UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE



2022 Non-Clinical Faculty Benefits Guide

Welcome to the **University of** Florida's **College** of Medicine Jacksonville!

This guide has been designed to assist our Non-Clinical Faculty with understanding the rich benefit program that the University of Florida, State of Florida and College of Medicine has to offer.

Non-Clinical Faculty are eligible to participate in the benefit programs offered by both the State of Florida and the University of Florida.

Enrollment in insurance programs is <u>not</u> automatic You must enroll within 60 days of your hire date to be covered

UF College of Medicine - Jacksonville UNIVERSITY of FLORIDA

2022 Employee Benefits Overview- Non Clinical Faculty

	Benefit	Provider/Coverage	Effective Date	Who Pays Premiums	Enrollment (within 60 days of hire)	Page #
	State of Florida Health Insurance	PPO (Florida Blue) OR HMO (depends on county)	1st of month following enrollment	Employee	People First	<u>Pg. 5</u>
	Basic-Term Life Insurance	Securian Financial \$25,000 (0.75-1.0 FTE)	Date of Hire	UF	Automatically Enrolled	<u>Pg. 6</u>
	Disability Insurance	The Standard 60% of monthly salary-max of \$15,000 (0.75-1.0 FTE)	Date of Hire	UF COM	Automatically Enrolled	<u>Pg. 6</u>
	Optional Term Life Insurance	Benefit amounts between 1 & 7 times base annual earnings. Max of \$1,000	1st of month following enrollment	Employee	People First	<u>Pg. 7</u>
s rs	Dental	<u>Eagles Dental</u> OR	Date of Hire	Employee	UF Select	<u>Pg. 15</u>
		State Plans: Cigna, MetLife, Ameritas, Sun Life & Humana	1st of month following enrollment	Employee	People First (State Plans)	<u>Pg. 8</u>
	Vision	<u>Humana</u> OR	Date of Hire	Employee	UFSelect <i>OR</i>	<u>Pg. 16</u>
		<u>Humana</u>	1st of month following enrollment	Employee	People First (State Plan)	<u>Pg. 9</u>
	Legal Plan	Preferred Legal	Date of Hire	Employee	UFSelect	<u>Pg. 17</u>
	Supplemental Plans Accident, Cancer, Disability, Hospitalization & Hospital Intensive Care Plans	Aflac, Signa, Colonial Life & New Era	1st of month following enrollment	Employee	People First (State Plans)	<u>Pg. 11</u>
	Savings & Spending Accounts	Chard Snyder-Flexible Spending Accounts, Health Savings Account & Health Reimbursement Account	1st of month following enrollment	Employee	People First (State Plans)	<u>Pg. 12</u>

<u>NOTE:</u> If you have a qualifying status change (QSC) such as birth/adoption of a child, marriage, divorce, etc., please contact COM-J Benefits at **ufcomjaxbenefits@jax.ufl.edu** for assistance in changing your benefits.

Retirement Options- Basic Science Faculty

	Program	Effective Date	UF Contributions	Employee Contributions	Page #
clinical faculty required to cipate in the ORP.	403(b) State University Plan (ORP)	Date of Hire Automatic Enrollment	5.14% (of bi-weekly earnings)	3% (up to 5.14% Voluntary)	<u>Pg. 19</u>
	457 Deferred Compensation & <u>403(b) Plans</u>	Upon Enrollment (begin/end anyytime during the year)	NONE	Voluntary Employee Contributions (pre-tax)	<u>Pg. 20</u>

Optional Employee Contributions-max for 2022: Under 50 years old- up to \$20,500 (Pre-or Post-Tax) 50+ years old- up to \$27,000 (Pre- or Post-Tax)

*UF Select benefits are available to employees 20 hours per week or more (.50) FTE

STATE OF FLORIDA BENEFITS

et's learn more about your State of Florida Benefit Options!

These options will be enrolled through the People First portal.

Now let's get started with State of Florida Benefits offered to you!

	STANDARD PLANS		
	PPO	HMOS	
Choice of Providers	In or Out of Network	Network only	
Open a Health Savings Account (HSA)	No	No	
Have a Reimbursement Account	Yes – Active Employees Health (FSA)	care Flexible Spending	No limit odits as earned
Annual Deductible	Lower	None	
How You Pay for Most Medical Care	NETWORK: set copayments or percentage of network allowed amount after deductible NON-NETWORK: percentage of non-network allowance after deductible and any balance up to charges	Set copayments	you are an active in a State Group Plan. • Employer contribution pretax tion e contributions
Preventive Care	Certain routine, preventive se and immunizations covered a	• \$550 m 100%	hax rollover ake with you when
Annual Out-of-Pocket Maximum	Lower	Lower you le	employment

High Deductible PPO & HMO Plans

High Deductible PPO

- Higher deductible (in network: \$1,400 per person, \$2,800 per family).
- You meet the deductible, and then pay coinsurance for services you receive.
- Lower monthly contributions (payroll deductions) for coverage.
- Health Savings Account (HSA) with contributions from the state plus Limited Purpose FSA for dental and vision.
- Coinsurance only.

High Deductible HMO

- Higher deductible (in network: \$1,400 per person, \$2,800 per family).
- You meet the deductible, and then pay coinsurance for services you receive.
- Lower monthly contributions (payroll deductions) for coverage.
- Health Savings Account (HSA) and Limited Purpose FSA for dental and

vision.

Standard PPO & HMO Plans

Standard PPO

- Lower deductible (in-network: \$250 per person, \$500 per family).
- Higher contributions (payroll deductions) for coverage.
- Healthcare FSA.
- Co-payments and coinsurance.

Standard HMO

- No deductible.
- You pay a co-payment when you receive care from network providers
- Higher contributions for coverage.
- Healthcare FSA.

Н	IGH DEDUCTIBLE HEALTH PL/ PP0	N HMOS	
Choice of Providers	In or Out of Network	Network only	
Open a Health Savings Account (HSA)	Yes – Active Employees	Yes – Active Em	nployees
Have a Reimbursement Account	Yes – Active Employees Limited Purpose Medical Reir	nbursement Acco	ount
Annual Deductible	Higher	Higher	
How You Pay for Most Medical Care	Percentage of cost after dedu You must meet the deductibl \$2,800 for family) before any preventive care services are c	e (\$1,400 for indi hing, but certain	
Preventive Care	Certain routine, preventive se immunizations covered at 10)%	
Annual Out-of-Pocket Maximum	Higher	nigher •	SA: Personal pretax contribution
Annual Out-of-Pocket Maximum	immunizations covered at 10	1% Higher H	SA: Personal pretax contribution State contributions • Rolls over every year • Can take it when you lear state employment

State of Florida Health premiums are <u>paid by you</u> the employee for both you and your dependents

For more information: https://www.mybenefits.myflorida.com/health/health_insurance_plans

Basic-Term Life & Long-Term Disability Insurance

Employer Paid Insurances (automatic enrollment)

Coverage Information:

Basic-Term LIFE

A free, basic group term life insurance benefit of \$25,000 is available to all salaried (SES/SMS and Career Service) full-time employees.

Eligible Part-time employees pay prorated premiums based on their FTE. OPS employees pay the full premium.

Long-Term Disability

Coverage Information:

60% of your basic monthly earnings (tax-free) up to a maximum of \$15,000 per month. Effective first day of employment.

180 day elimination period. This is a specialty own occupation policy.

You also have the option to purchase additional disability insurance for you through the UFSelect Plan. There are 30 day and 90 day plans to choose from.

Basic-term life insurance is through the State of Florida with Securian Financial

Long-Term Disability benefit is paid by COM-JAX through The Standard.



Christine D'Angelo 813.878.0283 Christine.Dangelo@standard.com

State of Florida Optional Term Life Insurance

This enrollment is not automatic

Coverage Information:

Salaried employees enrolled in basic life insurance coverage can also elect additional term life insurance.

Benefit amounts between 1 and 7 times base annual earnings, up to a maximum of \$1,000,000 are available. Medical underwriting may be required.

Your optional life insurance premium will increase the month before (for coverage for the month of) your birthday when you change age bands. Your optional life insurance premium will change as the result of a change in annual salary on the effective date of the change in salary.

Employees pay optional life insurance coverage premiums on a post-tax basis.

Once enrolling in benefits, the process of enrolling in life insurance is managed by People First



Optional Term

Life

As a new hire, you will need to designate beneficiaries for your life insurance coverage

State of FL Dental Insurance

As an employee of the University of Florida, you are eligible for the Eagles Select dental reimbursement plan. As an additional option, you are also eligible for dental insurance plans through the State of Florida. The State has many dental plans to choose from including several PPO options and Prepaid plans.

			Monthly Premiums			
Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan ✓ Pays benefits only when you use network providers. ✓ No deductible or annual maximum	4034	<u>CIGNA Prepaid Denta</u> l	\$24.01	\$47-31	\$56.41	\$72.06
 Most preventive care at no charge You pay a fixed copayment for dental procedures listed on the copayment schedule. Orthodontia: Covered for adults and children. 	4025	Sun Life Prepaid Dental	\$14.93	\$25.17	\$33.26	\$43-54
Orthodontua: Covered for adults and children.	4044	Humana HD205 Prepaid Dental	\$12.64	\$21.20	\$23.00	\$32.98
PPO Dental Plan	4023	Ameritas Preventive	\$26.16	\$49.46	\$52.94	\$77.58
 ✓ Receive care from any dentist ✓ Your cost is lower when you use network dentists ✓ You generally have an annual deductible to meet before the 	4033	Metlife Preventive	\$23.88	\$44.18	\$49.36	\$71.66
 plan starts paying benefits, and then you pay part of the cost for the services you receive. ✓ Orthodontia: Covered for adults and children (excluding Preventive PPO). 	4022	Ameritas Standard	\$36.06	\$67.60	\$75.64	\$110.16
Preventive PPO).	4032	Metlife Standard	\$34.86	\$64.50	\$72.06	\$104.64
Indemnity with PPO Dental Plan		Ameritas Indemnity	\$43.46	\$80.60	\$91.78	\$132.54
 Receive care from any dentist Your cost is lower when you use network dentists You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a 	4031	<u>Metlife Indemnity</u>	\$49.44	\$91.48	\$102.20	\$148.38
 percentage of the cost for the care you receive. ✓ Orthodontia: Child only orthodontia covered by Sun Life. 	4074	Sun Life Indemnity PPO	\$43-55	\$83.61	\$98.83	\$130.35
Indemnity Dental Plan ✓ Receive care from any dentist ✓ You have a deductible to meet and then pay part of the cost for the services you receive.	4084	Humana Schedule B	\$14.74	\$21.96	\$23.30	\$37.10

Please check with your primary Dental Provider to see what plan is right for you!

For more information: https://www.mybenefits.myflorida.com/health/dental_insurance_plans

State of FL Vision Insurance

Exam and Materials (Plan 3004)						
	Monthly Member Rates					
Employee Only \$6.96						
Employee + Spouse	\$13.74					
Employee + Children	\$13.60)				
Family	\$21.36	;				
	Frequency (based on the date of service)					
Exam Every	12 mont	hs				
Lenses Every	12 month	1S ¹				
Frames Every	24 mont	hs				
	Co-payments					
Exam	\$10.00)				
Lenses and/or Frames	\$10.00)				
Benefits						
	Network	Out-of-Network				
Eye Exam	100% after co-pay	\$40 allowance				
Lenses ¹						
Single	100% after co-pay	\$40 allowance				
Bifocal	100% after co-pay	\$60 allowance				
Trifocal	100% after co-pay	\$80 allowance				
Frames	\$75 wholesale	\$60 retail				
Contact Lenses ²						
Elective ³	\$150 allowance	\$75 allowance				
Medically Necessary ⁴	100%	\$100 allowance				
Lasik	We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. Participants receive a 25 percent discount off the usual and customary price or a five percent off advertised promotions or specials for LASIK services provided by in-network providers, whichever discount is greater. The discount includes consultations, laser procedure, follow-up visits and any additional necessary corrective procedures.					
Calendar Year Deductible	None, after plan c	o-payments				
Calendar Year Maximum Benefit	Up to plan limits					
Lifetime Maximum Benefit	Unlimited					
Waiting Periods	None					

Call the Customer Care center seven days a week at 1-800-939-5369,
 7:30 a.m. – 11 p.m. Eastern time, Monday – Saturday,
 and 11 a.m. – 8 p.m. Sunday, Eastern time



- View benefits, check eligibility and use other automated services at **HumanaVisionCare.com/custom/fl**
- Locate providers through HumanaVisionCare.com/custom/fl, Customer Care
 or our automated information line

UF Select Legal Services

Preferred Legal Plan

A New Wave of Legal Representation™

What is it?

This locally-based plan is attorney owned and operated and offers comprehensive legal assistance, advice and formal representation on all types of legal services. Coverage includes spouse, domestic partner, dependents and anyone living in the household. Plan services are unlimited and available 24/7. Members have access to local in-network lawyers when formal representation is needed. Employment-related subjects are not covered.

Schedule of Benefits include:

- Divorce
- Child Support, Custody and Visitation
- Traffic Tickets/Suspended Licenses/DUI
- Credit Repair
- Loan Modifications/Foreclosures
- Bankruptcy
- Wills/Powers of Attorney/Living Wills/Revocable Living Trusts
- Identity Theft Services
- Buying or Selling a Home
- IRS Issues
- Landlord-Tenant Disputes
- Probate
- Garnishments
- Civil Litigation/Small Claims
- HOA/Condo Disputes
- Immigration
- Personal Injury
- Criminal Defense
- Domestic Violence
- Car Accidents
- and much more...

Member Benefits include:

- FREE unlimited legal advice via phone consultation
- FREE review of legal documents (real estate contracts, lease agreements, court papers, etc.)
- FREE letters and phone calls on your behalf to third parties to resolve disputes
- FREE credit repair and settling of accounts in collection
- FREE identity theft protection and restoration
- FREE loan modification assistance and foreclosure defense
- FREE face-to-face initial consultations with local attorneys
- FREE wills for member and spouse or domestic partner (powers of attorney and living wills also available)
- FREE legal forms available through Form Library (i.e., bills of sale, court forms, promissory notes, contracts, affidavits, etc.)
- FREE notary services
- 40% to 70% reduced legal fees for panel attorney representation

- Comprehensive legal coverage (including all divorce, child support and custody issues)
- 24 hours a day, 7 days a week access
- All pre-existing issues are covered
- Spouse (or domestic partner), dependent children and entire household covered
- Unlimited, immediate use of membership
- All communications strictly confidential
- Florida-based plan. Out-of-state assistance available

Whom do I contact?

Preferred Legal Plan at 1-888-577-3476 or visit www.preferredlegal.com.

Preferred Legal Rates			
16 Deductions*	24 Deductions*		
\$7.46	\$4.98		

* On the rate chart above, the 16 Deductions column refers to 9–& 10–month employees. The 24 Deductions column refers to 12– month employees.

State of FL Supplemental Plans

UNIVERSITY OF FLORIDA

OTHER SUPPLEMENTAL PLANS COMPARISON

The following are employee-pay-all supplemental (voluntary) plans offered by the state and the University of Florida. These plans can provide income protection for instances such as accidents, short or long term disability, and/or hospitalization.

PLAN	TYPE OF BENEFIT	OFFERED THROUGH
Accident	 Helps you pay the following types of expenses when injured during a covered accident: Expensive medical treatment for broken bones and dislocations, or physical therapy. Crutches, wheelchairs or other medical aids you may need as a result of your accident. Copays and deductibles. 	Colonial Insurance Company (888) 756-6701
Cancer	 Depending on the plan you choose, supplemental benefits for: Cancer diagnosis and treatment, including certain screening tests Procedures and treatments you may require to care for your cancer. 	Colonial Insurance Company (888) 756-6701
Disability	 Helps supplement your income during short-term disability to help you pay the following expenses: Mortgage or rent payments Utility bills and other household expenses Food, clothing and other necessities Copayments Health costs not covered under other plans Travel and lodging expenses for treatment 	Colonial Insurance Company (888) 756-6701
Hospitalization	Daily cash payments when you are hospitalized	Cigna Health and Life Insurance Company (CHLIC), through Capital Insurance Agency (800) 780-3100 New Era (800) 277-2300
Hospital Intensive Care	Daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit.	Aflac (through Capital Insurance Agency) (800) 780-3100 Colonial Insurance Company (888) 756-6701

All pricing is specific to the individual employee please reach out to the vendor for pricing.

For more information: https://www.mybenefits.myflorida.com/health/other_supplemental_plans

State of FL

Flexible Spending Accounts

2022 Savings and Spending Accounts Comparison Chart

Flex	ible Spending Accounts (FSA)	Health Savings	Health	
Healthcare FSA	Limited Purpose FSA	Dependent Care FSA	Account (HSA)	Reimbursement Account (HRA) and Post-Deductible HRA	
		How it Works			
You contribute pretax money into the account through payroll deductions to pay for eligible medical, dental and vision expenses, prescriptions, over- the-counter medications and menstrual hygiene products. • Use the Benefit Card to pay for eligible services and items; • Pay your provider directly from your account online; or • Pay out of pocket for eligible medical expenses, then submit claims to be reimbursed.	 You contribute pretax money into the account through payroll deductions to pay for eligible dental and vision expenses. If you are enrolled in a High Deductible Health Plan (HDHP), you can choose a Limited Purpose FSA. You cannot choose a Healthcare FSA if you are enrolled in an HDHP and eligible for the HSA. Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for certain eligible expenses, then submit claims to be reimbursed. 	You contribute pretax money into the account through payroll deductions. You get reimbursed for eligible services (not healthcare related) to care for children 12 years and younger or a dependent age 13 and older who live with you at least 8 hours a day and who need supervised care, such as an elderly parent or spouse with a disability. Use funds to care for your natural, adopted and foster children 12 years and younger and for family members who cannot physically or mentally care for themselves while you are working or going to school. • Use the Benefit Card to pay for eligible dependent care services; • Pay your provider directly from you account online; or • Pay out of pocket for eligible dependent care expenses, then submit claims to be reimbursed.	The State contributes pretax money to your personal bank account each month for you to pay for eligible health expenses and save for future costs. You may also deposit pretax money into the account. Enroll in an HDHP online in People First, which automatically opens your HSA Advantage [™] account. • The State contributes \$41.66/month for single coverage (up to \$500/yr) and \$83.33/month for family coverage (up to \$1,000/yr). • Pay for eligible expenses from this savings account at time of service or purchase; • Pay your provider directly from your account online; or • Pay out of pocket for eligible expenses, then reimburse yourself from the account. Employees can contribute to their HSA at age 65 as long as they are an eligible individual and have not enrolled in Medicare Parts A, B, or D. In addition, the employee is required to obtain a letter from Medicare that shows they have deferred enrollment and provide that letter to the People First Service Center. Once enrolled in Medicare, they can no longer continue making contributions to their HSA account.	 Shared Savings Program reward are credited to your account as they are earned. HRA money is used to pay for eligible medical dental and vision expenses, prescriptions, over-the-counter medications and menstrual hygiene products. Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for eligible expenses, then submit claim to be reimbursed. The Post-Deductible HRA work the same way except funds are not available for use until you have met the federal health pla deductible. Single deductible is \$1,400 and Family deductible is \$2,800. 	

Flex	Flexible Spending Accounts (FSA)			Health Reimbursement				
Healthcare FSA	Limited Purpose FSA	Dependent Care FSA	Account (HSA)	Account (HRA) and Post-Deductible HRA				
	Employee Contribution Limit							
Yes. \$60 minimum/year. \$2,750 maximum/year	Yes. \$60 minimum/year. \$2,750 maximum/year.	Yes. \$60 minimum/year. \$5,000 maximum/year/ household.	Yes. No minimum contribution. \$3,650/year for single coverage \$7,300/year for family coverage (Limits include the state's contribution.) Employees ages 55+ may make catch-up contributions of an additional \$1,000/year.	Employer funded, through rewards earned by utilizing the Shared Savings Program.				

How to Enroll in State of Florida Benefits

(1) Iog on: https://peoplefirst.myflorida.com People First ID (mailed by People First) and Password (first Log On PfMMDDYY – Example: Date of Birth is August 15, 1967; initial log on Pf081567)	(2) Employee Landing Page – Choose Benefits Now (Inbox)	3 Click New Hire – Save and Continue
Contract of the second se	S Choose Plans – click the (+) to add plans- use the drop down arrow to choose the new election. – Save	6 Dependent Summary - Review this screen to ensure your dependents are enrolled in the correct plans Save and Continue.
Image: Continue	Image: State of the state	Image: Second

People First Service Center:

1-866-663-4735 Monday through Friday, 8 a.m. to 6 p.m. E.T.

For complete guide information: https://www.dms.myflorida.com/content/download/140728/907771f

UNIVERSITY FLORDA BENEFITS

As part of Clinical Faculty you are offered both University of Florida & State of Florida benefits.

Now it's up for your to decide!

Let's start with the University of Florida Benefits!



Eagles Dental



Eagles Direct Reimbursement Dental

Your dental plan is based on a calendar year. That means your benefits run from January 1 to December 31 each year.

Eagles Direct Reimbursement dental plan pays by a dollar tier:

- 100% of preventive (2 visits per year)
- 75% of sealants
- \$50 annual deductible per person
- 50% of the remaining claims
- \$1,500 per person annual maximum*

*This plan includes lifetime benefits for orthodontics of \$1,500. Orthodontics is <u>not</u> a separate benefit and is included in the annual maximum.

- There are no networks. You may go to the dentist of your choice.
- The only exclusions are implants and cosmetic dentistry such as teeth bleaching.
- Eagles will pay assignment to the dentist or reimburse you directly.

Claims should be submitted to the following:

Eagles, Benefits By Design, Inc. 2336 SE Ocean Blvd., Ste. 301 Stuart, FL 34996

Claims Fax Number: 1-772-334-7059

Claim forms available here: **www.eaglesbenefits.com.** Claim forms are generally provided and filed by the provider at the time of service.

For assistance with questions regarding plan coverage or claims, please call (800) 726-5603

Your Rates Per Pay Period

2022 Eagles Rates*						
Coverage Level	16 Deductions*	24 Deductions*				
Employee Only	\$ 30.50	\$ 20.30				
Employee & Spouse / Domestic Partner	\$ 61.00	\$ 40.50				
Employee & Child(ren)	\$ 91.50	\$ 61.00				
Employee & Family	\$120.00	\$ 80.00				

* On the rate chart above, the 16 deductions column refers to 9– & 10–month employees. The 24 deductions column refers to 12 month employees.

UF Select Vision Insurance

UFSelect

HumanaVision

	four Rates			
Coverage Level:	16 Deductions*	24 Deductions*		
Employee	\$4.91	\$3.27		
Employee & Spouse/Domestic Partner	\$9.81	\$6.54		
Employee & Children	\$9.32	\$6.22		
Employee & Family	\$14.65	\$9.77		

* On the rate chart above, the 16 Deductions column refers to 9–& 10–month employees. The 24 Deductions column refers to 12–month employees.

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P D C L P E D P E C F D

Coverage

Vour Datas

	participating Provider	nonparticipat- ing Provider	
Exam with dilation as necessary	100% after \$10 copay	\$35 allowance	
Lenses • Single • Bifocal • Trifocal	100% after \$15 copay 100% after \$15 copay 100% after \$15 copay	\$25 allowance \$40 allowance \$60 allowance	
Frames	\$50 wholesale frame allowance	\$45 retail allow- ance	
 Contact lenses¹ Elective (conventional and disposable) ²³ Medically necessary 	\$150 allowance 100%	\$150 allowance \$210 allowance	
Frequency (based on date of service) Examination Lenses or contact lenses Frame 	Once every 12 months Once every 12 months Once every 24 months		

- Additional plan discounts
- Members receive additional fixed copayments on lens options including: antireflective, progressives and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam through the participating provider who sold the initial pair of eyeglasses.

'If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).

²The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.

³Contact lens allowance must be used at one time; no amount will be carried forward.

HumanaVision Providers

Please check with the doctor of your choice or call the Customer Care department at 1-866-537-0229 when making your appointment to make certain he or she is currently a participating doctor. You may also visit www.HumanaVisionCare.com for a nationwide listing of participating providers.

You must receive services from one of the participating providers in order to receive full benefits (as outlined). If you receive service from a provider who does not participate in the plan, you will receive reimbursement according to the nonparticipating reimbursement schedule.

For More Information Visit: https://benefits.hr.ufl.edu/health/vision-insurance/

UF Select Legal Services

Preferred Legal Plan A New Wave of Legal Representation™

What is it?

This locally-based plan is attorney owned and operated and offers comprehensive legal assistance, advice and formal representation on all types of legal services. Coverage includes spouse, domestic partner, dependents and anyone living in the household. Plan services are unlimited and available 24/7. Members have access to local in-network lawyers when formal representation is needed. Employment-related subjects are not covered.

Schedule of Benefits include:

- Divorce
- Child Support, Custody and Visitation
- Traffic Tickets/Suspended Licenses/DUI
- Credit Repair
- Loan Modifications/Foreclosures
- Bankruptcy
- Wills/Powers of Attorney/Living Wills/Revocable Living Trusts
- Identity Theft Services
- · Buying or Selling a Home
- IRS Issues
- Landlord-Tenant Disputes
- Probate
- Garnishments
- Civil Litigation/Small Claims
- HOA/Condo Disputes
- Immigration
- Personal Injury
- Criminal Defense
- Domestic Violence
- Car Accidents
- and much more...

Member Benefits include:

- FREE unlimited legal advice via phone consultation
- FREE review of legal documents (real estate contracts, lease agreements, court papers, etc.)
- FREE letters and phone calls on your behalf to third parties to resolve disputes
- FREE credit repair and settling of accounts in collection
- FREE identity theft protection and restoration
- FREE loan modification assistance and foreclosure defense
- FREE face-to-face initial consultations with local attorneys
- FREE wills for member and spouse or domestic partner (powers of attorney and living wills also available)
- FREE legal forms available through Form Library (i.e., bills of sale, court forms, promissory notes, contracts, affidavits, etc.)
- · FREE notary services
- 40% to 70% reduced legal fees for panel attorney representation

- Comprehensive legal coverage (including all divorce, child support and custody issues)
- 24 hours a day, 7 days a week access
- All pre-existing issues are covered
- Spouse (or domestic partner), dependent children and entire household covered
- Unlimited, immediate use of membership
- All communications strictly confidential
- Florida-based plan. Out-of-state
 assistance available

Whom do I contact?

Preferred Legal Plan at 1-888-577-3476 or visit www.preferredlegal.com.

Preferred Legal Rates		
16 Deductions*	24 Deductions*	
\$7.46	\$4.98	

* On the rate chart above, the 16 Deductions column refers to 9–& 10–month employees. The 24 Deductions column refers to 12– month employees.

How to Enroll into UF Benefits

While filling out your new hire packet you were asked to create a GatorLink login & password.

Step 1: Log	1. Go to my.ufl.edu.
	2. Enter your GatorLink username and password.
into myUFL	3. Go to NavBar > Main Menu > My Self Service >
	Benefits > Benefits Enrollment.

Step 2: Access Your Open Event

1. Select the **Enter** button next to the open the benefit event (new hire).

UFSelect & GatorCare Benefits Enrollment

Alligator, Albert

Event Des

This enrollment portal is for <u>UFSelect and GatorCare plans</u> only. To enroll in the State of Florida plans, you must visit the PeopleFirst website.

Elections must be completed within 60 days from your event date reflected below

Coverage begins on your event date. You will be responsible for missed premiums retroactive to that date.

Dependents' social security numbers, birth dates, and documentation are required to enrol
 You must click Submit to finalize your enrollment.
 Once elections are finalized, no changes are permitted.

Click the Enter button to begin. The Information Icon (1) provides you with additional informatio about your enrollment.

Open Benefit Events			
Event Description	Event Date	Event Status	Job Title

09/02/2020 Open

Benefits Specialist II Enter

Step	3:	Select	Your	Benefits	and	Add `	Your
Depe	end	lents					

1. Select the Edit button next to each plan to enroll or

change your benefit election.

2. Select the radio button next to the plan you would

like to enroll in.

		B. (Edit
IH) UF		Before Tax	After Tax	Lus
Current	Decline coverage			
Vew:	Decline coverage			
11) UF \	lsion	Before Tax	After Tax	Edit
urrent	Humana Vision:Family			
lėw.	Humana Vision: Family		9.77	
23) Terr	n Life Employee	Before Tax	After Tax	Edit
urrent	Term Life Employee Non Smoker: \$10,000			
lew:	Term Life Employee Non Smoker: \$10,000		0.90	
s	elect an Option			
н	ere are your available options with your costs:			
0	verview of all Plans			
s	elect one of the following options:			
	elect one of the following options:			
		Cost Per Pay Period	Tax Class	
	Humana Vision	Cost Per Pay Period \$3.27	Tax Class Affer-Tax	
) Humana Vision Coverage Level	10.3150		
) Humana Vision Coverage Level Employee Only	\$3.27	After-Tax	
	Humana Vision Coverage Level Employee Only Employee - Spouse	\$3.27 \$6.54	After-Tax After-Tax	
) Humana Vision Coverage Level Employee Only Employee + Spouse Employee - Child(ren)	\$3.27 \$6.54 \$6.22	After-Tax After-Tax After-Tax	

Step 4: Review Election Summary

- Review the Election Summary section displayed at the bottom of the page. This reflects any plan selections you make, along with the total bi-weekly costs.
- Verify that benefit enrollment is active for your selected plan. If **No Coverage** is listed under the plan, you are not enrolled.
- 3. Print the Benefits Enrollment Summary.
- 4. Select Submit.
- 5. Select **Submit** to finalize your benefit selections.



M Important: Your enrollment will not be complete until you submit you

Enrolin	nent Summary						
(1H) UF	Dental				Before Tax	After Tax	Edit
Current	Decline coverage						
New	Decline coverage						
(11) UF	Vision				Before Tax	Atter Tax	Edit
Current	Humana Vision Family						
New	Humana Vision Family					9,77	
(23) Ter	m Life Employee				Before Tax	After Tax	Edit
Current	Term Life Employee Non Smoker: \$10,000						
New:	Term Life Employee Non Smoker: \$10,000					0.90	
(24) Ter	m Life Spouse/DomPrtnr				Before Tax	After Tax	Edit
Current	Term Life Spouse Non Smoker: \$10,000						
New.	New: Term Life Spouse Non Smoker: \$10,000					0.90	
(25) Ter	m Life Dependent				Before Tax	After Tax	Edit
Current	Term Life Dependent: \$10,000						
New:	Term Life Dependent: \$10,000					1.02	
(A1) Le	gal Services				Before Tax	After Tax	
Current	Decline coverage						
New:	Decline coverage						
This tab	le summarizes estimaled costs for your new benefit o	hoices.					
Electio	n Summary						
Summari	and estimates for new Benefit Elections	Total	Before Tax	After Tax	Employer		
Costs		12.59	0.00	12.59	0.00		
Cost Pe	r Pay Period	12.59	0.00	12.59			

5

Retirement



<u>403(b)</u> State University System Option Retirement Program (ORP)

A defined 403(b) tax-annuity plan that provides an employer and employee mandated contribution.

Contributions:

- Employee: 3.00% of biweekly earnings
- Employer: 5.14% of bi-weekly earnings
- Voluntary: Up to 5.14% of biweekly earnings

The State of Florida provides a <u>90-</u> <u>calendar day</u> window from your date of hire to enroll

To Enroll:

- Open an account<u>with an investment</u> provider
- Fax completed <u>Optional Retirement</u> <u>Program</u> Enrollment Form to UF Benefits at (352) 392-5166

https://benefits.hr.ufl.edu/retirement/state-retirement-plans/susorp/

As a Non-Clinical employee you're required to participate in the ORP plan.

You will need to select a vendor for your ORP account.

403(b) State of Florida Retirement Program (ORP) Select (1) from the list below:



Patrick Ashe 904.596.7936 patrick.ashe@equitable.com



Deborah James 352.538.0106 debbi@gaboragency.com



Bascom Kurtz

904.244.8160 bascom.kurtz@valic.com



Barbara Vaught 813.632.5153 bvaught@tiaa.org

All Non-Faculty must select a vendor for their ORP account.

https://benefits.hr.ufl.edu/retirement/investment-provider-list/

Voluntary Retirement Plans

As an employee at UF, you are eligible to contribute to voluntary retirement plans -457 deferred compensation plan and/or 403(b) plan - that are 100% funded by the employee. Please contact the vendor(s) listed below when you are ready to open an account.



Non-Clinical Faculty Leave Time

Vacation Leave

UF full-time Faculty accrue annual leave at the rate of 6.769 hours biweekly (roughly 22 days/year)

All requests for vacation should be submitted to the Chair or supervisor as far in advance as possible.

^{*}Upon resignation or retirement, an employee may have a lifetime cashout up to 200 hours.

FMLA

Sick Leave

UF full-time faculty members earn 4 hours biweekly (roughly 13 days/year).

Sick leave must be earned before being taken.

There is no cash-out option for sick leave.

Parental Leave

Available to all faculty & staff upon beginning work

To cover absences related to parental leave (birth, adoption, fostering).

Will receive 8 weeks of Paid Family Leave over a 24 month period.

*Available to use from date of hire

Medical Leave

Available to all faculty & staff after 12 months of continuous service

To cover absences related to personal illness/injury or immediate family member's illness/injury.

Will receive 8 weeks of Paid Family Leave over a 24 month period. *Available to use after 12 continuous months of employement

December Personal Leave

Full-time faculty members earn 4 additional days of leave which are credited to their account in December, each year.

Due to department staffing needs, these days will be available to use until the end of the current fiscal year(June 30th)

Paid Holidays

Leave accuring Academic Personnel, USPS, and TEAMS employees are eligible for 10 paid holidays each year.

Employees will earn 8 hours of holiday pay as long as they're in a pay status.

Additional **Benefits**



GATORPERKS!

All employees receive GATORPERKS!

The UF GatorPerks discount program provides exclusive discounts for current UF faculty and staff. UF employees have the opportunity to save at various businesses and retailers.

https://benefits.hr.ufl.edu/gatorperks/

AID A GATOR

UF created the "Aid-a-Gator" program as an emergency fund to provide limited assistance (up to\$1,500 per employee calendar year) to UF faculty and staff who experienced a temporary financial hardship due to the hurricane and its aftermath.

ND-A-GATCR

WELLNESS

The University of Florida College of Medicine (UFCOM) Wellness Programs support the well-being of our trainees and faculty in order to promote optimal performance and



professional fulfillment.

On this site, you will find information about wellness initiatives for faculty

https://gatorcare.org/wellness/jax/



Benefit Enrollment Checklist

Ready to make some decisions on your benefits? Use this checklist as a guide to help keep track of the selections you wish to make for UF & the State of Florida benefits. You will need this information for the next steps to enroll into your selected benefits. **HEALTH INSURANCE** Circle one for each step* Step #1: Select one coverage option: Employee Only | Employee & Spouse | Employee & Family Step #2: Select one plan: State of Florida Health Plans: HMO (ATENA) | PPO (Florida Blue) | High Deductible PPO High Deductible HMO · Waive all health insurance *Under State of Florida Health Coverage you are responsible for your own premiums and dependents. DENTAL INSURANCE Circle one for each step* Step #1: Select one coverage option: Employee Only | Employee & Spouse | Employee & Family Step #2: Select one plan: UF Select Dental – Eagle Dental • State of Florida Dental - Cigna, Sunlife, Humana, Ameritas, Metlife Waive all dental insurance Please refer back to State Dental to choose the plan that works for you and your primary provider. **VISION INSURANCE** Step #1: Select one coverage option: Employee Only | Employee & Spouse | Employee & Family Step #2: Select one plan: • UF Select Vision – Humana Vision State of Florida Vision – Humana Vision · Waive all vision insurance. **BASIC-TERM LIFE & DISABILITY** **Remember these 2 benefits are automatically enrolled on your Date of Hire, please refer back to Benefit Guide for more information*** You are eligible to enroll in Optional-Term Life Insurance, this enrollment is not automatic and you can enroll through People First. (pg.7) SUPPLEMENTAL PLANS

Step #1: Select the coverage options that apply to you:

Employee Only | Employee & Spouse | Employee & Family

Step #2: Select the plan(s) that work for you and/or your dependents:

 <u>State of Florida Supplemental Plans:</u> Accident (Colonial)| Cancer (Colonial) | Disability (Colonial) | Hospitalization (Cigna) |Hospital Intensive (Aflac & Colonial)

Waive all supplemental plans

Please refer back to State Supplemental chart to see each plan more in detail

LEGAL PLAN

Step #1: Select the coverage options that apply to you:

Employee Only | Employee & Spouse | Employee & Family

Step #2: Select the plan(s) that work for you and/or your dependents:

- UF Select Legal-Preferred Legal Plan
- · Waive legal services.

SAVINGS & SPENDING ACCOUNTS

Voluntary pre-tax contributions to an account to pay for out-of-pocket medical & dependent care expenses.

Step #1: Select the coverage options that apply to you:

Employee Only | Employee & Dependents

Step #2: Select the plan(s) that work for you and your dependents:

- State of Florida-
 - Health Care FSA | Limited Purpose FSA | Dependent Care FSA
- Waive FSA election.
 - The healthcare FSA and limited purpose FSA are two types of flexible spending accounts. Healthcare FSA reimburses your for eligible medical services. The Limited is only eligible dental and vision services.
 - The minimum contribution amount for the calendar year for these accounts is \$60 and the maximum is \$2,750
 - The dependent care FSA is an account eligible for dependent care expenses.
 ** The minimum contribution amount for the calendar year for this account is \$60 and the maximum per household
 - is \$5,000.

RETIREMENT

Step #1: Choose your vendor for State of Florida (ORP Retirement Program):

AXA | Voya | AIG(VALIC) | Metlife | TIAA

* Select Vendor within 90 days of hire. Revisit the Retirement page for Vendor Contact information (pg. 14) *

* Non-Clinical Faculty are required to participate in the ORP Retirement Program*

RETIREMENT VOLUNTARY OPTIONS

Voluntary Plans: You're eligible to contribute to voluntary retirement plans, these are 100% funded by you the employee .

Step #1: Contact Fidelity for your Voluntary 403(b) plans:

403 (B) Voluntary- Tax Deferred or After-Tax Roth

Please see Retirement Page for Contact information for Fidelity.

Step #2: Choose your vendor for Voluntary 457 Deferred plan:

Charles Schwab| Voya | AIG(VALIC) | Nationwide

This is a State Plan. Please visit website on Retirement page for more information

TIME TO MAKE THOSE ELECTIONS!

As a new hire you must enroll within 60 days of your hire date to be covered.

STATE OF FLORIDA

State-sponsored plans through People First*:

Log on to People First at https://peoplefirst.myflorida.com or call 1-866-663-4735

UNIVERSITY OF FLORIDA

UF Select & GatorCare plans through UF:

Log on to <u>myUFL</u> and navigate to Main Menu > Self Service > Benefits > Benefits Enrollment

Additional Questions?

Please contact

UFComJaxBenefits@jax.ufl.edu

NON-CLINICAL FACULTY BENEFITS CHECKLIST



1	Update and confirm mailing address & emergency contacts
2	Enroll in benefits within 60 days
3	Add a beneficiary to your life insurance coverage. MyUFL.edu > Main Menu > My Self Service > Benefits > Dependent/Beneficiary Info
4	Submit dependent verification documents to Benefits@ufl.edu Please do not send SSN information over email as it is not secure.
5	Regularly check your bi-weekly paystub for accuracy. MyUFL.edu > Main Menu > My Self Service > Payroll & Compensation >View Paycheck
6	Sign up to receive your W2 electronically. MyUFL.edu > Main Menu > My Self Service > Payroll & Compensation >W2/W2C Consent form> Check & Submit