

OPS EMPLOYEE STATE GROUP INSURANCE BENEFITS ORIENTATION

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Agenda

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- Federal and State healthcare reform laws

➤ **PART TWO: ELIGIBILITY**

➤ **PART THREE: BENEFIT COVERAGE OPTIONS**

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- How to Enroll
- Enrollment Dates
- Contact People First

PART ONE:

INTRODUCTION

As An OPS Employee, You May Be Eligible For Healthcare Under Florida State Law

- In compliance with the federal Affordable Care Act (ACA) legislation Florida Senate Bill 1802 was passed in May 2013 to amend current state law and extend benefits offered through the State Group Insurance to eligible OPS employees that meet defined measurement criteria effective January 1, 2014.

Who is People First?

- Plan administrator for State of Florida insurance, including state universities like UWF
- Responsible for the following:
 - ✓ Plan Enrollments
 - ✓ Dependent Eligibility
 - ✓ Qualifying Status Changes
 - ✓ Open Enrollment
 - ✓ COBRA

PART TWO:

ELIGIBILITY

AM I ELIGIBLE?

People First determines eligibility based on provisions set forth in the federal Affordable Care Act legislation and Florida state law.

OPS Employees are eligible for coverage through the State Group Insurance beginning January 1, 2014 if they meet the following criteria:

- ✓ Hired to work 30 hours or more per week; OR
- ✓ Worked an average of 30 hours or more per week for a defined measurement period
- ★
 - Hours worked with another state agency that participates in the State Group Insurance Program concurrently with UWF employment are combined with hours worked at UWF to determine eligibility.

ELIGIBILITY MEASUREMENT PERIOD

People First determines eligibility based on hours worked reported for defined measurement periods determined by the state.

New Hire Measurement Period (NHMP)


- ✓ Begins 1st of month following hire date for employees hired to work less than 30 hours per week
For example, NHMP begins 10/1/15 for employee hired to begin work on 9/7/15
- ✓ Extends for 12 months and eligibility is determined at the end of the period
- ✓ If an OPS employee is determined to be eligible at the end of NHMP a qualifying event window will open allowing the employee 60 days to enroll in benefits

Open Enrollment Measurement Period (OEMP)

- ✓ October 3, 20YY through October 2, 20ZZ
- ✓ Annual one-year measurement period determines eligibility for next plan year
For example, next OEMP begins 10/3/15 and extends through 10/2/16 and will determine eligibility for 2017 plan year with coverage beginning January 1, 2017

NOTIFICATION OF ELIGIBILITY

People First will send eligible OPS employees an enrollment packet containing detailed information

- ✓ Confirming eligibility
 - ✓ Information on benefit options
 - ✓ Enrollment process
 - ✓ Enrollment deadlines
 - **You must keep your mailing address updated in <https://my.uwf.edu> .**
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- OPS employees with an assigned People First ID# may contact Human Resources to update their address and for short term or for emergency changes of address they may contact People First directly 1-866-663-4735.

PART THREE:

BENEFIT COVERAGE OPTIONS

STATE GROUP INSURANCE BENEFIT OPTIONS

Eligible OPS employees have access to the following pretax benefits offered by the State Group Insurance

- **Pre-tax Options**
 - Health, Basic Life, Dental, Vision, Health Savings Account, Other Supplemental Insurances

Please Note:

- OPS employees are not eligible for Optional Life nor Medical Reimbursement Accounts
- Enrollment in state benefits must be made through People First and a **printed version of the Confirmation Statement must be provided to Human Resources**. Delays will affect the coverage period.



HEALTH INSURANCE OPTIONS



Types of Health Insurance:

- PPO - Florida Blue (Blue Cross / Blue Shield)
- HMO - Aetna Health Care (Escambia, Santa Rosa counties only), United Health (Walton County only)

Plan Options:

- **Standard**
 - PPO Low deductible - no deductible with HMO option
 - You generally pay set dollar amount for services you receive (varies by service).
 - Higher monthly premiums paid for coverage
- **Health Investor / Health Plan (HIHP)**
 - Higher deductible (in network: \$1,250 per person, \$2,500 per family)
 - You meet deductible, then pay part of the cost for services you receive
 - Lower monthly premiums paid for coverage
 - Eligible for Health Savings Account with employer contributions

HEALTH INSURANCE: STANDARD OPTION

Plan Type	Coverage Level	Monthly Premium
PPO or HMO – Standard	Individual	\$50.00
PPO or HMO – Standard	Family	\$180.00
Spouse Program	Family	\$15.00 (per spouse)

HEALTH INSURANCE COVERAGE: STANDARD PPO vs. HMO

	PPO - Standard	HMO – Standard <i>(In-Network Only)</i>
Physicians	Choice of Network/Non-Network	Network Only, Open Access
Employee Responsibility	Co-payment, Deductible, Co-insurance	Co-payment
Vision Coverage	Eye Exam (\$25), Discounts on glasses & contacts	Eye Exam (\$15/\$25), Discounts on glasses & contacts
Prescription Coverage	30 or 90-day supply • <i>CVS Caremark</i>	30 or 90-day supply • <i>CVS Caremark</i>

- **Co-payment:** A specific charge that your health insurance plan may require that you pay for a specific medical service or supply.
- **Annual Deductible:** This is the yearly amount you are required to pay before anything except preventive care is covered.
- **Coinurance:** a percentage of the medical and pharmacy costs you are required to pay after your annual deductible is met.

HEALTH INSURANCE: HI/HP OPTION

- Health Investor Health Plan offers a choice of PPO or HMO
 - Note: Same providers as Standard option
- Employee assumes greater responsibility with healthcare
- Lower Premiums
- Higher Deductibles
 - Including the HMO plan
- Participation in Health Savings Account (HSA) with employer contributions to offset out-of-pocket expenses

HEALTH INSURANCE: HIHP PLAN

Plan Type	Coverage Level	Monthly Premium
PPO or HMO – HIHP	Individual	\$15.00
PPO or HMO – HIHP	Family	\$64.30
Spouse Program	Family	\$15.00 (per spouse)

**For current rates please visit: http://mybenefits.myflorida.com/health/forms_and_resources/premium_rates*

HEALTH INSURANCE DEDUCTIBLES: STANDARD VS. HIHP COMPARISON



Health Plan	Coverage Level	Annual Deductible
PPO - Standard	Individual/Family	\$250/\$500
HMO - Standard	Individual/Family	None
PPO/HMO – “HI/HP”	Individual	\$1,250
PPO/HMO – “HI/HP”	Family	\$2,500

HEALTH INVESTOR HEALTH PLAN



- Annual out-of-pocket max - after deductible (including prescription costs): (Individual \$3,000, Family \$6,000)

✓ Preventive Care covered 100%

HEALTH INVESTOR HEALTH PLAN – HEALTH SAVINGS ACCOUNT



- Employees enrolled in HIHP are able to participate in HSA to pay for out-of-pocket medical expenses on a tax-free basis
- Account earns interest, functions as tax-free savings account
- Participation is voluntary
- UWF will contribute \$500/yr for individual and \$1,000/yr for family
- Employees may contribute up to \$2,850/year for individual and \$5,550/year for family

HEALTH INVESTOR HEALTH PLAN - HEALTH SAVINGS ACCOUNT ENROLLMENT

How Does It Work? **Enrollment not automatic!**

- After enrollment, employees must complete online process with (Chard Snyder) Phone: 855-824-9284
 - Email: floridaaskpenny@chard-snyder.com
- Receive a debit card and checks:
 - Pay eligible healthcare expenses directly or reimburse yourself for eligible healthcare expenses from accumulated Balance
- Funds remaining in account at year-end roll over to future years
- Funds in account are portable

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Plan Type	Dependent Care Reimbursement
Annual Contribution Limits	\$60 min \$5000 max
Eligible Expenses	Child or Elder Care
Use	Care for a child, disabled spouse or qualifying relative who: <ul style="list-style-type: none">• is dependent on you• needs care so that you (and your spouse if you're married) can work
Balance Available	Accumulated Balance

Prescription Drugs CVS Caremark



	Standard HMO & Standard PPO		Health Investor HMO & PPO
	Retail (30 Day Supply)	Mail Order & Retail (90 Day Supply)	Retail (30 Day); Mail Order (90-Day); Retail (90-Day) <i>*After deductible</i>
Generic	\$7	\$14	30%
Preferred Brand-Name	\$30	\$60	30%
Non-Preferred Brand-Name	\$50	\$100	50%



Your health insurance card is not used for prescriptions. You will receive a separate prescription card from CVS Caremark.



Download CVS Caremark's smartphone app to manage your account, see your ID card and more!


DENTAL INSURANCE



Coverage Type	DHMO	DPPO	Indemnity	Indemnity + PPO
Available Providers	<ul style="list-style-type: none">• Humana (CompBenefits)• United Healthcare• CIGNA• Assurant	<ul style="list-style-type: none">• Humana (CompBenefits)	<ul style="list-style-type: none">• Humana (CompBenefits)	<ul style="list-style-type: none">• Ameritas• Assurant
Plan Comparison	<ul style="list-style-type: none">• Network only• Less out-of-pocket expense	<ul style="list-style-type: none">• Choose network/ non-network• Pay percent of contracted fees	<ul style="list-style-type: none">• No Network• Pay for services up front and file claims for reimbursement	<ul style="list-style-type: none">• Choose network/ non-network• Less out-of-pocket if PPO dentist used

DENTAL INSURANCE

Considerations for choosing a dental plan:

- Compare the four types of options
 - Check to see which dentists/specialists are available in each plan
 - Think about your dental care needs
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- Premiums differ by dental plan
 - Coverage level determines premium:
 1. Employee
 2. Employee + Spouse
 3. Employee + Child
 4. Employee + Family

VISION INSURANCE



- Vision Care Plans administered through Humana
 - **Option 1:** Exam + Materials

Plan Type	In Network	Out of Network
Exams	<ul style="list-style-type: none"> • Every 12 months • 100% after co-pay 	<ul style="list-style-type: none"> • Every 12 months • \$40 allowance
Glass Lenses	<ul style="list-style-type: none"> • Every 12 months • 100% after co-pay 	<ul style="list-style-type: none"> • Every 12 months • \$40, \$60, \$80 allowance depending on type
Contacts	<ul style="list-style-type: none"> • Medically needed: <ul style="list-style-type: none"> • 100% after co-pay • Elective: <ul style="list-style-type: none"> • \$150 allowance 	<ul style="list-style-type: none"> • Medically needed: <ul style="list-style-type: none"> • \$100 allowance • Elective: <ul style="list-style-type: none"> • \$75 allowance
Frames	<ul style="list-style-type: none"> • Every 24 months • 100% after co-pay • \$75 wholesale allowance 	<ul style="list-style-type: none"> • Every 24 months • \$60 retail allowance
Co-pays	<ul style="list-style-type: none"> • Exam: \$10 • Lenses/Frames: \$10 	<ul style="list-style-type: none"> • Procedure allowance

VISION INSURANCE

	Exam & Materials
Employee Only	\$6.32
Employee + Spouse	\$12.48
Employee + Children	\$12.34
Family	\$19.38



STATE BASIC LIFE INSURANCE

UNDERWRITTEN BY MINNESOTA LIFE

- Group Term Life policy
 - Includes Accidental Death & Dismemberment (AD&D)
 - \$25,000 coverage limit
- Spouse Policy for \$15,000 or \$20,000
- All Dependent children may be insured for \$10,000
- OPS Employee pays 100% of premiums
- Beneficiary designation - complete form

OTHER SUPPLEMENTAL PLANS

- **Hospitalization**

Cigna & New Era

- **Cancer/Intensive Care**

AFLAC & Colonial

- **Accident/Disability**

Colonial

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

ELIGIBLE DEPENDENTS



- Spouse
- Children (up to age 26)
 - May be eligible until 30 if they meet certain criteria: Unmarried, no dependents of their own, are dependent on you for financial support, live in Florida or attend school in another state and have no other health insurance.
 - Children with Disabilities may be covered after age limit if they meet certain criteria.

OPS With Graduate Assistantships

- ❑ OPS employees with a graduate assistantships that meet the eligibility criteria for state benefits will be offered coverage by People First
- ❖ Eligibility for the State Group Insurance will not have an impact on eligibility or enrollment in the UWF Student Health Plan. Employees offered the State Group Insurance can elect coverage or choose to decline coverage without any changes to their current Student Health Plan.
- ❖ **Please Note: International Students with F-1 or J-1 Visas and their accompanying dependents are required to have health (medical) insurance coverage for their entire duration of studies at UWF that meets all the State of Florida Board of Governors regulations . The state's health plans offered by the Div. of State Group Insurance do not meet all of the State of Florida Board of Governors regulations. Additionally, to continue State Group Insurance coverage OPS employees must continue to meet the state's eligibility criteria on an annual basis.**

International Employees With J-1 Exchange Scholars VISAs

U.S. federal regulations require J-1 Exchange Visitors and J-2 dependents to carry health (medical) insurance during the entire length of their program that meet minimum required health insurance coverage as per Federal Regulations (*see below*).

- Medical benefits of at least \$50,000 per accident or illness
- Repatriation of remains (preparation and transportation of remains to home country) in the amount of \$7,500
- Expenses associated with the medical evacuation (transportation to home country when directed by attending physician) of the exchange visitor in the amount of \$10,000
- A deductible not to exceed \$500 per accident or illness
- Coverage for pre-existing conditions after a reasonable time period (as per industry standards)
- Covered benefits must be paid at 75% or more per accident or illness
- Policy must not unreasonably exclude coverage for perils inherent to the exchange visitor's program
- Insurance carrier must have an approval rating that is accepted as per Part 62.14 (c)(1) of Section 22 of the Federal Code of Regulations

➤ ***The State Group Insurance health insurance plans meet the federal requirements with the exception for repatriation and medical evacuation which are required to be in compliance with federal health insurance requirements***

Contact UWF International Education and Programs Center (850) 474-2479 for additional information on health insurance requirements.

PART FOUR:

ENROLLMENT

ENROLLING WITH PEOPLE FIRST

- All OPS employees will receive an initial letter from People First with their new People First user ID
- OPS employees will receive an enrollment packet in the mail *only* if eligible for coverage.



Enroll via:

- **Online**

<https://peoplefirst.myflorida.com>

User ID and Password Required

- **Service Center**

1-866-663-4735



Available Monday-Friday 8:00am to 6:00pm ET



Default password:

Pf + Birth date (PfMMDDYY)



Supported Web Browsers

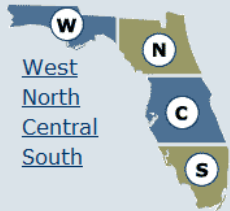
The People First system may not be compatible with some of the latest internet browsers. To find out what internet browsers can be used to log into People First and how to display websites in compatibility mode for Internet Explorer, click [here](#).

Welcome to People First!

People First is the State of Florida's self-service, secure, web-based Human Resource information system.

Job Seekers

Browse Jobs by Region:



[West](#)
[North](#)
[Central](#)
[South](#)

Browse Jobs by County:

Select a County... ▾

[Search](#)

Create an Account:

Save your search criteria, apply for job vacancies, and more.

[Create an Account](#)

Returning Visitors:

[Log In](#)

[Questions?](#)

For help, call (877) 562-7287. Service Center hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. ET. TTY users call (866) 221-0268.

To print a blank State of Florida employment application, [click here](#).

State Employees and Retirees

Please enter your User ID and Password to access the People First system. Click [FAQ](#) for helpful information.

User ID*

Password*

[Log In](#)

*Required Field

[Forgot Your Password?](#)

[Change Your Password](#)

[Questions?](#)

For help, call (866) 663-4735. Service Center hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. ET. TTY users call (866) 221-0268.

Log in to People First to:

- Enter Timesheets
- Check Benefits
- Update Address
- View Leave Balances

Enter ID and
Password

Why work for the State of Florida?



Helpful Websites

[Deferred Compensation](#)
[Employ Florida](#)
[Employee Search \(411\)](#)
[Florida Retirement System](#)

[MyBenefits](#)
[MyFlorida.com](#)
[Payroll Information](#)

- People First must receive your premium **before** sending coverage update to insurance carrier
- If People First does not receive premiums prior to the 2nd day of the month, you will receive a certified underpayment letter in the mail

Delay in premiums = Delay in carrier showing coverage

- Coverage will be retroactive once payment is recorded
- Insurance cards mailed after effective date



Changing Insurance

Employees have two ways to change insurance elections after 60-day enrollment window:

1. Qualifying Status Change

- Marriage, divorce, birth of child, spouse insurance termination, etc.
- Employees have 60 days from event to contact People First.

2. Open Enrollment

- Held each fall
- Coverage effective January 1 of following year

ADDITIONAL INFORMATION

- Please check the HR website www.uwf.edu/offices/human-resources for up to date information on UWF's Implementation of OPS Healthcare.
- Questions regarding OPS healthcare can be sent to arowley@uwf.edu

Additional information on the state and federal healthcare reform laws can be found on the following websites:

- Information on State of Florida benefit options
<http://www.myflorida.com/mybenefits/Health/Health.htm>
- State of Florida OPS Healthcare Implementation
http://www.dms.myflorida.com/human_resource_support/state_group_insurance
- U.S. Department of Labor - Comprehensive information about the Affordable Care Act
<http://www.dol.gov/ebsa/healthreform/>