

FLORIDA ATLANTIC UNIVERSITY

Your
future
awaits.



FAU HUMAN RESOURCES
Florida Atlantic University



State Benefit Programs

The State of Florida offers the following pre-tax insurance options:

- *Health*
- *Basic Life*
- *Dental*
- *Vision*

- *Flexible Spending Accounts*

(Medical Reimbursement Account, Dependent Care Reimbursement Account, etc.)

- *Other Supplemental Insurances*

(Accident, Cancer, Disability, Hospitalization, and Hospital Intensive Care)

Insurance elections must be made through People First



Who is People First?

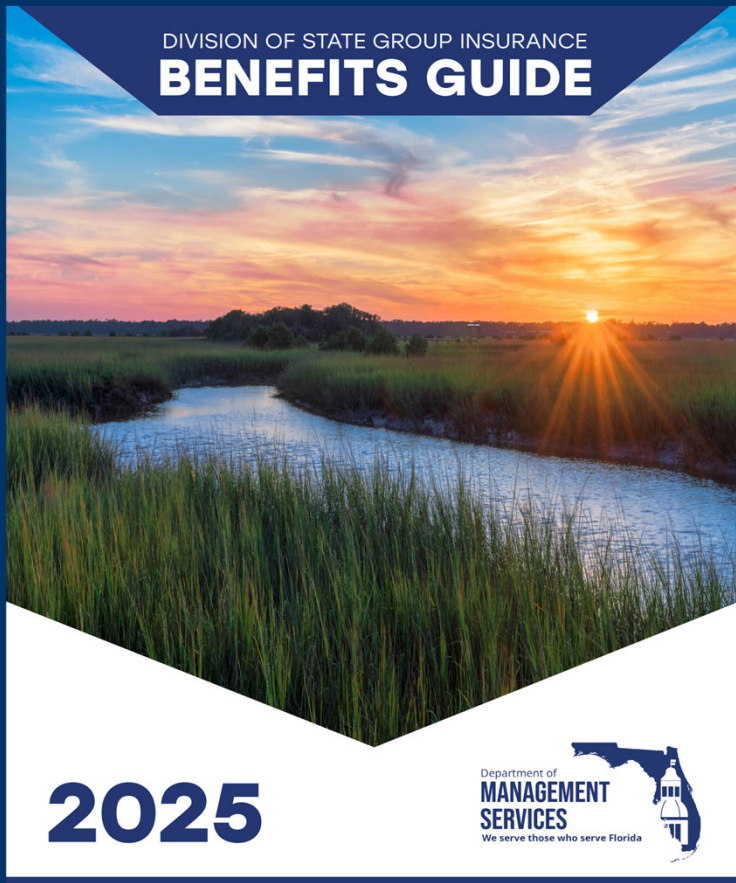
- Plan administrator for State of Florida insurance, including state universities like FAU

- Responsible for the following:
 - ✓ Plan Enrollments
 - ✓ Dependent Eligibility
 - ✓ Qualifying Status Changes
 - ✓ Open Enrollment
 - ✓ COBRA





New Employee Benefits Guide



Visit:

<https://www.mybenefits.myflorida.com/health>

Click on Benefits Guide



How to Enroll

- Online
 - <https://peoplefirst.myflorida.com>
 - User ID and Password Required
- People First Service Center
 - Hours: Mon – Fri 8:00 a.m. to 6:00 p.m.
 - Phone Number: 866-663-4735
 - User ID Required



To Receive People First User ID

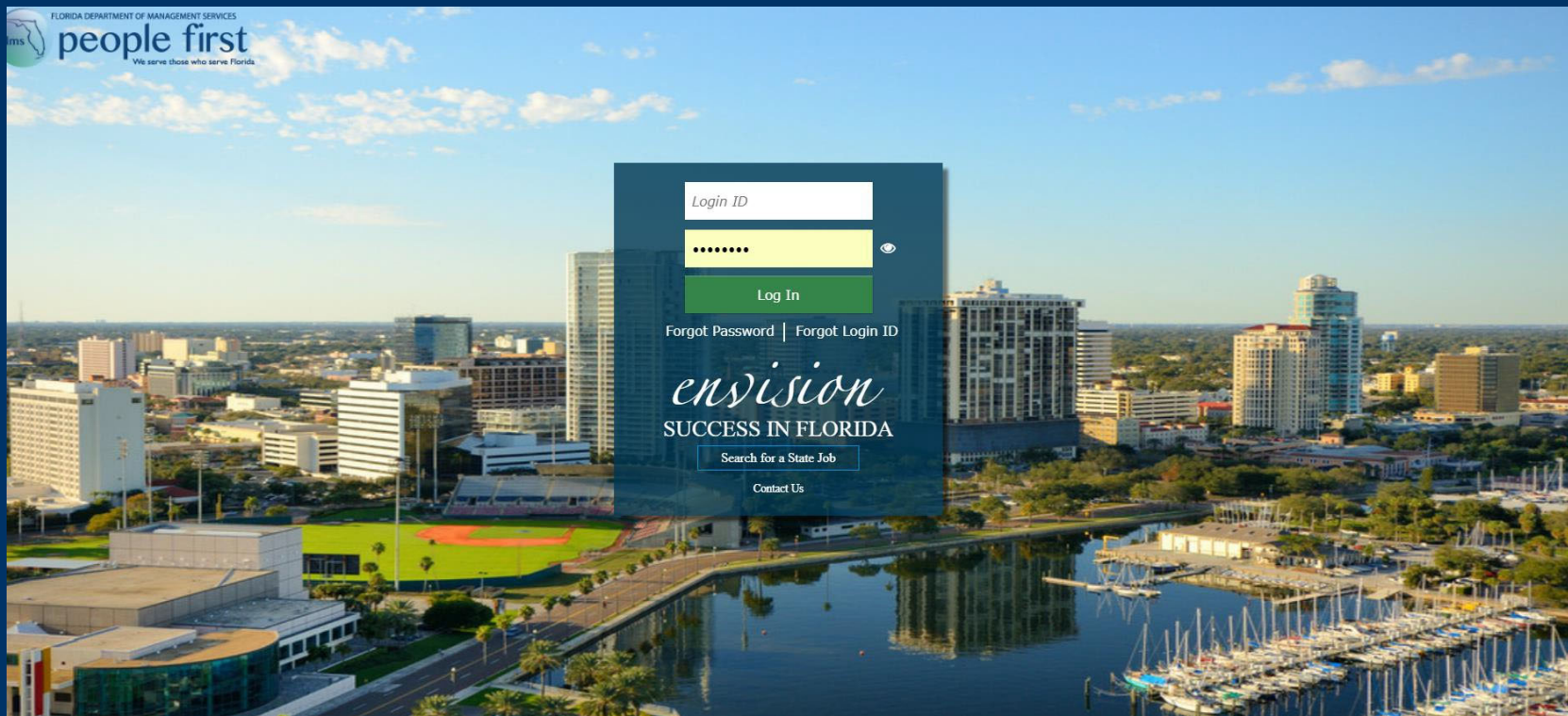
- Employee information is entered into Workday (onboarding completed in full)
- Daily electronic file is submitted to People First on hire date.
- You will receive your People First ID from the Benefits office via e-mail.
- People First also mails informational packet (including User ID) to employee's home address, **as listed in Workday.**

Important

If you are transferring from another State Agency, a new FAU People First appointment ID will be assigned to you by People First. You may have to create a new password!



People First default password: Pf + Birthdate = PfMMDDYY





Insurance Effective Dates

Employees have **60 days** from hire date to enroll in insurance.

The *earliest effective date* for health insurance is the:

1st day of the month following hire.

Example: If you are hired on January 3, 2024, the earliest your health insurance coverage can be active is February 1, 2024*.

*You must complete your enrollment with People First before 4pm on January 29, 2024.

Supplemental Insurance Plan effective dates are normally the 1st day of the month after deductions have been taken.



Changing Insurance

Employees have two (2) ways of changing insurance elections after the 60 day new hire period:

1. Qualifying status change

-Examples: Marriage, divorce, birth/adoption of child, spouse insurance termination, etc.

2. Open Enrollment

- Held annually each Fall (begins mid/late October)

- Coverage changes effective January 1 of the following year



Eligible Dependents

- Spouse (Legally Married)
- Children (Until the end of the year they turn 26)
 - May be eligible until age 30 if they meet certain criteria:
 - Unmarried, no dependents of their own, dependent on you for financial support, live in Florida or attend school in another state, and have no other health insurance
 - Children with disabilities may be covered after age limit if they meet certain criteria



Dependent eligibility verification documentation is required by People First!



Health Insurance

- Insurance cards are mailed AFTER the effective date. You can also login to your plan provider website, after the effective date, to print temporary id cards.
- Premiums are paid one month in advance and will be automatically deducted from FAU biweekly paychecks.



Types of Health Insurance:

- **PPO** – Florida Blue (Blue Cross Blue Shield)
 - Includes in-network and out of network benefits and deductibles.
- **HMO** – Providers differ, depending on county of residence.
 - In-network coverage only, no deductibles or out of network coverage.

COUNTY	PLAN PROVIDER
Palm Beach / Martin	United Healthcare HMO
Broward / Miami-Dade / St. Lucie	Aetna HMO
Indian River	Aetna HMO

Plan Options:

- Standard
- Health Investor Health Plan
(HIHP/high deductible)

*United Healthcare MA-PD PPO – Available to State of Florida retirees only.



Health Insurance: HIHP Option

- Health Investor plan offers choice of PPO or HMO
 - *Note – same providers as standard plan options*
- Employee assumes greater responsibility with healthcare
- Lower Premiums
- High Deductibles - *Including deductibles for HMO plans*
- Participation in Health Savings Account (HSA) to offset out-of-pocket expenses



Health Plan Summary Comparison Chart (excluding MA-PD plans)

Costs	Standard				High Deductible (Pair with Health Savings Account)	
	HMO	PPO		HMO and PPO	PPO Only	
		In Network	Out-of-Network			
Annual Deductible ¹	None	\$250 Single \$500 Family	\$750 Single \$1,500 Family	\$1,650 Single \$3,300 Family	\$2,500 Single \$5,000 Family	
Global In-Network Annual Out-of-Pocket Maximum	\$9,200 Per Indiv. \$18,400 Per Family Combined Pharmacy and Medical	\$9,200 Per Indiv. \$18,400 Per Family Combined Pharmacy and Medical	N/A	\$4,650 Per Indiv. \$9,300 Per Family \$3,000 (HMO) \$6,000 (HMO) Combined Pharmacy and Medical	N/A	
Preventive Care ¹	No Charge	No Charge No Deductible	Amount between charge and out-of-network allowance; No Deductible	No Charge; No Deductible	Amount between charge and out-of-network allowance; No Deductible	
Primary Care	\$20 Copayment	\$15 Copayment	40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance	Deductible then 20% of network allowed amount	Deductible then 40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance	
Specialist	\$40 Copayment	\$25 Copayment				
Urgent Care	\$40 Copayment	\$25 Copayment	\$25 Copayment			Deductible then 20% of out-of-network allowance
Emergency Room	\$100 Copayment	\$100 Copayment	\$100 Copayment			
Hospital Stay	\$250 Copayment	20% After \$250 Copayment	40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance	Deductible then 20% of network allowed amount	Deductible, \$1,00 Copay; then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance	
Prescription Drug	\$7 Generic \$30 Preferred \$50 Non-Preferred	\$7 Generic \$30 Preferred \$50 Non-Preferred	Pay in Full; File Claim for Reimbursement	After Paying Deductible, 30% Network Retail 30% Retail 50% Mail Order	Pay in Full; File Claim for Reimbursement	
Up to 90-Day Supply	\$14 Generic \$60 Preferred \$100 Non-Preferred	\$14 Generic \$60 Preferred \$100 Non-Preferred				



Health Insurance Standard Options

Plan Type	Coverage Level	Monthly Premium
PPO or HMO – Standard	Individual = Employee ONLY	\$50.00 per month
PPO or HMO – Standard	Family = Employee + eligible dependents	\$180.00 per month
PPO or HMO – Standard - Spouse Program	Family = Employee + eligible dependents	\$30.00 per month = \$15.00 per month/spouse

- Premiums listed are for full time employees

**FAU will contribute \$844.82 monthly for individual coverage and over \$1,834.20 for family or spouse coverage, effective plan year 2025.



Health Insurance HIHP Options** (high deductible plan)

Plan Type	Coverage Level	Monthly Premium
PPO or HMO – HIHP	Individual = Employee ONLY	\$15.00 per month
PPO or HMO – HIHP	Family = Employee + eligible dependents	\$64.30 per month
PPO or HMO – HIHP - Spouse Program	Family = Employee + eligible dependents	\$30.00 per month = \$15.00 per month/per spouse

- ****Includes HSA with FAU contribution**
 - \$41.66/month individual up to \$500/annually
 - \$83.33/month family, up to \$1,000/annually
- **Premiums listed are for full time employees**



STANDARD PLAN OR HIGH DEDUCTIBLE HEALTH PLAN?



STANDARD PLANS		
	PPO	HMOS
Choice of Providers	In or Out of Network	Network only
Open a Health Savings Account (HSA)	No	No
Have a Reimbursement Account	Yes – Active Employees Healthcare Flexible Spending (FSA)	
Annual Deductible	Lower	None
How You Pay for Most Medical Care	<p>NETWORK: set copayments or percentage of network allowed amount after deductible</p> <p>NON-NETWORK: percentage of non-network allowance after deductible and any balance up to charges</p>	Set copayments
Preventive Care	Certain routine, preventive services, and immunizations covered at 100%	
Annual Out-of-Pocket Maximum	Lower	Lower

HRA:

- No limit
- Rewards credits as earned.
- Money remains as long as you are an active enrollee in a State Group Plan.
- Employer contribution only.

FSA:

- Personal pretax contribution
- No state contributions
- \$550 max rollover
- Can't take with you when you leave state employment

HIGH DEDUCTIBLE HEALTH PLAN		
	PPO	HMOS
Choice of Providers	In or Out of Network	Network only
Open a Health Savings Account (HSA)	Yes – Active Employees	Yes – Active Employees
Have a Reimbursement Account	Yes – Active Employees Limited Purpose Medical Reimbursement Account	
Annual Deductible	Higher	Higher
How You Pay for Most Medical Care	Percentage of cost after deductible	
Preventive Care	Certain routine, preventive services, and immunizations covered at 100%	
Annual Out-of-Pocket Maximum	Higher	Higher

HSA:

- Personal pretax contribution
- State contributions
- Rolls over every year
- Can take it when you leave state employment *

* Post Deductible HRA & Limited Purpose FSA is available.

For more information on selecting your benefits, please visit mybenefits.myflorida.com/health.



DEDUCTIBLES: Standard vs. HIHP FLORIDA ATLANTIC UNIVERSITY

Health Plan	Coverage Level	In-Network Deductible	Out-of-Network Deductible
HMO – Standard	Individual/Family	None	None / No out of Network Coverage
PPO – Standard	Individual/Family	\$250 / \$500	\$750 / \$1,500
PPO/HMO –HIHP	Individual	\$1,650	\$2,500
PPO/HMO –HIHP	Family	\$3,300	\$5,000

Important
Under "HIHP" plans, you are responsible for **100% of medical bills and prescription costs** until annual deductible has been met.



Prescription Drugs – Optum Rx

	Standard HMO and PPO ¹		High Deductible HMO and PPO ¹
	Retail (30-day)	Mail Order (90-day) and Retail (90-day)	Retail (30-day);Mail Order (90-day) and Retail (90-day)
Generic	\$7	\$14	30% ²
Preferred Brand-Name³	\$30	\$60	30% ²
Non-Preferred Brand-Name	\$50	\$100	50% ²

1. For those enrolled in the PPO Plan, it is required to obtain maintenance medications either through the mail-order pharmacy or a participating 90-day retail pharmacy after initially filling prescriptions at a 30-day retail pharmacy three times.
2. The member's cost for prescriptions applies after meeting the applicable individual or family annual deductible.
3. If you opt for a preferred brand-name drug when a generic alternative is available, you are responsible for covering the difference between the generic and preferred brand-name costs, in addition to the relevant brand copayment or coinsurance. However, if your physician specifies the medical necessity of the preferred brand-name drug or indicates "dispense as written" with a reason on the prescription, you only pay the appropriate brand copayment or coinsurance.





Flexible Spending Accounts

It's easy to manage your account!

- Chard Snyder is the administrator of three types of Flexible Spending Accounts (FSA) that give you a tax break on eligible out-of-pocket expenses.
- Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted.
- Employees must contribute a minimum of \$60 per year to initiate an FSA.



Medical Reimbursement Account / Health Savings Account

Deductibles / Co-payments / Co-Insurance / IVF
Insulin supplies / Contact Lenses / Vision Expenses

****See IRS Pub 502 for all qualified expenses!

Dependent Care Reimbursement Account

Day care / In-home care / Nursery School
Pre-school and afterschool care/ Summer Camp
Elder Care services

Use it or Lose it!



2025 Flexible Spending Accounts

Flexible Spending Accounts (FSA)			Health Savings Account (HSA)	Health Reimbursement Account (HRA) and Post-Deductible HRA
Healthcare FSA	Limited Purpose FSA	Dependent Care FSA		
How it Works				
<p>You deposit 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.</p> <ul style="list-style-type: none"> 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. 	<p>You deposit pretax money into the account through payroll deductions to pay for eligible dental, vision and preventive care expenses.</p> <ul style="list-style-type: none"> 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. 	<p>You deposit 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.</p> <ul style="list-style-type: none"> Use the Benefit Card to pay for eligible dependent care services; Pay your provider directly from your account online; or Pay out of pocket for eligible dependent care expenses, then submit claims to be reimbursed. 	<p>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.</p> <ul style="list-style-type: none"> 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. <p>Spouse Program: If you enroll in a High Deductible Health Plan, both spouses are also eligible to enroll in an HSA. Each spouse will receive the monthly individual state contribution and each spouse can make payroll contributions up to half of the family maximum.</p>	<p>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.</p> <ul style="list-style-type: none"> 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. <p>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 \$1,650 and Family deductible is \$3,300.</p>
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. After age 65, you must be enrolled in an HDHP and <i>not</i> enrolled in Medicare or other Social Security benefits.	All State Group Insurance 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 account.
Employee Contribution Limit				
Yes. \$60 minimum/year. \$3,200 maximum/year	Yes. \$60 minimum/year. \$3,200 maximum/year.	Yes. \$60 minimum/year. \$5,000 maximum/year/ household. (Married couples filing separate taxes may contribute up to \$2,500 each)	Yes. No minimum contribution. \$4,300/year for single coverage \$8,550/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.



Shared
Savings:
Healthcare
Bluebook

Healthcare Bluebook

- Offers an online transparency website for you to “shop” for healthcare services, facilities, and providers
- You can earn rewards for some of the services that you or your dependents “shop” for.
- The rewards you generate can be deposited in your:
 - Health reimbursement account (HRA)
 - Post-deductible HRA (for enrollees in a high deductible health plan)
 - Health savings account (for eligible enrollees in a high deductible health plan)
 - Flexible spending account (FSA) (for enrollees in a standard health plan)
 - Limited purpose FSA (for enrollees in a high deductible health plan)



Healthcare Bluebook™

800-513-6118

FLORIDA ATLANTIC UNIVERSITY



Shared
Savings:
SurgeryPlus

SurgeryPlus

- SurgeryPlus is a voluntary benefit that provides pre-planned, non-emergency surgical services.
- By receiving services through SurgeryPlus, you and your dependents can earn financial rewards
- Coordinates services:
 - For example, rather than paying separately for the surgeon, facility, anesthesiologist, and radiologist, SurgeryPlus negotiates one “bundled” rate.



844-752-6170

FLORIDA ATLANTIC UNIVERSITY



2025 Dental Insurance

2025 Dental Plans	Prepaid Dental Plans (DHMO)			Preferred Provider Organization (PPO) Plans		Indemnity with PPO Plans		Indemnity Plans
	Cigna Prepaid Dental (4034)	Sun Life Prepaid Dental (4025)	Humana HD 205 Prepaid Dental (4044)	Ameritas, Humana, MetLife Preventive PPO (4023, 4094, 4033)	Ameritas, Humana, MetLife Standard PPO (4022, 4092, 4032)	Ameritas, Humana, MetLife Indemnity w/PPO (4021, 4090, 4031)	Sun Life Indemnity w/ PPO (4074)	Humana Indemnity (4084)
Type I: Preventative Services (Routine cleanings, X-rays, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	100% in-network 80% out of network	100% in-network 80% out of network	100% in or out of network	100% in or out of network	See benefit schedule: Reimbursement amounts
Type II: Basic Services (Fillings, root canals, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	80% in-network 50% out of network	80% in-network 50% out of network	80% in or out of network	80% in or out of network	See benefit schedule: Reimbursement amounts
Type III: Major Services (Crown, bridges, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	No coverage	50% in-network 30% out of network	50% in or out of network	50% in or out of network	See benefit schedule: Reimbursement amounts
Annual Deductible	No Deductible	No Deductible	No Deductible	Type I: No deductible Type II only: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No deductible Type II & III: Individual: \$50 Family: \$100	No Deductible
Annual Maximum	None	None	None	\$1,000	\$1,500	\$2,000	\$2,000 in-network \$1,500 out of network	\$1,000
Orthodontia	Yes, no age limit	Yes, no age limit	No age limit: Eligible for 25% discount at provider's discretion	No coverage	Yes, no age limit	Yes, no age limit	Yes, only dependents under 19	No Coverage
Waiting Period for Orthodontic Services	None	None	None	No Coverage	12 month waiting period (may be satisfied w/ prior creditable coverage)	None	None	No Coverage
Orthodontia Maximum	None	None	None	No Coverage	\$2,000 in-network; \$1,500 out of network	\$2,500 in or out of network	\$1,500	No Coverage



2025 Dental Insurance

Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan <ul style="list-style-type: none"> • Pays benefits only when you use network providers. • No deductible or annual maximum. • Most preventive care at no charge. You pay a fixed copayment for dental procedures listed on the copayment schedule. • Orthodontia: Covered for adults and children. 	4034	Cigna Prepaid Dental	\$22.81	\$44.94	\$53.59	\$68.46
	4025	Sun Life Prepaid Dental	\$14.93	\$25.17	\$33.26	\$43.54
	4044	Humana HD205 Prepaid Dental	\$12.64	\$21.20	\$23.00	\$32.98
PPO Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • Your cost is lower when you use a network dentist. • 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 Preventive PPO). 	4023	Ameritas Preventive	\$21.64	\$40.92	\$43.80	\$64.16
	4094	Humana Preventive	\$20.52	\$37.98	\$42.44	\$61.60
	4033	MetLife Preventive	\$18.32	\$33.86	\$37.84	\$54.94
	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 <ul style="list-style-type: none"> • Receive care from any dentist. • Your cost is lower when you use a network dentist. • You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the services you receive. • Orthodontia: Sun Life covers Children only orthodontia. 	4074	Sun Life Indemnity	\$43.55	\$83.61	\$98.83	\$130.35
	4021	Ameritas Indemnity	\$47.24	\$87.64	\$99.80	\$144.08
	4090	Humana Indemnity	\$45.76	\$84.66	\$94.60	\$137.34
	4031	MetLife Indemnity	\$46.16	\$85.38	\$95.42	\$138.52
Indemnity Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • You have a deductible to meet, and then you pay part of the cost for the services you receive. 	4084	Humana Schedule B	\$14.74	\$21.96	\$23.30	\$37.10





**2025
Vision**

Insurance



Coverage Level	Monthly Premium
Employee Only	\$5.92
Employee + Spouse	\$11.68
Employee + Children	\$11.56
Family	\$18.16

Vision Plan Chart		
Exam and Materials		
Benefit Frequency (based on the service date and not per calendar year)		
Exam Every	12 months	
Lenses Every	12 months	
Frames Every	24 months	
Benefits	In Network	Out-of-Network
Eye Exam	100% after you pay \$10 copay	\$40 allowance
Lenses:		
Single	100% after you pay \$10 copay	\$40 allowance
Bifocal	100% after you pay \$10 copay	\$60 allowance
Trifocal	100% after you pay \$10 copay	\$80 allowance
Scratch Resistance Lenses	\$40 allowance	Not Covered
Anti-Reflective Lenses	\$70 allowance	Not Covered
Frames	\$125 wholesale allowance	\$100 retail allowance
Contact Lenses		
Elective	\$150 allowance	\$75 allowance
Medically Necessary	100%	\$100 allowance
LASIK	Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures.	





State Life Insurance Underwritten by Securian

FLORIDA ATLANTIC UNIVERSITY

Basic Life Insurance – Value = \$25,000

Group Term, includes Accidental Death & Dismemberment (AD&D)	Beneficiary designation online or by mail	Monthly premium paid by FAU
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Optional Life Insurance – Value = 1–7x Annual Salary \$1,000,000 max.

Group Term, includes Accidental Death & Dismemberment (AD&D)	<ul style="list-style-type: none"> • Guaranteed issue up to \$500,000 • Underwriting necessary for any amount >\$500,000 • Beneficiary designation online or by mail 	Monthly premium paid by employee
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Spouse Life Insurance

\$15,000 coverage	Guaranteed issue during first 60 days of employment or marriage	\$5.18/Monthly Premium
\$20,000 coverage	No underwriting necessary	\$6.90/Monthly Premium

Child Life Insurance

\$10,000 coverage	Guaranteed issue for eligible children	\$0.85/Monthly Premium
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Supplemental Insurance Plans through People First

Supplemental Plans Comparison Chart		
Plan	Benefit Examples	Offered By
Accident	<p>Specified benefit amount(s) payable directly to the insured for covered accidents in which a doctor's office or hospital is visited for treatment of an accidental injury.</p> <p>Additional payments for follow-up visits and when crutches, wheelchairs, or other covered medical aids are needed for covered accidental injuries.</p> <p>Covers work and non-work related accidental injuries.</p>	<p><u>Colonial Insurance Company</u> 888-756-6701</p>
Cancer	<p>Specified benefit amount(s) payable directly to insured for cancer screenings, diagnosis and treatment.</p> <p>Utilize benefit payments as needed.</p> <p>Benefit amounts dependent upon coverage level selected.</p>	<p><u>Aflac*</u> (through Capital Insurance Agency) 800-780-3100</p> <p><u>Colonial Insurance Company</u> 888-756-6701</p>
Disability	<p>Supplements income loss during short-term disability to help pay living expenses.</p> <p>Can choose elimination period for accident and sickness related disabilities based upon need.</p>	<p><u>Colonial Insurance Company</u> 888-756-6701</p>
Hospitalization	<p>Specified payment amounts directly to covered individual when hospitalized.</p> <p>Additional payments, depending on the coverage selected, for ancillary services related to hospitalization.</p>	<p><u>Cigna Health</u> (through Capital Insurance Agency) 800-780-3100</p> <p><u>New Era</u> (through State Securities Corp.) 800-277-2300</p>
Hospital Intensive Care	<p>Daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit.</p>	<p><u>Aflac*</u> (through Capital Insurance Agency) 800-780-3100</p>
<p>* Both the Aflac Cancer and Aflac Intensive Care policies require submission of a paper application. Upon completion of an election in People First, please access the Aflac brochure on the MyBenefits/Resources website, complete it, and mail to the address listed at the top of the application. Contact Aflac or Capital Insurance Agency directly for application-related questions.</p>		

Capital Insurance Agency, Inc.
Cancer | Hospital Intensive Care

Hospitalization
Cigna

Accident | Cancer | Disability
Colonial Life

Hospitalization
NEW ERA



Other Employee Benefits

FLORIDA ATLANTIC UNIVERSITY

<https://www.fau.edu/hr/benefits/>

Gabor Agency

Disability Plan



Preferred Legal Plan



PREFERRED LEGAL PLAN™
A New Wave of Legal Representation™

A legal expense organization offering full-service legal representation.

Can cancel at any time

\$4.98/Bi-weekly Premium

Credit Unions

[iTHINK Southeast Employees Credit Union](#)



[Bright Star Credit Union](#)



[Gold Coast Federal Credit Union](#)



Employee Discounts

[Cell Phone Service – Verizon/AT&T/T-Mobile](#)

[Broward Center for the Performing Arts](#)

[Apartments](#)

[Rapids Water Park](#)

[Tickets at Work - Orlando Attractions](#)



Sick Leave Pool

Attendance & Leave: Sick Leave Pool

Eligibility	<ul style="list-style-type: none">▪ Must be a Full Time or Part Time Employee (SP/AMP/FAC)▪ Minimum 1 year of service▪ Minimum balance of 64 sick leave hours
Enrollment	<ul style="list-style-type: none">▪ Receive email invitation▪ Complete application process within Workday▪ Donate 16 sick leave hours to Sick Leave pool (1x only)
Benefit	<ul style="list-style-type: none">▪ In the event of serious or catastrophic injury/illness you can apply to use up to a maximum of 480 Sick Leave Pool hours (after all accrued PTO is exhausted) *subject to approval*



E
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Employee Educational Scholarship Program (EESP)

Benefit

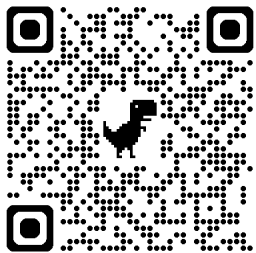
- Six (6) credit hours of tuition waived per semester (Fall, Spring, Summer)

**To
Qualify**

- Must be a Full Time Employee (SP/AMP/FAC/POST DOC)
- Employed for a minimum of 6 consecutive months
- Must be in good standing
- Must be employed for the entire semester
- Maintain grade of C or better (Undergraduate level)
- Maintain grade of B or better (Graduate level)

Notes

- Some fees may still apply, e.g. out-of-state tuition fees, course credits in excess of 6, Executive and International MBA programs
- Only courses listed in the FAU Catalog qualify for coverage
- The EESP is available to non-degree seeking employees

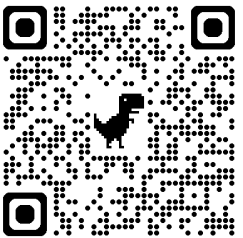




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EMPLOYEE EDUCATIONAL SCHOLARSHIP PROGRAM FOR FACULTY DEPENDENT (EESP-D)

Benefit	<ul style="list-style-type: none">▪ <u>EESP-D Rebate:</u> up to 60 credit hours or 50% of the tuition paid by the student remitted upon successful completion of an undergraduate degree within 4 years▪ <u>EESP-D Tuition Waiver:</u> 6 credit hours of tuition waived, per semester
To Qualify	<ul style="list-style-type: none">▪ THE EESP-D IS ONLY AVAILABLE TO <u>IN-UNIT</u> FACULTY▪ Faculty must meet all EESP requirements▪ Faculty must not have exhausted EESP credit hours for the same semester the EESP-D will be applied▪ Dependent must be admitted to an FAU undergraduate degree program
Notes	<ul style="list-style-type: none">▪ Only undergraduate classes are eligible for coverage▪ Allowed credit hours are per employee, and can be divided between multiple dependents and/or the employee



EMPLOYEE EDUCATIONAL SCHOLARSHIP PROGRAM FOR FACULTY DEPENDENT (EESP-D)

EESP-D REBATE

- Dependent will receive a rebate for sixty (60) in-state credit hours or 50% of the tuition paid by the student, whichever is less
- Dependents transferring X credits must graduate within X period:
 - 1-30 credits must graduate within a four (4) year period
 - 31-60 credits within a three (3) year period
 - over 60 credits within a two (2) year period

EESP-D TUITION WAIVER

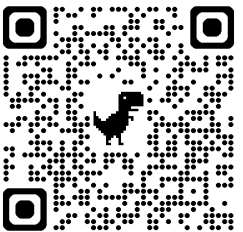
- Dependent must be enrolled in a minimum of thirty (30) credits per academic year:
 - minimum of twelve (12) credits in the Fall semester, of which six (6) will be covered
 - minimum of twelve (12) credits in the Spring semester, of which six (6) will be covered
- A typical undergraduate course load is 15 or 16 credits with 18 credits being the maximum, per semester
- Dependent must maintain at least a 2.0 cumulative GPA



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EMPLOYEE EDUCATIONAL SCHOLARSHIP PROGRAM FOR FACULTY SPOUSE (EESP-S)

Benefit	<ul style="list-style-type: none">▪ Three (3) credit hours of tuition waived per semester (Fall, Spring, Summer)
To Qualify	<ul style="list-style-type: none">▪ THE EESP-S IS ONLY AVAILABLE TO <u>IN-UNIT</u> FACULTY▪ Faculty must meet all EESP requirements▪ Spouse must be enrolled in six (6) credits per semester, of which, fees for three (3) will be waived▪ Spouse must maintain at least a 2.0 cumulative GPA▪ Spouse must be admitted to a FAU degree program
Notes	<ul style="list-style-type: none">▪ Undergraduate and graduate courses are eligible for coverage





Aetna Resources For Living Employee Assistance Program (EAP)

Florida Atlantic University values its employees and recognizes that personal challenges may arise. To support our employees, we offer an EAP program. This confidential service provides professional guidance to help you address personal issues and find effective solutions. EAP counselors are independent professionals, ensuring privacy and confidentiality. Their offices are located off-campus, separate from the university environment.

Anxiety	Work/Life Balance	Substance misuse
Relationship Support	Family Issues	Legal Services
Depression	Grief and Loss	Financial Services
Stress Management	Self-Esteem & Personal Development	Daily Life Assistance

Call: 800-865-3200 TTY: 711

resourcesforliving.com

Username: Florida Atlantic University

Password: EAP



ALL Retirement Plans have a mandatory 3% employee contribution

STATE SPONSORED RETIREMENT PLANS

ALL Retirement Plans have a *mandatory 3%* employee contribution

- **SP EMPLOYEES:** *(or a previous FRS member)*
 - *2 options – FRS Pension plan or FRS Investment plan.*
- **AMP EMPLOYEES / FACULTY:**
 - *3 options – FRS Pension plan or FRS Investment plan, or SUSORP.*
- **POST DOCS:**
 - *may enroll in the SUSORP.*



ALL
Retirement
Plans
have a
mandatory
3%
employee
contribution

STATE SPONSORED RETIREMENT PLANS

FRS PENSION PLAN

Eligible Employees include SP / Faculty / AMP

8 year vesting period

Defined Benefit = Guaranteed monthly income after retirement, for life.

Benefit in retirement based on a formula using your salary, years of service, membership class, and age.

Retirement age is 65, with 8 years of service, or 33 years of service, regardless of age (Special Risk 60y.o./or 30 years of service).

Cannot contribute more into the Pension than your mandatory 3%.



ALL
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3%
employee
contribution

STATE SPONSORED RETIREMENT PLANS

FRS INVESTMENT PLAN

Eligible Employees include SP / Faculty / AMP

1 year vesting period

Defined Contribution = Market based retirement, 401(k) type, you are responsible for managing your account

Benefit in retirement based on contributions made to your account, and Investment performance over time.

No age or service requirements to receive benefits, once vested.
Roll over into new employer plan or IRA when leave FAU/retire
Tax implications for early retirement – consult tax advisor

Cannot contribute more into the Investment plan than your mandatory 3%.



ALL
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STATE SPONSORED RETIREMENT PLANS

SUSORP

State University System Optional Retirement Program
Eligible Employees include Faculty / AMP / Post-Docs

Immediate vesting

FAU currently contributes 5.14%

Benefit in retirement based on contributions made to your account, and Investment performance over time.

FAU affiliated ORP account **MUST BE OPENED**/ Enrollment form submitted to benefits@fau.edu.

Employees have a mandatory 3% contribution but may contribute up to an additional 5.14% voluntarily.



RETIREMENT PROVIDERS

Company	Representative	Contact	Email	ORP	403(b)	Roth403(b)	Deferred Compensation 457
CoreBridge Financials https://www.corebridgfinancial.com/rs/home Click here to schedule a virtual meeting with Grant West https://www.corebridgfinancial.com/rs/floridadcp	Sybilla Koch	561-325-2154	sybilla.Koch@corebridgfinancial.com	◆	◆	◆	◆
	Grant West	561-663-7538	Grant.West@corebridgfinancial.com				
VOYA http://www.gaborfs.com/ Voya Financial	Andrea Modica	561-714-4301	amodica@gaborfs.com	◆	◆	◆	◆
	Pete Ream	561-703-4941	pream@gaborfs.com				
TIAA/CREF www.tiaa.org/schedulenow	Julio Castillo	561-393-1301	julio.castillo@tiaa.org	◆	◆	◆	
	Sharon Mohan	561-393-1310	smohan@tiaa.org				



RETIREMENT PROVIDERS CON'T..

Equitable (formerly AXA) www.axa.com	David Bone	561-431-1898	david.bone@equitable.com ♦		
	Antonio Puente	561-860-4835	antonio.puente@equitable.com		
	Artur Zaytsev		artur.zaytsev@equitable.com		
	Piero Bergman		piero.bergman@equitable.com		
MetLife Resources www.metliferesources.com	Shalom Moldavski	954-682-4586	smoldavski@edifyfcg.com	♦	♦
Fidelity Investments www.403b.com	Benjamin Parker	800-343-0860	Plan #83592	♦	
T. Rowe Price Inc www.troweprice.com/403b		800-492-7670 x1687	Plan #000088885	♦	
Nationwide Retirement Solutions (NRS)		800-949-4457			♦



Voluntary Retirement Options

Employees who wish to make Voluntary contributions toward retirement may do so through the following options:

- [403\(b\): Pre-Tax](#)
 - [Roth 403\(b\): Post-Tax](#)
 - [State Deferred Compensation 457\(b\): Pre-Tax](#)
 - [State Deferred Compensation 457\(b\): Post-Tax](#)
-
- FAU does NOT match voluntary employee contributions
 - Voluntary enrollments and/or changes can be made at any time using Salary Reduction Agreement: [SALARY REDUCTION AGREEMENT](#)
 - [PLAN PROVIDERS](#) are available – please contact one to open your FAU affiliated account



How to Enroll – Voluntary Retirement

➤ 403(b) or ROTH 403(b)

- Open voluntary retirement account with one of the six (6) voluntary 403(b) companies:
 - Corebridge Financial (Formerly VALIC)
 - VOYA
 - TIAA-CREF
 - Equitable
 - T Rowe Price
 - Fidelity

- [Bureau of 457 Deferred Compensation Plan](#)
- Toll-Free: 877-299-8002
- MyFloridaDeferredComp.com
- [Enrollment Form](#)



2025 IRS Maximum:

- \$23,500:
Employees under age 50
- \$31,000:
Employees age, 50 and older



IMPORTANT DATES

Insurance: 60 Days from Hire Date

Retirement: 90 Days from Hire Date



Human Resources Benefits & Retirement

777 Glades Rd

Building IS-4, Second Floor

Monday – Friday: 8:00a.m. – 5:00p.m.

Secure Fax: 561.297.4220

Email: benefits@fau.edu

Web: www.fau.edu/hr/benefits



**Contact
Information**

Benefits and Retirement Team

Name	Title	Contact
John Gaskins Jr.	Associate Director, Benefit Services	561-297-3026
Coretta Jones	Benefits & Retirement Manager	561-297-3073
Marie Smith	Benefits & Retirement Specialist	561-297-0242