

SUMMARY OF STATE BENEFITS - 2012

(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

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

Call the People First Service Center (M-F, 8:00 a.m. to 6:00 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.

I. ENROLLMENT INFORMATION PRE-TAX BENEFIT PLANS

Enrollment in pre-tax benefit plan(s) are automatic (unless waiver signed within 31 days of employment) 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 Rev. Code rules and the Fla Administrative Code.

As a new enrollee for Health or Life Ins. 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).

ENROLLING AND MAKING CHANGES IN PRE-TAX BENEFIT PLANS:

Initial Enrollment - first 60 days of employment;

Annual Open Enrollment – Changes during a specific time period;

Qualifying Status Change (QSC) Event - Changes during plan year if you experience a QSC event such as:

31 days from date of event:

Marriage/*Divorce
Change in Dependent's Eligibility
Change from part-time to full-time employment status or vice versa
Leave or off payroll for more than 1 full calendar month for certain reasons

Legal Guardianship
Change in employment status for you or your dependents
Change in health coverage with spouse's employment
Spouse's employment or termination of employment

60 days from date of event:

**Birth or Adoption

***Death

* If your divorcing spouse is enrolled as your covered dependent, your divorcing spouse's coverage ends on the last day of the month in which you and your spouse divorce. A copy of the divorce decree must be submitted to the personnel office to accompany insurance change form.

** When anticipating the birth of a child, you are encouraged to change to family coverage as soon as you 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 (if not already enrolled with family coverage.)

*** If you are the surviving spouse of a state employee or retiree and you were covered under the plan at the time of your spouse's death, you have 31 days to enroll in health insurance coverage. Your coverage in State Group Insurance plans ends on the last day of the month in which you remarry, if you have coverage as a surviving spouse of an employee or retiree.

Dependents Eligible for Coverage

- * 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
- * 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).
- * Your children with a qualified medical support order requiring you to provide coverage
- * A newborn dep. of a covered dep. – a newborn child born to your dep. while he or she is covered under your health ins. plan. You must add the newborn within 60 days of the birth. Coverage may remain in effect for up to 18 mos or until your dep. becomes ineligible.

Eligibility Requirements for Dependents

- * Children from birth through the end of the calendar year in which they turn age 26.
- * For an additional monthly premium, children ages 26 to 30 qualify as Over-Age Dependents if they are:
 - Unmarried, and
 - Live in Florida or attend school out of state, and
 - Have no dependents of their own, and
 - Have no other health insurance
 - Dependent on you for financial support, and
 - And enroll in same health plan.
- * The amount of financial support you provide determines if the monthly premium for coverage comes out of your paycheck pretax or if you must mail in payment post-tax. Contact People First Service Center for more information.

Eligibility Requirements for Disabled Dependents

- * Children with permanent mental or physical disabilities after they reach age 26 if they are:
 - Unmarried, and
 - Enrolled in State Health plan before they turn age 26 or if a child over age of 26 with a mental or physical disability at the time you first enroll, may be enrolled plan.
 - Incapable of self-sustaining employment, and
 - Dependent on you for care/financial support, and

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

Spouse Program – Family Coverage Only

If you and your spouse are state employees, you can participate in the Spouse Pgm and receive health insurance at a reduced premium. (If you are both full-time, the premium is \$15.00 per spouse. The cost is prorated for part-time employees. For married SES/SMS employees who do not have other dependents, they are to enroll in two individual plans through their employers, and pay only \$8.34 per month.) One spouse must be designated “primary” (and will be the policyholder) and the other will be designated “secondary”. Both spouses must enroll in the same health plan. The effective end date of participation in the Spouse Pgm shall be the first day the parties become ineligible to participate in the Spouse Pgm. Both spouses must contact their HR office within 31 days of becoming ineligible for the Spouse Pgm (one or both terminate employment; in the event of divorce or death; or one or both retire.)

A. HEALTH INSURANCE (PRE-TAX)

MONTHLY PREMIUMS	Full-Time		.75 FTE		.50 FTE		.25 FTE	
	Indv.	Fam.	Indv.	Fam.	Indv.	Fam.	Indv.	Fam.
Standard PPO / Traditional HMO	\$50	\$180	\$174.95	\$445.84	\$299.90	\$711.67	\$424.85	\$977.51
J.A. / SES / SMS (Special Premium)	\$8.34	\$30						
Spouse Pgm *(Each Spouse Pays \$15)	N/A	*\$30						
Health Investor PPO/HMO	\$15	\$64.30	\$139.95	\$330.14	\$264.90	\$595.97	\$389.85	\$861.81

1. State Employees' (Standard) PPO Plan (Pre-Tax) *PF Code #5002*

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. (BC/BS process claims, provide customer service, review utilization, and provide a preferred patient care directory for enrollees.)

This plan provides you with the freedom to go to any provider – available nationwide. In-network providers have a lower deductible and lower co-payment for services than non-network providers. When an enrollee receives services from a non-network provider, the enrollee is subject to the higher non-network deductibles, co-payments, and co-insurance costs as well as the difference the allowed amount and the non-network provider’s actual charge for that service. Out-of-pocket expenses will be significantly higher for services from a non-network provider.

- * Medical benefits administered by [Blue Cross Blue Shield of Fla](#) 800-825-2583 www.bcbsfl.com
[Select: Members > Products, Plans & Services > State Employees' PPO Plan](#)

Pre-Existing Condition Limitation: The 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 Standard PPO Plan (and Health Investor PPO Plan) will not cover services for this condition for twelve (12) months after your coverage begins. The PPO Plan eliminated pre-existing condition exclusions for dependents up to age 19, effective 01-01-11.

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 from your previous insurer which provides your covered family members’ beginning and ending dates of coverage.

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.

Special Note: If a member switches from a State HMO to a State PPO, and they have been covered for the required length of time (usually 12 months), it is the member’s responsibility to call PeopleFirst and request that PeopleFirst notify the new plan that the preexisting condition exclusion is waived. Under these circumstances, the waiver is “automatic”, however, the burden is still placed on the member to initiate the request.

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2. Traditional HMO (Pre-Tax)

This is a self-insured plan which means that the state takes on the financial risks of insuring workers, while contracting with HMOs to administer many of the day-to-day operations of the program. No Deductibles, No Claim Forms and No Pre-Existing Conditions. HMO's are available only to employees that live or work in a participating HMO service area. Most HMOs provide limited or no coverage for services outside their service areas except in exceptional/emergency-type circumstances. 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 within the HMO network.

Employee must live OR work within the HMO's service area.

Aetna (HMO – Open Access) PF Code #0750 1-877-858-6507 www.aetna.com
 (Available in Brevard) (Members can self-refer to certain specialists)
 Members can go directly to network specialists – referrals not required.
 Except for emergency or out-of-area urgent care, benefits are not covered outside the network.

Av-Med PF Code #0270 1-888-762-8633 www.avmed.org/go/state/welcome.asp
 (Available in Lake, Orange, Osceola, Seminole and Volusia) (Members can self-refer to certain specialists)

Florida Health Care Plans 1-800-232-0578 www.fhcp.com
 (Available in Volusia) (Members can self-refer to certain specialists)

3. Health Investor Accounts

- Prescription drug benefits administered by Medco, 1-877-531-4793, www.medco.com/sofrxplan
- 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.
- HSA limits, including the state contribution, for health investor health plan members are \$3,100 for those enrolled in an individual plan and \$6,250 for those enrolled in family coverage.

a.) Health Investor PPO

Medical benefits administered by Blue Cross Blue Shield of Florida 800-825-2583, www.bcbsfl.com

b.) Health Investor HMO

Aetna 877-858-6507, www.aetna.com AV-MED 888-762-8633, www.avmed.org Fla Health Care, 800-232-0578, www.fhcp.com

B. PRESCRIPTION DRUG PLAN

- The Pharmacy Benefits Manager for ALL PPO and HMO health plans will be MEDCO.
www.medco.com/sofrxplan 1-877-531-4793
- For PPO Plan members, the plan's mail-order requirement will continue for certain maintenance medications.
- Walgreens IS NOT part of the retail pharmacy network.

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	\$7	\$14	30%	30%
Preferred	\$30	\$60	30%	30%
Non-Preferred	\$50	\$100	50%	50%

*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 provides employees basic group term life insurance, with an additional AD&D (Accidental Death & Dismemberment) \$25,000 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 |

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C. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE *(continued)*

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.

The beneficiary you select for Basic Life and AD&D will also be your beneficiary for the Optional Life insurance. However, you may prorate your beneficiary proceeds in any percentage that you desire among your primary and/or contingent beneficiaries.

1. **State Life** (Pre-Tax) (888) 826-2756 www.lifebenefits.com/florida
 - * Underwritten by **Minnesota Life** - term life plan with accidental death and dismemberment coverage.
 - * All full-time employees (and Judges) will have an **automatic, free basic life insurance benefit of \$25,000**.
 - * Your employer pays the entire premium. Part-time employees pay a prorated amount based on their FTE.
 - * For new hires, the coverage begins the first day they physically report to work.
 - * Enrollment automatic 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
 - * 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 - 7 times employee's annual salary, up to a maximum of \$1,000,000 coverage.
 - * Employee pays 100% of premium
 - * **New Hires:** Enrollment within first 60 days of employment is on a guaranteed-issue basis without medical qualification up to 5x annual salary or \$500,000 maximum. Any coverage exceeding 5x annual salary or \$500,000 requires proof of good health.
 - * **Existing Employees:** You may increase existing Optional Life coverage by one increment, as long as the amount does not exceed \$500,000 or 5x salary for maximum guaranteed issue. Otherwise, proof of good health required.
 - * 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
 - * 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.

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.rсли.com
 - * Contact Person: Sheri DeVore (Wheeler Associates) (850) 556-1388 (E-Mail: 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.

D. SUPPLEMENTAL INSURANCE

The State offers active employees the opportunity to participate in a number of optional "employee-pay-all" Supplemental Insurance plans and to have the premium payments for these plans deducted on a pre-tax basis.

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.

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I. ACCIDENT INSURANCE

- a. **Colonial Insurance Company (Pre-Tax)** *PF Code #5002* www.coloniallife.com/florida
Contact Numbers: 1-888-756-6701
- * Provides cash benefits for certain losses resulting from accident regardless of other coverage.
 - * Monthly 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
Coverage Options: Emp Only Emp + Spouse Emp, Spouse, + Dependents Emp + Children

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 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 I (ONE) CANCER PLAN AND ONLY I (ONE) INTENSIVE CARE PLAN

- a. **Aflac (The American Family Life Assurance Company) (Pre-Tax)** *PF Code #6500 – 6513* www.capitalins.com
Represented by: Capital Insurance Agency 1-800-780-3100 or 1-800-416-1618
- * 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 Co. (Pre-Tax)** *PF Code #6601* www.coloniallife.com/florida
Contact Numbers: 1-888-756-6701
- * Cancer screening benefit and expense coverage available as well as cancer expense coverage.
 - * Cancer – *Plan Code #6600.* Emp = \$10.94 Emp + Family = \$18.18
 - * Cancer / Intensive Care – *Plan Code #7500.* Emp = \$13.96 Emp + Family = \$24.48

3. DENTAL INSURANCE

Prepaid: these plans require you to see network of dentists and specialists; does not cover out-of-network services; no deductible; affordable premiums; low out-of-pocket expenses; and sets copays or a percentage of cost for basic & major care.

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.

Indemnity: this plan allows you to receive care from any dentist; you have a deductible to meet; there is a scheduled reimbursement amount (set fee) for covered services and you pay cost above a set dollar amount.

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3. DENTAL INSURANCE

(continued)

Provider	CompBenefits: Select 15 Prepaid #4044 and Sch. B Indemnity #4084 (Formerly American Dental Plan – ADP) (866) 879-3630 www.compbenefits.com/custom/adpstateemployees/		Assurant - Heritage Plus #4024 & Freedom Advance #4074 (Formerly Assurant / Denticare) (800) 277-2300 or (850) 386-2300 www.assurantemployeebenefits.com/816/state_florida	
Plan Type	PREPAID #4044	INDEMNITY #4084	PREPAID #4024	Indemnity w/ PPO #4074
Employee	\$12.64	\$14.74	\$13.59	\$41.48
Emp + Spouse	\$21.20	\$21.96	\$22.98	\$79.63
Emp + Child(ren)	\$23.00	\$23.30	\$29.73	\$93.84
Emp + Family	\$32.98	\$37.10	\$34.86	\$124.14
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 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 fam) \$1,000 Calendar Yr Max Employee files claims Claims paid according to Benefit Sched. 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 or Max savings if you visit DHA provider: www.dha.com . \$50 Ded. per Inv/\$1,000 Cal Yr Max \$1,000 Lifetime Orthodontia Max Plan pays Type I: 10% Type II: 80% Type III: 25% 1 st yr, 50% 2 nd yr on Type IV: 50%
Provider	CompBenefits - Network Plus #4004 and Preferred Plus #4054 (800) 943-6880 www.compbenefits.com/custom/stateofflorida		CIGNA Dental #4034 (800) 244-6224 / (800) 780-3100 www.mycigna.com	SCS Dental DPPO #0378 Reliance Standard/Ameritas (800) 497-7044 www.rsli.com
Plan Type	PREPAID #4004	PPO #4054	PREPAID #4034	Plan 1 High / Plan 2 Low
Employee	\$23.00	\$30.98	\$27.38	EE \$48.36 / \$42.52
Emp + Spouse	\$45.34	\$57.32	\$49.22	EE + 1 \$87.92 / \$78.08
Emp + Child(ren)	\$54.06	\$64.04	\$57.92	EE + Fam \$119.00 / \$107.40
Emp + Family	\$69.06	\$92.98	\$70.26	POST-TAX BASIS
Plan Highlights	Must use participating provider Preexisting conditions are covered Includes Adult & Child Ortho., & Cosmetic Dentistry Co-payment schedule *No Deductibles *No Maximum Benefit Limit *No Waiting Period *No Claim Forms		Choose your own dentist No waiting period \$1,200 Annual Max -Employee or provider files claims In-Network Ded: \$25 Indv / \$50 Fam Pays Preventative = 100% Basic = 80% ; Major = 50% -\$1,500 Lifetime Ortho Max Out-of-Network Ded: \$50 Ind/\$100 Fam -Pays P= 80% B=50% M=30% -Orthodontic services not covered	Must use a Network Provider Preexisting conditions are covered with the exception of work in progress. -Includes Adult & Child Ortho. *No Deductibles *No Maximum Benefit Limit *No Waiting Period *No Claim Forms Register at www.mycigna.com
	Choose your own dentist Max savings using a Participating provider ; Employee files claims \$50 deductible/person (3 person max) for Type 2 & 3 procedures \$1,000 lifetime Ortho. Max \$1,000 annual max -Plan pays: Type 1 = 100% Type 2 = 80% ; Type 3 = 50%			
Provider	United Healthcare Dental Solstice S700 (800) 980-0292 www.myuhcdental.com/statefl		Ameritas Dental (877) 721-2224 www.ameritasgroup.com/florida	
Plan Type	PREPAID #4014			Indemnity w/ PPO #4064
Employee	\$10.91			\$10.20
Emp + Spouse	\$23.95			\$20.76
Emp + Child(ren)	\$29.90			\$27.00
Emp + Family	\$41.98			\$37.56
Plan Highlights	Includes Vision, contact lens and hearing aid programs		Includes vision discount through Vision Service Plan (VSP)	
	Must use participating provider Preexisting 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 Service (800) 442-7742 -Choose your own dentist -Max savings if you visit a DHA provider: www.dha.com . -\$50 Deductible per Person -\$1,000 Calendar Yr Max

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4. DISABILITY INSURANCE

a. UNUM (Post-Tax)

Contact Person: Kelley Phillips 1-877-652-0221 or 850-552-0642 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)
- * Biennial Enrollments (*Even Years Only; November Timeframe*); New Hires have 60 days to enroll with guaranteed issue; Others can enroll any time by completing 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

- * For cost and plan details, please contact Mr. Bob Porell 386-747-1541 or bob.porell@coloniallife.com

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.

YOU MAY ENROLL IN ONLY 1 (ONE) CANCER PLAN AND ONLY 1 (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

- * Hospital Intensive Care Plan available.
- * AFLAC Hospital Intensive Care – *PF Plan Code #7000*. Emp = \$8.70 Emp + Family = \$16.64

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 cannot 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 cannot enroll in the PPP and the 30/20 simultaneously.

a. CHLIC - Cigna Health and Life Insurance Company (Pre-Tax)

(Formerly known as Alta Health & Life)

Represented by: Capital Insurance Agency: 1-800-780-3100 or 850-386-3100 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 and 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.
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.
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.

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a. **CHLIC - Cigna Health and Life Insurance Company** (Pre-Tax) *(continued)*

- | | | | | | |
|----|--------------------------------|-----------------------------|-----|-----------------------------|-----------------------------|
| 5. | <u>30/20 Plus</u> | <i>(PF Plan Code #8010)</i> | AND | <u>365 Plus \$100 Daily</u> | <i>(PF Plan Code #8030)</i> |
| 6. | <u>30/20 Plus</u> | <i>(PF Plan Code #8010)</i> | AND | <u>365 Plus \$200 Daily</u> | <i>(PF Plan Code #8040)</i> |
| 7. | <u>Preferred Provider Plus</u> | <i>(PF Plan Code #8000)</i> | AND | <u>365 Plus \$100 Daily</u> | <i>(PF Plan Code #8030)</i> |
| 8. | <u>Preferred Provider Plus</u> | <i>(PF Plan Code #8000)</i> | AND | <u>365 Plus \$200 Daily</u> | <i>(PF Plan Code #8040)</i> |

b. **New Era Life Insurance Hospital Income Plan** (Pre-Tax)

(Formerly known as Philadelphia American Life)

Contact: State Securities Corp. 800-277-2300 www.ssc-life.com

- | | | | | |
|----|--|-----------------------------|---|--------------------------------|
| 1. | <u>Philadelphia American Plan \$100/Per Day Plan</u> | <i>(PF Plan Code #8060)</i> | * | Pays \$100/admission |
| | Employee - \$9.58 | Employee + 1 - \$19.20 | | Employee + 2 Or More - \$25.18 |
| 2. | <u>Philadelphia American Plan \$200/Per day Plan</u> | <i>(PF Plan Code #8070)</i> | * | Pays \$200/admission |
| | Employee - \$20.36 | Employee + 1 - \$40.60 | | Employee + 2 Or More - \$53.52 |
| 3. | <u>Philadelphia American Plan \$100/Per Day/ECR Plan</u> | <i>(PF Plan Code #8080)</i> | * | 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.

7. VISION INSURANCE

a. **Health Insurance Plans (PPO or HMO)** - Take advantage of the vision benefits offered by your health insurance.

- For **PPO**. Participants: Blue Cross Blue Shield of Florida, Inc. (BCBSF) provides for an annual eye exam from participating providers at no cost 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, or by calling (800) 825-2583.
- 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 should contact their HMO to get details on available vision care discounts.

b. **Humana Vision Care** 800-939-5369 www.HumanaVisionCare.com/custom/FL/

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

Choose Between:	Option One		Option Two	
	Exam Plus (People First Plan Code 3004)		Materials Only (People First Plan Code 3006)	
Monthly Member Rates				
Employee Only	\$5.85		\$4.36	
Employee + Spouse	\$11.56		\$8.60	
Employee + Children	\$11.44		\$8.50	
Family	\$17.98		\$13.38	
Frequency (based on the date of service)				
Exam Every	12 months		N/A	
Lenses Every	12 months		12 months	
Frames Every	24 months		24 months	
Copayments				
Exam	\$10		N/A	
Lenses and/or Frames	\$10		\$10	
Benefits	In-Network	Out-of-Network¹	In-Network	Out-of-Network¹
Eye Exam	100% after copay	\$50 allowance	N/A	N/A
Lenses				
Single	100% after copay	\$40 allowance	100% after copay	\$40 allowance
Bifocal	100% after copay	\$60 allowance	100% after copay	\$60 allowance
Trifocal	100% after copay	\$80 allowance	100% after copay	\$80 allowance
Frames	\$75 wholesale	\$60 retail	\$75 wholesale	\$60 retail
Contact Lenses ²				
Elective	\$100 allowance	\$100 allowance	\$100 allowance	\$100 allowance
Medically Necessary ³	100%	\$200 allowance	100%	\$200 allowance

SUMMARY OF STATE BENEFITS - 2012

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

E. TAX-FAVORED ACCOUNTS

Reimbursement accounts allow you to pay for eligible out-of-pocket medical and/or dependent care expenses with tax-free dollars (i.e., the state deducts an amount you select on a pretax basis which reduces your federal income tax liability).

If you already have a tax-favored account, for open enrollment purposes, that annual contribution amount will automatically roll over to the new plan year that begins January 1. If you do not want to continue with that tax-favored account, you must actively stop that enrollment during open enrollment. If you would like to change the annual contribution amount, you must actively change that amount during open enrollment.

1. Medical Reimbursement Account (Pre-Tax)

Effective Date: Date of Hire (providing enrollment paperwork submitted prior to payroll close for that month.)

- * Reduces your taxable income by the amount for medical expenses not covered or reimbursed by insurance.
- * Enroll in this option if you have a Standard PPO or HMO Plan.
- * 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.
- * Examples of Eligible Expenses:

Health Insurance Plan Deductibles	Copayments for medical bills after you meet plan deductibles
Acupuncture	Contraceptive devices
Dentures	Eye Exam, Eyeglasses and contact lenses and supplies
Hearing Aids and batteries	Hearing impaired equipped telephone
Orthodontia (braces)	Smoking Cessation programs and prescription drugs
Wheelchair	Certain over-the-counter items

You must have a doctor's prescription to pay for over-the-counter (OTC) meds such as aspirin, allergy medicine, cold medicine, etc.

- * Medical Reimbursement Account (MRA) Debit Card – after activation, participants can use to pay for eligible medical expenses, such as doctor's office co-pay, glasses and prescription drugs. The card works like any other debit card, provided the expense is eligible, you have money in your account and you are within the plan year reimbursement period.
- * "Use It or Lose It" rule refers to the IRS requirement that if you do not spend all the money you have contributed to your FSA account(s), you lose any money in the FSA you have not used by March 15th and claimed by April 15th of the next year because the law does not allow the state to roll it over or refund it to you.

2. Dependent Care Reimbursement Account (Pre-Tax)

Effective Date: Date of Hire (providing enrollment paperwork submitted prior to payroll close for that month.)

- * A DCRA reimburses you for eligible expenses, such as daycare, that you pay to take care of a qualified dependent, but not for health care.
- * Most utilize for childcare expenses for children under age 13; however, a qualified dependent may be any person you take care of who lives in your home and depends on you for support. (Reference IRS Publication 503, Dependent Care Expenses.)
- * Min. annual election is \$60.00 with a max. of \$5,000 per year per household.
- * You can only be reimbursed for the actual balance you have deposited in a Dependent Care Account at any given time.
- * "Use It or Lose It" rule refers to the IRS requirement that if you do not spend all the money you have contributed to your FSA account(s), you lose any money in the FSA you have not used by March 15th and claimed by April 15th of the next year because the law does not allow the state to roll it over or refund it to you.

3. Limited Purpose Medical Reimbursement Account

- * Reduces your taxable income by the amount for medical expenses not covered or reimbursed by insurance.
- * Enroll in this option if you have a Health Investor HMO plan OR the Health Investor PPO Plan and a Health Savings Account.
- * 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 refers to the IRS requirement that if you do not spend all the money you have contributed to your FSA account(s), you lose any money in the FSA you have not used by March 15th and claimed by April 15th of the next year because the law does not allow the state to roll it over or refund it to you.

4. Health Savings Account (HSA)

- * Must be enrolled in a Health Investor PPO or Health Investor HMO Plan to participate.
- * Reduces your taxable income by the amount for medical expenses not covered or reimbursed by insurance.
- * The State will contribute *if you open a HSA bank account at Tallahassee State Bank.
- * 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.
- * Available balance at year end carries over for future years and is available after retirement or separation from state employment

Coverage	*State Contributes	Emp Pre-Tax Contribution	
Individual	\$41.66/mo (up to \$500/yr)	Up to \$3,100 per year	\$3,100 includes the state contribution
Family	\$83.33/mo (up to \$1000/yr)	Up to \$6,250 per year	\$6,250 includes the state contribution

SUMMARY OF STATE BENEFITS - 2012

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

III. ATTENDANCE AND LEAVE RULES

Please See Attachment

(For Employees Only – Does Not Apply to Judges)

I. Annual (Vacation) Leave

F.T.E.	PRIOR CREDITABLE STATE OR COURT SERVICE	MONTHLY ANNUAL LEAVE RATE	MONTHLY ANNUAL LEAVE ACCRUAL
1.00 (Full-Time)	Up to 5 Years	8.667	8 Hours and 40 Minutes
1.00 (Full-Time)	5 to 10 Years	10.833	10 Hours and 50 Minutes
1.00 (Full-Time)	Over 10 Years	13.00	13 Hours
.75 (Three-Quarter Time)	Up to 5 Years	6.5	6 Hours and 30 Minutes
.75 (Three-Quarter Time)	5 to 10 Years	8.125	8 Hours and 8 Minutes
.75 (Three-Quarter Time)	Over 10 Years	9.75	9 Hours and 45 Minutes
.50 (Half-Time)	Up to 5 Years	4.333	4 Hours and 20 Minutes
.50 (Half-Time)	5 to 10 Years	5.417	5 Hours and 25 Minutes
.50 (Half-Time)	Over 10 Years	6.5	6 Hours and 30 Minutes
.25 (Quarter-Time)	Up to 5 Years	2.167	2 Hours and 10 Minutes
.25 (Quarter-Time)	5 to 10 Years	2.708	2 Hours and 45 Minutes
.25 (Quarter-Time)	Over 10 Years	3.25	3 Hours and 15 Minutes

- Maximum amount of annual leave to be carried over from one calendar year to the next is 360 hours. Any excess annual hours at the end of the calendar year will be automatically transferred to the employee's sick leave balance.
- After 6 months of satisfactory and continuous eligible service, upon separation, an employee can be paid at their current rate of pay, for any unused annual leave not exceeding 360 hours.

2. Sick Leave

F.T.E.	MONTHLY SICK LEAVE RATE	MONTHLY SICK LEAVE ACCRUAL
1.00 (Full-Time)	8.667	8 Hours and 40 Minutes
.75 (Three-Quarter Time)	6.5	6 Hours and 30 Minutes
.50 (Half-Time)	4.333	4 Hours and 20 Minutes
.25 (Quarter-Time)	2.167	2 Hours and 10 Minutes

- Sick may be accumulated without limit.
- After 10 or more years of STATE service, an employee terminating employment in good standing can be paid for 25% of their unused sick leave at their current rate of pay, up to a maximum payout of 480 hours (1920 accrued hours).

3. Personal Holiday

- Each employee occupying a full-time established position with at least six months of continuous state service shall be eligible for one 8 hour personal leave day (referred to as "Personal Holiday") each fiscal year (July 1st thru June 30th). The personal holiday must be used by June 30th each year, or forfeited, and is pro-rated based on employee's FTE.

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

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.**

- * Minimum contribution - \$20.00 per month.
- * Participants may invest in mutual funds, variable annuities, certificates of deposit, savings accounts or fixed annuities.

SUMMARY OF STATE BENEFITS - 2012

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

IV. DEFERRED COMPENSATION – 457 PLAN

(continued)

* Approved State Providers:

VALIC (online enrollment available)	888-568-2542	www.VALIC.com/floridacp
Great West /Retirement Services	800-444-9412	www.florida457.com
ING (online enrollment available)	800-282-6295	www.ingretirementplans.com/custom/FL457
Nationwide Retirements Solutions (online enrollment available)	800-949-4457	www.nrsflorida.com
Schwab Personal Choice Account (online enrollment available)	888-393-7272	www.schwab.com
T. Rowe Price (Current Participants)	800-893-0269	www.rps.troweprice.com
T. Rowe Price (New Participants) (online enrollment available)	800-893-0269	http://rps.troweprice.com/mc/sites/florida/

* Questions or changes pertaining to your account should be directed to your deferred compensation representative.

2011 Deferral Limits (Max Contribution Amts):

Regular Deferrals	\$16,500
Age 50 and Over	\$22,000
Retirement Catch-Up	\$33,000

2012 Deferral Limits (Max Contribution Amts):

Regular Deferrals	\$17,000
Age 50 and Over	\$22,500
Retirement Catch-Up	\$34,000

- 457(b) plans of state and local governments may allow **catch-up contributions** for participants who are aged 50 or older.
- Special 457(b) **catch-up contributions**, if permitted by the plan, allow a participant for 3 years prior to the normal retirement age (as specified in the plan) to contribute the lesser of:
 - Twice the annual limit (\$33,000 for 2011 and \$34,000 for 2012),
OR
 - The basic annual limit plus the amount of the basic limit not used in prior years (only allowed if not using age 50 or over catch-up contributions.)
- Individuals who are **age 50 or over** at the end of the calendar year can make annual catch-up contributions.
- Governmental 457(b) plans may permit catch-up contributions up to \$5,500 in 2011 and 2012. Elective deferrals are not treated as catch-up contributions until they exceed the \$16,500 limit for 2011; \$17,000 for 2012.

V. DIRECT DEPOSIT

- * Florida law requires (as of January 1, 2002) that all state employees/officers (active and retiree) have their paychecks directly deposited to their financial institution by means of Electronic Funds Transfer (EFT) as a condition of employment.
- * Exemptions are granted by the Department of Financial Services and may be requested when the employee can demonstrate a hardship.
- * New employees/officers are required to submit a completed Authorization for Direct Deposit within the first 30 days of employment. The direct deposit form will be provided by Ct Admin - HR during processing.

VI. EMPLOYEE ASSISTANCE PROGRAM - (EAP)

Horizon Health

800-860-2058 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.

SUMMARY OF STATE BENEFITS - 2012

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

VII. FLORIDA PREPAID: COLLEGE PLAN / COLLEGE INVESTMENT PLAN

- * Contact Information: 1-800-552-GRAD(4723) or 1-888-298-7115 or www.myfloridaprepaid.com
- * Florida Prepaid College Plans offers two (2) different plans:
 - 1) Florida Prepaid College Plan – is a prepaid plan guaranteed by the State of Florida pursuant to F.S. 1009.98(7).
 - 2) Florida College Investment Plan – is a college savings plan and is not guaranteed; principal and investment returns will fluctuate, and you could lose all or a portion of your investment.

2-Year Florida College Plan	4-Year Florida College Plan	2 + 2 Florida Plan
The 2-Year Florida College Plan prepays tuition, registration fees and local fees for 60 lower division semester credit hours at any of the 28 Florida Colleges (formerly known as community colleges), so students can earn an associate's degree or learn a trade in a short amount of time. This plan allows beneficiaries to quickly plug themselves into a profession and launch their careers.	Florida's 28 community colleges are expanding to reflect a broader mission and are now known as Florida Colleges. Institutions in the Florida College System offer workforce related bachelor degrees in areas such as teaching and nursing. To support this trend, the Florida Prepaid College Board is now offering the 4-Year Florida College Plan. The 4-Year Florida College Plan prepays tuition, registration fees and local fees for 60 lower division semester credit hours as well as 60 upper division semester credit hours at a Florida College.	To help manage costs, many students start their education with two years at a Florida College (formerly known as a community college), before finishing at a state university in Florida. The 2 + 2 Florida Plan prepays tuition, registration fees and local fees for 60 lower division semester hours at a Florida College and tuition, registration fees, the tuition differential fee and local fees for 60 semester credit hours at a state university.

4-Year Florida University Plan	University Dormitory Plan	Florida College Investment Plan
There are 11 state universities located throughout Florida. The 4-Year Florida University Plan prepays tuition, registration fees, the tuition differential fee and local fees for 120 undergraduate semester credit hours at a state university in Florida.	Living in a college dormitory can be a major expense. But it can also be a major advantage for students as they're close to their peers, study groups, classes and other sources of learning enhancement. The Dormitory Plan addresses these costs by covering the payment for a standard, double-occupancy, air-conditioned dormitory room at a Florida state university. The Dormitory Plan may be purchased in one-year increments for up to two years (with a 2 + 2 Florida Plan) and up to four years (with a 4-Year Florida University Plan) and is offered only for a child in the eleventh grade or below. You may purchase a Dormitory Plan along with a corresponding Prepaid Plan as noted above or supplement an existing Prepaid Plan at a later date.	By saving with the Florida College Investment Plan ⁵ , you can help ensure your child gets a chance to go to college. With its tax benefits, range of investment options and flexibility, the Florida College Investment Plan is a smart way to save for college. You may enroll in the Florida College Investment Plan at any time. After your initial contribution, you decide how much and how often to contribute additional savings, which allows you to save at a pace that fits your family's budget. And if you already own a Florida Prepaid College Plan, adding an Investment Plan is the best way to cover the total cost of going to college.

SUMMARY OF STATE BENEFITS - 2012

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

VIII. HOLIDAYS

- * The Eighteenth 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 Hashanah and/or Yom Kippur). This listing can also be found on the Court's Intranet Page: <http://intranet.brevardflcourts.local/brevardcourtsintranet/>

2012	
New Year's Day	Monday, January 2, 2012
Martin Luther King's Birthday	Monday, January 16, 2012
Good Friday	Friday, April 6, 2012
Memorial Day	Monday, May 28, 2012
Independence Day	Wednesday, July 4, 2012
Labor Day	Monday, September 3, 2012
Rosh Hashanah	Monday, September 17, 2012
Yom Kippur	Wednesday, September 26, 2012
Veteran's Day	Monday, November 12, 2012
Thanksgiving Day	Thursday, November 22, 2012
Friday after Thanksgiving	Friday, November 23, 2012
Chief Judge Holiday	Monday, December 24, 2012
Christmas Day	Tuesday, December 25, 2012
New Year's Day	Tuesday, January 1, 2013

IX. RETIREMENT

- * 850-488-6491 or SunCom 278-6491 <http://www.frs.state.fl.us/> or 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 FRS, you **MUST** make a selection between **THE PENSION PLAN** and **THE INVESTMENT PLAN**. **This choice MUST be made by the end of the 5th 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, 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.
 - Vesting in the plan is six (6) years and, for most members, normal retirement: age 62 or 30 years of service.
 - Effective 07-01-11, employees hired on or after July 1, 2011, the retirement age is 65 or 33 years of service for Regular, Senior Management and Elected Officer Classes.
 - Effective 07-01-11, new members beginning employment on or after July 1, 2011 (including judges elected or appointed after 07-01-11) will have a vesting requirement of 8 years.

Benefits are paid under one of four lifetime monthly payment options. For retirees, a 3% annual benefit increase is given each July, per Florida Statute.

If your effective retirement date or DROP begin date is before August 1, 2011, you will not have a change in the 3% COLA paid each July.

If you have an effective retirement date or DROP begin date on or after August 1, 2011, you will have an individually calculated COLA that is a reduction from 3% using the following formula:

- The total years of service before July 1, 2011, divided by the total years of service at retirement. Multiply this number by 3% to get your COLA. For Example: a member who retires effective July 1, 2012, with 30 years of service of which 29 years occurred before July 1, 2011: $29/30 = .9667 \times 3\% = 2.9\%$. This member will receive a 2.9% COLA each July.

Subject to funding, the COLA may be reinstated 06-30-16. The amount will be posted in the statute annually.

SUMMARY OF STATE BENEFITS - 2012

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

IX. RETIREMENT

(continued)

Employee Contributions: Effective 07-01-11, all judges and employees must contribute 3% of their salary as retirement contributions, on a pre-tax basis (your salary is reduced by the amount of the employee contribution before determining the federal income tax deduction). (DROP participants and reemployed retirees who are not allowed to renew membership are exempt.)

CONTRIBUTION RATES EFFECTIVE JULY 1, 2011

Employer contribution rates are set by law. Rates below include the appropriate retirement contribution rate, 1.11% HIS contribution rate, 0.03% administrative/educational fee, and any applicable UAL rates.

FRS MEMBERSHIP PLAN & CLASS (Rates apply to FRS members who are in either the FRS Pension OR the FRS Investment Plan)	Employee Contribution Rate	Employer Contribution Rate	Total Contribution Rate
HA/PA - Regular	3.00%	4.91%	7.91%
HM/PM - Senior Management (SMSC)	3.00%	6.27%	9.27%
HC/PC - Judges	3.00%	11.69%	14.69%

RENEWED MEMBERSHIP PLAN & CLASS (Rates apply to renewed members who are in either the FRS Pension OR the FRS Investment Plan)	Employee Contribution Rate	Employer Contribution Rate	Total Contribution Rate
RA/Q A - Regular	3.00%	4.91%	7.91%
RM/QM - Senior Management (SMSC)	3.00%	6.27%	9.27%
RC/QC - Judges	3.00%	11.69%	14.69%

Deferred Retirement Option Program (DROP)	Employee Contribution Rate	Employer Contribution Rate	Total Contribution Rate
DP - DROP from FRS	N/A	4.42%	4.42%

- * The monthly benefit you receive when you retire is based on your years of creditable service, your average final compensation, the percentage value you receive for each year of service, and the option you select:

Yrs of Creditable Svc X % Value X AFC (Average Final Compensation) = Annual Option I Benefit at Normal Retirement
(If you elect to retire early, your benefit will be reduced by 5% for each year remaining before you would reach your normal retirement age of 62.)

Years of Creditable Service is the total of all years and parts of years you worked in a covered position with an FRS employer, plus any additional service credit that you purchase.

% Percentage Value is the value that you receive for each year of your creditable service based upon your membership class for that period.

Average final compensation is the average of an employee's 5 highest fiscal years of compensation. **For members initially enrolled on or after 07-01-11, average compensation is the average of 8 highest fiscal years of compensation for creditable service (not 5).**

- * 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 low-cost institutional and mutual fund investment options within 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.

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.

SUMMARY OF STATE BENEFITS - 2012

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

- * **Deferred Retirement Option Program – D.R.O.P.** allows you to effectively retire under the Florida Retirement System (FRS) Pension Plan. When you enter DROP, you are considered to be retired and you stop earning retirement service credit. You begin accumulating your retirement benefits without having to terminate employment for up to 60 months from the date you first reach your normal retirement date or your eligible deferral date. As a DROP participant, you simultaneously earn a salary and a retirement income. DROP accounts earn tax deferred interest, compounded monthly, at an effective annual rate of 6.50%. **Members entering DROP on or after 07-01-11, the earning interest is 1.3% (not 6.5%).** Benefits on deposit for less than one month or after the month in which you end your DROP participation do not earn interest. When your DROP participation ends, you must terminate all employment with all FRS employers for six calendar months. At that time, you receive your DROP payout and begin receiving your monthly retirement benefit, in the same amount determined at retirement, plus annual 3% cost-of-living increases per Florida Statute. The longer you participate in DROP, the greater your financial gain.
- * **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 (with 30 years of service).
 - * You may participate for a maximum of 5 years (60 mos.) and clock starts ticking the first of the month of eligibility.
 - * 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), and those 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.
 - * **Note:** *If you hold an elected office at the end of your DROP participation, you must fulfill the termination requirement as provided in s. 121.021(39), F.S. Your termination may occur at the end of your 60-month DROP eligibility period or be postponed to the end of the term of office in which your DROP participation ended or any successively held office. (In other words, an elected officer whose position is covered by the Elected Officers Class (EOC) may end their DROP participation without terminating employment until the end of his or her current term of office or until he or she no longer holds an eligible elected position if consecutively elected or reelected.)* If your termination requirement is extended under this provision, you are not eligible for renewed membership in the FRS and will not receive pension payments or your DROP account distribution until you terminate from elected office. After the end of your DROP participation and prior to termination from office, your DROP account will increase only by compounded monthly interest unless your DROP participation begins on or after July 1, 2010. If you are an elected official and your DROP participation begins on or after July 1, 2010, your DROP account will no longer earn interest after your DROP participation ends. If you are an elected official and need more information, contact us by telephone toll-free at (888) 738-2252 or (850) 488-6491, or by e-mail at calculations@dms.MyFlorida.com
- * **Reminder: The Law After FRS Retirement.** If your retirement without DROP participation or DROP termination date was **effective on or after July 1, 2010**, please remember:
 - You must meet the termination requirement to finalize your retirement. To meet this requirement, you must not be employed with an FRS-participating employer for the first 6 calendar months after retirement or your DROP termination date. If you work for an FRS-participating employer during this period, you will void your retirement or DROP participation and you must repay all benefits paid (including DROP payout). (You will then need to apply for retirement again and establish a future retirement date.)
 - You cannot receive FRS benefits if you work for an FRS-participating employer during the 7th through 12th calendar months after retirement or your DROP termination date and receive FRS benefits. You will suspend and forfeit your benefits for any months that you work for an FRS-participating employer during this period, regardless of whether your employment is covered for retirement. There are no exceptions to this reemployment limitation.
 - You will not earn another FRS ret.benefit if you become reemployed with an FRS-participating employer on or after July 1, 2010.

X. 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.)