coverage for major care services such as gum disease treatment and major restorations such as crown replacement, bridges, dentures, implants.
Oral Health Services www.ohsstateemployees.com 1-800-943-6880	Prepaid Plan (HMO) Employee: \$5.49 Employee + Family: \$14.47	Yes	None	Varies with procedures. See OHS schedule.	See benefit schedule for all covered services in your network area.	Must choose dentist from list of prepaid plan - participating general dentists.
	Indemnity Plan (DPPO) Employee: \$14.25 Employee+ Family: \$32.46	Yes	Indiv / Family In-network: \$25 / \$50 Out-of-Net: \$50 / \$100	Varies with procedures	\$1200 annual maximum. See benefit schedule for in and out-of-network service	May choose any dentist of your choice, but greater portion of expense is covered when you use a participating DPPO dentist.

HOSPITAL INCOME – Alta Insurance Company (Pre-Tax)

PROVIDER / PLAN	DESCRIPTION	PREMIUM	ELIGIBILITY	ENROLLMENT	CONTACT
<p>ALTA Ins.</p>	<p>For a selected benefit level and a given premium, the following hospital income plans will pay you cash benefits in the event you require hospitalization.</p> <p>Benefits are in addition to those you may receive from your group health plan.</p> <p><i>Preferred Provider Plus</i> is designed for participants in the State Self-Insurance Plan using in network facilities; however, the same benefits will apply in the event you use a non-preferred facility. This plan helps offset your out-of-pocket facility expenses.</p> <p>The <i>30/20 plan</i> is a supplemental hospital insurance plan designed for participants in the State Self-Insurance Plan using non-network providers. It pays \$250 per admission plus 20% of the next \$12,500 inpatient hospital special charges.</p> <p>The <i>State Insurance Supplement plan</i> provides reimbursement for specified hospital expenses. It is used where employees/dependents are based outside of Florida as a condition of employment, and employees/dependents that live in a county where network providers are not available.</p> <p>The <i>365 Plus plan</i> is a hospital indemnity program designed to pay a fixed daily supplemental amount while confined to a hospital. This plan provides coverage 365 days per year. It is designed as a supplement for those choosing an HMO as their primary plan, or it can be used with other plans.</p>	<p>Bi-weekly:</p> <p><u>Individual</u> \$18.36 <u>Family</u> \$31.97</p> <p><u>Individual</u> \$30.22 <u>Family</u> \$54.39</p> <p><u>Individual</u> \$19.96 <u>Family</u> \$34.87</p> <p><u>Individual</u> \$10.00 <u>Family</u> \$22.56</p>	<p>USPS, A&P, Faculty and their eligible dependents</p>	<p>Complete: Alta application form Supplemental Hospital Insurance Enrollment Form</p> <p>Enroll within first 60 days of employment</p>	<p>Capital Insurance Agency, Inc. 1-800-780-3100</p>

HOSPITAL INCOME – Philadelphia American Life (Pre-Tax)

PROVIDER / PLAN	DESCRIPTION	PREMIUM	ELIGIBILITY	ENROLLMENT	CONTACT
The Gabor Agency, Inc. (Philadelphia American Life)	A supplemental health insurance plan which pays \$100 to \$200 daily for each day of room and board charges you or your insured dependents are hospitalized, beginning with the first day, up to 365 days for each confinement. Option III adds an additional \$200 per day beginning with the fourth day and continuing through the tenth day of hospitalization. Option I \$100 daily benefit Option II \$200 daily benefit Option III \$100 daily benefit plus expanded rider See company brochure for exclusions and limitations.	<u>Individual</u> Option I \$4.79 Option II \$10.18 Option III \$6.46 <u>Employee +1</u> Option I \$9.60 Option II \$20.30 Option III \$12.93 <u>Employee + 2 or more</u> Option I \$12.59 Option II \$26.76 Option III \$16.36	USPS, A&P, Faculty and their eligible dependents	Complete: Gabor application Supplemental Hospital Insurance Enrollment Form Enroll within first 60 days of employment	The Gabor Agency, Inc. 1-800-330-6115
American Family Life Assurance Company (AFLAC) <i>Hospital Intensive Care</i> www.capitalins.com	Benefits will be paid if you or any covered person incurs a charge for confinement in a hospital intensive care unit (ICU). This benefit is limited to 15 days per period of confinement. No lifetime maximum.	<u>Individual</u> \$4.35 <u>One parent family</u> \$8.32 <u>Two parent family</u> \$8.32	USPS, A&P, Faculty and their eligible dependents	Complete: AFLAC application Enroll within first 60 days of employment	AFLAC Rep. Phone: 1-800-780-3100

CANCER INSURANCE - For more detailed information, please see the AFLAC brochure and Colonial brochure.

Provider / Plan Type	Biweekly Premium	Pre-Tax	Deductible	Co-Payment	Coverages	Comment
<p>American Family Life Assurance Company (AFLAC)</p> <p>Phone: 1-800-780-3100 www.capitalins.com</p> <p>Employees may choose from a variety of plans which includes a Dread Disease Rider (SDR) and or a Building Benefit Rider (BBR)</p>	<p><u>PCI Level 1</u></p> <p>Individual \$9.35 Employee + Children \$10.85 Employee + Family \$15.25</p> <p><u>PCI Level 1 + SDR</u></p> <p>Individual \$9.85 Employee + Children \$11.60 Employee + Family \$16.25</p> <p><u>PCI Level 1 + BBR</u></p> <p>Individual \$10.25 Employee + Children \$12.20 Employee + Family \$17.20</p> <p><u>PCI Level 1 + Both</u></p> <p>Individual \$10.75 Employee + Children \$12.95 Employee + Family \$18.20</p> <p><u>PCI Level 3</u></p> <p>Individual \$16.75 Employee + Children \$20.10 Employee + Family \$27.95</p> <p><u>PCI Level 3 + SDR</u></p> <p>Individual \$17.25 Employee + Children \$20.85 Employee + Family \$28.95</p> <p><u>PCI Level 3 + BBR</u></p> <p>Individual \$18.25 Employee + Children \$22.35 Employee + Family \$31.20</p> <p><u>PCI Level 3 + Both</u></p> <p>Individual \$18.75 Employee + Children \$23.10 Employee + Family \$32.20</p>	<p>Yes</p>	<p>None</p>	<p>None</p>	<p><u>Specified - Disease Rider:</u> Initial Hospitalization benefit: \$1,000. Pays \$200 per day for days 1-30 & \$500 per day for days 31+ for hospital confinement for treatment of one of the listed dread disease.</p> <p><u>Building Benefit Rider:</u> This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500.</p>	<p>Coverages vary according to the level of insurance protection you select. In addition, there is some variation in types of treatment among the three levels.</p> <p>Assists with indirect expenses which can exceed 66% of total costs.</p> <p><u>Specified- Disease Rider:</u> Must be confined for 12 hours or more. Payable only once per period of confinement and once per calendar year for each covered person.</p> <p><u>Building Benefit Rider:</u> This is purchased only as a rider to the AFLAC cancer policy. This benefit ceases to build on the anniversary date following the covered persons 65th birthday or a diagnosis of cancer, whichever occurs first.</p>

CANCER INSURANCE - For more detailed information, please see the AFLAC brochure and Colonial brochure.

Provider / Plan Type	Biweekly Premium	Pre-Tax	Deductible	Co-Payment	Coverages	Comment
<p>Colonial Cancer Insurance 1-800-325-4368 www.coloniallife.com/florida</p>	<p>Employee: \$5.47 Family: \$9.09</p>	<p>Yes</p>	<p>None</p>	<p>None</p>	<p>\$1000 first occurrence benefit for employee \$500 first occurrence benefit covered dependent</p> <p>\$180/day for first 10day of hospital confinement and \$220/day for the next 60 continuous days. Pays total amount charged for room and board after the 71st continuous day.</p> <p>Up to \$130/day for private duty nursing while in a hospital. Up to \$30/day for attending physician other than your surgeon. \$5000/yr for radiation & chemotherapy</p>	<p>Cancer plan helps with the unexpected costs associated with the diagnosis and treatment of cancer. Includes a wellness benefit that pays \$50 per calendar year for certain cancer screening test performed after the 30-day waiting period.</p> <p>Cancer benefits are paid if cancer is first diagnosed after the 30-day waiting period. The IRS treats first occurrence benefits as taxable income.</p>
<p>Colonial Accident Insurance 1-800-325-4368 www.coloniallife.com/florida</p>	<p>Employee:\$9.00 Emp+Spouse: \$12.00 Emp+Dependent: 15.00 Emp+Spouse+Dep: \$18.00</p>	<p>Yes</p>	<p>Benefits are based on the type of injury sustained in an accident.</p>	<p>This coverage provides benefits if you are in a covered accident, on or off the job. Covers specific injuries and losses you may suffer in an accident. Benefit payments regardless of workers compensation or any other insurance you may have.</p>		
<p>Colonial Cancer Insurance with Intensive Care Insurance</p>	<p>Employee: \$6.98 Family: \$12.24</p>	<p>Yes</p>	<p>None</p>	<p>None</p>	<p>\$350/day for each day confined to hospital intensive care unit.</p> <p>\$700/day for each day confine to a hospital intensive care unit.</p>	<p>Benefit are paid due to an accident or illness, not including related to a motor vehicle.</p> <p>Benefit paid as a result of an accident involving an automobile, bus, truck, farm tractor, motorcycle, train or airplane. Benefit paid for up to 45 days of each confinement.</p>

DISABILITY INSURANCE				
Provider / Plan Type	Biweekly Premium	Pre-Tax	Coverages	Comments
Gabor Agency Unum Life Insurance Company of America <i>Long Term Disability</i> 1-800-330-6115	\$0.52 per \$ 100 of monthly salary	No	You will be paid 66 2/3 of your basic monthly earnings, less your benefits from other income, subject to maximum monthly benefit of \$7,000. Worldwide Emergency Travel Assistance Services. Provided 24-hour network.	Must be working at least 20 hours per week to enroll. Benefits reduced for primary social security, other disability insurance, salary or paid leave, workers' compensation, or retirement. <i>Please contact Gabor Rep. for enrollment at FAU -- (561) 297-3219.</i>
Gabor Agency <i>Short Term Disability</i> 1-800-330-6115 www.gaboragency.com	\$0.37 per \$100 of monthly salary	No	Paid only from the 31 st day to the 90 th day of disability, maximum payable for each disability is 60 days, employee may apply for any amount they believe they need up to 2/3 of their university base salary, minimum monthly benefit = \$300,maximum = \$7,000	Policy will become effective on the 1 st day of the month following the month in which application is made and premium has been deducted from payroll. <i>Please contact Gabor Rep. for enrollment</i>
Colonial <i>Short Term Disability</i> 1-888-756-6701 www.coloniallife.com/florida	Contact Colonial Representative.	Yes	Monthly benefit amounts: \$400 - \$5,000-based upon income. Benefit periods: 6 months, 12 months or 24 months. Worldwide coverage.	Your coverage is guaranteed renewable to age 70. If you change or leave your job, you can take your coverage with you. <i>Please contact Colonial Rep. for enrollment.</i>

VISION INSURANCE				
Provider / Plan Type	Biweekly Premium	Pre-Tax	Coverages	Comments
VisionCare plan 1-800-939-5369 www.visionhealthcare.com	Employee: \$3.48 Employee + Family: \$8.94	Yes	The plan provides a complete analysis of the eyes and related structures to determine vision problems or other abnormalities. A complete selection of frames and medically necessary contact lenses are provided.	If you are nearsighted or have astigmatism and wear glasses or contacts, you may be a candidate for LASIK. If a plan member uses one of the Laser Center's facilities, the member will receive a 25% discount, or pay no more than \$1,800 for one eye.

LEGAL INSURANCE				
Provider / Plan Type	Biweekly Premium	Pre-Tax	Coverages	Comments
Preferred Legal Insurance 1-888-939-5369. www.preferredlegal.com	Employee: \$4.98	No	Members and their families are provided with legal advice and discounted fee representation on all types of legal services, including divorce, traffic tickets, real estate, wills, probate, bankruptcy, DUI, immigration, child custody and support, criminal defense, civil litigation, personal injury, landlord-tenant disputes, domestic violence and many more.	Members can cancel at any time. Benefits also include free notary services, free simple wills, free review of legal documents, and unlimited free legal advice via phone consultation.

LONG TERM CARE INSURANCE				
Provider / Plan Type	Biweekly Premium	Pre-Tax	Coverages	Comments
UnumProvident 1-800-227-4165	Determined by age and amount of coverage	No	The lifetime maximum is the benefit dollar amount UNUM will pay over the life of your coverage. This dollar amount is based on the facility benefit amount and duration. For Example: if you choose \$3,000 facility monthly benefit amount & 2 year duration, your lifetime maximum is calculated as follows, \$3,000 per month X 12 months X 2 years = \$72,000 lifetime maximum.	Long term care is the type of care received either at home or in a facility, when someone needs assistance with activities of daily living (bathing, dressing, toileting, transferring, continence and eating), or suffers severe cognitive impairment (such as Alzheimer's disease). Once eligible for the plan, you will have 30 days to sign up for coverage.

OVERSEAS TRAVEL INSURANCE – This Insurance coverage is only available to persons traveling outside of the United States.

Provider / Plan Type	Biweekly Premium	Pre-Tax	Deductible	Coverages	Comments
CMI Insurance 410-583-2595	Determined by and amount of coverage	No	Deductible options - \$250, \$500, \$1,000, or \$2,500 (per person per policy period, maximum of 3 per family.)	Policy Maximum Amounts – per person. Plan A \$100,000 Plan B \$250,000 Plan C \$1,000,000 \$50,000 maximum benefit for ages 70-79 \$10,00 maximum benefit for ages 80+. 24 hour assistance	For premium refunds, covered expenses, eligibility and policy exclusions, contact provider.
Health Pass Plus 1-800-368-7878	Determined by and amount of coverage	No	\$100 deductible per injury or sickness	\$100,000 accident & sickness medical expense benefit \$10,000 emergency reunion benefit \$ 10,000 accidental death & dismemberment benefit. Unlimited emergency medical evacuation 24 hour assistance	For premium refunds, covered expenses, eligibility and policy exclusions, contact provider.
Preferred Health Plan 1-800-242-4178 www.hthworldwide.com	Determined by and amount of coverage	No	\$100 deductible per injury or sickness	Medical expense benefit - Participant - \$500,000 : dependent - \$50,000 \$ 10,000 –participant, \$ 5,000-spouse, \$1,000- per child. accidental death & dismemberment benefit.	For premium refunds, covered expenses, eligibility and policy exclusions, contact provider.

FLEXIBLE REIMBURSEMENT ACCOUNTS (Pre-Tax)					
PROVIDER / PLAN	DESCRIPTION	PREMIUM	ELIGIBILITY	ENROLLMENT	CONTACT
Medical Account	<p>Lets you pay for eligible medical expenses on a pre-tax basis.</p> <p>You elect to put money into the account based on the amount you expect to spend on eligible medical expenses during the Plan Year (January – December).</p> <p>Cannot change or cancel account during the Plan Year unless a qualifying status change is experienced.</p> <p>You may contribute a minimum of \$60 up to a maximum of \$2,400 per plan year.</p> <p>Submit invoices to Division of State Group Insurance on claim forms available at Human Resources. Claim filing deadline is April 15 of following year.</p> <p>Certain expenses are not eligible for reimbursement. (<i>Check benefits guide</i>)</p> <p>Use it or lose it rule applies</p>	Varies per election	USPS, A&P, Faculty and their eligible dependents	<p>Complete:</p> <p>Reimbursement Accounts Enrollment / Change Form</p> <p>Enroll within first 60 days of employment</p>	<p>Division of State Group Insurance (DSGI)</p> <p>1-850-921-4604 SC 291-4604</p> <p>www.dsgi.state.fl.us</p>
Dependent Day Care Account	<p>Lets you pay for eligible dependent day care expenses on a pre-tax basis. Expenditures incurred for dependents older than 13 are not eligible.</p> <p>You may contribute a minimum of \$60 up to a maximum of \$5,000 per plan year. Conditions apply as above.</p>	Varies per election	USPS, A&P, Faculty and their eligible dependents	<p>Complete:</p> <p>Reimbursement Accounts Enrollment / Change Form</p> <p>Enroll within first 60 days of employment</p>	<p>DSGI</p> <p>1-850-921-4604 SC 291-4604</p>

RETIREMENT PLANS: Florida Retirement System (FRS) - USPS, Faculty, A&P Employees					
PROVIDER / PLAN	DESCRIPTION	PREMIUM	ELIGIBILITY	ENROLLMENT	CONTACT
Pension Plan Investment Plan	<p>The FRS is a non-contributory retirement plan. Two plans are available:</p> <p>Pension Plan: Monthly benefit is based on a formula using years of service, value per year, and final average compensation. Investment choices are made on your behalf. It provides a monthly payment for life. Normal retirement is age 62 with 6 years of service or 30 years of service. Enrollees are eligible for the Deferred Retirement Option Plan (DROP).</p> <p>Investment Plan: Benefits are based upon your investment choices. Your final account balance consists of investment gains/losses on employer contributions. You are vested after 1 year of service and you may choose to receive your account balance through a variety of options. You are not eligible for DROP.</p>	N/A	USPS, A&P, Faculty	USPS members are automatically enrolled on date of hire	Division of Retirement www.myfrs.com
RETIREMENT PLANS: Optional Retirement Program (ORP) – Faculty, A&P Employees					
ING MET LIFEINVESTORS TIAA-CREF AIG VALIC JEFFERSON NATINAL	<p>The ORP is a defined contribution pension plan. It provides full and immediate vesting of all contributions.</p> <p>The University contributes 10.42 percent toward your retirement each pay period. You may also contribute up to 10.42 % of salary in a variety of investment options.</p> <p>There is no age or length of service requirement to begin receiving annuity payments. Lifetime monthly annuity income at retirement is based on amount of funds contributed, investment earnings or losses of funds, and the type of annuity selected.</p>	As selected	Faculty, A&P	<p>Complete:</p> <ol style="list-style-type: none"> (ORP 16)Optional Retirement Program Enrollment form Salary Reduction Agreement Form Company Application <p>Enrollment must occur within first 90 days of employment or you are automatically enrolled in FRS.</p>	<p>Division of Retirement www.myfrs.com</p> <p>1-866-446-9377</p>

<u>COMPANY NAME</u>	<u>REPRESENTATIVE</u>	<u>TELEPHONE</u>
AIG/VALIC*** www.valic.com	Britt Deviney or Sandi Ballard	800-448-2542 or FAU ext 7-4848 800-892-5558-ext. 88222
Fidelity Investments www.fidelity.com	-----	800-345-5033
JEFFERSON NATIONAL***	Andrea Modica or John Presbitero	800-330+6115 or FAU ext. 7-3219
MetLife Resources*** www.metliferesources.com	Mary Bradford	800-763-2838
MetLife/Valic www.metliferesources.com	Gerald Greenberg	800-544-4116 ext. 89704
SafeCo/SunLife/Sunpass/ TransAmerica Life www.gaboragency.com	Andrea Modica or John Presbitero	800-330-6115 or FAU ext. 7-3219
TIAA/CREF*** www.tiaa-cref.org	Frank del Busto or Telephone Counseling Ctr.	877-267-4510 or 800-842-2776
T. Rowe Price Inc. www.troweprice.com	-----	800-638-1225

DEFERRED COMPENSATION (Section 457 of the Internal Revenue Code) - For information regarding the State Deferred Compensation program, please contact the State office of Deferred Compensation at 850-413-3162 or Suncom 293-3162 or toll free at 877-299-8002.

Jefferson National/INGA. Modica or J. Presbitero.....	FAU ext. 7-3219 or 800-330-115.....	aetnafinancial.com
Great West Life & Annuity Ins. Elizabeth Schmidt.....	800-360-2684 ext. 110.....	benefitscorp.com
MetLife Resources Mary Bradford	800-763-2838.....	fl-susshine.com
NationWide Retirement Solutions	800-432-5245.....	nrsforu.com
T. Rowe Price	888-457-5770.....	rps.troweprice.com
AIG/VALIC Britt Deviney/Sandi Ballard.....	888-568-542.....	fldefcomp.valic.com
Washington Mutual Bank	800-949-4457.....	nationaldeferred.com

PROVIDER / PLAN	DESCRIPTION	PREMIUM	ELIGIBILITY	ENROLLMENT	CONTACT
U.S. SAVINGS BONDS – POST TAX	Savings Bonds may be purchased through payroll deduction. They are purchased for 50% of the face value of the bond. They offer competitive, market-based rates, and freedom from state and local income taxes.	Variable, depending on the amount of the bond	USPS, A&P, Faculty	Complete: U.S. Savings Bond Payroll Authorization Form May enroll at any time	(813)936-9000
EMPLOYEE ASSISTANCE PROGRAM (EAP)					
COUNSELING SERVICES INSTITUTE	Provides employees and their families with free, short-term counseling for personal or work related issues. Total confidentiality and anonymity is provided to those who call the EAP for consultation. A licensed counselor is available 24 hours a day.	N/A	USPS, A&P, Faculty	N/A	Counseling Services Institute 1-800-492-0253
Employee Educational Scholarship Program (EESP)					
EESP	Full time employees in a position for at least six months may enroll in up to six credits per semester. Employees who do not earn the required grade or fail to complete classes from which they do not drop or withdraw within the regular drop/add period will be responsible for fees.	N/A	USPS, A&P, Faculty. Must be employed for at least six months. Employees assigned to acting/temporary/visiting/OPS positions are not eligible.	Enrollment forms are available on our website http://www.fau.edu/admin/fiscal/personnel/	Personnel Services 561-297-3071/3073/2061

Spouse Program

Employees with spouses who work for any state Government agency (including FAU) are eligible to enroll in the health insurance spouse program. This program combines the state's matching portion of each member's insurance premium. This, in turn, has the effect of providing health insurance at no cost to these employees, provided both employees are appointed full-time and are in benefits-eligible positions. Should one spouse terminate employment with the State of Florida, the remaining employee must visit the Office of Benefits & Retirement to have health coverage converted or dropped.

Supplemental Plans

Supplemental plans are offered to provide coverage for dental expenses and additional coverage for charges and deductibles related to hospitalization, intensive care, cancer, and short-term disability due to an accident or sickness. Please refer to the summary and company brochures for details. All premiums are deducted on a pre-tax basis; this pre-tax benefit cannot be waived.

Flexible Benefits – Medical Reimbursement and Dependent Daycare Reimbursement

A *medical reimbursement* account is a way to set aside pre-tax dollars through payroll deduction to pay for certain eligible out-of-pocket medical expenses not covered by insurance. You can request reimbursement as soon as you incur the expense. A *dependent daycare reimbursement* account is an advantage for those who need to provide day

care for a dependent (or dependents). This type of account is payroll deducted on a pre-tax basis and is available for reimbursement as soon as enough money has accumulated to cover the expenses.

Funds in these accounts must be used each year. Any funds not used will be lost.

Pre-tax Premiums

Pre-tax means your insurance premiums are deducted before Federal Income Tax and FICA (Social Security) taxes have been calculated. As a result, you save money because you do not have to pay taxes on the portion of your salary used for insurance premiums. Pre-tax also means that changes in any pre-tax program may be made only during Open Enrollment or within 31 days following a qualifying status event. The pre-tax option for health insurance and group term life insurance may be waived. Waivers must be renewed each year.

For detail about pre-tax premiums, the medical reimbursement account, or the dependent daycare reimbursement account, please refer to the State of Florida Employees' Benefits Handbook.

Qualifying Status Events

Qualifying status events include changes in family or employment status such as marriage or divorce; birth, adoption, or legal guardianship; death of spouse or dependent; change from full- to part-time employment; change in spouse's employment status; un

paid leave of absence of over 31 days for employee or spouse; or change in dependent's eligibility. In addition, upon your eligibility for Medicare or at age 70 some supplemental insurance coverages stop. Please see the specific supplemental insurance brochure for details.

Changes must be made no later than 31 days after the date of the event.

Most changes will be effective no sooner than the first day of the month following the requested change. For the exact date, please inquire with the benefits counselor assisting you with the change.

Open Enrollment

If you choose to enroll in the benefits plans available to you, you must do so within 60 days of your date of employment. Changes in your insurance package also may be made during the Open Enrollment period of after a qualifying status event. The Open Enrollment period, if applicable, may vary by insurance.

Monthly Premiums

Full-time Active Employees:

Individual coverage -	\$48.68
Family coverage -	\$175.14

Cobra:

Individual coverage -	\$344.11
Family coverage -	\$780.75

Retirees:

Individual coverage -	\$337.38
Family coverage - (not Medicare eligible)	\$765.44

Medicare I -	\$179.42
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Single coverage for retiree or surviving spouse **only** who is eligible for Medicare.

Medicare II -	\$516.78
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Family coverage for retiree or surviving spouse and one or more eligible dependents where at least one but not all insured family members are eligible for Medicare.

Medicare III -	\$358.84
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Family coverage for retiree and spouse **only**, both are eligible for Medicare.

Prescription Drug Program

Participants of the State of Florida Group Health Self-Insurance Plan are covered under a comprehensive Prescription Drug Program. The program has two components: a network-based retail card program and a mail order pharmacy program primarily for maintenance drugs. HMO participants have access to a network-based retail program, but HMO's do not have a mail-order pharmacy program. The same co-payments apply to retail purchases of drugs under both the State Employees' PPO and HMO's.

Retail drug co-payments are \$10 for generic drugs, \$25 for preferred brand name, and \$40 for non-preferred brand name drugs. Preferred brand name drugs are those brand name medications that appear on the preferred drug list supplied by either Caremark as the Pharmacy Benefits Administrator of the PPO plan or by the various HMO's. Non-preferred brand name drugs are those brand name medications that do not appear on any of the preferred drug lists.

Each HMO and Caremark establishes their own preferred drug lists independently of the other.

Co-payments for the State Employees' PPO Plan mail order program are \$20.00 for generic drugs, \$50.00 for preferred brand name drugs, and \$80.00 for non-preferred brand name drugs. Thirty-day supplies of drugs may be obtained at retail pharmacies, and 90-day supplies may be obtained through the mail order program.

If the enrollee requests a brand name drug when a generic is available, the enrollee must pay the cost difference between the generic equivalent and the submitted charge of the brand name drug, plus the \$25 or \$40 preferred or non-preferred brand name co-payment.

Covered Drugs:

- Federal legend drugs
- State restricted drugs
- Over the counter medication
- Insulin
- Compounded medications

Other covered Items:

- Contraceptives (prescription only)
- Insulin needles and syringes
- Dentures
- Ambulance service
- Eye exams, eyeglasses, contact lenses
- FDA approved glucose strips and tablets

Exclusions:

- Retin-A for cosmetic purposes
- Anti-obesity drugs
- Devices or appliances
- Non-federal legend drugs
- Investigational or experimental drugs
- Nicorette and similar drugs to deter smoking
- Immunization agents

In 1978 the Florida Legislature authorized the provision of health insurance coverage to employees through a “self-insured” group plan. A self-insured plan is one whereby the claims the plan pays each year on behalf of the members determine the amount of premiums that are necessary to keep the plan financially sound.

Blue Cross/Blue Shield of Florida is the servicing agent for the State of Florida Employees’ Group Health Self-Insurance Plan. Its responsibilities include health claims processing, customer service, utilization review, and providing a preferred patient care organization (PPC) for enrollees.

PPC providers have agreed to charge no more than a negotiated, pre-set allowance for all covered services. That allowance is generally lower than the provider’s normal charge, and the provider cannot bill you more than that amount. With a non-PPC provider, you are subject to higher basic charges plus the difference between what that plan will pay the provider and what the provider charges. It’s to your advantage to use PPC providers. A copy of the PPC Provider Directory for your area can be reviewed in the Office of Benefits & Retirement.

Pre-existing Conditions: A six-month pre-existing condition provision applies for new members. This means that if a member has received diagnostic treatment/service for any accident/illness within six months prior to the effective date of coverage, any services related to such accident/illness received after

the effective date of coverage would be excluded for one year after the effective date of coverage. The pre-existing condition does not apply if you are transferring from a state-contracted HMO to the self-insured plan. This provision can be waived with proof of prior insurance coverage.

Deductibles: There is a deductible of \$250 per calendar year (\$750 non-network). Family per calendar year deductible is \$500 (\$1,500 non-network). Note: Physician’s office visits are not subject to the calendar-year deductible.

Health Screening: Each calendar year, employees who are members of the state self-insured plan (BCBS) are eligible for a maximum benefit of \$100 toward the cost of health screening examination services.

Definitions:

Approved Fee Schedule: List of the maximum payment allowed for medical, surgical, and obstetrical procedures rendered by non-preferred providers.

Eligible Dependents: Your spouse; your unmarried children; children placed in your home for the purpose of adoption in accordance with Chapter 63, F.S.; step-children whom you can claim as an exemption on your Federal Income Tax return; or any children for whom you have established legal guardianship pursuant to Chapter 744, F.S.; foster children, or any other unmarried children for whom you have been granted court ordered temporary or other custody.

All such children must be unmarried and under age 19. If between age 19 and the end of the calendar year in which a child turns age 25, the child must be unmarried and meet the following criteria to be eligible: dependent on you for financial support **and either** lives with you **or** is a full-or part-time student. Eligibility also may be extended, upon approval by the plan, beyond the limiting age for children who are mentally or physically handicapped. Newborn children of an eligible child are eligible for coverage for 18 months after birth.

Non-Preferred Providers: Physician, hospital, or other covered providers who provide services to members but are not under the preferred provider fee schedule.

Preferred Provider Fee Schedule: List of allowances for services by preferred providers.

Preferred Provider: Physician, hospital, or other covered provider with an agreement to provide services at set fees.

Usual, Customary, Reasonable Charge: Schedule of fees for covered services in a geographical area based upon normal amount charged, range of fees in the area for the same services, and any unusual circumstances.

HMO Benefits At-A-Glance

This chart is a comparative overview of HMO benefits. It is not a complete summary. Benefits are subject to certain definitions, conditions, limitations, and exclusions, as spelled out in the respective plan documents.

Covered Service	Unit Co-Payments	
Hospital Services		
Inpatient hospital charge	Per admission or per diem.....	\$ 250.00
Outpatient facility charge	Per surgical procedure.....	\$ -0
Surgeon's charge	Per surgical procedure.....	\$ -0
Emergency Services		
At hospital in service area	Per occurrence (waived if admitted).....	\$ 50.00
At hospital outside service area	Per occurrence.....	\$ 50.00
Ambulatory Surgical Center Services and Other Licensed Outpatient Medical Treatment Facilities		
Facility charge	Per admission.....	\$ -0
Surgeon's charge	Per surgical procedure.....	\$ -0
Medical Services		
Ambulance services	Per trip.....	\$ -0
Diagnostic procedures, lab test, X-ray exams, or mammograms	Per occurrence.....	\$ -0
Durable medical equipment	Per device.....	\$ \$0.00
Home health care	Per occurrence.....	\$ \$0.00
Physician office visit	Per visit Primary.....	\$ \$15.00
	Per visit Specialist.....	\$ \$25.00
Prosthetic or orthotic devices	Per device.....	\$ \$0.00
Radiation therapy	Per treatment.....	\$ \$0.00
Rehabilitative services	Per visit.....	\$ \$25.00
Skilled nursing facility services	Per confinement.....	\$ \$0.00
Alcoholism and Substance Abuse Treatment		
Inpatient services in a hospital or residential treatment facility	Per admission or per diem.....	\$ 250.00
Mental and Nervous Disorders Treatment		
Outpatient services of mental health provider	Per visit.....	\$ 25.00
Inpatient services in a hospital or psychiatric treatment facility	Per admission or per diem.....	\$ 250.00
Prescription Drug Benefit- Co-payment for prescription drug filled or refilled at a participating pharmacy		
	30 day supply Generic.....	\$ 10.00
	Preferred Brand.....	\$ 25.00
	Non-preferred Brand.....	\$ 40.00
Enhanced Benefit		
Oral contraceptives and supplies, including the insertion and removal of an IUD or diaphragm, contraceptive implants, and contraceptive injections	30 day supply or office visit Prescription drug or office visit co-payment	

PPO Plan Benefits At-A-Glance

This chart is an overview and not a complete summary of benefits. Benefits are subject to certain definitions, conditions, limitations, and exclusions as stated in the State Employees' PPO Plan Booklet and Benefit Document.

Health Plan Benefit Using Network Providers You Pay: Using Non-Network Providers You Pay:

Alcohol/Drug Treatment, Inpatient \$250 per admission plus 20% \$500 per admission plus 40% of allowance plus room (Facility Charge)**** of Network allowed amount; charges above \$190 per day; 31 day max. per year*** 31 day maximum per year
Alcohol/Drug Treatment, 20% of Network allowed amount 40% of allowance ** Outpatient Services*

Ambulance Services	Nothing within specific limitations.	Nothing within specific limitations. Service must be medically necessary to transport: (1) from hospital unable to provide care to nearest hospital that can provide proper care, (2) from hospital to home or skilled nursing facility, or (3) from place of emergency to nearest hospital that can provide proper care.
Anesthesia* (professional services)	20% of Network allowed amount	40% of allowance**
Appliance Rental/Purchase*	20% of Network allowed amount	40% of allowance**
Emergency Room*	\$50 (waived if admitted)	40% of allowance**
Hospital, Inpatient (Facility Charge)	\$250 per admission plus 20% of Network allowed amount	\$500 per admission plus 40% of allowance plus room and board charges above \$190 per day
Hospital, Outpatient*	20% of Network allowed amount	40% of allowance**
Hospital, Physician Visits*	20% of Network allowed amount	40% of allowance**
Maternity, Physician Charge*	20% of Network allowed amount	40% of allowance**
Mental Health, Inpatient (Facility Charge)***	\$250 per admission plus 20% of Network allowed amount; 31 day maximum per year	\$500 per admission plus 40% of allowance plus room and board charges above \$190 per day; 31 day maximum per year**
Mental Health, Outpatient Services*	20% of Network allowed amount	40% of allowance**
Office Visits	\$15 Primary Care Physicians \$25, Specialists	40% of allowance**
Physical/Respiratory/Radiation Therapy*	20% of Network allowed amount	40% of allowance**
Skilled Nursing Facility*	30% of Network allowed amount plus room and board charges above \$95 per day	30% of allowance plus room and board charges above \$95 per day
Surgery, Inpatient/Outpatient*	20% of Network allowed amount	40% of allowance**
Well Child Care/Immunizations	20% of Network allowed amount	40% of allowance**
X-ray, Lab, Diagnostic Tests*	20% of Network allowed amount	40% of allowance**
Calendar Year Co-Insurance Maximum	\$2,500 per person; \$5,000 per family	\$2,500 per person; \$5,000 per family

Subject to the plan calendar year deductible (Individual: **\$250** network or **\$750** non-network, Family: **\$500** network or **\$1,500** non-network).

** Inpatient Facility: Alcohol/drug or Mental health - 31 days per calendar year for one or more conditions. NOTE: Network providers may not always be available, particularly with respect to Radiologists, Anesthesiologists, Pathologists, and Emergency Room physicians. There may be non-network providers delivering services within network-affiliated facilities, such as a non-network anesthesiologist within a network-affiliated hospital.