

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*
- *Dental*
- *Vision*
- *Flexible Spending Accounts*
(Medical Reimbursement Account, Dependent Care Reimbursement Account, etc.)
- *Other Supplemental Insurances*
(Accident, Cancer, Disability, Intensive Care, Hospitalization)

Insurance elections must be made through People First



Who is People First?

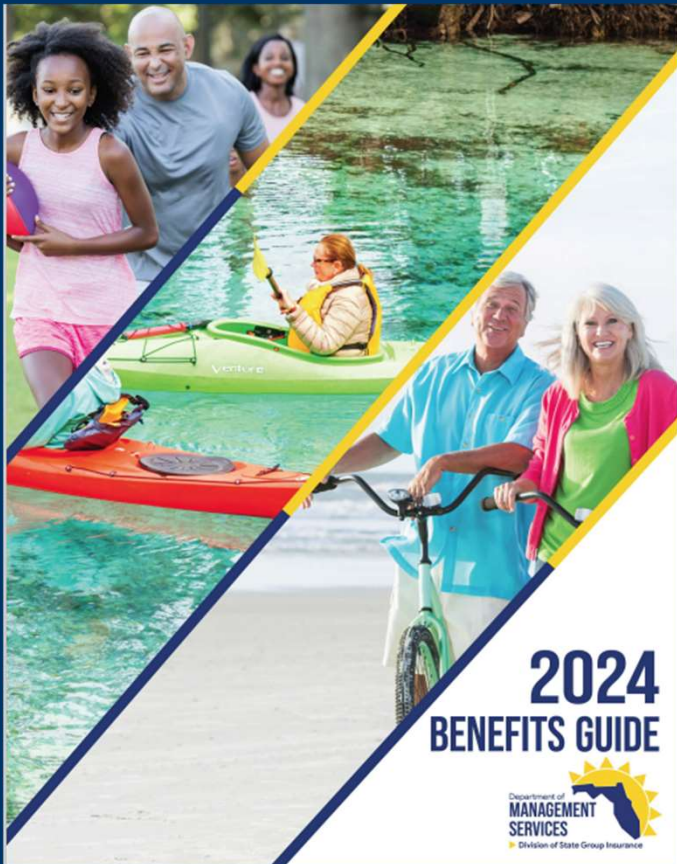
- Plan administrator for State of Florida insurance, including state universities like FAU

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





New Employee Benefits Guide



Visit:

<http://mybenefits.myflorida.com/>

Click on Plan Year Benefits Guide



How to Enroll

- Online
 - <https://peoplefirst.myflorida.com>
 - User ID and Password Required
- People First Service Center
 - Call 1-866-663-4735
 - User ID Required
 - Available Monday – Friday 8am-6pm



To Receive People First User ID

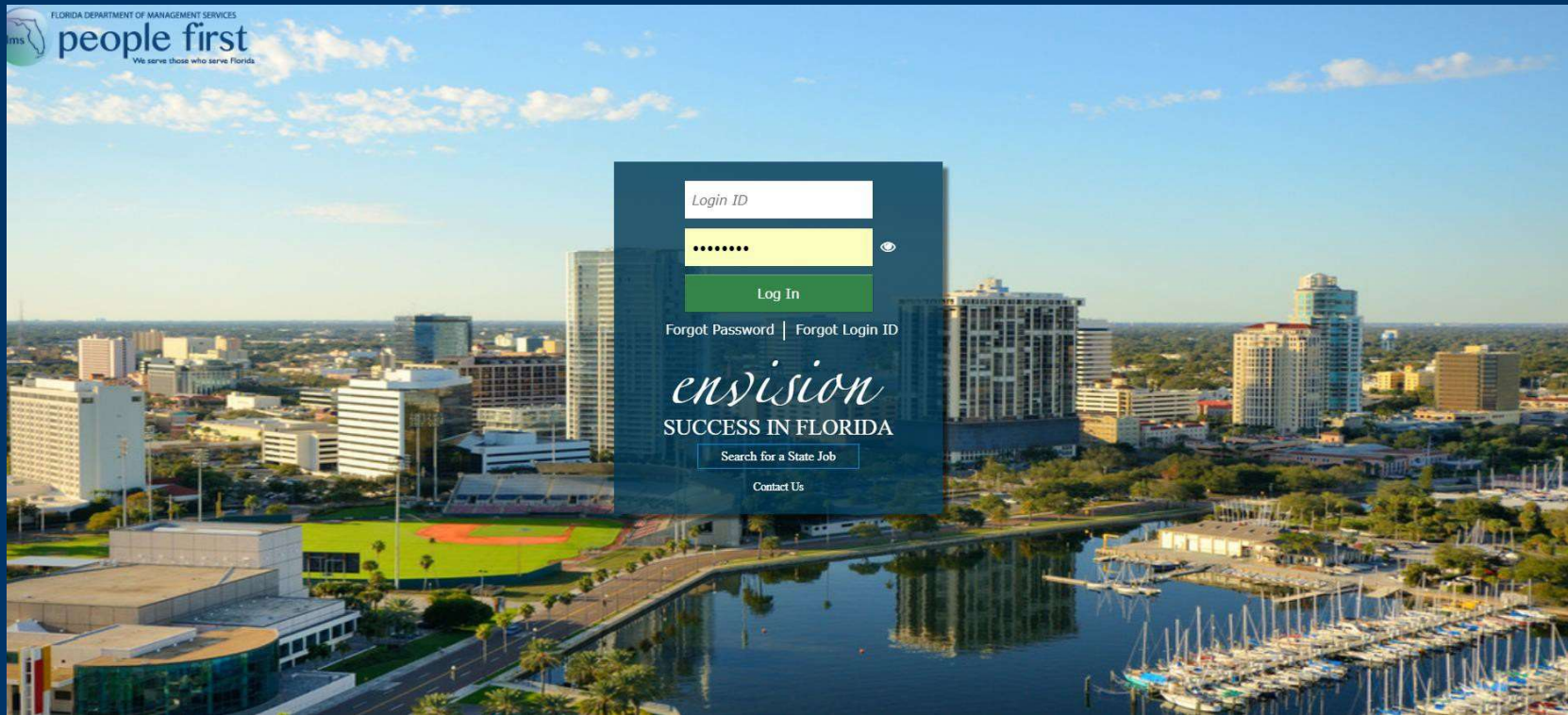
- Employee information is entered into Workday (onboarding completed in full)
- Daily electronic file is submitted to People First on hire date.
- You will receive your People First ID from the Benefits office via e-mail.
- People First also mails informational packet (including User ID) to employee's 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 (up to age 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 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 contributes over \$750.00 for individual coverage, and over \$1,650.00 for family or spouse coverage monthly.



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	\$1,600	\$2,500
PPO/HMO –HIHP	Family	\$3,200	\$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!



2024 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 and vision 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>Spousal 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, vision, preventive and prescription drug expenses.</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 \$1,600 and Family deductible is \$3,200.</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.
Shared Savings Program Rewards				
Yes. Earn up to \$500 in Shared Savings rewards. Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned). If you earn more than \$500 of Shared Savings Rewards, they will be put in an HRA for you.	Yes. Earn up to \$500 in Shared Savings rewards. Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned). If you earn more than \$500 of Shared Savings Rewards, they will be put in an HRA for you.	No. Shared Savings Program awards are only credited to one of the health spending or savings plans.	Yes. Earn up to the annual contribution limit in Shared Savings rewards. Shared Savings Program rewards are credited to your account as they are earned. If you earn Shared Savings Rewards after you have contributed the maximum to your HSA, they will be put in a Post-Deductible HRA for you.	Yes. There is no limit in the amount of Shared Savings rewards earned. Shared Savings Program rewards are credited to your account as they are earned.
Employee Contribution Limit				
Yes. \$60 minimum/year. \$3,050 maximum/year	Yes. \$60 minimum/year. \$3,050 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. \$4,150/year for single coverage \$8,300/year for family coverage (Limits include the state's contribution.) Employees ages 55+ may make catch-up contributions of an additional \$1,000/year.	Employer funded, through rewards earned by utilizing the Shared Savings Program.



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



2024 Dental Insurance

2024 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 dependants 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
Othodontia 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



2024 Dental Insurance

Monthly Premiums						
Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan - Pays benefits only when you use network providers. - No deductible or annual maximum. - 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 - Receive care from any dentist. - Your cost is lower when you use network dentists. - You 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 - Receive care from any dentist. - Your cost is lower when you use network dentists. - You 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: Covered for children only.	4074	SunLife 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 - Receive care from any dentist. - You have a deductible to meet and then pay part of the cost for the services you receive.	4084	Humana Schedule B	\$14.74	\$21.96	\$23.30	\$37.10





2024 Vision Insurance

Humana®

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.	



LENSCRAFTERS



JCPenney Optical



FLORIDA ATLANTIC UNIVERSITY



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



▪ Hospitalization

Cigna & New Era

▪ Cancer/Intensive Care

AFLAC & Colonial

▪ Accident/Disability

Colonial

- ✓ Required to meet with company representative to complete medical underwriting
- ✓ Plans can either work in conjunction with or independently from health insurance
- ✓ Coverage effective date determined by People First

*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 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.



Other Employee Benefits

FLORIDA ATLANTIC UNIVERSITY

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

Gabor Agency

Disability Plan



Preferred Legal Plan

Legal Advice via phone

Can cancel at any time

\$4.98/Bi-weekly Premium

Credit Unions

[iTHINK Southeast Employees Credit Union](#)
(Formerly IBM)



[Bright Star Credit Union](#)



[Gold Coast Federal Credit Union](#)



Employee Discounts

Cell Phone Service –
Sprint/Verizon/AT&T

[Broward Center for the
Performing Arts](#)

[Apartments](#) [Rapids Water Park](#)
[Tickets at Work - Orlando Attractions](#)



Sick Leave Pool

Attendance & Leave: Sick Leave Pool

Eligibility

- 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

- Receive email invitation
- Complete application process within Workday
- Donate 16 sick leave hours to Sick Leave pool (1x only)

Benefit

- 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*



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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">▪ EESP-D Rebate: 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▪ EESP-D Tuition Waiver: 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

Investing in your career with completely confidential counseling

3 free session per issue with a private licensed therapist for guidance on:

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

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.




ELE 1
Enrollment
Form.
Submit
completed
for by

FAX:

1-888-310-
5559 or

By Mail:

Plan Choice
Administrator
P.O. Box
785027
Orlando, FL
32878-5027



Florida Retirement System

General Retirement Plan Enrollment Form

For Regular, Special Risk, and Special Risk Administrative Support Class Employees

Save time and enroll online at ChooseMyFRSplan.com or MyFRS.com! If you're a first-time user, log into MyFRS.com using the PIN supplied with your Benefit Comparison Statement.

Your plan choice is due by 4:00 p.m. ET on the last business day of the 8th month following your month of hire. Keep your original Enrollment Form for your records.

1

Enter Your Info
PLEASE PRINT

LAST NAME	FIRST NAME	MI
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	

2

Select Your Plan

FRS Investment Plan
 FRS Pension Plan
 FRS Hybrid Option

3

Choose Your Funds

If you selected the FRS Investment Plan or the FRS Hybrid Option, you must choose your Investment Plan funds.

Choose a Retirement Date Fund for me. Your Plan contributions will be invested in an age-appropriate Retirement Date Fund. *Do not complete page two if you selected this option. Complete and submit page one only.*

I have indicated my choices in the "Choose Your Funds" section of this form. *Complete and submit page two if you selected this option.*

4

Sign Here

By signing below, I acknowledge that I have read and understand the information on page 2 and 3 of this Enrollment Form, and I certify all supplied information to be true and correct. I understand that this form cannot be processed without the last four digits of my Social Security number, date of birth, plan choice, and signature.

SIGNATURE	DATE
EMPLOYER NAME	
PERSONAL EMAIL	
PHONE NUMBER	

MOBILE (RECOMMENDED) OTHER

5

Submit Your Form

By Fax:
 1-888-310-5559
Do not include a cover sheet.

— OR —

By Mail:
 Plan Choice Administrator
 P.O. Box 785027
 Orlando, FL 32878-5027

Questions?

MyFRS Financial Guidance Line
 1-866-446-9377, Option 2 (TRS 711)

Get free, unbiased guidance from experienced financial planners about the plans or the election process.


MyFRS.com

Visit anytime for tools and information about the FRS Investment Plan and Pension Plan.

ELE-1 Rev 07/2024 19-11.006 F.A.C.

Last Four Digits of SSN: _____

Page 1 of 3






**ORP
Enrollment
Form.
Submit
completed
form to
Benefits@fau.edu**

ORP-ENROLL-1
Effective 11/15
Enrollment

State University System Optional Retirement Program (SUSORP)
Retirement Plan Enrollment
PO Box 9000, Tallahassee, FL 32315-9000
Phone: 850-778-4696 Toll Free: 877-378-7677 Fax: 850-410-2030
Email: orpdata@dms.fl.gov



SECTION I

Name: _____
(Last name) (First name) (Middle initial)

Social Security Number: _____ Birth Date: _____ Gender: Male Female
mm/dd/yyyy

Email Address: _____ Telephone Number: _____

SECTION II I WANT TO BE AN FRS MEMBER

I am a new member and will complete the Form ELE-1 or Form ELE-1-EZ as appropriate. Proceed to Section IV – Signature.

I am an existing FRS member and want to retain my participation in the FRS. Proceed to Section IV – Signature.

SECTION III I WANT TO BE A SUSORP MEMBER

I am a new member and wish to enroll in the SUSORP.

I am an existing SUSORP member and want to retain my participation in the SUSORP.

As a SUSORP member, I understand that:

- It is my responsibility to ensure that my tax-deferred income deductions do not exceed the maximum amount set in the Internal Revenue Service Code and Regulations.
- I may choose to have up to 5.14% of my adjusted gross taxable salary deducted as my Voluntary Employee Contribution; however, (a) I must be under the maximum exclusion allowance and (b) my adjusted gross income minus any payroll deductions (e.g., credit union, or 457 plan), must be sufficient to cover the Voluntary Employee Contribution.

I elect the following:

Provider Company	Required Employer and Employee Contributions	Voluntary Employee Contribution
	The total employer contribution is 5.14%. I choose to allocate contributions to one or more provider companies as indicated below. My 3% required employee contribution will also be allocated at the same ratio.	Total percentage must not exceed 5.14% of your salary.
TIAA	%	%
AIG	%	%
VOYA	%	%
EQUITABLE	%	%
Total 0.00 % (Must equal 5.14%)		Total 0.00 % (Must not exceed 5.14%)

SECTION IV MEMBER: PLEASE SIGN AND SUBMIT THIS FORM TO YOUR EMPLOYER

Member Signature: _____ Date: _____

SECTION V EMPLOYER: PLEASE COMPLETE INFORMATION BELOW AND SUBMIT TO THE DIVISION OF RETIREMENT

Agency Name: _____ Agency Number: _____
Class Code: _____ Position Number: _____
Position Title: _____
Date of Employment in SUSORP Eligible Position: _____ Effective Date: _____

I certify that the above information is correct, and this member is employed in a SUSORP-eligible position and has executed a contract(s) with the SUSORP provider(s) elected above.

Authorized Personnel Signature _____ Date _____

Rule 60U-1.012, F.A.C.
Page 1 of 1



RETIREMENT PROVIDERS

Company	Representative	Contact	Email	ORP	403(b)	Roth403(b)	Deferred Compensation 457
CoreBridge Financials https://www.corebridgfinancial.com/rs/home	Sybilla Koch	561-325-2154	sybilla.Koch@corebridgfinancial.com	◆	◆	◆	◆
	Grant West	561-663-7538	Grant.West@corebridgfinancial.com				
<p>Click here to schedule a virtual meeting with Grant West</p> <p>https://www.corebridgfinancial.com/rs/floridadcp</p>							
VOYA http://www.gaborfs.com/ https://www.voya.com/products	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)	David Bone Antonio Puente	561-431-1898 561-860-4835	david.bone@equitable.com ♦ antonio.puente@equitable.com		
www.axa.com					
MetLife Resources	Shalom Moldavski	954-682-4586	smoldavski@edifyfcg.com ♦	♦	
www.metliferesources.com					
Fidelity Investments	Benjamin Parker	800-343-0860	Plan #83592 ♦		
www.403b.com					
T. Rowe Price Inc		800-492-7670	Plan #000088885 ♦		
www.troweprice.com/403b		x1687			
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](#)



2024 IRS Maximum:

- \$23,000:
Employees under age 50
- \$30,500:
Employees age, 50 and older



SALARY REDUCTION AGREEMENT

Original Agreement Amended Agreement

By this agreement, made between _____ and Florida Atlantic University.
 The parties hereto agree as follows: Employee's Name (please print)

Effective with respect to amounts earned, beginning on pay date: _____, the employee's compensation will be reduced the amount indicated below and allocated to the company(ies) designated below by the employee.

This agreement will be legally binding and irrevocable as to each of the parties hereto while employment continues; provided, however, that either party may terminate this agreement as of the end of any month, so that it will not apply to salary subsequently earned by giving at least thirty days written notice of the date of termination; and provided that the employee may reallocate all or a portion of this reduction from one annuity company or product to another, subject to the terms of the contract(s) with the company(ies), by completing an amended Salary Reduction Agreement.

The total of the salary reduction will be _____%* AND / OR \$ _____ of compensation each pay period, which will provide a total annuity contribution that does not exceed the Employee's statutory exclusion allowance under Section 403(b) or the limitations of Section 415 of the Internal Revenue Code, whichever is less. This exclusion allowance limits the total allowable salary reduction to all companies to which salary reduction contributions can be made. It is understood that the amounts specified will be paid to the company(ies) shown below.

The employee is responsible for keeping track of their contributions to ensure these amounts do not go over the maximum allowed each year. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirements of Section 403(b), could result in additional taxes, interests and penalties to the employee.

This agreement is not a contract of employment between the Employee and the Employer, and no provision of the agreement will restrict the right of either party to effect termination of employment.

*ORP participants must enter a percentage. All others enter a dollar amount under other Tax Sheltered Annuities.

Provider Company	ORP Voluntary Contribution	Pre-Tax 403(b) Contributions	Post-Tax Roth 403(b) Contributions
VOYA Financial (Formerly ING).....	_____ %	\$ _____	\$ _____
TIAA-CREF.....	_____ %	\$ _____	\$ _____
AIG (Formerly VALIC).....	_____ %	\$ _____	\$ _____
AXA.....	_____ %		
METLIFE Investors		\$ _____	\$ _____
LINCOLN INVESTMENT		\$ _____	\$ _____
JEFFERSON NATIONAL		\$ _____	
SYMETRA.....		\$ _____	
FIDELITY		\$ _____	
T. ROWE PRICE		\$ _____	

Signed By: _____
Employee Employee Z number Date

Signed By: _____
Human Resources Representative Title Date

01-08-2018



457B
EZ
Enrollment
Form –
Submit to
Benefits@fau.edu



EZ Enrollment Form

To enroll with more than one Investment Provider, please complete this form for each respective Provider.

To enroll in the Deferred Compensation Plan:

Section 1 - Enter personal identifying information.

Section 2 - Select an Investment Provider, then select a percentage or amount to contribute from each paycheck.

Section 3 - Designate one or more Primary Beneficiaries. If necessary select one or more Contingent Beneficiaries.

After completing Sections 1 through 3, click the "Confirm Enrollment Request" button to be directed to the submission page.

Contact the Bureau of Deferred Compensation at 877-299-8002 for assistance with this form.

Section 1 - Personal Identifying Information

Gender: Male Female

SSN: * Date of Birth: MM/DD/YYYY

Name (First MI Last):

Enter name exactly as reported to payroll office

Mailing Address:

City: State: Zip:

Email:

Phone Numbers: Primary: Secondary:

Dept/Agency:

Pay Period: Monthly (12/year) Bi-Weekly (26/year) Semi-Monthly (24/year) Weekly (52/year)

Approximate Annual Salary: \$

* The disclosure of your social security number or taxpayer identification number is required. Section 112.216 F.S. authorizes the creation of the State of Florida Deferred Compensation Plan, which is intended to qualify for tax deferral pursuant to 28 USC 467. Use of the identifying numbers is mandated by 28 USC 4108. Your social security number or taxpayer identification number will be used as an identifying number for purposes of federal tax law.

Section 2 - Investment Provider and Contribution Percentage/Amount

STEP 1: Please Select an Investment Provider

Review the table below to select the Investment Provider that is right for you. Your contributions are automatically invested into the Target Date Fund at your selected Investment Provider. These Target Date funds are listed in order of five-year return below. If you do not want to contribute to the Target Date Fund, please contact your selected Investment Provider no earlier than 20 business days after submission of this form.

Target Date Funds are a mix of investments such as stocks, bonds, and cash equivalents that periodically re-adjust over time to grow more conservative as retirement age approaches. For additional information about Target Date Funds, and other available investments including mutual funds and investment products guaranteeing principal and interest, please refer to the [Quarterly Performance Report](#) or contact the Bureau of Deferred Compensation at 877-299-8002.

STEP 2: (Step 2: Please select contribution amount; (if an approximate annual salary was entered in Section 1, percentage deferrals will calculate an approximate dollar amount.)

<input type="radio"/> 4%		
<input type="radio"/> 3%		
<input type="radio"/> 2%		
<input type="radio"/> Other Percent	<input type="text"/> %	
<input type="radio"/> Dollar Amount	\$ <input type="text"/>	

All percentage calculations are estimated based on approximate annual salary, and the contribution may be higher or lower based on actual salary.

I would like to join the **Automatic Increase Club** and have my contributions automatically increased each January by % or \$ per pay period.

Section 3 - Beneficiary Designation

In the event of my death, the balance of my account shall be paid to the Primary Beneficiary(s) who survive me using the specified percentages below. If no beneficiary survives me, the balance of my account shall be paid to my Estate. Primary Beneficiaries must total 100% and Contingent Beneficiaries must total 100%.

Primary Beneficiary

Spouse? Date of Birth: MM/DD/YYYY % of Account

Name (First MI Last):

Address:

City: State: Zip:

Add Additional Primary Beneficiaries

A contingent beneficiary(s) may be selected to receive an account holder's benefit if the primary beneficiary(s) predeceases the Participant.

Add Contingent Beneficiaries

Confirm Enrollment Request

After confirming your request on the next screen, you will receive a copy of your submission by email. Please note we may need to contact you by phone or email in order to complete the processing of the request.



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
Taira Bolden	Compensation & Benefits Manager	561-297-2061
Coretta Jones	Benefits & Retirement Specialist	561-297-3073