

Benefits and Services Offered to University of West Florida Employees

This brochure is provided as a summary of benefits and services for eligible University of West Florida's employees. Summary plan descriptions for benefit plans mentioned are available in the Office of Human Resources, Building 20 East.

All benefits are available for selection during the first sixty (60) days of employment. After an employee's initial sixty days, enrollment or changes to pre-tax plans (including cancellation) may only be made during Open Enrollment (held once a year) with the exception of qualifying status change events. (i.e. marriage, divorce, death of spouse, birth or child adoption, etc.) The yearly open enrollment period does not include benefits that are post-tax benefits. However, changes to post-tax benefits are permitted at any time and may require additional qualification.

An employee may request an early effective date for health coverage. Health benefits can begin on the first day of the month following the month of employment. Please call the Office of Human Resources to arrange premiums to be forwarded to People First (benefits administration) since premiums are paid a month prior to an employee's effective date.

Explanation of Premiums

Insurance premiums are collected by payroll deduction for University of West Florida employees benefit eligible positions. Some important facts regarding premium payments:

UWF employees who participate in the state health insurance program will have premiums deducted on a pretax basis unless a waiver is signed to the contrary. Employees who do not want to participate in the pre-tax plan must sign a waiver form obtained in the Office of Human Resources. Pre-tax premiums are deducted from an employee's gross salary before taxes are calculated. Participation in a pre-tax plan subjects employees to IRS guidelines restricting changes to the plans. Only under very specific circumstances are changes allowed (i.e. marriage, divorce, death of spouse, birth or child adoption, etc.). Qualifying status changes must be forwarded to People First within 31 days of the qualifying status event. However, employees may make changes without restrictions during Open Enrollment held once a year. Open Enrollment changes are effective January 1 following Open Enrollment.

Premiums are deducted bi-weekly for a total of twenty-four (24) pay periods a year except nine-month/ ten-month contracted employees. Nine and ten month contracted employees' premiums for Health and Life Insurance are double deducted the last six pay periods to cover the summer period. (February – May)

Premiums for supplemental insurance coverage for **nine-month faculty** members are withheld during the nine-month contractual period (16 pay periods) for twelve (12) months coverage.

Please check your payroll stubs to confirm the correct insurance premium deductions for which you have enrolled. Should the amount of the deduction change or stop and there has not been a change in coverage requested, contact the Office of Human Resources immediately. If you have questions regarding your coverage, contact Nicole Lohr at 474-2604 (nlohr@uwf.edu) or Jeff Comeau at 474-2610 (jcomeau@uwf.edu) in Human Resources.

Florida Cafeteria Plans – Pre-tax

State Health Insurance, State Life Insurance, Dental Plans, Cancer/Intensive Care, Supplemental Hospital, Disability/Accident (with Colonial), Medical and Child Care Reimbursement Accounts, Limited Purpose Medical Reimbursement Accounts.

UWF Traditional Plans – Post-tax

Gabor Life Insurance Plans, Gabor Full-term UNUM Disability Plan, and John Hancock Long Term Care (Gabor benefits are not eligible during yearly open enrollment period), and Optional Life insurance with Minnesota Life (a part of the State Life Insurance Plan).

Health Insurance

UWF Employees are eligible to participate in the State of Florida Employees’ group Health Insurance Plan (State PPO Standard/HIHP) or a Health Maintenance Organization (HMO) plans (Coventry and United Healthcare). Health coverage may begin on the first day of the month following the month of employment and enrollment. Premiums need to be transmitted to People First prior to the first of the month of coverage for an early effective date.

New employees may enroll in the benefit plans offered at anytime within the first sixty (60) days of employment with the university. Employees will also have an opportunity to enroll in a health plan or transfer to another plan during the annual open enrollment period (normally Sept. - Oct.). Certain changes can be made when an employee experiences a specific **Qualifying Status Change (QSC)**. The following are some, but not necessarily all, of these events: marriage, divorce, and birth of a child, death of a spouse, unpaid leave of absence and changes in employment status. Insurance changes must be made within thirty-one (31) days of a QSC and the changes must be directly related to the qualifying event.

The premiums shown in the summary for health insurance are based on full-time equivalency. A part-time employee (less than 1.0 FTE) will pay a higher premium. State matching is based on full-time (1.0 FTE) equivalency.

PPO/HMO <i>Standard</i> Health Insurance Premiums BCBS PPO / United Healthcare / Coventry			
Effective January 2011			
Monthly	Employee	University	Total Cost
Individual	\$50.00	\$499.80	\$549.80
Family	\$180.00	\$1,063.34	\$1243.34

PPO/HMO <i>HIHP</i> Health Insurance Premiums BCBS PPO / United Healthcare / Coventry			
Effective January 2011			
Monthly	Employee	University	Total Cost
Individual	\$15.00	*\$499.80	\$514.80
Family	\$64.30	**\$1,063.34	\$1,127.64

***\$41.66 of the monthly employer premium is placed in a Health Savings Account for Individuals.**

****\$83.32 of the monthly employer premium is placed in a Health Savings Account for families.**

Family Coverage

The family plan under the State PPO Plan or the HMO covers the employee, the spouse of the employee, and any eligible children. *Eligible children* are the employee’s own children, legally adopted children, step children for whom the employee is financially responsible or any other child for whom the employee has established legal guardianship. Eligibility for dependent children usually terminates at the end of the year the dependent child turns 26 years of age, but “over age” dependent children and “disabled children” may be covered beyond the age of 26.

- **Over-age dependent children:** From age 27 through the end of the calendar year when the child turns 30, children must meet both of the following criteria to remain eligible dependents:
 - Must be dependent on you for financial support, and

- Must either live with you or be a full-time or part-time student.
- **Children with disabilities:** Children who have mental or physical disabilities are eligible to continue coverage after they attain these age limits when you enroll or while your family coverage is in effect, provided that they are incapable of self-sustaining employment because of mental or physical disability and are chiefly dependent on you for financial support and maintenance.

Documentation of dependent status (marriage certificate, birth certificate, legal court documents) is required in all instances. Failure to provide documentation may result in cancellation of coverage. Enrollees will be notified if the required documentation has not been received from the People First Service Center. If the required documentation is not received within sixty days, coverage for a dependent may be terminated retroactively to the date of initial enrollment. The enrollee or the dependent would then be responsible for any cost for services received while the dependent was listed as eligible.

Guaranteed Issue

Most insurance plans are offered to UWF employees on a guaranteed issue basis (no evidence of insurability) during the first sixty (60) days of employment. Some pre-existing condition limitations apply with certain plans.

Individual Coverage Expecting a Child

The People First Service Center strongly urges employee's anticipating the birth of a child to change to family coverage when they are aware of the pregnancy. However, if individual coverage is in effect at the time of the baby's birth, employees will have thirty-one (31) days from the birth of the child to enroll in family coverage. The effective date of coverage will be retro-active to the beginning of the month in which the child is born and premiums will be due accordingly.

Spouse Program

The Spouse Program is available for employees who have a spouse working for the University of West Florida or another Florida State Agency. When both spouses are active State employees, they are eligible for health insurance coverage at \$15 a month for each spouse. Please contact the Office of Human Resources for further information and for enrollment in the Spouse Program.

Leave of Absence / Insurance Premiums

To ensure continuation of insurance coverage while on a "*Leave without Pay*," employees must make arrangements for payment (use of annual/sick leave or by manual check) of all insurance premiums. Please contact the Office of Human Resources for assistance.

The university will continue to match their portion of the premiums for Health and State Life while an employee is active or on leave with pay. Employees on leave under the Family Medical Leave Act without pay will receive state matching funds for twelve weeks. State rules allow for matching premiums for six months for medical leave without pay. University will match premiums for employees on military call to Active Duty.

Conversion/Continuation (COBRA)

The following qualifies an employee to continue coverage:

- Employees who terminate employment.
- Covered dependents that lose their eligibility because of termination, divorce, or death of the employee.
- Dependent children ceasing to be eligible for dependent coverage

Under the continuation of coverage provision, the university will pay no matching funds toward the premium. Employees are permitted to continue coverage for eighteen (18) months after termination. Dependents are permitted to continue coverage for thirty-six (36) months, if they have paid the premiums, other health insurance,

or have not remarried (for the divorced spouse of an employee.) COBRA packets will be forwarded from the university's benefits administrator – People First. (866.663.4735)

Health Insurance Plans (Pre-Tax)

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

	Health Investor PPO (HIHP)	Health Investor HMO (United Healthcare only)	State Employees' PPO (Standard)	Traditional HMOs (United Healthcare & Coventry)
Your contributions for Coverage (payroll deductions)	Lower for Career Service employees and university Faculty, Staff and Administrative, and Professional employees*		Higher for Career Service employees and university Faculty, Staff and Administrative, and Professional employees*	
Choice of providers	Network or not	Network only	Network or not	Network only
Lifetime maximum	\$2 million/person**	Unlimited	\$2 million/person**	Unlimited
Open a Health Savings Account?	Yes	Yes	No	No
Have Reimbursement Account?	Yes, a Limited Purpose Medical Reimbursement Account		Yes, a full Medical Reimbursement Account	
Annual deductible	Higher	Higher	Lower	None
How you pay for most Care	Percentage of cost after deductible	Percentage of cost after deductible	Network: set co-payment Non-network: percentage of cost after deductible	Set co-payment
	<i>With family coverage, you must meet the family deductible before anything but preventive care is covered</i>			
Preventive care	PPO (HIHP & Standard) Some physical exams and screenings are subject to deductible		HMO – Physical exams and screenings covered by co-payment	
Annual out-of-pocket maximum (the cap on what you pay for most covered care you receive)	Higher	Higher	Lower	Lowest

State PPO Standard or PPO Health Investor (HIHP) (A self-insured plan with the State of Florida)

Servicing Agents: Blue Cross/Blue Shield of Florida and Caremark Prescriptions

Customer Service: 800.825.2583 ~ www.bcbsfl.org

Administrator: People First Service Center

Pre-existing Conditions

State PPO Plan (Blue Cross/Blue Shield): A **6/12** month pre-existing condition provision applies for new enrollees. 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 an accident/illness received after the effective date of coverage would be excluded for one year. The pre-existing condition does not apply if you are transferring from a Florida State Agency HMO to the State PPO plan or have not had a gap in coverage greater than 60 days. The limitation may be waived if you provide proof of continuous coverage comparable to the State Plan with another insurance plan. Only the Division of State Group Insurance can waive the pre-existing condition limitation. Certain waivers of pre-existing conditions may apply to dependents, please contact the Benefits section for assistance.

Standard PPO Plan

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

- You have flexibility to see network or non-network providers, with a lower cost to you when you use network providers.
- Network co-payments make doctor visit and prescription drug costs more predictable.
- The plan pays 100% of allowed amounts for some preventive care services.
- You meet a deductible and pay a percentage of most other costs.
- If you are Medicare-eligible, the plan provides secondary coverage - paying benefits after Medicare pays its benefits.

This chart is a comparative 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.

State PPO Plan Highlights (Standard)

	State Employees' PPO (Standard)	
Covered care:	Network or Non-Network	
You meet annual deductible	Network	Non-Network
<ul style="list-style-type: none"> ▪ Individual ▪ Family maximum deductible 	\$250 \$500	\$ 750 \$1,500
What you pay for care received <ul style="list-style-type: none"> ▪ Doctor office visit ▪ Hospital stay 	\$15/visit for PCP; \$25/visit for specialists \$250/visit then 20% of network allowed amount	40% of non-network allowed amt. \$500/visit then 40% of non-network allowed amount
Prescription Drug <ul style="list-style-type: none"> ▪ Generic preferred ▪ Brand ▪ Non-Preferred Brand 	<i>Up to 30-day retail or 90-day mail order prescription</i>	
	\$7/retail; \$14/mail order \$30/retail; \$60/mail order \$50/retail; \$100/mail order	Not Covered Not Covered Not Covered
Preventive care: some routine physical exams, health screenings and immunizations	100% of allowed amount; see preventive care.	100% of allowed amount; see preventive care.
Annual out-of-pocket maximum (not including deductible, co-payments, cost of care not covered by plan)		
<ul style="list-style-type: none"> ▪ Individual ▪ Family 	\$2,500 network & non-network combined \$5,000 network & non-network combined <i>After your out-of-pocket costs reach these maximums, for the rest of the calendar year the plan pays 100% for covered care in most cases, up to allowable costs.</i>	

Health Investor PPO (HIHP)

Like the current State Employees' PPO Plan, the Health Investor PPO gives you flexibility to see network or non-network providers, with a lower cost to you when you use network providers. If you are Medicare-eligible, the Health Investor PPO provides secondary coverage - paying benefits after Medicare pays their benefits. Here are the highlights of how the plan works.

- If you contribute toward the cost of your coverage, your monthly insurance premiums are lower.
- If you or your covered dependents do not have other medical coverage, you may open a Health Savings Account and make pre-tax contributions to it. (For purposes of determining whether you may open a Health Savings Account, "other coverage" includes coverage through your spouse's employer's plan, Medicare, Medicaid, a Healthcare Flexible Spending Account that covers medical expenses (like the State's Medical Reimbursement Account), or any other medical plan. You can use the HSA to pay out-of-pocket expenses like your deductible and coinsurance - now or in the future.

- For specific preventive care services, there's no deductible.
- Except for preventive care, you must meet the deductible before benefits begin for medical care or prescription drugs.
- If you have family coverage, you and your dependents must meet the family deductible before the plan pays benefits for any of you as individuals. If you have an HSA, you can use available funds for eligible expenses while you're meeting the deductible.

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

**State PPO – Prescription Plan
Caremark**

Blue Cross Blue Shield of Florida prescription plan is administered by Caremark for both PPO Standard and HIHP plans.

CAREMARK PRESCRIPTION PLAN

Customer Service: 1-800-378-4408 / www.caremark.com

The prescription plan for the State Employee’s PPO plan is administered through Caremark.

Retail Pharmacy: (30 day supply)		Mail-In Order: (90 day supply) *Required for prescriptions more than 90 days	
Generic	\$7.00	Generic	\$14.00
Preferred	\$30.00	Preferred	\$60.00
Non-Preferred	\$50.00	Non-Preferred	\$100.00

HMO ~ COVENTRY HEALTHPLAN

Servicing Agents: Coventry Healthplans
Customer Service: 866.575.1875 ~ www.CHCFloida.com
Administrator: People First Service Center

A traditional HMO allows participants to use in-network providers (only) with set dollar co-payments which keep out-of-pocket expenses more predictable. No benefits are paid when participants use out-of-network providers. The pre-existing condition limitation does not apply when using a Health Maintenance Organization. An annual deductible is not required, but a \$250.00 per admission for Inpatient services (in hospital care) is charged to the employee. See Benefits at a Glance for more details.

Primary Care Physician – Coventry

Using the COVENTRY HMO plan requires selection of a primary care physician for each family member covered.

The HMO must approve any changes. Only the primary care physician may make referrals to a specialist. The referral must be a specialist within the HMO plan and in the service area, but not necessarily in the city of residence. Exceptions: Dermatologists (five visits), OB/GYN (one visit), Chiropractor (check company), an eye exam (one visit), podiatrist, and psychological care are self-referred under HMO’s. See brochures for other exceptions. Coventry Healthcare does offer a Health Investor (HIHP) plan.

Coventry 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.

Coventry Plan Highlights

Traditional HMO	
Covered Care	Network Only
No Annual Deductible Individual Family	\$0 \$0
What you pay for care received: Doctor office visit Hospital stay Prescription drug Preferred brand Non-preferred brand <i>Prescriptions administered through Coventry Health plan</i>	\$20 – visit for PCP / \$40 specialist \$250/visit \$7/retail; \$14/mail order \$30/retail; \$60/mail order \$50/retail; \$100/mail order
Annual out-of-pocket maximum Individual Family	\$1,500 \$3,000
Preventive care: Routine physical exams, health screenings and immunizations at specified intervals	As covered by the HMO you select

Coventry Health Investor Plan Highlights

Health Investor HMO	
Covered Care:	Network Only
You meet annual deductible <ul style="list-style-type: none"> ▪ Individual coverage ▪ Family Coverage 	\$1,250 \$2,500 <i>With family coverage, you must meet the family deductible before anything but preventive care is covered</i>
What you pay for care received after deductible <ul style="list-style-type: none"> ▪ Medical Care ▪ Prescription Drug ▪ Generic and Preferred Brand 	20% 30% 50%

<ul style="list-style-type: none"> ▪ Non-Preferred Brand ▪ Prescriptions administered through United Health 	
Annual out-of-pocket maximum (after deductible) <ul style="list-style-type: none"> ▪ Individual \$3,000 ▪ Family \$6,000 <i>After your out-of-pocket costs reach these maximums, for the rest of the calendar year the plan pays 100% for covered care in most cases, up to allowable costs.</i>	
Preventive care: Some routine physical exams, health screenings and immunizations	<i>Same as Traditional HMOs; no deductible required</i> <ul style="list-style-type: none"> ▪ Routine annual Physicals ▪ Screenings at published Intervals

HMO ~ UNITED HEALTHCARE

Servicing Agents: United Healthcare

Customer Service: 866.614.0581 ~ www.myuhc.com

Administrator: People First Service Center

The pre-existing condition limitation does not apply when using the United Healthcare Health Maintenance Organization. A deductible is not required, but \$250.00 per admission for Inpatient services (in hospital care) is charged to the employee. See Benefits at a Glance for more details.

Primary Care Physician – United Healthcare

Using the United Healthcare HMO plan does *not* require selection of a primary care physician for each family member covered. Participants have access to a network of physicians, facilities, and other health care professionals, including specialists, without designating a Primary Physician or obtaining a referral. Benefits are available for office visits and hospital care, as well as inpatient and outpatient surgery. See brochures for other exceptions. United Healthcare offers a Standard HMO and HIHP plans.

United Healthcare HMO Benefits At-A-Glance (Standard)

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.

Standard HMOs	
Covered Care	Network Only
No Annual Deductible <ul style="list-style-type: none"> ▪ Individual ▪ Family 	\$0 \$0
What you pay for care received: <ul style="list-style-type: none"> ▪ Doctor Office Visit ▪ Hospital Stay ▪ Prescription Drug ▪ Preferred Brand ▪ Non-preferred Brand <i>Prescriptions administered through United Health</i>	\$20 – Visit for PCP / \$40 Specialist \$250/visit \$7/retail; \$14/mail order \$30/retail; \$60/mail order \$50/retail; \$100/mail order
Annual out-of-pocket maximum <ul style="list-style-type: none"> ▪ Individual ▪ Family 	\$1,500 \$3,000
Preventive care: Routine Physical Exams, Health Screenings and Immunizations at specified intervals	As covered by the HMO you select

United Healthcare HMO Benefits At-A-Glance (Health Investor)

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

- If you contribute toward the cost of your coverage, your monthly insurance premiums are lower.
- If you or your covered dependents do not have other medical coverage, you may open a Health Savings Account and make pre-tax contributions to it. You can use the HSA to pay out-of-pocket expenses like your deductible and coinsurance - now or in the future. (For purposes of determining whether you may open a Health Savings Account, "other coverage" includes coverage through your spouse's employer's plan, Medicare, Medicaid, a Healthcare Flexible Spending Account that covers medical expenses (like the State's Medical Reimbursement Account), or any other medical plan.)
- For specific preventive care services, there's no deductible. Except for preventive care, you must meet the deductible before benefits begin for medical care or prescription drugs.
- If you have family coverage, you and your dependents must meet the family deductible before the plan pays benefits for any of you as individuals. If you have an HSA, you can use available funds for eligible expenses while you're meeting the deductible.

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.

Health Investor Plan Highlights

Health Investor HMO	
Covered Care:	Network Only
You meet annual deductible <ul style="list-style-type: none"> ▪ Individual coverage ▪ Family Coverage 	\$1,250 \$2,500 <i>With family coverage, you must meet the family deductible before anything but preventive care is covered</i>
What you pay for care received after deductible <ul style="list-style-type: none"> ▪ Medical Care ▪ Prescription Drug ▪ Generic and Preferred Brand ▪ Non-Preferred Brand ▪ Prescriptions administered through United Health 	20% 30% 50%
Annual out-of-pocket maximum (after deductible) <ul style="list-style-type: none"> ▪ Individual ▪ Family 	\$3,000 \$6,000
<i>After your out-of-pocket costs reach these maximums, for the rest of the calendar year the plan pays 100% for covered care in most cases, up to allowable costs.</i>	
Preventive care: Some routine physical exams, health screenings and immunizations	<i>Same as Traditional HMOs; no deductible required</i> <ul style="list-style-type: none"> ▪ Routine annual Physicals ▪ Screenings at published Intervals

State Life Insurance (Minnesota Life)

The State Life Insurance Program is a statewide, premium-paid plan whereby the State pays 100% of the premium. Minnesota Life Insurance Company underwrites the State Life Insurance. The coverage amount is \$25,000 for all full-time positions. Any change in salary will automatically update benefit and premium. This is a term life policy and does not have a load value. The plan also offers options of up to 7 times the base salary (maximum of \$1,000,000.00). The premium for optional insurance is based on a rate correlated to age and is paid wholly by the employee. Rates may be found in the life insurance brochures.

The State Life Insurance also includes an Accidental Death/Dismemberment (AD&D) benefit. This insurance benefit will be paid for accidental injuries evidenced by a visible wound or contusion on the exterior of the body (except in the case of drowning or internal injuries revealed by autopsy) and as a direct result of these injuries that the employee incurs within 180 days following the date of an accident, any of the following losses: loss of life-full amount of insurance paid to the beneficiary; loss of use of both hands, both feet, sight of both eyes, one hand and one foot, one hand and sight of one eye, one foot and sight of one eye full amount of insurance paid to the insured; loss of use of one hand, one foot, or sight of one eye one half the amount of insurance paid to the insured.

Flexible Spending Accounts

The Dependant Care Reimbursement Program provides a way for employees to pay for eligible dependent care expense on a pretax basis. Based on the amount you plan to spend on dependent care expenses during the coming year, you may elect to have this amount deducted in equal biweekly installments on a pretax basis and reimbursed when you incur the expense. Reimbursement checks are payable to you from the funds in your account within approximately four-five weeks from submission. The maximum amount allowed annually is \$2,500/\$5,000.

The Medical Reimbursement account provides a way for employees to pay for medical expense not covered under any insurance plan on a pretax basis. Employees may designate an annual amount for medical expenses to be deducted in equal installments. Reimbursements may be received after submission of claim forms and a benefit statement from your insurance carrier showing the amount paid, or denying coverage for the claim. (The maximum annual amount is \$5,000). Reminder: Any balances not used by the end of the plan year in reimbursement accounts will be forfeited.

Dental Insurance

Five companies offer dental plans for employees and their eligible family members.

Provider	Plan Type
Cigna Dental Plan	Pre-Paid
Ameritas Dental Plan	Indemnity
Assurant Pre-Paid	Pre-Paid / Indemnity
Comp Benefits Dental	Pre-Paid / PPO / Indemnity
United Dental Plan	Pre-Paid

Prepaid plans require selection of a dentist from a list of providers and co-payment amounts are based the type of service provided.

Indemnity Plans allow dental care using any dentist of choice and pay for dental services in accordance with a schedule of benefits. There is usually a deductible (\$50.00 Individual/ \$150 Family) and a maximum benefit per year from \$750 to \$1,200.00, depending on the plan selected.

DPPO Plans pay based on established percentages for in-network dentists and out-of network dentists. If there are no participating DPPO's in our area, then you may choose the plan and go to an out-of-network dentist (non-DPPO) at a higher cost to you. There is a deductible of \$25.00/\$50.00 and a maximum benefit of \$1,200.00. Brochures for each company and plan, along with the premium information may be obtained through the Office of Human Resources or online.

Supplemental Health Plans

Supplemental Plans are insurance coverages which pay directly to you and pay in addition to the coverage you have with your regular health insurance. There are several companies who offer supplemental plans. These plans are pretax plans, with the exception of some of the disability plans. The plans available are Accident/Disability (With Colonial), Accident/Disability (Gabor), Cancer Care/Intensive Care and Hospital Supplements.

More detailed information in brochure format (with applications) may be obtained at the New Employee

Orientation or requested from the Office of Human Resources.

Cancer Care/Intensive Care Insurance

Cancer Care coverage is offered by two companies for the employees and their family members (spouse and dependents, unmarried children to age 25.) Premiums for these plans are pretax. When enrolled, this insurance helps with costs related to cancer diagnosis and treatment. Options can be selected to pay set amounts for surgery and other cancer related treatments. The companies offering Cancer Care are: American Family Life Assurance Company (AFLAC) / Colonial Life and Accident Insurance Company. Both companies also offer Intensive Care Coverage. Colonial offers a rider to their Cancer Coverage and AFLAC a separate option. The policies (or riders) provide a benefit for each day confined to a hospital for any medical reason.

Accident/Disability

Colonial Life and Accident Company offers a Pre-tax Accidental and a Disability plan that pays a monthly income from the seventh (7) day of injury for a maximum for 6-12-24 months. A full explanation of coverage and premiums is available from a Colonial representative at 850.912.4494.

Full Term Disability Income

The Gabor Agency offers a post-tax Accident/Disability plan that pays a weekly/monthly income. The benefit is paid from day 31 of disability or day 91 of disability. All UWF employees working 20 hours or more a week in a regularly established position are eligible for enrollment during the first 60 days of employment. Coverage is 66 2/3% of an employee's regular salary not to exceed \$9,000 a month. The State University System Long Term Disability Plan is a coordinated benefit, meaning that the benefit amount paid is offset by other forms of disability benefits. These other benefit payments include: Workers' Compensation, Social Security, other governmental or employer-sponsored plans and paid leave (sick or annual) by UWF. These other forms of income will reduce disability benefits under the plan. However, despite the total reduction employees will still be entitled to a monthly minimum benefit of \$100 or 10% of gross monthly benefit, whichever is greater.

This plan also provides rehabilitation benefits, 3-month survivor benefit, a cost of living adjustment, and a Pension Supplement Benefit. The Pension Supplement establishes a retirement annuity if disability last six months or longer.

Cost for the insurance is \$0.94 per \$100 (30 day elimination period) or \$0.61 per \$100 (90 day elimination period) of an employee's regular rate of pay.

Hospital Supplements

UWF offers plans from two different companies providing hospital supplemental coverage to employees and their eligible family members. When enrolled, this insurance pays a daily benefit for each day hospitalized and a percentage of the daily benefit for ambulatory surgery, home health care facility. Alta also offers hospital supplements that offset out of pocket expense incurred when covered under the State PPO. Premiums for these plans are pretax. The three companies offering the hospital supplemental coverage are: Aflac, Alta and NewEra.

Traditional Plans

The following plans are not pretax plans and do not normally have an annual open enrollment. Employees must enroll during their first 60 days of employment.

Gabor Group Term Life Insurance

Each employee may choose a Group Term Life Insurance benefit not less than 100% of their annual salary or more than 300% of their annual salary. There is a \$150,000 maximum amount for employees under age 55 and a \$100,000 maximum for employees age 55 to 62. Conversion is available by contacting Gabor Agency.

Permanent Life Insurance

Permanent Life Insurance with a guaranteed rate may be purchased by UWF employees up to age 66. Employees may select insurance of any permanent plan such as Whole Life, Life Paid Up at 65, Twenty-Payment Life, or Flexible Premium Adjustment Life (Universal Life.)

Permanent Life Insurance for Spouse

Permanent Life Insurance may be purchased on an employee's spouse up to age 60. Amounts of coverage for a spouse range from \$2,500 to \$5,000; greater amounts may be taken by providing evidence of insurability. Rates are calculated based on the same criteria as the employee.

Convertible Life Insurance for Children

Employees may purchase Convertible Term Life Insurance for dependent children on a guaranteed basis during the first sixty days of employment. They may insure children for \$1,000 of term insurance, which may be converted on the child's 25th birthday to \$5,000 coverage. No evidence of insurability is required.

Accidental Death and Dismemberment

Employees may select any amount of coverage from \$20,000 (minimum) to \$250,000 (maximum.) They may cover spouses for 50% of the employee amount. This coverage may be purchased up to age 62 any time and does not require participants to prove they are insurable. Monthly premium rates for each \$10,000 of coverage are \$0.44 for individual coverage and \$0.64 for family coverage.

Long Term Care

Long Term Care Insurance is designed to provide the type of care received either at home or in a facility when someone needs assistance with activities of daily living. This includes bathing, dressing, transferring, continence or eating. It also includes severe cognitive impairment.

Four plans are available with a choice of monthly benefit (from \$1,000.00 to \$4,000.00 with guaranteed issue) and limits of duration (three or six years with guaranteed issue.) Employees may purchase higher amounts or longer durations with a medical application and acceptance by the insurance company. The company handling Long Term Care is John Hancock, a company with the Gabor Agency.

Florida Retirement System (FRS)

All employees are eligible for the Florida Retirement System. Retirement benefits may be received upon 33 years of service or age 65 with at least 8 years of service. All employees have a choice of Retirement Options that includes the Florida Retirement System (FRS) Pension Plan or the Florida Retirement (FRS) Investment Plan. Employees in a benefit eligible pay plans are also eligible for the Optional Retirement Program (ORP.) Employees have five months from date of hire to select between the Pension Plan and the Investment Plan under the Florida Retirement System. ORP eligible employees must decide within ninety days of hire or will be defaulted into the FRS Pension plan. FRS eligible employees must make a selection within five months of hire or default to the FRS Pension Plan. All plans, starting July 1, 2011, will require employees to mandatorily contribute 3% of the biweekly base salary.

The *FRS Pension Plan* benefit is based on: your age and length of service at retirement, the average of your highest five years of salary, and your FRS membership class.

The *FRS Investment Plan* is based on: employer contributions, your choice of investments and the rate of return on your retirement investments.

Deferred Retirement Option Program (DROP)

Employees enrolled in Florida Retirement System or Teacher’s Retirement Program are eligible to participate in DROP. Employees must have a minimum of six years service and be 65 years of age, or have completed thirty-three years of service. Special Risk Employees require only 30 years of service or attained 60 years of age.

At the end of the DROP period (when the employee terminates) the employee will begin receiving monthly retirement benefits and a lump sum from the DROP account.

Phased Retirement Program

The UFF/BOR bargaining unit agreement provides a Phased Retirement Program for in unit faculty. Phased retirement permits the employee to retire and work one-half time for 5 years after retirement. To be eligible, employees must have accrued at least six years of creditable service in the Florida Retirement System or the Teacher’s Retirement System. To participate in the Phased Retirement Program the employee must submit a written notice to the university prior to age 63. Once retired, an employee must remain off the payroll for one full calendar month before returning to work as a phased retiree.

Optional Retirement Program (ORP)

All eligible University Work Force and faculty employees appointed for one calendar or an academic year are eligible for the Optional Retirement Program (ORP.) Eligible employees must choose between the FRS (which includes the Pension or Investment Plan) or the ORP retirement plan within the first 90 days of employment. If employees do not make a retirement choice, the employee will be defaulted into the Florida Retirement System (Pension Plan.) See the Comparison Chart for the Optional Retirement Program and the Florida Retirement System on the following page.

If an employee participates in the Optional Retirement Plan a contract will need to be obtained from one of the below financial agencies. Call the Office of Human Resources or the representatives listed below for further information.

Financial Representation	Contact	Contact Number
ING Insurance Company of America	Samantha Wells, Gabor	850.291.5379
CONSECO Variable Insurance Company No new accounts	Samantha Wells, Gabor	850.291.5379
MetLife Investors USA Insurance Company	Wilk McKean	800.763.2838
Teachers Insurance and Annuity Association – College Retirement Equities Fund (TIAA – CREF)	Howard Reiff	(877) 267-4510 ext. 5109
Variable Annuity Life Insurance Company (VALIC)	Tom St. Clair	800.892.5558

Comparison of FRS (Pension and Investment) and ORP

FLORIDA RETIREMENT SYSTEM PENSION PLAN	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN	OPTIONAL RETIREMENT PROGRAM (ORP)
Define benefits plan. Vested upon eight (8) years of creditable service. The amount received at retirement is based on age, number of years service, value of each year and average of highest five years of compensation.	Optional Defined Contribution program. Vested in one (1) year. Contributions made into employee’s elected funds by employer.	Defined contribution plan. Each pay period the university contributes an amount based on percentage of an employee’s earnings) so that the employee may purchase an annuity upon retirement. This plan provides immediate vesting and a retirement benefit based on the amount of funds contributed, the investment earnings of those funds, and the type of annuity the employee selects.
FLORIDA RETIREMENT SYSTEM PENSION PLAN	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN	OPTIONAL RETIREMENT PROGRAM (ORP)
Employer Contributions only Funded by State of Florida and Employee (3%). Employer premiums are not refundable. The ultimate retirement benefit is calculated as shown above. Employer contribution has no direct effect on retirement benefit. Employee funds are refundable.	Employer Contributions only Contributions totaling 9% of an employee’s salary are currently made by the university into funds selected by employee. Employee pays 3%.	Employer Contribution – Employee Contributions, 3% mandatory The university will automatically contribute to an employee’s account for each payroll period. The percentage is based on the amount established under State Law, currently 7.42%. Contributions on an employee’s behalf will be made to a retirement contract selected by the employee and in the employee’s name. Lump Sum withdrawals are

		prohibited. Exception: If account is less than \$3,500 and an employee terminates from the university, they may request a cash-out.
FLORIDA RETIREMENT SYSTEM PENSION PLAN	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN	OPTIONAL RETIREMENT PROGRAM (ORP)
Employee Contributions Full cost paid by the Employer and Employee (3%). Employees may supplement retirement benefits by participating in a private 403 (b) Tax Shelter Program or the State Deferred Compensation Program (457).	Employee Contributions Employee makes 3%.	Employee Contributions Employees must mandatorily contribute 3%. In addition, Employees may make voluntary contributions into their ORP plan in accordance with IRS regulations.

FLORIDA RETIREMENT SYSTEM PENSION PLAN	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN	OPTIONAL RETIREMENT PROGRAM (ORP)
Eligibility for Early/Normal Retirement Employees may retire upon vesting and reaching age 65 or at 33 years of service regardless of age. Early retirement may be taken with a penalty of 5% for each year under age 65.	Eligibility for Early/Normal Retirement Must be vested and terminated from all state employment. Penalties may be assessed for payments beginning prior to age 59 ½.	Eligibility for Early/Normal Retirement No age or length of service requirements to begin receiving annuity payments. Employee must be terminated from all state employment. Penalties may be assessed if the annuity payments begin prior to age 59 ½.
FLORIDA RETIREMENT SYSTEM PENSION PLAN	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN	OPTIONAL RETIREMENT PROGRAM (ORP)
Benefits at Retirement Retirement benefits are based on an employee's average final compensation, total years of creditable service, and the value of each year's service. Average Final Compensation means the average of the highest five years service divided by five. Creditable years service means number of years in the Florida Retirement System.	Benefits at Retirement Benefits will be based on amount invested and how well investments do.	Benefits at Retirement Benefits will be based on investment earnings of funds contributed by the university on the employee's behalf. The optional forms of payment available at retirement will depend on the type of annuity selected by the employee and the level of survivor benefits the employee wants to ensure. Employer-funded policies must be converted to monthly annuity payments, lump sum withdrawals are prohibited. IRS imposes minimum distribution requirements in respect to when an employee must begin receiving ORP retirement income. State employees must begin their distribution by April 1 of the calendar year following either the calendar year in which they attained age 70 ½ or in which they retire, whichever is later.
FLORIDA RETIREMENT SYSTEM PENSION PLAN	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN	OPTIONAL RETIREMENT PROGRAM (ORP)
Disability Benefits If an employee becomes permanently and totally disabled they are eligible to receive monthly benefits from the Florida Retirement System after ten years of creditable service. Effective July 1, 2001, employees may qualify for retirement benefits after eight years service. The state provides for a minimum of 25% of an employee's average final compensation.	Disability Benefits Disability benefits will be available by retiring based on the amount of account at the time disability occurs, or if eligible, transfer to the Pension Plan and receive a monthly disability benefit for life. Eligibility requires satisfaction of s.121.591(2) and approval by the Division who would transfer the total investment account into the FRS Trust Fund.	Disability Benefits There are no disability benefits provided by the ORP.
FLORIDA RETIREMENT SYSTEM PENSION PLAN	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN	OPTIONAL RETIREMENT PROGRAM (ORP)
Death Benefits After six years service an employee's spouse or financial dependent will be eligible to draw monthly benefits from the FRS. Death of an employee in the line of duty qualifies a spouse to lifetime monthly benefits regardless of total years service of the employee.	Death Benefits Named beneficiary to receive full value of annuity account.	Death Benefits In the event of an employee's death before retirement the beneficiary will be entitled to receive the full value of the employees annuity account. The beneficiary may receive a lump sum payment or elect to receive a monthly annuity.
FLORIDA RETIREMENT SYSTEM PENSION PLAN	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN	OPTIONAL RETIREMENT PROGRAM (ORP)
Cost-of-living Provisions Once an employee begins drawing retirement benefits, the benefits will be increased by a 3% cost-of-living increase adjustment for service prior to July 1, 2011.	Cost-of-living Provisions Not eligible for FRS cost-of-living provision. Amount of annuity is determined by the form of annuity selected. Fixed income will not change. Variable annuities fluctuate based on investment returns.	Cost-of-living Provisions Once an employee elects to begin receiving a retirement annuity the benefit amount will be determined by the form of annuity contract selected. Fixed income will not change. Variable annuities fluctuate based on investment returns.

FLORIDA RETIREMENT SYSTEM PENSION PLAN	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN	OPTIONAL RETIREMENT PROGRAM (ORP)
Dual Employment FRS members are prohibited from participating in more than one State retirement plan or FRS class or membership.	Dual Employment Employees may not participate in more than one retirement plan.	Dual Employment Participants are prohibited from participating in more than one State retirement plan or membership class simultaneously.

Tax Deferred Annuity Programs (403b)

UWF provides six companies that offer (403b) Tax Deferred Annuity Plans to employees. These plans allow employees to defer money prior to taxes being withheld. Funds placed in Tax Deferred Annuity Plans are not tied to State employment. Funds may be withdrawn prior to retirement, but in most cases a penalty may have to be paid, and in all cases the money withdrawn would be subject to current federal income taxes. Employees interested in information regarding the University of West Florida's Tax Deferred Annuity Programs may contact the Office of Human Resources or the agents shown below for brochures outlining the available plans:

Financial Representation	Agent	Contact Number	Financial Representation	Agent	Contact Number
<u>ING/</u>	Samantha Wells	291.5379	<u>TIAA-CREF</u>	Howard Reiff	(877) 267-4510 ext. 5109
<u>MetLife</u>	Wilk McKean	800.763.2838	<u>VALIC</u>	Tom St. Clair	479.3177

State Deferred Compensation

The State Deferred Compensation Plan is provided to allow employees to set aside a portion of their salary and receive its value at retirement. Money is deferred before taxes and any investment earnings on this money are allowed to accumulate without being subject to current federal income taxes. Monies placed in the State Deferred Compensation Plans may not be withdrawn until retirement, termination of the contributor from employment with the State of Florida, or proof of financial hardship as defined by Internal Revenue Services has been provided.

Employees interested in the State Deferred Compensation Plan may contact the companies directly or contact the Office of Human Resources.

State Deferred Contacts	
Valic Toll Free 1-800-568-2542 www.aigvalic.com/floridadcp	ING Toll Free 1-800-282-6295 www.ingretirementplans.com
T Rowe Price 888-457-5770 <i>Current participants:</i> www.rps.troweprice.com <i>First-time investors:</i> http://rps.troweprice.com/florida457 e-mail	Great West Toll Free 1-800-444-9412 www.florida457.com
Nationwide Toll Free 1-800-949-4457 www.nrsflorida.com	

PIE/Awards

All current employees are eligible to participate in the Program for Incentive and Efficiency (PIE.) Proposals must recommend specific action(s) directly affecting operation or procedure at The University of West Florida and must be original.

Proposals must permanently reduce the cost of an activity and produce an opportunity to reallocate resources or permanently produce additional net revenues to the university. The proposed is eligible to receive up to 10% of the first year's net savings, up to \$25,000. Contact the Office of Human Resources at extension 2610 for further details.

In addition, employees are eligible to be nominated for superior performance awards under divisional programs.

University Work Force and 12-Month Faculty Annual Leave Accrual

Full-time University Work Force and 12-month faculty employees accrue 7.00 hours annual leave each biweekly pay period. Part-time employees accrue leave proportionate to hours worked. 12 month faculty in-unit bargaining employees accrue 6.77 hours biweekly. Employees who accrue beyond 352 hours of annual leave in a year will have all annual leave hours over 352 transferred into their sick leave balance. Upon termination, payment may be paid for up to 352 hours of unused leave.

Sick Leave

9/12 month faculty in-unit accrue 4 hours sick leave each pay period. Sick leave accrual for UWF, in-unit covered by PBA and non-unit 12 month faculty full-time employees shall be noted below. All employees will have proportionate accrual for less than full-time.

0-5 Years	4.00 hours per pay period
5-10 Years	5.00 hours per pay period
10-20 Years	6.00 hours per pay period
≥ than 20 Years	7.00 hours per pay period

Years of service for purposes of sick leave accrual are limited to service at the University of West Florida. There is no payment for sick leave upon termination until the employee has completed 10 years of service. After 10 years of service, an employee is paid for 1/8 of the balance accrued prior to October, 1973, and ¼ accrued after October, 1973, with a maximum payoff of 480 hours of this balance.

Sick Leave Pool

Eligible University Work Force employees with at least one year of employment with the University of West Florida and 64 hours of accrued sick leave are eligible to join the Sick Leave Pool. Membership in the Pool requires an initial contribution of 16 hours (prorated for part time employees) of accrued sick leave. Members of the Sick Leave Pool may donate hours to a specific member of the Pool. Donated hours are subject to the provisions of the Sick Leave Pool Procedures, as governed by the Sick Leave Pool Committee Charter. All unused donated hours will remain in the general Pool. Procedures for other donations to the Pool are set forth in the Sick Leave Pool Procedures. All Sick Leave Pool donations are non-refundable.

Employee Tuition Waiver

Full-time University Work Force employees who are not covered by a bargaining unit and to those employees who are covered by a bargaining unit that negotiated this benefit with the university are permitted up to six (6) credit hours of course work at UWF per term (fall, spring, summer) without payment of tuition or mandatory fees. An employee may assign all or part of his/her six (6) credit hours to his/her dependents; however, the total for the employee and his/her family cannot exceed six (6) credit hours per semester. Employees may enroll in courses at the undergraduate or graduate level. Dependents may enroll in undergraduate and graduate courses; however, dependents may not enroll in more than three (3) credit hours per semester in graduate courses. Courses such as directed studies, practicum, internships, music and theatre performance, continuing education, and one-on-one course situations such as theses and dissertations are not authorized.

SERVICES

Employee Assistance Program (EAP)

The University of West Florida has contracted Horizon Health for separate and confidential counseling services for employees and their dependents. For more information visit their website at: www.horizoncarelink.com (use

Login: UWF and Password: UWF). For direct assistance, call 1.800.272.7252. Brochures are also available in Human Resources.

Credit Unions

Employees may enroll in the Florida State Employees Federal Credit Union (FSEFCU) or PENAIR Federal Credit Union.

FSEFCU may be contacted by calling 474-1400 or by visiting their website at: <http://www.fsefcr.org/contact.html>
FSEFCU is located at 1645 East Nine Mile Road.

PENAIR information may be accessed at their website at: <http://www.penair.org/>.
PENAIR is located at 1495 East Nine Mile Road.

All contributions to the Credit Union are made by payroll deductions. Deduction amounts may be changed in Payroll in Financial Accounting Services, Bldg. 20E, phone: 474.3051.

Bank of Pensacola

A Bank of Pensacola ATM is located in the Commons. You may withdraw cash, but cannot make deposits. Normal service fees apply.

Nautilus Card

The Nautilus Card is the University of West Florida official I.D. Card for university employees. The Nautilus Card allows employees the opportunity to deposit money in the Nautilus account for withdrawal when using vending machines, meal purchases in the cafeteria, library card, fees and Book Store purchases. For additional information or issue of card, contact Nautilus Card Office, Building 20 West, Room 162, 474.3324.

Blood Bank

UWF employees and their immediate family members qualify for this service immediately upon employment. Employees and their family members who use blood from the Blood Bank will receive a discount. Employees who are physically able to do so are encouraged to donate blood to the UWF account whenever possible. Contact Health Services, 474.2172, for additional information.

The Commons

The Commons, Building 22, houses the Nautilus Market, Argo Galley, Mamma Leone's and Quiznos Subs (table service and evening entertainment.) Also in the Commons is the university game room (Argos) where employees, students, and staff members may play table tennis, billiards, electronic games, pinball, and/or watch television.

Discount Tickets

Discount tickets are available in the Office of Human Resources for the following: Six Flags over Georgia, Sea World, Busch Gardens, Sesame Place, Water Country, Adventure Island, Wild Adventures and Cypress Gardens. Savings on tickets for Universal Studios can only be obtained at: <http://www.ticketmaster.com/promo/26913> using promotional code **FAN62397**. Savings on vacation packages for Universal Studio can be obtained at: <http://www.universalfanclub.com/orlando/memberbenefits/memberbenefits.htm> using promotional code **FAN62397**. If you are planning to visit any of these attractions you may pick up your discount tickets from the Office of Human Resources, Bldg. 20E or visit our website at: <http://uwf.edu/ohr/Vacation%20Information.pdf> or call 474-2694/474-2205.

Emergency Assistance Program

Monetary assistance is available to University Work Force employees (including retirees) and their immediate families in emergencies. To request assistance, contact the Chairperson of the Staff Council for an application and further information about this program. All employees are encouraged to donate, if possible, and may do so by payroll deduction. Contact the Office of Human Resources for a deduction authorization form.

Post Office

There is a branch Post Office located in the Commons, Building 22 and Room 193 where employees, students and faculty members may purchase stamps or money orders and mail packages. Postal services also include certified, registered, and insured mail. For additional information, contact the university Post Office, 474.2436.

WUWF 88.1 FM Public Radio Station

A licensee of the University of West Florida, public radio station *WUWF-FM* employs a full-time, professional staff of fourteen and broadcasts at a power of 100,000 watts. *WUWF*, located in Building 88, features classical, jazz, and eclectic music, morning and afternoon news and information programming. For more information and a complimentary copy of *WUWF's* monthly program guide, *Discovery*, call *WUWF* at 474-2327.