

# Employee Benefits

Summary Overview

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PENSACOLA STATE COLLEGE  
2023



## Benefits

Pensacola State College (PSC) is committed to providing eligible employees and their dependents with quality benefit plan options. A variety of comprehensive benefits and personalized care options are offered to encourage employees and their family members to take steps toward healthier lifestyles.

## What's Inside

<a href="#">Health Plan</a>	3
· <a href="#">Navigating the FloridaBlue Website</a>	3
· <a href="#">Plan Comparisons</a>	4-5
· <a href="#">Amazon Pharmacy</a>	6
· <a href="#">Prescription Drug Program</a>	7
· <a href="#">Wellness</a>	7-8
· <a href="#">Retiree Health Insurance</a>	8
· <a href="#">Teladoc</a>	9
· <a href="#">Payroll Deductions for Dependent Coverage</a>	10
· <a href="#">Health Savings Account</a>	10-11
· <a href="#">Important Eligibility Information</a>	11
<a href="#">Waiving Health Coverage (Opt Off Plan)</a>	13
<a href="#">Life Change in Status Event</a>	14
<a href="#">Employee Assistance Program</a>	14
<a href="#">Life Insurance</a>	15-16
<a href="#">Dental Insurance</a>	17
<a href="#">Vision Care</a>	18
<a href="#">Voluntary Disability Plans</a>	20
<a href="#">Flexible Spending Accounts</a>	21
<a href="#">Supplemental/Optional Benefits</a>	22-23
<a href="#">Retirement Options</a>	24-25
<a href="#">Benefits Supplier's Contact Information</a>	26-27

For questions, please contact the Department of Human Resources at 850-484-2037.

## HIPAA Privacy Statement

Florida College System Risk Management Consortium, FCSRMC, acting as the covered entity and Pensacola State College, acting as the plan sponsor, have undertaken fiduciary duties to the plan. A covered health plan includes a group health plan, which is defined as an employee welfare benefit plan under ERISA. This may include hospital and medical benefit plans, dental plans, vision plans, health flexible spending accounts, and employee assistance plans.

It is the policy of FCSRMC and PSC that appropriate physical safeguards will be in place to reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Rule. These safeguards will include physical protection of premises and personal health information (PHI), technical protection of PHI maintained electronically, and administrative protection. These safeguards will extend to the oral communication of personal health information.

This summary of group benefits is provided as a general overview of the employee benefit choices and does not supersede the plan documents. For copies of the plan documents, visit [pensacolastate.edu](https://pensacolastate.edu) or contact the Pensacola State College Department of Human Resources.

Pensacola State College does not discriminate against any person on the basis of race, ethnicity, national origin, color, gender/sex, age, religion, marital status, pregnancy, disability, sexual orientation, gender identity, or genetic information in its educational programs, activities, or employment. For inquiries regarding Title IX and the College's nondiscrimination policies, contact the Executive Director of Institutional Equity and Student Conduct at 850-484-1759, Pensacola State College, 1000 College Blvd., Pensacola, Florida 32504.



# FloridaBlue HEALTH PLAN

Pensacola State College offers a choice of plans for covering medical needs to full time employees. When comparing plans, review the Schedule of Benefits located online at [PensacolaState.edu/employee-benefits](https://PensacolaState.edu/employee-benefits). Once a plan is selected, employees should become familiar with the plan. The health plan Schedule of Benefits contains valuable information concerning health care services.

Cost-share amounts will vary depending upon the provider chosen, type of services used, and setting in which the services are rendered. Make sure to verify a provider's in-network participation status prior to receiving health care services.

To verify a provider's specialty or participation status, contact the local FloridaBlue office or access the most recent provider directory by logging on to [FloridaBlue.com](https://FloridaBlue.com).

FloridaBlue Retail Center  
Cordova Commons  
1680 Airport Blvd.  
Pensacola, FL 32504  
850-202-4150

To **find a provider in network** go to [FloridaBlue.com](https://FloridaBlue.com), click find a doctor, select a plan;

- HMO Gold BlueCare
- PPO Gold BlueOptions

Click continue to find a provider in your area by name or by facility.

[FloridaBlue.com](https://FloridaBlue.com) is a convenient way to become familiar with the college's health plan benefits, online tools and exclusive member programs. Most features are available online and via mobile device. For mobile access, download the free FloridaBlue app or type [FloridaBlue.com](https://FloridaBlue.com) into your browser.

## Navigating FloridaBlue

### Features available online:

- Review **plan benefits** and find deductible amounts.
- Find a **doctor or hospital** in your plan's network.
- **Compare** and estimate **costs** for office visits, imaging services and surgeries so you **know before you seek those services**.
- **Compare drug prices** with the Pharmacy Shopping Tool.
- **View claim activity**, status and history.
- Create a **Personal Health Record** so your doctor visits and lab results are all in one secure place.
- Access your monthly **Health Statement**—which gives you an overview of savings, claims and expenses.
- Print a temporary **ID card** or request a new member ID card.
- Take the **Personal Health Assessment** to get a clear picture of your health status and create action plans that work with your personal needs and lifestyle.
- Rate and review doctors using the **Zagat®** Health Survey.
- Get access to health-related **Member Discounts** such as gym memberships, weight loss programs, vision and hearing care.

Questions may be referred to FloridaBlue Member Care Services at 800-352-2583 or via email at [BAContactCenter@bcbsfl.com](mailto:BAContactCenter@bcbsfl.com).

\*Part-time employees may qualify for a plan offering and will be notified annually of their eligibility and plan choice.

## 2023 Summary of Benefits Comparison

Product	2023 BlueCare (Gold) HMO Gold	2023 BlueOptions (Gold) PPO Gold	2023 BlueOptions (Gold) HDHP Gold Indv	2023 BlueOptions (Gold) HDHP Gold Family	2023 BlueOptions (Bronze) Bronze
<b>Plan Number</b>	<b>47</b>	<b>03359</b>	<b>03160</b>	<b>03161</b>	<b>05909</b>
<b>Cost Sharing - Member's Responsibility</b>					
<b>Deductible (DED) (Per Person/Family Aggregate)</b>					
In-Network	\$600 / \$1,200	\$1,200 / \$2,400	\$2,000	\$4,000	\$6,000 / \$12,000
Out-of-Network	NA / NA	\$2,400 / \$4,800	\$4,000	\$8,000	\$12,000 / \$24,000
<b>Coinsurance (BCBSF pays / Member pays)</b>					
In-Network	20%	20%	20%	20%	40%
Out-of-Network	NA / NA	40%	40%	40%	50%
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>					
In-Network	\$5,000 / \$10,000	\$6,000 / \$12,000	\$5,400	\$7,050 / \$10,800	\$8,700 / \$17,400
Out-of-Network	NA / NA	\$12,000 / \$24,000	\$10,800	\$21,600	\$17,400 / \$34,800
<b>Medical / Surgical Care by a Physician</b>	• Nutritional counseling for a diagnosis of diabetes is covered at \$0 copayment when billed by a VCP Specialist in the office.				
<b>Office Services</b>					
Value Choice PCP	\$0 Copayment	\$0 Copayment	DED	DED	\$0 Copayment
Value Choice Specialist	\$20 Copayment	\$20 Copayment	DED	DED	\$20 Copayment
In-Network Family Physician	\$45 Copayment	\$50 Copayment	DED + 20%	DED + 20%	\$60 Copayment
In-Network Specialist	\$65 Copayment	\$70 Copayment	DED + 20%	DED + 20%	DED + 40%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%	DED + 50%
<b>Convenient Care Center</b>					
In-Network	\$45 Copayment	\$50 Copayment	DED + 20%	DED + 20%	40%
Out-of-Network	Not Covered	Ded + 40%	DED + 40%	DED + 40%	DED + 50%
<b>Physician Services at Hospital</b>					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 40%
Out-of-Network	Not Covered	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 40%
<b>Preventive Services-Adult &amp; Child Wellness Services</b>					
<b>Office Services</b>					
In-Network Family Physician	\$0 Copayment	\$0	\$0 Copayment	\$0 Copayment	\$0 Copayment
In-Network Specialist	\$0 Copayment	\$0	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	Not Covered	40%	40%	40%	50%
<b>Medical / Surgical Care at a Facility</b>					
<b>Ambulatory Surgical Center (ASC)</b>					
In-Network	\$200 Copayment	\$200 Copayment	DED + 20%	DED + 20%	DED + 40%
Out-of-Network	Not Covered	Ded + 40%	DED + 40%	DED + 40%	DED + 50%
<b>Inpatient Hospital Facility (per admit)</b>					
In-Network	\$300 per day/\$1500 max	\$300 per day/\$1500 max	DED + 20%	DED + 20%	DED + 40%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%	DED + 50%
<b>Outpatient Hospital Facility (per visit) (Surgical)</b>					
In-Network	\$300 copay	\$300 copay	DED + 20%	DED + 20%	DED + 40%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%	DED + 50%
<b>Emergency and Urgent Care</b>					
<b>Emergency Room Facility (per visit) (No surgery performed or not admitted)</b>	• If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim; only inpatient facility cost share will apply.				
In-Network	\$250 Copayment	\$250 Copayment	DED + 20%	DED + 20%	DED + 40%
Out-of-Network	\$250 Copayment	\$250 Copayment	INN DED + 20%	INN DED + 20%	INN DED + 40%
<b>Urgent Care Centers</b>					
Value Choice Urgent Care Provider	\$0 Copayment - Visits 1-2 PBP \$65 Copay for remaining Visits PBP	\$0 Copayment - Visits 1-2 PBP \$70 Copay for remaining Visits PBP	DED	DED	\$0 Copayment - Visits 1-2 PBP 40% for remaining Visits PBP
In-Network	\$65 Copayment	\$70 Copayment	DED + 20%	DED + 20%	40%
Out-of-Network	Not Covered	INN DED + \$70 Copayment	DED + 20%	DED + 20%	INN DED + 40%

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Product	2023 BlueCare (Gold) HMO Gold	2023 BlueOptions (Gold) PPO Gold	2023 BlueOptions (Gold) HDHP Gold Indv	2023 BlueOptions (Gold) HDHP Gold Family	2023 BlueOptions (Bronze) PPO Bronze
<b>Plan Number</b>	<b>47</b>	<b>03359</b>	<b>03160</b>	<b>03161</b>	<b>05909</b>
<b>Diagnostic Testing (e.g., Lab, x-ray)</b>	Low-dose lung cancer screening covered In-Network at \$0 Copay with a limit one per year when USPSTF recommendations are met, for adults ages 50-80.				
<b>Physician Office</b>					
Value Choice PCP	\$0 Copayment	\$0	DED	DED	\$0 Copayment
Value Choice Specialist	\$20 Copayment	\$20 Copayment	DED	DED	\$20 Copayment
In-Network Family Physician	\$45 Copayment	\$50 Copayment	DED + 20%	DED + 20%	40%
In-Network Specialist	\$65 Copayment	\$70 Copayment	DED + 20%	DED + 20%	40%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%	DED + 50%
<b>Independent Clinical Laboratory</b>					
In-Network	\$0 Copayment	\$0 Copayment	DED + 0%	DED + 0%	\$0 Copayment
Out-of-Network	Not Covered	Ded + 40%	DED + 40%	DED + 40%	DED + 50%
<b>Independent Diagnostic Testing Center</b>					
In-Network	\$50 Copayment	\$70 Copayment	DED + 20%	DED + 20%	DED + 40%
Out-of-Network	Not Covered	Ded + 40%	DED + 40%	DED + 40%	DED + 50%
<b>Outpatient Hospital Facility</b>					
In-Network	\$300 Copayment	\$300 Copayment	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 40%
Out-of-Network	Not Covered	Ded + 40%	DED + 40%	DED + 40%	DED + 50%
<b>Mental Health and Substance Dependency Services</b>					
<b>Physician Office</b>					
In-Network Family Physician	\$0 Copayment	\$0 Copayment	DED + 20%	DED + 20%	\$0 Copayment
In-Network Specialist	\$0 Copayment	\$0 Copayment	DED + 20%	DED + 20%	\$0 Copayment
Out-of-Network	Not Covered	40%	DED + 40%	DED + 40%	50%
<b>Inpatient Hospital Facility</b>					
In-Network	\$0 Copayment	\$0 Copayment	DED + 20%	DED + 20%	\$0
Out-of-Network	Not Covered	40%	DED + 40%	DED + 40%	DED + 50%
<b>Outpatient Hospital Facility</b>					
In-Network	\$0 Copayment	\$0 Copayment	DED + 20%	DED + 20%	\$0
Out-of-Network	Not Covered	40%	DED + 40%	DED + 40%	DED + 50%
<b>Teladoc</b>					
<b>Standalone Telemedicine with Teladoc - General Medicine</b>					
In-Network	\$0	\$0	Deductible	Deductible	\$0
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Standalone Telemedicine with Teladoc - Dermatology</b>					
In-Network	\$10	\$10	Deductible	Deductible	\$10
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Standalone Telemedicine with Teladoc - Behavioral Health</b>					
In-Network	\$0	\$0	Deductible	Deductible	\$0
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drugs</b>					
<b>Deductible</b>					
<b>In-Network</b>					
RETAIL - Generic/Brand/Non-Preferred	\$15/\$45/\$65	\$15/\$50/\$100	CYD + 20%	CYD + 20%	\$15/CYD + 40%/CYD + 40%
Rx- Specialty	\$250	\$250	CYD + 20%	CYD + 20%	CYD + 40%
MAIL ORDER - Generic/Brand/Non-Preferred	\$40/\$115/\$165	\$40/\$150/\$250	CYD + 20%	CYD + 20%	\$40/CYD + 40%/CYD + 40%
<b>Out-of-Network</b>					
RETAIL - Generic/Brand/Non-Preferred	Not covered	50%	50%	50%	50%
MAIL ORDER - Generic/Brand/Non-Preferred	Not Covered	50%	50%	50%	50%
<b>HSA Account Funding</b>			EE Only = \$400	EE + 1 = \$800, EE + 2 or more + \$1,200	



## Home Delivery from Amazon Pharmacy

### A new way to save on medications

Amazon Pharmacy offers a home delivery service that lets you easily order and quickly get your non-specialty prescription medication<sup>1</sup> delivered at home.

And as a Florida Blue member, you get access to MedsYourWay™ prescription drug discount card pricing. The prescription discount card<sup>2</sup> gives you up to 80% savings<sup>3</sup> on brand and generic medicines and is seamlessly built into the Amazon Pharmacy experience. You can get the lowest cost available while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medications<sup>4</sup> will also count toward your out-of-pocket maximum.



### SHOP Easy to use

Amazon Pharmacy makes ordering your medications easier because it's like shopping on Amazon:

- Easy sign up, which includes the option to have your account auto-populated with your prescription history.
- Option for 90+ day supply.
- Pharmacists on call 24/7.
- Ability to manage your medication and order history.



### SAVE Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At check out, you'll see the lowest cost available for your medication. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, automatically count toward your annual out-of-pocket maximum.



### SHIP Convenient home delivery

Skip the pharmacy line with home delivery.

- Fast delivery: Amazon Prime members get 2-day no-cost shipping on most orders; standard no-cost shipping for non-Amazon Prime members is 5-day but can be expedited to 2-day delivery for an additional fee.
- Real-time package tracking from order to delivery.

To learn more about Amazon Pharmacy's home delivery services, call the number on the back of your member ID card and say, "Pharmacy."

Or log on to your Florida Blue Member Account and see the **Pharmacy section** under **My Plan**.

<sup>1</sup> Amazon Pharmacy does not dispense Schedule 2 controlled substance drugs.

<sup>2</sup> MedsYourWay prescription drug discount card, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of prescription(s) when using the card. Limitations apply. The discount pricing card is automatically available to all members with no additional sign up needed. The card is electronic only, a physical card will not be mailed.

<sup>3</sup> Average savings based on usage and Inside Rx data as compared to cash prices; average savings are up to 80% for all generics and 37% for select brand medicines. Restrictions apply.

<sup>4</sup> If your medicine has an unfulfilled requirement, the cost may not count towards your (accumulator) out-of-pocket maximum. Typical requirements include prior authorization (PA) needed, quantity limit exceeded or step therapy needed.

Amazon Pharmacy is an independent company contracted to provide Pharmacy Home Delivery services for both Florida Blue and Florida Blue HMO. Health Insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross Blue Shield Association. 109130 0322

## Prescription Plans

**Prescription Coverage** — Pay a flat co-pay for each class of medication. A generic prescription through the mail order program is an economical option for obtaining drugs. Home delivery prescriptions are filled by Amazon Pharmacy.

<b>HMO Co-pays:</b>	<b>Retail Co-pay 30-day supply</b>
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Preferred Generic Preferred	\$15
Brand Name Non-Preferred	\$45
Prescription	\$65

<b>PPO Co-pays:</b>	<b>Retail Co-pay 30-day supply</b>
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Preferred Generic Preferred	\$15
Brand Name Non-Preferred	\$60
Prescription	\$100

**HSA Prescription Plan** — Combined deductible for medical and prescription plan. Certain condition care medications are considered preventative and are paid at 100% (no deductible).

## Wellness

### Diabetes Prevention Program

According to the Center for Disease Control (CDC), 15 percent to 30 percent of pre-diabetic members will develop Type 2 diabetes within five years. Risk factors for developing diabetes include overweight, physical inactivity, family history, age, race, and ethnicity.

In an effort to improve access to evidence based lifestyle change programs that could help members who are at risk of developing Type 2 diabetes, FloridaBlue is collaborating with Solera Health to offer intervention strategies that include education and weight loss management programs. The Diabetes Prevention Program is an in- person and/or digital based lifestyle change program led by a certified lifestyle coach.

The standard curriculum of the program is recognized by the CDC and is designed yearlong to provide the participant with an array of different topics such as management stress solutions, problem solving skills, and calorie detection. Eligibility criteria include, but is not limited to, 18 years or older, covered under a participating employer health plan, and having a Body Mass Index (BMI) higher than 24.

The program is available to all eligible employees and dependents covered under the employer's health-insurance plan, with no cost to participate. Members may complete a one-minute questionnaire online, <https://www.solera4me.com/>, to see if they qualify to participate in the Diabetes Prevention Program and a Fitbit at no cost.

### Better You Strides

Better You Strides, powered by Onlife Health, Inc., uses your needs, goals, and interests to build a custom-made plan as a roadmap to better health. The program starts with completing a health assessment. With the answers provided, Better You Strides creates a Personal Health Itinerary that includes healthy living programs and fun activities. Access and track activities anytime, anywhere using the Onlife Health app.

Better You Strides is available to employees with FloridaBlue health insurance coverage at no cost. To register, download the Onlife Health app to your smartphone or other device and enter the code 'betteryoustrides'. Or log in to your FloridaBlue.com member account and click "Health and Wellness" under "Better you Strides."

## Health Screening

Health screening is offered as part of a wellness incentive to all full-time employees and their eligible dependents. The health screening is a way of getting to know your numbers and having the opportunity to receive resources and guidance to refer to a physician about your results to a health coach. Measurements such as **Total Cholesterol, Blood Pressure, Glucose Level, Weight, and Body Mass Index (BMI)** can assist you and your family in monitoring health factors and determining which lifestyle changes may be needed. Guidelines for health screening will be distributed to employees via college email.

## Cologuard Screening

Simple, In-Home Alternative to Colonoscopy.

FloridaBlue covers Cologuard, a non-invasive at-home colon cancer screening test for eligible members ages 50 and older. Talk to your doctor about Cologuard to determine if it is an option for you.

## 24-hour Nurseline

Health problems can happen at any time. When you need help with a health-related issue, call the 24-hour Nurseline. The call is free; the peace of mind is priceless. The Nurseline is available 24/7 for questions ranging from common symptoms and illnesses, children's health and allergies.

24/7 Nurse Advice Line, 877-789-2583.

## Care Programs

FloridaBlue health insurance plan includes personalized care and support services that help improve your quality of life, while also lowering your health care costs. Benefits include specialized care coordination, long-term care/chronic health condition support, pregnancy and childbirth resources.

FloridaBlue Care Specialist, 888-476-2227.

## Retiree Health Insurance

### Retiree Health Insurance

Retiree group health insurance options for continuing coverage are offered at the time of retirement. Coverage cannot be re-instated if declined at the time of retirement. Options include HMO Gold, PPO Gold, and Blue Medicare. Eligibility for the Blue Medicare plan is contingent upon age and the member's enrollment in Medicare Parts A and B. Retirees will be advised of the monthly premium cost based on their plan selection, and a payment process for paying the monthly cost.



# Access to a doctor anytime, anywhere



Teladoc doctor is always just a call or click away.

Request	Request a visit with a doctor 24 hours a day, 365 days a year, by web, phone, or mobile app.
Visit	Talk to the doctor. Take as much time as you need.... there's no limit!
Resolve	If medically necessary, a prescription will be sent to the pharmacy of your choice.
Feel Better	It's that Easy!

## MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

## GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- **Cold & flu symptoms**
- **Allergies**
- **Sinus problems**
- **Ear infection**
- **Urinary tract infection**
- **Respiratory infection**
- **Skin problems**
- **And more!**

## WHY TELADOC?

It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

**Talk to a doctor anytime for \$10 / HSA up to \$45**

Teladoc is just a click or call away!

 **Teladoc.com**

 **1-800-Teladoc**



# FloridaBlue

## HEALTH PLAN

### Monthly Rates

Blue Care HMO Plan (47)	EE Only (college paid)	+Spouse	+Child(ren)	+Family
<b>Monthly Rates</b>	\$827			
12-Month Employee <b>26-Biweekly</b>	\$382	\$420	\$241	\$660
9-Month Employee <b>19-Biweekly</b>	\$522	\$575	\$330	\$903

Blue Options PPO Plan (3359)	EE Only (college paid)	+Spouse	+Child(ren)	+Family
<b>Monthly Rates</b>	\$809			
12-Month Employee <b>26-Biweekly</b>	\$373	\$411	\$228	\$622
9-Month Employee <b>19-Biweekly</b>	\$511	\$562	\$312	\$851

H.S.A. Blue Options PPO Plan (3160/3161)	EE Only (college paid)	+1 Dependent	+Child(ren)	+Family
<b>Monthly Rates</b>	\$771			
12-Month Employee <b>26-Biweekly</b>	\$358	\$243	\$132	\$360
9-Month Employee <b>19-Biweekly</b>	\$487	\$332	\$181	\$493

## HSAs are an Easy Win

An HSA paired with an HSA-qualified health plan (PPO 3160/3161) allows participants to make tax-free contributions to an FDIC-insured savings account. Balances earn tax-free interest and can be used to pay for qualified medical expenses. HSA-qualified health plans typically cost less than traditional plans and the money saved may be deposited into your HSA.

### HSA empower savings:

- HSA members receive an annual initial employer contribution to help offset the deductible (employer contributions vary depending on the coverage level).
- HSA members may contribute to their account through payroll deduction on a pretax basis.
- HSA funds earn tax-free interest.
- HSA funds used for qualified medical expenses are tax-free.
- HSA funds can be invested for increased tax-free earning potential.
- Unlike flexible spending accounts (FSAs), the entire HSA balance rolls over each year and remains yours even if you change health plans, retire, or leave your employer.

### TO GET STARTED

1. Select the HSA-qualified health plan (HSA with PPO 3160/3161)
2. Add money to your HSA

Fund your HSA through pre-tax payroll deductions. To take full advantage of tax savings and to build a reserve for the future, you may maximize your contributions as set by the IRS:

Health Plan Name	HSA Employer Annual Contribution	HSA (Tax-Free) Employee Annual Maximum Contributions
<b>Individual</b>	\$400	<b>Individual</b> annual contribution limit is \$3,650. (+\$1,000 catch up if 55+ years of age)  <b>Family</b> annual contribution limit is \$7,300. (+\$1,000 catch up if 55 years of age)
<b>Employee plus One Dependent</b>	\$800	
<b>Employee plus Family</b>	\$1,200	

## Important Eligibility Information

### HSA Contribution Funding Table

Benefit Code		January thru March	April thru June	July thru September	October thru December
<b>M03160</b>	EE Only	\$400	\$300	\$200	\$100
<b>M03161</b>	EE + 1	\$800	\$600	\$400	\$200
<b>M03161</b>	EE + 2	\$1,200	\$900	\$600	\$300

All full-time new hire employees and their eligible dependents may enroll for health insurance coverage under one of the College's offered plans.

- Coverage for new hire employees begins the first of the month following their hire date.
- New hire employees have 30 days to enroll in any of the offered group policies.
- Premiums are collected a month in advance in the bi-weekly pay for major benefits.

Part-time employees are offered health insurance coverage based on the Affordable Care Act (ACA) passed by the federal government. An individual offer coverage letter, plan details, and costs will be provided to those who qualify.

### Part-time Employees

Pensacola State College offers eligible part time employees healthcare coverage based on the Affordable Care Act (ACA). Eligible part time employees who average 30 hours per week during an established "look back" period qualify for health insurance effective January 1 of the following year. The "look back" period refers to the average number of hours worked in the prior year the coverage was offered. If a part-time employee

is determined to be eligible for healthcare coverage through the College, an email notification and written correspondence to the home address containing the plan benefit schedule and enrollment form will be provided. Selection for the plan will occur no later than in month of December and the cost will be paid via payroll deduction. Employees who do not receive a paycheck during the year will receive an invoice from Pensacola State College Cashiers' Department. The monthly premium will be due by the 5th of the month in which coverage is effective. Failure to make monthly payments will result in cancellation of coverage.

For more information regarding the health plan, please contact the Human Resources Department at 850-484-2037.

### Dependent Eligibility

Dependent eligibility documentation is necessary in order to comply with plan documents, federal regulations, and vendor contracts. Therefore, Pensacola State College requires documentation to verify that insured dependents meet the dependent eligibility criteria listed below in order to be covered under the group plan. Employees have 30 days from hire date or from a qualifying change in status date to submit enrollment/change form and applicable documentation before coverage becomes effective.



## Documentation for Dependent Eligibility Coverage:

Dependents	Eligibility Definition	Documentation Required
<b>Legal Spouse</b>	The covered plan participant's spouse under a legally valid existing marriage.	Valid legal or religious marriage certificate, <b>AND</b> Your Federal 1040 or state income tax return from previous year if married filing jointly or married filing separately.
<b>Dependent Child age 26 and under</b>	A natural, newborn, adopted, foster or step child (or a child of whom the covered plan participant has been court-appointed as legal guardian or legal custodian). Eligibility ends the last day of the calendar year in which the dependent child reaches age 26	Legal or hospital birth certificate or affidavit of parentage, <b>OR</b> Legal household/family registry, must show relationship, <b>OR</b> Parental custody agreement or Qualified Medical Child Support Order (QMCSO), <b>OR</b> Legal adoption, guardianship or legal custody papers.
<b>Dependents between the ages of 26 through 30</b>	Must be unmarried without dependents of their own, <b>AND</b> a Florida resident or a full or part-time student, not covered under any other health plan or policy, and not entitled to coverage under Medicare. Eligibility ends the last day of the calendar year in which the dependent child reaches age 30.	Any of the documents listed for child age 26 and under, <b>AND</b> Official college/university/institution documentation that indicates student status or copy of child's presently valid driver's license or state ID.
<b>Newly Child of a Covered Dependent Child</b>	The newborn child of a covered dependent child who has not reached the end of the calendar year in which he or she becomes 26. Coverage for such newborn child will automatically end 18 months after the birth of the newborn child.	Legal or hospital birth certificate or affidavit of parentage, which must contain the name of the covered dependent.
<b>Disabled Child beyond the age of 26</b>	Otherwise eligible for coverage under the Group Health Plan. Is incapable of self-sustaining employment by reason of mental or physical disability and chiefly dependent upon the covered plan participant for support and maintenance provided that the disability existed prior to the date the child reached 26. Eligibility ends on the last day of the month in which the dependent child no longer meets the requirements for extended eligibility as a disabled child.	Any of the documents listed for child age 26 and under, <b>AND</b> Physician statement certifying that the dependent child cannot support themselves because of physical and/or mental disability

# Delta Dental/ VSP (D-V) Vision WAIVING HEALTH COVERAGE

Participation in one of the employee benefit plans is required. The Dental Vision Plan (D-V) was designed as an alternative option for employees with other adequate health insurance coverage. This option is an employer-paid benefit for employee only coverage. Employees may add dependent coverage at their cost through payroll biweekly deductions.

## DV Plan (Only available to employees who waive health coverage)

Delta Dental	www.DeltaDental.com
<b>Deductible</b>	\$50 per person, not to exceed \$150 per family, per calendar year — applies to Basic and Major Services
<b>Maximum Benefits</b>	\$1,000/calendar year
<b>Preventive Services</b>	100%
<b>Basic Services</b>	80% in network / 50% out of network
<b>Major Services</b>	50% in network / 50% out of network
<b>Orthodontics</b>	Child only, \$1,000 maximum

vsp	www.vsp.com
<b>Well Vision Exam</b>	\$10 co-payment every 12 months
<b>Prescription Glasses</b>	\$10 co-payment for lenses single vision, lined bifocal and lined trifocal every 12 months
<b>Frames</b>	\$150 allowance for a wide selection of frames or 20% off the amount over your allowance
<b>Contacts</b> (instead of glasses)	Every 12 months, up to \$60 co-payment for your contact lens exam (fitting and evaluation) and \$120 allowance for contact lens material
<b>Laser Vision Correction</b>	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

Health Waiver (Delta Dental & VSP Vision Plan)				
Monthly Rates	EE Only (College-Paid) \$111.00	Spouse \$29.87	Child(ren) \$30.57	Family \$66.15
26 Biweekly Deductions	\$51.23	\$13.66	\$13.99	\$30.33
19 Biweekly Deductions	\$70.11	\$18.69	\$19.15	\$41.50

## Eligibility for Enrollment

- Legal Spouse
- A natural, newborn, adopted, foster or step child (or a child for whom the covered plan participant has been court-appointed as legal guardian or legal custodian).
- A covered plan participant's disabled child.
- Newborn of a covered dependent child who has not reached the end of the year in which he or she becomes 26. Eligibility terminates 18 months after the birth of the newborn.

Documentation Requirements listed on page 12.

# Change In Status Event

Pensacola State College pre-tax benefits are governed by Internal Revenue Service's guidelines. Once open enrollment ends, or 30 days from the initial hire date occurs, employees will only be allowed to make changes to pre-tax benefits if a qualifying change in status event occurs. The benefit changes must be in relation to a qualifying change in status event.

A change in status qualifying event must be reported and processed within 31 days of occurrence. Otherwise, the requested change will not be available until the following open enrollment period.

## Change in Status Qualifying events include the following:

- Marriage.
- Divorce or Legal Separation.
- Birth of a Child, Adoption, Legal Guardianship.
- Qualified Medical Support Order.
- Death of a child or dependent.
- Change in job status or reduction of hours resulting in loss of coverage.
- Unpaid leave of absence for employee and/or spouse.
- Or, any other circumstance where individual, spouse or dependent lose coverage.

## Updating Your Beneficiary Information

Beneficiary designations to the life insurance, retirement account(s), deferred compensation plans, and/or special pay plan account should be evaluated when experiencing a life change event. However, changes to beneficiaries may be made anytime during the year in Workday. Beneficiary forms may also be found at [www.pensacolastate.edu/employee-benefits/](http://www.pensacolastate.edu/employee-benefits/)

When designating minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.

The employee assistance program, provided through Lakeview Center, is a benefit to all employees and eligible dependents.

Three free counseling sessions are available for those who may need professional assistance in handling various types of personal and/or family issues. Appointments are kept confidential and names of those who seek counseling are not provided to Pensacola State College.

Counseling appointments may be made by calling Lakeview Center at 850-469-2383 or 800-528-8955.

## Lakeview Center EMPLOYEE ASSISTANCE PROGRAM



# The Standard LIFE INSURANCE

## Basic Life and Accidental Death & Dismemberment (AD & D)

College-provided Group Term Life Insurance (no cost to employee): \$50,000.00.  
Additional coverage is available for employees whose base salary is above \$50,000.

### Group 1

All full-time employees of Pensacola State College earning less than \$50,000 are eligible to participate in the college-provided Basic and AD&D Life Insurance Policy of \$50,000. This benefit is employer-paid with no cost to employee.

### Group 2

All full-time employees of Pensacola State College earning more than \$50,000 are eligible to participate in the college-provided Basic and AD&D Life Insurance Policy of \$50,000. In addition, employees may purchase an added level of coverage amount of \$25,000 for a total Basic and AD&D Life Insurance Policy of \$75,000. The monthly cost to employee is \$4.02, and will be deducted on a 26 or 19 pay cycle.

### Group 3

All full-time employees of Pensacola State College earning more than \$75,000 are eligible to participate in the college-provided Basic and AD&D Life Insurance Policy of \$50,000. In addition, employees may purchase an added level of coverage amount of \$50,000 for a total Basic and AD&D Life Insurance Policy of \$100,000. The monthly cost to employee is \$8.05 and will be deducted on a 26 or 19 pay cycle.

\* In accordance with the law, Pensacola State College can only pay premiums on life insurance up to \$50,000. Employees may contribute the required amount to have the level of coverage above \$50,000

### Age 65 through 69

Coverage is reduced to 65% of the pre-age 65 amount until age 71.

### Age 70 through 74

Coverage is reduced to 50% of the pre-age 65 amount until age 75.

### Age 75+

Coverage is reduced to 25% of the pre-age 65 amount, no further reduction.

## Supplemental Life and Accidental Death & Dismemberment

Employee-paid optional benefit, cost is .277 per thousand of coverage per month. Up to three times employee's salary with a minimum of \$1,000 and a maximum of \$300,000 (as elected by the employee).

### 12-month Employee Premium

_____	x _____ = _____	/ \$1,000 = _____	x 0.277 = _____	+12 _____	/ 26 = _____	
Annual Salary	Option	Total Coverage		Monthly Rate	Annual	26 Biweekly Deductions

### 9-month Employee Premium

_____	x _____ = _____	/ \$1,000 = _____	x 0.277 = _____	+12 _____	/ 19 = _____	
Annual Salary	Option	Total Coverage		Monthly Rate	Annual	19 Biweekly Deductions

## Dependent Life

Dependent Life Insurance Coverage is available for all eligible dependents, \$4.00 per month (\$1.85 for 26 biweekly deductions; \$2.53 for 19 biweekly deductions).

Spouse: \$20,000  
Child(ren): \$10,000

# The Standard

## LIFE INSURANCE

### Eligible Dependents

Evidence of insurability is not required for elections made within 30 days of hire date of employment or a qualified life change event.

The dependent age for the rider policy of \$10,000 (each child) to be the last day of the calendar year in which they turn age 26.

### Additional Benefits

<b>Life Planning &amp; Legal Assistance</b>	This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The representatives are master-level consultants who will help develop strategies needed to protect resources, preserve current lifestyles and build future security.
<b>Portability/Conversion</b>	If you retire, reduce your hours or leave your employer, you can continue the coverage according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may also have the option to convert your term life coverage to an individual life insurance policy.
<b>Accelerated Benefit</b>	If you have a Qualifying Medical Condition while you are insured under the Group Policy, you may receive a portion of your Insurance as an Accelerated Benefit. You must have at least \$10,000 of insurance in effect to be eligible. You may receive an Accelerated Benefit of up to 80% of your insurance. The maximum Accelerated Benefit is \$750,000. The minimum Accelerated Benefit is \$5,000 or 10% of your insurance, whichever is greater.
<b>Standard Secure Access</b>	Standard Secure Access Checking Account  If the amount payable to a Recipient is \$25,000 or more, we will deposit it into a Standard Secure Access Checking Account. The interest-bearing account is owned by the Recipient, and is fully guaranteed by us. The account also is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient.

#### Additional Benefits:

Travel Assistance  
 Seat Belt Benefit  
 Airbag Benefit  
 Career Adjustment Benefit  
 Child Care Benefit  
 Higher Education Benefit  
 Repatriation Benefit

Retiring employees will be offered specific levels of life insurance and advised of the cost and process to pay monthly amounts.

# Ameritas

## DENTAL CARE

### Low Plan Classic PPO Network

Coverage	In Network	Out of Network
<b>Preventative</b>	100%	100%
<b>Basic</b>	80%	50%
<b>Major</b>	50%	25%
<b>Deductible</b>	\$50/Calendar Year Waived Type 1 3 Family Maximum	\$50/Calendar Year Waived Type 1 3 Family Maximum
<b>Maximum (Per Person)</b>	\$1,250/Calendar Year	\$1,000/Calendar Year
<b>PPO</b>	Freedom of Choice	
<b>Allowance</b>	Discounted Fee	Discounted Fee
<b>Dental Rewards*</b>	\$350	\$250
<b>Waiting Period</b>	None	None

### Rates

Low Plan Monthly Rates	EE Only \$28.00	EE+Spouse \$56.56	EE+Children \$65.52	EE+Family \$94.04
26 Biweekly Deductions	\$12.92	\$26.10	\$30.24	\$43.40
19 Biweekly Deductions	\$17.68	\$35.72	\$41.38	\$59.39

### High Plan Classic PPO Network

Coverage	In Network	Out of Network
<b>Preventative</b>	100%	100%
<b>Basic</b>	80%	80%
<b>Major</b>	50%	50%
<b>Deductible</b>	\$50/Calendar Year Waived Type 1 3 Family Maximum	\$50/Calendar Year Waived Type 1 3 Family Maximum
<b>Maximum (Per Person)</b>	\$1,500/Calendar Year	\$1,500/Calendar Year
<b>PPO</b>	Freedom of Choice	
<b>Allowance</b>	Discounted Fee	90th Usual & Customary
<b>Dental Rewards*</b>	\$350	\$250
<b>Waiting Period</b>	None	None

### Rates

High Plan Monthly Rates	EE Only \$37.72	EE+Spouse \$81.96	EE+Children \$94.88	EE+Family \$139.12
26 Biweekly Deductions	\$17.94	\$38.99	\$45.12	\$66.15
19 Biweekly Deductions	\$24.56	\$53.36	\$61.74	\$90.52

\* The dental rewards is a carryover part of the members unused minimum benefit. The carryover reward applies to members who submit their claims for routine cleanings and do not exceed a benefit threshold amount of \$500.



# Ameritas

## VISION CARE

### What the Plans Pay

	EyeMed ViewPointe® Plan		VSP Focus® Plan	
	EyeMed Access Network provider	Out-of-Network Provider	VSP Choice Network provider	Out-of-Network Provider
<b>Annual Exam</b>	Covered in full after \$10 deductible	Up to \$35 after \$10 deductible	Covered in full after \$10 deductible	Up to \$45 after \$10 deductible

When visiting an in-network provider your out-of-pocket expenses are lower and there are no claim forms to complete.

**Benefit frequencies.** You get an exam every 12 months, lenses every 12 months and a frame every 24 months. For lenses, you get contact lenses OR eyeglass lenses during the benefit year.

<b>Deductible</b>	\$0 on frames/lenses	\$0 on frames/lenses	\$0 on frames/lenses	\$0 on frames/lenses
<b>Single Vision Lenses</b>	Covered in full	Up to \$25	Covered in full	Up to \$30
<b>Bifocal Lenses</b>	Covered in full	Up to \$40	Covered in full	Up to \$50
<b>Trifocal Lenses</b>	Covered in full	Up to \$55	Covered in full	Up to \$65
<b>Lenticular Lenses</b>	20% discount	No benefit	Covered in full	Up to \$100
<b>Progressive Lenses</b>	Standard: \$65 Premium: lens cost - 20% discount - \$120 allowance + standard progressive cost	No benefit	Up to provider's contracted fee for bifocal lenses. You're responsible for the difference between the base lens and the progressive charge.	Up to Lined Bifocal allowance
<b>Frames</b>	\$130	Up to \$65	\$150 (the Costco allowance will be the wholesale equivalent)	Up to \$70
<b>Contacts (standard) fit &amp; follow up exam</b>	Your cost is up to \$55	No benefit	Your cost is up to \$60	No benefit
<b>Contacts (elective)</b>	Up to \$130	Up to \$104	Up to \$150	Up to \$120
<b>Contacts (medically necessary)</b>	Covered in full	Up to \$200	Covered in full	Up to \$210

Contact lenses elective allowance can be applied to disposables, and the dollar amount must be used all at once on a 3-or 6-month supply.

**Your Lens Option Cost** (may vary by prescription, option chosen and retail location)

<b>Std. Polycarbonate</b>	\$40	No benefit	\$33 adults (covered in full for dependent children)	No benefit
<b>Solid Plastic Dye</b>	\$15	No benefit	\$15 (except Pink I & II)	No benefit
<b>Plastic Gradient Dye</b>	\$15	No benefit	\$17	No benefit
<b>Scratch Resistant Coating</b>	\$15	No benefit	\$17-\$33	No benefit
<b>Anti-reflective Coating</b>	\$45	No benefit	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit	\$16	No benefit

## Rates

<b>EyeMed-Viewpoint Monthly Rates</b>	<b>EE Only \$8.20</b>	<b>Spouse \$16.32</b>	<b>Children \$15.36</b>	<b>Family \$23.48</b>
<b>26 Biweekly Deductions</b>	\$3.78	\$7.53	\$7.09	\$10.84
<b>19 Biweekly Deductions</b>	\$5.18	\$10.31	\$9.70	\$14.83

<b>VSP-Focus Monthly Rates</b>	<b>EE Only \$8.68</b>	<b>Spouse \$17.36</b>	<b>Children \$16.12</b>	<b>Family \$24.72</b>
<b>26 Biweekly Deductions</b>	\$4.01	\$8.01	\$7.44	\$11.41
<b>19 Biweekly Deductions</b>	\$5.48	\$10.96	\$10.18	\$15.62

# Ameritas

## DEPENDENT AGE

### Dependent refers to:

- a. An Insured's spouse.
- b. Each child through the end of the year in which they turn 30 years of age, for whom the Insured, the Insured's spouse is legally responsible, including natural born children, newborn adopted children from the date of placement for adoption, any child placed with the Insured for adoption, a foster child or other child in court-ordered custody, placed pursuant to Chapter 63 of Florida Code and, children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- c. Each child age 30 or older who is Totally Disabled and becomes Totally Disabled as defined below while insured as a dependent under b. above. Coverage of such child will not cease if proof of dependency and disability is given within 31 days of attaining the limiting age and subsequently as may be required by us but not more frequently than annually after the initial two year period following the child's attaining the limiting age. Any costs for providing continuing proof will be at our expense.

# One America

## VOLUNTARY DISABILITY PLAN

Have you thought about what would happen to your earning potential should you become totally disabled? You will be faced with the financial burden of daily living expenses, in addition to immediate and long-term debt, without means to cover those obligations.

Group Voluntary Disability Insurance is a relatively inexpensive way to provide for your family and loved ones in the event you are disabled, by protecting your biggest asset — your ability to earn a paycheck. This type of benefit is offered through your employer and paid for through the convenience of payroll deductions. The short-term disability (STD) benefit pays in addition to any other income including annual and sick leave or sick leave pool.

	Benefit Percentage	Maximum Covered Monthly Earnings	Maximum Monthly Benefit	Elimination Period	Maximum Benefit Duration	Pre-existing Condition Period
Option 1 STD	60%	\$10,000	\$6,000	7 days	12 weeks	3/12
Option 2 STD	60%	\$10,000	\$6,000	15 days	11 weeks	3/12
Option 3 STD	60%	\$10,000	\$6,000	30 days	9 weeks	3/12
Option 4 LTD	60%	\$10,000	\$6,000	90 days	5 years/SSFRA*	6/12
Option 5 LTD	60%	\$10,000	\$6,000	90 days	SSFRA*	6/12
Option 6 STD	60%	\$10,000	\$6,000	30 days	22 weeks	3/12

### Pre-existing Condition Limitation

Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to the effective date of the contract. A pre-existing condition is a sickness or injury for which the employee received medical treatment, service, or incurred expenses within a timeframe specified in the contract.

\* Social Security Full Retirement Age

### Monthly Rates per \$100 of Covered Monthly Earnings (Based on Age)

Age Brackets	OPT1	OPT2	OPT3	OPT4	OPT5	OPT6
00 – 39	\$0.47	\$0.40	\$0.32	\$0.31	\$0.41	\$0.39
40 – 44	\$0.77	\$0.64	\$0.47	\$0.48	\$0.70	\$0.59
45 – 49	\$1.10	\$0.91	\$0.67	\$0.67	\$1.01	\$0.83
50 – 54	\$1.68	\$1.37	\$0.95	\$1.01	\$1.53	\$1.23
55 – 59	\$2.27	\$1.84	\$1.28	\$1.35	\$2.08	\$1.67
60+	\$2.69	\$2.17	\$1.50	\$1.60	\$2.48	\$1.98

_____ / 12 = _____ / 100 = _____ x _____ = _____
Salary <span style="float: right;">Rate (The rate depends on the option and the age bracket)</span> <span style="float: right;">Total Monthly Premium</span>
26 deductions = Monthly Premium x 12 = _____ / 26 = _____
19 deductions = Monthly Premium x 12 = _____ / 19 = _____

# Custom Benefits Services

The Flexible Spending Account (FSA) allows employees to set aside a certain amount of money on a pretax basis for payment of qualified out-of-pocket expenses. This increases the spending power and provides a tax savings to employee's earnings. When calculating the annual reimbursement amount, take into consideration the services to be provided during the upcoming plan year for you and your dependents.

FSA is an annual benefit. Employees are required to sign up and designate their amount every year during open enrollment.

To access your account go to [www.myflexonline.com](http://www.myflexonline.com) or contact Custom Benefits Services at 800-809-8161.

## FLEXIBLE SPENDING ACCOUNT (FSA)

### Medical Reimbursement FSA

- This account reimburses up to \$3,050 for healthcare expenses not covered by insurance. Reimbursement includes individual and dependent expenses for medical, prescription, dental and vision out of pocket costs.
- For a list of all eligible expenses and over the counter products please refer to the suppliers website [eaglesbenefits.com](http://eaglesbenefits.com), and click "FSA eligible expenses."

### Dependent Care Account Reimbursement

- This account reimburses up to \$2,500 for single or married filing separately; or \$5,000 if married and filing jointly for eligible children and qualified adult daycare expenses. Reimbursement includes daycare centers, preschool, and before/after school care.
- Eligible dependents must be:
  - A child under the age of 13, or
  - A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight hours a day in your household.

**Please note:** Health Saving Account participants are not eligible to also elect a Health Care FSA.



# Supplemental Benefit Plans

## **Aflac Accident Insurance\***

Aflac pays cash benefits directly to you. This means that you will have added financial resources to help with expenses incurred when loss time and wages happen due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. Aflac Accident Indemnity Advantage is designed to provide you with cash benefits throughout the different stages of care, regardless of the severity of the injury.

## **Aflac Cancer Insurance\***

The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. The plan also includes hospitalization and continuing care benefits, ambulance, transportation, lodging and other benefits.

## **Aflac Individual Critical Care Insurance\***

Aflac pays cash benefits directly to you, unless you choose otherwise. Aflac Critical Care Protection is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or end-stage renal failure. You will receive a lump sum benefits upon diagnosis of a covered event with additional benefits to be paid for things such as hospital confinement, intensive care unit confinement, ambulance, transportation, lodging, and therapy. Benefits are also paid for specific heart surgeries, such a heart valve surgery, coronary angioplasty, coronary stent implantation, and pacemaker placement.

## **Allstate Cancer Policy\***

The benefits include initial diagnosis, hospital confinement, hospice care, transportation and radiation/chemo benefit. A wellness benefit is included, which pays \$100.00 per year for a wellness test.

## **Allstate Medical GAP Plan\***

The Medical GAP Plan is designed to supplement an employee's existing medical insurance coverage. Medical costs continue to rise and employees have more and more out-of-pocket expenses when receiving medical care. The Allstate Medical GAP Plan helps fill the void between the major medical coverage and the out-of-pocket expenses. The plan is provided through Allstate and offered as a guaranteed issue at hire date with a low and high option.

## Legal Shield\*

The Legal Shield membership includes:

- Legal Advice/Consultation/Representation
- Letters and phone calls on your behalf
- Legal document review
- Trial defense
- 24/7 emergency assistance
- 25% Preferred member discount

## ID Shield\*

Coverage that will help protect against, and resolve, identity theft issues.

The ID Shield membership includes:

### Consultation/Advice

- Identity theft advisor
- Credit report review
- Lost wallet protection

### Notifications

- Data Breach Notifications

### Access

- 24/7/365 Emergency access to an ID Shield Licensed Private Investigator for covered situations

### Security Monitoring

- Black Market Web Surveillance
- Credit Monitoring
- Minor Identity Protection

### Identity Restoration

- Licensed private investigators
- \$5 Million Service guarantee

\* Please contact provider for information. See directory (page 26)

# Florida Retirement System (FRS)

## RETIREMENT OPTIONS

### Pension Plan \*

PSC is a participating agency with Florida Retirement System. The Pension Plan is a **Defined-Benefit** option available through the **Florida Retirement System (FRS)**. It is a traditional retirement plan designed for longer service employees, with a **vesting period requirement of eight years of service** enrolled after 2011. The guaranteed retirement monthly benefit is determined on the employee's age, average final salary, years of service and other factors.

Employer contributions are determined by the FRS each year and are subject to change. There is a state-mandated employee contribution of 3% of employee's earnings deducted on a pre-tax basis..

### Eligibility

As an eligible member of the FRS Pension Plan, participation in DROP occurs when you are vested and have reached normal retirement date. Normal retirement date is the earliest date at which you become eligible for full, unreduced benefits based upon age and/or service.

If initially enrolled in the FRS before July 1, 2011, the employee qualifies for normal retirement when one of the following applies:

- The employee is vested and age 62, or the age after age 62 when the employee becomes vested; or
- The employee has 30 years of creditable service before age 62.

If initially enrolled in the FRS on or after July 1, 2011, you qualify for normal retirement when one of the following applies:

- The employee is vested and age 65, or the age after age 65 when the employee becomes vested; or
- The employee has 33 years of creditable service before age 65.

### DROP (Retirement option for Pension Plan participants)

The Deferred Retirement Option Program (DROP) is a program that allows qualified pension plan participants to retire without terminating employment for up to five years of eligibility while the retirement benefit accumulates and earns interest compounded monthly at an effective annual rate of 1.3%. When the DROP period ends, the employee must terminate employment. At that time, the accumulated DROP benefits are available.

For those enrolled in the FRS prior to July 1, 2011, normal retirement is age 62 with at least 6 years of service, or 30 years of service, regardless of age. For Special Risk Class members, normal retirement is age 55 with at least 6 years of Special Risk service, or 25 years of Special Risk service, regardless of age, or age 52 with 25 years of Special Risk service and military service.

## Investment Plan\*

The Investment Plan is a **Defined-Contribution** plan available through FRS. This option is a portable retirement plan designed for mobile employees. The **vesting period requirement is only one year of service**. The amount of the retirement benefit will depend on the investment options, accumulations, investment returns and account fees, and other factors chosen by the employee that might contribute to the account growth of the employee's earnings deducted. The employee selects their preferred investment options. There is a state-mandated employee contribution of 3% on a pre-tax basis, on wages earned.

Employee contributions are determined by the FRS each year and are subject to change.

### \* Please note:

*You are responsible for ensuring your election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.*

*If you do not submit a choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class the Pension Plan will be considered your initial election by default.*

## Retirement Savings Annuity Options

Additional retirement savings options are available to all full-time and part-time employees.

When participating in the employer's supplemental retirement annuity plan or deferred compensation plan, such as a 403(b) or 457(b) plan(s), you should select an investment product(s) that is suitable to help meet your retirement goals, and contact an investment provider representative to establish an account. You may only choose from providers that are authorized under the employer's plan. See Supplier List.

It is very important that you contact an investment provider representative to open an account prior to submitting actions for a payroll deduction.

The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantage retirement plans. For your convenience, a MAC calculator is available online at [www.tsacg.com](http://www.tsacg.com).

### MAC Limits for 2023

- The normal calendar year limit for 403(b) and 457(b) plans is \$22,500.
- The catch-up contribution amount for employees age 50 or over is \$7,500.



# Directory

## **Aflac** — Supplemental Benefit Plans

Rusty Towery

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[russell\\_towery@us.aflac.com](mailto:russell_towery@us.aflac.com)

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

## **Ameritas** — Dental/Vision Coverage (Employee paid)

800-659-2223

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

## **Bencor** — FICA Alternative Plan and Special Pay Plan

888-258-3422

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

## **Corebridge Financial** — 403(b) Roth; 403(b);457(b)

Thomas St. Clair, Senior Financial Advisor

17 W. Government Street, Suite B

Pensacola, FL 32502

Office: 850-477-0063      Fax: 850-477-5678

Mobile: 850-723-9713      Direct: 850-479-3177

[thomas.stclair@aig.com](mailto:thomas.stclair@aig.com)

## **Cornerstone Benefits** – Allstate Supplemental Benefit Plans

Tom Watson

P.O. Box 4078

Ocala, FL 34478

352-369-9453

Fax: 352-369-9461

## **Delta** — Health Waiver Dental Plan

800-521-2651

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

## **Eagles** – Flex Spending

800-726-5603

[support@eaglesbenefits.com](mailto:support@eaglesbenefits.com)

## **Equitable** — 403(b)

Weston Cramer

1517 N 9th Avenue

Pensacola, FL 32503

Office: 850-470-2424

[Weston.cramer@equitable.com](mailto:Weston.cramer@equitable.com)

## **Fidelity Investments** — 403(b) Client Representative

800-343-3548

Fax: 877-800-5762

Plan Code #63518

[Fidelity.Investments@mail.fidelity.com](mailto:Fidelity.Investments@mail.fidelity.com)

## **FloridaBlue** — Health

HMO Gold BlueCare & PPO Gold Blue Options

800-255-4908

[CareMemberOutreach@bcbsfl.com](mailto:CareMemberOutreach@bcbsfl.com)

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

## **FloridaBlue** — Wellness

[BlueRewardsInquiry@bcbsfl.com](mailto:BlueRewardsInquiry@bcbsfl.com)

• **Florida Retirement System**

• 844-377-1888

• [www.myfrs.com](http://www.myfrs.com)

• FRS Financial Guidance Line

• 866-446-9377

• **Lakeview Center, Inc** — Employee Assistance Program

• 850-469-2383 or 800-528-8955

• **Legal Shield** — Legal and ID Theft Protection

• Tiffany Sullivan

• 850-380-8838

• [tiffany@tiffanysullivan.biz](mailto:tiffany@tiffanysullivan.biz)

• **Omni & TSACG**— Third Party Administrator of Retirement Savings Plan

• 888-796-3786; Opt. 4

• Fax: 866-741-0645

• [www.tsacg.com](http://www.tsacg.com)

• **MetLife** — SCSORP/403(b)/457(b)

• Renee Gibson, Financial Service Representative

• 4455 Bayou Boulevard, Suite A

• Pensacola, FL 32503

• Office: 850-478-6390 x106

• Mobile: 850-572-5576

• Fax: 850-484-8580

• [rgibson@financialguide.com](mailto:rgibson@financialguide.com)

• **One America** — Short and Long Term Disability

• 800-553-5318 Fax: 888-285-1565

• [groupcontractcenter@oneamerica.com](mailto:groupcontractcenter@oneamerica.com)

• [www.employeebenefits.aul.com](http://www.employeebenefits.aul.com)

• **Teladoc Health**

• 1-800-Teladoc

• **TIAA**— SCSORP/403(b)/457(b)

• Howard Reiff

• Senior Financial Consultant

• Office: 813-632-5109 877 267-4510, x26-5109 Fax: 813-910-2090

• [hreiff@tiaa.org](mailto:hreiff@tiaa.org)

• **The Hartford/Edward Jones** —403(b) 700 Pine Forest Road, Suite B

• Pensacola, FL 32526

• Office: 850-944-7526

• [Benjamin.Hein@edwardjones.com](mailto:Benjamin.Hein@edwardjones.com)

• **The Standard** — Life Insurance

• [www.standard.com](http://www.standard.com)

• **Voya Financial Advisors** —403(b)

• Office: 850-458-0005 Fax: 850-457-7549

• Mobile: 850-748-0235 888-982-0235

• **VSP** — Health Waiver Vision Plan

• 800-877-7195

• [www.vsp.com](http://www.vsp.com)