



## **DESCRIPTION OF EMPLOYEE BENEFITS**

### **EMPLOYEE INSURANCE**

If you choose to enroll in the insurance plans available, you must do so within **60 days** of your date of hire. During the initial new hire window, take the opportunity to carefully evaluate all plan options.

Enrollments into state plans are not automatic, with the exception of the basic state life plan for full-time employees.

### **SIGNING UP FOR BENEFITS**

#### **State/People First Plans**

Premiums and deductions will be established based upon your enrollment decisions. Within a couple weeks, a People First ID (PFID) will be mailed to your home address along with default password information. The PFID will be assigned by People First.

**People First does NOT accept paper enrollment forms. This means that you must have an active record in People First in order to submit any enrollments.**

Your PFID is your permanent identifier that will allow you to:

- Enroll in your selected benefits
- View benefits during the year
- Make qualified status changes
- Make other adjustments to your benefits during the annual Open Enrollment periods

**New employees and those experiencing a qualifying status event must complete enrollments through the People First portal or by calling the People First service center at 1-866-663-4735.**

### **ELIGIBILITY**

All active, permanent, full or part-time (.75 FTE or greater) Florida Polytechnic University employees qualify for coverage under the State of Florida Insurance Programs.

Starting Jan. 1, 2014, certain variable hour and OPS employees will also qualify for the State's Insurance Program. OPS employees who are currently scheduled to work 30 hours/week or more on average will be offered the opportunity to enroll in the state's plans beginning the Fall 2013 Open Enrollment period. OPS will be eligible to participate in majority of the state plans with the exception of Optional Term Life, Medical Reimbursement and Limited Purpose Reimbursement Accounts. Employees will be notified of their eligibility by the state during the Open Enrollment period and any coverage selected will begin effective January 1, 2014.

All eligible employees should review the Marketplace Notice included in the appendix section. The Marketplace Notice is required under the Affordable Care Act and provides employees additional

information about affordable health plan options that are available through the Marketplace or Health Care Exchanges.

## **DEPENDENTS**

Eligible dependents include:

- Spouse
- Children through age 30\* (natural, adopted, step, foster, and those for whom you have legal guardianship)
- Disabled children beyond age limits; incapable of self-sustained employment; dependent for financial support
- Eligible dependent's newborn child for 18 months after birth, or until eligible dependent who is the infant's parent no longer qualifies as a dependent, whichever comes first

\*Children age 19 through 30

- Family Coverage Tier: Children age 19 through the end of the calendar year in which they turn 26, are covered under the regular "family plan"
- Optional Over-Age Coverage: For health insurance only—coverage for children age 26 through the end of the calendar year they turn 30 may be purchased at an additional premium if they:
  - are not married
  - have no dependents (i.e., children, domestic partner)
  - are not provided or otherwise have available health insurance, and
  - either live in Florida or are a student in another state

The eligibility requirements listed above apply to the State of Florida-sponsored plans.

## **SPOUSE PROGRAM**

An eligible employee whose spouse works in a benefits-eligible position for a State of Florida government agency may enroll in the health insurance Spouse Program. This program combines the state's matching portion of each member's insurance premium, providing health insurance at a minimal cost provided that both employees are in full-time, benefits eligible positions. Should one spouse terminate employment with the state of Florida—or in the event of a divorce, change in FTE, or leave of absence—PeopleFirst must be notified within 60 days of the event.

## **OPEN ENROLLMENT**

Open Enrollment is a period of time where employees have an opportunity to make additions, changes or deletions to their elected benefit options. During this time, Open Enrollment communications provide information regarding critical dates, new plan options, or other important changes for the upcoming plan year. After Open Enrollment begins, employees may access the People First enrollment system 24 hours a day to make necessary changes. Benefit elections can be made throughout the Open Enrollment period, however once the deadline closes, all elections are final and coverage would begin on January 1. Open Enrollment generally varies from year to year around mid-October to November. For specific dates, check with the People First Service Center or the University Benefits office each fall.

## **Qualifying Events for Changing Your Coverage**

Under certain circumstances, you may be allowed to make changes to your benefit elections during the plan year. Within 60 calendar days of the event date, you must make these changes through the People First portal or by calling the People First service center at 1-866-663-4735.

Qualifying status changes include:

- Birth, adoption or legal guardianship (must add each child even if you already have family coverage)
- Marriage or divorce
- Death of spouse or dependent
- Change from full- to part-time or part- to full-time employment
- Change in spouse's employment status (resulting in a gain or loss of other coverage)
- Medical Leaves
- Personal unpaid leave of absence for more than 31 days
- Change in dependent's eligibility
- Termination

Documentation may be required for certain events and must be consistent with the benefit change that is requested. Outside of the 60-day qualifying status change window, changes to your plans are limited to the annual Open Enrollment period, which takes place in the fall of each year.

## **HEALTH INSURANCE**

Employees may choose from several health insurance plan options.

Available state health plans:

- Preferred Provider Organization (PPO with Florida Blue)
- Health Maintenance Organizations (HMO with multiple vendors)
- Health Investor (High Deductible) plans with a Health Savings Accounts (PPO & HMOs are available under multiple vendors)

No matter which plan you choose, health insurance premiums will be deducted on a pre-tax basis unless you request post-tax deductions through a state pre-tax waiver. **Please note that coverage is NOT effective until AFTER you receive your insurance cards from the companies.**

## **PPO PLANS**

Florida Blue is the State's servicing agent for both the PPO and Health Investor PPO plans. Their responsibilities include claims processing, customer service, utilization review, and the establishment and maintenance of the PPO network, which provides worldwide coverage.

PPO providers have agreed to charge no more than a negotiated, pre-set allowance for all covered services that is generally lower than the provider's normal charge. The provider cannot bill you more than that amount. With a non-PPO provider, you are subject to higher basic charges plus the difference between what the plan will pay the provider and what the provider charges. A copy of the PPO Provider Directory for your area can be reviewed at [www.bcbsfl.com](http://www.bcbsfl.com).

Services related to the care and treatment of this pre-existing condition will not be covered for 12 months after the effective date of coverage. You and your dependents may be eligible to receive full or partial credit toward the State Employees' PPO Plan pre-existing condition exclusion if you have satisfied the full or partial pre-existing exclusion period under prior health insurance coverage and have not had a loss of coverage that exceeds 63 days between the time your previous coverage ended and your new coverage takes effect. The pre-existing condition exclusion is automatically waived for members transferring from

an HMO contracted under the State Employees' Health Insurance Program. For coverage beginning January 1, 2014, the pre-existing condition provision will be removed starting with plan year 2014 and forward in order to comply with the new requirements under the Affordable Care Act.

## **HMO PLANS**

Each HMO provides health services to people who live or work within the HMO's service area. HMOs may not be available in all areas of the state. If one is not available in the county in which you live or work, the only state-sponsored health insurance option available is the state PPO plan. For more information regarding the HMOs available in each county, please visit the state's web site at [www.myflorida.com/mybenefits](http://www.myflorida.com/mybenefits). In addition to the standard HMO plan designs, many of the HMO providers also offer the Health Investor HMO option.

Most HMOs provide limited or no coverage for services outside their service areas except in the case of life- or limb-threatening emergencies. It is important to understand the HMO's policy, especially if any covered dependents do not live in the service area. However, HMOs serving employees in more than one service area will provide coverage to dependents residing in a different county if it is part of the HMO's service area.

Because HMOs emphasize early detection and treatment of illness to reduce expensive and inconvenient hospital stays, they tend to offer a range of benefits with minimal out-of-pocket costs that may include preventive health care and additional services.

HMOs do not have a pre-existing condition exclusion.

## **HEALTH INVESTOR (HIGH DEDUCTIBLE) PLANS**

The Health Investor PPO and HMO plans have lower premiums than the State PPO and HMO plans but have much higher deductibles. The high deductible associated with these plans means you will pay more money out-of-pocket for visits and services until the annual deductible has been met. Once the deductible is satisfied, the plan begins to pay on a co-insurance basis. Carefully review the plan booklets before you make your final choice. To help offset expenses related to the plan, employees should also enroll in a health savings account (HSA), where employer and employee money can be contributed on a pre-tax basis. Funds in the HSA can then be used to help pay the deductible, co-pays, co-insurance, etc., which reduce out-of-pocket expenses.

## **STATE PRESCRIPTION DRUG PROGRAM**

CVS Caremark is the pharmacy benefits manager for prescription benefits for all state health plan options. Prescriptions for up to a 30-day supply can be filled through the card program. When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than the doctor having indicated "dispense as written," the member will pay the difference in cost between the brand and the generic, plus the brand co-pay. PPO members on certain maintenance prescriptions may refill up to three times at a retail pharmacy; after that, remaining prescriptions must be refilled by mail order. You may visit [www.myflorida.com/mybenefits](http://www.myflorida.com/mybenefits) for more information.

## **HEALTHCARE BLUEBOOK**

Healthcare Bluebook is a new, voluntary benefit that offers an online transparency website for you to "shop" for healthcare services, facilities, and providers starting on Jan. 1, 2019. Healthcare Bluebook's website ([www.healthcarebluebook.com/cc/SOF](http://www.healthcarebluebook.com/cc/SOF)) and mobile app show you the range of costs and the quality of inpatient 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 rated “green.” More information about the cost and quality ratings is available online.

### **Earning rewards through Healthcare Bluebook**

Under Healthcare Bluebook’s “Go Green to Get Green” rewards program, the website or mobile app will identify the healthcare services that are rewardable 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.

The reward will then be credited to the savings and spending account of your choice. Learn more about [savings and spending accounts](#).

### **SURGERYPLUS**

SurgeryPlus is a voluntary benefit that provides pre-planned, non-emergency surgical services. By receiving services through SurgeryPlus, you and your dependents can earn financial rewards.

SurgeryPlus is separate from your health plan and has its own network of high-quality providers. SurgeryPlus offers surgical procedures that are covered under the State Group Health Insurance Program, but is different from your health insurance plan because the healthcare services are “bundled” together. For example, rather than paying separately for the surgeon, facility, anesthesiologist, and radiologist, SurgeryPlus negotiates one “bundled” rate. By packaging surgical expenses into one simple, bundled rate, SurgeryPlus is able to save money for you and the State of Florida.

#### **Receiving care and earning rewards through SurgeryPlus**

Contact a SurgeryPlus Care Advocate at 844-752-6170 to start the conversation about what services you need and let them guide you through the process or visit [Florida.SurgeryPlus.com](http://Florida.SurgeryPlus.com) to learn more. (Portal access Code: surgeryplus)

You earn the reward once the following occurs:

1. You or your dependent use SurgeryPlus to receive a preoperative to post-operative “bundled” surgical service;
2. SurgeryPlus validates that you or your dependent received the service; and
3. SurgeryPlus notifies that you or your dependent earned the reward.

The reward will then be credited to the savings and spending account of your choice. Learn more about [savings and spending accounts](#).

### **HEALTH SAVINGS ACCOUNTS**

Employees who elect health insurance coverage under either the state’s Health Investor PPO plan or HMO plan are eligible to participate in a health savings account (HSA). The state will contribute \$500 per year (\$41.66 per month) to the HSA for those with individual coverage and \$1,000 per year (\$83.33) for those with family coverage. In addition, employees may contribute their own additional pre-tax money into HSAs.

Funds in the HSA can be used to pay medical expenses incurred while meeting the higher deductible associated with these health plans. HSA reimbursements are for medical expenses including co-pays and deductibles. Over-the-counter medications require a prescription in order to qualify as an eligible expense. Funds in the HSA earn interest and can be carried over from year to year, unlike flexible spending accounts that must be used by the plan's grace period deadline or all balances will be forfeited. Please note that there are monthly service fees charged by the bank that maintain the HSA. Please see the plan brochure and HSA application for more details.

## **FLEXIBLE SPENDING ACCOUNTS**

The **Medical Reimbursement Account** enables you to set aside pre-tax dollars through payroll deduction to pay for eligible out-of-pocket medical expenses not covered by insurance. Examples include health and dental deductibles, co-payments, eyeglasses, and over-the-counter drugs with a prescription. The full amount of your election is available on the first day of the calendar year. Employees may receive reimbursement by using the issued debit card or by filing claim forms. This plan is not available to participants enrolled in the Health Investor Health Plans.

The **Dependent Care Reimbursement Account** offers an advantage for those who need to provide daycare or elder care for their dependent(s). This type of account is payroll deducted on a pre-tax basis. The amount of reimbursement available for eligible expenses is limited to the amount that has been contributed to the account; i.e., the full amount of your election is not available on the first day of the calendar year.

The **Limited Purpose Medical Reimbursement Account**, intended to collaborate with the Health Savings Account (HSA), sets aside pre-tax dollars to pay for eligible expenses. IRS regulations do not allow an employee to have both an HSA and a Medical Reimbursement Account. Therefore, the state has created the Limited Purpose Medical Reimbursement Account to allow for reimbursement of eligible expenses not covered by the HSA. In general, eligible expenses payable from this account would be non-medical expenses like vision and dental expenses. Deductibles and co-pays are not eligible reimbursements with this plan. Only employees who elect either the Health Investor PPO or HMO and the Health Savings Account should consider the Limited Purpose Medical Reimbursement Account. Employees may use their issued debit card or file claims by the April 15 deadline.

## **LIFE INSURANCE**

The State of Florida offers Basic and Optional term life insurance coverage to eligible full-time and part-time employees. Both the Basic and Optional life plans covers the employee only and includes Accidental Death and Dismemberment coverage:

- Basic Term Life Insurance (\$25,000 coverage for full-time employees that's employer paid; part-time employees pay a portion of the premium)
- Optional Term Life Insurance (Paid by the employee and may elect coverage from 1 to 7 times your salary up to \$500,000 as a new hire guaranteed issue; amounts requested above \$500,000 require medical application)
- All employees enrolled in basic term life insurance may elect and pay for dependent spouse coverage. Spouses may be enrolled in either a \$15,000 benefit or a \$20,000 benefit.
- Dependent spouse coverage is guaranteed issue if elected when the spouse first becomes eligible. Medical underwriting to elect or increase coverage after the initial eligibility period is required.
- All employees enrolled in basic term life insurance may elect and pay for dependent child coverage. The benefit for this coverage option is \$10,000. The premium for dependent child coverage is \$0.85 per month for all eligible children. Coverage is guaranteed issue.

Please visit: [http://www.myflorida.com/mybenefits/Health/Life\\_Insurance/Life\\_Insurance.htm](http://www.myflorida.com/mybenefits/Health/Life_Insurance/Life_Insurance.htm)

## **OTHER INSURANCE & SUPPLEMENTAL PLANS**

The State of Florida makes a variety of other insurance and supplemental programs available to eligible employees' to assist with specific needs. See <http://www.myflorida.com/MyBenefits/Health/Health.htm>

## **RETIREMENT PLANS**

New faculty and eligible employees may choose one of three plans: the State University System Optional Retirement Program, the Florida Retirement System's Florida Pension Plan, or the Florida Retirement System's Florida Investment Plan. All three retirement plans include employer and mandatory employee contributions.

**To select a retirement plan, you will need to fill out the appropriate form and turn it in to the HR department for processing:**

**Executive Service, Faculty and Administrative** employment categories should complete the ORP-16 enrollment form at <https://www.rol.frs.state.fl.us/forms/orp-enroll.pdf>

**Support** employment category should complete the EZ Retirement Plan Enrollment Form at <http://www.myfrs.com/imageserver/pdf/forms/ele-1-ez.pdf>

## **STATE UNIVERSITY SYSTEM OPTIONAL RETIREMENT PROGRAM (SUSORP)**

This plan is for eligible State University faculty and administrative employees only. The SUSORP is a defined contribution plan. Eligible employees must enroll within 90 days from the date of their appointment, or they will automatically be enrolled in the Florida Investment Plan. SUSORP enrollment is complete when an employee submits the ORP-16 enrollment form AND signs a contact with the selected provider(s). The SUSORP is a 403(b) Tax Sheltered Annuity Program, and enrollees are immediately vested. Participants may also choose to make additional voluntary contributions up to the maximum allowed by current IRS guidelines.

An employee wanting to elect ORP has to complete the ORP-16 enrollment form AND sign a contact with the selected provider(s):

### **Voya**

Sean Neary  
Registered Representative  
Cell: 609-634-6539  
Office: 850-894-9611  
Fax: 813-367-2066  
[sean@gaboragency.com](mailto:sean@gaboragency.com)

### **TIAA-CREF**

Jeff Freiser  
Financial Consultant/Field  
Consulting Group:  
Office: 813.632.5120  
Fax: 813.910.2090  
[jeff.freiser@tiaa-cref.org](mailto:jeff.freiser@tiaa-cref.org)

### **VALIC**

Benjamin Holtsinger  
Senior Financial Advisor  
Office: 800.369.0314  
Fax: 407.482.8870  
Cell: 863.224.1934  
[gregory.koentg@valic.com](mailto:gregory.koentg@valic.com)

### **MetLife Resources**

Karen Jones  
Investment Advisor Representative  
Office: 813.393.3600  
Cell: 727.389.2962  
[Kjones5@metlife.com](mailto:Kjones5@metlife.com)

### **TIAA-CREF/Financial Services**

Christine A. Carter Senior Financial  
Consultant/Client Services  
Office: 877.267.4510 ext. 26512  
Fax: 813.910.2090  
[ccarter@tiaa-cref.org](mailto:ccarter@tiaa-cref.org)

### **Axa Advisors, LLC**

Joshua Schenker Financial  
Professional 407.926.2558  
Cell: 407.590.9393 or 513.604.9577 Fax:  
407.872.3887  
[Joshua.schenker@axa-advisors.com](mailto:Joshua.schenker@axa-advisors.com)

## **FLORIDA PENSION PLAN (FPP)**

The FPP is a defined benefit plan. After eight years of service, an employee has vested rights in the FPP and may retire at age 65 with full benefits, or at an earlier age with reduced benefits. (Special Risk normal retirement is age 60, or 30 years of special risk service, whichever comes first.) Annual benefits are calculated on an average of the eight years of highest earnings multiplied by a percentage factor that is based on age or years of service with the state. Thirty-three years of service (or 30 years of special risk service) also entitles an employee to full benefits upon retirement, regardless of age. The FPP includes provisions for retirement income, disability income, and credit for wartime military service prior to state employment if employed before January 1, 1987.

Deferred Retirement Option Program. Employees who reach normal retirement—age 65, or 33 years of service at any age (age 60, or 30 years of special risk service, for Special Risk normal retirement)—may have their FPP benefits accumulate in the Deferred Retirement Option Program (DROP). These benefits earn interest while the employee continues to work for an FRS employer for up to five years. When the designated DROP period ends, the employee must terminate employment, at which time a distribution of the accumulated DROP benefits may be taken before monthly FRS retirement pension benefits begin. For more information, please visit [www.myfrs.com](http://www.myfrs.com).

## **FLORIDA INVESTMENT PLAN (FIP) For more information, please visit**

Employees who are not eligible for the SUSORP will be enrolled in the Florida Pension Plan. All employees—unless otherwise mandated—are eligible to consider enrollment in the Florida Investment Plan. It is a defined contribution plan. The employee may enroll within five months from his or her date of appointment. The FIP vesting period is one year. Formal counseling for this plan is conducted by the MyFRS financial guidance counselors. For more information, please visit [www.myfrs.com](http://www.myfrs.com).

## **DEFERRED COMPENSATION PLAN**

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

Local representatives for the offered investment companies are available to speak with you should you have further questions:

## **HOLIDAYS**

The University observes the following holidays:

- New Year's Day
- Birthday of Martin Luther King, Jr., third Monday in January
- Memorial Day
- Independence Day
- Labor Day
- Veterans' Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day
- Winter Break (the four week days between December 25 and January 1)

If any holiday (other than Winter Break) falls on a Saturday, the Friday preceding that holiday is observed as a holiday. If it falls on a Sunday, the Monday following that holiday is observed as a holiday.

## **ANNUAL LEAVE & SICK TIME POLICY**

### **FPU-6.004 Annual Leave.**

(1) Purpose. Annual Leave offers employees the opportunity to take vacations, to enjoy time off for personal reasons, or to supplement other forms of leave.

(2) Eligible Employees and Accrual Rate. Annual Leave for full-time Executive Service, Faculty, Administrative and Support employees (collectively referred to as "Budgeted Employees") shall be as follows in the chart below. An academic year (39 weeks or less) employee, and any other employee appointed 9 months of each year shall not accrue Annual Leave. The number of hours of Annual Leave accrual for a Support employee is based on the employee's number of years of creditable service with the university and such service shall be awarded as one month of service credit for each calendar month that the employee is either on the salaried (non-OPS) payroll of the University or on authorized unpaid leave.

### Hours Accrued During Pay Period

	<b>SEMI-MONTHLY</b>	<b>YEAR-END MAXIMUM</b>	<b>MAXIMUM PAYOUT</b>
<b>FACULTY</b>	7.3125	352	352
<b>ADMINISTRATIVE</b>	7.3125	352	352
<b>EXECUTIVE SERVICE</b>	9.7500	480	480
<b>SUPPORT (Months of service)</b>			
0-6	4.3334	240	240
6-120	5.4167	240	240
Over 120	6.5000	240	240

(3) Accrual Prior to Use. An employee must accrue Annual Leave prior to its use. An employee must get the supervisor's approval prior to using Annual Leave.

(4) Conversion of Annual Leave to Sick Leave. An employee may accrue Annual Leave in excess of the year-end maximum during a calendar year. However, if on December 31 of each year the employee has

accrued Annual Leave in excess of the Year End Maximum for the employee's pay plan, the excess Annual Leave shall be converted to Sick Leave on an hour-for-hour basis on the next day, January 1, unless the employee has received the approval of Human Resources to retain Annual Leave hours in excess of the Year End Maximum.

(5) Transfer of Annual Leave from Other Employers. No Annual Leave, accrued in another entity, state university or state plan shall transfer to the University.

(6) Separation from Employment. An employee who separates from employment shall be paid for all unused Annual Leave hours up to the Year-End Maximum allowed ("maximum payout") for the employee's pay plan. If the employee is reemployed by the University in a budgeted position within 60 days of the employee's date of separation or if a laid off employee is recalled by the University within one year of the date of the layoff, all of the employee's unpaid Annual Leave shall be restored to the Budgeted Employee and any Annual Leave paid at time of separation shall be restored upon repayment to the University by the Budgeted Employee.

(7) Employees in DROP. Upon entering into the Deferred Retirement Optional Program (DROP), an employee may elect to be paid for up to the year-end maximum of the employee's unused Annual Leave.

(8) Transfer to Non-Leave Accruing Position. Upon transfer from an Annual Leave-accruing position to a non- Annual Leave-accruing position, the employee shall be paid for unused Annual Leave.

(9) Death of Employee. Upon the death of an employee, payment for all unused Annual Leave shall be paid to the employee's estate; the employee's beneficiary or as provided by law. Where an employee is participating in DROP at the time of his/her death, certain restrictions may apply.

**FPU-6.005 Sick Leave**

(1) Eligible Employees and Accrual Rate. Sick Leave for full-time Executive Service, Faculty, Administrative and Support employees (collectively referred to as "Budgeted Employees") shall be as follows with proportionate accrual for less than full-time. An academic year (39 weeks) employee, and an employee appointed for less than 9 months of each year shall not accrue Sick Leave.

**Hours Accrued During Pay Period**

<b>BI-MONTHLY</b>	
Faculty	4.3334
Administrative	4.3334
Executive Service	5.4167
Support	4.3334

(2) Accrual Prior to Use. Sick Leave shall be accrued before used unless available through the University's Sick Leave Pool pursuant to the Sick Leave Pool Policy. There is no maximum on the amount of Sick Leave that can be accrued. During leave of absence with pay, an employee shall continue to earn sick leave credits.

(3) Authorized Use. Sick Leave is authorized for only the following purposes:

a. The employee's personal illness, injury, exposure to a contagious disease, or a disability where the employee is unable to perform assigned duties; or employee's appointments with health care providers.

b. The employee's family member's illness, injury, appointments with health care providers, or

death.

- c. The employee's disability caused or contributed to by pregnancy, miscarriage, abortion, childbirth, and recovery thereafter.
- d. The birth of employee's child and in order to care for that child.
- e. The placement of a child with employee for adoption or foster care and in order to care for the newly placed child.
- f. As otherwise provided by University regulation or law.

When possible, employees are expected to schedule planned medical appointments in a manner that minimizes disruption of the workflow.

Employees must use sick leave only for its intended purpose. An employee may be required to provide medical documentation to support the use of Sick Leave for three (3) or more absences in any 30 day period, when absences are excessive or when a pattern has emerged. Abuse of paid sick leave will result in disciplinary action up to and including dismissal.

Upon return from sick leave due to illness or injury, an employee may be required to submit a Fitness for Duty form to establish whether the employee is fully recovered and capable of returning to his/her duties.

(4) Notice of Absence. An employee shall give notice of the employee's absence due to illness, injury, disability, or exposure to a contagious disease on or before the first day of absence.

(5) Transfer of Sick Leave from Other Employers. The University shall accept the transfer of a maximum of eighty (80) hours of Sick Leave accrued by the Budgeted Employee in another State university within Florida or New College for which payment has not been received by the employee provided no more than 31 days have elapsed between the last day of employment with the other State university or New College and the first day of the Budgeted Employee's employment with Florida Polytechnic University. Separation from Employment. Upon separation from employment, an employee with ten (10) or more years of State service with the State of Florida shall be paid for one-fourth of unused Sick Leave up to a total of 480 hours accrued, in accordance with Florida Statutes Section 110.122.

(6) Reemployment by Florida Polytechnic. If an employee is reemployed by Florida Polytechnic University as a Budgeted Employee within 60 days of separating employment with the University, unpaid Sick Leave will be restored. In the case of a layoff, the unpaid Sick Leave of the laid off employee will be restored if such employee is recalled by the University within one year of the date of layoff.



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in Oct. 2013 for coverage starting as early as Jan. 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about coverage offered by your employer, please visit [myFlorida.com/myBenefits](http://myFlorida.com/myBenefits) or call People First at 1-866-663-4735, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

**PART B: Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>3. Employer Name</b> State of Florida	<b>4. Employer Identification Number (EIN)</b> 59-3458983	
<b>5. Employer Address</b> PO Box 5450	<b>6. Employer Phone Number</b> 1-850-921-4600	
<b>7. City</b> Tallahassee	<b>8. State</b> Florida	<b>9. ZIP Code</b> 32314
<b>10. Who can we contact about employee health coverage at this job?</b> People First Service Center, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.		
<b>11. Phone Number (if different from above)</b> 1-866-663-4735	<b>12. Email Address</b> N/A	

Part-time and full-time employees as defined in Section 110.123(2)(c) and (f), Florida Statutes, are eligible for health coverage under the State Group Insurance Program. Pursuant to this statute, you may become eligible for health coverage if you work an average of 30 hours or more each week over the defined measurement period. If you become eligible following the measurement period, you will be notified.

For details regarding the Program's terms of eligibility, including exceptions and dependent coverage, see the Benefits Guide for a summary program description at [myFlorida.com/myBenefits](http://myFlorida.com/myBenefits).

Health plans offered under the Program meet the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages. Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process.