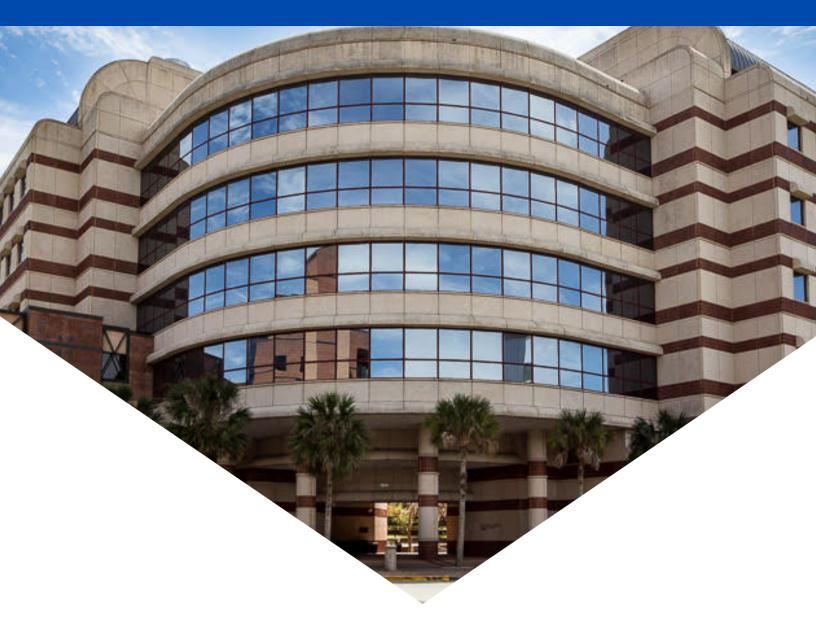
# UNIVERSITY OF FLORIDA - COLLEGE OF MEDICINE



2023

# Postdoctoral Associate Benefits Guide

# Welcome!

Welcome to the College of Medicine at the University of Florida!

This guide has been designed to assist our Postdoctoral Associates with understanding the rich benefit programs that the State of Florida, University of Florida, and College of Medicine (COM) has to offer. If you have any questions at any point in your career with UF COM, please contact our UF COM Human Resources Team. We are here to assist you!



Kayla Reul Benefits Specialist III 352-273-9918 HR@comfs.ufl .edu



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### Key:

Throughout the guide, look for the following helpful icons:

Postdoctoral Associates are eligible to participate in the benefit programs offered by both the University of Florida and the State of Florida. Enrollment in insurance programs is not automatic; you must enroll within 60 days of your hire date to be covered.

If you currently hold a position which is benefits eligible, you may be unable to make any adjustments until the annual open enrollment period (typically occurs in the fall of each year). Details about benefits may be obtained by scheduling an appointment with our team. If you have a qualifying status change (QSC) such as birth of a child, marriage, divorce, etc., please email HR@comfs.ufl.edu for assistance.





QR Code - Additional information available online

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## 2023 Employee Benefits Overview – Postdoctoral Associate

Benefit	Coverage	Effective Date	Who Pays Premiums	<b>Enrollment</b> (within 60 days of hire)	Page #
	GatorCare Options or	Date of Hire	UF/Employee	UFSelect or	3
Heath Insurance	PPO (FloridaBlue) or HMO (depends on county) (0.75 – 1.0 FTE)	1 <sup>st</sup> of Month following enrollment	Employee	PeopleFirst (State plan)	4
Life Insurance	Securian Financial	1 <sup>st</sup> of Month following enrollment	Employee	PeopleFirst (State plan)	5
	The Standard	Date of hire		UFSelect	6
	Eagles Dental or	Date of Hire		UFSelect or	7
Dental Insurance	Ameritas, Cigna, Humana, MetLife, & Sun Life Financial	1 <sup>st</sup> of month following enrollment	Employee	PeopleFirst (State plans)	8
	Humana or	Date of Hire		UFSelect <i>or</i>	9
Vision	Humana	1 <sup>st</sup> of month following enrollment	Employee	PeopleFirst (State plan)	10
Legal Plan	Preferred Legal	Date of Hire	Employee	UFSelect	11
Disability Insurance	The Standard	Date of hire	Employee	UFSelect	12
Supplemental Plans - Accident, Cancer, Disability, Hospitalization & Hospital Intensive Care Plans	Aflac, Cigna, Colonial Life, New Era	1 <sup>st</sup> of month following enrollment	Employee	PeopleFirst (State plans)	13
Savings & Spending Accounts	Chard Snyder - Flexible Spending Accounts, Health Savings Account & Health Reimbursement Account	1 <sup>st</sup> of month following enrollment	Employee	PeopleFirst (State plans)	14

NOTE: If you have a qualifying status change (QSC) such as birth of a child, marriage, divorce, etc., please contact HR@comfs.ufl.edu for assistance.

## 2023 Retirement Options – Postdoctoral Associate

Program	Effective Date	UF Contribution	Employee Contribution	Page #
FICA Alternative Plan Fidelity Investments	Date of Hire	None	7.50%	17
403(b) Plans & 457 Deferred Compensation Plan	Upon enrollment (begin/end anytime during the year)	None	Voluntary employee contribution up to IRS limit	18



# GatorCare Options



**Dedicated GatorCare Representative** 352-733-9200 GatorCareCSR@bcbsfl.com https://gatorcare.org/



- The Options plan offers you two network tier options.
- Tier 1 benefits are services you receive from the GatorCare Network, which includes hospitals, physicians and providers in Gainesville and Jacksonville. Tier 1 benefits offer the best value, with lower deductibles and out-of pocket costs.
- Tier 2 benefits apply when you receive services from Florida Blue's Network BlueOptions providers, which typically result in higher out-of-pocket costs. When using Tiers 1 and 2 for wellness and preventive care, annual physicals and labs are offered with no out-ofpocket expense to you.

For additional information, review the plan documents at https://gatorcare.org/options/

	GatorCare Network Tier 1	Florida Blue BlueOptions <sup>1</sup> Tier 2	Out-of-Network <sup>2</sup> Tier 3		
Calendar Year Deductible (CYD) The CYD met for Tier 2 will also accumulate to Tier	1.				
Individual Deductible	\$250	\$400	N/A		
Family Deductible	\$500	\$800	N/A		
Out-of-Pocket Maximum (OOP) Includes Medical CYD, Coinsurance, Copays, Per-Visit Deductibles, Per-Admission Deductibles, and Pharmacy CYD & Coinsurance/Copays. The OOP Maximum values cross accumulate between all tiers.					
Individual Maximum	\$2,700	\$3,850	N/A		
Family Maximum	\$5,400	\$7,700	N/A		

# **Monthly Premiums**

Employee Only \$0.00

Employee & Spouse / Employee & Children Employee & Family Domestic Partner \$180.00

\$180.00

\$180.00



Prescriptions are managed through Magellan Rx Management. https://magellanrx.com/member/login



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# PPO & HMO Options



Comparison Charts State Health Diane

PeopleFirst Service Center 866-663-4735

M-F 8:00am-6:00pm ET



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

Comparison Chart: State Health Plans						
	State PPO*	State HMO	State Health Investor			
	(standard)	(standard)	PPO	HMO		
Coverage Area	Entire U.S./	HMO Service	Entire U.S./	HMO Service		
Coverage Area	Worldwide	Area	Worldwide	Area		
Provider	Any	In-network Only	Any	In-network Only		
Pre-existing Condition Provision	No	No	No	No		
	\$15 spouse program		Not available			
Cost ** (SP/Ind/Fam)	\$50 inc	dividual	\$15 individual			
	\$180	family	\$64.30 family			
Calendar Year Deductible (Ind/Fam)	\$250/\$500	\$0	\$1,400/\$2,800	\$1,400/\$2,800		
Office Visits (Gen/Spec)	\$15/\$25	\$20/\$40	20% after CYD	20% after CYD		
	\$7 generic 30% ge		30% gei	neric***		
Prescriptions	\$30 prefe	rred brand	30% preferr	ed brand***		
	\$50 non-pre	ferred brand	50% non-prefe	erred brand***		

\* Comparison of Network Services only. (Non-Network available for the PPO Plan, however it is more costly.)

\*\* Cost per month based on a full-time, 1.0 FTE employee.

\*\*\* Only after CYD

## For OPS employees working fewer than 0.75 FTE:

OPS/variable hour employees who work less than 30 hours per week on average over the defined measurement period are not eligible for coverage.

## **HMO Provider:**

The HMO health plan provider varies by region throughout the State of Florida. Based on the county in which you work and/or live will determine which provider you will receive if you enroll in the HMO health plan.

### **Domestic Partnership Coverage:**

If you are not married, but in a committed relationship of longer than 6 months with a domestic partner, you are eligible to enroll in UFSelect & GatorCare plans. Contact the COM-HR team for enrollment assistance.

### **Spouse Program:**

If you and your spouse work for a State of Florida agency, you may be eligible to participate in the State's Spouse Program. Contact the COM-HR team for enrollment assistance.



# Securian Financial



## **Securian Financial**

888-826-2756 https://web1.lifebenefits.com /content/lifebenefits/florida/ en.html



# **Basic Term Life Insurance Coverage**

A **basic group term life insurance benefit** of **\$25,000** is available to all full-time OPS employees. The employee would pay the entire monthly premium, if enrolled.

## Optional Dependent Spouse Term Life Insurance Coverage

All employees enrolled in basic term life insurance may elect and pay for dependent spouse coverage. Spouses may be enrolled in either a \$15,000 or \$20,000 benefit. Dependent spouse coverage is guaranteed issue if elected when the spouse first becomes eligible.

# Optional Dependent Child Term Life Insurance Coverage

All employees enrolled in basic term life insurance may elect and pay for dependent child coverage. The benefit for this coverage option is \$10,000. The premium for dependent child coverage is \$0.85 per month for all eligible children. Coverage is guaranteed issue.



# The Standard



Christine D'Angelo

National Accounts Consultant 813-878-0283 Christine.Dangelo@standard.com https://www.standard.com/



You may elect Voluntary Term Life and AD&D insurance for yourself as well as for your spouse/domestic partner and dependent children.

Employees may elect from \$10,000 to \$800,000 in Voluntary Term Life and AD&D insurance in increments of \$10,000. The new hire Guarantee Issue amount (amount without evidence of insurability) is \$300,000.\* During each open enrollment period, employees may increase coverage without evidence of insurability by \$10,000, up to the plan maximum of \$800,000, as long as the employee has not been previously declined for a Life Insurance increase by The Standard.

For a spouse/domestic partner, an employee may elect from \$5,000 to \$400,000 in Voluntary Term Life and AD&D insurance in increments of \$5,000.

For an eligible child, an employee may elect from \$5,000 to \$25,000 in Voluntary Term Life and AD&D insurance in increments of \$5,000.

\*When an employee turns 76, Employee coverage reduces to \$10,000 on the January 1 coinciding with or next following their 76th birthday. Spouse and child coverage if applicable will also reduce to \$10,000 at that time, as it cannot exceed 100% of the employee amount.

Plan rates are available here: https://benefits.hr.ufl.edu/wpcontent/uploads/sites/3/2018/05/standard\_life.pdf



# Eagles Direct Reimbursement Dental Plan



Eagles, Benefits by Design, Inc. 1-800-726-5603 http://eaglesbenefits.com/



The Eagles Direct Reimbursement Dental plan is one of the dental plan options thru UFSelect.

Your dental plan is based on a calendar year. That means your benefits run from January 1st to December 31st 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.
- A discount card may be requested.

Claims should be submitted to:

Eagles, Benefits By Design, Inc. 2336 SE Ocean Blvd., Ste. 301 Stuart, FL 34996 Claims Fax Number: 1-772-334-7059

Claim forms available at: www.eaglesbenefits.com. Claim forms are generally provided and filed by the provider at the time of service.

# **Monthly Premiums**

Employee Only	Employee & Spouse /	Employee & Children	Employee & Family
\$40.60	Domestic Partner	\$122.00	\$160.00
	\$81.00		



As an employee of the University of Florida, you are also eligible for dental insurance plans through the State of Florida. The State has many dental plans to choose from including several PPO options, Indemnity and Prepaid plans below.



800-780-3100 https://rb.gy/yuyygo





https://rb.gy/ajzqia

MetLife 844-222-9104 https://rb.gy/dqxbyy





## **fulfilling life** 877-721-2224 https://rb.gy/twrk9k

	Prepa	id Dental Plans (D	нмо)		d Provider n (PPO) Plans	Indemnity w	vith PPO Plans	Indemnity Plans
<u>2023 Dental</u> <u>Plans</u>	Cigna Prepaid Dental (4034)	Sun Life Prepaid Dental (4025)	Humana HD205 Prepaid Dental (4044)	& MetLife	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 w/ PPO (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 <u>EE + Spouse</u> : \$100 <u>EE + Children</u> : \$100 <u>Earnib</u> ; \$150	Type I: No Deductible Type II & III: <u>Individual</u> : \$50 <u>EE + Spouse</u> : \$100 <u>EE + Children</u> : \$100 <u>Family</u> : \$150	Type I: No           Deductible           Type II & III:           Individual:           S50 <u>EE + Spourse</u> :           \$100 <u>EE + Children</u> :           \$150	Type I: No Deductible Type II & III: Individual: \$50 <u>Family:</u> \$100	No Deductible
Annual Maximum	None	None	None	\$1,000	\$1,500	\$2,000	\$2,000 in network. \$1,500 out of network	\$1,000
Orthodontia	Yes, No age limit	Yes, No age limit	No age limit: Eligible for 25% discount at provider's discretion	No coverage	Yes, No age limit	Yes, No age limit	Yes, only dependents under 19	No coverage
Waiting Period for Orthodontic Services	None	None	None	No coverage	12 month waiting period (may be satisfied w/ prior creditable coverage)	None	None	No coverage
Orthodontia Maximum	None	None	None	No coverage	\$2,000 in network \$1,500 out of network	\$2,500 in or out of network	\$1,500	No coverage



# Humana

# Humana

Customer Care 1-877-398-2980



Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging 1	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options <sup>2</sup> • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames <sup>3</sup>	\$150 allowance 20% off balance over \$150	\$65 allowance
Standard plastic lenses⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options <sup>4</sup> • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 • Standard progressive - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$0 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered
Contact lenses <sup>5</sup> (applies to materials only) • Conventional • Disposable • Medically necessary	\$150 allowance, 15% off balance over \$150 \$150 allowance \$0	\$104 allowance \$104 allowance \$200 allowance

**Monthly Premiums** 

Employee Only \$6.54

Employee & Spouse / Employee & Children Employee & Family Domestic Partner \$13.08

\$12.44

\$19.54



# Humana

# Humana

**Customer Care** 1-800-939-5369 7:30a.m. - 11:00p.m. ET Monday - Saturday 11:00a.m. - 8:00p.m. ET Sunday



	See a participating provider	See a nonparticipating provider	
Exam with dilation as necessary <sup>1</sup>	100% after \$10 copay	\$40 allowance	
Lenses			
Single	100% after \$10 copay	\$40 allowance	
Bifocal	100% after \$10 copay	\$60 allowance	
Trifocal	100% after \$10 copay	\$80 allowance	
Frames	\$125 wholesale allowance	\$100 retail allowance	
Contact lenses <sup>2</sup>			
Elective (conventional and disposable) <sup>3</sup>	\$150 allowance	\$75 allowance	
Medically necessary (limit one pair)4	100%	\$100 allowance	
Frequency (based on date of service)			
Examination	Once	every 12 months	
Lenses or contact lenses	Once every 12 months		
Frame	Once every 24 months		

### Affordable frames

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, employees pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member cost	Savings
\$150-\$225	\$75	\$75	\$0	\$150-\$225
\$200-\$300	\$100	\$75	\$50 (\$100-\$75=\$25x2=\$50)	\$150-\$250



## **Monthly Premiums**

Employee Only \$5.92

Employee & Spouse \$11.68

Employee & Children Employee & Family \$11.56

\$18.16



# Preferred Legal Plan



# Schedule of Benefits include:

- Divorce
- Child Support, Custody and Visitation
- Traffic Tickets/Suspended Licenses/DUI
- Credit Repair
- Loan Modifications/Foreclosures
- Bankruptcy
- Wills/Powers of Attorney/Living Wills/Revocable Living Trusts
- Identity Theft Services
- Buying or Selling a Home
- IRS Issues
- Landlord-Tenant Disputes
- Probate
- Garnishments
- Civil Litigation/Small Claims
- HOA/Condo Disputes
- Immigration
- Personal Injury
- Criminal Defense
- Domestic Violence
- Car Accidents
- and much more...

# Member Benefits include:

- FREE unlimited legal advice via phone consultation
- FREE review of legal documents (real estate contracts, 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 (powers of attorney and living wills also available)
- FREE legal forms available through Form Library (i.e., bills of sale, court forms, promissory notes, contracts, affidavits, etc.)



- FREE notary services
- 40% to 70% reduced legal fees for panel attorney representation
- Comprehensive legal coverage (including all divorce, child support and custody issues)
- 24 hours a day, 7 days a week access
- All pre-existing issues are covered
- Spouse (or domestic partner), dependent children and entire household covered
- Unlimited, immediate use of membership
- All communications strictly confidential
- Florida-based plan. Out-of-state assistance available

# Monthly Premiums

Employee \$9.96



# The Standard



Christine D'Angelo National Accounts Consultant 813-878-0283 Christine.Dangelo@standard.com https://www.standard.com/



Voluntary disability insurance from Standard Insurance Company (The Standard) is designed to pay a benefit to you in the event you can't work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

# Under this plan you may choose one of two options:

The **30-day plan** begins paying benefits after 30 days. The first 60 days of benefits are paid on a weekly basis. Following 60 days of benefits, beginning on day 90, benefits are paid on a monthly basis.

The **90-day plan** begins paying benefits on a monthly basis after 90 days.

The disability benefit is based on your earnings from your employer.

# The benefit under this plan is determined as follows:

- 66 2/3% of the first \$22,500 of your monthly predisability earnings, reduced by deductible income.
- The maximum monthly benefit is \$15,000.
- The minimum monthly benefit is the greater of \$100, or 10% of your LTD benefit before reduction by deductible income.
- Benefits pay from the end of the elimination period until Social Security Normal Retirement Age (SSNRA), as long as you meet the definition of disability as specified in the policy.

Plan rates are available here: https://benefits.hr.ufl.edu/wpcontent/uploads/sites/3/2018/05/standard\_disability.pdf



# State of Florida Supplemental Insurance



## **PeopleFirst Service Center**

1-866-663-4735 Monday – Friday 8:00 a.m. - 6:00 p.m. ET



.....

All pricing is specific to the individual employee, please contact to the provider for monthly premiums.

# Accident

Help 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.

# Cancer

Depending on the plan you choose, supplemental benefits for:

- Cancer diagnosis and treatment, including certain screening tests
- Procedures and treatments you may require to care for your cancer.







**Colonial Insurance Company** 888-756-6701

# Colonial Life

**Colonial Insurance Company** 888-756-6701

# Disability

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

Hospitalization

Daily cash payments when you are hospitalized



Cigna (through Capital Insurance Agency)

800-780-3100



New Era (through State Securities Corp.) 800-277-2300

# **Hospital Intensive Care**

Daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit.



Aflac (through Capital Insurance Agency)



# **Chard Snyder**



Chard Snyder Service Center

1-855-824-9284 Monday – Friday 8:00 a.m. to 8:00 p.m. ET



# Flexible Spending Accounts (FSA)

# Healthcare

# Limited Purpose

You deposit pretax money into the account through payroll deductions to pay for eligible medical, dental, vision, preventative and prescription drug expenses.

- Using 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.

Employee Contribution Limits for 2023: \$60 minimum/year \$2,850 maximum/year

If any funds are remaining at the end of the plan year, up to \$570 will be carried over into the following plan year. Amounts over \$570 will be forfeited. You deposit pretax money into the account through payroll deductions to pay for eligible dental, vision and preventive care expenses not covered by your health plan.

- 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.

# Dependent Care

You deposit pretax money into the account through payroll deductions. You get reimbursed for eligible services (not healthcare related) to care for children under age 13 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 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.
   Employee Contribution Limits for 2023:
   \$60 minimum/year
   \$5,000 maximum/year

# Health Savings Account (HSA)

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 AdvantageTM account.

- 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.

# Health Reimbursement Account (HRA)

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.

- 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.



# UFSelect Enrollment Instructions UF College of Medicine

### Step 1: Log in to the myUFL System

Visit the myUFL system at my.ufl.edu. Enter your Gatorlink username and password. After you log into the portal, use the following navigation: Main Menu > My Self Service > Benefits > Benefits Enrollment

### Step 2: Access Your Open Event

Click the Select button next to the open event (i.e. new hire, marriage, birth, etc.). Elections must be completed within 60 days from your event date which is displayed on the page. In the fall, an event for Open Enrollment will also be made available. Elections made during Open Enrollment are effective January 1.

### Step 3: Select Your Benefits

Click the Edit button next to each plan to review your coverage options and to add or remove dependents/beneficiaries if applicable. The "Election Summary" section displayed at the bottom of the page reflects any plan selections you make, along with the total biweekly costs.

### Step 4: Add Dependent/Beneficiary Information

Select a plan to add or remove dependent information. For security, UF's Privacy Office requires validation of your SSN and date of birth to complete the entry. On the dependent page you must enter the date of birth and SSN for each dependent, along with the required fields indicated by an asterisk. On life plans, your beneficiaries do not need the SSN. Missing dependent information will delay your coverage.

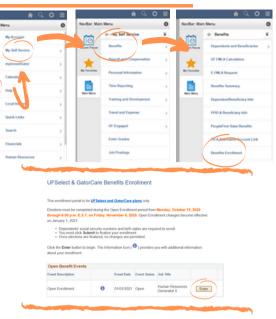
### Step 5: Select Dependent Coverage / Assign Beneficiaries

After adding dependents, follow the hyperlinks on each page to return to your Enrollment Session. From the Dependent/Beneficiary list, you MUST select each person in order to enroll them in coverage or assign them as a beneficiary. Click the Update Elections button to store your selections and return to the Enrollment Summary page to review other plan options.

### Step 6: Submit Your Enrollment Selections

Verify that your benefit selections are complete and accurate. Finalize your enrollment by clicking the Submit button. Coverage is assigned to begin on your event date (See Step 2). Once you click Submit, your elections are final and no other changes can be made.

You should not attempt to use coverage until you receive your member ID card from the carrier. Please note, you can save your progress by clicking the Update Elections button. After you click the Submit button, your selections are final and can only be changed during Open Enrollment or if you have a Qualified Event.



Benefits Enrolment

lick the "Edit" button next to those plans for more information.

#### Important: Your enrolment will not be complete until you submit your choices on

Enrolment Summary			
(1G) GatorCare Health	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
(1H) UF Dental	Before Tax.	After Tax	Edit
Current: Decline coverage			
New: Decline coverage			
(10 UF Wision	Before Tax	After Tax	Edit
Current: Decline coverage			
New: Decline coverage			
(22) Term Life Employee	Before Tax	After Tax	Edit
Current: Decline coverage			
New: Decline coverage			
(24) Term Life Spouse/DomPrtnr	Before Tax	After Tax	Edit
Current. Decline coverage			
New: Decline coverage			
(25) Term Life Dependent	Before Tax	After Tax	Edit
Current. Decline coverage			
New: Decline coverage			

Election Summary				
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Employer
Costs	0.00	0.00	0.00	0.00
Cost Per Pay Period	0.00	0.00	0.00	

#### Submit I Have No Changes

### IMPORTANT: Click the Submit button on this page AND the following pages to finalize enrollments.

Print this page for your records prior to submit

#### Benefits Enrollment

Submit Benefit Choices

#### To finalize elections:

Carefully review the "Authorization" section below
 Click the "Submit" button.

#### To review or edit elections:

Click the "Cancel" button.
 Be certain to submit elections by your event deadline.

#### Once you click the Submit button below, your benefit choices will be sent for processing and elections are final. No further changes are permitted until the next Open Enrollment period or if you have a Qualited Event.

#### Authorization

I understand my elections will be active for the remainder of the plan year and can only be changed during the open enrollment period or a qualified status event.

The dependent(s) I have listed meet eligibility requirements. I have entered accurate information and will provide the required documentation within 60 days.

I authorize payroll deductions in accordance with the coverage levels selected and established rates. I understand that I am responsible for missed premiums based on my coverage start date (event date).

I further acknowledge and consent to the University's use and disclosure of personal health information as needed to facilitate plan administration.

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Submit Cancel



PeopleFirst Service Center

1-866-663-4735

**Step 1:** Log on to https://peoplefirst.myflorida.com.

Note: Certain web browsers are not supported on this site. Disable the pop up blocker on your browser before you begin.

## Step 2: Enter your ID & password.

Upon hire, People First will mail you an ID number once you are in the UF payroll system. Current employees should use the ID issued. If you have not established a password before use:

- The letters "Pf" and your date of birth (MMDDYY)
- Example: Date of birth is August 15, 1967 use -- Pf081567

**Step 3:** Change your password & complete three security questions. Click the "Save and Logon" button to proceed with enrollment. Click on the People First Password Guidelines link and review. Passwords must follow the delineated criteria to be approved.

**Step 4:** Select Change My Benefits link to begin your enrollment. You may view your benefits summary, premium history, dependent information, etc. by accessing the links on this page any time during the year.

**Step 5:** Select your qualifying event. This screen displays your event (hire, open enrollment, etc.) and your deadline to enroll in benefits.

**Step 6:** The next few screens allow you to register/validate eligible dependents if applicable. Name, birth date, social security number, etc. are required for each entry. This list is used later to attach dependents onto your plans. Detailed instructions can be found in the <u>People First</u>\_\_\_\_<u>Dependent Certification Process guide</u>. (If enrolling in individual coverage skip this section and go to the next step).

**Step 7:** Click Add to select a plan or Cancel to remove a plan. Select dependents for each plan if applicable.

**Step 8:** Verify your selections and any dependents if added. Coverage is assigned based on the payroll cycle. Health is the only plan that provides an option to request an earlier coverage date for new hires.

**Step 9:** Enter your password and click the Complete Enrollment button to finalize your elections. No other changes are permitted until the next open enrollment period or if you have a qualified event. Print the confirmation sheet for your records.

Note: You should not attempt to use coverage until you receive your member cards from the provider.







Choose a qual	lifying event:			
*	Select the Appropriate Event		~	
	*Date Event Occurred	MM/DD/YYYY		
	Deadline to Choose Benefits			
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Select Event	What's New Dependent C Verification	choose Plans Depend Summ	lent Plan Summary Shared Savi Jary Program	ngs Complete Enrolment
New Hire - New hire				
	d press Complete Enrollment:			K Back
By entering my participating in the copy of this notice	State of Florida Group Insurance Program	t, I am acknowledging that n, and that I am agreeing	t I have read and agree to the Employee : to payroll deductions for these plans. I al	Salary Reduction Terms so acknowledge that I n
By entering my par		t, I am also acknowledging by of this notice at no char	g that I have received notice of the State.	of Florida Employees' G



# **FICA** Alternative Plan

Below are the mandatory contributions by you as the employee for your retirement plan as an University of Florida College of Medicine OPS employee.



JT Carpenter 352-547-6600 jt.carpenter@fmr.com Gene.Varela@fmr.com

Gene Varela 407-335-0834



The FICA Alternative Plan is a defined contribution plan authorized under Section 401(a) of the Internal Revenue Code. Employees in certain temporary positions are mandated to participate in lieu of earning credit for Social Security. Participants contribute 7.50% of their wages and decide how to allocate the money in their account among the available investment funds. The benefit depends on the amount of money contributed and its growth over time.

# Mandatory Employee: 7.50% of biweekly earnings

Voluntary Employee contributions are not permitted to this plan.

All OPS employees must designate a future rollover plan to take the funds with you upon termination.







# 403(b) Plans & 457 Deferred Compensation Plan

As an employee at UF, can participate in voluntary savings plans via payroll deductions. Employees may contribute to both a 403(b) plan and the 457 Deferred Compensation plan. The employer does not contribute to these plans. Please contact the providers below at any time for additional information and to open an account.





JT Carpenter 352-547-6600 jt.carpenter@fmr.com Gene Varela 407-335-0834 Gene.Varela@fmr.com





Postdoctoral Associate Leave may be used for vacation, sickness, or injury. The accrual rate is 5 hours bi-weekly, and is pro-rated based on FTE (full-time equivalent).

The maximum accrual is 352 hours. Post-Doctoral Associates should coordinate and request leave through their supervisor. Post-Doctoral Leave has no cash value and is not transferrable to other positions at UF.

Postdoctoral Associate are also eligible for the December Leave Personal Days as well as all holidays with pay. December Personal Leave days are typically used between December 26th - 31st. However, due to department staffing needs, these days will be available for use until the end of the current fiscal year (June 30th). The 2023 holidays include:

- New Year's Day (observed) Monday, January 2
- Martin Luther King, Jr's Birthday Monday, January 16 Memorial Day Monday, May 29
- Juneteenth Monday, June 19
- Independence Day Tuesday, July 4 Labor Day Monday, September 4
- Veterans Day Friday, November 10
- Thanksgiving Thursday, November 23 & Friday, November 24 Homecoming (observed) – TBD
- Christmas Monday, December 25

Postdoctoral Associates are eligible for up to 12 work weeks of FMLA leave, once the employee has worked at least 12 months (need not be consecutive), and also has worked at least 1,250 hours during the 12 months prior to the start of the FMLA leave. Breaks in employment do not affect this total. It is a cumulative total of the number of months the employee has been employed by the University. More FMLA information is available here: https://benefits.hr.ufl.edu/time-away/fmla/

For questions regarding leave, please contact UFHR Central Leave team at central-leave@ufl.edu or (352) 392-2477.



# Additional Benefts



SAME-DAY CARE FOR ALL UF AND SHANDS EMPLOYEES

Internal Medicine at Medical Plaza Monday – Friday 8am - noon To make a same-day appointment, please call 352-265-1NSW (1669)

> Care WHEN and WHERE you need it.



https://babygator.ufl.edu/ 352-294-2243 For children 6 weeks to 5 years old.





https://wellness.med.ufl.edu/ http://gatorcare.org/wellness/













Your UF Employee Assistance Program offers someone to talk to and resources to consult whenever and wherever you and your eligible dependents need them -24 hours a day, 7 days a week.

> Phone: 800-697-0353 Website: guidanceresources.com Mobile Phone App: GuidanceNow℠ Web ID: UFEAP https://www.eap.ufl.edu/





UF created the "Aid-a-Gator" program as an emergency fund to provide limited assistance (up to \$1,500 per employee calendar year) to UF faculty and staff who experienced a temporary financial hardship.



https://benefits.hr.ufl.edu/gatorperks/aid-a-gator/



		State of Florida Plan Options
Enroll	in honofite (within the first 60 days)	Health
EIIIOII	in benefits (within the first 60 days).	Life
		Disability
	UFSelect Plan Options	Dental
	Health	
	Life	
	Disability	
	Dental	
	Vision Legal	
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Submi Please Regula MyUFL Sign up My.UFL	it dependent verification documents to B do not send SSN information over email as it is arly check your bi-weekly paystub for ac .edu > Main Menu > My Self Service > Payroll o to receive your W2 Electronically.	Senefits@ufl.edu and/or PeopleFirst. not secure. curacy. & Compensation > View Paycheck sation > W2/W2c Consent Form > Check & Sub

Please use the COM-HR General inquiries form to submit questions related to Benefits, Payroll, or other general inquiries you may have for the COM-HR team.

