University of Florida

Non Clinical Faculty BENEFIT GUIDE

2023

UF College of Medicine Jacksonville

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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 the College of Medicine has to offer.

Non-Clinical Faculty Overview

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

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

Non-Clinical Faculty's health insurance will be through the State of Florida.

Dental, Vision, and Supplemental Plans can be elected through the University of Florida of a 0.50 FTE or more.

UF Eligible Dependents:

- Your Domestic Partner
- Your Child and/or domestic partner's child
- Your Child and/or domestic partner's child with a disability.
- Your and/or domestic partner's child/stepchild
- Your foster child
- Legal Guardianship
- Your and/or domestic partner's child/grandchild

*Social security numbers are required for all dependents.

*UF Recognizes Domestic Partnerships Affidavit Required w/supporting documentation.

Qualifying Status Changes:

Qualifying status events include changes in family or employment status.

Examples: marriage, birth of child, dependent eligibility changes, divorce, death, time away from work, retirement, transferring or leaving State employment.

All qualifying status events must be reported and changes completed within <u>60 calendar days of the event.</u>

The effective date of the plan change depends on the benefits package and plan.

Important Contacts

Jacksonville Benefits Admin

UF Jacksonville Benefits: ufcomjaxbenefits@jax.ufl.edu 904-244-3471

UF Insurance Providers

Eagles Dental: support@eaglesbenefits.com, 800-726-5603

Humana Vision: 1-877-877-1051

Preferred Legal: 1-888-577-3476

The Standard:

Christine D'Angelo 813.878.0283

Christine.Dangelo@standard.com

UF Gainesville Office/ Benefits

UF Gainesville Main Office 352-392-2477 benefits@ufl.edu

State Benefits/ People First

People First Benefits: 866-663-4735 Aetna Medical (HMO): 877-858-6507 AFLAC (Cancer & Intensive Care): 800-780-3100 Ameritas (Dental): 877-721-2224 Chard Snyder (Spending & Saving Accounts): 855-824-9284 Cigna (Dental): 800-244-6224 Colonial Life (Accident, Cancer, and Disability): 888-756-6701 CVS Caremark (Prescriptions): 888-766-5490 Florida Blue Medical (PPO): 800-825-2583 Humana (Dental): 866-879-3630 Humana (Vision): 800-939-5369 MetLife (Dental): 844-222-9104 New Era (Hospitalization): 800-277-2300 Securian Financial (Life Insurance) 888-826-2756 Sun Life (Dental): 800-442-7742

UF CENTRAL LEAVE 352-392-2477 benefits@ufl.edu



<u>2023 Non-Clinical Faculty Benefit</u> <u>Overview</u>

Benefits	Coverage Provider	Effective Date	Who pays Premiums	Enrollment
<u>Health</u> Insurance	PPO, HMO, or HDHP	1st of the following month	Employee	People First
<u>Life</u> <u>Insurance</u>	\$25,000 Securian Financial	Date of Hire	State	Automatic Enrollment
<u>Disability</u> Insurance	60% of monthly salary max up to \$15,000 The Standard	Date of Hire	UF COM	Automatic Enrollment
<u>Optional Life</u> <u>Insurance</u>	Additional term life insurance. Benefit amounts between 1 and 7 times base annual earnings, up to a maximum of \$1,000,000 are available.	1st of the following month	Employee	People First
Dental	<u>UF Eagles</u>	Date of Hire	Employee	my.ufl.edu
Plan	<u>State Plans</u>	1st of following month	Employee	People First
Vision Plan	<u>UF Humana</u>	Date of Hire	Employee	my.ufl.edu
Flan	<u>State Humana</u>	1st of following month	Employee	People First
<u>Legal</u> <u>Plan</u>	Preferred Legal	Date of Hire	Employee	my.ufl.edu
<u>Supplemental</u> <u>Plans</u>	Accident, Cancer, Disability, Hospitalization & Intensive Care	1st of following month	Employee	People First
<u>Savings &</u> <u>Spending</u>	FSA, Dependent Care, HSA, HRA	1st of following month	Employee	People First

Retirement

As part of the College of Medicine, Non-Clinical Faculty you will be automatically enrolled into the SUS (ORP) retirement program.

You will need to select a vendor for the ORP plan.

SUSORP

State Retirement Plan

All full-time Clinical Faculty must select a vendor for their ORP Account within 90 days and establish a contract with chosen investment Provider. (list of providers on next page)

Mandatory Contributions automatically withdrawn

Contribution Rates:

Employer: 5.14 % of biweekly earnings Mandatory Employee: 3% of biweekly earnings Voluntary employee: up to 5.14% of biweekly earnings.

ORP MANDATORY FORM

ORP CHANGE FORM

Investment Providers

SUSORP State Retirement Plan



Stephen Harrison 352.547.6600 stephen.harrison@equitable.com



Deborah James 352.538.0106 **djames@gaboragency.com**



Liz Livingston 904.244.8160 liz.livingston@corebridgefinancial.com



Barbara Vaught 813.632.5153 **bvaught@tiaa.org**

All full-time Non-Clinical Faculty must select a vendor for their ORP Account. Once selected, please reach out to provider to set-up an account.

Voluntary Retirement

As part of the College of Medicine you are eligible to participate in the below Voluntary plans.

These plans are 100% funded by employee. NO UF CONTRIBUTIONS. ENROLLMENT IS OPTIONAL.

<u>403(b) Plan Providers</u> <u>Tax-Deferred or After-Tax Roth</u>



Optional Life & Disability Insurances

Basic Term Life

Automatic Enrollment of State Life Insurance

\$25,000 Life Insurance Benefit, effective your first day of employment.

This benefit does reduce to 65% at age 70 and 50% at age 75

You also have the option to purchase additional life insurance for you and your covered dependents<u>, through both UF</u> & the State of Florida.

<u>Optional Life</u>

Salaried employees 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.

Disability <u>Long Term</u> & <u>Short Term</u>

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

180 day elimination period.

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.

Let's learn more about your State of Florida Benefit options!

SIAI

These benefits will be elected through the People First portal



UF participates in the State of Florida group Insurance program.

People First is the administrator for State of Florida insurance plans. The State of Florida has their own polices and procedures when it pertains to benefits.

State of Florida plans start the 1st of the following month after enrollment.

USER ID

You will receive your People First ID in the mail. However, if you wish to enroll/access your account prior to receiving in the mail, you may call People first directly.

Insurance Effective Dates

Employees have 60 days from their hire date to enroll into insurance. Employees may elect health insurance **only** to begin the month after they are hired (if eligible). Insurance premiums are paid one month in advance. Therefore if you elect early health insurance you will have a double deduction in premiums.

For Dental, Vision, and Supplemental Plans these are not eligible for early election and will start 1st of the following month after enrollment.

Rehire/Transfer Employees

You are not considered a new employee in terms of benefits through People First if you are rehired or transferring from another state agency or University within 26 weeks due to a no break in service.

Changes or cancellations of your benefits can only be done in the event of a Qualifying Status Change or during Open Enrollment.

Domestic Partner?

If you're wanting to add your Domestic Partner to insurance coverage of the same or the opposite sex, please contact your Benefits admin for more information.

State Eligible Dependents

- Your Spouse
- Your Child
- Your Stepchild
- Your Fosterchild
- Legal Guardianship
- Your over-age dependent (and with disability)
- Newborn child of a covered dependent
- Children of law enforcement, probation, or correctional officers
- Surviving spouse and dependents For More information on eligible dependents, please navigate here

PEOPLE FIRST

Insurance cards are mailed after the insurance effective date. If you need to use your coverage before you received your insurance cards, visit the health insurance provider's website to request an electronic card.

<u>Qualifying</u> Status Change:

If you're enrolled into State Benefits. Please notify People First within 60 days of a qualifying status change

Submitting QSC documentation: Online:

peoplefirst.myflorida.com

- Login with username & Password
- "Submit" (top right corner)
- Select type of documentation
- Upload Documentation
- "Submit"

Please call People First to verify they received documentation 866-663-4735



Using People First To Enroll

Online: peoplefirst.myflorida.com

• User ID and password required

Default password:

Pf + birth date (PfMMDDYY)

Once you have made your selections, a confirmation statement will be generated for your records.

After you submit your elections you will not be able to go back and make edits*



1. Watch for your benefit statement in the mail. It will show all of your options and costs, and explain possible effective dates of coverage.

2. Enroll within 60 days of your new hire/qualifying status change event. If you miss your enrollment deadline, you must wait until the next open enrollment, unless you have another qualifying status change event during the year that allows you to make a change.

3. Have correct Social Security numbers, birth dates, and required documentation to enroll your eligible dependents.

4. Choose your options carefully. Once you make an election during open enrollment or within the 60-day QSC event window, you cannot cancel or change to another plan (e.g., switch health insurance plans).

ENROLL INTO STATE BENEFITS



People First Service Center Monday-Friday 8 a.m. to 6 p.m. EST 1-866-663-4735

STATE MEDICAL

)	
	STANDARD PLANS	HMCS	
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 she
Annual Deductible	Lower	None	Rewards overlates as long Money remains as long
How You Pay for Most Medical Care	NETWORK: set copayments or parcentage of network allowed amount after deductible NON-NETWORK: parcentage of non-network allowance after deductible and any balance up to charges	Set copayments	you are an acceler in a State Group Plan. • Employer contribution uton te contributions.
Preventive Care	Certain routine, preventive se and immunications covered a	100% - 5550 r	take with you when
Annual Out of Pocket Maximum	Lower	Lower you k	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.

H	IGH DEDUCTIBLE HEALTH			
Choice of Providers	FP0 In or Out of Network	Network	HMOS anly	
Open a Health Savings Account (HSA)	Yes - Active Employees	Yes - Acth	e Employees	
Have a Reimbursement Account	Yes – Active Employees Limited Purpose Medical	Reimbursement	Account	
Annual Deductible	Higher	Higher		I
How You Pay for Most Medical Care	Percentage of cost after of You must meet the deduc \$2,800 for family) before preventive care services a	tible (\$1,400 fo anything, but ce		
Preventive Care	Certain routine, prevents Immunizations covered a			
Annual Out-of-Pocket Maximum	Higher	Higher	 HSA: Personal pre- contribution 	tax

Monthly Premiums can be found <u>here</u>



				Monthly F	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	CIGNA Prepaid Dental	\$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. 	4025	Sun Life Prepaid Dental	\$14.93	\$25.17	\$33.26	\$43-54
 Orthodontia: Covered for adults and children. 	4044	Humana HD205 Prepaid Dental	\$12.64	\$21.20	\$23.00	\$32.98
PPO Deptal Plan	4023	Ameritas Preventive	\$21.64	\$40.92	\$43.80	\$64.16
 PPO Dental Plan 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 part of the cost for the services you receive. Orthodontia: Covered for adults and children (excluding 	4094	Humana Preventive	\$20.52	\$37.98	\$42.44	\$61.60
	4033	Metlife Preventive	\$18.32	\$33.86	\$37.84	\$54-94
Preventive PPO).	4022	Ameritas Standard	\$31.64	\$59.24	\$66.32	\$96.56
	4092	Humana Standard	\$30.64	\$56.70	\$63.36	\$91.98
	4032	Metlife Standard	\$36.24	\$67.04	\$74.90	\$108.76
Indemnity with PPO Dental Plan	4021	Ameritas Indemnity	\$47.24	\$87.64	\$99.80	\$144.08
 Receive care from any dentist Your cost is lower when you use network dentists You generally have an annual deductible to meet before the 	4090	Humana Indemnity	\$45.76	\$84.66	\$94.60	\$137-34
plan starts paying benefits, and then you pay a percentage of the cost for the care you receive. ✓ Orthodontia: Child only orthodontia covered by Sun Life.	4031	Metlife Indemnity	\$46.16	\$85.38	\$95.42	\$138.52
	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	<u>Humana Schedule B</u>	\$14.74	\$21.96	\$23.30	\$37.10

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



Humana Vision

	Exam and Materials (Plan 3004)			
	Monthly Member Rates			
Employee Only	\$6.96			
Employee + Spouse	\$13.74	l.		
Employee + Children	\$13.60)		
Family	\$21.36	;		
	Frequency (based on the date of service)			
Exam Every	12 mont	hs		
Lenses Every	12 months 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 Necessary4	100%	\$100 allowance		
Lasik	We have contracted with many well-known fac procedures at substantially reduced fees. You when procedures are done by network provide discount off the usual and customary price or promotions or specials for LASIK services pro whichever discount is greater. The discount in follow-up visits and any additional necessary	can take advantage of these low fees ers. Participants receive a 25 percent a five percent off advertised vided by in-network providers, cludes consultations, laser procedure,		
Calendar Year Deductible	None, after plan c	o-payments		
Calendar Year Maximum Benefit	Up to plan	limits		
Lifetime Maximum Benefit	Unlimite	ed		
Waiting Periods	None			

<u>STATE</u> SUPPLEMENTAL



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

<u>STATE</u> SAVING & SPENDING

2023 Savings and Spending Accounts Comparison Chart

Flexi	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. Once you have turned age 65, you may no longer make HSA contributions through payroll and will no longer be eligible for employer contributions.	 Shared Savings Program rewards 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 claims to be reimbursed. The Post-Deductible HRA works the same way except funds are not available for use until you have met the federal health plan deductible. Single deductible is \$1,500 and Family deductible is \$3,000.
		Who is Eligible		
Active employees, who are benefits eligible.	Active employees, who are benefits eligible.	Active employees, who are benefits eligible.	Active employees, who are enrolled in an HDHP.	All State Group Insurance Program health plan enrollees are eligible. If you enroll in an HDHP, you are only eligible for the Post-Deductible HRA. Your HRA becomes active once your first reward has been credited to the
	Em	ployee Contribution Li	imit	
Yes. \$60 minimum/year. \$2,850 maximum/year	Yes. \$60 minimum/year. \$2,850 maximum/year.	Yes. \$60 minimum/year. \$5,000 maximum/year/ household.	Yes. No minimum contribution. \$3,850/year for single coverage \$7,750/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.

BENEFITS

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

Here are the University of Florida Benefits!

UF Vision Humana



HumanaVision

	Tour reales		
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.

T O Z P D C L P E D PEC F D EDFOZP

HumanaVision

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 par-

ticipate in the plan, you will receive

reimbursement according to the

nonparticipating reimbursement

schedule.

Providers

Coverage

Your Rates

	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 lenses ¹ Elective (conventional and disposable) ^{2,3} Medically necessary	\$150 allowance 100%	\$150 allowance \$210 allowance
Frequency (based on date of service) Examination Lenses or contact lenses Frame 	Once every 12 Once every 12 Once every 24	2 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.

¹If 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.

Humana Provider Search

<u>UF EAGLES DENTAL</u>

Eagles Claim Form



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 not 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 directl

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

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 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. 1. Go to my.ufl.edu. Step 1: Log Enter your GatorLink username and password. into myUFL a Go to NavBar > Main Menu > My Self Service > Benefits > Benefits Enrollment. UFSelect & GatorCare Benefits Enrollment Step 2: Access Your Open Event All poter, Albert

Dirty Adaption

Alligator, Albert

Step 3: Select Your Benefits and Add Your Dependents

Select the Edit button next to each plan to enroll or

elect the Enter button next to the open the benefit event (new hire).

change your benefit election.

Select the radio button next to the plan you would

like to enroll in.

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Select an Option			
Here are your available options with your costs:			
Overview of all Plans			
Select one of the following options:			
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	Cost Per Pay Period	Tea Glass	
Coverage Level	Cost Per Per Period		
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and the second of		After-Tax After-Tax	
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This enrollment portal is for <u>UPSeised and GatorCare plans</u> only. To enroll in the State of Planda pl you must visit the PeoplePind website.

Electrons must be completed within 40 days from your event date reflected before

that date.

New York

about your envoltment Open Separat Events Event Description

Coverage begins on your event date. You will be responsible for missed premie

 Chipenebestar social security exercises. Dath dates, and clocumentation are require
 Visu word click Sadamit to featize your encolment.
 Once elections are finalized, no changes are permitted. Clok the Enter Judion to kepts. The information to an | 0 | prevides you with addi

Event Date Event Status Job Title

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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.
- Print the Benefits Enrollment Summary. Select Submit.

Select Submit to finalize your benefit selections.

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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.

472 maximum will be converted to Sick Leave for 2023 ONLY

Upon resignation or retirement, an employee may have a lifetime cash-out up to 200hours.

PARENTAL

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 **Sick Leave**

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

There is no cash-out option for sick 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 employment

Apply for FMLA <u>HERE</u>

FMLA

December 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)

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



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.

WELLNESS

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

NON-CLINICAL FACULTY BENEFIT CHECKLIST



Update and confirm mailing address & emergency contacts



Enroll in benefits within 60 days



Add a beneficiary to your life insurance coverage my.ufl.edu>main menu>my self service> benefits> dependent/beneficiary info



Submit dependent verification documents to benefits@ufl.edu and/or People First



Regularly check your bi-weekly paystub for accuracy. my.ufl.edu>main menu>my self service>payroll & compensation>view paycheck



Sign up to receive your W2 electronically my.ufl.edu>main menu>my self service> payroll & compensation>W2/W2C Consent form>Submit