



UNIVERSITY OF CENTRAL FLORIDA

2025

EMPLOYEE BENEFITS GUIDE



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THE UNIVERSITY OF CENTRAL FLORIDA BENEFITS GUIDE

Welcome to UCF! Whether you are a new employee or an existing employee, we are glad you are taking the time to learn about your benefits.

We are pleased to provide you with a wide range of competitive benefits that are a part of your total compensation. You have an impressive selection of benefits to choose from, so please carefully consider your personal benefits needs. It is important to gain a full understanding of all insurance and retirement plans to ensure you are making the best selections.

The UCF Human Resources Benefits Section offers enrollment labs to assist employees in completing their insurance and retirement enrollments. During these one-on-one sessions, key features of the benefits plans can be compared, and issues can be addressed that need to be considered when making election decisions. The sessions are available by appointment only. To make an appointment, contact the UCF Human Resources Benefits Section.

This guide contains only general and summary information; it should not be considered a replacement for the more detailed information set forth in certificates of coverage or plan documents produced by each insurance company. Every attempt is taken to assure the accuracy of this guide; however, in the event of any conflict between this guide and information produced by each insurance company, the insurance company's documents will be the final authority.

CONTACT US

Office of Human Resources | Benefits Section
12201 Research Parkway, Suite 200
Orlando, FL 32826

Phone: 407.823.2771

Secure eFax: 407.882.9022

Email: Benefits@ucf.edu

Website: hr.ucf.edu

Commonly Used Health Insurance Terms

Health insurance is complicated. Learning about available health insurance plans can be overwhelming, especially if you aren't familiar with some of the more common health insurance terms. Read through the definitions below to gain a better understanding of health insurance basics.

A **coinsurance** is your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance after paying the deductible for the plan year. An example of coinsurance is if your health insurance plan's allowed amount for a covered service is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance plan pays the rest of the allowed amount.

A **copayment**, also referred to as a **co-pay**, is a fixed amount that you pay for covered health care services including doctor visits, specialist visits, or prescription drugs. Once your copay is paid, your health insurance provider covers the remaining cost of the service. The amount of your copay can vary depending on the type of health care service. An example of a co-pay is if your plan has a \$25 copayment for routine doctor's visits, which means you must pay \$25 each time you go. Copayments are different than coinsurance, and typically are not applied towards the annual deductible.

An **annual deductible** is the amount you owe for health care services before your health insurance plan begins to pay. For example, if your annual deductible is \$1,000, your plan will not pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

The **premium** is the amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as bi-weekly, and deducted from his or her paycheck. If the health plan you've chosen costs \$180 per month, that is your premium.

Employment Classifications

The University of Central Florida employs more than 12,000 individuals in various positions. Each employee is designated in a specific classification, which determines the benefits that they are eligible for. For the purposes of determining your benefits eligibility, a list of employee classifications is included below. To learn about the various employee classifications and Pay Groups visit the [UCF Comprehensive Job Families & Job Classifications page](#).

- A&P (Administrative & Professional)
- Executive Service
- Faculty (includes 12-Month and 9-Month)
- Physician Learners (Medical Residents)
- OPS (includes Adjunct Faculty, Hourly Non-Students, and Graduate Assistants)
- Post-Doctoral Associates
- USPS (University Support Personnel System)

Benefits Eligibility Overview

State of Florida Group Insurance Program Benefits

Benefit	Eligibility
Health Insurance Spending Accounts (FSA & HSA) Dental Insurance Vision Insurance Basic Life Insurance Dependent Spouse Life Insurance Dependent Child Life Insurance Accident Insurance Cancer Insurance Short Term Disability Insurance Hospitalization Insurance	A&P, Executive Service, USPS, Faculty, Post-Doctoral Associates, Physician Learners, and OPS
Optional Life Insurance	A&P, Executive Service, USPS, Faculty, Post-Doctoral Associates, and Physician Learners

Gabor Financial Solutions Benefits

Benefit	Eligibility
Disability Insurance	A&P, Executive Service, USPS, and Faculty
Term and Universal Life Insurance	A&P, Executive Service, USPS, and Faculty

Retirement Plans

Benefit	Eligibility
Florida Retirement System (FRS) Pension Plan	A&P, Executive Service, USPS, and Faculty
Florida Retirement System (FRS) Investment Plan	A&P, Executive Service, USPS, and Faculty
State University System Optional Retirement Program (SUSORP)	A&P, Executive Service, and Faculty
FICA Replacement Plan	Mandatory for OPS Non-Student Employees, Adjunct Faculty, Post-Doctoral Associates, and Physician Learners
Pre-Tax and Post-Tax 403(b) Plans	A&P, Executive Service, USPS, Faculty, Post-Doctoral Associates, Physician Learners, and OPS
Pre-Tax 457(b) Plans	A&P, Executive Service, USPS, Faculty, Post-Doctoral Associates, Physician Learners, and OPS

Additional Employee Benefits

Benefit	Eligibility
Employee Assistance Program	All employees (excluding OPS student employees)
Tuition Waiver Program	A&P, Executive Service, USPS, and Faculty
Florida Prepaid College Savings Plan	A&P, Executive Service, USPS, Faculty, Post-Doctoral Associates, Physician Learners, and OPS

People First

Because UCF is a public university, we participate in the State of Florida Group Insurance Program. People First is the plan administrator for the State Group Insurance Program. They are responsible for plan enrollments, determining eligibility, processing enrollment changes, COBRA, and retiree coverage administration.



User ID

You will receive your People First ID in the mail. However, if you wish to enroll/access your account prior to receiving your ID in the mail, you may call People First or the Human Resources Benefits section directly.

International Employees

People First will not send an enrollment packet until they have a **valid Social Security Number** and a **valid address**. **Missing information can cause an employee to possibly miss their new hire enrollment window, and/or a delay in the start of insurance coverage.**

Insurance Effective Dates

Employees have **60 days** from their hire date to enroll in insurance. Employees may elect **health insurance** to begin the month after they are hired (if the election is completed during their month of hire) – this is called an **early effective date**. For example, if you are hired and complete your health insurance enrollment in June, you can start your health insurance July 1. Insurance premiums are paid one month in advance. Therefore, if you elect the early health insurance effective date, you may be contacted by the UCF Human Resources Benefits Section regarding a possible double deduction, depending on the timing of your election in the payroll processing cycle.



Using People First to Enroll

Employees may enroll online through the People First website or by contacting the People First Service Center at 866-663-4735 Monday through Fridays from 8am to 6pm eastern standard time.

- Your user ID number is required.
- The default password is Pf+date of birth in the following format **PfMMDDYY**
- Once you have made your selections, a confirmation statement will be generated for your records.

Insurance Cards

Insurance cards will be mailed after the insurance effective date. If you need to use your coverage before you receive your insurance card in the mail, contact the health insurance provider to request a temporary electronic insurance card.

Rehire/Transfer Employees

You are not considered a new employee in terms of benefits enrollment through People First if you are rehired or transferring from another state agency within a specific time period.

Non-OPS employees being rehired or transferring from another Florida state agency within one month and OPS employees rehired or transferring within 26 weeks from a Florida state university (or 13 weeks from a non-university agency) are not considered new employees. These employees, if previously enrolled in benefits, may have benefits automatically reinstated upon rehire or transfer. Changes or cancellations of your benefits can only be done in the event of a Qualifying Status Change (QSC) or during Open Enrollment. An example of a valid QSC is if you gained other group coverage before rehire, coverage may be canceled 60 days from the date of rehire/transfer.

IMPORTANT for OPS Employees: If you do not enroll in benefits as an eligible OPS employee when initially eligible, you will not be eligible to enroll (outside of a qualifying status change and/or open enrollment) if you are hired into a non-OPS position.



Enrollment Tips

1. Watch for your benefit statement in the mail. It will show all of your options and costs and explain possible effective dates of coverage.
2. Enroll within 60 days of your new hire/qualifying status change event. If you miss your enrollment deadline, you must wait until the next open enrollment, unless you have another qualifying status change event during the year that allows you to make a change.
3. Have correct Social Security numbers, birth dates, and required documentation to enroll your eligible dependents.
4. Choose your options carefully. Once you make an election during open enrollment or within the 60-day QSC event window, you cannot cancel or change to another plan (e.g., switch health insurance plans).

Additional Resources

If you need assistance with the enrollment process through the People First website, you can watch the [instructional People First enrollment video](#), you can contact the People First Service Center at 866-663-4735 or reference the [People First Enrollment Tutorial guide](#).

Employee Eligibility: State Group Insurance Program

To be eligible to participate in the State Group Insurance Program, you must be one of the following:

- A full time regular employee (non-OPS);
- A part time regular employee (non-OPS); or
- A full time OPS employee.

New Hires

Upon hire, your position or expected hours of service will determine if you are eligible for insurance. Eligibility is determined by People First. Employees in the following positions are eligible to participate in all insurance plans offered under the group insurance program upon hire:

Employee Type	<u>Employment Status</u>
Regular Employees (non-OPS)	<p><u>Full Time</u></p> <ul style="list-style-type: none"> • Working .75 full-time equivalency (FTE) or more <p><u>Part Time</u></p> <ul style="list-style-type: none"> • Working fewer than 0.75 FTE <ul style="list-style-type: none"> • Pay a pro-rata share of the health and life insurance employer premium based on the FTE, plus their employee share
OPS Employees	<p><u>Full Time</u></p> <ul style="list-style-type: none"> • Hired at a .75 full-time equivalency (FTE) or more

OPS employees expected to work fewer than 30 hours per week on average (less than .75 FTE) are not eligible for insurance upon hire. Eligibility is determined at the point of hire, and eligibility for subsequent plan years is determined using a look-back measurement method. The look-back measurement method is based on IRS final regulations under the Affordable Care Act (ACA), and its purpose is to provide greater predictability for eligibility determinations. The State of Florida uses a 12-month look-back measurement method to determine who is a full-time employee for purposes of eligibility.

OPS Employees: New Employee vs. Ongoing Employee Designation

Employee Type	<u>Employment Status</u>
New Employee	<ul style="list-style-type: none"> • Employee hired at full-time (30 hours or more per week) and immediately eligible to enroll in coverage; or • Employee hired at part-time (less than 30 hours per week) and not eligible to enroll in coverage
Ongoing Employee	<ul style="list-style-type: none"> • Employees outside of their new hire measurement period; or • Employees rehired or transferring from another state university within 26 weeks of termination; or • Employees rehired or transferring from another non-university state agency within 13 weeks of termination

12-Month Look-Back Measurement Period

The 12-month look-back measurement method involves three different periods, the measurement period, the stability period, and the administrative period. Each period counts hours of service to determine eligibility for OPS employees, or future premium rate for non-OPS employees.

New Hire Measurement Period for OPS Employees: If you are not a full-time employee at the point of hire, your hours of service from the first day of the month following your hire date to the last day of the 12th month of employment will be measured.

Example: Assume you are hired on October 5, 2024 as a part time employee. Your initial measurement period will run from November 1, 2024 through October 31, 2025. If your hours worked during the new hire measurement period average 30 hours or more per week, you are eligible to enroll in the program with an effective date of December 1, 2025.

Open Enrollment Measurement Period for OPS Employees: If you have been employed long enough to work through a full 12-month measurement period, you are considered an ongoing employee. Your hours of service are measured during the open enrollment measurement period, which runs from October 3 through the following October 2 of each year and will determine eligibility for the plan year that follows the measurement period.

Example: Assume you are hired on January 5, 2024 in an OPS position and are expected to work an average of at least 30 hours per week. You are eligible to enroll in the program at your point of hire and will continue to be eligible through December 31, 2025. You will then be measured on October 3, 2025 to determine your eligibility for the 2026 plan year.

Stability Period: Follows a measurement period. Your hours of service during the measurement period determine whether you are a full-time employee who is eligible for coverage during the stability period. As a general rule, your status as a full-time employee or a non-full-time employee is “locked in” for the stability period, regardless of how many hours you work during the stability period, as long as you remain an employee at UCF (or another State of Florida agency/public university that participates in the State Group Insurance Program).

- There are exceptions to this general rule for employees who experience certain changes in employment status. For ongoing employees, the stability period lasts 12 consecutive months. Newly hired full-time employees may have a stability period longer than 12 months depending on their date of hire.

Administrative Period: The time between the measurement period and the stability period when administrative tasks, such as determining eligibility for coverage and facilitating enrollment, are performed. If you are determined to be eligible, a benefits package showing your available options, costs and effective dates will be mailed to the mailing address on file in People First, the system of record.

The rules for the look-back measurement method are very complex, and this is a general overview of how the rules work. If you have any questions about this measurement method and how it applies to you, call the People First Service Center at 866-663-4735, weekdays from 8 a.m. to 6 p.m. eastern standard time.

OPS Employee Plan Year Eligibility Criteria

OPS Status	<u>Insurance Eligibility</u>
New OPS Employees (Full Time)	<ul style="list-style-type: none"> • Hired and reasonably expected to work 30 hours or more per week • Eligible to elect benefits upon hire • Does NOT have a New Hire Measurement Period. Eligibility for future coverage is determined at the first full Open Enrollment Measurement Period.
New OPS Employees (Part Time)	<ul style="list-style-type: none"> • New employees hired who were not reasonably expected to work 30 hours or more per week. • Not eligible for benefits upon hire • Eligibility for future coverage is determined at the end of their 12-month New Hire Measurement Period
Ongoing OPS Employees (Full Time)	<ul style="list-style-type: none"> • Worked an average of 30 hours or more per week over the Open Enrollment Measurement Period (10/3/xx – 10/2/xx) • Eligible for benefits for the next plan year • Enroll during Open Enrollment • Earliest coverage could begin: January 1, 20xx
Ongoing OPS Employees (Part Time)	<ul style="list-style-type: none"> • Did NOT work an average of 30 hours or more per week over the Open Enrollment Measurement Period (10/3/xx – 10/2/xx) • Not eligible for benefits for next plan year • Eligibility for future coverage will be determined at the end of the next open enrollment measurement period (10/3/xx - 10/2/xx)

Reminders

- An increase in weekly standard hours to 30 or greater will result in a change in eligibility and open a 60-day QSC window to allow enrollment in coverage.
- If a full-time line or full-time OPS employee changes to part-time, they are still entitled to the full-time employer premium for the remainder of their stability period.
- A decrease or increase in standard hours may impact eligibility for the next measurement period and plan year.

Additional Resources

Information on the qualifiers to participate in benefit options through the State Group Insurance Program can be found on the MyBenefits website, under [Enrollment and Eligibility](#).

Dependent Eligibility: State Group Insurance Program

The following dependents are eligible for coverage:

- **Spouse** — The legal wife or husband of the employee or retiree.
- **Child** — A biological child, legally-adopted child, or child placed in the home for the purpose of adoption in accordance with Chapter 63, F.S., through the end of the calendar year in which he/she turns age 26.
- **Stepchild** — The child of your spouse for whom you are financially responsible, for as long as you remain legally married to the child's parent, through the end of the calendar year in which he/she turns age 26.
- **Foster child** — A foster child, or any other unmarried children for whom you have been granted court-ordered temporary or other custody, through the end of the calendar year in which he/she turns age 26.
- **Guardianship** — A child for whom you have legal guardianship in accordance with Chapter 744, F.S., or an unmarried child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26.
- **Over-age dependent** — After the end of the calendar year in which he/she turns 26, through the end of the calendar year in which he/she turns 30— if he/she is unmarried, has no dependents of his/her own, is a resident of Florida or a full- or part-time student, and has no other health insurance.
- **Over-age dependent with a disability** — A covered child with mental or physical disabilities. This child may continue health insurance coverage after reaching age 26 if they have been continuously covered in a State Group Insurance health plan, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the mental or physical disability and be dependent on you for care and financial support. If you do not enroll the child at your initial enrollment, you will not be able to add the child to your coverage at a later date.
- **Newborn child of a covered dependent** — A newborn dependent of a covered dependent. The newborn must be added within 60 days of the birth. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.
- **Children of law enforcement, probation, or correctional officers** — Children of law enforcement, probation, or correctional officers who were killed in the line of duty.
- **Surviving spouse and dependents** — The widow or widower of a deceased state officer, state employee, or retiree, if the spouse was covered as a dependent in the State Group Insurance health plan at the time of death; or an employee or retiree who died before July 1, 1979; or a retiree who retired before Jan. 1, 1976, under any state retirement system who is not eligible for any Social Security benefits. The surviving spouse may participate in the State Group Insurance health plan with family coverage if there are eligible children to be covered; otherwise, the surviving spouse may only participate under an individual coverage per Rule 60P-2.002(3), F.A.C. Upon remarriage, the widow or widower is no longer considered a surviving spouse. A surviving spouse shall report remarriage within 60 days of the remarriage.
- If dependent eligibility changes, you must notify People First within 60 days of the change. More information on [eligible dependents](#) can be found on the MyBenefits website.

Dependent Verification

If you add a dependent to your health insurance coverage, you will receive a request to provide documentation of your dependent(s)' eligibility. This process applies to new hires, marriages, births, and other life events during the year as allowed by a qualifying status change (QSC) event.

Documentation requests will be generated through People First and sent via email from the PeopleFirstNoReply@ngahosting.com email to the employee's notification email in People First. If the employee does not have a notification email, a letter will be mailed to the employee's address on file. If employees do not send the required documents to DSGI within 60 days from the date of the request and/or if their documents do not prove dependent eligibility, insurance coverage on the dependents in question will be removed.



Important Notice

As prohibited by the rules of the program, the following acts will be treated as fraud or misrepresentation of material fact:

- Falsifying dependent information
- Falsely certifying ineligible persons as eligible
- Falsifying dependent documentation
- Falsely enrolling ineligible persons in coverage
- Falsifying the occurrence of QSC events
- Falsifying QSC event documentation

Such acts will require you to reimburse the plan for any fraudulent claims incurred for, or, if you are still within the COBRA election window, for paying COBRA premiums for any months that the ineligible person(s) was covered.

Additional Resources

More information on [Dependent Eligibility and Verification](#) can be found on the MyBenefits website or contact People First at 866-663-4735 and ask to speak with a member of the dedicated dependent eligibility verification team.

Making Changes to Your Plans

Changing Insurance Elections

Employees have two ways to change insurance elections after their 60-day new hire enrollment window:

1. **Qualifying Status Change (QSC)**
 - Examples: Marriage, divorce, birth of child, spouse insurance termination, etc.
 - Employees have **60 days** from the effective date of the event to contact People First.
2. **Open Enrollment**
 - Open Enrollment is your once-a-year opportunity to make changes to your state group insurance benefits. Typically, Open Enrollment is held each Fall, and any changes made during Open Enrollment are effective January 1 of the following year. If you do not make changes during Open Enrollment, all of your elections will continue to the new plan year.

For additional information regarding open enrollment, new hire eligibility, and qualifying status changes, visit the [Making Changes to Your Plans](#) page of the MyBenefits website.

When Coverage Ends

All coverage ends as follows, unless you elect COBRA for a COBRA-eligible benefits (such as medical, dental, or vision):

- **Employees:** When you end employment with the State, coverage ends for you and any covered dependents the last day of the month following the month of termination. For example, if your last day of work is June 23, coverage ends July 31.
- **Retirees, COBRA participants, eligible former employees, layoff participants, and surviving spouses:** You have until the last day of the coverage month to pay the premium. If you have made no payment, coverage will end, and you will not be permitted to re-enroll. Avoid this situation by submitting your payment to People First by the 10th day of the month before next month's coverage.
- **Surviving spouse:** If you remarry, coverage ends the last day of the month of your marriage. You and your new spouse may continue health insurance through COBRA for a limited time. If you do not remarry, coverage continues with no break.
- **Dependents:** Coverage ends for dependents when your coverage ends or when they lose eligibility— the last day of the month of a divorce (ex-spouse and ex-stepchildren), their death or your death, or the last day of the calendar year in which they meet the age limits. Dependent grandchildren lose coverage at the end of the month in which they turn 18 months of age, or if their parent ceases to be covered under the plan.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

COBRA allows qualified participants to continue coverage of their health, dental and vision, healthcare flexible spending account, health reimbursement account, and benefits through their employer's group insurance plan for a limited period of time under certain circumstances, including the following:

- Voluntary or involuntary job loss;
- Reduction in hours worked;
- Transition between jobs;
- Death;
- Divorce; or
- Other life events.

When you end employment, coverage ends for you and any covered dependents the last day of the month following the month of termination. For example, if your last day of work is June 23, coverage ends July 31.

People First will mail a COBRA package to your address on record when/if one of these events is reported. COBRA enrollees pay the entire monthly premium plus a 2% administrative fee. You and/or your dependents lose eligibility for COBRA when you become eligible for other group insurance (including Medicare), or if you fail to pay the premium by the last day of the coverage month.

For additional information regarding COBRA, visit the [US Department of Labor website](#)

Eligible Former Employees

Eligible Former Employee (EFE) means a former state officer or employee who was enrolled in the State Group Insurance Program (Program) for at least six cumulative years with an employer or employers participating in the state group insurance program, and who was enrolled in Program at the time of his or her separation from employment. Separation from employment must occur on or after July 1, 2022. Other Personal Services (OPS) and seasonal workers are not eligible.

As an EFE, you can continue to participate in the Program after you separate from employment. If you choose not to participate upon separation, you will retain the ability to re-enroll for a period of 24 months from your separation date.

EFEs will be provided access to enroll via the People First portal. To request an early effective date, you must contact the People First Service Center at 866-663-4735.

EFEs will receive a benefit statement in addition to the regular COBRA packet upon separation. More information can be found [here](#).

Health Insurance

There are four health insurance plans offered through the State Group Insurance Program. Each plan provides comprehensive major medical and prescription drug coverage, as well as preventive care benefits.

1. Standard HMO

- Administered by Aetna, Capital Health Plan, and United Healthcare
- Only covers in-network services, except in emergency situations
- No annual deductible
- You pay copayments for services rendered in the HMO network
- Open Access - you can see the specialist you choose without a referral

2. High Deductible HMO

- Has the same providers and in-network requirements as the standard HMO
- Must meet an annual deductible (In-Network: \$1,650 per person; \$3,300 per family) before the plan pays for anything (except for certain preventive services and prescriptions)
- Once deductible is met, you pay coinsurance for all services and prescription drugs
- Can enroll in a Health Savings Account (HSA) to help offset your out-of-pocket costs; UCF will make a contribution of up to \$500 (annually) for individual coverage or up to \$1,000 (annually) for family coverage
- Open Access - you can see the specialist you choose without a referral

3. Standard PPO

- Administered by Florida Blue
- Provides coverage in- and out-of-network
- You may receive care from any doctor or healthcare provider; however, your cost for care is lower when you use in-network providers
- Must meet an annual deductible (In-Network: \$250 per person; \$500 per family) before the plan pays towards the cost of your healthcare services, except for most preventive care services
- Must meet annual deductible and pay coinsurance or copayments
- Can self-refer to specialists

4. High Deductible PPO

- Has the same provider and works like the standard PPO, except you have a higher annual deductible (In-Network: \$1,650 per person; \$3,300 per family) to meet before the plan pays for anything, except for most preventive care services
- Once deductible is met, you pay coinsurance for all services and prescription drugs
- Can enroll in a Health Savings Account (HSA) to help offset your out-of-pocket costs; UCF will make a contribution of up to \$500 (annually) for individual coverage or up to \$1,000 (annually) for family coverage
- Can self-refer to specialists

Health Plan Comparison	Standard HMO Plan	Standard PPO Plan		High Deductible HMO & PPO Plans	
	Network Only	Network	Out of Network	Network	Out of Network (PPO only)
Annual Deductible	None	Single: \$250 Family: \$500	Single: \$750 Family: \$1,500	Single: \$1,650 Family: \$3,300	Single: \$2,500 Family: \$5,000
Annual Global In-Network Out-of-Pocket Maximum (combined pharmacy and medical)	Per Individual: \$9,200 Per Family: \$18,400	Per Individual: \$9,200 Per Family: \$18,900	N/A	HMO Per Individual: \$3,000 Per Family: \$6,000 PPO Per Individual: \$4,650 Per Family: \$9,300	N/A
Preventive Care¹	Free	Free; no deductible	Amount between charge and out-of-network allowance; no deductible	Free; no deductible	Amount between charge and out-of-network allowance; no deductible
Primary Care	\$20 copayment	\$15 copayment	40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance	Deductible then 20% of network allowed amount	Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance
Specialist	\$40 copayment	\$25 copayment	40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance	Deductible then 20% of network allowed amount	Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance
Urgent Care	\$25 copayment	\$25 copayment	\$25 copayment	Deductible then 20% of network allowed amount	Deductible then 20% of out of network allowance
Emergency Room	\$100 copayment	\$100 copayment	\$100 copayment	Deductible then 20% of network allowed amount	Deductible then 20% of network allowed amount
Hospital Stay	\$250 copayment	20% after \$250 copayment	40% after \$500 copayment plus the amount between charge and out-of-network allowance	Deductible then 20% of network allowed amount	Deductible, \$1,000 copay, then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance

¹ Preventive care based on age and gender.

Monthly Premiums

Premiums are deducted a month in advance (for example, the deductions taken in December are paying for January coverage).

Part-time regular employees (non-OPS) who work less than .75 FTE pay a prorated share of the employer contribution, plus the employee contribution. A Part Time Worksheet is available on the Human Resources website that can assist part-time employees with determining their monthly health insurance premium.

Premium Comparisons

Monthly Premiums	Standard Health Insurance Plan (HMO or PPO)	High Deductible Health Insurance Plan (HMO or PPO)
Regular & OPS Employees	Employee Only: \$50.00 Family: \$180.00 Spouse Program: \$30.00 (\$15/each employee)	Employee Only: \$15.00 Family: \$64.30 Spouse Program: \$30.00 (\$15/each employee)
Executive Service	Employee Only: \$8.34 Family: \$30.00	Employee Only: \$8.34 Family: \$30.00
Over-age Dependents (age 26 - 30)	\$813.46 Each	\$736.80 Each
COBRA	Employee Only: \$912.72 Family: \$2,054.48	Employee Only: \$834.52 Family: \$1,851.47

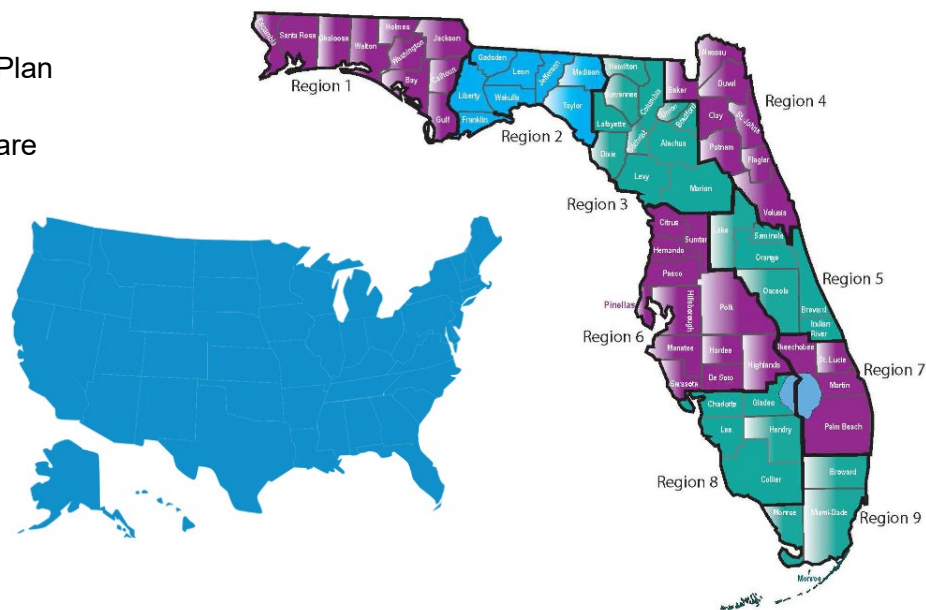
Health Plans by Region

HMO

- Capital Health Plan
- Aetna
- United Healthcare

PPO¹

- Florida Blue



¹Self-insured/third-party administrator: the State Group Insurance Program bears the financial risk for payment of claims. ²Fully insured: the HMO bears the financial risk for payment of claims.

Spouse Program

If you and your spouse are employed by a state agency and/or public university that participates in the State Group Insurance Program, you can participate in the **Spouse Program** and pay less for health insurance at a reduced premium of \$15.00 per month. To enroll in the Spouse Program, you must complete, sign and submit the [Spouse Program Election Form](#) to People First within 60 days of becoming eligible.

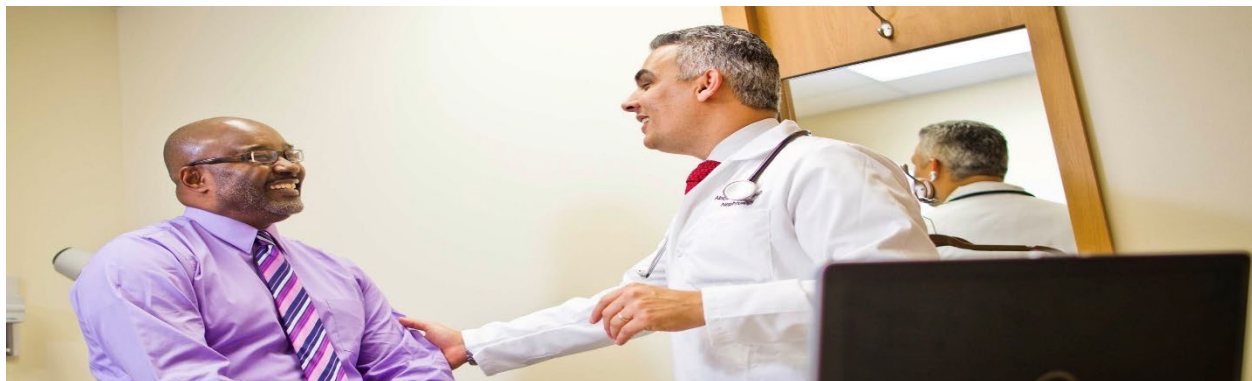
More information on the [Spouse Program](#) can be found on the MyBenefits website.

International Employees with J-1 Visas

U.S. federal regulations require J-1 Exchange Visitors and J-2 dependents to carry health (medical) insurance during the entire length of their program that meets the minimum required health insurance coverage as per federal regulations:

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains (preparation and transportation of remains to home country) in the amount of \$25,000
- Expenses associated with the medical evacuation (transportation to home country when directed by attending physician) of the exchange visitor in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness
- Coverage for pre-existing conditions after a reasonable time period (as per industry standards)
- Covered benefits must be paid at 75% or more per accident or illness
- Policy must not unreasonably exclude coverage for perils inherent to the exchange visitor's program
- Insurance carrier must have an approval rating that is accepted as per Part 62.14 (c)(1) of Section 22 of the Federal Code of Regulations

To determine if your health insurance plan meets the federal requirements, reference your specific plan documents. For additional information regarding the [insurance requirements for international employees](#), contact UCF Global at 407-823-2337.



OPS Employees with Graduate Assistantships

The College of Graduate Studies provides health insurance coverage for all university fellows and graduate assistants with appointments totaling 20 hours per week. OPS employees with graduate assistantships that meet the eligibility criteria for state benefits will be offered coverage by People First. Some of the plan differences are listed below:

Health Plan Comparison

UCF Student Health Plan

- Coordinated through College of Graduate Studies
- Administered by Academic Health Plans, Inc.
- Underwritten by Aetna PPO.
- Individual coverage provided at no cost
- **Family coverage available for purchase*
- Eligibility based on working 20 hours/week
- Coverage period is based on the academic term(s) that the student has a qualifying assistantship

State Group Insurance

- Coordinated through UCF Human Resources
- Administered by People First
- Underwritten by various insurance carriers
- Employees pay premiums for individual and family coverage
- Eligibility based on working average of 30 hours per week
- Coverage period is the calendar year
- **For example, 1/1/2025-12/31/2025*

Eligibility for the State Group Insurance will not have an impact on eligibility or enrollment in the UCF Student Health Plan. Employees who are offered the State Group Insurance plan can elect coverage or choose to decline coverage without any changes to their current Student Health Plan.

It is important to note that international students with F-1 or J-1 Visas and their accompanying dependents are required to have health (medical) insurance coverage for their entire duration of studies at UCF that meets all the State of Florida Board of Governors regulations. The health plans offered by the State Group Insurance do not meet all of the State of Florida Board of Governors regulations. Additionally, to continue State Group Insurance coverage OPS employees must continue to meet the state's eligibility criteria on an annual basis.

For additional information regarding the student health plan, visit the UCF Student Health Insurance website or contact the College of Graduate Studies at 407-823-2766.

Additional Resources

For additional information regarding the State insurance plans, visit the [Health Insurance Plan](#) page of the MyBenefits website as well as the State Group Insurance [Educational Videos](#).



Prescription Drug Plan

Effective January 1, 2024, **OptumRx** will replace CVS Caremark as the State Group Insurance program's administrator for pharmacy benefits. With this change comes access to a broad pharmacy network that includes Walgreens, CVS, Walmart, Publix, and independent pharmacies.

Who is Optum Rx?

Optum Rx will be your plan's pharmacy benefits manager. Their commitment is to help you get the most out of your prescription medication benefit. Optum Rx will provide safe, easy and cost-effective ways for you to get the medication you need.

Benefits Overview

Optum Rx®	Standard Health Insurance Plan (HMO& PPOs)	Standard Health Insurance Plan (HMO& PPOs)	High Deductible HMO & PPO Health Insurance Plan
	Retail (30 Day Supply)	Mail Order & Retail (90 Day Supply)	Retail (30-day); Mail Order (90-day) and Retail (90-day)
Generic	\$7	\$14	30% after deductible
Preferred Brand-Name	\$30	\$60	30% after deductible
Non-Preferred Brand-Name	\$50	\$100	50% after deductible

Prescription drug costs differ depending on your health insurance plan and whether you buy generic, preferred brand, or non-preferred brand drugs.

- **Standard PPO and Standard HMOs:** Deductible: N/A, Out of Pocket: Individual \$9,200/Family \$18,400
- **High Deductible HMO:** Deductible: Individual \$1,650/Family \$3,300, Out of Pocket: Individual \$3,000/Family \$6,000
- **High Deductible PPO:** Deductible: Individual \$1,650/Family \$3,300 Out of Pocket: Individual \$4,650/Family \$9,300

Network retail pharmacies

- Use the Optum Rx app or log in to your account at optumrx.com to view a list of network pharmacies.
- Show your member ID card at any network retail pharmacy.
- Call the number on your member ID card.

Will I receive a new pharmacy ID card?

Yes, you'll receive a new member ID card and welcome materials a few weeks before your plan starts.

Additional Resources

For additional information visit the [Prescription Drug Plan page](#) of the MyBenefits website.

Dental Insurance

The State of Florida Group Insurance Program offers you comprehensive dental coverage through an array of dental plans. Each plan is designed to meet the needs of employees based on their individual plan usage, flexibility in using network or non-network dentists, and cost.

Type of Dental Plans

- **Prepaid Dental Plans:** (Cigna Dental, Sun Life Prepaid 225, and Humana HD205)
 - How the Plans Work:
 - Pays benefits only when you use network providers.
 - No deductible or annual maximum
 - Most preventive care at no charge
 - You pay a fixed copayment for dental procedures listed on the copayment schedule.
 - Orthodontia: Covered for adults and children.
- **Standard PPO Dental Plans:** (Ameritas 4022, MetLife 4032, and Humana 4092)
 - How the Plans Work:
 - 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 part of the cost for the services you receive.
 - Orthodontia: Covered for adults and children.
- **Preventive PPO Dental Plans:** (Ameritas 4023, MetLife 4033, and Humana 4094)
 - How the Plans Work:
 - 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 part of the cost for the services you receive.
- **Indemnity w/ PPO Dental Plans:** (Ameritas 4021, MetLife 4031, Sun Life 4074, and Humana 4090)
 - How the Plans Work:
 - 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.
 - Orthodontia: Child only orthodontia covered by Sun Life
- **Indemnity PPO Dental Plans:** (Humana Schedule B 4090)
 - How the Plans Work:
 - Receive care from any dentist
 - You have a deductible to meet and then pay part of the cost for the services you receive.

Dental Plan Monthly Premiums

People First Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
4025	Sun Life Prepaid Dental	\$14.93	\$25.17	\$33.26	\$43.54
4034	CIGNA Prepaid Dental	\$22.81	\$44.94	\$53.59	\$68.46
4044	Humana HD205 Prepaid Dental	\$12.64	\$21.20	\$23.00	\$32.98
4022	Ameritas Standard	\$31.64	\$59.24	\$66.32	\$96.56
4023	Ameritas Preventive	\$21.64	\$40.92	\$43.80	\$64.16
4032	MetLife Standard	\$36.24	\$67.04	\$74.90	\$108.76
4033	MetLife Preventive	\$18.32	\$33.86	\$37.84	\$54.94
4094	Humana Preventative	\$20.52	\$37.98	\$42.44	\$61.60
4092	Humana Standard	\$30.64	\$56.70	\$63.36	\$91.98
4021	Ameritas Indemnity	\$47.24	\$87.64	\$99.80	\$144.08
4074	Sun Life Indemnity	\$43.55	\$83.61	\$98.83	\$130.35
4031	MetLife Indemnity	\$46.16	\$85.38	\$95.42	\$138.52
4090	Humana Indemnity	\$45.76	\$84.66	\$94.60	\$137.34
4084	Humana Schedule B	\$14.74	\$21.96	\$23.30	\$37.10

How to choose a dental plan

1. Compare the four dental plan options.
2. Confirm your dentist and dental specialists participate in the plan's network and accept the specific plan.
3. Think about your likely dental care needs and compare the costs for that care under the different plan options.
4. Read the dental plan documents and/or call the insurance companies for specific questions you have about coverage.

Dental Money Savers

- Review your dental plan's plan documents for benefit limits and exclusions, especially if you currently need major dental work.
- Confirm your dentist and dental specialists participate in your plan's network and accept the specific plan.
- Before making an appointment, call your prepaid dental insurance company to be added to your dentist's roster of patients; otherwise, you will have no coverage when you go.
- Ask your dentist for prior-treatment cost evaluation to avoid expensive surprises.

Additional Resources

For additional information visit the [Dental Insurance Plans](#) page of the MyBenefits website.

Dental Plans Comparison	Cigna Prepaid Dental (4034)	Sun Life Prepaid Dental (4025)	Humana HD205 (4044)	Ameritas, Humana & MetLife Preventive PPO (4023, 4094, 4033)	Ameritas, Humana & MetLife Standard PPO (4022, 4092, 4032)	Ameritas, Humana & MetLife Indemnity PPO (4021, 4090 4031)	Sun Life Indemnity PPO (4074)	Humana Indemnity PPO (4084)
Type I: Preventative Services <i>(Routine cleanings, exams, X-rays, etc.)</i>	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	100% in-network 80% out of network	100% in-network 80% out of network	100% in or out of network	100% in or out of network	See benefit schedule: Reimbursement amounts
Type II: Basic Services <i>(Fillings, root canals, etc.)</i>	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	80% in-network 50% out of network	80% in-network 50% out of network	80% in or out of network	80% in or out of network	See benefit schedule: Reimbursement amounts
Type III: Major Services <i>(Crown, bridges, etc.)</i>	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	No coverage	50% in-network; 30% out of network	50% in or out of network	50% in or out of network	See benefit schedule: Reimbursement amounts
Annual Deductible	No Deductible	No Deductible	No Deductible	Type I: No Deductible Type II only: Individual: \$50 EE + Spouse: \$100 EE+ Children: \$100 Family: \$150	Type I: No Deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE+ Children: \$100 Family: \$150	Type I: No Deductible Type II: Individual: \$50 EE + Spouse: \$100 EE+ Children: \$100 Family: \$150	Type I: No Deductible Type II, & III: Individual: \$50 Family: \$100	No Deductible
Annual Maximum	None	None	None	\$1,000	\$1,500	\$2,000	\$2,000	\$1,000
Orthodontia	Yes, No age limit	Yes, No age limit	Yes, no age limit: eligible for 25% discount at provider's discretion	No coverage	Yes, No age limit	Yes, No age limit	Yes, only dependents under 19	No coverage
Waiting Period for Orthodontic Services	No waiting period	No waiting period	No waiting period	No coverage	12 month waiting period (may be satisfied w/ prior creditable coverage)	None	None	No coverage
Orthodontia Maximum	None	None	None	No coverage	\$2,000 in network; \$1,500 out of network	\$2,500 in or out of network	\$1,500	No coverage

Vision Insurance

Humana offers eye exams and materials coverage. Caring for your eyes is a very important part of your overall health and wellness. That's why the State of Florida Group Insurance Program offers you competitive vision coverage at affordable rates through **Humana**.

Exam & Materials

*Benefit frequency based on the service date and not per calendar year.

Humana	Frequency and Premium
Exams Every	12 months
Lenses Every	12 months
Frames Every	24 months
LASIK	Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures.
Monthly Premiums	<ul style="list-style-type: none"> • Employee Only: \$5.92 • Employee + Spouse: \$11.68 • Employee + Children: \$11.56 • Family: \$18.16

Benefits	In Network	Out of Network
Eye Exam	100% after you pay \$10 copay	\$40 allowance
Lenses ¹	<ul style="list-style-type: none"> • Single: 100% after \$10 copay • Bifocal: 100% after \$10 copay • Trifocal: 100% after \$10 copay 	<ul style="list-style-type: none"> • Single: \$40 allowance • Bifocal: \$60 allowance • Trifocal: \$80 allowance
Scratch Resistant Lenses	\$40 allowance	Not Covered
Anti-Reflective Lenses	\$70 allowance	Not Covered
Frames	\$125 wholesale allowance	\$100 retail allowance
Contact Lenses ²	<ul style="list-style-type: none"> • Elective ³: \$150 allowance • Medically Necessary ⁴: 100% 	<ul style="list-style-type: none"> • Elective ³: \$75 allowance • Medically Necessary ⁴: \$100 allowance



College Optical Express (located in the UCF Student Union) is a participating provider in the Humana network. For more information, visit the [College Optical website](#) or call their office at 407-823-4020.

Additional Resources

For additional information on the Humana vision plan visit the [Vision Insurance Plan](#) page of the MyBenefits website or contact Humana at 800-939-5369.

Health Savings Account

A Health Savings Account (HSA) is a tax-advantaged account that is available to you if you are enrolled in the High Deductible Health Plan (HDHP). It allows you to use pretax dollars to pay your health professional or reimburse yourself for eligible out-of-pocket medical costs not covered by your insurance (like deductibles and coinsurance).

How does it work?

- If you enroll in a high deductible HMO or PPO and elect an HSA, your HSA Advantage bank account is opened through Chard Snyder.
- *In some instances, Chard Snyder will request additional information to open your account.
- After the bank account is opened, UCF will make a contribution of up to \$500 (annually) for individual coverage or up to \$1,000 (annually) for family coverage. Important: you will have to elect the UCF contribution during your enrollment; this isn't automatic.
- You do not have to make a contribution to your HSA to receive the UCF contribution. You must simply enroll in a high deductible health plan (HDHP) and elect an HSA. The UCF contribution is made each pay period over the course of a calendar year, in equal amounts. Even if you are not sure that you want to contribute to an HSA, you may wish to enroll to ensure you receive the UCF contribution.
- If you choose during your enrollment, UCF will also deduct pretax money (up to the IRS maximum included in the chart below) from your pay and deposit it to your account. This means you will not pay federal income tax or Social Security taxes on those dollars.
- You may change the amount of your contribution by contacting the People First Service Center (866-663-4735) at any time.
- You will receive your [Chard Snyder benefit card](#) by first class U.S. mail delivery. Remember, like any other bank account, you may only spend up to your current balance.
- Unused funds roll over each year, and you can take your HSA with you when you leave UCF/State of Florida employment.

Annual Contribution Limits

2024 IRS Limit	UCF Contributes	Employee Contribution Maximum	Total Contribution Maximum (UCF + Employee Contributions)
Employee Only	Up to \$500/Year	\$3,800/Year	\$4,300/Year
Family Coverage	Up to \$1,000/Year	\$7,550/Year	\$8,550/Year

If you and your spouse each contribute through different employers, please note that the total contribution maximum is a household maximum.

After you turn 55, you can make an additional \$1,000 catch-up contribution each year to maximize your savings.

Eligible Expenses

For a list of eligible healthcare expenses, visit the [People First website](#) and click on the Chard Snyder quick link to access the Chard Snyder portal. Click on the Tools & Support tab to find the Eligible Expenses table for a complete list of eligible expenses.

How to Pay for Expenses

1. Use your [Chard Snyder benefit card](#) to pay for eligible expenses at a store; or
2. Pay a vendor's bill online; or
3. Reimburse yourself by transferring funds to your personal checking or savings account from your HSA account.

Are You Eligible for an HSA?

You are not eligible to enroll or put money into an HSA Advantage account if any of the following is true:

- You are enrolled in Medicare or Medicaid.
- You have contributed the annual contribution limit to another HSA or medical savings account (MSA) for the same year.
- Your spouse is enrolled in a healthcare plan (includes any health reimbursement arrangement offered by an employer) that provides you with benefits before you have met the IRS minimum deductible for the year (\$1,650 for single coverage and \$3,300 for family coverage).
- You have received healthcare benefits (other than dental, vision, preventive, or service-related) from Veterans Affairs (TRICARE) within the last three months (including prescriptions).

Important Information

Under high deductible health plans, you are responsible for 100% of medical bills and prescription costs until your annual deductible has been met.

Keep Good Records and Save Your Receipts

The IRS may require you to prove that money taken from your HSA Advantage account was used for eligible expenses, so keep your proof with your tax information for at least three years. Your proof may be an Explanation of Benefits (EOB), bill or receipt, but not a canceled check or debit card receipt. Your EOB, bill or receipt must provide the date of the expense, a description of the item or service, the name of the store or provider and the amount you paid. Your expenses must occur after your plan begins and your bank account is open.

Additional Resources

For additional information visit the [Savings and Spending Accounts](#) page of the MyBenefits website or contact Chard Snyder at 855-824-9284.

Flexible Spending Account

Chard Snyder is the administrator of three types of Flexible Spending Accounts (FSA) that give you a tax break on eligible out-of-pocket expenses:

1. Healthcare FSA
2. Limited Purpose FSA
(Only for participants in the high deductible health plan who are enrolled in HSA)
3. Dependent Care FSA

How does it work?

1. You set aside pretax dollars from your paycheck.
2. You submit eligible expenses for reimbursement throughout the year.
3. You are reimbursed.

After you enroll in the Flexible Spending Account, you will receive your [Chard Snyder benefit card](#) by first class U.S. mail delivery.

Types of FSAs

Healthcare FSA

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

Limited Purpose FSA

If you are enrolled in a health savings account, you are eligible to enroll in a limited purpose FSA. The limited purpose FSA works almost the same as the full healthcare FSA, except you cannot use it for medical expenses.

Dependent Care FSA

The dependent care FSA can be used to pay for the care of your natural, adopted, and foster children who have not reached their 13th birthday and family members who cannot physically or mentally care for themselves. All dependents must live with you for more than half the year. The IRS defines persons as physically or mentally not able to care for themselves if they cannot dress, clean, or feed themselves because of physical or mental problems; or persons who must have constant attention to prevent injuring themselves or others and are considered not able to care for themselves. If a dependent is over the age of 13, Chard Snyder will ask you to provide a letter of medical necessity describing the condition from which they suffer.

Couples who are married and filing a joint return and single parents may set aside up to \$5,000 each calendar year. Married couples filing separate tax returns may each set aside up to \$2,500 each calendar year. If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

Eligible Expenses

For a list of eligible healthcare expenses, visit the [People First website](#) and click on the Chard Snyder quick link to access the Chard Snyder portal. Click on the Tools & Support tab to find the Eligible Expenses table for a complete list of eligible expenses.

How to Pay for Expenses

1. Use your Chard Snyder benefit card to pay for eligible expenses; or
2. Pay your provider directly from your account online; or
3. Pay out of pocket for eligible expenses, then submit claims to be reimbursed.

FSA Comparison

Plan	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Enroll if you have	<ul style="list-style-type: none"> • Standard PPO or HMO health insurance plan; or • No health coverage 	<ul style="list-style-type: none"> • Any High Deductible health plan (HDHP) 	<ul style="list-style-type: none"> • Eligible expenses for “day care” for an eligible child or qualifying relative so you can work
Annual Contribution Maximum (Pretax)	\$60: Minimum \$3,300: Maximum	\$60: Minimum \$3,300: Maximum	\$60: Minimum \$5,000: Maximum (per household)
Eligible Expenses	<p>Eligible medical, dental or vision expenses not paid by insurance or reimbursed from any other source</p> <p>Examples:</p> <ul style="list-style-type: none"> ✓ Deductibles ✓ Copayments ✓ Medical, pharmacy, dental, and vision expenses ✓ Orthodontia not covered by dental plan 	<p><u>Not available for medical expenses.</u></p> <p>Other expenses not paid by insurance or reimbursed from another source.</p> <p>Examples:</p> <ul style="list-style-type: none"> ✓ Dental and vision expenses ✓ Orthodontia not covered by dental plan 	<p>Care for a child, disabled spouse, or qualifying relative who:</p> <ul style="list-style-type: none"> ✓ is dependent on you ✓ needs care so that you (and your spouse if you're married) can work <p>Examples:</p> <ul style="list-style-type: none"> ✓ Daycare ✓ Elder care
Balance	Full balance is available immediately	Full balance is available immediately	Accumulated balance
Deadline to use funds	December 31 is the last day to incur claims for each plan year, and you must submit all claims by April 30 of the following year. Otherwise, if you have funds remaining at the end of each plan year, a maximum of \$660 will carry over to the next plan year while any funds in excess of \$660 will be forfeited.	December 31 is the last day to incur claims for each plan year, and you must submit all claims by April 30 of the following year. Otherwise, if you have funds remaining at the end of each plan year, a maximum of \$660 will carry over to the next plan year while any funds in excess of \$660 will be forfeited.	“USE IT OR LOSE IT” Rule: Grace period to use funds ends March 15 and you must submit all claims by April 30 of the next plan year.



Use the [tax savings calculator](#) to help you decide if the reimbursement accounts have value for you.

Additional Resources

For additional information visit the [Savings and Spending Accounts](#) page of MyBenefits website or contact Chard Snyder at 855-824-9284.

Savings and Spending Account Comparison

2025	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA	Health Savings Account (HSA)
How It Works	You deposit pretax money into the account through payroll deductions to pay for eligible medical, dental, vision, preventative and prescription drug expenses.	You deposit pretax money into the account through payroll deductions to pay for eligible dental, vision, and preventive care expenses that are not covered by your high deductible health plan.	You deposit pretax money into the account through payroll deductions. You get reimbursed for eligible services (non-healthcare related) to care for children under age 13 that you can claim on your tax return or age 13 or older who lives with you at least 8 hours a day and needs supervised care, such as an elderly parent or spouse with a disability.	UCF contributes pretax money to your personal account each month for you to pay for eligible health expenses and save for future costs. You may also deposit pretax money.
Who Is Eligible	Benefits-eligible employees	Benefits-eligible employees	Benefits-eligible employees	Employees enrolled in a High Deductible Health Plan (HDHP)
Annual Contribution Limit	\$60: Minimum \$3,300: Maximum	\$60: Minimum \$3,300: Maximum	\$60: Minimum \$5,000: Maximum (per household)	\$4,300/year for single coverage \$8,550/year for family coverage (Limits include the UCF contribution) Employees ages 55+ may make catch-up contributions of an additional \$1,000/year
When Money Is Available	The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate Qualifying Status Change (QSC) event).	The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate Qualifying Status Change (QSC) event).	Money is added to your account after each payroll deduction. You may use only the amount you have in your account at the time.	As UCF deposits amounts into your Chard Snyder HSA Advantage™ personal savings account.

2024	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA	Health Savings Account (HSA)
Deadline to Use Funds	Yes. Use funds by December 31 and submit all claims by April 30 of the next plan year. If any funds are remaining, up to \$660 will be carried over into the following plan year. Amounts over \$660 will be forfeited.	Yes. Use funds by December 31 and submit all claims by April 30 of the next plan year. If any funds are remaining, up to \$660 will be carried over into the following plan year. Amounts over \$660 will be forfeited.	Yes. Grace period to use funds ends March 15 of the next plan year and you must submit all claims by April 30 of the next plan year. Otherwise, you lose any remaining money.	No. HSA works just like your savings account. Balance rolls over from year to year; take the money with you if you leave.
Shared Savings Program Rewards Eligibility	Yes. Earn up to \$500 in Shared Savings rewards. Shared Savings Program rewards are credited to your account on January 1 of the following plan year.	Yes. Earn up to \$500 in Shared Savings rewards. Shared Savings Program rewards are credited to your account on January 1 of the following plan year.	No.	Yes. Earn up to the annual contribution limit in Shared Savings rewards. Shared Savings Program rewards are credited to your account as they are earned.

Shared Savings Program

The Shared Savings Program is a voluntary program that is available to you and your dependents who are enrolled in the State Group Insurance health plan. The purpose of the Shared Savings Program is to reduce healthcare costs and reward you for making informed and cost-effective decisions about your healthcare.

Under the Shared Savings Program, you can earn rewards by receiving rewardable healthcare services using **Healthcare Bluebook** and **Lantern**. Rewards will be credited to the savings and/or spending account of your choice, and you can use the funds to pay for future eligible medical, dental, and vision expenses.

You can earn rewards through one or both of the following benefits:

1. “Shop” for eligible healthcare services on the Healthcare Bluebook transparency website or mobile app (mobile code: SOF). The website and mobile app will identify certain healthcare services that are available for a reward. Rewards will be credited to your account after you “shop” for a rewardable healthcare service on the website, receive the service, and the claim has been paid.
2. Receive a “bundled” medical service offered by SurgeryPlus. Each healthcare service will be available for a reward. After you receive the healthcare service and the claim has been paid, the reward will be credited to your account.

Healthcare Bluebook.

Healthcare Bluebook is a voluntary benefit that offers an online transparency website for you to “shop” for healthcare services, facilities, and providers. [Healthcare Bluebook’s website](#) and mobile app show you the range of costs and the quality of in-network healthcare services in your area. You can then earn rewards for some of the services that you or your dependents “shop” for.

Healthcare Bluebook rates providers and healthcare facilities on cost and quality. Services that are eligible for rewards will be those rated “green.” More information about the cost and quality ratings is available online.

Under Healthcare Bluebook’s “Go Green to Get Green” rewards program, the website or mobile app will identify the healthcare services that have rewards and specify the reward amount. You earn the reward once the following occurs:

1. You or your dependent use Healthcare Bluebook to “shop” for a rewardable healthcare service;
2. Healthcare Bluebook validates that you or your dependent received a rewardable healthcare service and used its service to “shop” for the healthcare service; and
3. Healthcare Bluebook notifies the Division of State Group Insurance that you or your dependent earned the reward.
4. The reward will then be credited to the spending and/or saving account of your choice.



Lantern (formerly SurgeryPlus) is a voluntary benefit that provides non-emergency surgical services. By choosing to receive services through Lantern, you and your dependents can earn financial rewards that will be deposited into the spending and/or saving account of your choice.

Lantern is the specialty care platform connecting members and dependents enrolled in state group insurance health plans with the nation's top specialists for surgery, cancer care, infusions, and more by curating its own comprehensive network of providers. Lantern offers procedures that are covered under the State Group Health Insurance Program but is different from your health insurance plan, because surgical services are "bundled" together. For example, rather than paying separately for the surgeon, facility, anesthesiologist, and radiologist, Lantern negotiates one "bundled" rate. By packaging surgical expenses into one simple, bundled rate, Lantern is able save money for you and the State of Florida Group Insurance Program.

Lantern Cancer Care offers a comprehensive, oncological nurse-led solution, which provides personalized guidance and assistance throughout each member's cancer care journey. This support includes providing information on diagnoses and treatment plans, answering questions, and managing logistics.

To earn rewards, visit the [Lantern member website](#) or contact a Lantern Care Advocate (844-752-6170) to start the conversation about what services you need, and let them guide you through the process. You earn the reward once the following occurs:

1. You or your dependent use Lantern to receive a preoperative to post-operative surgical service;
2. Lantern validates that you or your dependent received a rewardable service; and
3. Lantern notifies the Division of State Group Insurance that you or your dependent earned the reward.
4. The reward will then be credited to the spending and/or saving account of your choice.

Choosing an account for your rewards

You have the opportunity to select a pretax account to which your rewards will be credited. You may make your selection through People First during Open Enrollment or throughout the year. Rewards will be automatically credited to the pretax account of your choice after you receive a rewardable healthcare service.

The spending and savings account selections available to you as part of the Shared Savings Program vary depending on your health plan.

Employees enrolled in the standard health insurance plan can choose from the following:

- Health reimbursement account
- Flexible spending account

Employees enrolled in the high deductible health insurance plan can choose from the following:

- Health savings account
- Post-deductible health reimbursement account
- Limited purpose flexible spending account

Shared Savings Program Rewards by Spending Account

- **Flexible Spending Account (FSA)/Limited Purpose FSA**
 - Rewards earned in the current plan year
 - Rewards are not immediately credited - they are deposited into account for the NEXT plan year
 - \$500 cap (any future awards over \$500 will be credited to a HRA)
 - Carry-over up to \$660 each year
- **Health Savings Account (HSA)**
 - Rewards earned in the current plan year
 - Deposited into account in CURRENT plan year
 - Portable
 - Once HSA is maxed out, goes to next selection
- **Health Reimbursement Account (HRA)**
 - The HRA will offer the most flexibility and ease of use for most employees
 - If in High Deductible Health Plan: Must meet the federal deductible before you can use rewards
 - There is no limit of shared savings rewards you can deposit to the HRA
 - Shared savings rewards are credited to the HRA as they are earned
 - The money will remain in the account as long as you are active in a State Group Insurance health plan
 - The account allows for employer reward contributions on

For more information about the accounts you can select to receive reward payments contact Chard Snyder at 855-824-9284 or visit:

https://www.mybenefits.myflorida.com/myhealth/savings_and_spending_accounts

Additional Resources

For additional information contact Healthcare Bluebook at 800-513-6118 or Lantern at 844-752-6170 or visit: https://www.mybenefits.myflorida.com/myhealth/shared_savings_program



Health Reimbursement Account

The new Shared Savings Program allows you to earn rewards for choosing high-quality, low-cost providers and share in the savings with the State of Florida Group Insurance Program. Rewards earned will be credited to your Health Reimbursement Account (HRA) or another designated savings and spending account of your choice to save on eligible medical expenses.

How Does it Work?

The program is available to you if you are enrolled in a health plan offered under the State Group Health Insurance Program. If you are enrolled in a high deductible health plan, you are eligible for the post-deductible HRA.

Use the funds in your designated account by December 31 and submit all claims by April 15 of the next plan year. The balance in your HRA rolls over from year to year as long as you are employed with UCF/State of Florida. If you are no longer employed by a state agency or public university that participates in the State of Florida Group Insurance Program, the money will be forfeited unless you have elected to continue your medical coverage through COBRA.

The HRA is compatible with the full healthcare FSA, limited purpose FSA, and dependent care FSA. If you are enrolled in a high deductible health plan with an HSA, you must choose the post-deductible HRA.

Eligible Expenses

For a list of eligible healthcare expenses, visit the [People First](#) website and click on the Chard Snyder quick link to access the Chard Snyder portal. Click on the Tools & Support tab to find the Eligible Expenses table for a complete list of eligible expenses.

How to Pay for Expenses

1. Use your Chard Snyder benefit card to pay for eligible expenses; or
2. Pay your provider directly from your account online; or
3. Pay out of pocket for eligible expenses, then submit claims to be reimbursed.

Health Reimbursement Account vs. the Post-Deductible HRA

The post-deductible HRA works the same way, except funds are not available for use until you have met the IRS minimum deductible for the year (\$1,650 for single coverage and \$3,300 for family coverage).

Additional Resources

For additional information visit the [Savings and Spending Accounts](#) page of MyBenefits website or contact Chard Snyder at 855-824-9284.

Life Insurance

The State of Florida offers group term life insurance through Securian Financial to eligible employees and their dependents.

Life Insurance Options

Type	Benefit Amount	Enrollment	Monthly Premium
Basic Life	\$25,000	<ul style="list-style-type: none"> Full time regular (non-OPS) employees are automatically enrolled Part-time and OPS employees must enroll if they wish to elect the coverage 	<ul style="list-style-type: none"> Full time regular (non-OPS) employees: No cost (paid by UCF) Part time employees: Prorated premium OPS Employees: \$3.58
Optional Life <i>*OPS employees are not eligible for optional life</i>	1-7x annual salary <i>*Maximum benefit of \$1,000,000</i>	<ul style="list-style-type: none"> Up to the lesser of five times annual salary or \$500,000, if elected within 60 days of initial eligibility Can elect up to 7x/annual salary if you qualify 	<ul style="list-style-type: none"> Varies by coverage level, salary, and age (visit Securian website for calculation chart)
Dependent Spouse	\$15,000 or \$20,000	Guaranteed issue if you enroll when first hired or when you marry	<ul style="list-style-type: none"> \$5.18: \$15k Coverage \$6.90: \$20k Coverage
Dependent Child	\$10,000 per each child	Guaranteed issue	<ul style="list-style-type: none"> \$0.85 (Covers all eligible children)

Name Your Beneficiary

You can designate or change your beneficiary on the Securian Financial website. Although it is not mandatory that you name a beneficiary, it is usually the reason people buy life insurance in the first place – to provide a benefit to the people they care about. This designation will apply to your State-provided coverage as well as any additional coverage you elect.

Optional Life Selection Tool: Benefit Scout™

Benefit Scout™ provides guidance and education, cost calculators, virtual chat capabilities and on-demand benefit counselors. Employees are asked a few simple questions about their family, lifestyle, savings and debts. Then, Benefit Scout™ will analyze their answers with data and decision logic to calculate the options for them based on their unique needs, including specific voluntary insurance benefit recommendations and cost estimates.

Other Important Information

You may increase your existing Optional Life insurance coverage by one level of annual earnings during Open Enrollment or following a qualifying status change up to the lesser of five times your annual salary or \$500,000 on a guaranteed issue basis.

Additional Resources

For additional information, contact Securian Financial at 888-826-2756 or visit:

https://www.mybenefits.myflorida.com/myhealth/life_insurance_plans

Other Supplemental Plans

The following supplemental plans pay benefits directly to you, in addition to the coverage you receive from your health insurance plan (if enrolled). Certain requirements apply before these plans pay. Some plans require you to complete their medical underwriting process, and may also exclude coverage if you have pre-existing conditions or have reached their coverage age limit.

Supplemental Plan Type	Type of Benefit	Offered By
Accident	<ul style="list-style-type: none"> Specified benefit amount(s) payable directly to insured for covered accidents in which a doctor's office or hospital is visited for treatment of an accidental injury. Additional payments for follow-up visits and when crutches, wheelchairs or other covered medical aids are needed for covered accidental injuries. Covers work and non-work related accidental injuries. 	Colonial Life 888-756-6701
Cancer	<ul style="list-style-type: none"> Specified benefit amount(s) payable directly to insured for cancer screenings, diagnosis and treatment . Utilize benefit payments as needed. Benefit amounts dependent upon coverage level selected. 	AFLAC (through Capital Insurance Agency)* 800-780-3100 Colonial Life 888-756-6701
Disability	<ul style="list-style-type: none"> Supplements income loss during short-term disability to help pay living expenses. Can choose elimination period for accident and sickness related disabilities based upon need. 	Colonial Life 888-756-6701
Hospitalization	<ul style="list-style-type: none"> Specified payment amounts directly to covered individual when hospitalized. Additional payments, depending on coverage selected, for ancillary services related to hospitalization. 	Cigna Health (CHLIC) 800-780-3100 New Era 800-277-2300
Hospital Intensive Care	<ul style="list-style-type: none"> Daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit. 	AFLAC (through Capital Insurance Agency)* 800-780-3100

**Both the AFLAC Cancer and AFLAC Intensive Care policies require submission of a paper application. Upon completion of your election in People First, complete the AFLAC brochure on the [MyBenefits website](#) and mail to the address listed at the top of the application. Contact Capital Insurance Agency directly for application related questions. Some plans do not offer coverage after age 70. Please check with the provider to verify eligibility.*

Additional Resources

For additional information visit the [Supplemental Plans](#) page of the MyBenefits website or [contact the providers](#) for specific plan questions or enrollment assistance.

Gabor Financial Solutions

Additional post-tax options (separate from the offerings available through the State of Florida Group Insurance Program) including disability and life insurance, are available to eligible UCF employees through Gabor Financial Solutions.

To enroll in the benefits offered by Gabor Financial Solutions at 800-330-6115.

Disability Insurance

A group disability insurance policy provides an inexpensive way to help protect your income, your family, and yourself from loss due to an unexpected illness or injury.

- Replaces up to 60% of your income tax-free to a maximum of \$15,000 per month* payable to Social Security Normal Retirement Age (SSNRA**)
- Pays an additional 11% towards an annuity contract if disabled more than 12 months
- Benefits begin after either 30 or 90 days, according to the elimination period you choose
- Covers 80% to a maximum of \$20,000 to SSNRA for “catastrophic disability”***
- Includes a lifetime benefit of 60% of your income to a maximum of \$15,000 monthly starting at SSNRA in the event of “catastrophic disability”

** If you elect the 30-day plan, benefits from day 30 to day 90 will be paid on a weekly basis to a maximum of \$3,462 under a Short-Term Disability policy. After 90 days of disability, benefits are paid monthly through a Long-Term Disability plan as described above.*

*** Social Security Normal Retirement Age (SSNRA) means your normal retirement age under the Federal Social Security Act, as amended.*

**** A “catastrophic disability” is one that causes the loss of two of six Activities of Daily Living or a severe cognitive impairment. Catastrophic loss benefits pay after 90 days of disability and most occur while you are eligible for disability benefits.*

Gabor Disability Plan Comparison

There are two disability options to choose from – the 30-day or the 90-day plan:

Plan	STD (30-Day Plan)	LTD (90-Day Plan)
Benefits Begin	On the 31 st day	On the 91 st day
Maximum Benefit Period	9 weeks	To age 65 or SSNRA
Benefit Percentage	66 2/3% of weekly pre-disability earnings	60% of monthly pre-disability earnings
Minimum/Maximum Benefit Amounts	Minimum: \$25/week* Maximum: \$3,462/week	Minimum: \$100/month* Maximum: \$15,000/month

IMPORTANT: College of Medicine Physician Learners (Medical Residents)

Group Long Term Disability insurance is available at no cost to active physician learners who are regularly working at least 20 hours per week.

Colonial and Gabor Disability Insurance

The chart below compares the disability policy offered through the State of Florida (via Colonial) and the disability policy offered through Gabor Financial Solutions (via The Standard).

Disability Plan Comparison	Enroll via People First (Colonial)	Enroll via Gabor Financial Solutions (The Standard)
New Hire Enrollment Deadline	60 days	Guaranteed Issue if enrolling within 90 days of eligibility
Premium Deductions	Pre-Tax <i>*When you receive your benefit, it is taxed.</i>	Post-Tax <i>*When you receive your benefit, it is not taxed.</i>
Benefits Pay After	0, 7, 14 or 30 days	30 or 90 days
Maximum Benefit Period	12 Months	Until Social Security Normal Retirement Age (SSNRA), as long as you are still disabled (90-day plan)
Monthly Premium Amount	Price based on the benefit amount and period elected. <ul style="list-style-type: none"> • Minimum: \$17.50/month • Maximum: \$114.00/month <i>*If your annual salary is over \$62,800, your benefits are capped at \$3,480/Month.</i>	30 Day Plan: Your Monthly Salary/100 * \$0.85 90 Day Plan: Your Monthly Salary/100 * \$0.59 <i>*If your annual salary is over \$300,000, your benefits are capped at \$15,000/Month.</i>
How to Enroll	Enroll on the People First website	Submit application (available on Gabor Financial Solutions website) to UCF Human Resources Benefits Section via email (Benefits@ucf.edu) or secure eFax (407-882-9022)

Life Insurance

The security of long-term stability for your family in the event of unfortunate circumstances is a real consideration. Life insurance helps provide peace of mind and financial security. There are two types of life insurance available through Gabor Financial Solutions:

- **Level Term Life Insurance:** Features of the plan include competitive pricing, predictable premiums, customizable coverage, advanced access for illness, and portable coverage. Underwritten by Symetra Life Insurance Company.
- **Group Term Life Insurance:** A low-cost life insurance policy with coverage that does not decrease with age as long as employment continues and premiums are paid. This policy is offered guaranteed issue with no medical exam required during the first 60 days of employment or during periodic open enrollments up to four times annual salary with a maximum limit of \$200,000. Employee spouses are also eligible for guaranteed coverage up to \$50,000 if payroll deducted. Underwritten by Standard Insurance Company.

The chart below compares the life insurance plans offered through the State of Florida Group Insurance Program and Gabor Financial Solutions.

Life Insurance Comparison	Optional Term Life (Securian Financial)	Level Term Life (Symetra)	Group Term Life (The Standard)	Permanent Life (Symetra)
How to Enroll	Via People First	via Gabor Financial Solutions	via Gabor Financial Solutions	via Gabor Financial Solutions
New Hire Enrollment Deadline	60 Days	N/A (fully underwritten)	60 Days	N/A (fully underwritten)
Coverage Amounts	1x to 7x/ annual salary	10, 15, 20 or 30 year term	Lesser of \$200,000 or 4x/annual salary	Minimum \$50,000
Maximum Limits	\$1 Million	Contact Gabor Financial Solutions	Employee: \$200,000 Spouse: Up to \$50,000	Contact Gabor Financial Solutions
Coverage Guarantee Issue	Yes	N/A (fully underwritten)	Yes (if elected within first 60 days)	N/A (fully underwritten)
Can Premiums Increase	Yes	No	Yes	No (as long as premiums paid on time)
Policy is good for/until	Termination; May be portable	Length of term	No limit	No limit
Important Note	Premiums increase when salary increases or every 5 years when milestone birthday age is reached	Premiums are fixed once locked in for 10, 15, 20, and 30 year coverage; Contact Gabor regarding coverage ranges	Periodic open enrollments are held, offering up to 4x/annual salary coverage with a maximum limit of \$200k; Employee spouses are also eligible for guaranteed coverage up to \$50,000 if payroll deducted	This policy offers a Chronic Illness Rider; Up to 50% of the policy's death benefit can be accessed in advance if a chronic illness applies

Additional Resources

For additional information on the [Disability](#) and [Life Insurance](#) policies offered through Gabor, visit the [Gabor Financial Solutions website](#) or contact a Gabor representative for specific plan questions or enrollment assistance.

Worker's Compensation

Workers' Compensation is insurance paid in full by UCF that provides coverage to an employee for a job-related injury or illness from the very first day of employment. Employees who are injured or become ill due to the conditions of their job receive partial income replacement and/or payment of expenses for medically necessary services under Workers' Compensation.

Workers' Compensation injuries are not covered by regular medical insurance. AmeriSys is the medical case manager for all Workers' Compensation claims. Any time an accident or an injury occurs, whether or not the employee wishes to seek medical care, it must be reported to AmeriSys. This should be done by the supervisor and employee, if available, as soon as possible.

AmeriSys ★ : 800-455-2079

For questions regarding the UCF Workers' Compensation insurance or procedures, contact the Human Resources Leave of Absence/Workers' Compensation section at loaandworkcomp@ucf.edu or 407-823-2771.

Additional Resources

For additional information visit the [Workers' Compensation](#) section of the [UCF HR Leave Absence website](#).



FICA Replacement Plan

The FICA Replacement Plan is a defined contribution plan authorized under section 401(a) of the IRS code. It is a tax-qualified private retirement plan in which employees in certain positions are mandated to participate in lieu of paying Social Security FICA taxes.

Enrollment in the FICA Replacement Plan is automatic and mandatory for all:

- OPS Non-Students
- Adjunct Faculty
- Post-Doctoral Associates
- Physician Learners (Medical Residents)

Full-time student employees, graduate assistants, graduate teaching assistants, graduate research assistants, and employees holding dual compensation positions do not currently pay Social Security taxes and will not be enrolled in the plan.

Eligible employees will be automatically enrolled in the plan as of their first paycheck. Once a contribution has been made to the plan, the employee will receive additional information from TIAA, the plan administrator. TIAA can be contacted at 800-842-2776.

How the Plan Works

Under the UCF 401(a) FICA Replacement Plan, participants contribute 7.5% of their compensation to an account in their name. Contributions to the plan are made on a pre-tax basis, and participants pay no taxes on their earnings or contributions in their accounts until retirement. Any benefits which the participant has earned under Social Security, or any other retirement plan will not be reduced by participating in this plan.

How to View Account

Contributions are placed in an account at TIAA. Once the initial contribution is made, you can view your account online through the [TIAA website](#). Click on 'Register,' and follow the steps, which will ask for your information and allow you to create a user ID and password. The website offers many useful services, including managing your account, designating a beneficiary and signing up for e-statements.

How Contributions are Invested

You can direct how your contributions are invested among the available funds by accessing your account online through the [TIAA website](#) and making investment allocation elections. If you do not make an allocation election, your contributions will be directed to a target date fund based on your date of birth. Your benefit depends on the amount of money contributed to your account and its performance over time. An annual fee of \$25 (\$6.25 quarterly) applies to this plan, as well.

Withdrawal Periods

Withdrawals from the plan may be made at the following times:

- Termination of employment
- Retirement
- Participant's total disability
- Participant's death

Withdrawals from your account may be made in a lump-sum cash payment (IRS 10% penalty on early withdrawals may apply) or plan balances may be rolled over to an IRA or other eligible retirement plan with no penalty.

Effect of Plan Participation on Social Security Benefits

Employees are not subject to Social Security taxes while in this plan and will not earn Social Security credit.

Additional Resources

For additional information visit the [FICA Replacement Plan](#) section of the [UCF HR Retirement website](#) or contact TIAA at 800-842-2776.



State of Florida Retirement Plans

UCF offers the following mandatory retirement plans for A&P, Executive Service, USPS, and Faculty employees.

Retirement Plan Comparison	Florida Retirement System (FRS) Pension Plan	Florida Retirement System (FRS) Investment Plan	State University System Optional Retirement System (SUSORP)
Eligibility	A&P, Executive Service, Faculty and USPS	A&P, Executive Service, Faculty and USPS	A&P, Executive Service and Faculty <i>*College of Medicine Faculty: Mandatory</i>
Plan Type	Defined benefit plan; retirement benefit is based on a set formula	Defined contribution plan; retirement benefit is based on the amounts that have been contributed to the account and the performance of the investments	Defined contribution plan; retirement benefit is based on the amounts that have been contributed to the account and the performance of the investments
When am I vested in my benefit?	You qualify for a benefit after 8 years of service ^{1,2}	You qualify for a benefit after 1 year of service ¹	You qualify for a benefit immediately upon enrolling
Who contributes and how much? ³	You: A mandatory 3% pretax employee contribution UCF: A fixed percentage of your gross salary as determined by the Florida Legislature	You: A mandatory 3% pretax employee contribution UCF: An amount equal to 8.3% of your gross salary (higher contribution for Special Risk and Executive Service classifications) <i>*Anything in excess of the 8.3% employer contribution amount on your paycheck goes towards the Unfunded Actuarial Liability (UAL) and Admin fees, which are determined by the Florida Legislature</i>	You: A mandatory 3% pretax employee contribution; you can make an additional pretax contribution of up to 5.14% of your gross salary (totaling 8.14%) UCF: An amount equal to 5.14% of your gross salary <i>*Anything in excess of the 5.14% amount on your paycheck goes towards the Unfunded Actuarial Liability (UAL) and Admin fees, which are determined by the Florida Legislature</i>
Where are the contributions deposited?	Into a single trust fund for all FRS Pension Plan members	Into an account that is established in your name by the FRS	Into an account(s) that is established in your name by the SUSORP investment provider(s) you choose
Your Benefit	Pays a guaranteed lifetime benefit based on employee class, age, salary, and years of service while working for an FRS-participating employer	In both plans, your benefit depends on the amount of money contributed to your account and its growth over time; You decide how to allocate the money in your account among the available investment funds	In both plans, your benefit depends on the amount of money contributed to your account and its growth over time; You decide how to allocate the money in your account among the available investment funds

¹ You are always fully vested in your own contributions if you remain enrolled in the FRS plan you chose as a new employee. How your employee contributions are distributed or refunded to you depends on a number of factors, especially if you use your 2nd Election to change plans in the future.

² If you were initially enrolled in the FRS before July 1, 2011, your vesting requirement may be different. For important details, please refer to the [FRS Plan Comparison](#).

³ Employee and employer contribution rates are subject to change by the Florida Legislature.

Enrollment

The chart below outlines the enrollment instructions and deadlines for all three plans

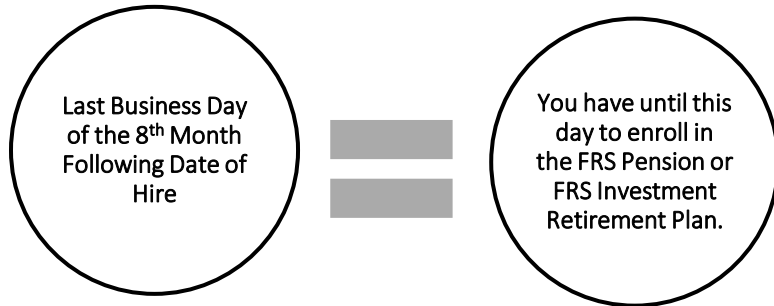
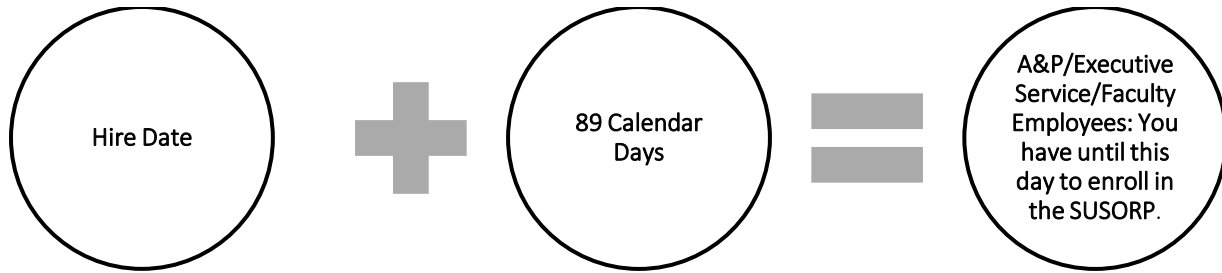
Enrollment Information	Florida Retirement System (FRS) Pension Plan or Investment Plan	State University System Optional Retirement Program (SUSORP)
<p>How to Enroll</p>	<p>USPS Employees:</p> <ul style="list-style-type: none"> Complete the Online FRS Retirement Plan Enrollment Form* <p><i>*Do not choose the hybrid option on the form; it is not available to State University System employees.</i></p> <p>A&P & Faculty Employees:</p> <ul style="list-style-type: none"> Complete ORP-ENROLL form Return ORP-ENROLL form to HR Benefits Section via secure eFax (407-882-9022) or password protected email attachment (benefits@ucf.edu) Complete the Online FRS Retirement Plan Enrollment Form* <p><i>*Do not choose the hybrid option on the form; it is not available to State University System employees.</i></p> <p>Complete Beneficiary Designation Form</p> <ul style="list-style-type: none"> FRS Pension Plan Beneficiary Designation Form FRS Investment Plan Beneficiary Designation Form 	<ul style="list-style-type: none"> Open SUSORP account with at least one of the SUSORP companies: <ol style="list-style-type: none"> Corebridge Financial (formerly VALIC) Equitable (formerly AXA) TIAA VOYA <p><i>*Local ORP representative contact information can be found here.</i></p> <ul style="list-style-type: none"> Complete ORP-ENROLL form <p><i>*Note: College of Medicine Faculty members and eligible reemployed FRS Investment Plan or SUSORP retirees (who are eligible for the SUSORP) must complete the ORP-MANDATORY form in lieu of the ORP-ENROLL form</i></p> <ul style="list-style-type: none"> Return ORP-ENROLL form <u>and</u> confirmation of SUSORP account to HR Benefits Section via secure eFax (407-882-9022) or password protected email attachment (benefits@ucf.edu)
<p>Enrollment Deadline</p>	<p>Last business day of the 8th month following date of hire</p> <p><i>*After the enrollment deadline, USPS employees are automatically defaulted to the FRS Investment Plan, with the exception of 'Special Risk' employees, who are automatically defaulted to the FRS Pension Plan</i></p>	<p>Hire Date + 89 Days</p> <p><i>*Note: If you do not elect the SUSORP within your date of Hire + 89 days, you will be defaulted to the FRS Pension Plan, and if no election is made by the end of the 8th month after your month of hire, you will be automatically enrolled in the FRS Investment Plan</i></p>

Multi-factor authentication (MFA) is required for all new registrations on MyFRS.com. It is also required following any re-registrations (profile resets or PIN reminders). MFA confirms your identity before you access your account by asking you to log in with a random, six-digit code sent via email or text message.

If you're a long-time user of MyFRS.com, MFA may be optional, but you are strongly encouraged to use this feature for an added layer of security. If you have any questions, please call the MyFRS Financial Guidance Line toll-free at 1-866-446-9377.



If you enroll in the SUSORP, you will continue to receive reminders (mailed to your home as well as emailed to you) from the FRS regarding the FRS enrollment. **You can simply disregard these reminders if you have already enrolled in the SUSORP.**



Consider Your Length of Service

If you stay with an FRS-participating employer for:	Retirement plan to consider:
Less than 1 year	SUSORP
1 to 8 years ¹	Investment Plan or the SUSORP
9 or more years ²	Depends on a number of factors. Call the toll-free MyFRS Financial Guidance Line to learn more.

¹ 1 to 6 years if you have Pension Plan service before July 1, 2011

² 7 or more years if you have Pension Plan service before July 1, 2011

Free Personalized Help is Available to You

- FRS Retirement Plan Participants**
 Visit the [MyFRS website](#) and review the 'New Hire' section on the website. You can also call the MyFRS Financial Guidance Line toll-free at 866-446-9377. Select Option 1 to speak with an unbiased Ernst & Young financial planner who can assist you with any questions that you may have about the Pension Plan and/or Investment Plan.
- SUSORP Participants**
 Contact your SUSORP investment provider(s) for contract and investment product information. Local SUSORP representative contact information can be found on the [UCF HR Retirement](#) page.



Changing Your Election

If you elect the [SUSORP retirement plan](#), you cannot change to a different plan later. You will remain in the SUSORP for as long as you remain at UCF in a SUSORP-eligible position.

If you enroll in the [FRS Pension or Investment plan](#), you will have a one-time opportunity during your FRS career to change to the other FRS retirement plan. This change from one FRS plan to the other is referred to as the **second election**. The SUSORP is not an available second election option. To learn more about this option visit the [MyFRS Second Election](#) website.

Additional Resources

For additional information about the FRS Pension and FRS Investment plans visit the [Resources](#) page of the myFRS website. To learn more about the SUSORP plan you can also visit the [Optional Retirement Program website](#).



Reemployed Retirees

Reemployment Restrictions

The Florida Retirement System has strict rules about reemployment after retirement. It is important to understand that any employee, regardless of age or years of service, who begins receiving their FRS Pension Plan, Investment Plan, or SUSORP benefit, becomes a retiree of the State of Florida, and may be subject to certain restrictions if returning to employment at a later date. Be aware that these restrictions only apply to former FRS or SUSORP retirees who come back to work at state of Florida agencies/universities. FRS retirees are free to work for any private employer, or public employer outside of the Florida Retirement System, without any restrictions.

If you are retired from the FRS Pension, FRS Investment or SUSORP retirement plans, a minimum of six full calendar months from the date of the first distribution is required before you can be rehired. If you come back before the six month minimum, you will be financially liable for repayment if in violation.

Renewed Membership

If you are retired from the FRS Pension Plan (or DROP), you are not eligible for renewed membership in any State of Florida retirement plan (FRS Pension, FRS Investment and/or SUSORP Plan).

If you are retired from the FRS Investment Plan or SUSORP Plan and are a reemployed retiree returning to work in a SUSORP eligible position, you must enroll in the SUSORP plan. Otherwise, if you are a reemployed retiree returning to work in a non-SUSORP eligible position (USPS), you must enroll in the FRS Investment Plan.

Different termination requirements and reemployment limitations apply if you retired prior to July 1, 2010.

Additional Resources

For additional information on the FRS reemployment rules visit the [Reemployment After Retirement](#) page of the [myFRS website](#).

Voluntary Retirement Plans

UCF offers multiple voluntary savings plans to assist you in planning for your retirement. One way to meet long-term financial goals is to participate in a tax-deferred and/or a post-tax Roth 403(b) or 457 plan. Contributions to a voluntary 403(b) and/or 457 account are in addition to the FRS, SUSORP and FICA Replacement plans. UCF does not match voluntary employee contributions.

Although the UCF Benefits Section will make every effort to assist you with reaching your retirement goals, unexpected factors such as refunds, pay rate changes, and processing deadlines may affect your contributions. It is the employee's responsibility to monitor their contributions and limits by viewing their pay advice on a bi-weekly basis and consulting with their financial advisor and/or provider.

Voluntary Retirement Plan Comparison

Plan	403(b)	457(b)
Who is eligible?	All employees	All employees
What is the total maximum annual contribution?	\$23,500 <i>*Voluntary State University System Optional Retirement Program (SUSORP) contributions count towards the annual 403(b) maximum contribution limit.</i>	\$23,500
Age 50 Catch-Up Provision <i>(for employees age 50 or over in 2025)</i>	An additional \$7,500* <i>You can contribute the maximum to each plan (so, \$7,500 to the 403(b) and an additional \$7,500 to the 457(b) for 2025)</i> <i>*Employees attaining age 60-63 in 2025 catch-up contribution limit is \$11,250</i>	An additional \$7,500* <i>You can contribute the maximum to each plan (so, \$7,500 to the 403(b) and an additional \$7,500 to the 457(b) for 2025)</i> <i>*Employees attaining age 60-63 in 2025 catchup contribution limit is \$11,250</i>
Options Available	Pre-Tax and Post-Tax (Roth)	Pre-Tax and Post-Tax (Roth)
Enrollment Instructions <i>(No deadline to enroll; employees can enroll and/or make changes to their contribution amounts at any time.)</i> <i>*Note: It can take several pay periods for any 457(b) enrollments/changes to be reflected on your paycheck.</i>	Log in to the Retirement@Work website from the HR Retirement website (reference the Retirement@Work logo under the Voluntary 403(b) section) using your UCF NID and NID password. Follow the prompts to enroll. Reference the UCF Retirement@Work Guide for step-by-step enrollment instructions.	There are two ways to enroll: <ol style="list-style-type: none">1. Complete the electronic EZ Enrollment Form by clicking 'Enroll Now' on the Bureau of Deferred Compensation website.2. Contact one (or more) of the three voluntary 457 companies: VOYA, Nationwide, and/or Corebridge Financial (formerly VALIC) <i>*Contact information can be found on the Bureau of Deferred Compensation website.</i>



CAPTRUST

If you're like most retirement plan participants, you may struggle with feeling confident about making financial decisions regarding how much to save or how to invest. You may have questions about your ability to retire when you are ready. We want to help you build a solid financial future. That's why we have hired CAPTRUST as a resource for your financial wellness.

CAPTRUST is an independent investment advisory firm, and the financial counselors provide professional, unbiased investment advice. Best of all, the service is offered to you at no charge! When you work with CAPTRUST, they will create a Retirement Blueprint for you, which is a comprehensive planning tool tailored to your individual needs and retirement goals.

CAPTRUST Retirement Blueprint® technology allows our financial advisors to give you personal retirement planning advice.

- The financial advisor will help you identify your goals and your risk tolerance.
- The financial advisor will take you through various “what if” scenarios to optimize different retirement strategies.
- You will have the opportunity to implement advice on the spot with assistance from your financial advisor.
- You will have access to your blueprint immediately after your consultation.
- A reminder will be sent to you on an annual basis to update your blueprint.

There are many ways to engage and a number of resources available to you:

- Live webinars
- Monthly e-newsletters
- Access helpful articles on a range of topics.
- Check your progress with financial calculators.
- Watch informative three-minute videos from CAPTRUST subject matter experts.
- Register for easy-to-understand topical financial webinars.
- View recordings of prior webinars.

To make an appointment, visit the [CAPTRUST website](#) or call CAPTRUST directly at 800-967-9948.

Additional Resources

For additional information visit the [UCF HR Retirement website](#). Learn more about your voluntary savings option to a 457 account by viewing [educational videos](#) on the [Bureau of Deferred Compensation website](#).

Paid Time Off

Annual and Sick Leave

Paid time off and holiday benefits are determined by employee classification.

Classification	Annual Time Off	Sick Time Off
A&P Exempt, 12-Month Faculty & USPS Exempt	6.77 hours per pay period	4 hours per pay period
A&P Overtime Eligible	6 hours per pay period	4 hours per pay period
Executive Service	9.195 hours per pay period	5 hours per pay period
9-Month Faculty	None	4 hours per pay period
USPS Overtime Eligible	0-4 Years of Service: 4 hours per pay period 5-10 Years of Service: 5 hours per pay period 10+ Years of Service: 6 hours per pay period	4 hours per pay period
Post-Doctoral Associates	10 days per academic year	5 days per academic year
Phased Retirees	5 days per full time semester appointment *For former 12-Month Faculty	5 days per full-time semester appointment
Physician Learners: First Year	3 weeks per academic year *5 working days plus 2 weekend days	10 days per academic year
Physician Learners: All Other	4 weeks per academic year *5 working days plus 2 weekend days	10 days per academic year

Maximum Annual Time Off Balance

Excess annual time off is converted to sick time off in the pay period containing January 1st of each year. There will be no retroactive adjustments.

Classification	Maximum Annual Leave Balance
A&P Exempt, 12-Month Faculty, USPS Exempt	352 hours
A&P Overtime Eligible	352 hours
Executive Service	480 hours
USPS Non-Exempt	240 hours

Time Off Payouts

Upon retirement, termination, or if experiencing a classification change from 12-Month to 9-Month Faculty, permanent university employees are eligible to receive remaining time off balances paid out in a lump sum (net of taxes). The maximum hours payable are contingent upon their employment classification.

Classification	Time Off Payout
A&P Exempt, 12-Month Faculty, USPS Exempt	352 hours
A&P Overtime Eligible	352 hours
Executive Service	480 hours
USPS Non-Exempt	240 hours

A regular employee (non-OPS) with 10+ continuous years of service is also eligible to receive a sick time off payout. The employee will be paid a number of hours equal to one quarter of their sick time off balance (not to exceed 480 hours).

Post-Doctoral Associates and Phased Retirees are not eligible for time off payouts, and any unused balances at the end of the academic year will be forfeited.

All USPS classes must attain regular status (come off probation) in order to be eligible for a time off payout.

Holidays

University of Central Florida Policy #2-002.3 recognizes specified days as university holidays. This policy applies to all regular employees and all departments, units, or divisions of the university. Regular employee is defined as any person employed by the university in a regular, benefits-earning position. This definition includes part-time personnel who work at least half-time on continuing appointments.

The university designates nine paid holidays annually for regular employees:

- **New Year's Day:** January 1
- **Martin Luther King Jr.'s Birthday:** Third Monday in January
- **Memorial Day:** Last Monday in May
- **Independence Day:** July 4
- **Labor Day:** First Monday in September
- **Veterans Day:** November 11
- **Thanksgiving Day:** Fourth Thursday in November
- **Day after Thanksgiving:** Fourth Friday in November
- **Christmas Day:** December 25

Designated holidays will be observed on the calendar days on which they fall. However, legal holidays occurring on Saturday will be observed on the preceding Friday and legal holidays occurring on Sunday will be observed on the following Monday.

Each year the Human Resources Department will publish a holiday schedule with the specific dates of holidays that will be observed.

For additional information regarding eligibility for holiday pay, visit the [Holidays](#) page of the [UCF Leave and Attendance website](#).

Paid Personal Leave Days (Additional Days Off)

Aside from the nine holidays listed, additional paid personal leave days may be granted only by action of the President of the university. Although the vast majority of university offices are listed as closed during these days, certain employees may be deemed essential and will be required by the appropriate supervisor to work during the period of closure. For information regarding eligibility, visit the [UCF Leave and Attendance website](#).

Personal Holiday

Each USPS Overtime Eligible employee is entitled to one Personal Holiday each year. Each part-time USPS Non-Exempt employee is entitled to a Personal Holiday each year, which shall be calculated proportionately to the Personal Holiday granted to a full-time employee. The Personal Holiday shall be credited to eligible employees on July 1 of each year and must be used by the employee or forfeited at the close of business on June 30 of the following year. The employee may not use the Personal Holiday before it is earned.

The hours granted for the Personal Holiday may not be used intermittently; the employee must use the entire 8 hours (or proportionate hours for a part-time employee) during a single work shift.

If the employee terminates before using the Personal Holiday, the Personal Holiday shall be forfeited, and the employee is not eligible for payment for the Personal Holiday upon termination.

Special Compensatory Leave for Police Benevolence Association (PBA) Employees

Special Compensatory Leave is defined as leave earned by a law enforcement officer filling a position in a non-exempt class and is provided as follows:

- To compensate an employee for a holiday when the employee observed the holiday and worked 40 hours during the week in which the holiday occurred; the holiday falls on the employee's regularly scheduled day off, or the employee is required to work on the holiday.
- To compensate an employee when he/she uses a personal holiday, and the hours worked plus the hours used for the personal holiday cause the employee's hours to exceed 40 during a work week.
- To compensate the employee for administrative leave for jury duty or court appearance when the employee worked 40 hours during the week in which the jury duty or court appearance occurred.
- To compensate the employee when he/she is required to perform essential duties during an emergency closing for the hours worked during the closing.

Special Compensatory Leave is not used with Paid Personal Leave Days that are granted by the President of the university.

There is no limit on the amount of Special Compensatory Leave a PBA employee may earn.

Additional Employee Benefits

Brightline: Discounted Tickets

Brightline has an ongoing offer of 25% off SMART rides for all UCF students, faculty, and staff for business or personal travel along Orlando, West Palm Beach, Boca Raton, Fort Lauderdale, Aventura and Miami. Learn more about [Brightline offers](#).

Employee Assistance Program

The Employee Assistance Program (EAP) is a university-funded benefit that offers



the support and resources you need to address any personal challenges and/or concerns that may affect your personal well-being and/or work performance. It is confidential and free to all employees (excluding OPS student employees) as well as their eligible family members, including spouses, dependent children, parents, and parents-in-law.

Benefits include:

- 24-hour emergency hotline
- In-person, telephonic or video counseling with licensed professional counselors for issues such as grief and loss, depression, relationship dynamics, divorce, job stress and burnout, addiction, eating disorders, mental illness, and more
- Six in-person visits per issue per year (including video counseling)
- Unlimited work/life service telephonic support for issues such as adoption, childcare, eldercare, financial and legal issues, identity theft, and more
- Medical Bill Saver which includes expert negotiators who assist with lowering medical bills

For additional information, visit the [UCF Employee Assistance Program website](#).

Employee Discount Program (Pegasus Perks)

The University of Central Florida provides employees with an elite collection of local and national discounts from thousands of hotels, restaurants, movie theaters, retailers, florists, theme parks, national attractions, concerts, and events through [Abenity](#). Discount offers are redeemable in-store through printable and mobile coupons, online, and over the phone. For additional information, visit the [UCF Employee Discount Program website](#).

Expectant Mother Parking Program

Faculty and staff permit holders in their third trimester of pregnancy (or high risk) may elect to reserve an expectant mother space in their permitted lot. For additional information, visit the [Expectant Mothers Parking Program website](#).

Faculty & Staff Dining Plans

At UCF Dining, meal plans are convenient, flexible, and loaded with options. Meal plans give you dining locations across campus with a range of hours from as early as 7am to as late as midnight.

For additional information, visit the [UCF Meal Plans website](#) or call Dining Services 407-823-2651.

Faculty & Staff Wellness Research Center

The Wellness Research Center (WRC) is a work-site wellness program for faculty and staff. Housed in the Education Building, this fitness center offers strength, flexibility, and aerobic conditioning equipment as well as fitness services. For additional information, visit the [UCF Employee Gym website](#).

Florida Pre-Paid College Plan

The University of Central Florida supports employee participation in the Florida Pre-Paid College Plan by offering payroll deductions to cover premiums each month. The plan allows you to select from options with specific costs, payment schedules, and benefits. Plans include two year, four year, and dormitory options. For additional information, visit the [Florida Prepaid College Plan website](#).

Leave of Absence Programs

For information regarding leave of absence policies that may be applicable to you, visit the [UCF Leave of Absence website](#).

Library Services

Multiple services are available to faculty and staff including borrowing privileges and teaching/research support. For additional information, visit the [UCF Library Services website](#).

LinkedIn Learning

LinkedIn Learning, is a leading online learning platform that helps anyone learn business, software, technology, and creative skills to achieve personal and professional goals. Explore over 12,000 courses and 5,000 video tutorials from industry experts and leaders all in one place. LinkedIn Learning is available to all UCF students, faculty, and staff. For more information, visit the [UCF LinkedIn Learning website](#).

Privacy Lactation Rooms

The University of Central Florida recognizes the needs of new mothers by providing lactation privacy rooms on campus. These secure locations provide UCF mothers, whether students, staff or faculty, the ability to ease back into work or school without having to sacrifice the healthy practice of expressing their milk. For additional information, review the [Lactation Room Locations](#).

Public Service Loan Forgiveness Program

If you are employed by a government or not-for-profit organization such as UCF, you may be able to receive loan forgiveness under the Public Service Loan Forgiveness (PSLF) Program administered through the U.S. Department of Education. For additional information, visit the [UCF PSLF Program website](#).

Recreation & Wellness Center

Employees of the University of Central Florida have an opportunity to purchase a discounted membership in the Recreation and Wellness Center (RWC). There are different memberships available to choose from, with most having promotional rates for new members. For additional information, visit the [UCF RWC Membership website](#).



SGA Ticket Center

The SGA Ticket Center offers specially-priced tickets to various local theme parks, attractions, movie theaters, and transportation providers. Tickets are intended for use only by UCF students, staff, and faculty. For additional information, visit the [UCF SGA Ticket Center website](#).

Tuition Waiver Program

The University offers tuition assistance to eligible employees in the form of tuition waivers, good for up to six credit hours of coursework per semester. Eligible employees include A&P, Executive Service, USPS and Faculty, and courses are restricted to those taken at UCF. For additional information contact the [UCF Student Accounts](#) department at 407-823-2433 or visit the [UCF Tuition Waiver Program website](#).

UCF Athletics: Faculty & Staff Discounts

Current UCF Faculty and Staff are eligible to purchase up to 4 discounted season tickets in select locations. Tickets can be purchased using payroll deduction equal to the currently offered standard payment plan. Discounts are not available for single-game ticket purchases. For more information, please contact the UCF Athletics ticket office at 407-823-1000 or visit the [UCF Athletics Ticketing Center website](#).

UCF School of Performing Arts: Discounted Tickets

The UCF School of Performing Arts offers a discounted rate for tickets and season subscriptions. A maximum of two tickets can be purchased at a time, and a valid UCF ID is required for purchase. The discounted rate can be accessed by calling the box office at 407-823-1500. Performance schedules and additional information regarding each production/concert can be found on the [UCF Performing Arts website](#).

UCF Technology Product Center Discounts

The UCF Technology Product Center (TPC) and campus technology suppliers offer various academic discounts on computing and electronic items. TPC has payroll deduction purchasing options for Faculty, A&P (including Executive Service) and USPS employees. The TPC also offers on campus warranty repair service for Apple and Dell computers. For additional information, contact the UCF Computer store at 407-823-5603 or visit the [UCF TPC website](#).

Additional Resources

Learn about all of the additional benefits and resources available to UCF employees by visiting the [Additional Employee Benefits website](#).

Other Important Information

9-Month Faculty Insurance Premium Deductions

All 9-month faculty members who are enrolled in insurance (health and any other supplemental plans) have double deductions taken from their paychecks beginning in February and ending with the first paycheck in May. The double deductions are necessary to pre-pay premiums for the months of June, July, August, and September. Regular deductions resume with the first paycheck in September.

Retirement contributions and spending accounts (FSA, HSA, etc.) are not impacted by the double deductions, as they are pro-rated based on the number of paychecks received in a calendar year. Retirement contributions continue for those who receive a paycheck in the summer.

Address Updates

If you move, remember that you must update your home and mailing address to ensure you receive timely and important information such as open enrollment information, insurance ID cards, etc.

IRS Reporting

Each year, UCF is required to furnish each full-time employee and part-time employee who was enrolled in the State Group Health Insurance Program with an IRS Form 1095. The Division of State Group Insurance will normally provide you with your individualized Form 1095 no later than January 31 to satisfy this requirement.

You may file your Individual Income Tax Return before receiving Form 1095. Unlike Form W-2, Form 1095 is strictly informational and is not attached to your income tax return. Form 1095 provides you with information about months that you (and your spouse and dependents, if any) were enrolled in the State Group Health Insurance Program. This information is important to provide you with evidence that you maintained a minimum level of health insurance coverage. Form 1095 also provides you with information about the State of Florida's offer of health insurance coverage to help you determine whether you are eligible for a premium tax credit if you purchased health insurance within the Healthcare Marketplace.

To elect to receive your Form 1095 electronically, go to the Contact Information section after logging into the [People First website](#), and check the appropriate box to receive your 1095 electronically.

If you have questions about what to do with the form, please call your tax preparer. For other questions and additional information, visit the [ACA Tax Provisions website](#) or the [Health Insurance Mandates](#) page of the MyBenefits website.

Contact Information

Below is the contact information for our insurance and retirement providers.

Name	Benefit	Telephone #	Website
Aetna	Health Insurance	877-858-6507	www.aetnastateflorida.com
AFLAC	Cancer & Intensive Care Insurance	800-780-3100	https://capitalins.com/our-plans/aflac-cancer-and-hospital-intensive-care/
Ameritas	Dental Insurance	877-721-2224	www.ameritas.com/group/olbc/florida
Chard Snyder	Savings & Spending Accounts	855-824-9284	www.mybenefits.myflorida.com
Cigna	Hospitalization Insurance	800-780-3100	https://capitalins.com/our-plans/cigna-hospital-supplements/
Cigna Dental	Dental Insurance	800-244-6224	https://capitalins.com/our-plans/#Dental
Colonial Life	Accident, Cancer, & Disability Insurance	888-756-6701	www.visityouville.com/stateoffl
Corebridge Financial (formerly VALIC)	SUSORP, 403(b) & 457 Provider	Local Rep Contact Info	https://www.corebridgefinancial.com/rs/floridaorp
Equitable (formerly AXA)	SUSORP Provider	866-401-3030	https://equitable.com/floridaorp
Fidelity	403(b) Provider	Local Rep Contact Info	https://netbenefits.com/ucf
Florida Blue	Health Insurance	800-825-2583	www.floridablue.com/state-employees
Florida Retirement System (FRS)	Retirement Plans	844-377-1888	https://www.myfrs.com/
Gabor Financial Solutions	Disability & Life Insurance	800-330-6115	https://www.gaborfs.com/university-of-central-florida
Health Advocate	Employee Assistance Program (EAP)	877-240-6863	https://healthadvocate.com/members
Healthcare Bluebook	Shared Savings	800-513-6118	www.healthcarebluebook.com/cc/sof
Humana	Dental Insurance	866-879-3630	https://www.compbenefits.com/custom/stateofflorida/
Humana Vision	Vision Insurance	800-939-5369	www.compbenefits.com/custom/state-of-fla-vision/

Name	Benefit	Telephone #	Website
MetLife	Dental Insurance	844-222-9104	www.metlife.com/stateoff/
New Era	Hospitalization Insurance	800-277-2300	www.ssc-life.com
Optum Rx	Prescription Drug Plan	800-547-9767	https://welcome.optumrx.com/sofdms/landing
People First	State of Florida Group Insurance Program Administrator	866-663-4735	https://peoplefirst.myflorida.com
Securian Financial	Life Insurance	888-826-2756	www.lifebenefits.com/florida
State of Florida MyBenefits	State of Florida Insurance Program	N/A	https://www.mybenefits.myflorida.com/
Sun Life	Dental Insurance (Indemnity w/ PPO)	800-442-7742	https://www.sunlife.com/us/sl/state-of-florida/en/
Sun Life	Dental Insurance (Prepaid)	800-443-2995	https://www.sunlife.com/us/sl/state-of-florida/en/
Lantern	Shared Savings	844-752-6170	https://lanterncare.com/stateofflorida/
Gabor Financial Solutions	Disability & Life Insurance	800-330-6115	https://www.gaborfs.com/university-of-central-florida
TIAA	SUSORP & 403(b) Provider	Local Rep Contact Info	https://www.tiaa.org/ucf
United Healthcare	Health Insurance	877-614-0581	https://whyuhcflorida.com/
VOYA	SUSORP Provider	Local Rep Contact Info	https://floridaorp.beready2retire.com/

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