OPEN ENROLLMENT
2023 BENEFITS

Debbie Sellers
Benefits/Retirement Representative
IFAS HR
Opportunity to make benefit enrollment changes for the 2023 Calendar Year

Elections must be made by 6:00 p.m. ET - Oct 28th

Changes made will be effective January 1, 2023.

No action is required if you don’t want to enroll, change or cancel benefits.
CHANGES FOR 2023 BENEFITS

- **DECREASE** - *Ameritas* and *MetLife* Dental Rates
- **DECREASE** - State *Humana Vision* Rate
- New Humana PPO Dental Plan (State)
SELECT FROM STATE OR UF BENEFITS

STATE BENEFITS

Administered by State of Florida
STATE GROUP INSURANCE > PEOPLE FIRST
FACULTY, TEAMS, *OPS, *POST-DOC

UF SELECT BENEFITS
GATOR CARE HEALTH

Administered by UFHR
FACULTY, TEAMS, POST-DOC

* Open Enrollment Measurement requirement
work at least 1,560 between Oct. 2021 - Oct. 2022
Go to people.first.myflorida.com,
select Insurance Benefits Picture > Insurance Benefits Statement
# STATE HEALTH COVERAGE

## Standard HMO & PPO vs. High Deductible with HSA

<table>
<thead>
<tr>
<th></th>
<th>HMO</th>
<th>Network</th>
<th>PPO</th>
<th>Out of Network</th>
<th>HMO and PPO</th>
<th>Network</th>
<th>PPO Only</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(You pay this amount first before the plan pays anything, except for preventive care)</td>
<td>None</td>
<td>$250</td>
<td>$500</td>
<td>Single</td>
<td>Family</td>
<td>$750</td>
<td>$1,500</td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Global in-Network Annual Out-of-Pocket Maximum</strong></td>
<td>$8,700</td>
<td>per indiv</td>
<td>$17,400</td>
<td>per family</td>
<td>(combined pharmacy and medical)</td>
<td>$8,700</td>
<td>per indiv</td>
<td>$17,400</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No charge</td>
<td>No charge; no deductible</td>
<td>Amount between charge and out-of-network allowance; no deductible</td>
<td>No charge; no deductible</td>
<td>Amount between charge and out-of-network allowance; no deductible</td>
<td>Deductible then 20% of network allowed amount</td>
<td>Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance</td>
<td>Deductible then 20% of out-of-network allowance</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$20 copayment</td>
<td>$15 copayment</td>
<td>40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance</td>
<td>No charge; no deductible</td>
<td>Deductible then 20% of network allowed amount</td>
<td>Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance</td>
<td>Deductible then 20% of out-of-network allowance</td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td>$40 copayment</td>
<td>$25 copayment</td>
<td>No charge; no deductible</td>
<td>Deductible then 20% of network allowed amount</td>
<td>Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance</td>
<td>Deductible then 20% of out-of-network allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
<td>Deductible then 20% of network allowed amount</td>
<td>Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance</td>
<td>Deductible then 20% of out-of-network allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Stay</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
<td>Deductible then 20% of network allowed amount</td>
<td>Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance</td>
<td>Deductible then 20% of out-of-network allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$7</td>
<td>$30</td>
<td>$50</td>
<td>Network Retail (up to 30-day supply)</td>
<td>Pay in full; file claim for reimbursement</td>
<td>After paying deductible, 30%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$14</td>
<td>$50</td>
<td>$100</td>
<td>Mail Order or Participating mail 90-Day Retail (up to 90-day supply)</td>
<td>Pay in full; file claim for reimbursement</td>
<td>After paying deductible, 30%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$14</td>
<td>$50</td>
<td>$100</td>
<td>Mail Order or Participating mail 90-Day Retail (up to 90-day supply)</td>
<td>Pay in full; file claim for reimbursement</td>
<td>After paying deductible, 30%</td>
<td>30%</td>
<td>50%</td>
</tr>
</tbody>
</table>

## Enrollment
- **HMO**: 85,000
- **PPO**: 75,000
- **HDHP HMO**: 1,242
- **HDHP PPO**: 3,783

*We Deduct Your Premium a Month in Advance (e.g., December 2020 for January 1, 2021, coverage)*
SOMTHING TO CONSIDER

Provider Network - Do the health care providers & hospitals you prefer fall within the plan’s network?

PPO
• Florida Blue is the Nationwide provider.
• Find provider here.

HMO
Provider is assigned by the FLORIDA County you live (default) or work in.
Find provider here
(select provider name to search for in-network providers)

<table>
<thead>
<tr>
<th>Preferred Patient Care</th>
<th>Why should I select a plan?</th>
<th>Continue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Aloha</th>
<th>Brevard</th>
<th>Calhoun</th>
<th>Citrus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>Clay</td>
<td>DeSoto</td>
<td>Franklin</td>
</tr>
<tr>
<td>Bay</td>
<td>Escambia</td>
<td>Feddiot</td>
<td>Gainesvil</td>
</tr>
<tr>
<td>Bradford</td>
<td>Hillsborough</td>
<td>Leon</td>
<td>Hernando</td>
</tr>
<tr>
<td>Brevard</td>
<td>Jacksonville</td>
<td>Liberty</td>
<td>Lake</td>
</tr>
<tr>
<td>Charlotte</td>
<td>Miami-Dade</td>
<td>Orange</td>
<td>Polk</td>
</tr>
<tr>
<td>Collier</td>
<td>Pinellas</td>
<td>Waukegan</td>
<td>Martin</td>
</tr>
<tr>
<td>Columbia</td>
<td>Polk</td>
<td>Monroe</td>
<td>Glades</td>
</tr>
<tr>
<td>Doral</td>
<td>Okaloosa</td>
<td>Osceola</td>
<td>Pasco</td>
</tr>
<tr>
<td>Escambia</td>
<td>Palm Beach</td>
<td>Orange</td>
<td>Pinellas</td>
</tr>
<tr>
<td>Flagler</td>
<td>Pasco</td>
<td>Orange</td>
<td>Pinellas</td>
</tr>
<tr>
<td>Glades</td>
<td>Palm Beach</td>
<td>Orange</td>
<td>Pinellas</td>
</tr>
<tr>
<td>Gulf</td>
<td>Pinellas</td>
<td>Osceola</td>
<td>Pasco</td>
</tr>
<tr>
<td>Hardee</td>
<td>Sumter</td>
<td>Tallahassee</td>
<td>Union</td>
</tr>
<tr>
<td>Highlands</td>
<td>Taylor</td>
<td>Union</td>
<td>Union</td>
</tr>
<tr>
<td>Holmes</td>
<td>Union</td>
<td></td>
<td>Union</td>
</tr>
</tbody>
</table>
GATOR CARE HEALTH

POST-DOCTORAL
Plan details found here

DOMESTIC PARTNER
Plan details found here.
## State Dental Coverage

### Monthly Premiums

<table>
<thead>
<tr>
<th>Type of Dental Plan</th>
<th>Plan Code</th>
<th>Plan Name</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepaid Dental Plan</td>
<td>4034</td>
<td>Aetna Prepaid Dental</td>
<td>$24.01</td>
<td>$47.31</td>
<td>$56.41</td>
<td>$72.26</td>
</tr>
<tr>
<td></td>
<td>4035</td>
<td>Sun Life Prepaid Dental</td>
<td>$24.93</td>
<td>$45.42</td>
<td>$53.26</td>
<td>$63.54</td>
</tr>
<tr>
<td></td>
<td>4044</td>
<td>Humana DHC Prepaid Dental</td>
<td>$13.84</td>
<td>$21.20</td>
<td>$23.00</td>
<td>$32.98</td>
</tr>
</tbody>
</table>

### PPO Dental Plans

- Receive care from any dentist
- Your cost is lower when you use network dentists
- You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay part of the cost for the services you receive.
- Orthodontia covered for adults and children (excluding Preventive PPO).

<table>
<thead>
<tr>
<th>Plan Code</th>
<th>Plan Name</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>4023</td>
<td>Aetna PPO</td>
<td>$21.04</td>
<td>$40.92</td>
<td>$43.50</td>
<td>$54.16</td>
</tr>
<tr>
<td>4094</td>
<td>Humana PPO</td>
<td>$20.52</td>
<td>$37.68</td>
<td>$42.64</td>
<td>$56.60</td>
</tr>
<tr>
<td>4033</td>
<td>MetLife PPO</td>
<td>$18.32</td>
<td>$33.86</td>
<td>$37.84</td>
<td>$54.94</td>
</tr>
<tr>
<td>4032</td>
<td>Aetna Standard</td>
<td>$31.64</td>
<td>$59.24</td>
<td>$66.32</td>
<td>$96.36</td>
</tr>
<tr>
<td>4092</td>
<td>Humana Standard</td>
<td>$30.64</td>
<td>$56.70</td>
<td>$63.36</td>
<td>$91.98</td>
</tr>
<tr>
<td>4030</td>
<td>MetLife Standard</td>
<td>$36.24</td>
<td>$65.06</td>
<td>$74.90</td>
<td>$108.76</td>
</tr>
</tbody>
</table>

### Indemnity with PPO Dental Plan

- Receive care from any dentist
- Your cost is lower when you use network dentists
- You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the care you receive.
- Orthodontia: Child only orthodontia covered by Sun Life.

<table>
<thead>
<tr>
<th>Plan Code</th>
<th>Plan Name</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>4025</td>
<td>Aetna Indemnity</td>
<td>$47.24</td>
<td>$91.04</td>
<td>$99.80</td>
<td>$144.08</td>
</tr>
<tr>
<td>4090</td>
<td>Humana Indemnity</td>
<td>$45.76</td>
<td>$84.66</td>
<td>$94.50</td>
<td>$137.34</td>
</tr>
<tr>
<td>4031</td>
<td>MetLife Indemnity</td>
<td>$16.16</td>
<td>$28.38</td>
<td>$95.42</td>
<td>$138.52</td>
</tr>
<tr>
<td>4074</td>
<td>Sun Life Indemnity PPO</td>
<td>$23.55</td>
<td>$43.61</td>
<td>$68.33</td>
<td>$92.35</td>
</tr>
</tbody>
</table>

### 2023 Dental Plans

- **Type I: Preventative Services**
  - 100% in-network
  - 80% out of network

- **Type II: Basic Services**
  - 80% in-network
  - 60% out of network

- **Type III: Major Services**
  - 80% in-network
  - 50% out of network

### Indemnity with PPO Plans

- **Type I: No Deductible**
  - 100% in-network
  - 100% out of network

- **Type II: No Deductible**
  - 100% in-network
  - 100% out of network

- **Type III: No Deductible**
  - 100% in-network
  - 100% out of network

### Annual Deductible

- **Type I: $0**
- **Type II: $50**
- **Type III: $100**

### Annual Maximum

- **Type I: $1,000**
- **Type II: $1,500**
- **Type III: $2,000**

### Orthodontia

- **Type I: No Coverage**
- **Type II: Yes, Age Limit**
- **Type III: Yes, Age Limit**

### Orthodontia Maximum

- **Type I: $2,600 in network**
- **Type II: $2,500 out of network**
- **Type III: $1,500 out of network**

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https://www.mybenefits.myflorida.com/health/dental_insurance_plans
UF DENTAL COVERAGE

Tips to select Dental Plan
- Provider Network
- Plan provisions
- Covered Services

Eagles Direct Reimbursement Dental

Your dental plan is based on a calendar year. That means your benefits run from January 1 to December 31 each year.

Eagles Direct Reimbursement dental plan pays by a dollar tier:
- 100% of preventive (2 visits per year)
- 75% of sealants
- $50 annual deductible per person
- 50% of the remaining claims
- $1,500 per person annual maximum*

*This plan includes lifetime benefits for orthodontics of $1,500. Orthodontics is not a separate benefit and is included in the annual maximum.

- There are no networks. You may go to the dentist of your choice.
- The only exclusions are implants and cosmetic dentistry such as teeth bleaching.
- Eagles will pay assignment to the dentist or reimburse you directly.

Claims should be submitted to the following:
Eagles, Benefits By Design, Inc.
2336 SE Ocean Blvd., Ste. 301
Stuart, FL 34996

Always confirm plan coverage & payment responsibility with dentist and/or dental company in advance of treatment.
TERM LIFE INSURANCE

Premiums are based on the UF Salary and Age.

STATE OF FLORIDA

<table>
<thead>
<tr>
<th>Life Insurance Options</th>
<th>Benefit Amount</th>
<th>Enrollment</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life</td>
<td>$25,000</td>
<td>• Salaried, full-time employees automatically enrolled</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Part-time and OPS employees must enroll</td>
<td></td>
</tr>
<tr>
<td>Optional Life (salaried employees only)</td>
<td>One to seven times your base annual earnings ($1 million max)</td>
<td>Guaranteed issue for new hires up to 5x salary ($500,000 max); up to 7x if you qualify ($1 million max)</td>
<td>Varies by coverage level, salary, and age</td>
</tr>
<tr>
<td>Dependent Spouse</td>
<td>$15,000 / $30,000</td>
<td>Guaranteed issue if you enroll when first hired or when you marry</td>
<td>$5.18 / $6.90</td>
</tr>
<tr>
<td>Dependent Child</td>
<td>$10,000 per each child</td>
<td>Guaranteed issue</td>
<td>$0.85 (covers all eligible children)</td>
</tr>
</tbody>
</table>

**TIP** - Coverage is based on the UF Salary and Age.

Securian Financial State Life Insurance link
Securian - Evidence of Insurability link

**UF SELECT**

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Incremental Unit</th>
<th>Guarantee Issue Amount</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Under age 75</td>
<td>$10,000</td>
<td>$300,000</td>
<td>$800,000</td>
</tr>
<tr>
<td></td>
<td>Age 76 or over</td>
<td>$10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$50,000</td>
<td>$400,000</td>
</tr>
<tr>
<td>Child</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$25,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

**New Participants**
- Enter $10,000 only.
- To apply for coverage of more than $10,000, email benefits@uf.edu to request an Evidence of Insurability form.

**Current Participants**
- Enter current amount (see above) + $10,000
- To increase coverage by more than $10,000, email benefits@uf.edu to request an Evidence of Insurability form.

TIP - Coverage amount is elected by member.

**$10,000** - If you have not previously been declined for life insurance by The Standard.
**Guarantee Issue amount in chart applies to New Hire (NOT Open Enrollment).
**Coverage reduces to $10,000 on the January 1 coinciding with 76 birthday.

TIP - Coverage amount is elected by member.

Standard Life Insurance link
Standard - Evidence of Insurability link
## Vision Plan Chart

<table>
<thead>
<tr>
<th>Exam and Materials</th>
<th>Benefit Frequency (based on service data and not per calendar year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Every</td>
<td>12 months</td>
</tr>
<tr>
<td>Lenses Every</td>
<td>12 months</td>
</tr>
<tr>
<td>Frames Every</td>
<td>24 months</td>
</tr>
<tr>
<td>Benefits</td>
<td>In Network</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>100% after you pay $10 copay</td>
</tr>
<tr>
<td>Lenses</td>
<td>100% after you pay $10 copay</td>
</tr>
<tr>
<td>Single</td>
<td>100% after you pay $10 copay</td>
</tr>
<tr>
<td>Bilateral</td>
<td>100% after you pay $10 copay</td>
</tr>
<tr>
<td>Trifocal</td>
<td>100% after you pay $10 copay</td>
</tr>
<tr>
<td>Scratch Resistance Lenses</td>
<td>$40 allowance</td>
</tr>
<tr>
<td>Anti-Reflective Lenses</td>
<td>$70 allowance</td>
</tr>
<tr>
<td>Frames</td>
<td>$225 wholesale allowance</td>
</tr>
<tr>
<td>Contact Lens</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>Elective</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>100%</td>
</tr>
</tbody>
</table>

**LASK**

Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures.

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$5.92</td>
<td>$11.68</td>
<td>$13.56</td>
<td>$18.36</td>
</tr>
</tbody>
</table>

### Pre-Tax Deduction

**State Vision Website Link**

### Post-Tax Deduction

**UF SELECT**

Humana Vision 130

<table>
<thead>
<tr>
<th>Vision care services</th>
<th>If you use an In-Network provider (Member cost)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam with dilation as necessary</strong></td>
<td><strong>$10</strong> Up to $20</td>
</tr>
<tr>
<td><strong>Contact lens exam options</strong></td>
<td>Up to $155 10% off retail</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td><strong>$150</strong> allowance 20% off balance over $150</td>
</tr>
<tr>
<td><strong>Standard plastic lenses</strong></td>
<td>$15 20% off balance over $150</td>
</tr>
<tr>
<td><strong>Single vision</strong></td>
<td>$15</td>
</tr>
<tr>
<td><strong>Tinted</strong></td>
<td>$15</td>
</tr>
<tr>
<td><strong>Tinted Tinted</strong></td>
<td>$15</td>
</tr>
<tr>
<td><strong>Tinted Tinted Tinted</strong></td>
<td>$15</td>
</tr>
</tbody>
</table>

**Coverage options**

- **Urgent care**
- **Tinted (solid and gradient)**
- **Tinted Tinted**
- **Tinted Tinted Tinted**
- **Standard plastic lenses**
- **Standard plastic lenses + children (19)**
- **Standard anti-reflective coating**
- **Premium anti-reflective coating**
- **Tier 1**
- **Tier 2**
- **Tier 3**
- **Tier 4**
- **Premium progressive (non-astigmatism)**
- **Premium progressive (astigmatism)**
- **Soft contact lenses**
- **Conventional**
- **Disposable**
- **Medically necessary**

**UF Select Vision Premiums for Teams and Academic Faculty on 12 Month Appointment**

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Coverage</th>
<th>Employee Select Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humana Vision: Exam + Materials</td>
<td>Employee Only</td>
<td>6.54</td>
</tr>
<tr>
<td>Humana Vision: Exam + Materials</td>
<td>Employee + Domestic Partner (SP) or Spouse (same or opposite sex)</td>
<td>10.68</td>
</tr>
<tr>
<td>Humana Vision: Exam + Materials</td>
<td>Employee + Child(ren)</td>
<td>12.44</td>
</tr>
</tbody>
</table>

**UF Select Vision Premiums for Teams and Academic Faculty on 12 Month Appointment**

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Coverage</th>
<th>Employee Select Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humana Vision: Exam + Materials</td>
<td>Employee + Domestic Partner (SP) or Spouse (same or opposite sex)</td>
<td>19.62</td>
</tr>
<tr>
<td>Humana Vision: Exam + Materials</td>
<td>Employee + Child(ren)</td>
<td>20.64</td>
</tr>
<tr>
<td>Humana Vision: Exam + Materials</td>
<td>Employee + Family</td>
<td>20.93</td>
</tr>
</tbody>
</table>
DISABILITY

STATE OF FLORIDA

Colonial Life’s Short-Term Disability Insurance

✓ You’re guaranteed to be issued coverage not to exceed 66 2/3% of your income, up to a maximum of $1,490 a month.
✓ Monthly benefit amounts available: $980 - $3,460 based upon income.
✓ Benefit Periods: 3 months, 6 months or 12 months with choices of elimination periods.

With Colonial Life’s Short-Term Disability insurance:

✓ You may choose an amount not to exceed 66 2/3% of your income as your disability benefit.

For Example

<table>
<thead>
<tr>
<th>Your Annual Income</th>
<th>Maximum Disability Amount Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $20,999</td>
<td>$880/month</td>
</tr>
<tr>
<td>$21,000 - $31,999</td>
<td>$1,160/month</td>
</tr>
<tr>
<td>$32,000 - $41,799</td>
<td>$1,740/month</td>
</tr>
<tr>
<td>$42,800 - $52,199</td>
<td>$2,320/month</td>
</tr>
<tr>
<td>$52,200 - $62,799</td>
<td>$2,800/month</td>
</tr>
<tr>
<td>$62,800 and above</td>
<td>$3,480/month</td>
</tr>
</tbody>
</table>

TIP - You select coverage amount, waiting period and how long benefit will be paid.

Colonial Life - Disability link

UF SELECT

Eligibility Requirements

<table>
<thead>
<tr>
<th>Employee</th>
</tr>
</thead>
</table>
| A regular employee of University of Florida, working at least 20 hours each week, and insured under group long-term policy 648946-3, issued by us to University of Florida and covering your Employer, and a citizen or resident of the United States or Canada.
| Temporary and seasonal employees, post-doctoral fellows of the Employer, full-time members of the armed forces, leased employees and independent contractors are not eligible. |

<table>
<thead>
<tr>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay 100% of the premium for this coverage through easy payroll deduction.</td>
</tr>
</tbody>
</table>

Benefit Amount (360-Day Plan)

If you remain disabled following the 30-day benefit waiting period, a weekly STD benefit is provided for up to 60 days.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Weekly Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD Benefit</td>
<td>25 or 10% of your STD benefit before reduction by deductible income, whichever is greater.</td>
</tr>
<tr>
<td>STD Plan Maximum</td>
<td>$3,462</td>
</tr>
<tr>
<td>STD Plan Minimum</td>
<td>9 weeks. However, if you are eligible for benefits under an insurance plan sponsored by your employer, your maximum benefit period will be reduced by the benefit waiting period.</td>
</tr>
<tr>
<td>STD Maximum Benefit</td>
<td>Your monthly benefit is 66 2/3% of your insured predisability earnings reduced by deductible income.</td>
</tr>
<tr>
<td>LTD Benefit</td>
<td>$15,000</td>
</tr>
<tr>
<td>LTD Plan Maximum</td>
<td>$100 or 10% of your LTD benefit before reduction by deductible income, whichever is greater.</td>
</tr>
<tr>
<td>LTD Plan Minimum</td>
<td>Monthly Benefit</td>
</tr>
</tbody>
</table>

30-Day or 90-Day

Coverage is based on the UF Salary and Age.

Evidence of Insurability - University of Florida / Policy Number 648973
**FLEXIBLE SPENDING (FSA) AND HEALTH SAVINGS ACCOUNT (HSA)**

**2023 Savings and Spending Accounts Comparison Chart**

<table>
<thead>
<tr>
<th>Flexible Spending Accounts (FSA)</th>
<th>Health Savings Account (HSA)</th>
<th>Health Reimbursement Account (HRA) and Post-Deductible HRA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare FSA</strong></td>
<td><strong>Limited Purpose FSA</strong></td>
<td><strong>Dependent Care FSA</strong></td>
</tr>
<tr>
<td><strong>Employee Contribution Limit</strong></td>
<td><strong>Employee Contribution Limit</strong></td>
<td><strong>Employee Contribution Limit</strong></td>
</tr>
<tr>
<td>Yes. $60 minimum/year, $3,850 maximum/year</td>
<td>Yes. $60 minimum/year, $2,850 maximum/year</td>
<td>Yes. $60 minimum/year, $5,000 maximum/year/household</td>
</tr>
<tr>
<td>Employer funded, through rewards earned by utilizing the Shared Savings Program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>When is Money Available</strong></td>
<td><strong>When is Money Available</strong></td>
<td><strong>When is Money Available</strong></td>
</tr>
<tr>
<td>The total amount of your annual election is available January 1st (for open enrollment) or your enrollment date (for new hires or if you have an appropriate Qualifying Status Change (QSC) event), Shared Savings Program funds are not available until January 1st of the year after the reward is earned and credited to the account.</td>
<td>The total amount of your annual election is available January 1st (for open enrollment) or your enrollment date (for new hires or if you have an appropriate QSC event), Shared Savings Program funds are not available until January 1st of the year after the reward is earned and credited to the account.</td>
<td>The State deposits amounts into your Chard Snyder HSA Advantage personal savings account.</td>
</tr>
<tr>
<td>Money is credited to your account after each payroll deduction. You can use only the balance in your account at the time of payment for dependent care services.</td>
<td>Money is credited to your account after each payroll deduction. You can use only the balance in your account at the time of payment for dependent care services.</td>
<td>HRA funds will be available within 5 business days of the reimbursement notification to Chard Snyder.</td>
</tr>
<tr>
<td>As the State deposits amounts into your Chard Snyder HSA Advantage personal savings account.</td>
<td>As the State deposits amounts into your Chard Snyder HSA Advantage personal savings account.</td>
<td>HRA funds will be available within 5 business days of the reimbursement notification to Chard Snyder.</td>
</tr>
<tr>
<td><strong>Who is Eligible</strong></td>
<td><strong>Who is Eligible</strong></td>
<td><strong>Who is Eligible</strong></td>
</tr>
<tr>
<td>Active employees, who are benefits eligible.</td>
<td>Active employees, who are benefits eligible.</td>
<td>Active employees, who are benefits eligible.</td>
</tr>
<tr>
<td>Chard Snyder Savings and Spending Guide link</td>
<td>Chard Snyder Savings and Spending Guide link</td>
<td>Chard Snyder Savings and Spending Guide link</td>
</tr>
</tbody>
</table>
SUPPLEMENTAL PLANS

STATE OF FLORIDA

Accident
Help pay the following types of expenses when injured during a covered accident:
- Medical expenses for hospitalization, surgery, and other medical services
- Loss of wages
- Funeral expenses
- Disability
- Dues and deductibles

Colonial Life
Colonial Life Company
888-756-6791

Cancer
Depending on the plan, you may choose supplemental benefits:
- Cancer diagnosis and treatment, including certain screening tests
- Preventive and regular medical care

Aflac
Aflac (through Capital Insurance Agency)
800-780-3100

Hospitalization
Daily cash payments when you are hospitalized:
- Hospitalizations
- Essential Services

Cigna
Cigna (through Capital Insurance Agency)
800-780-3100

Hospital Intensive Care
Daily cash payments when you are hospitalized:
- Hospitalizations
- Essential Services

Aflac
Aflac (through Capital Insurance Agency)
800-780-3100

Schedule of Benefits includes:
- Divorce
- Child Support
- Custody
- Traffic tickets
- Traffic tickets
- Parking
- Vivid
- Wills
- Living trusts
- Debt collection
- Identity theft
- Legal
- Litigation
- Immigration
- Personal injury
- Criminal defense
- Domestic violence
- Car accidents
- and much more...

UF SELECT

Member Benefits include:
- FREE legal advice via phone consultation
- FREE review of legal documents (lease, agreements, court papers, etc.)
- FREE letters and phone calls on your behalf to third parties to resolve disputes
- FREE credit repair and settling of accounts in collection
- FREE identity theft protection and restoration
- FREE loan modification assistance and foreclosure defense
- FREE face-to-face initial consultations with local attorneys
- FREE wills for member and spouse or domestic partner (spouses of attorney and living wills also available)
- FREE legal forms available through Form Library (e.g., wills, sale, court forms, promissory notes, contracts, affidavits, etc.)

Monthly Premiums
Employee: $9.96

Preferred Legal Plan link
ADDITIONAL RESOURCES

Visit a Benefits Fair Near You.
https://www.mybenefits.myflorida.com/Benefits_Fair_Schedule.pdf

THE UF BENEFITS FAIR
On Monday, Oct. 24,
Fair at the Champions Club in the Ben Hill Griffin Stadium.
HOW TO MAKE CHANGES

STATE BENEFITS

UF SELECT / GATOR CARE HEALTH

https://peoplefirst.myflorida.com/peoplefirst/Index.html

my.ufl.edu
STATE BENEFIT CHANGES – PEOPLE FIRST
People First - Peoplefirst.myflorida.com or 866-663-4735

Elections must be made by 6:00 p.m. ET - Oct 28th

Login ID number found on communications and myUFL account
Main Menu > My Self Service > Benefits > PFID & Beneficiary Info

If ‘Forgot Password’ link does not work send email to debbiesellers@ufl.edu
September/October New Hires – Complete "New Hire – FTE" election BEFORE "Open Enrollment" event.
Elections must be made by 6:00 p.m. ET - Oct 28th

PRINT CONFIRMATION STATEMENT

- Coverage elected
- Monthly premium
- Coverage start date

May make changes until October 28th 6:00 p.m. ET.
UF SELECT

Elections must be made by 6:00 p.m. ET - Oct 28th

- my.ufl.edu – Main Menu > My Self Service > Benefits > Benefits Enrollment

#1

#2
UF SELECT

Making election changes

#3

Premiums are Per Pay Period.
UF SELECT
FINALIZE ELECTIONS

Open enrollment event will close once enrollment is finalized.
Contact Debbie Sellers if you need the event reopen prior to 3:00 p.m. Friday, October 28th.
Can add dependents in People First system.

*Federal Law* requires People First to send 3 separate request to obtain missing SSN.

**Coverage WILL NOT** be canceled if SSN not provided.

**UF SELECT/GATOR CARE HEALTH**

Unable to add dependents in system.

ADD DEPENDENTS WITHOUT SSN
SEND THE FOLLOWING:
1. First and Last Name
2. Relationship
3. Gender
4. Date of birth

To: Debbiesellers@ufl.edu

Once dependent details are added employee will be able to complete enrollment.
**STATE BENEFITS**

Who Must Complete Audit

- Add a dependent to State benefit Plan.
- Random selection of participants with Dependent coverage.

*Request will be mailed or emailed.*

All documents must be submitted to People First using one of the methods below:
Upload the dependent documentation directly in the People First system — log in to People First at [PeopleFirst.myflorida.com](http://www.mybenefits.myflorida.com/health/dependent_eligibility_verification)

1. Select the “Submit” icon in the top right corner.
2. Select the document type of “dependent documentation”.
3. Add the necessary comments - which dependent(s) the documentation is for.
4. Attach the document(s)
5. select the Submit button

* Continue coverage through the end of the calendar year in which he/she turns age 26.

---

**UF SELECT / GATOR CARE HEALTH**

Who Must Complete Audit

If a dependent is added to a UF Select and/or Gator Care Health plan.

*Request will be emailed*

Attach requested to documentation to email (without SSN) and return to UFHR – Benefits.
DEDUCTION CHANGES

STATE OF FLORIDA

1st paycheck with change(s)
December 2nd
(except for FSA/HSA pledge changes)

Coverage effective date
JANUARY 1, 2023

1st paycheck with
FSA /HSA pledge change
JANUARY 13TH

UFSELECT

1st paycheck with change(s)
JANUARY 13TH

Coverage effective date
JANUARY 1, 2023

TIP
Allow time to receive ID cards.
Don’t make an appointment the first week of January.
THANK YOU
Elections must be made by
6:00 p.m. ET - Oct 28th

▪ STATE PROVIDERS WEBSITE/CONTACT HERE
▪ STATE BENEFITS RESOURCES HERE
▪ UF OPEN ENROLLMENT WEBSITE HERE
▪ PEOPLE FIRST CONTACT – 866-663-4735
▪ UF/STATE – Debbiesellers@ufl.edu