 Agenda

➤ Part One: Introduction
  ▪ Federal and State healthcare reform laws

➤ Part Two: Eligibility

➤ Part Three: Benefit Coverage Options

➤ Part Four: Enrollment
  ▪ How to Enroll
  ▪ Enrollment Dates
  ▪ Contact People First
PART ONE:

INTRODUCTION
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.
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.

- 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
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.
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

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Coverage Level</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO or HMO – Standard</td>
<td>Individual</td>
<td>$50.00</td>
</tr>
<tr>
<td>PPO or HMO – Standard</td>
<td>Family</td>
<td>$180.00</td>
</tr>
<tr>
<td>Spouse Program</td>
<td>Family</td>
<td>$15.00 (per spouse)</td>
</tr>
</tbody>
</table>
**Health Insurance Coverage:**  
**Standard PPO vs. HMO**

<table>
<thead>
<tr>
<th></th>
<th><strong>PPO - Standard</strong></th>
<th><strong>HMO – Standard</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physicians</strong></td>
<td>Choice of Network/Non-Network</td>
<td>Network Only, Open Access</td>
</tr>
<tr>
<td><strong>Employee Responsibility</strong></td>
<td>Co-payment, Deductible, Co-insurance</td>
<td>Co-payment</td>
</tr>
<tr>
<td><strong>Vision Coverage</strong></td>
<td>Eye Exam ($25), Discounts on glasses &amp; contacts</td>
<td>Eye Exam ($15/$25), Discounts on glasses &amp; contacts</td>
</tr>
<tr>
<td><strong>Prescription Coverage</strong></td>
<td>30 or 90-day supply • <strong>CVS Caremark</strong></td>
<td>30 or 90-day supply • <strong>CVS Caremark</strong></td>
</tr>
</tbody>
</table>

- **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.
- **Coinsurance:** 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
<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Coverage Level</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO or HMO – HIHP</td>
<td>Individual</td>
<td>$15.00</td>
</tr>
<tr>
<td>PPO or HMO – HIHP</td>
<td>Family</td>
<td>$64.30</td>
</tr>
<tr>
<td>Spouse Program</td>
<td>Family</td>
<td>$15.00 (per spouse)</td>
</tr>
</tbody>
</table>

*For current rates please visit: [http://mybenefits.myflorida.com/health/forms_and_resources/premium_rates](http://mybenefits.myflorida.com/health/forms_and_resources/premium_rates)*
# Health Insurance Deductibles: Standard vs. HIHP Comparison

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Coverage Level</th>
<th>Annual Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO - Standard</td>
<td>Individual/Family</td>
<td>$250/$500</td>
</tr>
<tr>
<td>HMO - Standard</td>
<td>Individual/Family</td>
<td>None</td>
</tr>
<tr>
<td>PPO/HMO – “HI/HP”</td>
<td>Individual</td>
<td>$1,250</td>
</tr>
<tr>
<td>PPO/HMO – “HI/HP”</td>
<td>Family</td>
<td>$2,500</td>
</tr>
</tbody>
</table>
HEALTH INVESTOR HEALTH PLAN

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

✓ Preventive Care covered 100%

Under “HIHP” plans, you are responsible for 100% of medical bills and prescription costs until annual deductible has been met.
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
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**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Dependent Care Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Contribution Limits</td>
<td>$60 min</td>
</tr>
<tr>
<td></td>
<td>$5000 max</td>
</tr>
<tr>
<td>Eligible Expenses</td>
<td>Child or Elder Care</td>
</tr>
<tr>
<td>Use</td>
<td>Care for a child, disabled spouse or qualifying relative who:</td>
</tr>
<tr>
<td></td>
<td>• is dependent on you</td>
</tr>
<tr>
<td></td>
<td>• needs care so that you (and your spouse if you're married) can work</td>
</tr>
<tr>
<td>Balance Available</td>
<td>Accumulated Balance</td>
</tr>
</tbody>
</table>
# Prescription Drugs
## CVS Caremark

<table>
<thead>
<tr>
<th></th>
<th>Standard HMO &amp; Standard PPO</th>
<th>Health Investor HMO &amp; PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail (30 Day Supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$7</td>
<td>$14</td>
</tr>
<tr>
<td>Preferred Brand-Name</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name</td>
<td>$50</td>
<td>$100</td>
</tr>
<tr>
<td>Mail Order &amp; Retail (90 Day Supply)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*After deductible

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

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>DHMO</th>
<th>DPPO</th>
<th>Indemnity</th>
<th>Indemnity + PPO</th>
</tr>
</thead>
</table>
| Available Providers | • Humana (CompBenefits)  
  • United Healthcare  
  • CIGNA  
  • Assurant | • Humana (CompBenefits) | • Humana (CompBenefits) | • Ameritas  
  • Assurant |
| Plan Comparison | • Network only  
  • Less out-of-pocket expense | • Choose network/ non-network  
  • Pay percent of contracted fees | • No Network  
  • Pay for services up front and file claims for reimbursement | • 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

- 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

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>• Every 12 months</td>
<td>• Every 12 months</td>
</tr>
<tr>
<td></td>
<td>• 100% after co-pay</td>
<td>• $40 allowance</td>
</tr>
<tr>
<td>Glass Lenses</td>
<td>• Every 12 months</td>
<td>• Every 12 months</td>
</tr>
<tr>
<td></td>
<td>• 100% after co-pay</td>
<td>• $40, $60, $80 allowance depending on type</td>
</tr>
<tr>
<td>Contacts</td>
<td>• Medically needed:</td>
<td>• Medically needed:</td>
</tr>
<tr>
<td></td>
<td>• 100% after co-pay</td>
<td>• $100 allowance</td>
</tr>
<tr>
<td></td>
<td>• Elective:</td>
<td>• $75 allowance</td>
</tr>
<tr>
<td></td>
<td>• $150 allowance</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>• Every 24 months</td>
<td>• Every 24 months</td>
</tr>
<tr>
<td></td>
<td>• 100% after co-pay</td>
<td>• $60 retail allowance</td>
</tr>
<tr>
<td></td>
<td>• $75 wholesale allowance</td>
<td></td>
</tr>
<tr>
<td>Co-pays</td>
<td>• Exam: $10</td>
<td>• Procedure allowance</td>
</tr>
<tr>
<td></td>
<td>• Lenses/Frames: $10</td>
<td></td>
</tr>
</tbody>
</table>
## Vision Insurance

<table>
<thead>
<tr>
<th></th>
<th>Exam &amp; Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$6.32</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$12.48</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$12.34</td>
</tr>
<tr>
<td>Family</td>
<td>$19.38</td>
</tr>
</tbody>
</table>
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](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)
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](http://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 or to jcomeau@uwf.edu

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

