

New College

THE HONORS COLLEGE OF Florida

THE HONORS COLLEGE OF Florida

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Introduction

New College of Florida is pleased to offer extensive benefit choices for our employees by the Division of State Group Insurance (DSGI) and private companies on pre-tax or post-tax basis. DSGI offers coverage to current benefit eligible employees, retirees, spouses and other dependents, and surviving spouses, as identified in the Florida Statue. The program allows you to choose benefit plans that best suit your individual needs through People First. People First is the third party administrator for the State of Florida. Read this summary to learn about all your options.

Enrollment/Eligibility

Employees will receive a letter of eligibility with a PF (People First) ID number and a temporary password. If eligible, People First will mail a packet with the enrollment information. Benefit eligible employees will have 60 days to enroll from their hire date. Also, People First will send a deadline reminder letter.

A Qualifying (Life) Event Change (QSC) allows 60 days to enroll or cancel your benefit selections from the effective date of the event. These changes can also be made:

- When there is a QSC, common QSC events include marriage, birth of child, divorce, spouse loss of employment or new employment, etc.
- During Annual Open Enrollment (for the next calendar year).

If eligible, you can enroll on line directly in People First or contact benefits@ncf.edu for an appointment. To enroll dependents, you must have birth dates, social security numbers, marriage license, birth certificate, copy of documents may be required, etc. for your eligible dependents. If you missed your deadline, you must wait until the next open enrollment event or QSC.

People First is responsible for plan enrollments, benefit choices information, determining eligibility, plan update notices, 1095C, COBRA, reminders, etc. (For specific eligibility information, please visit the State Benefits website)

People First website https://peoplefirst.myflorida.com/peoplefirst

People First Phone: 866-663-4735

For more information, please visit the State Benefits website: https://www.mybenefits.myflorida.com/

We have bi-weekly payroll, which means you are paid every two weeks. This means that you will receive 26 paychecks each year and that there are two months during the year when you will receive a third paycheck in the month. *Note: No benefits deductions are taken on the third paycheck of the month.*

The State of Florida requires that premiums be paid a month in advance.

Dependents

If you are enrolled in the State Group Insurance plans, you may also cover your eligible dependents. You must:

- Register your dependent online in <u>People First</u>; and
- Select the correct family coverage tier for each plan that is to cover your dependents; and
- Enroll each dependent in the appropriate plan; and
- Select the Complete Enrollment button in <u>People First</u>.

In accordance with Chapter 60P, Florida Administrative Code, dependents must meet specific eligibility requirements to be covered under State Group Insurance plans.

| Your spouse | The person to whom you are legally married. | | |
|-------------------------|---|--|--|
| Your child | Your biological child, child with a qualified medical support order, legally adopted child, or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws through the end of the calendar year in which he/she turns age 26. | | |
| Your stepchild | The child of your spouse for as long as you remain legally married to the child's parent through the end of the calendar year in which he/she turns age 26. | | |
| Your foster child | A child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency through the end of the calendar year in which he/she turns age 26. | | |
| Legal guardianship | A child for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state or federal laws or a child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26. | | |
| Your over-age dependent | After the end of the calendar year in which he/she turns 26 through the end of the calendar year in which he/she turns 30 – if he/she is unmarried, has no dependents of his/her own, is a resident of Florida or a full- or part-time student, and has no other health insurance. | | |

| Your over-age dependent with a disability | Your covered child with intellectual or physical disabilities. This child may continue health insurance coverage after reaching age 26 and while remaining continuously covered in a State Group Insurance health plan, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the intellectual or physical disability, and be chiefly dependent on you for care, financial support, and maintenance. |
|--|--|
| Newborn child of a covered dependent | A newborn dependent of a covered dependent – a newborn child born to a dependent while the dependent is covered under the plan. The newborn must have been added within 60 days of the birth. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered. |
| Children of law enforcement, probation, or correctional officers | Children of law enforcement, probation, or correctional officers who were killed in the line of duty and who are attending a college or university beyond their 18th birthday. |
| Surviving spouse and dependents | The widow or widower of: A deceased state officer, state employee, or retiree if the spouse was covered as a dependent at the time of death; or An employee or retiree who died before July 1, 1979; or A retiree who retired before January 1, 1976, under any state retirement system who is not eligible for any Social Security benefits. Upon remarriage, the widow or widower is no longer considered a surviving spouse. A surviving spouse shall report remarriage within 60 days of the remarriage. The surviving spouse and dependents, including any eligible children of a surviving spouse, if any, must have been covered at the time of the enrollee's death and the coverage must have been continuous. |

You may be required to provide documentation for your eligible dependents. If you fail to provide the requested documentation, you may be liable for medical and prescription claims or premiums back to the date you enrolled. Fax documentation to 800-422-3128 or mail it to People First Service Center, P.O. Box 6830, Tallahassee, FL 32314. Write your People First ID number on the top right corner of each page of your fax or other documentation.

For updated information please reference:

https://www.mybenefits.myflorida.com/health/eligibility and enrollment/dependents

Spouse Program

If you and your spouse are state employees, you can participate in the Spouse Program and pay less for health insurance at a reduced premium. The spouse program provides family health insurance for two state employees married to each other. Each pays \$15 per month for family coverage. You must complete a spouse program form within 60 days of becoming eligible. To enroll in the Spouse Program, you must complete and sign the Spouse Program Election Form and list all eligible dependents within 60 days of your marriage to another state employee or your employment with the state.

You must enroll in the same health plan.

You and your spouse lose eligibility for the Spouse Program if:

- One or both of you end employment with the state, including retirement;
- You divorce;
- A spouse dies.

It is your responsibility to notify the People First Service Center if you become ineligible for the Spouse Program. If you fail to do so within 60 days of one of the listed events, you will be liable for claims or premiums back to the date you lost eligibility. Additionally, you may have to pay for a higher level of coverage than you need. For example, you may be required to pay for family coverage instead of individual coverage. Upon notification of ineligibility for the Spouse Program, the People First Service Center adds covered, eligible dependents to the primary spouse's plan, unless you request otherwise. (Primary spouse is the employee first hired in the University/State Agency)

Note: A benefits eligible state employee married to another benefits eligible state employee may not enroll their spouse in dependent spouse life

insurance coverage.

Enrollment form: Spouse Program Election Form

https://www.mybenefits.myflorida.com/content/download/113217/627949/2015 SpouseProgramElectionForm.pdf

Children

Children are eligible for medical insurance until the end of the year of their 26th birthday.

Children over the age of 26 with permanent intellectual or physical disabilities —If they were enrolled before they turned 26 and remain covered or they were over the age of 26 at the time of the enrollee's initial enrollment; and they are incapable of self-sustaining employment because of the intellectual or physical disability; and they are dependent on the enrollee for care and financial support.



Health Benefit Choices

There are four health insurance plans in Florida County. Each Plan provides comprehensive major medical and prescription drug coverage as well as preventive benefits and wellness programs.

Health insurance can be effective the 1st day of the following month after hire date. (This is called an early effective date and is only available for medical insurance).

The following are your benefits choices:

Preferred Provider Organization (PPO) Standard Plan

| State PPO Plan-Florida Blue | Employee Monthly Cost | Employer Monthly Cost |
|--------------------------------|-------------------------------|--------------------------|
| Individual | \$50.00 | \$763.46 |
| Family | \$180.00 | \$1,651.08 |
| Spouse Program | \$15.00 per spouse- family | \$1,801.08 |

Preferred Provider Organization (PPO) High Investor Health Deductible Plan

| State HIHP PPO Plan-Florida Blue High Deductible | Employee Monthly Cost | Employer Monthly Cost |
|---|-------------------------------|-----------------------|
| Individual | \$15.00 | \$763.46 |
| Family | \$64.30 | \$1,651.08 |
| Spouse Program | \$15.00 per spouse- family | \$1,685.40 |

Employer HSA contribution \$41.66 biweekly-Individual Employer HSA contribution \$81.33 biweekly-Family.

HMO Standard Plan

| Aetna HMO | Employee Monthly Cost | Employer Monthly Cost |
|----------------|-------------------------------|-----------------------|
| Individual | \$50.00 | \$763.46 |
| Family | \$180.00 | \$1,651.08 |
| Spouse Program | \$15.00 per spouse- family | \$1,801.08 |

HMO High Investor Health Deductible Plan

| Aetna HIHP HMO High Deductible | Employee Monthly Cost | Employer Monthly Cost |
|-----------------------------------|-------------------------------|-----------------------|
| Individual | \$15.00 | \$763.46 |
| Family | \$64.30 | \$1,651.08 |
| Spouse Program | \$15.00 per spouse- family | \$1,685.40 |

Employer HSA contribution \$41.66 biweekly-Individual Employer HSA contribution \$81.33 biweekly-Family.

Note: Faculty-Two payment options: 9-month pay or 9 over 12 month payment option.

- 9-month payment option, double premiums will be deducted in Feb-May to cover benefits for the summer months to provide coverage through the end of September. Any changes to the payment option can only occur at the beginning of the contract year.
- 9-month over 12 payment option, premiums will be deducted in a biweekly basis and it will be provide coverage through the end of September.

Insurance cards: will be generated by the selected vendor 7-10 days after your effective date and will be mailed to your home address on record with Human Resources. You might get temporary cards on line by visiting your chosen health insurance's website.

Early Effective Date: If you choose an early effective date for medical insurance, a full premium must be paid. If possible, payroll may be able to double deduct the health premiums. However, this depends on the payroll cycle and the payroll dates as it relates to the People First deadlines.

State PPO Plan Florida Blue-Standard Plan

Florida Blue is "freedom of choice" with network providers and non-network providers. Coverage is subject to deductibles, co-payments and co-insurance. The plan covers members worldwide. No pre-existing conditions clause. (PPO)-Preferred Provider Organization Plan.

Website www.floridablue.com

Contact# 1-800-825-2583

| | Network | Non-Network |
|---|--------------|-------------|
| PPO Deductible- Calendar Year -Individual | \$ 250.00 | \$ 750.00 |
| PPO Deductible- Calendar Year - Family | \$ 500.00 | \$ 1,500.00 |
| PPO Hospital Deductible | \$ 250.00 | \$ 500.00 |
| Emergency Room Service | \$ 100.00 | \$ 100.00 |
| Out of Pocket Limit Individual | \$ 9,100.00 | |
| Out of Pocket Limit Family | \$ 18,200.00 | |

| Primary Visit | \$ 15.00 | Subject to Coinsurance |
|------------------|-------------|------------------------|
| Specialist Visit | \$ 25.00 | Subject to Coinsurance |

State PPO Plan Florida Blue Health Investor Health Plan (HIHP) High Deductible

Florida Blue is "freedom of choice" with network providers and non-network providers. Coverage is subject to deductibles, co-payments and co-insurance. The plan covers members worldwide. No pre-existing conditions clause.

Family aggregate amount must be met either by one member or a combination of family members, before claims will be paid for any member. This is a combined medical and prescription drug calendar year deductible.

| | Network | Non-Network |
|--|-------------|-------------|
| Deductible Individual | \$ 1,500.00 | \$ 2,500.00 |
| Deductible Family | \$ 3,000.00 | \$ 5,000.00 |
| Out of Pocket Limit Individual | \$ 4,400.00 | |
| Out of Pocket Limit Family | \$ 8,800.00 | |
| Hospital deductible per admission plus | Subject to | |
| calendar year deductible | Deductible | \$ 1,000.00 |

Prescription Drug Program – the cost under the HIHP must be applied towards the calendar year deductible. Once the deductible has been met, employees are responsible for co-insurance on prescriptions through an authorized retail pharmacy.

HMOs-Standard Plan

Aetna- The plan provides health services to covered members that live and work within the HMO's service areas. Aetna allows visits to network doctors without first choosing a Primary Care Physician and the freedom to visit specialist in the network without referrals. There is no annual calendar year deductible or co-insurance, however members do pay co-payments. There is no pre-existing condition clause.

Website <u>www.aetna.com</u>

Contact # 1-877-858-6507

| | Network |
|-----------------------|-----------|
| Primary Visit | \$ 20.00 |
| Specialist Visit | \$ 40.00 |
| Emergency Room co-pay | \$ 100.00 |
| Hospital Admission | \$ 250.00 |
| Urgent Care | \$ 25.00 |

HMO Health Investor Health Plan (HIHP)

Aetna- The plan provides medical services to covered members that live and work within the HMO's service areas. Aetna allows visits to network doctors without first choosing a Primary Care Physician and the freedom to visit specialist in the network without referrals. This is a combined Health and Drug prescription drug calendar year deductible. Family deductible needs to be satisfied prior to being eligible for benefits. There is no pre-existing condition clause.

| | Network |
|--|-------------|
| Annual Calendar year deductible Individual | \$ 1,500.00 |
| Annual Calendar year deductible Family | \$ 3,000.00 |
| Global Out of Pocket Individual | \$ 3,000.00 |
| Global Out of Pocket Family | \$ 6,000.00 |

Note: Your HMO health option is based on your home mailing address (HMO by Region)

Prescription Drug Plan

CVS Caremark

You will receive a separate prescription card from CVS Caremark. (Walgreens is NOT a provider for the state plan).

Website <u>www.cvs.com/sofrxplan</u>

Contact # 1-888-766-5490

| Prescription Selection | PPO | НМО | HIHP |
|-----------------------------|--------------------|--------------------|-------|
| Generic Drug | \$7 / \$14 Mail* | \$7 / \$14 Mail* | 30%** |
| Preferred Brand Drugs | \$30 / \$60 Mail* | \$30 / \$60 Mail* | 30%** |
| No-Preferred Brand Drugs | \$50 / \$100 Mail* | \$50 / \$100 Mail* | 50%** |

^{*}Mail in prescription is a 3 month Supply; HIHP mail in = same %

Pharmacy listing via the website. Available Medication Synchronization will allow time savings and reducing trips to the pharmacy by getting all medications "synchronize" refills so you can pick them up all on the same day.

Shared Savings Program

The Shared Savings Program is a voluntary program that is available to you and your dependents who are enrolled in a State Group Insurance health plan. The purpose of the Shared Savings Program is to reduce healthcare costs and reward you for making informed and cost-effective decisions about your healthcare.

Under the Shared Savings Program, you can earn rewards by receiving rewardable healthcare services through the use of the state's new vendors, Healthcare Bluebook and SurgeryPlus. Rewards will be credited to the savings and spending account of your

^{**}After paying deductible

choice, and you can use the funds to pay for eligible medical, dental, and vision expenses.

You can earn rewards through one or both of the following new benefits:

- "Shop" for eligible healthcare services on the <u>Healthcare Bluebook transparency</u> website or mobile app. The website will identify certain healthcare services that are available for a reward. Rewards are earned after you "shop" for a rewardable healthcare service on the website, receive the service, and the claim has been paid.
- Receive a "bundled" medical service offered by <u>SurgeryPlus</u>. Each "bundled" healthcare service will be available for a reward. Rewards are earned after you receive the "bundled" healthcare service and the claim has been paid.

Choosing an account for your rewards

You have the opportunity to select a pretax account to which your rewards will be credited. You may make your selection through People First during Open Enrollment or throughout the year. Rewards will be automatically credited to the pretax account of your choice after you receive a rewardable healthcare service.

The spending and savings account selections available to you as part of the Shared Savings Program vary depending on your health plan.

Employees enrolled in the standard plan can choose from the following:

- Health reimbursement account
- Flexible spending account

Employees enrolled in the high deductible health plan can choose from the following:

- Health savings account
- Post-deductible health reimbursement account
- Limited purpose flexible spending account

Tax Advantaged Accounts

Health Savings Account-HSA (HIHP High Deductible Plan ONLY)

To be eligible you must enroll in a HIHP PPO or HMO. HSA is a tax free savings account. If you enroll then, your new HSA account will be automatically opened for you. Employer will contribute up to \$500 individual & up to \$1,000 family and you (the employee) can contribute up to \$3,350 individual and \$6,750 for family. If you are 55 or older you can contribute an additional \$1,000. You will receive a debit card to pay for healthcare expenses. The funds remain in the account and roll over every year. There are some fees associated with this account. However, you keep the account even if you retire or leave New College of Florida.

Flexible Spending Account

This is a medical reimbursement account used to cover eligible healthcare expenses not covered by your health plan. You must use the funds within the plan year or you will lose them, "use it or lose it". This means you forfeit any amounts used and not reimbursed for services received during the plan year. However, you may carry over up to \$610 to the following year. The minimum is \$60 and up to \$3,050. You save federal income taxes on the money in your account. You must enroll in either a standard PPO or HMO health plan. Your contribution amount will remain the same amount every year unless you cancel or change it during *open enrollment*. You will receive a debit card to pay for healthcare expenses.

Dependent Spending Account

This is a dependent reimbursement account under the "use it or lose it" policy program. The qualifying person is defined as a parent, disabled person or child under the age of 13 who needs care. This is a pre-tax plan. The minimum is \$60 and the maximum is \$5,000 single or married filing jointly. Your contribution will remain the same amount every year unless you change it during open enrollment. The grace period is until March 15th of the following year. You will receive a debit card to pay for healthcare expenses. *OPS employees are not eliqible for this benefit*.

Limited Purpose Spending Account

To be eligible you must enroll in a HIHP PPO or HIHP HMO. You can use the account for vision, dental and preventative care expenses not covered by your health plan. Claims are submitted directly to Chard Snyder. The minimum is \$60 and up to \$3,050.

Live Chat feature is available for FSA & HSA via People First portal.

<u>How do I receive reimbursements? - http://www.chard-snyder.com/support-center/faqs/how-do-i-receive-reimbursements-1</u>

Life Insurance

Basic Life Insurance

Basic term life insurance with Securian/Minnesota Life includes an accidental Death and Dismemberment provision. An employer paid, basic group term life insurance benefit of \$25,000 is available to all full-time employees. Eligible part-time employees pay prorated premiums based on their FTE. OPS employees pay the full premium.

| | Employer Monthly Cost |
|--|-----------------------|
| Basic Life Insurance - \$25,000 Coverage | \$ 3.58 |

Optional Life Insurance

Optional life insurance is available to you on a post-tax basis. You must be enrolled in Basic Life to enroll in optional life. Benefit amounts between 1 and 7 times base annual earnings, up to a maximum of \$1,000,000 are available. Optional Life Insurance is guarantee issue up to 5 times salary (\$500,000.00 max) when you are an eligible new hire. If you miss the initial enrollment period then, a medical underwriting will be required. Other life insurance options are available such as dependent life, spouse life and retiree life insurance options. Learn how to calculate -

https://web1.lifebenefits.com/sites/lbwem/florida/plan-details/determine-the-cost your monthly premium.

| Туре | Benefit Amount | Enrollment | Monthly Premium |
|----------------------------|---|--|---|
| Optional Life | One to seven times your base annual earnings (\$1 million max) | Guaranteed issue for new hires up to 5x salary (\$500,000 max); up to 7x if you qualify (\$1 million max) | Varies by coverage level, salary and age |
| Dependent Spouse | \$15,000 \$20,000 | Guaranteed issue if you enroll when first hired or you marry | \$5.18 \$6.90 |
| Dependent Child | \$10,000 per each child | Guaranteed issue | \$0.85 (covers all eligible children) |
| Basic Life for Retirees | \$2,500 \$10,000 | Continue life insurance when you retire | \$4.83 \$19.33 |

OPS employees are not eligible for this coverage.

Supplemental Plans

The following supplemental plans pay benefits directly to you, in addition to the coverage you receive from your health plan. Certain requirements apply before these plans pay. Some plans require you to complete their medical underwriting process and may also exclude coverage if you have pre-existing conditions.

The effective date is the first day of the following month after completing the enrollment. It depends on the payroll dates and coordination of People First deadlines.

Go to Other Supplemental Plans -

https://www.mybenefits.myflorida.com/health/other_supplemental_plans. The state

offers active employees the opportunity to participate in optional, employee-pay-all, supplemental insurance plans. These plans are called employee-pay-all because employees pay the entire premium; the college does not contribute.

Vision Insurance

Caring for your eyes is a very important part of your overall health and wellness. That's why New College offers you competitive vision coverage at affordable rates through <u>Humana Vision Brochure -</u>

https://www.mybenefits.myflorida.com/content/download/132841/826516/SOF - 2018 InteractiveVision Brochure.pdf. This is the largest network in the United States. Annual exam, annual contact lenses allowance, wholesale pricing on frames.

| Exam and Materials | | | | | |
|-----------------------------|----------------------------------|----------------------|--|--|--|
| Benefit Frequency (based on | the service date and not per cal | endar year) | | | |
| Exam Every | 12 months | Post Carrier Company | | | |
| Lenses Every | 12 months | 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 | Elective | | e | \$75 allowance | |
| Medically Necessa | ary | 100% \$100 allowance | | | |
| LASIK | Receive a discount off the usual and customary price or of advertised promotions or specials for LASIK services from network providers. Discount covers consultations, laser procedure, follow-up visits and any additional necessary corrective procedures. | | | or LASIK services from in- s consultations, laser | |
| Monthly Premium | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | |
| | \$5.92 | \$11.68 | \$1 | 1.56 \$18. | |

Dental Insurance

The State of Florida offers you comprehensive dental coverage through an array of dental plans. Each plan is designed to meet the needs of employees based on their individual plan usage, flexibility in using network or non-network dentists and cost. The dental plans below are divided into four categories: PPO, Indemnity, Indemnity with PPO and Prepaid.

<u>Dental Insurance Plans – Descriptions and Q & A - https://www.mybenefits.myflorida.com/health/dental insurance plans</u>

| Plan | Employee | | | Employee + Family | | |
|-------------------------------|-----------------------|-----------------------|--|-----------------------------------|--|--|
| Name | Only | Spouse | Child(ren) | | | |
| | emnity w/PPO | | | | | |
| Dentist of yo 50%. | ur choice. \$2,000 ca | alendar year max, pr | eventive care 100%, basi | c care 80% and major care | | |
| | \$ 47.24 | \$ 87.64 | \$ 99.80 | \$ 144.08 | | |
| Ameritas Sta | ndard PPO | | | | | |
| | | alendar year max, pr | eventive care 100%, basi | c care 80% and major care | | |
| | \$ 31.64 | \$ 59.24 | \$ 66.32 | \$ 96.56 | | |
| Ameritas Pre | ventative PPO | | | | | |
| Dentist of you are 50/30%. | | lendar year max, pre | eventive care 100/80%, b | asic care 80/50% and majo | | |
| | \$ 21.64 | \$ 40.92 | \$ 43.80 | \$ 64.16 | | |
| /letLife Inder | mnity w/PPO | | | | | |
| Dentist of you 60%. | ur choice. \$2,000 ca | alendar year max, pr | eventive care 100%, basi | c care 80% and major care | | |
| ı | \$ 46.16 | \$ 85.38 | \$ 95.42 | \$ 138.52 | | |
| ∕letLife Stand | dard PPO | | а | | | |
| entist of you are 50/30% | ur choice. \$1,500 ca | llendar year max, pro | eventive care 100/80%, b | pasic care 80/50% and majo | | |
| | \$ 32.24 | \$ 67.04 | \$ 74.90 | \$ 108.76 | | |
| /let Life Prev | entative PPO | | | -1 - 1 | | |
| | | lendar year max, pre | eventive care 100/80%, b | asic care 80/50% and no | | |
| overage for i | | | | | | |
| | \$ 18.32 | \$ 33.86 | \$ 37.84 | \$ 54.94 | | |
| | mnity w/PPO | | | | | |
| entist of you are 50%. | ır choice. \$2,000 ca | lendar year max, pre | eventive care 100%, basic | care 80% and major | | |
| | \$ 45.76 | \$ 84.66 | \$ 94.60 | \$ 137.34 | | |
| umana Stan | dard PPO | | | | | |
| entist of you ajor care 50 | | lendar year max, pre | eventive care 100/80%, b | asic care 80/50% and | | |
| 7.5 | \$ 30.64 | \$ 56.70 | \$ 63.36 | \$ 91.98 | | |
| umana Preve | entative PPO | | | | | |
| | | lendar year max, pre | ventive care 100/80%, b | asic care 80/50% and no | | |
| overage for r | | 1 | 7 200 20 10 | \$ 61.60 | | |
| | \$ 20.52 | \$ 37.98 | \$ 42.44 | | | |
| ın Life Prepa | | | | | | |
| | | | s, no deductible or annua dule. Vision discount is a | I maximums. Orthodontia vailable. | | |
| | \$ 14.93 | \$ 25.17 | \$ 33.26 | \$ 43.54 | | |
| un Life Indem | | | For 100 To 100 T | ,, | | |
| entist of you | | lendar year max, pre | ventive care 100%, basic | care80% and major care | | |
| , , , , , , | \$ 43.55 | \$ 83.61 | \$ 98.83 | \$ 130.35 | | |
| | T 10.00 | 7 30.02 | 7 30.00 | ÷ 100.00 | | |

| Cigna Prepaid | H | 2 67 1 70 1 | | | |
|---|----------------------|-----------------------|---------------------------|------------------------------|--|
| Must enroll v | vith a participant d | entist. No claim form | ns, no deductible or annu | ual maximums. Orthodontia | |
| available. Fee | es listed on the Pat | ient Fee Schedule. | | | |
| | \$ 24.01 | \$ 47.31 | \$ 56.41 | \$ 72.06 | |
| Humana HD2 | .05 | | | | |
| Must enroll v | vith a participating | dentist. Includes lim | ited vision. No claim for | ms, deductibles or annual | |
| maximums. C | Orthodontia for adu | ults and children-25% | discount. Other special | ist 25% reduction from usual | |
| and customa | ry fees. | | | | |
| | \$ 12.64 | \$ 21.20 | \$ 23.00 | \$ 32.98 | |
| Humana Sche | edule B | | | | |
| Dentist of your choice. Claims paid according to the state benefit schedule. Deductible \$50 individual and | | | | | |
| \$150 family. \$1,000 per person a year. Pre-existing conditions may not be covered. No orthodontia | | | | | |
| benefit. Includes vision benefit but no eye exams. | | | | | |
| | \$ 14.74 | \$ 21.96 | \$ 23.30 | \$ 37.10 | |

Accident Insurance

This plan provides additional coverage for loss of wages, deductibles and co-payments, travel expenses for treatment, lodging and meals. This plan helps you pay the following types of expenses when injured during a covered accident:

- Expensive medical treatment for broken bones and dislocations, or physical therapy.
- Crutches, wheelchairs or other medical aids you may need as a result of your accident.
- Copays and deductibles.

Colonial Accident Protection <u>Colonial Insurance Company</u> http://www.visityouville.com/en/stateoffl

| | Monthly Cost |
|---------------|--------------|
| Individual | \$ 18.00 |
| EE + Spouse | \$ 24.00 |
| EE + Children | \$ 30.00 |
| Family | \$ 36.00 |

Cancer Insurance

Depending on the plan you choose, these plans provide supplemental benefits for: cancer diagnosis, treatment, certain screening tests and procedures you may require to care for your cancer. <u>Cancer Insurance Providers -</u>

https://www.mybenefits.myflorida.com/health/other supplemental plans

| | Individual | EE+ | EE+ | Family |
|------------------------------------|------------|--------|----------|----------|
| | | Spouse | Children | |
| AFLAC Cancer Plan PCI Lvl 1 | \$ 18.70 | N/A | \$ 21.70 | \$ 30.50 |
| AFLAC Cancer Plan PCI Lvl 1 + SDR | \$ 19.70 | N/A | \$ 23.20 | \$ 32.50 |
| AFLAC Cancer Plan PCI Lvl 1 + BBR | \$ 20.50 | N/A | \$ 24.40 | \$ 34.40 |
| AFLAC Cancer Plan PCI Lvl 1 + Both | \$ 21.50 | N/A | \$ 25.90 | \$ 36.40 |
| AFLAC Cancer Plan PCI Lvl 3 | \$ 33.50 | N/A | \$ 40.20 | \$ 55.90 |
| AFLAC Cancer Plan PCI Lvl 3 + SDR | \$ 34.50 | N/A | \$ 41.70 | \$ 57.90 |
| AFLAC Cancer Plan PCI Lvl 3 + BBR | \$ 36.50 | N/A | \$ 44.70 | \$ 62.40 |
| AFLAC Cancer Plan PCI Lvl 3 + Both | \$ 37.50 | N/A | \$ 46.20 | \$ 64.40 |
| Colonial Cancer | \$ 12.50 | N/A | N/A | \$ 20.90 |

Hospital Intensive Care Insurance

This plan provides a daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit. This benefit will pay if you or any covered person incurs a charge for confinement in a hospital intensive care unit (ICU). This benefit is limited to fifteen (15) days per period of confinement. There is no lifetime maximum and you must complete the company's enrollment form. Plan Brochure -

https://www.capitalins.com/plans/aflac-cancer-and-hospital-intensive-care

| Monthly Payments | Individual | EE + Spouse | EE + Children | <u>Family</u> |
|-----------------------------------|------------|----------------|------------------|---------------|
| Hospital Intensive Care Insurance | \$8.70 | N/A | N/A | \$16.64 |

Hospital Insurance

This hospital plan will give you a cash benefit in the event you require hospitalization. It is additional to your health insurance benefit.

<u>Cigna Preferred Provider Plus</u> is designed for participants in the PPO and helps offset your out of pocket facility expenses.

<u>Cigna 30/20 plus</u> is a supplemental hospital insurance designed for participants in the PPO. It pays \$250 per admission and 20% of the next \$12,500 inpatient hospital special charges.

<u>Cigna State Insurance Supp (SIS)</u> - provides reimbursement for specified hospital expenses. It is used for employees/dependents outside of the State of Florida as a condition of employment or live in a county where network providers are not available.

<u>Cigna 365 Plus</u>- is designed to pay a fixed daily supplemental amount while confined to a hospital. It provides coverage 365 days per year. It's designed as a supplemental for those choosing HMO.

<u>CIGNA Hospital Supplements - https://www.capitalins.com/plans/cigna-hospital-supplements</u>

New Era- this a supplemental health insurance plan which pays \$100 to \$300 daily for each day of room and board charges to you or your insured dependents if hospitalized, beginning with the first day and up to 365 for each confinement. Benefit is paid directly to the employee. New Era Hospital Insurance - http://www.ssc-life.com/hospital-income.html

| Monthly Cost | Individual | EE+ | EE+ | Family |
|-------------------------------|------------|---------|----------|---------|
| | | Spouse | Children | |
| Cigna Preferred Provider Plus | \$40.94 | N/A | N/A | \$41.52 |
| Cigna 30/20 Plus | \$69.46 | N/A | N/A | \$69.68 |
| Cigna State Insurance Supp | \$40.42 | N/A | N/A | \$90.62 |
| Cigna 365 + /\$100 per day | \$10.54 | N/A | N/A | \$23.60 |
| Cigna 365 + /\$200 per day | \$30.22 | N/A | N/A | \$67.78 |
| New Era 1-2-3 Plan \$100/Day | \$9.58 | \$19.20 | N/A | \$25.18 |
| New Era 1-2-3 Plan \$200/Day | \$20.36 | \$40.60 | N/A | \$53.52 |
| New Era 1-2-3 Plan \$300/Day | \$12.92 | 25.86 | N/A | \$32.72 |

Disability Insurance

This benefit is to protect your income and designed for the employee only. It protects a portion of your income if you become unable to work due to a covered illness or injury. Benefits are paid directly to the employee. This plan helps supplement your income during short-term disability to help you pay the following expenses:

- Mortgage or rent payments
- Utility bills and other household expenses
- Food, clothing and other necessities
- Copayments
- Health costs not covered under other plans
- Travel and lodging expenses for treatment

For specific information regarding this benefit contact a Colonial Life Benefits Counselor. <u>Colonial Insurance Company - http://www.visityouville.com/en/stateoffl</u>. Rates determined by a specific plan.

Gabor Insurance

In partnership with your Human Resources department, the Gabor Agency is pleased to serve you in choosing the following employee benefits:

Long Term Disability Insurance
Universal Life Insurance/Group Term Life Insurance
Accidental Death & Dismemberment Insurance
Retirement Income Planning (SUSORP, 403b, 457) via VOYA
Social Security Planning

Paperwork will need to be filed with the company and approved before the benefit is paid. This is a post-tax deduction. For more information call 800-330-6115 or visit https://www.gaborfs.com/new-college-of-florida

OPS employees are not eligible for this coverage.

Florida Retirement Plans

New College offers several retirement plans to suit your needs. Each of these plans have different deadline dates regarding sign-up. Please make sure to read this information carefully in order not to miss the deadline as you may default into a plan based on your employee category. A & P and Faculty employees default into ORP and USPS employee default into the pension plan.

An additional brochure will be in your new hire packet.

Pension Plan

This FRS (Florida Retirement System) plan requires the employee to contribute 3% of their salary while the employer contributes 13.57% (6.73% in the employee's account + 6.84% in fees). This provides a monthly benefit based on a formula of years of service, value per year and final average compensation. Vesting is 8 years. Employee may be eligible for DROP program (see brochure). Employees have 8 months from date of hire to elect this option.

Investment Plan

This FRS plan requires the employee to contribute 3% of their salary and the employer contributes 13.57% (8.3% in the employee's account + 7.27% in fees). Upon retirement, this plan provides a lump sum based on your investment options. Vesting is 1 (one) year. Not eligible for DROP. Employees have 8 months from date of hire to elect this option.

Optional Retirement Plan (ORP)

This FRS Plan requires the employee to contribute 3% of their salary and the employer contributes 9.93% (5.14% in the employee's account + 4.79% in fees). The employee may contribute an additional amount up to 5.14%. This benefit is not available for USPS

employees. Vesting is immediate. Employee will need to select a company to invest in from the following: Equitable, TIAA, AIG (Valic), or Voya. Employees have 90 days from date of hire to confirm this election.

Note: This benefit may vary if you have prior employment with the State Agency or State University System (SUS).

OPS employees are not eligible for this benefit.

Voluntary Retirement Savings Plans

Tax Annuities

An annuity is a pre-tax voluntary contribution amount to help you save for retirement. This is a 403(b) plan and the IRS mandates the annual limit. There are three (3) companies to choose from: TIAA, Valic or Voya. You must contact a representative to enroll and invest your funds. The voluntary contribution amount can be changed or cancel at any time, just contact HR Benefits- benefits@ncf.edu. A salary reduction form must be submitted for payroll deduction.

Deferred Compensation

The State Deferred Compensation is a benefit that helps you save a voluntary contribution on a pre-tax basis for your retirement. This is a 457 plan and the IRS mandates the maximum annual limit that you can contribute. You can call (877) 299-8002 or go online to enroll at www.MyFloridaDeferredComp.com website.

You must select a company to invest your contributions. The companies are Nationwide, AIG Retirement Services (formerly VALIC), and Voya. The contribution can be changed or cancelled by contacting My Florida Deferred Compensation. Deferred Compensation sends information to Payroll via a file on a biweekly basis. It's the employee's responsibility to make sure the IRS limits are not exceeded.

Leave

*Benefit eligible employees accrue leave in a biweekly basis. Accruals for part-time employees are prorated based on the appointed FTE. <u>OPS employees are not eligible for this benefit.</u>

Annual Leave

Annual leave is normally use for vacation; however, it can be used for personal business. There is no waiting period to use accrued annual leave. Supervisor approval is required in advance, prior to taking time off. Please see handbook for more information.

| | Biweekly | Year End Max | Year Max |
|---------------------|---------------|--------------|----------|
| Full time Employee | Accrual Hours | | Paid Out |
| FACULTY (12 months) | 6.77 | 352 | 352 |
| A & P | 6.77 | 352 | 352 |
| EXECUTIVE | 9.2 | 480 | 480 |
| USPS 0-6 months | 4 | 240 | 0 |
| USPS 7-60 months | 4 | 240 | 240 |
| USPS 61- 120 months | 5 | 240 | 240 |
| USPS 120 & Over | 6 | 240 | 240 |

Annual leave is normally paid out up to the maximum allowed per employee type (see above table).

Advanced Annual Leave

Benefit eligible employees can borrow up to 40 advance annual leave hours due to insufficient leave. It requires supervisor approval. Request and approval should be granted prior to the payroll period deadlines. Please see the handbook for more information.

Sick Leave

Sick leave is normally use for illness, medical appointments, etc. for you and your immediate family. There is no waiting period to use accrued sick leave. Supervisor approval is required in advance for appointments, if possible. You can accrue unlimited sick leave. Sick leave is only paid out when you leave New College if you have worked for New College for 10 or more years. Sick leave payout is calculated at one fourth of your available balance up to a maximum of 480 hours. Please see handbook for more information.

| Bi-weekly Accrual Hours (Unlimited Accrual, after 10 years pay out one for | rth up to max of 480 hours) | |
|---|-----------------------------|------|
| FACULTY (9 or 12 months) | 4 | |
| A & P | 4 | _ |
| EXECUTIVE | 5 | |
| USPS | 4 | - 7, |

Please note: if the annual leave and/or sick leave payout is \$2,500 or more, the amount will be sent to a Bencor Special Pay Plan. This is a 401(a) retirement plan and you save money on your FICA taxes (up to 7.65%). Employees have access to their funds on the Tuesday following the Friday pay date of the payout. Please see www.bencorplans.com for more information.

USPS Personal Day

USPS employees receive one 8 hour personal day every fiscal year (July 1-June 30). Use it or lose it policy. You must complete your probationary period before you can use it. If employee is not full time, then it will be prorated. You must use it in its entirety.

OPS employees are not eligible for this benefit.

New College Child Center

A nonprofit Day Care, Preschool & after hours care center is located near campus. The center is fully licensed and insured. New College Child Care seeks to provide geographically and financially accessible daycare, preschool, kindergarten and after-

hours care of the highest quality for children ages 1-6, for members of the New College of Florida community as well as for families throughout Sarasota and Manatee counties. It's based on a Montessori teaching style for many learning opportunities. Please see their website



for additional information and tuition rates. Note: There may be a waiting list for certain ages.

Website https://www.newcollegekids.org/

Phone 941-360-5590

Email ncchildcenter@gmail.com

Address 540 58th Street Sarasota, FL 34243

Fitness Center

Whether you want to get in shape, relieve stress or just socialize with your friends, the Fitness Center can help you meet your personal goals. The student fitness center is shared to faculty and staff. Spouses can join for a small fee. Guests must be accompanied by the employee.

https://www.ncf.edu/campus-life/health-safety-and-wellness-mind-body-and-spirit/fitness-center/

Adoption Benefits

State Funds are given to employer to pay the employee for adopting a special needs child or a child whose permanent location has been awarded.

Contact 800-96-ADOPT

Email StateEmployee.Adoption@myflfamilies.com

Website http://www.adoptflorida.org/state-emp-benefits.shtml

OPS employees are not eligible for this benefit.

Prepaid College Plan

This plan offers a Savings Plan 529 and a Prepaid Plan. Savings Plan is based on investments based savings and has 11 options. Payroll deduction available for dependent's college funds. Must enroll directly with Florida Prepaid College Board.

Website https://www.myfloridaprepaid.com/

Phone 800-552-4723

OPS employees are not eligible for this benefit.

Educational Assistance Program



Full time employees (regular USPS, A&P, and Faculty) with an established position may enroll for up to six (6) credits per semester. You must be employed at least 6 months to be eligible, NCF will reimburse for tuition cost only. Please refer to the Employee Handbook for additional information and the Education Assistance Form on the HR community web page for more information.

OPS employees are not eligible for this benefit.

Perks

Please refer to the perk list on the benefit page. It will provide discount for fun parks, cell phone companies, memberships, etc.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows qualified participants to continue coverage of health, dental, and vision benefits through their employer's group insurance plan for limited periods of time under certain circumstances, including the following:

Voluntary or involuntary job loss.

Reduction in hours worked. Transition between jobs.

Death.

Divorce.

Other life events.

People First will mail a COBRA package to you or your dependents to your address on record in People First when one of these events is reported. COBRA enrollees pay the entire monthly premium plus a 2 percent administrative fee. *Please contact People First to verify rate amounts*. You and/or your dependents lose eligibility for COBRA when you become eligible for other group insurance, including Medicare, or if you fail to pay the premium by the last day of the coverage month.

https://www.mybenefits.myflorida.com/health/eligibility and enrollment

LifeWorks

LifeWorks provides access to counseling professionals and related resources and referrals in legal, financial and grief areas.

Website <u>www.lifeworks.com</u> (user name: Ifg password: resources)

Phone 877-849-6034

ESPYR Employee Assistance Program

ESPYR is our NCF Employee Assistance Program. This professional and private help is available whenever you need it to solve a work or personal problem. Benefits are available for employees and anyone living in their household. ESPYR offers assessment, counseling, and referral services for a wide range of issues. All these resources are confidential and free.

Website <u>www.espyr.com</u> (password: newcollege)

Phone 800-869-0276

Contacts at a Glance

| State Group Insurance Plans | Plan Types | Phone | Website |
|---|---|--|--|
| Health and Life | | | |
| Florida Blue | State Employees' PPO Plan (Medical) | 800-825-2583 | www.floridablue.com/state-employees |
| Aetna | HMO Plan (Medical) | 877-858-6507 | www.aetnastateflorida.com |
| Securian (formerly Minnesota Life) | Basic and Optional Life | 888-826-2756 | www.lifebenefits.com/florida |
| Dental | | | |
| Ameritas | Preventive PPO, Standard PPO and PPO w/ Indemnity | 877-721-2224 | www.ameritas.com/group/olbc/florida |
| Sun Life Financial (formerly Assurant) | Indemnity with PPO | 800-442-7742 | www.sunlife.com/us/Microsites/State+of+Florida |
| Sun Life Financial (formerly Assurant) Employee Benefits Prepaid 225 | Prepaid Dental | 800-443-2995 | www.sunlife.com/us/Microsites/State+of+Florida |
| Cigna Dental | Prepaid Dental | 800-244-6224 | www.mycigna.com |
| Humana | Prepaid Dental, Preventative PPO, Standard PPO and PPO w/ Indemnity | 866-879-3630 | www.humanadental.com/custom/fl/ |
| MetLife | Preventative PPO, Standard PPO and PPO w/ Indemnity | 844-222-9104 | www.metlife.com/StateofFL |
| Supplemental Plans | | | |
| Humana Vision | Exam Plus | 800-939-5369 | www.compbenefits.com/custom/state-of-fla-vision/ |
| Aflac | Cancer/Intensive Care | 800-780-3100 | www.capitalins.com |
| Cigna Health and Life Insurance Company | Hospitalization | 800-780-3100 | www.capitalins.com |
| Colonial Life | Accident/Cancer/Disability | 888-756-6701 | www.visityouville.com/stateoffl |
| New Era | Hospitalization | 800-277-2300 | www.ssc-life.com |
| Other | | | |
| People First | Call for help or enroll online | 866-663-4735 | www.peoplefirst.myflorida.com |
| | Mail documents to | P.O. Box 6830 Tallahassee, FL 32314 | |
| | Mail payments to | P.O. Box 863477 Orlando, FL 32886 | |
| Chard Snyder | Healthcare FSA, Limited Purpose FSA, Dependent Care FSA, Health Savings Account | 855-824-9284 | www.mybenefits.myflorida.com |
| Social Security Administration | To enroll in or inquire about Medicare | 800-633-4227 | www.medicare.gov |
| MyBenefits Website My Health (for insurance) My Future (for retirement) | N/A | N/A | www.mybenefits.myflorida.com |



Revised 07/24/2023 for FY 2023-2024

Benefits Department located at 5800 Bay Shore Rd, Sarasota Florida 34243

Palmer Complex Building C

Email: HR@ncf.edu

Phone: 941-487-4757

The Human Resources Department assists employees in accessing information regarding employment, recruitment, retention, discipline, development and benefits. While HR staff are happy to assist you with providing answers to questions to the best of our ability, it is imperative that you understand that such information is not intended to be official or final, nor is it intended to supersede or supplant information received as a result of direct research by the employee. Employees are strongly encouraged to confirm all information with the appropriate source document or contact the appropriate agency.