

SUMMARY OF STATE BENEFITS - 2022

(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: <http://mybenefits.myflorida.com/>

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

PF Service Center (M-F, 8:00 a.m. to 6:00 p.m., EST): (866) 663-4735 / Fax: (800) 422-3128 (TTY users may call: 866-221-0268)

PF is the state's web-based benefit plan(s) / personnel information system for the State of Florida.

I. ENROLLMENT INFORMATION PRE-TAX BENEFITS

Enrollment in pre-tax benefit plan(s) are automatic (*unless waiver signed within 31 days of employment*) and are offered under the State Group Ins. Cafeteria plans, so you enjoy annual income tax savings. As such, the IRS only allows you to make election changes during Open Enrollment or if you have an appropriate qualifying event.

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. **New Hires (to PeopleFirst) sign in with provided PF ID# and initial Password will be the new hire's date of birth, preceded by "PF", for example, if your birthday is July 4, 1970, then your default password would be Pf070470.**

Annual Open Enrollment - Provides an opportunity to review benefit plan options and make changes for the next plan year, which is January 1 through December 31. No changes during OE - your elections automatically roll over, including tax-favored accounts (FSAs and HSA).

Qualifying Status Change (QSC) - For many major life events, you may be allowed to enroll in or cancel your insurance coverage **within 60 days of the life event**. If you miss the 60-day window, you must wait until the next open enrollment to make a change. Note: To make an election change based on a QSC event, federal law requires the event to result in a gain or loss of eligibility for coverage and general consistency rules must be met. For example, if you have family health insurance coverage and you get a divorce and no longer have dependents, you may change from family to individual coverage. However, you cannot cancel enrollment in health insurance because the QSC event only changes the level of coverage eligibility. Cancellation would not be consistent with the nature of the QSC event. Example of QSC events are:

Marriage/Divorce*	Legal Guardianship	Birth or Adoption**	Death***
Change in employment status for you or your dependents		Chg in Dependent's Eligibility	
Change from part-time to full-time employment status or vice versa		Change in health coverage with spouse's employment	
Leave or off payroll for more than 1 full calendar month for certain reasons		Spouse's employment or termination of employment	

*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 People First within 60 days of the divorce.

When **anticipating the birth of a child, you 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.)

***The **effective date of health coverage for an adopted newborn**, is when the child is placed in your home or the actual date of adoption. It is NOT retroactive to the beginning of the month in which the child is born.

***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 are entitled to continue health insurance coverage by paying the full premium for the rest of your life, unless you remarry. To enroll, call People First to receive an enrollment package by mail. You will need to provide a copy of the death certificate and enroll within 60 days of receiving People First's enrollment package. Coverage must be continuous, so you may have to pay underpayments if enrollment is delayed.

All changes except birth & adoption will be effective first day of month following request provided request is made within 60-day QSC window.

Dependents Eligible for Coverage

In accordance with Chapter 60P, Florida Administrative Code, dependents must meet specific eligibility requirements to be covered under State Group Insurance plans.

- **Your spouse** - The person to whom you are legally married.
- **Your child** - your **biological or legally adopted** (pursuant to a Judgment of Adoption or a child placed in your home for the purpose of adoption in accordance with applicable state and federal laws.) Dependent children may be eligible through the end of the calendar year in which they reach 26, potentially longer if they are disabled.
- **Your child with a disability** - Your covered child who is permanently mentally or physically disabled. Child may continue health insurance coverage after reaching age 26 if you provide adequate documentation validating disability upon request and child remains continuously covered in a State Group Insurance health plan. The child must be unmarried, dependent on you for care and for financial support, and have no dependents of their own.
- **Your stepchild** - the child of your spouse for as long as you remain legally married to the child's parent. Dependent children may be eligible through the end of the calendar year in which they reach 26, potentially longer if they are disabled.
- **Your foster child** - a child that has been placed in your home by the State of Florida Foster Care Program or the foster care program of a licensed private agency. Foster children may be eligible through the end of the calendar year in which they reach 26, potentially longer if they are disabled.
- **Legal guardianship** - a child (your ward) for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state and federal laws. Your ward may be eligible through the end of the calendar year in which they reach 26, potentially longer if they are disabled.
- **Your grandchild** - A newborn dependent of your covered child. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered. To cover grandchildren over the age of 18 months, you must be the legally appointed guardian.
- **Your over-age dependent** - your child after the end of the calendar year in which they turn age 26 through the end of the calendar year in which they reach 30, if they are unmarried; have no dependents of their own; are dependent on you for financial support; live in Florida or attend school in another state; and have no other health insurance. He/she is eligible for coverage under an individual health insurance policy, provided you pay an additional full premium for coverage. He/she must be enrolled in the same health plan you are enrolled in. The current monthly, per dependent premium for standard plans is \$692.84 and \$657.84 for HDHPs.

Eff July 2020, within 60 days, PF requires documentation to be uploaded to the PF site for your eligible dependents; failure to provide may result in your liability for medical and prescription claims or premiums back to the date you enrolled. Fax to (800) 422-3128 or mail to PF Service Center, P.O. Box 6830, Tallahassee, FL 32314. Write your PF ID # on the top right corner of each page. (Children: Birth Certificates ; Spouse: go to irs.gov/individuals/get-transcripts and request last year's tax transcripts showing married filing jointly or separately or if this isn't possible, alternate documents are: Notarized Marriage Affidavit, Marriage License (copy or photo) AND a joint Bill or Lease Agreement or Mortgage Statement or Joint Bank Stmt.

Medicare Age Eligible and Still Employed

If you are an active state emp eligible for Medicare, your state group ins plan is your primary ins coverage. You qualify for a Special Enrollment Period with Medicare, which means you can (and you should do this - in your best financial interest) delay enrollment in Medicare Part B without penalty. You can enroll in Medicare Part B without penalty for eight (8) months after you stop working. To delay enrollment in Medicare Part B contact Medicare. When you retire, Medicare will become the primary payer for your health care services. Once you terminate employment, you must immediately notify the S.S.A. to pick up Part B to avoid a penalty. Also, if you do not elect your Medicare Part B coverage upon retirement, you must pay the first 80% of your health care expenses.

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II. INSURANCE: HEALTH, PRESCRIPTION, LIFE, SUPPLEMENTAL, AND FLEXIBLE BENEFITS

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 60 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.) Hard copy enrollment forms are still required for the Spouse Program.

A. HEALTH INSURANCE

MONTHLY PREMIUMS	Full-Time		.75 FTE		.50 FTE		.25 FTE	
	Indv.	Fam.	Indv.	Fam.	Indv.	Fam.	Indv.	Fam.
Standard PPO / Traditional HMO	\$50.00	\$180.00	\$50.00	\$180.00	\$371.42	\$869.80	\$532.13	\$1214.70
J.A. / SES / SMS (Special Premium)	\$8.34	\$30.00	-----	-----	-----	-----	-----	-----
Spouse Pgm *(Each Spouse Pays \$15)	N/A	*\$30.00	-----	-----	-----	-----	-----	-----
High Deductible PPO/HMO	\$15.00	\$64.30	\$15.00	\$64.30	\$336.42	\$754.10	\$497.13	\$1099.00

EMPLOYEES/JUDGES ARE NOW REQUIRED TO ENROLL ON-LINE THRU PEOPLE FIRST, ONCE PF ID# HAS BEEN ISSUED

1. State Employees' (Standard) PPO Plan

(Pre-Tax) PF Code #0100

This is a “self-insured” plan (the claims that are paid each year on behalf of its members determine the premium amount necessary to keep the plan financially sound) is administered by Florida Blue (also known as Blue Choice, formerly BC/BS). (Florida Blue process claims, provide customer service, review utilization, and provide a preferred patient care directory for enrollees.) (800) 825-2583

www.floridablue.com or www.floridablue.com/state-employees

- Provides coverage in and out of network. You may receive care from any doctor or health provider nationwide.
- Your cost for care is lower when you use the PPO in-network providers.
- You must meet a deductible and pay coinsurance and copayments.
- You can self-refer to most specialists, and you have access to a nationwide network and the BlueCard Worldwide Program.
- Health Care FSA
- Effective 01-01-14 There are no pre-existing condition limitations.

Standard PPO Plan		
Annual Deductible	Network	Non-Network
• Individual	\$250.00	\$750.00
• Family	\$500.00	\$1,500.00

2. Traditional HMO - Aetna Health Care

(Pre-Tax) PF Code #0750

Each HMO is self-administered and provides health services to people who live or work within the HMO's service area. Most HMOs provide limited or no coverage for services outside their service areas except in certain emergency situations.

(You pay the entire cost of services if you receive routine (non-emergency/life threatening) care from a non-network provider.)

No Deductibles, No Claim Forms and No Pre-Existing Conditions.

Primary Care Physician Visit Co-Pay = \$20 / Specialist Visit Co-Pay = \$40 / Hospital Stay Co-Pay = \$250

For some HMO's, you must choose a primary care physician (PCP) within the HMO provider network. (Please note: You do NOT need a referral to see dermatologists, gynecologists for well-woman check-ups, chiropractors, podiatrists or for emergency care.)

When selecting a HMO plan, employees should remember that the selection should not be made because of a specific physician. If the physician decides to discontinue association with the plan or the contract is not renewed, this would not be considered a QSC event, and you would not be permitted to switch mid-year from the HMO to the PPO due to this event.

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2. Traditional HMO (Continued)

(Pre-Tax) PF Code #0750

Aetna Health Care PF Code #0750 (877) 858-6507
www.aetnastateflorida.com

(Only HMO Available in Brevard, Seminole, Volusia & Orange) (Existing Members should go to www.aetna.com to register.)

- * Members can self-refer to certain specialists on Aetna's provider lists – referrals not required. (*Open Select Access*)
- * Except for emergency or out-of-area urgent care, benefits are not covered outside the network.
- * Health Care FSA.
- * Print a temporary ID card from the Aetna Navigator website: go to <http://www.aetnanavigator.com>; register as a new user – create your own user name and password; If you have already registered, enter your user name and password in the "Returning User" box. Click "Go"; Left-hand side of page under "Related Shortcuts" click on "ID Card"; Click on the Temporary Identification link, select appropriate member; Temporary member identification will be displayed; To print, click on "File" on the top menu bar within your browser and then click on "Print."

3. High Deductible Health Plan (HDHP)

These are high deductible plans with a Health Savings Account option. In an HDHP, you pay the first \$1,300 (\$2,600 for family coverage) out of pocket before most services and any prescriptions are covered.

- Prescription drug benefits administered by CVS/Caremark, 1-888-766-5490, www.caremark.com/sofrxplan
- Benefit from lower monthly premiums, have higher deductibles and out-of-pocket limits.

	High Deductible (Pair with HSA)	
	HMO and PPO	PPO Only
Annual Deductible	Network	Out of Network
• Individual	\$1,300.00	\$2,500.00
• Family	\$2,600.00	\$5,000.00

a.) State HDHP PPO Plan

Medical benefits administered by Florida Blue

Monthly Premiums: Indv - \$15.00 Fam - \$64.30 PF Code #0105
 800-825-2583 www.floridablue.com/state-employees

- The high deductible PPO works like the standard PPO except you have a higher deductible to meet before anything except certain preventive services is covered.
- Lower monthly contributions (payroll deductions/monthly premiums) for coverage.
- Once you meet your deductible, you pay coinsurance for all services and prescription drugs.
- Enroll in a health savings account (HSA) to help offset your out-of-pocket costs, plus limited purpose FSA for dental and vision.

b.) Aetna Health Care HDHP (High Deductible HMO)

Medical benefits administered by Aetna Health Care 877-858-6507

Monthly Premiums: Indv - \$15.00 Fam - \$64.30 PF Code #0755
www.aetnastateflorida.com

- The high deductible HMO has the same in-network requirements as the standard HMO. You must meet a high deductible before anything except certain preventive services are covered and, once you meet your deductible, you pay coinsurance for all services and prescription drugs.
- Lower monthly contributions (payroll deductions/monthly premiums) for coverage.
- Enroll in a health savings account (HSA) to help offset your out-of-pocket costs, plus limited purpose FSA for dental and vision.

c.) AvMed HDHP (High Deductible HMO)

Medical benefits administered by AvMed

Monthly Premiums: Indv - \$15.00 Fam - \$64.30 PF Code #0275
 888-762-8633 www.avmed.org/web/state

- The high deductible HMO has the same in-network requirements as the standard HMO. You must meet a high deductible before anything except certain preventive services are covered and, once you meet your deductible, you pay coinsurance for all services and prescription drugs.
- Lower monthly contributions (payroll deductions/monthly premiums) for coverage.
- Enroll in a health savings account (HSA) to help offset your out-of-pocket costs, plus limited purpose FSA for dental and vision.

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B. FLEXIBLE SPENDING ACCOUNTS (FSAs)

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.)

For detailed information regarding the Tax-Favored Accounts, please contact Court Administration – Human Resources.

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. Healthcare FSA Acct (Pre-Tax) (PF Plan Code #2000)

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

Administrator - Chard Snyder (855) 824-9284 www.mybenefits.myflorida.com/health and Click Tax-Favored Accounts

You deposit pretax money into the account through payroll deductions to pay for eligible medical, dental, vision, preventive and prescription drug expenses.

The full amount of your election is available on the first day of the calendar year (for open enrollment enrollees) or on your enrollment date (for new hires or if you have an appropriate Qualifying Status Change (QSC) event).

- * Enroll in this option if you have a Standard PPO or HMO Plan.
- * If you have a health savings account (HSA), you CANNOT enroll in an FSA. If you have a high deductible plan and a HSA, see the limited purpose FSA.
- * Employee / OPS / Judge Contributions: Annual Minimum Election is \$60.00 / Annual Maximum Election is \$2,650
- * Use the Benny® prepaid benefits card to pay for eligible services and items,
- * Pay your provider directly from your account online or pay out of pocket for eligible medical expenses; then submit claims to be reimbursed. Eligible expenses include: deductibles, copayments, dental and vision care expenses, orthodontia not covered by a dental plan, prescription drugs, over-the-counter medications (doctor's prescription required to be eligible for reimbursement), chiropractic visits, saline solution and contact lens cleaners, procedures or expenses that are medically necessary, and doctor prescribed weight loss programs.
- * Full-Time and Part-Time Salaried Employees (and Judges) are eligible. (OPS employees are NOT eligible.)
- * At the end of 2018, members will be allowed to carryover up to \$500 of unused healthcare flexible spending account (FSA) and limited purpose FSA money into the next plan year. The grace period for incurring claims into the next calendar year will be eliminated for the healthcare FSA and limited purpose FSA.

2. Dependent Care FSA Acct (Pre-Tax) (PF Plan Code #2100)

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

Administrator - Chard Snyder (855) 824-9284 www.mybenefits.myflorida.com/health and Click Tax-Favored Accounts

You deposit pretax money into the account through payroll deductions. You get reimbursed for eligible services (not healthcare related) to care for children under age 13 or age 13 or older who live with you at least 8 hours a day and need supervised care, such as an elderly parent or spouse with a disability. *The amount of reimbursement available for eligible expenses is limited to the amount that has been contributed to the account; i.e., the full amount of your election is not available on the first day of the calendar year.*

Money is added to your account after each payroll deduction. You may only use the amount you have in your account at the time.

- * Employee/Judge Contributions: Annual Minimum Election is \$60.00 / Annual Maximum Election is \$5,000
- * Use the Benny® prepaid benefits card to pay for eligible dependent care services,
- * Pay your provider directly from your account online or Pay out of pocket for eligible dependent care expenses; then submit claims to be reimbursed.
- * Benefits-eligible employees are eligible. (OPS employees ARE eligible.)
- * Grace period to use funds ends March 15th and all claims must be submitted by April 15th of the next plan year. Otherwise, you lose any remaining money.

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3. Limited Purpose FSA

(Pre-Tax)

(PF Plan Code #2300)

Partners with the Health Savings Account (HSA). Sets aside pre-tax dollars to pay for eligible expenses. IRS regulations do not allow an employee to have both an HSA and a Healthcare FSA. Therefore, the state has created the Limited Purpose FSA to allow for reimbursement of eligible expenses not covered by the HSA. Only employees who elect either the Health Investor (High Deductible) PPO or HMO, and the HSA should consider the Limited Purpose FSA.

Administrator - Chard Snyder (855) 824-9284 www.mybenefits.myflorida.com/health and Click Tax-Favored Accounts

The full amount of your election is available on the first day of the calendar year (for open enrollment enrollees) or on your enrollment date (for new hires or if you have an appropriate Qualifying Status Change (QSC) event).

- * Employee / OPS / Judge Contributions: Annual Minimum Election is \$60.00 / Annual Maximum Election is \$2,600
- * Entire election amount available on first day of plan participation.
- * Use the Benny® prepaid benefits card to pay for eligible services and items,
- * Pay your provider directly from your account online or Pay out of pocket for eligible expenses; then submit claims to be reimbursed.
- * Eligible expenses include dental and vision plan deductibles, dental and vision care expenses, orthodontia not covered by a dental plan, and over-the-counter medications (doctor's prescription required to be eligible for reimbursement.)
- * Full-Time and Part-Time Salaried Employees (and Judges) are eligible. *(OPS employees are NOT eligible.)*
- * **Must enroll in the High Deductible/Health Savings Account (PPO or HMO).**
- * At the end of 2018, members will be allowed to carryover up to \$500 of unused healthcare flexible spending account (FSA) and limited purpose FSA money into the next plan year. The grace period for incurring claims into the next calendar year will be eliminated for the healthcare FSA and limited purpose FSA.

4. Health Savings Account (HSA)

(Pre-Tax)

(PF Plan Code #2200)

- * **Must be enrolled in a HDHP to have an HSA and Must enroll in a Limited Purpose FSA.**
- * Must enroll in an HSA Savings Account online in People First, which automatically opens your HSA Advantage (bank) account.
- * Reduces your taxable income by the amount for medical expenses not covered or reimbursed by insurance.
- * The state contributes pretax money to your personal bank account each month for you to pay for eligible health expenses and save for future costs. You may also deposit pretax money.
- * Use the Benny® prepaid benefits card to pay for eligible services and items, and Pay for eligible expenses at time of service or purchase,
- * Pay your provider directly from your account online or Pay out of pocket for eligible expenses; then reimburse yourself from account.
- * Money is available as the state deposits amounts into your Chard Snyder HSA Advantage personal savings account.
- * Unused funds roll over each year, and you can take your HSA with you when you leave state employment.

Coverage	*State Contributes	Employee Pre-Tax Contribution Limit
Individual	\$41.66/mo (up to \$500/yr)	Up to \$3,450 per year <i>(Limits include the state's contribution)</i>
Family	\$83.33/mo (up to \$1000/yr)	Up to \$6,900 per year <i>(Limits include the state's contribution)</i>

Employees aged 55+ may make catch-up contributions of an additional \$1,000 each year.

C. PRESCRIPTION DRUG PLAN

- CVS/caremark - Pharmacy Benefits Manager for all state group health insurance plans (888) 766-5490
(except CHP and FHCP Medicare Advantage plans) General Info: www.caremark.com/sofrxplan Members Register / Log-In: www.caremark.com
- PPO Plan members: you must fill your maintenance medications through the mail-order pharmacy or a participating 90-day retail pharmacy after three (3) fills at a 30-day retail pharmacy.
- CVS/caremark offers a 90-day retail option. Ask your prescribing provider to write your prescription for up to a 90-day supply and save money by paying for two months' worth and getting one month free. You may have it filled one of three ways:
 - * Through the CVS/caremark Mail Order Pharmacy or
 - * At a CVS retail pharmacy or
 - * At any retail pharmacy that participates in the new 90-day maintenance supply retail network established specifically for the State

Prescription Drug Tier	Standard PPO / HMO Plans		High Deductible PPO / HMO Plans	
	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 medication your doctor prescribes costs less than the designated copay, you pay the medication's cost.
- Save money by purchasing generic medications if available. A generic is sometimes not available, but you can request that your doctor order a preferred brand instead of a non-preferred brand.

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D. LIFE INSURANCE (A D & D)

1. **State Group Term Life** (888) 826-2756 www.lifebenefits.com/florida *PF Plan Code #1001*
 - * Underwritten by Minnesota Life Ins. Co., an affiliate of Securian Financial Group Inc. - **Basic Group Term Life** w/ accidental death and dismemberment coverage.
 - * \$25,000 Coverage @ no cost to all full-time employees (*Employer pays the entire premium of \$3.58.*)
 - * Effective on the first day that a full-time salaried employee is actively at work or the first day of the month following the payroll deduction after a part-time salaried or an eligible OPS employee selects coverage.
 - * Eligible Part-time employees pay prorated premiums based on their FTE.
 - * OPS employees pay the full premium, pro-rated to their FTE status (\$25,000 Coverage Amount – Rate per Month - \$3.58).
 - * Go to www.lifebenefits.com/florida or call Securian at (888) 826-2756 to update or verify your life insurance beneficiary list.
Your user id will be FL00 added to your employee id number. Your initial password is your 8-digit date of birth (MMDDYYYY) followed by the last four digits of your social security number.
 - * **Accelerated Death Benefit Rider** – provides benefit payment up to the full-face amount (\$1 million max.) instead of the death benefit for participants with a life expectancy of 12 mos or less. (Ex: if \$100,000 cov. and told life expectancy is 6 mos, then you can get that policy paid out before death with medical proof. Once you receive payment, no further deductions would incur.)
 - * **Accidental Death and Dismemberment** – provides 100% additional benefit if death is accidental (doubles payout to beneficiary). Provides a benefit of 25% to 100% in cases of dismemberment.
 - * 3 ways to access your group life insurance certificate (your policy):
 - 1) download it from LifeBenefits.com/florida and click on the forms and document link
 - 2) download it from http://www.myflorida.com/myBenefits/Tools/Forms_Life2012.htm
 - 3) call the Tallahassee Branch Office at 1-888-826-2756 and request a paper copy to be mailed to you

2. **Optional Term Life** (888) 826-2756 www.lifebenefits.com/florida *(Post-Tax) (PF Plan Code #1102, 1500, & 1600)*
(Optional - PF Plan Code #1102 ; Dependent Spouse – PF Plan Code #1500 ; Dependent Child – PF Plan Code #1600)
 - * Underwritten by Securian (*formerly Minnesota Life*) - term life w/ accidental death and dismemberment coverage.
 - * Must enroll in the basic term life insurance plan in order to purchase these additional term life plans.
 - * Beneficiaries listed for Basic Term Life must be the same for Optional Term Life.
 - * Go to www.lifebenefits.com/florida or call Securian at (888) 826-2756 to update or verify your life insurance beneficiary list.
Your user id will be FL00 added to your employee id number. Your initial password is your 8-digit date of birth (MMDDYYYY) followed by the last four digits of your social security number.
 - * **3 Options:** **Optional Term Life** ; **Dependent Spouse Life** ; **Dependent Child Life**
 - * **Optional Life** and **Dependent Spouse Life** are effective on the first day of the month after completion of the medical underwriting process, if required, and after a full payroll deduction is taken. Plans that do not require medical underwriting, such as **Dependent Child Life**, are effective the first day of the month for which a full payroll deduction is taken.
 - * During your first 60 days of initial eligibility, you may apply for **Optional Term Life** insurance – up to the lesser of 5x your annual earnings, or \$500,000 – without providing Evidence of Insurability (EOI). The plan maximum is the lesser of seven times annual earnings, or \$1,000,000. Employee pays 100% of premium.
 - * Existing Optional coverage may be increased by one level of annual earnings, up to the guaranteed issue limit (lesser of 5x annual earnings, or \$500,000), during each annual enrollment or within 60 days of a qualifying status change.
 - * Your optional life insurance premium will increase the month before (for coverage for the month of) your birthday when you change age bands.
 - * Your optional life insurance premium will change as the result of a change in annual salary on the effective date of the change in salary.
 - * **Dependent Spouse Term Life** - Coverage is guaranteed issue (no EOI required) if elected when the spouse first becomes eligible. Medical underwriting to elect or increase coverage after the initial eligibility period is required. \$15,000 Coverage - \$4.50/rate per month / \$20,000 Coverage - \$6.00/rate per month
 - * **Dependent Child Term Life** - Coverage is guaranteed issue and never requires EOI. \$10,000 Coverage - \$0.85/rate per month
 - * **Option to reduce coverage** (*outside of the open enrollment period*) when cost of coverage changes in the amount of \$20.00 or more.
 - * Optional Life **can only be cancelled** (*outside of the open enrollment period*) if the member experiences a QSC event or can provide proof of other group life coverage. **Emp or Jdg must process change event request directly thru People First.**

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3. **LINA (Life Insurance of North America) Group Term Life Ins** www.capitalins.com (Post-Tax) PF Code #262
- * Administered by Capital Ins. Agency Contact #: (800) 780-3100 (Underwritten by Life Ins Co. of North America (LINA), a Cigna Co.)
 - * Coverage available for full-time employees (and Judges); Spouse and unmarried dependent children.
 - * Enrollment: first 60 days of employment or during a special open enrollment; otherwise, coverage medically underwritten.
 - * Group Term Life – Guaranteed issue and based on your current age, salary and 100% bonus feature.
 - * Spouse is automatically covered for \$10,000 and dependent children for \$5,000 at no additional cost to you.
 - * Access to available proceeds when faced with a terminal illness.
 - * Portable coverage available upon termination or retirement, as long as the group policy is active.
 - * Conversion to individual policy available if group policy terminates.
4. **Reliance Standard Group Term Life Insurance** (Group # VG 001999) (Post-Tax) PF Code #217
- * Contact: Wheeler Ins Associates (Sheri DeVore) @ (850) 556-1388 wheelerinsuranceassociates@gmail.com
 - * Reliance Standard Customer Service: 1-800-351-7500 or www.reliancestandard.com or www.rsli.com
 - * Guaranteed issue up to \$100,000 during first 31 days of employment and under age of 60 when you apply.
 - * Guaranteed issue up to \$10,000 during first 31 days of employment and are between age 60 and 70 when you apply.
 - * Can apply for spouse and children coverage, in addition to employee's coverage.
 - * Emp & Spouse may select an amount of ins. From a minimum of \$10,000, in increments of \$10,000.
 - * Maximum amount available to employee up to age 75, and to their spouses under age 70, is \$500,000.
 - * Can apply for maximum of \$500,000, but any elections above the guaranteed issue amount will require medical underwriting.

E. SUPPLEMENTAL INSURANCE

The State offers active employees the opportunity to participate in several 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. In these cases, unless both are completed and any required form(s) 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.

As of 10-18-21: For Supplemental Insurance Plans: If the new hire does not want to make a selection at the time of making a health insurance selection, they may click “Cancel” at that time. Do not click on waive enrollment. Just leave it and click the red cancel button. This should allow the new hire to go back in later within the initial 60 days to sign up for supplemental insurances. If there is a problem and the new hire cannot later make the selection, then they are to call People First so that People First can make the selection for them.

For a detailed copy of any listed insurance plan brochures (and appropriate enrollment forms/applications), you can contact any of the following: 1) Specific Insurance Plan(s) Rep., 2) People First (by phone or online), 3) and/or Court Administration – Human Resources.

I. ACCIDENT INSURANCE

- a. **AFLAC (The American Family Life Assurance Company)** (Post-Tax) PF Code #219
- Capital Ins. Agency: (800) 780-3100 / (850) 386-3100 www.capitalins.com
- * Helps cover unexpected costs such as ambulance ER, hospital admission, etc.
 - * 24-hour coverage
 - * No limit on number of claims
 - * Guaranteed issue (no underwriting is required to qualify for coverage)
 - * Pays regardless of any other insurance plans you may have
 - * Annual wellness benefit of \$60 for each covered member
 - * Portable to age 70
- Monthly Premium Rates – **High Option 24-hour Plan** (Rates effective 05-2016):
- | | | | |
|------------------|----------------------|---------------------|----------------|
| Emp Only \$17.00 | Emp + Spouse \$23.00 | Emp + Child \$29.00 | Family \$35.00 |
|------------------|----------------------|---------------------|----------------|
- Monthly Premium Rates – **High Option 24-hour Plan with Wellness** (Rates effective 05-2016):
- | | | | |
|------------------|----------------------|---------------------|----------------|
| Emp Only \$20.02 | Emp + Spouse \$31.59 | Emp + Child \$34.04 | Family \$45.61 |
|------------------|----------------------|---------------------|----------------|
- b. **Colonial (Accident Protection)** (Pre-Tax) PF Code #5002
- Contact Info: Bob Porell (Cell: 386-747-1541 / Fax: 386-736-9743) (Email: bob.porell@coloniallife.com or bhc127@cfl.rr.com)
Colonial: 888-756-6701 <http://www.visityouville.com/stateoffl>.
- To enroll in this Pre-Tax supplemental disability plan, you must complete these two steps:
1) Enroll online through People First and 2) Contact the Colonial Life Rep as an application may be required.
- * 24-hour coverage for accidents that occur on and off the job ; * Optional Spouse and Dependent Coverage.
 - * Benefits pay regardless of workers’ compensation or any other insurance you may have with other insurance companies.
 - * Portability – you can take your coverage with you if you change jobs or retire and Worldwide Coverage.
- Monthly Premium Rates:
- | | | | |
|-------------------|-----------------------|--------------------------------|---|
| Emp. Only \$18.00 | Emp. + Spouse \$24.00 | Emp. + Dep. Child(ren) \$30.00 | Emp., Spouse, & Dep. Child(ren) \$36.00 |
|-------------------|-----------------------|--------------------------------|---|

SUMMARY OF STATE BENEFITS - 2022

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

c. **Hartford Voluntary AD&D** (Formerly administered by Anthony Finaldi & Co) *(Post-Tax)* *PF Code #442*

Capital Ins. Agency: (800) 780-3100 / (850) 386-3100 www.capitalins.com

- * Individual Plan – full-time employees select any Principal Sum from \$20,000 to a maximum of \$300,000 but cannot exceed 10x your annual salary for limits in excess of \$250,000. (Part-time employees can select benefits up to \$100,000 only.)
- * Family Plan – if you select this plan, your spouse and eligible children will be insured for the following:
 - a) Spouse insured for 50% of your Principal Sum, if there are no dependent children.
 - b) Spouse insured for 40% of your Principal Sum, and each dependent child less than age 19 will be insured for 10%.
 - c) If you have no spouse, each dependent child will be insured for 15% of your Principal Sum.
- * Individually owned policy, therefore you can take with you when you retire, or separate employment and the premiums won't increase.
- * When you retire, you can have it deducted from your retirement pay or directly from the bank account of your choosing.

Please reference brochure for Monthly Premium Rates, which vary per coverage level and option.

2. CANCER INSURANCE

a. **AFLAC (The American Family Life Assurance Company)** *(Pre-Tax)* *PF Code #6500 – #6513 & #7000*

Capital Ins. Agency: (800) 780-3100 / (850) 386-3100 www.capitalins.com

* **Cancer / Intensive Care Insurance**

To enroll in these pre-tax supplemental plans, you must fax or mail DIRECTLY to the Capital Insurance Agency. OSCA will receive information directly from Capital upon approval.

<u>PF Code</u>	<u>Plan Name</u>	<u>Individual</u>	<u>One-Parent Family</u>	<u>Two-Parent Family</u>
6500	AFLAC Cancer Plan PCI Lvl 1	\$18.70	\$21.70	\$30.50
6501	AFLAC Cancer PCI Lvl 1 + SDR	\$19.70	\$23.20	\$32.50
6502	AFLAC Cancer PCI Lvl 1 + BBR	\$20.50	\$24.40	\$34.40
6503	AFLAC Cancer PCI Lvl 1 + Both	\$21.50	\$25.90	\$36.40
6510	AFLAC Cancer Plan PCI Lvl 3	\$33.50	\$40.20	\$55.90
6511	AFLAC Cancer Plan PCI Lvl 3 + SDR	\$34.50	\$41.70	\$57.90
6512	AFLAC Cancer Plan PCI Lvl 3 + BBR	\$36.50	\$44.70	\$62.40
6513	AFLAC Cancer Plan PCI Lvl 3 + Both	\$37.50	\$46.20	\$64.40
7000	Hospital Intensive Care	\$ 8.70	\$16.64	\$16.64

- * Pays cash benefits directly to you, unless you choose otherwise, to help with out-of-pocket expenses.
- * Cash benefit for annual cancer screening tests.
- * Specified-Disease Rider (SDR) and First-Occurrence Building Benefit Riders (BBR) are optional and available.
- * Hospital Intensive Care – Daily benefit for confinement in a hospital intensive care or a subacute intensive care unit.
- * Premium cost varies per Level and Option.

b. **Colonial Life (Cancer/Intensive Care)** *(Pre-Tax)* *PF Code #6601*

Contact Info: Bob Porell (Cell: 386-747-1541 / Fax: 386-736-9743) (Email: bob.porell@coloniallife.com or bhcl27@cfl.rr.com)

Colonial: 888-756-6701 <http://www.visityouville.com/stateoffl>.

To enroll in this Pre-Tax supplemental disability plan, you must complete these two steps:

2) Enroll online through People First and 2) Contact the Colonial Life Rep as an application may be required.

- * Offered with guaranteed issue underwriting. That means no health questions will be asked.
- * Pays regardless of any other insurance you have with other insurance companies.
- * Benefits paid directly to you unless you specify otherwise.
- * Benefits to help cover loss of income, out-of-network treatment, lodging/meals, and deductibles and co-pays.
- * \$50.00 Cancer Screening Benefit per year.

Monthly Premium Rates: Emp. Only \$12.50 Emp. + Family \$20.90

SUMMARY OF STATE BENEFITS - 2022

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

3. DENTAL INSURANCE

Prepaid 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) plans allow you to receive care from any dentist; cost is lower when you use network dentists; you have an annual deductible to meet before the plan starts paying benefits, and then you pay a % of the cost for the care you receive.

Indemnity 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.

Provider	Ameritas (<i>Pre-Tax</i>)		
	(877) 721-2224	www.ameritas.com/group/olbc/florida	
Plan Type	INDEMNITY W/ PPO #4021	STANDARD PPO #4022	PREVENTIVE PPO #4023
Employee	\$46.50	\$38.60	\$27.98
Emp + Spouse	\$86.24	\$72.32	\$52.92
Emp + Child(ren)	\$98.20	\$80.96	\$56.64
Emp + Family	\$141.80	\$117.88	\$82.96
Plan Highlights	<p>May use any dental provider, but you pay less when using network dental providers</p> <p>\$2,000 Max per Covered Insured per calendar year</p> <p><u>Type I:</u> No Deductible <u>Type II & III:</u> Emp Only \$50 ; Emp + Spouse \$100 ; Emp + Child(ren) \$100 ; Emp + Fam \$150</p> <p>\$2,500 Lifetime Max for Network/In-Network Ortho ; No Waiting Period ; No Age Limit</p>	<p>May use any dental provider, but you pay less when using network dental providers</p> <p>\$1,500 Max per Covered Insured per calendar year</p> <p><u>Type I:</u> No Deductible <u>Type II & III:</u> Emp Only \$50 ; Emp + Spouse \$100 ; Emp + Child(ren) \$100 ; Emp + Fam \$150</p> <p>\$2,000 Lifetime Max for Network ; \$1,500 for Non-Network ; 1 Yr Waiting Period ; 18 Yrs of Age Limit</p>	<p>May use any dental provider, but you pay less when using network dental providers</p> <p>\$1,000 Max per Covered Insured per calendar year</p> <p><u>Type I:</u> No Deductible <u>Type II:</u> Emp Only \$50 ; Emp + Spouse \$100 ; Emp + Child(ren) \$100 ; Emp + Fam \$150 <u>Type III:</u> No Coverage</p> <p>No Coverage for Orthodontia</p>
Provider	MetLife (<i>Pre-Tax</i>)		
	(844) 222-9104	www.metlife.com/mybenefits	
Plan Type	INDEMNITY W/ PPO #4031	STANDARD PPO #4032	PREVENTIVE PPO #4033
Employee	\$51.92	\$36.60	\$25.08
Emp + Spouse	\$96.04	\$67.72	\$46.38
Emp + Child(ren)	\$107.32	\$75.66	\$51.84
Emp + Family	\$155.80	\$109.86	\$75.24
Plan Highlights	<p>May use any dental provider, but you pay less when using network dental providers</p> <p>\$2,000 Max per Covered Insured per calendar year</p> <p><u>Type I:</u> No Deductible <u>Type II & III:</u> Emp Only \$50 ; Emp + Spouse \$100 ; Emp + Child(ren) \$100 ; Emp + Fam \$150</p> <p>\$2,500 Lifetime Max for Network/In-Network Ortho ; No Waiting Period ; No Age Limit</p>	<p>May use any dental provider, but you pay less when using network dental providers</p> <p>\$1,500 Max per Covered Insured per calendar year</p> <p><u>Type I:</u> No Deductible <u>Type II & III:</u> Emp Only \$50 ; Emp + Spouse \$100 ; Emp + Child(ren) \$100 ; Emp + Fam \$150</p> <p>\$2,000 Lifetime Max for Network ; \$1,500 for Non-Network ; 1 Yr Waiting Period ; 18 Yrs of Age Limit</p>	<p>May use any dental provider, but you pay less when using network dental providers</p> <p>\$1,000 Max per Covered Insured per calendar year</p> <p><u>Type I:</u> No Deductible <u>Type II:</u> Emp Only \$50 ; Emp + Spouse \$100 ; Emp + Child(ren) \$100 ; Emp + Fam \$150 <u>Type III:</u> No Coverage</p> <p>No Coverage for Orthodontia</p>
Provider	Sun Life (formerly Assurant) (<i>Pre-Tax</i>)		CIGNA (<i>Pre-Tax</i>)
	#4025 – 800-443-2995 / #4074 – 800-442-7742 http://www.sunlife.com/STofFL		(800) 244-6224 / www.cigna.com or www.capitalins.com
Plan Type	PREPAID 225 #4025	INDEMNITY W/ PPO #4074	PREPAID #4034
Employee	\$14.93	\$43.55	\$24.01
Emp + Spouse	\$25.17	\$83.61	\$47.31
Emp + Child(ren)	\$33.26	\$98.83	\$56.41
Emp + Family	\$43.54	\$130.35	\$72.06
Plan Highlights	<p>Must use only network dental providers. No coverage for out-of-network services.</p> <p>No Calendar Year Maximum</p> <p>No Deductible</p> <p>No charge for most preventive services You pay set copays or a % of cost</p>	<p>May use any dental provider, but you pay less when using network dental providers</p> <p>\$2,000 Max per Covered Insured per calendar year</p> <p><u>Type I:</u> No Deductible <u>Type II & III:</u> Emp Only \$50 ; Emp + Spouse \$100 ; Emp + Child(ren) \$100 ; Emp + Fam \$150</p> <p>\$1,000 Lifetime Max ; 12 Mo Waiting Period ; Coverage for Children under age 19 ; Will NOT cover ortho treatment in progress from another plan</p>	<p>Must use only network dental providers. No coverage for out-of-network services.</p> <p>No Calendar Year Maximum</p> <p>No Deductible</p> <p>No charge for most preventive services You pay set copays or a % of cost</p>

SUMMARY OF STATE BENEFITS - 2022

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

Provider	Humana (<i>Pre-Tax</i>) (866) 879-3630 www.humana.com/custom/fl/		Reliance Standard (<i>Post-Tax</i>) SCS Dental Indemnity w/ PPO #0378 (800) 497-7044 www.rsl.com	
Plan Type	HD205 PREPAID #4044	Schedule B INDEMNITY W/ PPO #4084		Plan 1 - HIGH Plan 2 - LOW
Employee	\$12.64	\$14.74	EE	\$48.36 \$42.52
Emp + Spouse	\$21.20	\$21.96	EE + 1	\$87.92 \$78.08
Emp + Child(ren)	\$23.00	\$23.30	EE + 2 or more	\$119.00 \$107.40
Emp + Family	\$32.98	\$37.10		
Plan Highlights	<p>Must use only network dental providers. No coverage for out-of-network services.</p> <p>No Calendar Year Maximum</p> <p>No Deductible</p> <p>No charge for most preventive services You pay set copays or a % of cost</p>	<p>May use any dental provider, but pay first and get reimbursed set fee (scheduled amount) for covered services</p> <p>\$2,000 Max per Covered Insured per calendar year</p> <p>Type I: No Deductible Type II & III: Emp Only \$50 ; Emp + Spouse \$100 ; Emp + Child(ren) \$100 ; Emp + Fam \$150</p> <p>50% or \$2,500 for both Network or Non-Network Ortho Provider ; No Waiting Period ; No Age Limit</p>		<p>May use any dental provider but pay discounted rates when using network dental provider</p> <p>Plan 1 High - \$1,500 Max per calendar year Plan 2 Low - \$1,000 Max per calendar year</p> <p>Type I: No Deductible Type II & III: \$50 per person 1 Family Maximum</p> <p>Can NOT Enroll Mid-Year w/o QSC</p> <p>\$1,000 lifetime Ortho-both plans ; 12 Mo Waiting Period for New Hires Only</p> <p><i>This is NOT a portable plan for separating/retiring employees/judges (either via COBRA or conversion to an individual plan)</i></p>

4. DISABILITY INSURANCE

a. State of Florida - Disability Income Insurance Program

A self-insured plan (managed by DSGI) available only for Jud. Assts., Sr. Mgmt. Svc. (SMS) and Selected Exempt Svc. (SES) Employees. Automatic enrollment and State pay entire premium. The plan provides 65% of salary benefit, beginning one month after disability occurs or after all leave options have been exhausted, for up to a full year.

b. Colonial Life – Short-Term Disability

(*Pre-Tax*) PF Code #5020

Contact Info: Bob Porell (Cell: 386-747-1541 / Fax: 386-736-9743) (Email: bob.porell@coloniallife.com or bhc127@cfl.rr.com)
Colonial: 888-756-6701 <http://www.visityouville.com/stateoffl>.

To enroll in this Pre-Tax supplemental disability plan, you must complete these two steps:

3) Enroll online through People First and 2) Contact the Colonial Life Rep as an application may be required.

- * If you become unable to work because of a covered illness or injury. This income can help you continue paying:
 - * Mortgage or rent payments
 - * Utility bills and other household expenses
 - * Food, clothing and other necessities
 - * Transportation
 - * Medical costs not covered under other plans
 - * Travel and lodging expenses for treatment
- * Benefit Features (On/Off Job Benefits Available):
 - * You're guaranteed to be issued coverage not to exceed 66 2/3% of your income, up to a maximum of \$3,480 a month
 - * Monthly benefit amounts available: \$580 - \$3,480 – based upon income
 - * Benefit Periods: 3 months, 6 months, or 12 months with choices of elimination periods
- * You're paid regardless of any other insurance you may have with other insurance companies
- * Benefits are paid directly to you unless you specify otherwise
- * If you change jobs, retire or leave your employer, you can take your coverage with you at no additional cost

Please reference brochure for Monthly Premium Rates, which vary per coverage level and option.

c. CIGNA Long Term Disability Insurance

(*Post-Tax*) PF Code #300

Capital Ins. Agency: (800) 780-3100 / (850) 386-3100

www.capitalins.com.

- * Year-Round Enrollment
- * Referred to as “Paycheck Protection” because it will replace a portion of your income if you are unable to return to work for an extended period of time due to injury or illness.
- * Policy includes an advocate to help you fight for social security disability should you become permanently disabled.
- * Plan does not integrate with, but pays in addition to, sick leave, annual leave, and/or sick leave benefits.

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

d. UNUM – Florida State Courts System - Long Term Disability Insurance

(Post-Tax) PF Code #345

Contact Info: Kelley Phillips Office: 877-652-0221 / Cell: 850-524-4240

www.lifesolutions.com

- * Designed to provide income for judges and other court employees in the event they become injured or ill and can no longer perform the duties of their jobs. (Unique plan for the State Courts System only.)
- * New Hires are eligible for guaranteed issue (*no health questions asked*) within 60 days of their date of employment.
- * Coverage begins on the day you apply. * Premiums waived while benefits are being paid.
- * Disability elimination period: 90 days * Premium based on annual salary & age.
- * Monthly income payments...every month until you're age 65 (sometimes longer) as long as you remain disabled.
- * Choice of benefit levels: 50%, 40%, or 25% of salary, income tax free up to a maximum of \$5,000 per month.
- * Plan does NOT require the loss of income to file a claim and pays in addition to any other sick leave or disability benefit (non-integrated benefits, including social security, retirement and/or worker's compensation.)
- * Guaranteed issue during Open Enrollment (*Even Years Only; Nov Timeframe*).
- * You can enroll at any time by offering "evidence of insurability" (answering health questions). (However, if denied during this time, you will no longer be permitted to enroll during open enrollment.)

5. HOSPITALIZATION INSURANCE

Provide additional insurance to cover hospital expenses not covered by basic health plans, such as deductibles and co-payments incurred if confined in-hospital or have outpatient surgery at a hospital or ambulatory surgical center. All hospital intensive care insurance plans require medical underwriting (completing application before coverage is approved.) First, enroll online through People First, then contact company agent for detailed application information.

a. CIGNA Health and Life Insurance Company (CHILIC)

(Formerly known as Alta Health & Life)

(Pre-Tax)

Capital Ins. Agency: (800) 780-3100 / (850) 386-3100

www.capitalins.com

To enroll in these pre-tax supplemental plans, you must fax or mail DIRECTLY to the Capital Insurance Agency. OSCA will receive information directly from Capital upon approval.

1. Cigna 30/20 Plus

(PF Plan Code #8110)

- * Designed for participants in the State Employees' PPO Plan – will provide benefits paid directly to you or your hospital for a covered in-hospital confinement or surgery at licensed Ambulatory Surgical Centers.
- * Pays first \$250 of expenses per in-hospital admission and
- * \$30.00 a day for room and board / \$60.00 for intensive care
- * 20% of the next \$12,500 of eligible expenses

2. Cigna Preferred Provider Plus (PPP) Plan

(PF Plan Code #8100)

- * Helps offset out-of-pocket deductible and in-hospital special charges when you or your covered dependents have a covered hospital confinement or surgery in a licensed Ambulatory Surgical Center.
- * Pays first \$250 of eligible expenses per hospital admission

3. Cigna 365 + / \$100 Daily Plan

(PF Plan Code #8130)

- * \$100 fixed daily benefit (in-hospital stay, convalescent or skilled nursing facility.)
- * Benefits are in addition to your group health plan or any individual health plan that you may have.

4. Cigna 365 + / \$200 Daily Plan

(PF Plan Code #8140)

- * \$200 fixed daily benefit (in-hospital stay, convalescent or skilled nursing facility.)
- * Benefits are in addition to your group health plan or any individual health plan that you may have.

5. Cigna 30/20 Plus AND 365+ \$100 Daily Plan

(PF Plan Code #8110 + #8130)

6. Cigna 30/20 Plus AND 365+ \$200 Daily Plan

(PF Plan Code #8110 + #8140)

7. Cigna Preferred Provider Plus AND 365+ \$100 Daily Plan

(PF Plan Code #8100 + #8130)

8. Cigna Preferred Provider Plus AND 365+ \$200 Daily Plan

(PF Plan Code #8100 + #8140)

9. Cigna State Insurance Supplement / SIS

(PF Plan Code #8120)

- * May want to consider enrolling in this plan if you and your dependents are based outside of the State of Florida as a condition of employment or live in a county where network providers are not available.
- * Pays first \$100 of eligible expenses per Hospital Admission.
- * 10% of the next \$25,000 per calendar year.

SUMMARY OF STATE BENEFITS - 2022

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

- b. **New Era Life** (affiliate of PALIC) (Formerly known as Philadelphia American Life) (Pre-Tax)
- Contact: State Securities Corp. 800-277-2300 www.ssc-life.com
1. **New Era 1-2-3 Plan \$100/Day** (PF Plan Code #8160)
Emp Only: \$9.58/mo Emp + 1: \$19.20/mo Emp + 2 or more / Emp + Family: \$25.18/mo
 2. **New Era 1-2-3 Plan \$200/Day** (PF Plan Code #8170)
Emp Only: \$20.36/mo Emp + 1: \$40.60/mo Emp + 2 or more / Emp + Family: \$53.52/mo
 3. **New Era 1-2-3 Plan \$100/ECR** (PF Plan Code #8180)
Emp Only: \$12.92/mo Emp + 1: \$25.86/mo Emp + 2 or more / Emp + Family: \$32.72/mo
- * Pays \$100 or \$200 per day, for each night of room and board charges made by the hospital.
 - * \$100 per day plus ECR (Expanded Coverage Rider) – receive an additional \$200 per night of room and board charges for the 4th – 10th night of your inpatient hospital stay. (The ECR has a maximum \$1,400 benefit per illness or injury unless 90 days separate hospital stays for same or related cause.)
 - * 90-day pre-existing condition clause (medical treatment or consultation for medical care or services including diagnostic measures or prescribed drugs or medications within the 90 days prior to the start of this insurance, there will be no coverage for any of these or related conditions until 90 days after the effective date.)

6. HOSPITAL INTENSIVE CARE INSURANCE

- a. **AFLAC (The American Family Life Assurance Company)** (Pre-Tax) PF Code #7000
- Capital Ins. Agency: (800) 780-3100 / (850) 386-3100 www.capitalins.com
- To enroll in these pre-tax supplemental plans, you must fax or mail DIRECTLY to the Capital Insurance Agency. OSCA will receive information directly from Capital upon approval. Emp = \$8.70 Emp + Family = \$16.64

7. VISION INSURANCE

- a. **Health Insurance Plans (PPO or HMO)** - Take advantage of the vision benefits offered by your health insurance.
1. For **PPO**.Participants: Florida Blue 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.floridablue.com or www.floridablue.com/state-employees, 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 should contact their HMO to get details on available vision care discounts.
- b. **Humana – Vision Care Plan (VCP) Exam Plus** (Pre-Tax) (PF Plan Code #3004)
- Contact Info: 800-939-5369 www.HumanaVisionCare.com/custom/fl or www.compbenefits.com/custom/state-of-fla-vision/
- Capital Ins. Agency: (800) 780-3100 / (850) 386-3100 www.capitalins.com
- * After signing up for the Vision Care Plan, you'll receive an ID card in the mail.

Vision Care Plan (including exam and materials)		
	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary ¹	100% after \$10 copay	\$40 allowance
Lenses		
Single	100% after \$10 copay	\$40 allowance
Bifocal	100% after \$10 copay	\$60 allowance
Trifocal	100% after \$10 copay	\$80 allowance
Frames	\$75 wholesale allowance	\$60 retail allowance
Contact lenses²		
Elective (conventional and disposable) ³	\$150 allowance	\$75 allowance
Medically necessary (limit one pair) ⁴	100%	\$100 allowance
Frequency (based on date of service)		
Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Monthly member rates People First Benefit Plan Code: 3004		
	Employee only	\$6.96
	Employee and spouse	\$13.74
	Employee and child(ren)	\$13.60
	Employee and family	\$21.36

SUMMARY OF STATE BENEFITS - 2022

(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)

A. Annual (Vacation) Leave

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

- Annual leave hours in excess of 360 hours at the end of calendar year will be 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 (this is a lifetime payment cap).

B. Sick Leave

F.T.E.	MONTHLY LEAVE RATE	MONTHLY 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

- Accrued paid time off for illness, injury, or appointments with health care providers for the employee or the employee's immediate family member. Proportionate accrual for less than full time.
- 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).

C. 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.
- The personal holiday cannot be split or divided over multiple days. Must be taken in its entirety on a given day.

IV. DEFERRED COMPENSATION

(Pre-Tax)

(PF Plan Code #041)

Brochure Available Upon Request

457(b) Plan

Division of Treasury / Bureau of Deferred Compensation: Toll Free: 877- 299-8002 or (850) 413-3162

(Fax 850-488-7186)

Email: deferredcompensation@myfloridacfo.com

www.myfloriddeferredcomp.com

Participation in the Deferred Compensation Plan allows you to "defer", or delay, receiving a portion of your income until a later date; generally, when you retire. The primary purpose of the Deferred Compensation Plan is to help you save and invest a sum of money, helping to supplement your retirement income. This income will be in addition to the benefits you are expecting to receive from the Florida Retirement System (FRS) and the Social Security Administration (SSA). The State has established this Plan under Internal Revenue Code (IRC) 457(b). (This plan is also available for OPS and contract employees.)

SUMMARY OF STATE BENEFITS - 2022

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

- Tax sheltered savings to supplement retirement income
- Employee contributions only (no employer match).
- IRC Code 457 plan, members choose from mutual funds, variable annuities, CD's, savings accounts or fixed annuities.
- The FL Dept of Financial Svcs is the plan administrator and makes all final decisions regarding providers, products or services.
- Minimum contribution - \$20.00/month
- May enroll at any time.

Deferral Limits (Maximum Contribution Amounts for 2021 remained at):

Standard Deferrals: Lesser of 80% of your compensation or maximum of: \$19,500

Age 50+ Catch-up: \$26,000

Special 457(b) Catch-Up: up to \$39,000

- 457(b) plans of state and local governments may allow catch-up contributions for participants who are aged 50 or older.
 - Allows 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 (\$39,000), 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. This deferral limit remains at \$6,500 for employees age 50 and over.

Approved State Providers:

(Online enrollment is available at MyFloridaDeferredComp.com)

AIG Retirement Services (Formerly VALIC) (online enrollment available)	888-467-3726	www.VALIC.com/floridadcp
Empower Retirement (formerly Great-West Financial) (Enrollment No Longer Available)	800-444-9412	www.florida457.com
VOYA Financial (Formerly ING) (online enrollment available)	800-282-6295	https://florida457.beready2retire.com/
T. Rowe Price (Enrollment No Longer Available)	800-893-0269	http://rps.troweprice.com/florida
Nationwide Retirements Solutions (online enrollment available)	800-949-4457	www.nrsflorida.com
Charles Schwab (online enrollment available)	888-393-7272	www.schwab.com

V. DIRECT DEPOSIT & ELECTRONIC W-2

- * 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.
- * New employees/officers are required to log onto People First and enroll in Direct Deposit within the first 30 days of employment. Choosing this method ensures that your direct deposit will be effective within 8-10 days. In contrast, submitting a hard copy Direct Deposit form will take approximately 4-6 weeks to become effective.
- * Any questions regarding Direct Deposit, please contact the Direct Deposit team at DirectDeposit@MyFloridaCFO.com or (850) 413-5517.

VI. EMPLOYEE ASSISTANCE PROGRAM - (EAP)

Kepro (833) 746-8337 (Log onto PeopleFirst and in upper right-hand corner, click on "EAP") www.MyLifeExpert.com

Kepro administers the state's Employee Assistance Program (EAP). Kepro EAP will be available to provide free services to all benefits-eligible employees. The EAP has an abundance of resources to help you manage everyday challenges or significant life events through a robust support network of local resources. You are automatically enrolled in this benefit. OPS employees who work an average of 30 hours a week are eligible for EAP services. (This benefit only covers the employee/judge; no coverage is provided for family members.)

VII. FLORIDA PREPAID PLANS

(Post-Tax)

PF Code #266 & #267

- * Contact Info: (800) 552-GRAD(4723) or (888) 298-7115 www.myfloridaprepaid.com
 - 1) Florida Prepaid College Plan – allows you to select from options with specific costs, payment schedules and benefits. Effective Date: first day of April following the enrollment period. Annual enrollment period is October through January.
 - 2) Florida 529 Savings Plan – allows you to choose from investment options and to decide just how much and how often you contribute.

Each option is designed to be used at a Florida College or State University, but the amount covered by the plan can also be applied to other schools nationwide.

SUMMARY OF STATE BENEFITS - 2022

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

You can have both plans. Biggest difference between the two is that the [Florida 529 Savings Plan](#) is subject to fluctuations in the financial markets, while the [Florida Prepaid College Plan](#) is guaranteed by the State of Florida.

- 2-Year Florida College Plan:** Covers tuition and other specified fees for 60 credit hours at a Florida College, offering your child the ability to earn an associate's degree or trade certification in various fields. Plus, a student earning an associate's degree at any Florida College is guaranteed admission to a State University.
- 4-Year Florida College Plan:** Covers tuition and other specified fees for 120 credit hours at a Florida College – the amount required to earn a bachelor's degree.
- 2 + 2 Florida Plan:** Covers tuition, tuition differential fee and other specified fees for 60 credit hours at a Florida College and 60 credit hours at a State University.
- 1-Year Florida University Plan:** Covers tuition, tuition differential fee and other specified fees at a State University for 30 credit hours – ¼ of the 120 credit hours generally needed to obtain a bachelor's degree.
- 4-Year Florida University Plan:** Covers tuition, tuition differential fee and other specified fees at a State University for 120 credit hours – the amount generally required to earn a bachelor's degree.
- University Dormitory Plan:** If you purchase a 2 + 2 Florida Plan, a 1-Year or 4-Year Florida University Plan, you are eligible to purchase one or more years of the University Dormitory Plan. The plan covers the cost of a standard double-occupancy dormitory room at any of Florida's 12 State Universities.

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.18jcc.local/brevardcourtsintranet/>

2022 COURT HOLIDAY	OBSERVED ON:
New Year's Day	Friday, December 31, 2021
Martin Luther King, Jr. Birthday	Monday, January 17, 2022
Good Friday	Friday, April 15, 2022
Memorial Day	Monday, May 30, 2022
Independence Day	Monday, July 4, 2022
Labor Day	Monday, September 5, 2022
Rosh Hashanah	Monday, September 26, 2022
Yom Kippur	Wednesday, October 5, 2022
Veterans Day	Friday, November 11, 2022
Thanksgiving Day	Thursday, November 24, 2022
Friday After Thanksgiving	Friday, November 25, 2022
Chief Judge Holiday	Friday, December 23, 2022
Christmas Day	Monday, December 26, 2022
New Year's Day	Friday, December 30, 2022

IX. 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.

SUMMARY OF STATE BENEFITS - 2022

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

X. MEDICARE (SOCIAL SECURITY ADMINISTRATION)

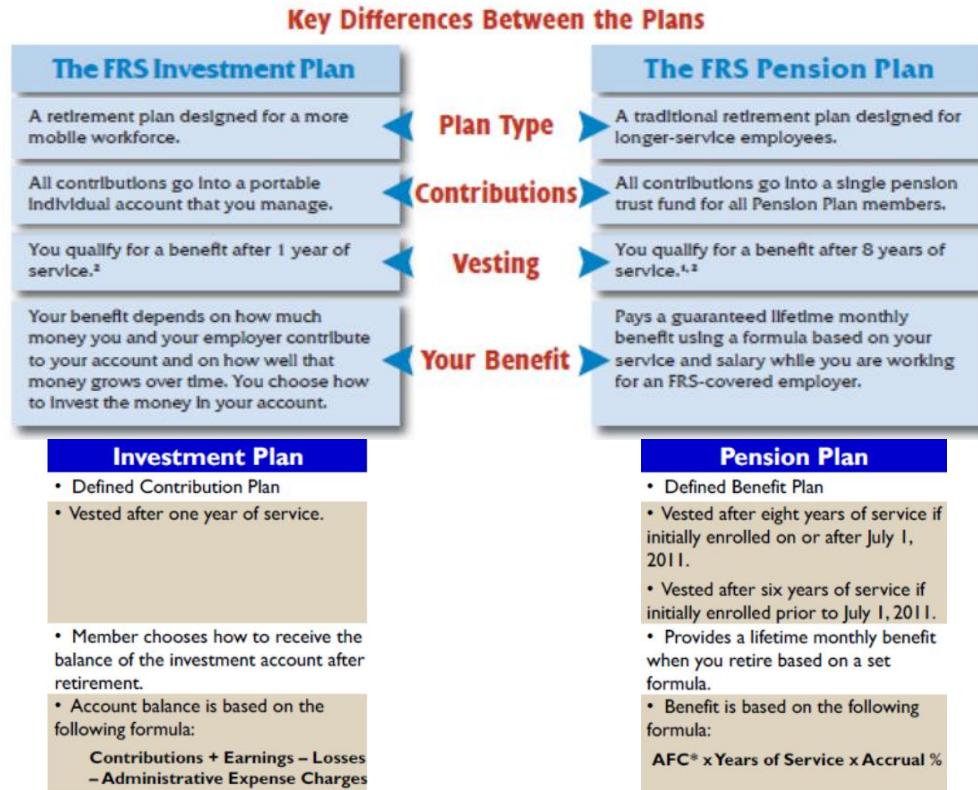
- If you, as an active state employee, and/or your dependents become eligible for Medicare, your State Group health insurance plan will continue to be your primary insurance coverage.
- You should defer Medicare Part B until you terminate employment without risk of penalty. This is in your best financial interest. Once you terminate employment, you must immediately notify the Social Security Administration to pick up Part B to avoid a penalty. Medicare gives you up to 8 months to enroll (special enrollment period) without a Medicare premium penalty.
- To delay enrollment in Medicare Part B, contact Medicare at www.medicare.gov or (800) 633-4227. TTY users call (877) 486-2048.
- Once you and/or your dependents are eligible for either Medicare Part A or Part B as a retiree, your State Group health plan pays secondary, even if you and/or your dependents don't enroll in Part A or Part B. As a retiree, if you and/or your dependents do not elect your Medicare Part B coverage right away, you must pay the first 80% of your health care expenses, making you responsible for expensive medical bills. Medicare Part A (hospital insurance) is free, but Medicare Part B (medical insurance) requires you to pay a monthly premium.
- Our prescription drug coverage is considered Creditable Coverage for the Medicare Part D Drug program, and on average, expected to pay out as much as or more than the standard Medicare prescription drug coverage pays.

XI. RETIREMENT

- * Toll Free @ 844-377-1888 or 850-907-6500 www.frs.myflorida.com or www.MyFRS.com
- * The Florida Retirement System (FRS) currently features two options for enrollees: a defined-benefit program, which is a traditional **PENSION** plan, and a defined-contribution program, which is an IRA-style / **INVESTMENT** plan.
- * **Default Options**
 - * FRS-covered emps in all membership classes, *except Special Risk*, hired on or after 01/01/2018, default option is the **Investment Plan**.
 - * FRS-covered emps in the Special Risk class hired on or after 01/01/2018, the default option is the **Pension Plan**.
 - * FRS-covered emps hired prior to 01/01/2018, the default option was the **Pension Plan**.
- * If you are new to the FRS, you **MUST** select between two plans: **PENSION** or **INVESTMENT**. Effective January 1, 2018, members will have **8 calendar months from their hire date** to make an active election between the two plans (**Pension** or **Investment**). If members do **not** make an active election by the end of the election period, they will **automatically be defaulted into the **Investment Plan**** (exception: members of the Special Risk Class will default to the Pension Plan). You are permitted a one-time second election to change membership plans during your career.
- * FRS members are entitled to free financial guidance from Ernst and Young. Contact the MyFRS Financial Guidance Line at 1-866-446-9377 and choose prompt 2 to start getting guidance. You can also visit their website, www.MyFRS.com, to access their online tools or chat with a representative.
 - <https://ChooseMyFRSplan.com/> - an interactive video to assist new hires in choosing a retirement plan.
 - <https://choosemyfrsplan.com/nh/> - a new hire video providing you an overview of the tools available in choosing a retirement plan.
- * **Effective July 1, 2019, the mandatory retirement age of all judges and justices, except those upon temporary assignment, is 75 years of age.**
- * **FRS Participant Contributions:**
 - * Effective 07-01-11, all active FRS members (*excluding those participating in **DROP** and reemployed retirees who are not allowed to renew membership*) are required to contribute 3% of their salary on a pre-tax basis (your salary is reduced by the amount of the employee contribution before determining the federal income tax deduction) as part of the funding of their future retirement benefits. These employee contributions are able to be refunded to you only once you terminate all employment with FRS-participating employers (including employment not covered by the FRS) and remain off all FRS-participating employers' payrolls for three calendar months.
 - * **Pension Plan** members who choose to receive a refund of employee contributions lose the service credit earned during the time period that contributions were made. Refunded service may be purchased after the **Pension Plan** member returns to work for one service credit year. A decision about purchasing refunded service must be finalized before the member retires. In addition, if you choose not to roll over your refund to a qualified plan, your refund will have taxes withheld at a 20% rate based on IRS requirements.
 - * **Investment Plan** members who receive a distribution (including a distribution of employee contributions) are considered retired.

SUMMARY OF STATE BENEFITS - 2022

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



- * The **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. You receive a set, monthly benefit based on your age at retirement, salary, position, and how long you worked for the FRS.

You contribute 3% of your gross salary each pay cycle. (If you leave before you are vested, you are entitled to only a refund of contributions you paid into the system.)

- For Career Service (Regular Class), Selected Exempt Service, Senior Mgmt Service, and Elected Officers (Judges):
Members initially enrolled in the FRS BEFORE 07-01-11
 - 6-year vesting
 - Normal retirement at age 62 OR 30 years of creditable service at any age
- For Career Service (Regular Class), Selected Exempt Service, Senior Mgmt Service, and Elected Officers (Judges):
Members initially enrolled in the FRS ON or AFTER 07-01-11
 - 8-year vesting
 - Normal retirement at age 65 OR 33 years of creditable service at any age
- **Pension Plan** members – retirees who qualify for a cost-of-living increase (COLA) will have their pension benefit increase. Please note the following important considerations:
 - If all the service credit included in your retirement benefit was before July 1, 2011, your retirement benefit will receive an annual 3% COLA.
 - If any of the service credit included in your retirement benefit was in July 2011 or after, your retirement benefit will be increased by an individually calculated COLA that is less than 3%.
 - An individually calculated FRS COLA: divide the total years of service credit before 07/01/11, by the total years of service credit at retirement. Multiply this number by 3% to determine the annual individual COLA. (For example: member retires effective 07/01/15, with 30 years of service, 26 of which occurred before 07/01/11, the calculation would be: 26/30 = .8667 x 3% = 2.60%. This member will receive a 2.6% COLA each July.)
 - If you were initially enrolled July 1, 2011 or after, your retirement benefit will not be increased by COLA.
 - If your retirement benefit qualifies for a COLA, the increase in your benefit is always included beginning with your July benefit payment each year. If you have been retired for fewer than 12 calendar months, your first COLA will be prorated based on the number of months you have been retired, including DROP participation.

SUMMARY OF STATE BENEFITS - 2022

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

Benefits are paid under one of four lifetime monthly payment options.

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 (eight) highest fiscal years of compensation for creditable service (not 5).**

- * Member Annual Statements (MAS) are available only online through your FRS Online account. Your MAS summarizes your retirement record and, if you are vested, includes projected estimates of your future monthly benefit. An MAS is created only for active Pension Plan members or hybrid members with Pension Plan service. (Hybrid member meaning that you joined the FRS Investment Plan for your future service and kept your prior Pension Plan service credit – your MAS reflects only your Pension Plan service.)

Your MAS is available in the month you were born and is based on service credit through the prior month. You will receive an email notifying you that your MAS is available from your FRS Online account using the email address on file with the division. If your FRS Online account is not yet established and we have an email address on file, you will be provided, by email, a temporary 60-day access to view your MAS while you get your FRS Online account established.

- * The **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 **Investment Plan** means that employer contributions are defined. You contribute 3% of your gross salary each pay cycle.

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.

You contribute 3% of your gross salary each pay cycle. (If you leave before one year, you are not vested and are entitled to only a refund of contributions you paid into the system.)

- * **Deferred Retirement Option Program – D.R.O.P.** allows you to effectively retire under the **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 (5 years) 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 1.30%.
 - 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 (pro-rated depending upon your actual retirement date). 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 **Pension Plan** members.
- * **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).

SUMMARY OF STATE BENEFITS - 2022

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

- * 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 **DRDP** period ends, employment must be terminated. If you fail to terminate on stated date, you forfeit your **DRDP** earnings.
- * **DRDP** 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 **DRDP** 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 **DRDP** 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 **DRDP** eligibility period or be postponed to the end of the term of office in which your **DRDP** 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 **DRDP** 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 **DRDP** account distribution until you terminate from elected office. After the end of your **DRDP** participation and prior to termination from office, your **DRDP** account will increase only by compounded monthly interest unless your **DRDP** participation begins on or after July 1, 2010. If you are an elected official and your **DRDP** participation begins on or after July 1, 2010, your **DRDP** account will no longer earn interest after your **DRDP** 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: AFTER FRS Retirement.** If your retirement without **DRDP** participation or **DRDP** 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 **DRDP** termination date. If you work for an FRS-participating employer during this period, you will void your retirement and **DRDP** participation and you must repay all benefits paid (including **DRDP** payout). (You will then need to apply for retirement again and establish a future retirement date.) (This includes OPS employment.)
 - You cannot receive FRS benefits if you work for an FRS-participating employer during the 7th through 12th calendar months after retirement or your **DRDP** 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.

Other Notes:

- FRS **Pension Plan** retirees remain ineligible for renewed membership if initially reemployed on or after July 1, 2010. (In other words, you cannot earn another FRS retirement benefit if you become re-employed with an FRS-participating employer.)
- Retirees of the FRS Investment Plan will become renewed members in the FRS **Investment Plan** if the member is employed in a regularly established position and was initially enrolled on or after July 1, 2017

XII. F I C A (SOCIAL SECURITY) A L T E R N A T I V E P L A N (For OPS Employees Only)

- * Toll Free @ 800-44-VALIC (800-448-2542) www.valic.com/opsfl
- * VALIC is the State of Florida's administrator of the Social Security Alternative Plan for OPS employees.
- * OPS employees contribute 7.5% of their compensation to this tax-deferred plan instead of paying FICA (Social Security) tax to the government. The state does not contribute to Social Security for OPS employees, so these contributions are mandatory and cannot be changed.
- * An account will be set up for the employee on the VALIC system using demographic information from the state. OPS employees must sign in (register) to their account on the VALIC website to input their beneficiary. They will also have the ability to manage their account online after establishing their account.
- * The Vanguard target date series is the plan's default investment option. Employees are encouraged to access their account and select the investment mix most appropriate for their specific situation.
- * Medicare contributions at 1.45% will continue to be withheld and matched by the employer.
- * OPS employees do not have to take or move their investments when leaving employment. Assets may remain invested in the Social Security Alternative Plan and continue benefiting from tax-deferred growth. Alternatively, employees can transfer the money into their VALIC account in the Florida Deferred Compensation plan if they have opened an account in the plan prior to leaving employment.

(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.)