

Regulations Governing Faculty Appointments USF Health Morsani College of Medicine

- The USF Health Morsani College of Medicine faculty members are expected to participate in these activities as assigned by their Department Chair: provide care to patients and participate in related activities; develop and maintain a program of scholarly activity; participate in the teaching of medical and graduate students; participate in University and community service; and continue to be professionally active by remaining current in their fields and engaging in related professional activities.
- Your employment is subject to annual reappointment and is not a guarantee of lifetime employment nor, unless already granted, tenure. Provisions governing non-reappointment or layoff that are applicable to your position or appointment may affect your employment. This appointment is subject to the Constitution and laws of the State of Florida and the United States, the rules of the Florida Board of Governors (FBOG) and the University of South Florida, as applicable.
- This appointment includes the obligation to report outside activities and/or conflicts of interest under the provisions of the Florida Statutes, and/or the rules, policies, and procedures of the FBOG and/or the University.
- Your salary may be supplemented with funds derived through the College of Medicine Faculty Practice Plan ('Plan') in accordance with the College of Medicine compensation policies. You agree not to engage in patient care activities other than as a faculty member of the College of Medicine, pursuant to the policies adopted by the College of Medicine, the University, and the Florida Board of Governors. You agree to assign to the Plan's University Medical Service Association, Inc., all rights to fees or other compensation for medical services rendered during the term of your employment by the University. You agree to abide by all the policies and procedures of the Plan, to notify the Plan of any changes in your license, privilege or health status that affects or limits your ability to practice medicine, and to participate in all quality assurance activities developed by the Plan.
- If this appointment, or any portion of the appointment, is funded by a grant or contract, it is conditioned upon the continuation of those funds. In such case this appointment is temporary and will end as specified, or may end sooner due to the loss or reallocation of funds. No other notice of termination will be provided. Annual leave accrued during the life of the contract/grant must be taken during the life of that contract/grant or funds must be available in the contract/grant, at the time of separation of the employee(s) or the end of the contract/grant, to cover payment of earned annual leave for that portion of the appointment that is grant funded. You may be required to take annual leave at your supervisor's direction.
- The University prohibits discrimination against any employee based on race, color, sex, religious creed, national origin, age, veteran status, disability, political affiliation, marital status, sexual orientation or employee rights related to union activity as granted under Chapter 447, Florida Statutes. Claims of such discrimination by the Board or the University may be presented as grievance pursuant to University rule and/or procedure. Affixing your signature to the offer does not constitute a waiver of the rights to process a grievance in compliance with University rule and/or procedure.

- The USF Health Office of Faculty Affairs web site at <http://health.usf.edu/facultyaffairs/PoliciesandProcedures.htm> contains detailed information and links to regulations, policies, procedures, and other terms/conditions of University employment. Candidates are invited to call Ly Nguyen, Director, Faculty Recruitment & Pay, (813) 974-7728 for any questions or assistance.

RightStart:

RightStart@USF is the process that facilitates the completion of new hire paperwork for all new employees. The program is designed to get employees off on the right foot by ensuring that necessary paperwork is completed on or before the employee's first day of employment. Each newly hired employee will receive a professional and courteous welcome to USF and have their paperwork processed quickly and efficiently so they are ready to get started in their new position.

On or before your hire date you must Schedule an appointment with the USF Health Office of Faculty Affairs located in the CMS 3063, to complete the necessary paperwork that will put you on the payroll. Your department will schedule an appointment for you. To expedite this process, please be prepared to:

- Provide documentation that establishes your identity and employment eligibility (in accordance with the Immigration Reform and Control Act of 1986). A list of acceptable documents for the I-9 form is attached.
- Provide your passport, I-94, visa and appropriate immigration support documents based on visa class, if you are a foreign national.
- Enroll in USF's Direct Deposit program which is a condition of employment at the University. A voided check or a deposit slip is needed in order to complete the enrollment forms. If you do not currently have a bank account established HR can provide you with information on available options.

Summary of Benefits

USF Health – Clinical Faculty

USF offers a competitive benefits package. For details, please contact Stacy Eyer, Benefits Representative, Division of Human Resources, USF at (813) 974-5715 or sceyer@usf.edu, and visit the following website: <http://usfweb2.usf.edu/human-resources/benefits/index.asp>

Major Benefit Highlights:

The University of South Florida is pleased to provide you an **On-Line Benefits Orientation**. This interactive presentation allows you to zero in on the benefits you are interested in and provides the information in a clear, concise manner. Because you will be able to access the presentation from any computer, you will be able to view the information when and where it is convenient for you and can share the information with family members. The Benefits Orientation can be found at: <http://usfweb2.usf.edu/human-resources/benefits/new-employee-online-training.asp>

- **Retirement.** Morsani College of Medicine faculty are enrolled in the Optional Retirement Plan ("ORP"), a defined contribution plan with no vesting period. The University contributes a percentage (5.14%) and university employees are required to contribute 3% of bi-weekly pay to purchase an annuity with one of the University's designated tax sheltered annuity companies. Morsani College of Medicine physician faculty who receive University salary compensation through the USF Morsani College of Medicine Academic Support Fund (ASF) are also enrolled in the USF ASF defined contribution retirement plan (no vesting period; University contribution percentage of 7.42%). Employees may also make contributions to these plans in accordance with IRS regulations.
- **Health Insurance.** The State of Florida currently offers a choice of health insurance plans (PPO and HMO) and a health investor plan. All insurance plans provide for individual (employee only) coverage or family (employee and eligible dependents) coverage. For full-time employees, the University contributes 80% of the premium toward health insurance. **If you plan on obtaining health insurance coverage through USF you will need to exercise COBRA coverage for the first month of your appointment with your current employer. USF Health Insurance coverage will begin the second month of your employment if premiums are paid and processed during the first month of your USF employment.**
- **Other Insurance.** Pursuant to the USF Morsani College of Medicine Flexible Benefit Plan, physician faculty are provided a \$500,000 group term life insurance benefit through Unum Provident Corporation; long-term disability insurance through Provident Life & Accident Insurance Company paid as taxable compensation through ASF. Other low cost, group insurance benefits are offered at employee expense (e.g. additional life insurance; dental insurance; supplemental health; and disability and long-term care insurances).
- **Malpractice Protection.** Under Florida's Sovereign Immunity law, USF employed physicians are protected against personal liability for professional negligence in the course of their University duties. The USF Health Sciences Center Self-Insurance Program provides insurance protection on an occurrence basis for the University of South Florida Board of Trustees/USF employed physicians. Faculty physicians are not required to obtain tail coverage when they leave USF's employment.
- **Pre-tax Reimbursement Accounts.** (Medical, Dependent Day Care)

- Leave. Morsani College of Medicine faculty (full-time, 12 month) earn leave as follows: 6.769 hours annual leave biweekly, 4 hours sick leave biweekly. Eligible employees may elect to apply for membership in the USF Sick Leave Pool.
- Direct Deposit Mandatory. All University employees must have paychecks deposited directly into their account at the banking institution of their choice through Electronic Fund Transfer. Depending on when you complete your new hire paperwork, you may need to pick up your first pay check from the Payroll Office, located in SVC 0077.
- Employee Support. The University is committed to providing employees and management with the employee relations support necessary for an atmosphere of organizational success and employee satisfaction. The University has an Employee Assistance Program, Advocacy Program, and other resources to assist faculty. The University's Office of Diversity and Equal Opportunity works with all areas of the University in their efforts to promote diversity and community among students, staff and faculty.

Most of the insurance benefits available at USF are provided through People First, the State of Florida's third-party benefits administrator. Enrollment and changes for the following benefits should be handled directly through People First:

- Health Insurance
- Basic Life & Optional Life Insurance
- Supplemental Dental Insurance
- Supplemental Vision Insurance
- Supplemental Cancer Insurance
- Supplemental Accident/Short-Term Disability Insurance
- Supplemental Hospital Insurance
- Flexible Spending Accounts (Medical and Dependent Day Care)

Two ways to enroll/change benefits through People First

1. Web: <https://peoplefirst.myflorida.com>
 - Will need People First ID and Default Password (Pfmmdyy, your date of birth).
 - Will need to make this website a trusted site with your Pop-up Blocker or turn off the Pop-up Blocker
2. Phone: 1-866-663-4735 (Monday through Friday, 8:00 AM – 6:00 PM, Eastern Time)
 - Press Option 1 and follow the prompts for verification

Important Information about People First Enrollments and Changes

- ❖ NOTE: You will need to enroll in State Benefits within **60 days** of employment. If you do not receive your People First ID within enrollment deadline – please do not wait to enroll online: Call People First by the deadline date. If you miss the 60 days you will have to wait until Open Enrollment or when you experience a Qualifying Status Change (QSC) event.
- ❖ People First will assign effective dates of insurance coverage based on the pay schedule; premiums are paid a month prior to coverage. You may select an earlier effective date for health insurance only. Enroll/change must be completed before the effective date of coverage.
- ❖ Please do not send premium payments to People First. Premiums should be sent through the USF Payroll Office. Email your Service Center Benefit Representative for premium instructions.
- ❖ Brochures and forms may be viewed or printed from the People First web site (address above) and from the State of Florida Benefits website (<http://www.myflorida.com/MyBenefits>).
- ❖ If you need to mail documentation or send items directly to People First, please use the below mailing address:
People First Service Center, Post Office Box 6830, Tallahassee, FL 32314

USF Benefits Not Managed by People First

For Information on the following benefits, please contact your Service Center Benefits Representative

- Long-Term Disability
- Additional Life Insurance
- Long Term Care
- Personal Accident Insurance
- Retirement (USF Sponsored)
- Tax Shelter Annuities (403b)
- Deferred Compensation (457)

- ❖ The only time, other than Open Enrollment, you may make a change to your benefits is if you experience a Qualifying Status Change Event (QSC). Please keep in mind that the window to make changes during a QSC Event will be 60-days. You may have to provide documentation of the event to People First at the time the change is made.
- ❖ Benefit plans will only begin at the first of a month. For health insurance only, to be eligible for a particular month's coverage you must work at least one day of the prior month, enroll into and pay for the plan before the coverage effective date. Supplemental plans effective dates are determined by the payroll schedule.
- ❖ It will take approximately two to six weeks from the effective date of coverage to receive your insurance card. During this time period you can contact the carrier directly or visit the carrier's website for your Temporary card.
- ❖ Employees who are covered by a health plan outside of the State plans are not eligible to enroll in the Health Investor Health Plans or the Health Saving Account.
- ❖ When transferring between State of Florida Agencies employees may not change their State benefits. Notify your Service Center Benefits Representative upon employment with USF to insure your benefits remain intact with no break in coverage.
- ❖ Benefits plans, required timeframes for enrollments and changes to benefits, are subject to change. Please check our website or call Human Resources at the time you experience a QSC Event.

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- Deferred Compensation (457)

Health Plans Chart

	Standard Plans		Health Investor Health Plans	
	PPO	HMOs	PPO	HMOs
Career Service and Equivalent Monthly Premiums	Individual \$50 Family \$180		Individual \$15 Family \$64.30	
Spouse Program Monthly Premiums (Both Spouses must be employed full-time)	Individual N/A Family \$15 per spouse		Individual N/A Family \$15 per spouse	

State Employees' Standard and Health Investor PPO Plans Comparison Chart

	Standard PPO Plan		Health Investor PPO Plan	
	Network	Non-Network	Network	Non-Network
Annual Deductible <ul style="list-style-type: none"> Individual Family 	\$250 \$500	\$750 \$1,500	\$1,250 ^{1,2} \$2,500 ^{1,2}	\$2,500 ^{1,2} \$5,000 ^{1,2}
Costs for Care <ul style="list-style-type: none"> Doctor office visits Hospital stay 	\$15/visit for PCP \$25/visit for specialists \$250/per admission deductible then 20% of network allowed amount	40% of non-network allowance plus the amount between the charge and allowance \$500/per admission deductible then 40% of non-network allowance plus the amount between the charge and allowance	20% of network allowed amount for all medical care and hospital stays	40% of non-network allowance plus the amount between the charge and allowance for all medical care and hospital stays
Prescription Drugs: Up to 30-day retail or up to 90-day mail order prescription <ul style="list-style-type: none"> Generic Preferred Brand Non-Preferred Brand 	\$7/retail; \$14/mail order \$30/retail; \$60/mail order \$50/retail; \$100/mail order	Pay in full and file a claim Pay in full and file a claim Pay in full and file a claim	30% 30% 50%	Pay in full and file a claim Pay in full and file a claim Pay in full and file a claim
Preventive Care (coverage based on age and gender): Certain routine physical exams, health screenings, mammograms, and immunizations	100% of allowed amount; no deductible	100% of non-network allowance; you pay amount between charge and allowance; no deductible	100% of allowed amount; no deductible	100% of non-network allowance; you pay amount between charge and allowance; no deductible
Annual Coinsurance and Out-of-Pocket Maximum ³ <ul style="list-style-type: none"> Individual Family 	\$2,500 network and non-network combined \$5,000 network and non-network combined		\$3,000 ¹ \$6,000 ¹	\$7,500 ¹ \$15,000 ¹
	No		Yes, after you open an HSA account at Tallahassee State Bank, the state contributes up to \$500 for individual coverage or up to \$1,000 for family coverage each year	
Qualifies for Medical FSA	Yes, Medical Reimbursement Account (MRA)		Yes, Limited Purpose MRA	

¹ Prescriptions are included.

² Before anything but preventive care is covered.

³ After your out-of-pocket coinsurance costs reach these maximums, the Plan pays 100 percent for covered coinsurance in most cases, up to the allowed amount or allowance for the rest of the calendar year. This does not include deductible, copayments, cost of care not covered by Plan, hospice care, charges greater than the non-network allowed amount, charges greater than Plan limitations, and preadmission certification penalties.

Standard and Health Investor HMO Plans Comparison Chart

Covers care received only in the network	Standard HMO	Health Investor Health Plan HMO
Annual Deductible (before anything but preventive care is covered) <ul style="list-style-type: none"> Individual Family 	No deductible No deductible	\$1,250 ¹ \$2,500 ¹
Costs for Care <ul style="list-style-type: none"> Doctor office visits Hospital stay 	\$20/visit for PCP \$40/visit for specialists \$250	20% 20% 20%
Prescription Drugs: Up to 30-day retail or up to 90-day mail order prescription <ul style="list-style-type: none"> Generic Preferred Brand Non-Preferred Brand 	\$7/retail; \$14/mail order \$30/retail; \$60/mail order \$50/retail; \$100/mail order	30% 30% 50%
Preventive Care (coverage based on age and gender): Certain routine physical exams, health screenings, and immunizations	See the HMO's Certificate of Coverage (COC) or Summary Plan Document.	Same as standard HMOs; no deductible required
Annual Out-of-Pocket Maximum <ul style="list-style-type: none"> Individual Family 	\$1,500 \$3,000	\$3,000 ¹ \$6,000 ¹ After you reach your out-of-pocket maximum, the plan pays 100% up to allowable cost for most covered care for the rest of the calendar year
Qualifies for HSA	No	Yes, after you open an HSA account at Tallahassee State Bank, the state contributes up to \$500 for individual coverage or up to \$1,000 for family coverage each year
Qualifies for Medical FSA	Yes—Medical Reimbursement Account (MRA)	Yes—Limited Purpose MRA

¹ Prescriptions are included.

State Employees' Prescription Drug Plan – CVS/Caremark

Prescription drug costs differ depending on what health plan you decide to enroll in and whether the prescription drug is a generic, a preferred brand-name or a non-preferred brand-name. You may get up to a 30-day supply at network retail pharmacies and up to a 90-day supply at mail order or at participating 90-day maintenance at retail pharmacies. If you have questions about your prescription drug costs, available generic alternatives, specialty medications, using mail order or finding a network pharmacy, call CVS/Caremark Member Services anytime (24/7/365) at 888-766-5490.

This chart shows the cost savings of using generics, mail order or a participating 90-day maintenance at retail pharmacy for maintenance medications.*

	Standard PPO** and Standard HMOs		Health Investor HMO and PPO**
	Retail (30-day)	Mail Order (90-day) and Retail (90-day)	Retail (30-day); Mail Order (90-day) and Retail (90-day)***
Generic	\$7	\$14	30%
Preferred Brand-Name****	\$30	\$60	30%
Non-preferred Brand-Name	\$50	\$100	50%

Twice a year, CVS/Caremark updates its Preferred Drug List as a guide (not an all-inclusive list) for you and your health care providers. Non-members can visit www.caremark.com/sofrxplan for more information. Members can log into www.caremark.com.

**Maintenance Drugs - Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, on-going use of the drugs. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.*

***If you are enrolled in the PPO Plan, you must fill your maintenance medications through the mail-order pharmacy or a participating 90-day retail pharmacy after three fills at a 30-day retail pharmacy.*

****Member cost of prescription after satisfying the appropriate individual or family annual deductible.*

*****If you request a preferred brand-name drug when a generic is available, you must pay the difference between the generic cost and the preferred brand-name cost, plus the appropriate brand copayment or coinsurance. If your physician writes on the prescription that the preferred brand-name drug is medically necessary or "dispense as written" and the reason, you pay only the appropriate brand copayment or coinsurance.*

Tax Favored Account Comparison Chart

	<u>Medical Reimbursement Account (MRA)</u>	<u>Limited Purpose Medical Reimbursement Account (LPMRA)</u>	<u>Dependent Care Reimbursement Account (DCRA)</u>	<u>Health Savings Account (HSA)</u>
How It Works	You contribute pretax money to the account through payroll deductions. Use the <i>myMRA</i> card, or pay out of pocket for medical expenses, submit claims and get reimbursed for eligible expenses.	You contribute pretax money to the account through payroll deductions. Use the <i>myMRA</i> card, or pay out of pocket for dental, vision and preventive care expenses, submit claims and get reimbursed for eligible expenses.	You contribute pretax money to the account through payroll deductions. Pay out of pocket for dependent care services. Submit claims and the state reimburses you for eligible expenses.	The state contributes pretax money to the account. You can, too. Pay for health care expenses from the account at the time of service or purchase.
State Contribution	No			Yes – if you open an HSA Bank account at Tallahassee State Bank: <ul style="list-style-type: none"> \$41.66/month for individual coverage (up to \$500/year) \$83.33/month for family coverage (up to \$1,000/year)
Employee Contribution Limit	Yes - \$60 minimum/year \$2,550 maximum/year		Yes - \$60 minimum/year \$5,000 maximum/year/household	Yes - \$3,350/year Individual coverage \$6,650/year Family coverage (Limit includes the state contributions)
Health Plan	Standard	Health Investor (high-deductible)	N/A	Health Investor (high-deductible)
Enroll in Another Tax-Favored Account	Yes – DCRA	Yes – HSA & DCRA	Yes – MRA or HSA & LPMRA	Yes – LPMRA & DCRA
Payment Card Available	Yes – myMRA card		No	Yes – from Tallahassee State Bank
Money Available	The lump sum of your annual deduction is available January 1 (for Open Enrollment) or on the date you enroll (if new-hire or QSC event).		As it is deducted from your paycheck.	As it is deposited into your HSA bank account at Tallahassee State Bank
Deadline to Use Funds	Yes—grace period to use funds ends March 15 and you must submit all claims by April 15 of the next plan year; otherwise, you forfeit any money left in your account.			No – HSA works like a savings account. The balance rolls over from year to year and you can take it with you if you leave state employment
How to Enroll	1. Enroll online through People First . Complete the dependent certification process, then select Change or Add next to the plan type. 2. Enter your annual contribution amount (for the calendar year). 3. Review your changes, enter your People First password, and then click the green Complete Enrollment. Once you enter an amount, you can only change it during Open Enrollment or with an appropriate QSC event.			1. Enroll online through People First. Complete the dependent certification process, then select Click the Flex Spend Acct tab 2. Enter your annual contribution amount, if any. You can change this amount at any time. (The state contribution is automatic unless you waive or fail to open your HSA account.) 3. Review change summary tab and click Complete Enrollment. 4. Open an HSA bank account at Tallahassee State Bank

Dental Plans

The state offers employee-pay-all, pretax dental plans. Each plan offers different payment rates, services and provider networks. Review these plans closely to determine which one best fits your needs. You may enroll in only one dental plan. Read the dental plans comparison chart (below) to see how the plans work. The dental plan rate chart compares each plan by monthly premium costs and out-of-pocket costs for the most common dental procedures. Use the [dental plan cost estimator](#) on the [mybenefits website](#) to compare plan costs based on your dental needs for next year. Contact the plans directly to learn more.

Follow These Steps to Choose a Dental Plan:

1. Compare the four dental plan options—prepaid, PPO, indemnity with PPO, and indemnity plans. See chart below for a side-by-side comparison.
2. Check to see which dentists and specialists are available in each plan. Providers may drop out of the plan at any time; this is not a Qualifying Status Change (QSC) event to change plans.
3. Think about your likely dental care needs for the coming year and compare your cost for that care and your cost for coverage under the different options. An easy way to do this is to use the [dental plan cost estimator](#).
4. Read the dental plan document or call the insurance company for specific questions you have about coverage.
5. Factor tax-favored accounts into your decision page [37](#).
6. Decide which option is best for you.

Dental Plans Comparison Chart

Plan Type	Prepaid Dental Plan	Dental Preferred Provider Organization Plan (DPPO)	Dental Indemnity with a DPPO Network Plan	Dental Indemnity Plan
Definition	Network of dentists and specialists to keep your costs low. Does not cover out-of-network services.	Discounted rates on services if you use dentists or specialists in the network.	Discounted rates on services if you use dentists or specialists in the network, but you can use any provider you choose.	Scheduled reimbursement amount (set fee) for covered services from any dentist or specialist.
Choice of Providers	Network only	In or out of network	Any you choose	Any you choose
Preventive Care (No deductible)	Most services covered at no charge to you.	No charge in network. You pay 20 percent of cost for out of network.	No charge or you pay cost above a set dollar amount.	You pay cost above a set dollar amount.
Basic and Major Care	Set copays or a percentage of cost	Percentage of cost	Cost above a set dollar amount or a percentage of cost	Cost above a set dollar amount or a percentage of cost
Calendar Year Maximum	No	Yes	Yes	Yes
Deductible	No	Yes, for basic and major care	Yes, for basic and major care	Yes, for basic and major care
You Should Know	Your dentist could leave the network at any time. This is not a Qualifying Status Change (QSC) event to cancel or change dental plans or coverage levels.	If you see an out-of-network dentist or specialist, your out-of-pocket costs are much higher.	You pay any amount per year over the calendar year maximum. If you see an out-of-network dentist or specialist, your out-of-pocket costs are much higher.	You pay any amount per year over the calendar year maximum.
People First Plan Code and Plan Name	4004 Humana Network Plus 4014 UnitedHealthcare Dental Solstice S700 4025 Assurant Employee Benefits Prepaid 225 4034 CIGNA Dental 4044 Humana Select 15	4054 Humana Preferred Plus	4064 Ameritas Dental Preventive Plus 4074 Assurant Employee Benefits Freedom Advance	4084 Humana Schedule B

Vision Plan

Humana Vision, offers an employee-pay-all, pretax vision plan: the full coverage Exam Plus Plan. Review the benefits chart, keeping in mind that you may have some coverage of vision services available under your health plan.

Exam and Materials (Plan 3004)		
Monthly Member Rates		
Employee Only	\$6.32	
Employee + Spouse	\$12.48	
Employee + Children	\$12.34	
Family	\$19.38	
Frequency (based on the date of service)		
Exam Every	12 months	
Lenses Every	12 months ¹	
Frames Every	24 months	
Co-payments:		
Exam	\$10.00	
Lenses and/or Frames	\$10.00	
Benefits:	In – Network	Out-of-Network
Eye Exam	100% after co-pay	\$40 allowance
Lenses:		
Single	100% after co-pay	\$40 allowance
Bifocal	100% after co-pay	\$60 allowance
Trifocal	100% after co-pay	\$80 allowance
Frames	\$75 wholesale	\$60 retail
Contact Lenses ²		
Elective	\$150 allowance	\$75 allowance
Medically Necessary ³	100%	\$200 allowance
Lasik	We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. Participants receive a 25 percent discount off the usual and customary price or a five percent off advertised promotions or specials for LASIK services provided by in-network providers, whichever discount is greater. The discount includes consultations, laser procedure, follow-up visits and any additional necessary corrective procedures.	
Calendar Year Deductible	None, after plan co-payments	
Calendar Year Max. Benefit	Up to plan limits	
Lifetime Maximum Benefit	Unlimited	
Waiting Periods	None	

For more detail, visit the [Humana Vision Web site](#).

¹ You can purchase either glasses or contact lens. Coverage applies to one or the other.

² This allowance is paid with the same frequency as lenses, in the place of the lens and frame benefit.

³ Medically necessary (prior authorization required) is defined as 1) following cataract surgery without intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

Basic Life Insurance

Cost for Basic Life:

- Fully funded by USF (\$4.54/monthly)

Effective Date:

First day of the month following one full month's premium deduction. The employee is automatically enrolled upon employment.

Benefit Overview: USF covers the full cost of a term life insurance valued at \$25,000.

Optional Life Insurance

Cost for Optional Life:

- The monthly cost of coverage per thousand is based on the employee's age and amount elected.

Effective Date:

First day of the month following one full month's premium deduction. Individual enrollment is necessary.

Benefit Overview:

- Optional Life coverage tiers are available from 1 to 7 times the employee's salary. If the 6th or 7th coverage tier is chosen, the employee must provide proof of good health.
- Optional Life coverage payout maximum is \$1 million, regardless of income.

Supplemental Plans

Cost for Supplemental:

- Fully funded by the employee; varies by plan and coverage level

Effective Date:

First day of the month following the deduction of two payroll deductions in the same month. Individual enrollment is necessary

- Accident Plans:
 - Colonial 888-756-6701:** Offers worldwide coverage 24/7 and pays a lump-sum benefit to cover some of the expenses you may have as a result of an accident or injury.
- Cancer Plans:
 - AFLAC (Via Capital) 800-780-3100 and Colonial 888-756-6701:** Helps offset some of the direct and indirect expenses not covered by your health insurance for cancer diagnosis and treatment
- Disability Plans:
 - Colonial 888-756-6701:** Designed to replace income if you are unable to work as a result of a covered accident or illness. Depending on the monthly benefit you select, you are guaranteed coverage at 66 ⅔ percent of your income.
- Hospital Intensive Care Plans:
 - AFLAC (via Capital) 800-780-3100:** Helps offset some out-of-pocket expenses for stays in a hospital intensive care unit.
- Hospitalization Plans:
 - CIGNA Health and Life Insurance Company (Via Capital) 800-780-3100 & New Era Insurance 800-277-2300:** Helps pay for some of the hospital expenses not covered by your health insurance. These charges may include the hospital deductible, non-covered room and board charges, copayments, and out-patient surgical center charges. You may buy more than one hospitalization plan, but be sure you are fully informed before choosing multiple plans of the same insurance type.

Additional Voluntary Benefits

Cost for Voluntary Benefits:

- Fully funded by the employee; varies by plan and coverage levels chosen

Effective Date:

Individual enrollment is necessary

Benefit Overview (Via Gabor Agency 800-330-6115):

- **Life Insurance:** additional after-tax life insurance policies available for the employee, spouse, or dependent children.
 - Group Term
 - Universal Life Extra
 - Level Term
 - Return of Premium
- **Long Term Care:** Covers Nursing Home, Living Facilities, & Professional Home Care for employees and family members ages 18-79
 - Gabor Agency
- **Long Term Disability:** Provides a benefit up to 66 2/3% of your base monthly earnings
 - The Standard
 - 30-day elimination period
 - 90-day elimination period

Employer Sponsored Retirement Plans

Cost for Retirement Plan:

- 3% mandatory employee contribution regardless of the retirement plan chosen
- USF funded, regardless of the retirement plan chosen

Effective Date:

Offered upon employment. Individual enrollment is necessary.

Benefit Overview:

- Employees have the option of choosing from the following retirement plans:
 - **Florida Retirement System (FRS) Pension Plan:** The FRS Pension Plan is a defined benefit plan sponsored by the State of Florida. Upon completion of 8 years of creditable service, you are vested in the plan and are eligible to receive a lifetime monthly retirement benefits from the plan when you retire.
 - Lifetime benefit is based on age at retirement, years of creditable service, the value of each year of service, and your highest 8 year average final compensation.
 - **Florida Retirement System (FRS) Investment Plan:** The FRS Investment Plan is a defined contribution plan sponsored by the State of Florida. The employee decides how to allocate the contributions among various investment funds offered. Upon completion of 1 year of creditable service, you are vested in the plan. The amount of the retirement benefit is determined by the contributions made by the employer and the employee and the performance of your investment choices.
 - The employer contribution allocated to the members FRS Investment Plan is a percentage of the employee's annual base salary.
 - ❖ Regular Class: 3.30%
 - ❖ Special Risk: 11.00%
 - **State University System Optional Retirement Program (SUSORP):** The SUSORP is a defined contribution plan whereby the employee chooses one or more companies to invest their funds. Currently, the companies available are VOYA, MetLife, TIAA-CREF, VALIC, and AXA* (*available beginning July 1, 2015). The amount of the retirement benefit is determined by the contributions made by the employer and the employee and the performance of your investment choices.
 - The employer contribution to the SUSORP is 5.14% of the employee's annual base salary.
 - The employee may contribute up to 5.14% voluntarily to this retirement plan.

Voluntary Retirement Savings Plans

Cost for Voluntary Savings Plans:

- Fully funded by the employee

Effective Date:

Offered upon employment. Individual enrollment is necessary.

Benefit Overview:

- Tax Sheltered Annuities (TSA) 403(b):** These programs offer employees the opportunity to save money for retirement while reducing their current income tax liability. Taxes on earnings and contributions are deferred until you receive them as income.

Insurance Companies

- VALIC
- Horace Mann
- VOYA (formerly ING)
- Jefferson National
- Massachusetts Mutual
- MetLife
- Prudential

Mutual Fund Companies

- Fidelity
- TIAA-CREF
- T. Rowe Price
- Vanguard

- Deferred Compensation 457:** This program offers employees the opportunity to save money for retirement while reducing their current income tax liability. Taxes on earnings and contributions are deferred until you receive them as income.

- VALIC
- Charles Schwab
- Empower

- VOYA (formerly ING)
- Nationwide
- T. Rowe Price

Annual Leave

Cost for Annual Leave:

- Fully funded by USF.

Effective Date:

Accrual begins upon employment.

Benefit Overview:

- 12-month Faculty:
 - Annual leave is accrued at 6.769 hours per pay period.
 - Upon retirement or separation, annual leave is paid up to 352 hours.
- 9-month Faculty:
 - Does not accrue annual leave

Sick Leave

Cost for Sick Leave:

- Fully funded by USF.

Effective Date:

Accrual begins upon employment.

Benefit Overview:

- Sick leave is accrued at 4 hours per pay period.
- Upon retirement or separation, if 10 or more years of service are completed, sick leave is paid at 25% of the sick leave balance up to a total of 480 hours.

Holidays

Cost for Holidays:

- Fully funded by USF

Effective Date:

Upon employment

Benefit Overview:

- Employees enjoy 9 paid holidays along with 2 additional floating holidays that are designated by the President. USF is closed on these holidays. The paid holidays:
 - New Year's Day
 - Martin Luther King, Jr. Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Veterans' Day
 - Thanksgiving Day
 - Day after Thanksgiving
 - Christmas Day

Definitions

Annual Maximum: Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

Annual Out-of-Pocket Coinsurance Maximum: The maximum amount of coinsurance a PPO Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Non-coinsurance expenses such as copays, deductibles, hospital admission fees, non-covered services, charges in excess of the non-network allowance for services provided by non-network providers, and charges in excess of any Plan limitations do not apply to the annual out-of-pocket maximum.

Annual Out-of-Pocket Copay Maximum: The limit on the total copayments that you pay during a benefit year for covered services. You may be responsible for providing documentation to your HMO of the total copayment amount paid.

Coinsurance: A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible. This includes prescription drug costs under a Health Investor Health Plan.

Copayment: A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible: Total dollar amount, based on the allowed amount, you must pay out of pocket for covered medical expenses each calendar year before the State Employees' Standard PPO Plan, the Health Investor PPO Plan or a Health Investor HMO plan pays for most services. The deductible does not apply to network preventive care and any services where you pay a copayment rather than coinsurance. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

Dependent Care Reimbursement Account (DCRA): A type of Flexible Spending Account for active employees that allows them to reimburse themselves with pretax dollars for eligible expenses they pay to take care of a qualified dependent.

Election: The choice for insurance benefits you make as a new hire, during Open Enrollment, or as the result of a Qualifying Status Change event.

Flexible Spending Account (FSA): An account for active employees that allows them to reimburse themselves with pretax dollars for eligible out-of-pocket health care costs and/or the costs associated with caring for a qualified dependent. With these accounts, employees decide the annual amount they want to contribute before the start of a plan year. They must submit claims for the plan year by April 15 of the following year for the entire amount withheld so they do not lose the unused money. FSAs include Dependent Care Reimbursement Accounts, Limited Purpose Medical Reimbursement Accounts and Medical Reimbursement Accounts.

Grace Period: The period of time from January 1 until March 15 in which active employees can continue to incur eligible FSA expenses and claim them under the previous plan year's election.

Health Investor HMO and PPO: The state's name for two of its health insurance options where you pay a higher deductible in exchange for:

- Lower premiums than the State Employees' Standard PPO or a Standard HMO.
- The opportunity to have a Health Savings Account to pay eligible health care expenses with pretax dollars, partially funded by the state (for active employees).

Health Maintenance Organization (HMO): A prepaid medical plan limited to restricted contracted service areas (where you live or work) and a specific network of providers.

Health Savings Account (HSA): An account associated with the Health Investor HMO and PPO Plans that allows active employees to use pretax dollars to pay their share of the cost for eligible medical, prescription, dental or vision care services not covered by their insurance plans. When employees are eligible for an HSA and have completed the appropriate steps, the state contributes money to their account; they may also add their own pretax contributions to the HSA. The HSA differs from an FSA in three ways:

- Employees must be in a Health Investor HMO or PPO plan to contribute to an HSA.
- They must open a personal HSA bank account at Tallahassee State Bank by completing the online [HSA bank account application](#).
- Any unused HSA funds at the end of a year carry forward to the next year and employees may take unused HSA balances with them if they stop working for the state.

Limited Purpose Medical Reimbursement Account (LPMRA): A type of Flexible Spending Account that allows active employees to reimburse themselves for dental, vision and preventive care expenses not covered by their high-deductible health plan. They may also have an HSA.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Medical Reimbursement Account (MRA): A type of Flexible Spending Account that allows active employees to reimburse themselves with pretax dollars for eligible out-of-pocket health care costs. If they have an HSA, they cannot enroll in an MRA.

Pre-Determination of Benefits (dental plan): A request you can submit to find out in advance how much the dental plan will pay for recommended dental care. This feature can be particularly useful in the PPO or indemnity dental plans because you pay a percentage of the cost. The process is not required but can help avoid surprises.

Preferred Provider Organization (PPO): A plan offering discounted rates on services if you use providers in the network. If you use providers outside of the network, your out-of-pocket expenses will be much greater.

Premium: The monthly or biweekly amount you pay for your insurance coverage.

Pretax Plan: A plan for active employees that is paid for with pretax money. The IRS allows for certain expenses to be paid for with tax-free dollars. The state takes premiums out of your check before taxes are calculated, increasing your spendable income and reducing the amount you owe in income taxes. Consequently, the IRS has tax laws that require you to stay in the plans you select for a full plan year (January through December). You can only make changes during Open Enrollment or if you have a Qualifying Status Change event.

Prepaid Plans: All plans in the State Group Insurance Program are prepaid, which means you pay for your coverage one month in advance; for example, you pay for July coverage in June. If you are underpaid for any reason, future premium payments are applied to the month that is underpaid.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Provider: Any type of health care professional or facility that provides services under your plan.

Provider Network: A group of health care providers, including dentists, physicians, hospitals and other health care providers, that agrees to accept pre-determined rates when serving members.

Qualifying Status Change (QSC) Event or QSC Event: an occurrence that qualifies the Subscriber to make an insurance Coverage or Flexible Spending Account change outside of the Open Enrollment P e r i o d as defined in the QSC Matrix.



OPTIONAL RETIREMENT PROGRAM (ORP)

Eligibility:

- **Employees appointed to a Faculty position in the College of Medicine are required to participate.** The full name of the program is State University System Optional Retirement Plan or SUSORP.

Description of the Plan:

- The ORP is a defined contribution plan sponsored by the State of Florida. It is not a matching plan. Participants are immediately vested in the plan. The amount of your benefit at retirement is determined by the contributions made to your account and the performance of your investment choices. You can find more information on the Optional Retirement Plan by visiting the following website:
http://www.dms.myflorida.com/human_resource_support/retirement/optional_plans/state_university_system_optional_retirement_program

The plan is funded through the following contributions:

- Employer Funded Contribution: 5.14%
- Employee Mandatory Contribution: 3.00%
- Employee Voluntary Contribution: Up to 5.14%
- Contributions are directed into an individual account, and you will be able to decide how to allocate the contributions among various investment funds.

Provider Companies:

- Contact the approved provider company of your choice to sign a contract. Attached is a list of provider companies.

ORP Loans and Hardship Withdrawals:

- ORP contributions, including employee contributions, are not payable for employee hardships, unforeseeable emergencies, loans, medical expenses, educational expenses, purchase of a principal residence, payments necessary to prevent eviction or foreclosure on an employee's principal residence, or any other reason except a requested distribution for retirement, a mandatory de minimis distribution authorized by the administrator, or a required minimum distribution provided pursuant to the Internal Revenue Code.

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