

# SUMMARY OF STATE BENEFITS - 2010

(Brochures and forms are available upon request, contact Court Administration.)

**For Assistance and Information on benefit options, please utilize the following resources:**

State's Benefit Website: [www.MyFlorida.com/MyBenefits](http://www.MyFlorida.com/MyBenefits)

People First Website: <https://PeopleFirst.MyFlorida.com>

Call the People First Service Center (M-F, 8:30 a.m. to 5:30 p.m.) : 1-866-663-4735 (TTY users may call: 1-866-221-0268)

People First is the benefits plan administrator for the State of Florida. Their responsibilities include, but are not limited to processing enrollments of pre-tax insurance, processing qualifying status changes (QSC), verification of dependent eligibility and COBRA benefits.

## I. ENROLLMENT INFORMATION PRE-TAX BENEFIT PLANS

Enrollment in pre-tax benefit plans provides the advantage of reduced federal income tax liability; however flexibility to make benefit changes is also restricted by the federal regulations that govern such plans – Section 125 of the Internal Revenue Code rules and the Fla Administrative Code.

(Automatic enrollment in pre-tax benefits otherwise, employee must sign waiver w/I 31 days of employment.)

There are three (3) opportunities to enroll in, change, or cancel enrollment in pre-tax benefit plans:

1. **Initial Enrollment** - first 60 days of employment
  2. **Open Enrollment** – Chgs to pre-tax benefits, once a year
  3. \*31 days from a **Qualifying Status Change (QSC)** event (\*Please note exception below)
- (For the death of a spouse or dependent or for a birth or adoption you have 60 days to make related benefit changes.)

As a new enrollee for Health or Life Insurance coverage, your initial premium will be withheld on a post-tax basis. If you do not elect to waive the pre-tax arrangement, your premiums will start to be withheld on a pre-tax basis approximately 60 days after your enrollment is processed. (This is a state requirement that allows employees to change their minds during the first 60 days without penalty or force them to wait until the next open enrollment period before making a change).

### Dependent Eligibility

Dependents eligible for coverage are as follows:

- \* Employee's legal spouse
- \* Employee's natural children; legally adopted children; children placed in the home for the purpose of adoption in accordance with Ch. 63, F.S.; stepchildren; foster children; AND
- \* Children for whom the employee has established legal guardianship pursuant to Ch. 744, F.S., or court-ordered temporary custody (for employee and/or spouse). (All Eligible Children must be unmarried, in order to qualify.)

All children must be under the age of 19 and be dependent upon the employee for support. Eligibility usually ceases at the end of the month the child turns 19 years of age, but "Disabled Children", "Over-Age Dependent Children" and "Optional Over-Age Dependent Coverage" may be covered beyond age 19.

**Disabled Children:** Children who are mentally or physically disabled are eligible for enrollment and continue coverage (if already covered) after they attain these age limits while the subscriber's family coverage is in effect, provided that they are incapable of self-sustaining employment because of mental or physical disability and are chiefly dependent upon the subscriber for support and maintenance.

**Over-Age Dependent Children:** From age 19 through the end of the calendar year in which the child turns 25 years of age, children must meet both of the following criteria to remain eligible dependents:

- \* Must be dependent upon the employee for support for more than 50% of their financial support, **AND**
- \* Must either live with the employee **or** be a full-time or part-time student

When your full-time student turns age 25, his/her benefits will be terminated at the end of the calendar year. The dependent will automatically be sent a COBRA package.

**Optional Over-Age Dependent Coverage:** For Health Insurance only, coverage for children age 19 through the end of the calendar year in which the child turns 30 may be purchased at an additional premium for dependent children that:

- \* Are not married ; Have no dependents (i.e., children, domestic partner) ; Are not provided or otherwise have available other major medical health insurance, **AND**
- \* Either live in Florida or are a student in another state.

Employees anticipating the **Birth of a Child** to change to family coverage as soon as they become aware of the pregnancy, but, if individual coverage is in effect at the time of the baby's birth, you will have 60 days from the birth of the child to enroll in family coverage. The effective date of coverage will be retroactive to the beginning of the month in which the child is born and premiums will be due accordingly.

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## II. INSURANCE: HEALTH, LIFE, SUPPLEMENTAL, AND FLEXIBLE BENEFITS (Continued)

### Benefit Changes

You can change benefits only during the Annual Open Enrollment period unless you have a Qualifying Status Change (QSC). Qualifying Status Changes include:

- \* Marriage or divorce
- \* Birth or adoption or legal guardianship of a dependent
- \* Change in health coverage with your spouse's employment
- \* Death of a spouse or dependent
- \* Chg fm part-time to full-time employment or vice versa for you or your spouse
- \* Spouse's employment or termination of employment.

Benefit changes must be made within 31 days of the event (60 days for a death, or a birth or adoption). QSC supporting documentation required within 60 days.

### Spouse Program

Employees with spouses who work for a state government agency and are on the State of Florida payroll are eligible to enroll in the health insurance spouse program. This program combines the state's matching portion of each member's insurance premium. This, in turn, has the effect of providing health insurance at not cost to these employees – provided both employees are appointed full-time and are in benefits-eligible positions. Should one spouse terminate employment with the State of Florida, the remaining employee must contact their HR office to have health coverage converted or dropped in order to prevent underpayment of premiums and/or cancellation of coverage.

## A. HEALTH INSURANCE (PRE-TAX)

EFFECTIVE MAY 1, 2009

MONTHLY PREMIUMS	Full-Time		.75 FTE		.50 FTE		.25 FTE	
	Indv.	Fam.	Indv.	Fam.	Indv.	Fam.	Indv.	Fam.
Standard PPO/Traditional HMO	\$50	\$180	\$162.17	\$416.94	\$274.34	\$653.87	\$386.51	\$890.81
Health Investor PPO/HMO	\$15	\$64.30	\$127.17	\$301.24	\$239.34	\$538.17	\$351.51	\$775.11

**\*Judicial Assistants receive this benefit (individual or family coverage) at no cost (FREE)**

The state offers a Medical Plan Cost Comparison Tool to help you compare what your total costs are likely to be under each of the medical plan options. This tool is available on the MyBenefits Web site: [www.MyFlorida.com/myBenefits](http://www.MyFlorida.com/myBenefits)

### 1. State Employees' (Standard) PPO Plan

This is a "self-insured" plan (the claims that are paid each year on behalf of its members determine the amount of premiums necessary to keep the plan financially sound) administered by Blue Cross and Blue Shield of Florida, Inc. Responsibilities of BC/BS include health claims processing, customer service, utilization review, and provides a preferred patient care organization for enrollees. This plan provides you with the freedom to go to any provider. In-network providers have a lower deductible and lower co-payment for services than non-network providers. With the PPO plan, you have the flexibility to receive medical attention where you are.

- \* Medical benefits administered by [Blue Cross Blue Shield of Fla](http://www.bcbsfl.com) 800-825-2583 [www.bcbsfl.com](http://www.bcbsfl.com)  
[Click on: Members > Products, Plans & Services > State Employees' PPO Plan](#)
- \* Prescription drug benefits administered by [Caremark](http://www.caremark.com) 800-378-4408 [www.caremark.com](http://www.caremark.com)  
For prospective members: [www.caremark.com/florida](http://www.caremark.com/florida)

**Pre-Existing Condition Limitation:** The State Employees' Standard PPO Plan (and Health Investor PPO Plan) have a "6 month/12 month" pre-existing condition limitation for newly enrolled members. A pre-existing condition is one that you or your dependents have been diagnosed with or treated for during the six (6) months before coverage began. If you or your dependents have a pre-existing condition, the State Employees' Standard PPO Plan (and Health Investor PPO Plan) will not cover services for this condition for twelve (12) months after your coverage begins. However, if you and your dependent(s) had prior health insurance coverage, and it has been less than 63 days since that coverage ended, you may be eligible to have all or part of the pre-existing condition limitation waived.

If you would like to be excluded from pre-existing condition limitation, submit a "waiver request of the pre-existing limitation" to the People First Service Center. You will need a Certificate of Creditable Health Insurance Coverage or Portability from your previous insurer which provides your covered family members' beginning and ending dates of coverage. People First will review your information and contact you about your eligibility for a waiver.

**Pre-Existing Conditions** do not include covered services related to domestic violence, pregnancy, or medical treatment of a newborn or newly adopted child of a covered employee or dependent, as long as the child is enrolled in this health insurance plan within 31 days of its birth, adoption, or placement for adoption.

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## 2. Traditional HMO's

No Deductibles, No Claim Forms and No Pre-Existing Conditions. Employee must live or work within the HMO's service area. There is limited or no coverage for services outside their service areas except in emergencies. For some HMO's, you must choose a primary care physician (PCP) within the HMO provider network. If you need to see a specialist, the PCP must make a referral for you. (Please note: You do NOT need a referral to see dermatologists, gynecologists for well-woman check-ups, chiropractors, podiatrists or for emergency care.) Some participating HMO's do not require referrals from your primary care physician, but you will need to use specialists in the HMO network. When selecting a plan, employees should remember that the selection should not be made because of a particular physician. If the physician decides to discontinue association with the plan or the contract is not renewed, participants will need to choose a new PCP from the provider network.

### United Health Care

(Available to Brevard & Seminole Employees)

1-877-614-0581

[www.myuhc.com/groups/stfl](http://www.myuhc.com/groups/stfl)  
(Members can self-refer to Doctors)

### AV-MED

(Available to Seminole Employees Only)

1-888-762-8633

[www.avmed.org/go/state](http://www.avmed.org/go/state)  
(Members can self-refer to Doctors)

### Florida Health Care Plans

(Available to Volusia Residents Only)

1-877-615-4022

[www.fhcp.com](http://www.fhcp.com)

## 3. Health Investor PPO

- Medical benefits administered by [Blue Cross Blue Shield of Florida](http://www.bcbsfl.com) 800-825-2583, [www.bcbsfl.com](http://www.bcbsfl.com)
- Prescription drug benefits administered by Caremark 800-378-4408, [www.caremark.com](http://www.caremark.com)
- Benefit from lower monthly premiums, have higher deductibles and out-of-pocket limits.
- You may open a Health Savings Acct (HSA) if you enroll in a health investor and have no other medical coverage.
- Employer HSA contribution: Individual = \$41.66/mo (\$500/yr) Family = \$83.33/mo (\$1,000/yr)

## 4. Health Investor HMO

- [United Health Care](http://www.myuhc.com) 888-848-9355 Customer Care / 800-357-0978 Coverage & Eligibility, [www.myuhc.com](http://www.myuhc.com)
- [AV-MED](http://www.avmed.org) (Seminole County Only) 800-882-8633, [www.avmed.org](http://www.avmed.org)
- Benefit from lower monthly insurance premiums, have higher deductibles and out-of-pocket limits.
- You may open a Health Savings Acct (HSA) if you enroll in a health investor and have no other medical coverage.
- Employer HSA contribution: Indv= \$41.66/mo (\$500/yr) Family= \$83.33/mo (\$1,000/yr)

## Key Points to Consider – A Comparison of all 4 Plans

	Access to Care	How you pay for care	Insurance premiums (payroll deductions)**
Standard HMO	Use network providers to receive benefits	Set dollar copays for more predictable costs	Higher
Health Investor HMO	Use network providers to receive benefits	Annual deductible* and percentage of cost	Lower
Standard PPO	See network or non-network providers ... your share of cost is lower when you use the network	Set dollar copays for more predictable costs for some network care. A percentage of cost - or annual deductible and percentage of cost for other care	Higher
Health Investor PPO	See network or non-network providers ... your share of cost is lower when you use the network	Annual deductible* and percentage of cost	Lower

\*With single coverage, you must meet the individual deductible before anything but preventive care is covered. With family coverage, you must meet the family deductible before plan pays for anything but specified preventive care services.

\*\*For those employees' who pay premiums for coverage - including state Career Service employees' and University Faculty, Staff and Administrative and Professional Employees'.

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	Health Investor PPO		Health Investor HMO	State Employees' PPO		Traditional HMOs
Choice of providers	Network or Non-Network		Network only	Network or Non-Network		Network only
Lifetime maximum	\$2,000,000/person*		Unlimited	\$2,000,000/person*		Unlimited
Health Savings Account?	Yes**			No		No
Reimbursement Account?	Yes, Limited Purpose Medical Reimbursement Account			Yes, Medical Reimbursement Account		Yes, Medical Reimbursement Account
Your contributions for medical insurance premiums (payroll deduction)	Lower for Career Service employees and University Faculty, Staff and Administrative, and Professional ... annually about \$400 less for individual coverage and \$1,400 less for family coverage in 2006***			Higher for Career Service employees and University Faculty, Staff and Administrative, and Professional***		
Annual deductible	<b>Network</b>	<b>Non-Network</b>	<b>Network</b>	<b>Network</b>	<b>Non-Network</b>	<b>Network</b>
• Individual coverage	\$1,250	\$2,500	\$1,250	\$250	\$750	\$0
• Family coverage	\$2,500	\$5,000	\$2,500	\$500	\$1,500	\$0
Annual out-of-pocket maximum after any deductible						
• Individual coverage	\$3,000	\$7,500	\$3,000	\$2,500		\$1,500
• Family coverage	\$6,000	\$15,000	\$6,000	\$5,000		\$3,000
How you pay for most care	Percentage of cost after deductible		Percentage of cost after deductible	Network – set copayments Non-network – percentage of cost after deductible		Set copayments
	<i>With family coverage, you must meet family deductible before anything but preventive care is covered.</i>					
Preventive care	Some network physical exams and screenings covered with no deductible; see Healthcare Web Center for more details.					

\*Combined benefits under State Employees' PPO and Health Investor PPO while covered as an employee or a dependent.

\*\*As long as you and the dependents you cover have a State Health Investor medical plan, and don't have other medical coverage through a spouse's plan, Medicare, Medicaid, a healthcare reimbursement account that covers medical care, or another medical plan. You may participate in an HSA even if you have a Limited Purpose Medical Reimbursement Account (new for 2006) or coverage through the supplemental cancer, hospital or intensive care policies available to you as a State employee.

\*\*\*Employees serving in an Executive Service position or something other than a Career Service position with the State, and employees in the Spouse Plan will still pay no insurance premiums for their medical coverage.

## B. PRESCRIPTION DRUG PLAN

- **Caremark** is the pharmacy benefits administrator providing prescription benefit services for the Standard PPO Plan and the Health Investor Plan. **1-800-378-4408**
- **Current PPO Plan members** can see prescription drug history, check for generic alternatives, check the status of an order and many other features by going to [www.caremark.com](http://www.caremark.com).
- **Prospective members** can access a special Open Enrollment site at [www.caremark.com/florida](http://www.caremark.com/florida). This site provides drug cost information, the most up to date preferred drug list, and a sample of the tools available to PPO members.
- **HMO participants must contact their specific HMO Customer Service or website for a drug list that applies to your specific HMO.**
- For **Short-Term Medications**, it is important to use a Caremark Participating Pharmacy for the greatest savings. To locate a participating pharmacy in your area, simply access the Caremark Pharmacy Locator on the website: <http://www.caremark.com> or call Caremark's Customer Service 1-800-378-4408.
- For **Long-Term Medications**, the Caremark Mail Service Program is a cost-effective choice for a 90 day prescription supply. Mail original prescriptions, along with the Patient Profile/Order Form and your medications will be sent directly to your home.

Prescription Drug Tier	Standard PPO/HMO Plan		Health Investor PPO/HMO Plan	
	Retail Co-pay	Mail Order Co-pay	Retail Co-pay	Mail Order Co-pay
Generic	\$10	\$20	30%	30%
Preferred	\$25	\$50	30%	30%
Non-Preferred	\$40	\$80	50%	50%

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\*If the participant requests a brand name drug when a generic is available, the participant must pay the cost difference between the generic equivalent and the submitted charge of the brand name drug, plus the \$25 or \$40 preferred or non-preferred brand name co-payment.

## C. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

The State of Florida offers eligible employees basic group term life insurance, with an additional AD&D (Accidental Death & Dismemberment) coverage. Enrollees will be paid a benefit for certain accidental deaths or injuries.

The full amount of insurance will be paid to the enrollee if the injury results in loss of:

- |                                  |  |   |
|----------------------------------|--|---|
| (1) Life                         | (2) Sight in both eyes                               | (3) Use of both hands and feet              |
| (4) Use of one hand AND one foot | (5) Sight in one eye and use of one hand or one foot | (6) Speech and loss of hearing in both ears |

One-half the amount of insurance will be paid to the enrollee if the injury results in loss of:

- |                                 |                          |
|---------------------------------|--------------------------|
| (1) Use of one hand OR one foot | (2) Sight in one eye     |
| (3) Speech                      | (4) Hearing in both ears |

Death benefits will be paid to your designated beneficiary, a designation that you may change at any time. If a beneficiary is not designated in writing, the insurance proceeds will be paid to your estate. Payments made to an estate, however, may result in a reduction in total benefits due to taxes and probate costs.

Please check beneficiaries periodically, especially following major events such as birth, marriage, divorce, death, etc. These changes can be made thru your Human Resources Office.

### 1. State Life (Pre-Tax) (888) 826-2756 [www.lifebenefits.com/florida](http://www.lifebenefits.com/florida)

- \* Underwritten by [Minnesota Life](#) - term life plan with accidental death and dismemberment coverage.
- \* Regular Class Employees Coverage benefit = 1.5 x annual salary (Mthly premium determined by salary.)
- \* Judges, Judicial Assistants and Senior Management Coverage benefit = 2x annual salary (at No Cost)
- \* Pays double indemnity for accidental death.
- \* Enrollment within first 60 days of employment or during open enrollment or within 31 days of a QSC.

### 2. Optional Term Life Insurance (Post-Tax) (888) 826-2756 [www.lifebenefits.com/florida](http://www.lifebenefits.com/florida)

- \* Underwritten by [Minnesota Life](#) - term life plan with accidental death and dismemberment coverage.
- \* Must enroll in the basic term life insurance plan in order to purchase this additional term life.
- \* Can be purchased at 1 - 5 times employee's annual salary, up to a maximum of \$500,000 coverage.
- \* Employee pays 100% of premium
- \* Enrollment within first 60 days of employment is on a guaranteed-issue basis without medical qualification.
- \* Subsequent purchases in excess of one times base annual earnings will require medical qualification.
- \* Beneficiaries listed for Basic Term Life must be the same for Optional Term Life.

### 3. Anthony Finaldi – Term, Universal, AD&D (Post-Tax) (850) 385-2880 [www.afcoforlife.com](http://www.afcoforlife.com)

- \* Contact person: John Finaldi, Anthony Finaldi Company
- \* Accidental Death & Dismemberment coverage is guaranteed issue at any time.
- \* Universal Life is not guaranteed issue. Must be medically underwritten.
- \* Group Term - only guaranteed issue to new employees if applied for within first 31 days of employment.
- \* Enroll at any time.

### 4. Prudential Life (Group #G52005) Judges Only (Post-Tax)

- \* Contact Carolyn Tyson (904) 313-3711 or Prudential Life Ins. Co of America 1-888-598-5671
- \* Term Life - must enroll during first 31 days of employment; not available during any other time.
- \* Automatically discontinued at age 70 and/or upon separation from employment/termination/retirement.
- \* Fixed level premium of \$18.00 a month.

### 5. Reliance Standard Life Insurance (Group # VG 1999) (Post-Tax) [www.rsli.com](http://www.rsli.com)

- \* Contact Person: Sheri DeVore (Wheeler Associates) (850) 556-1388 (E-Mail: [SheriDevore@bellsouth.net](mailto:SheriDevore@bellsouth.net))
- \* Underwritten by: Reliance Standard (800) 644-1103
- \* Term Life - Guaranteed coverage up to \$100,000 during first 31 days of employment.
- \* \$10,000 guaranteed issue for employees age 60 to 70.
- \* Maximum coverage \$500,000 per person.

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## D. SUPPLEMENTAL INSURANCE

Enrollment for some supplemental products requires completion of both the state's enrollment process **AND** the carrier's application form. Unless both are completed and any required form appropriately submitted, you will not be enrolled.

For those products that require medical underwriting, you may have to provide some information or pass some type of medical test before you are accepted for coverage. Coverage is not effective until People First receives approval and a full month's premium has been withheld.

You are encouraged to contact the carriers directly with your specific questions.

### I. ACCIDENT INSURANCE

#### a. Colonial Insurance Company (Pre-Tax)

[www.coloniallife.com/florida](http://www.coloniallife.com/florida)

Contact Numbers: 1-888-756-6701

PF Code #5002

- \* Provides cash benefits for certain losses resulting from accident regardless of other coverage.
- \* Mthly income benefit paid for up to 12 mos while totally disabled resulting fm covered accidents or covered sickness.
- \* Additional income benefit paid for hospital confinement up to 3 months.
- \* Colonial Accident Protection Plan – Plan Code #5000  
Coverage Options:   Emp Only           Emp + Spouse           Emp, Spouse, + Dependents           Emp + Children
- \* Colonial Accident Protection Plan – Plan Code #5010  
Coverage Options:   Emp Only           Emp + Spouse           Emp, Spouse, + Dependents           Emp + Children

#### b. Anthony Finaldi – Group Accident & Disability (Post-Tax) [www.afcoforlife.com/addescription.htm](http://www.afcoforlife.com/addescription.htm)

- \* Contact person: John Finaldi, Anthony Finaldi Company   (850) 385-2880
- \* Accidental Death & Dismemberment coverage is guaranteed issue at any time.
- \* Enroll at any time.

### 2. CANCER INSURANCE

Cancer insurance covers the costs for cancer treatment that the basic health insurance does not cover. Each option pays a set amount for procedures and other related treatments. In addition, each plan offers a first occurrence benefit, which is a lump-sum payment made directly to the insured at the time the cancer is diagnosed. The plan also provides assistance towards the cost of family transportation and lodging. The insured must be cancer-free at the time of enrollment.

For a detailed copy of the brochures and company applications, you can contact a plan representative, People First (by phone or online) and/or Court Administration – Human Resources.

These are medically underwritten plans and require company approval. Please contact a plan representative to assist with company applications and approval processes. Applications are not processed by People First. Enrollment in these plans requires both a completed company application and enrollment in the People First system. Once the application is approved by the company, the People First election will unlock and deductions will begin.

You may enroll in only one Cancer plan and only one Intensive Care plan.

#### a. Aflac (The American Family Life Assurance Company) (Pre-Tax)

Represented by: Capital Insurance Agency 1-800-780-3100 or 1-800-416-1618

[www.capitalins.com](http://www.capitalins.com)

- \* Three cancer expense options available plus dread disease rider.
- \* First occurrence benefit up to \$5,000.
- \* Premium cost varies per Level and Option.

#### b. Colonial Life & Accident Insurance Company (Pre-Tax)

[www.coloniallife.com/florida](http://www.coloniallife.com/florida)

Contact Numbers: 1-888-756-6701

PF Code #6600 & 7500

- \* Cancer screening benefit and expense coverage available as well as cancer expense coverage.
- \* Cancer – Plan Code #6600:           Emp = \$10.94           Emp + Family = \$18.18

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\* Cancer / Intensive Care – Plan Code #7500:      Emp - \$13.96      Emp + Family - \$24.48

### 3. DENTAL INSURANCE

The State offers a [Dental Plan Cost Comparison Tool](#) to help you compare what your total costs are likely to be under each of the dental plan options. This tool is available on the myBenefits Web site: [www.MyFlorida.com/myBenefits](http://www.MyFlorida.com/myBenefits)

**Prepaid:** these plans pay benefits only when you use network providers; there is no deductible to meet; most preventive care is at no charge; you pay a specific dollar amount for other care you receive; and orthodontia is covered for adults and children. **To enroll in a Prepaid Plan, you may need to select a dental facility from the company Web sites.**

**Preferred Provider Organization (PPO):** these plans allow you to receive care from any dentist; your cost is lower when you use network dentists; you generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the care you receive; and orthodontia is covered for adults and children. (CompBenefits Plan #4054, Ameritas Dental #4064 and Assurant #4074 are the only PPO Plans offered to State Employees.)

**Indemnity:** this plan allows you to receive care from any dentist; you have a deductible to meet and then pay part of the cost for the services you receive; and orthodontia is not covered for adults. (CompBenefits Plan #4084 is the only Indemnity Plan offered to State Employees.)

Provider	CompBenefits: Select 15 Prepaid #4044 and Schedule B Indemnity #4084 (Formerly American Dental Plan – ADP) (866) 879-3630 <a href="http://www.compbenefits.com/custom/adpstateemployees/">www.compbenefits.com/custom/adpstateemployees/</a>		Assurant - Heritage Plus #4024 & Freedom Advance #4074 (Formerly Assurant / Denticare) (800) 277-2300 or (850) 386-2300 <a href="http://www.assurantemployeebenefits.com/816/state_florida">www.assurantemployeebenefits.com/816/state_florida</a>	
Plan Type	PREPAID #4044	INDEMNITY #4084	PREPAID #4024	Indemnity w/ PPO #4074
Employee	\$12.64	\$14.74	\$13.59	\$40.08
Emp + Spouse	\$21.20	\$21.96	\$22.98	\$76.94
Emp + Child(ren)	\$23.00	\$23.30	\$29.73	\$90.67
Emp + Family	\$32.98	\$37.10	\$34.86	\$119.94
Plan Highlights	Includes Vision, contact lens and hearing aid programs		Includes vision discount through Vision Service Plan (VSP)	
	-Must use participating provider -Pre-Existing Conditions are Covered -Includes Adult & Child Ortho. & Cosmetic Dentistry -Co-payment schedule  *No Deductibles *No Maximum Benefit Limit *No Waiting Period *No Claim Forms  Pre or Post Tax available	-Choose your own dentist  -\$50 Deductible per Person (3 per family)  -\$1,000 Calendar Yr Max  -Employee files claims  -Claims paid according to Benefit Schedule  -No Waiting Period	Customer Svc - (800) 443-2995  -Must use participating provider -Pre-existing conditions are covered -Includes Adult & Child Ortho. & Cosmetic Dentistry -Co-payment schedule  *No Deductibles *No Maximum Benefit Limit *No Waiting Period *No Claim Forms	Customer Svc - (800) 442-7742  -Choose your own dentist -Max savings if you visit a DHA provider: <a href="http://www.dha.com">www.dha.com</a>  -\$50 Deductible per Person -\$1,000 Calendar Yr Max -\$1,000 Lifetime Orthodontia Max <u>Plan pays:</u> Type I: 100%      Type II: 80% Type III: 25% 1 <sup>st</sup> yr, 50% 2 <sup>nd</sup> yr on Type IV: 50%
Provider	CompBenefits Network Plus #4004 CompBenefits Preferred Plus #4054 (800) 943-6880 <a href="http://www.compbenefits.com/custom/stateofflorida">www.compbenefits.com/custom/stateofflorida</a>		CIGNA Dental (800) 244-6224 <a href="http://www.mycigna.com">www.mycigna.com</a> Customer Service: (800) 780-3100 Capital Ins Agency (800) 780-3100	SCS Dental Plan – Post-Tax Reliance Standard/Ameritas (800) 497-7044 <a href="http://www.rsli.com">www.rsli.com</a>
Plan Type	PREPAID #4004	PPO #4054	PREPAID #4034	DPPO #0378
Employee	\$16.22	\$26.82	\$26.32	EE      \$42.52
Emp + Spouse	\$31.98	\$49.62	\$47.32	EE + 1      \$78.08
Emp + Child(ren)	\$38.14	\$55.44	\$55.68	
Emp + Family	\$48.70	\$80.50	\$67.56	EE + Family      \$107.44
Plan Highlights				

# SUMMARY OF STATE BENEFITS - 2010

(Brochures and forms are available upon request, contact Court Administration.)

	<p>Must use participating provider Preexisting conditions are covered</p> <p>Includes Adult &amp; Child Ortho., &amp; Cosmetic Dentistry</p> <p>Co-payment schedule</p> <p>*No Deductibles *No Maximum Benefit Limit *No Waiting Period *No Claim Forms</p>	<p>Choose your own dentist No waiting period \$1,200 Annual Max -Employee or provider files claims <b>In-Network Deductible:</b> \$25 Indv / \$50 Fam Pays Preventative = 100% Basic = 80% ; Major = 50%</p> <p>-\$1,500 Lifetime Ortho Max <b>Out-of-Network:</b> -Deductible: \$50 Indv / \$100 Fam -Pays <b>P</b>= 80% <b>B</b>=50% <b>M</b>=30% -Orthodontic services not covered</p>	<p>Must use a Network Provider</p> <p>Preexisting conditions are covered with the exception of work in progress.</p> <p>-Includes Adult &amp; Child Ortho.</p> <p>*No Deductibles *No Maximum Benefit Limit *No Waiting Period *No Claim Forms</p> <p>Register at <a href="http://www.mycigna.com">www.mycigna.com</a></p>	<p>Choose your own dentist Max savings using a Participating provider ; Employee files claims Late entrant benefits limited to Type 1 &amp; 2 for the 1<sup>st</sup> 12 mos.</p> <p>\$50 deductible/person (3 person max) for Type 2 &amp; 3 procedures</p> <p>\$1,000 lifetime Ortho. Max</p> <p>\$1,000 annual max -Plan pays: Type 1 = 100% Type 2 = 80% ; Type 3 = 50%</p>
<b>Provider</b>	<p><b>United Healthcare Dental Solstice S700</b> (800) 980-0292 <a href="http://www.myuhcdental.com/statefl">www.myuhcdental.com/statefl</a></p>		<p><b>Ameritas Dental</b> (877) 721-2224 <a href="http://www.ameritasgroup.com/florida">www.ameritasgroup.com/florida</a></p>	
<b>Plan Type</b>	<b>PREPAID #4014</b>		<b>Indemnity w/ PPO #4064</b>	
<b>Employee</b>	\$10.91		\$9.64	
<b>Emp + Spouse</b>	\$23.95		\$19.40	
<b>Emp + Child(ren)</b>	\$29.90		\$25.24	
<b>Emp + Family</b>	\$41.98		\$35.00	
<b>Plan Highlights</b>	Includes Vision, contact lens and hearing aid programs		Includes vision discount through Vision Service Plan (VSP)	
	<p>Must use participating provider Preexisting conditions are covered Includes Adult &amp; Child Ortho.&amp; Cosmetic Dentistry Co-payment schedule</p> <p>*No Deductibles *No Maximum Benefit Limit *No Waiting Period *No Claim Forms</p>			<p>Customer Service (800) 442-7742</p> <p>-Choose your own dentist -Max savings if you visit a DHA provider: <a href="http://www.dha.com">www.dha.com</a></p> <p>-\$50 Deductible per Person</p> <p>-\$1,000 Calendar Yr Max</p>

## 4. DISABILITY INSURANCE

### a. UNUM (Post-Tax)

Contact Person: Kelley Phillips 1-877-652-0221 or 850-552-0642 [www.lifesolutions.com/courts.htm](http://www.lifesolutions.com/courts.htm)

- \* Disability elimination period: 90 days \* Premium based on annual salary & age.
- \* Choice of benefit amount: 50%, 40%, or 25% of salary, income tax free (up to \$5,000 monthly benefit)
- \* Non-integrated (pays in addition to retirement, social security or other disability benefits)
- \* Bi-Annual Enrollments (Even Years); New Employees have 60 days to enroll with guaranteed issue; Others can enroll any time by filling out an enrollment form and an evidence of insurability questionnaire (not guaranteed issue) however, if denied during this time, they are not permitted to enroll during open enrollment.

### b. Colonial Insurance Company – Short-Term Disability Income Protection (Pre-Tax)

Contact: 1-888-756-6701 PF Code #5020

[www.coloniallife.com/florida](http://www.coloniallife.com/florida)

- \* For cost and complete details, please contact a representative from Colonial Life & Accident

### c. State of Florida - Disability Income Insurance Program

This program is a self-insured plan and is available only for Judicial Assistants, Senior Management Service (SMS) and Selected Exempt Service (SES) Employees, and is entirely managed by DSGI. Enrollment is automatic and the State of Florida pays the entire premium. The plan provides a benefit of up to 65% of salary, beginning one month after disability occurs or after all leave options have been exhausted, for up to a full year.

## 5. INTENSIVE CARE INSURANCE

For a detailed copy of the brochures and company applications, you can contact a plan representative, People First (by phone or online) and/or Court Administration – Human Resources.

These are medically underwritten plans and require company approval. Please contact a plan representative to assist with company applications and approval processes. Applications are not processed by People First. Enrollment in these plans requires both a completed company application and enrollment in the People First system. Once the application is approved by the company, the People First election will unlock and deductions will begin.

# SUMMARY OF STATE BENEFITS - 2010

(Brochures and forms are available upon request, contact Court Administration.)

You may enroll in only one Cancer plan and only one Intensive Care plan.

Aflac (The American Family Life Assurance Company) (Pre-Tax)

Represented by: Capital Insurance Agency      1-800-780-3100 or 1-800-416-1618

[www.capitalins.com](http://www.capitalins.com)

\* Hospital Intensive Care Plan available.

\* AFLAC Hospital Intensive Care – PF Plan Code #7000:      Emp = \$8.70

Emp + Family = \$16.64

# SUMMARY OF STATE BENEFITS - 2010

(Brochures and forms are available upon request, contact Court Administration.)

## 6. SUPPLEMENTAL HOSPITALIZATION INSURANCE

Supplemental hospital plans are designed to help cover those out of pocket expenses, like deductibles, and co-payments you may incur if you or a covered family member are confined in-hospital or have outpatient surgery at a hospital or ambulatory surgical center.

For a detailed copy of the brochures and company applications, you can contact a plan representative, People First (by phone or online) and/or Court Administration – Human Resources.

Enrollment also requires a company application be completed and remitted to the company. These applications are not processed by People First.

You may enroll in both companies. For example, you may elect the \$100 daily benefit from PALIC and the 30/20 Plan from Alta. However, you can not select more than one of the 3 plans from PALIC. Alta does allow enrollment in more than one plan with some exception. You may elect the PPP and the 365+, or the 30/20 and the 365+ but you can not enroll in the PPP and the 30/20 simultaneously.

### a. Alta Health & Life Insurance Co. / Hospital Supplemental (Pre-Tax)

Represented by: Capital Insurance Agency: [1-800-780-3100](tel:1-800-780-3100) or [850-386-3100](tel:850-386-3100) [www.capitalins.com](http://www.capitalins.com)

#### 1. Preferred Provider Plus (PPP) Plan (PF Plan Code #8000)

- \* Pays \$250 per admission, 10% of eligible charges up to \$2,500 per incident.
- \* Premium cost varies with age.

#### 2. 30/20 Plus (PF Plan Code #8010)

- \* Pays \$250/admission, 20% eligible charges; plus pays \$30.00/day for each day of inpatient hospital confinement.
- \* Premium cost varies with age.

#### 3. 365 Plus \$100/Per Day Plan (PF Plan Code #8030)

- \* \$100 per day benefit paid for every day confined to a hospital, up to 365 days. Fifty percent (50%) of daily benefit paid for home health care. Designed to supplement HMO coverage. No pre-existing condition clause.
- \* Premium cost varies with age.

#### 4. 365 Plus \$200/Per Day Plan (PF Plan Code #8040)

- \* \$200 per day benefit paid for every day confined to a hospital, up to 365 days. Fifty percent (50%) of daily benefit paid for home health care. Designed to supplement HMO coverage. No pre-existing condition clause.
- \* Premium cost varies with age.

#### 5. 30/20 Plus (#8010) AND 365 Plus \$100 Daily (#8030)

#### 6. 30/20 Plus (#8010) AND 365 Plus \$200 Daily (#8040)

#### 7. Preferred Provider Plus (#8000) AND 365 Plus \$100 Daily (#8030)

#### 8. Preferred Provider Plus (#8000) AND 365 Plus \$200 Daily (#8040)

### b. The Philadelphia American (PALIC) / Hospital Supplemental (Pre-Tax)

Contact: State Securities Corp. [800-277-2300](tel:800-277-2300) [www.ssc-life.com](http://www.ssc-life.com)

#### 1. Philadelphia American Plan \$100/Per Day Plan (PF Plan Code #8060)

- \* Pays \$100/admission  
Employee = \$9.58                      Employee + 1 = \$19.20                      Employee + 2 Or More = \$25.18

#### 2. Philadelphia American Plan \$200/Per day Plan (PF Plan Code #8070)

- \* Pays \$200/admission  
Employee = \$20.36                      Employee + 1 = \$40.60                      Employee + 2 Or More = \$53.52

#### 3. Philadelphia American Plan \$100/Per Day/ECR Plan (PF Plan Code #8080)

- \* Pays \$100/admission  
Employee = \$12.92                      Employee + 1 = \$25.86                      Employee + 2 Or More = \$32.72
- \* Pays \$100 or \$200 per day, up to 365 days for each day confined to a hospital for each injury or sickness.
- \* Fifty percent (50%) of daily benefit paid for home health care, up to 30 days.
- \* 90-day pre-existing condition clause.
- \* Designed to supplement HMO coverage.

# SUMMARY OF STATE BENEFITS - 2010

(Brochures and forms are available upon request, contact Court Administration.)

## 7. VISION INSURANCE

Vision insurance offers an extensive network of optometrists and ophthalmologists for you and your family members. The benefits include routine eye care exams, glasses, (lenses and frame) or contact lenses. The extent of the coverage for contact lenses depends on whether they are medically necessary or if you choose them only because you prefer them.

a. Employees are encouraged to take advantage of the vision benefits offered by their health insurance plan.

1. For **PPO** Participants: Blue Cross Blue Shield of Florida, Inc. (BCBSF), the administrator of the State Employees' PPO Plan, provides for an annual eye exam from participating providers at a cost of \$0 through the BCBSF Enhanced Vision Care program. The program also offers discounts on frames, lenses and corrective surgeries. More information can be obtained by going to the "Blue Complements" information sheet on the Members site at [www.bcbsfl.com](http://www.bcbsfl.com), or by calling (800) 825-2583.
2. For **HMO** Participants: The state-contracted HMO plans cover annual eye exams as part of the preventive benefit package. Some HMOs also offer discounts on frames, lenses and corrective surgeries. Participants can contact the HMOs in their area to get details on available vision care discounts.

b. **Humana Vision Care** 800-939-5369

[www.humana.com/agents/plans/specialty\\_benefits/vision.asp](http://www.humana.com/agents/plans/specialty_benefits/vision.asp)

\* Pre-Tax Basis Plans administered by Humana Vision/CompBenefits.

\* **Exam + Materials Plan (Option 1 – PF Code 3004)**

Emp Only - \$5.85	Emp + Spouse - \$11.56	Emp + Children - \$11.44	Emp + Family - \$17.88
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\* **Materials Only Plan (Option 2 – PF Code 3006)**

Emp Only - \$4.36	Emp + Spouse - \$8.60	Emp + Children - \$8.50	Emp + Family - \$13.38
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## E. FLORIDA FLEXIBLE BENEFITS

Reimbursement accounts allow you to pay for eligible out-of-pocket medical and/or dependent care expenses with tax-free dollars. During each open enrollment period you must elect an annual amount to contribute into a reimbursement account. The amount selected will be deducted from your salary on a pre-tax basis throughout the year. After you incur eligible expenses, you must submit claims to People First with receipt documentation of the expense. Account Claims: Div. of State Group Ins., P.O. Box 5450, Tallahassee, FL 32314-5450

### 1. Dependent Day Care Account (Pre-Tax)

- \* Reduces taxable income by the amount paid for dependent day care; more information, please refer to IRS Publication 503.
- \* Relates to dependent children up to age 13; disabled dependents (regardless of age); or elderly dependents incapable of self-care who reside in participant's home at least 8 hours per day.
- \* Min. annual election is \$60.00 with a max. of \$5,000 (if single, or married filing jointly); or \$2,500 (if married and filing separately).
- \* "Use It or Lose It" rule: any money remaining in your account after you have submitted all claims for the Plan Year will be forfeited.

### 2. Medical Reimbursement Account (Pre-Tax)

- \* Reduces your taxable income by the amount for medical expenses not covered or reimbursed by insurance.
- \* Min. annual election is \$60.00 with a max. of \$5,000 for plan year; Entire election amount available on first day of plan participation.
- \* For a listing of approved over-the-counter expenses (OTC), please refer to IRS Publication 502.
- \* Not available if you enroll in a **Health Savings Account**.
- \* "Use It or Lose It" rule: any money remaining in your account after you have submitted all claims for the Plan Year will be forfeited.

### 3. Limited Purpose Medical Reimbursement Account

- \* Reduces your taxable income by the amount for medical expenses not covered or reimbursed by insurance.
- \* Min. annual election is \$60.00 with a max. of \$5,000 for plan year; Entire election amount is available on first day of plan participation.
- \* "Use It or Lose It" rule: any money remaining in your account after you have submitted all claims for the Plan Year will be forfeited.

### 4. Health Savings Account (HSA)

- \* Must be enrolled in a Health Investor Medical Plan to participate. State contributes to the account.
- \* Reduces your taxable income by the amount for medical expenses not covered or reimbursed by insurance.
- \* You may participate as long as you and your spouse are not covered by Medicare or other medical coverage.
- \* Contributions earn interest and are available to pay expenses during the year, up to the amount in your account at any time.
- \* No claim forms. Debit card provided to pay expenses from your account.
- \* Available balance at year end carries over for future years and is available after retirement or separation from state employment

Coverage	State Contributes	Employee Pre-Tax Contribution	Total Contributions (State + Emp)
Individual	\$41.66/mo (\$500/yr)	Up to \$750 per year	Up to \$1,250

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# SUMMARY OF STATE BENEFITS - 2010

(Brochures and forms are available upon request, contact Court Administration.)

Family	\$83.33/mo (\$1000/yr)	Up to \$1,500 per year	Up to \$2,500
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## III. ATTENDANCE AND LEAVE RULES

Please See Attachment

(For Employees Only – Does Not Apply to Judges)

## IV. DEFERRED COMPENSATION – 457 PLAN

Brochure Available Upon Request

Dept. of Financial Svc, Deferred Comp. Office: Toll Free: 877- 299-8002 or (850) 413-3162 [www.myfloridaderferredcomp.com](http://www.myfloridaderferredcomp.com)

Deferred Compensation plans are employee benefit plans, under which employees may contribute a percentage of wages to tax deferred savings plans rather than receive the amounts as current compensation. This is a 457 governmental deferred compensation plan for state employees. The plan provides members the opportunity to choose from mutual funds, commingled trusts, fixed accounts and insured bank deposits. Six (6) companies provide investment products, recordkeeping, education and marketing to members. The Florida Department of Financial Services is the plan administrator and makes all final decisions regarding providers, investment products or services. **Pre-Tax Basis and may enroll at any time.**

- \* Maximum contribution limits for 2009 is the lesser of 80% of your compensation or \$16,500.
- \* If you are age 50 or older, you are eligible to contribute up to \$22,000. And, for each of the three years prior to your normal retirement age, you may contribute up to \$33,000 in pre-tax standard catch-up contributions.
- \* Participants may invest in mutual funds, variable annuities, certificates of deposit, savings accounts or fixed annuities.
- \* Approved State Providers:
  - VALIC (*online enrollment available*) 888-568-2542 [www.VALIC.com](http://www.VALIC.com)
  - Great West /Retirement Services 800-444-9412 [www.florida457.com](http://www.florida457.com)
  - ING (*online enrollment available*) 800-282-6295 [www.ingretirementplans.com/custom/FL457](http://www.ingretirementplans.com/custom/FL457)
  - Nationwide Retirements Solutions (*online enrollment available*) 800-949-4457 [www.nrsflorida.com](http://www.nrsflorida.com)
  - Schwab Personal Choice Account (*online enrollment available*) 888-393-7272 [www.schwab.com](http://www.schwab.com)
  - T. Rowe Price (Current Participants) 800-893-0269 [www.rps.troweprice.com](http://www.rps.troweprice.com)
  - T. Rowe Price (New Participants) (*online enrollment available*) 800-893-0269 <http://rps.troweprice.com/florida457>
- \* Questions or changes pertaining to your account should be directed to your deferred compensation representative.

## V. DIRECT DEPOSIT

- \* Electronic Fund Transfer (EFT) is **MANDATORY** for salary or retirement pay into checking or savings account.
- \* The direct deposit form will be provided by Ct Admin - HR during processing. Employee must complete, sign, date and return to Ct Admin - HR for proper processing in order to start, change or stop electronic transfer of funds.
- \* The form is also available on the reverse side of the employee's salary warrant.
- \* Information can also be updated through People First by the employee - Notification must be given to Ct Admin – HR.

## VI. EMPLOYEE ASSISTANCE PROGRAM - (EAP)

Horizon Health

800-860-2058 [www.MyFlorida.com/MyEAP](http://www.MyFlorida.com/MyEAP)

The EAP provides problem evaluation, referral, follow-up and short-term intervention services to help employees in dealing with issues that affect their personal and professional lives.

## VII. FLORIDA PREPAID: COLLEGE PLAN / COLLEGE INVESTMENT PLAN

- \* Contact Information: 1-800-552-GRAD (4723) or [www.floridaprepaidcollege.com](http://www.floridaprepaidcollege.com)
- \* Two (2) affordable 529 college plans that can be used separately or together:
  - 1) Florida Prepaid College Plan: locks in the cost of college tuition, local fees and dormitory housing at a public Florida university or community college at today's prices – guaranteed. Open Enrollment Period: October through first week of January, each year.
  - 2) Florida College Investment Plan: offers wide range of investment options and tax benefits for most colleges, anywhere in the country. May enroll at any time.

# SUMMARY OF STATE BENEFITS - 2010

(Brochures and forms are available upon request, contact Court Administration.)

## VIII. HOLIDAYS

- \* Eighteenth Judicial Circuit observes 10 holidays each year with the possibility of 3 additional holidays to be observed at the discretion of the Chief Judge (Good Friday, Rosh Hashana and/or Yom Kippur).

### 2010

New Year's Day	Friday, January 1, 2010
Martin Luther King's Birthday	Monday, January 18, 2010
Good Friday	Friday, April 2, 2010
Memorial Day	Monday, May 31, 2010
Independence Day	Monday, July 5, 2010
Labor Day	Monday, September 6, 2010
Rosh Hashanah	Thursday, September 9, 2010
Veteran's Day	Thursday, November 11, 2010
Thanksgiving Day	Thursday, November 25, 2010
Friday after Thanksgiving	Friday, November 26, 2010
Chief Judge Holiday	Thursday, December 23, 2010
Christmas	Friday, December 24, 2010
New Year's Day	Friday, December 31, 2010

- \* Each employee, with at least six months of continuous state service shall be eligible for personal leave (8 hrs for full-time, 6 hrs for three quarter-time, 4 hrs for half-time, and 2 hrs for quarter-time) each fiscal year (July 1 - June 30). The personal holiday must be used by June 30 each year, or forfeited.
- \* 18<sup>th</sup> Judicial Circuit's Holiday Listing can also be found on the Court Administration's Intranet Webpage: <http://www.clerk.co.brevard.fl.us/ctadmin/ctadmin1.htm>

## IX. RETIREMENT

- \* 850-488-6491 or SunCom 278-6491 <http://www.frs.state.fl.us/> or [www.MyFRS.com](http://www.MyFRS.com)
- \* The Florida Retirement System (FRS) is qualified under section 401(a) of the Internal Revenue code. It is an employee-noncontributory system (your employer makes the total monthly contribution on your behalf).
- \* If you are new to the Florida Retirement System, **You MUST make a selection between THE PENSION PLAN and THE INVESTMENT PLAN. This choice MUST be made by the end of the 5<sup>th</sup> month from your date of hire.** Otherwise, the Pension Plan is automatically selected by default. You are permitted one FRS career time to change selection.
- \* The FRS Pension Plan, created December 1, 1970, is a traditional defined benefit retirement plan designed for longer-term employees which is guaranteed under Florida law and is not dependent on investment results. Monthly contributions to the pension trust fund on your behalf are made by your employer. Members are promised a benefit determined by this formula: years of service x percentage value for your membership class x AFC (average final compensation, which is your 5 highest earning years). Vesting in the plan is six (6) years and, for most members, normal retirement is attained at the earliest of age 62 or 30 years of service. Benefits are paid under one of four lifetime monthly payment options. A 3% annual benefit increase is given each July, per Florida Statute. The term "defined contribution" for the FRS Pension Plan means that the benefit is defined.

### TOTAL RETIREMENT CONTRIBUTION RATE

<u>Regular Class:</u>	(9.85%)	
	Retirement at age 62 or 30 years of service:	1.60% Value Earned Per Year of Service
	Retirement at age 63 or 31 years of service:	1.63% Value Earned Per Year of Service
	Retirement at age 64 or 32 years of service:	1.65% Value Earned Per Year of Service
	Retirement at age 65 or 33 or more years of service:	1.68% Value Earned Per Year of Service
<u>Senior Mgmt Service Class:</u>	(13.12%)	2.00% Value Earned Per Year of Service
<u>Elected Officers' Class (Judges):</u>	(19.56%)	3.33% Value Earned Per Year of Service
<u>DROP:</u>	(10.91%)	

# SUMMARY OF STATE BENEFITS - 2010

(Brochures and forms are available upon request, contact Court Administration.)

You can check your Pension Plan [beneficiary information](#) on-line by accessing the Division of Retirement Online Services <http://www.rol.frs.state.fl.us/> or contact the Division of Retirement at (850) 488-5207 to request current beneficiary information. If information is incorrect or needs to be updated, submit a new change of beneficiary form (BEN-001) to Court Administration – Human Resources.

- \* The [FRS Investment Plan](#), established July 1, 2002, (otherwise known as the Public Employee Optional Retirement Program – PEORP) is a defined contribution retirement plan qualified under section 401(a) of the Internal Revenue Code to provide Florida's public employees with a portable, flexible alternative to the FRS traditional defined benefit plan. This means that employer monthly contributions are made to each participant's account under the plan. These employer contributions are set by state law based on retirement membership class. Your employer's contributions are deposited in an account established for you under the FRS Investment Plan. The plan is self-directed and members decide how much risk to take by allocating their account balance among a set of 20 low-cost institutional and mutual fund investment options within 5 public market asset classes. Three risk-targeted balanced funds are available, consisting of optimized mixes of existing investment options.

Your Investment Plan retirement benefit is based on the total value of your account at distribution (account balance at termination of employment). This amount is based on employer contributions, plus interest and earnings on those contributions, less fees and plan charges. As with any investment plan, there is risk involved. There is no fixed level at retirement. [Vesting in the plan is one \(1\) year](#). Distribution options include lump sums, periodic distributions and a variety of fixed and variable annuities. The term "defined contribution" for the [FRS Investment Plan](#) means that **employer contributions** are defined.

You can check your Investment Plan [beneficiary information](#) by contacting CitiStreet at \*866) 446-9377 to request current beneficiary information. If information is incorrect or needs to be updated, submit a new change of beneficiary form (BEN-001) to Court Administration – Human Resources.

[Members are eligible for a distribution of funds after vesting \(one year\) and once they have terminated and are off all state payrolls for three \(3\) calendar months. Note: Members must remain terminated and off all state payrolls for three \(3\) additional calendar months after the distribution.](#) The distribution may not include pension plan funds if the total creditable service is less than six years. With the Investment plan, a member is considered "retired" once he or she receives a distribution of funds – regardless of the member's age.

- \* There is also a Hybrid option, which combines both the Current Pension Plan and the Investment Plan.
- \* [Deferred Retirement Option Program – D.R.O.P.](#) is a program that allows a member to have their retirement benefits deposited monthly into an annuity account, earning interest (compounded monthly at an effective annual rate of 6.5%), while simultaneously continuing to work. This purpose of this program is to provide a means for retirees to accumulate additional savings while continuing employment.

- \* **DROP Eligibility**

- \* Age 62 and Vested **OR** 30 Years of Creditable Service at any age ; Available to eligible members in the FRS Pension

Plan.

- \* **Important Things To Note:**

- \* You may defer your participation if you are under age 57 until month you attain age 57.
- \* You may participate for a maximum of 5 years (60 months).
- \* The 60 month clock starts ticking the first of the month that you become eligible.
- \* You have 12 months to decide.
- \* If you do not apply within the first 12 months of eligibility, you can no longer participate.
- \* When a Regular Class Employee's DROP period ends, employment must be terminated. If you fail to terminate on stated date, you forfeit your DROP earnings.
- \* DROP participants may elect to be paid for unused annual leave and any overtime or special compensatory leave (if earned within the last eleven months).
- \* Annual leave and compensation payments are included in the calculation of the highest five years.
- \* Leave payments may also be tax sheltered. The employee must arrange for deferment by contacting the annuity company representative and completing a DROP Leave Election form prior to receiving payment.

- \* **Special Provisions Apply to Elected Officers:**

- \* Eligibility: Age 62 and 6 Years of Creditable Service in the Elected Officers Class, or 10 Years of Combined Creditable Service in any class ; **OR** 30 Years of Combined Creditable Service at any age.
- \* Elected Officers may elect to defer participation until the first of the month following the beginning of a new term.
- \* Effective June 1, 2002, the law was amended to allow an elected officer in the D.R.O.P. to continue in office upon reaching his/her DROP end date, and to postpone termination until the end of his/her current term or, if consecutively elected, until no longer holding elective office. During this continued service, the elected officer's DROP account will

# SUMMARY OF STATE BENEFITS - 2010

(Brochures and forms are available upon request, contact Court Administration.)

continue accruing interest, but no additional benefits will be deposited and no retirement contributions or benefits will be paid.

- \* **MyFRS Financial Guidance Program** is a multi-media education program available to all FRS members in the FRS Pension Plan and FRS Investment Plan. The State Board of Administration is responsible for the overall administration of the Program, in coordination with the Division of Retirement. The Program provides information necessary to make informed choices between the FRS plans, within the FRS plans and in preparation for retirement.
  - \* Print and Video: Personalized statements and generic material on FRS plan choice and retirement planning.
  - \* Toll-free MyFRS Financial Guidance Line: Employees can discuss their FRS options and retirement planning issues with experienced and objective financial planners from Ernst & Young. Div. of Ret. counselors are also available on this line.
  - \* MyFRS.com: This site contains a wealth of plan choice information and retirement planning applications; including Financial Engines' Choice Service (compares FRS plans) and flagship Advisor Service (financial guidance). Employees can enroll and manage their benefits on line.
  - \* Workshops: Ernst & Young conducts FRS plan choice, retirement and financial planning workshops throughout Florida.

## X. SAVINGS BONDS

National Bond & Trust Company

800-426-9314

[www.nbtco.com](http://www.nbtco.com)

I Bonds and Series EE Bonds are available through payroll deduction.

## XI. TUITION-FREE COURSES

**State of Florida Employee Educational Assistance Program** – Each state university and community college shall waive tuition and fees for full-time state-funded employees to enroll for up to 6 credit hours of courses per term on a space-available basis for undergraduate or graduate courses. Course work need not be work-related.

*(The plans and benefits described in this publication are summaries and describe the options available to you. These are not intended to change or replace the express written terms of any policy, plan or coverage.)*