

Employee Benefits

Summary Overview

PENSACOLA STATE COLLEGE
2020



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.

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For questions, please contact the Department of Human Resources, at 850-484-1766 or x-1724.

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 benefits choices and does not supersede the plan documents. For copies of the plan documents visit pensacolastate.edu or contact the Pensacola State College Benefits Administrator.

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

Navigating FloridaBlue

Pensacola State College offers a choice of plans for covering medical needs. 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

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

- BlueCare HMO
- Blue Options (PPO/HSA)

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.

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 are informed 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 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.

Plan Comparisons

 FCSRMC <small>FLORIDA COLLEGE SYSTEM FISH MANAGEMENT CONSORTIUM</small>  PENSACOLA <small>STATE COLLEGE</small>	Blue Care HMO 55	Blue Options PPO 3766	H.S.A. / PPO 5190 (Individual)	H.S.A. / PPO 5191 (Family)	Blue Options PPO 3900 (Adjuncts)
Cost Sharing - Member's Responsibility	Health Care Reform Compliant	Health Care Reform Compliant	Health Care Reform Compliant	Health Care Reform Compliant	Health Care Reform Compliant
Deductible (DED) (Per Person/Family Aggregate)					
In-Network	N/A	\$500 / \$1,500	\$1,500 / NA	\$3,000 / \$3,000	\$1,500 / NA
Out-of-Network	N/A	Combined w/ INN	\$3,000 / NA	\$6,000 / \$6,000	\$4,500 / NA
Coinsurance (BCBSF pays / Member pays)					
In-Network	N/A	80% / 20%	80% / 20%	80% / 20%	50% / 50%
Out-of-Network	N/A	70% / 30%	60% / 40%	60% / 40%	50% / 50%
Out of Pocket Maximum (Per Person/Family Aggregate)	Non-Embedded	Includes Pharmacy			Includes Pharmacy
In-Network	\$5,000 / \$10,000	\$5,000 / \$10,000	\$4,500 / NA	\$6,850 / \$9,000	\$6,350 / \$12,700
Out-of-Network	NA / NA	Combined w/ INN	\$9,000 / NA	\$18,000 / \$18,000	\$20,000 / \$20,000
Medical / Surgical Care by a Physician					
Office Services	• \$5 copayment when provided by a Value Choice PCP/Family Physician	• \$5 copayment when provided by a Value Choice PCP/Family Physician	Value Choice Not Applicable	Value Choice Not Applicable	provided by a Value Choice PCP/Family Physician
In-Network Family Physician	\$25	\$25	DED + 20%	DED + 20%	\$35
In-Network Specialist	\$40	\$40	DED + 20%	DED + 20%	\$50
Out-of-Network	Not Covered	DED + 30%	DED + 40%	DED + 40%	DED + 50%
Preventive Services (Adult & Well Child)					
Office Services					
In-Network Family Physician	\$0 Copayment	\$0	\$0 Copayment	\$0 Copayment	\$0
In-Network Specialist	\$0 Copayment	\$0	\$0 Copayment	\$0 Copayment	\$0
Out-of-Network	Not Covered	30%	40%	40%	50%
Medical / Surgical Care at a Facility					
Inpatient Hospital Facility (per admit)		• OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment	• OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment	• OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment	• OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment
In-Network	\$150 per day up to \$750 per admission	Option 1: \$750 Option 2: \$1,500	Option 1: Ded + 20% Option 2: Ded + 25%	Option 1: Ded + 20% Option 2: Ded + 25%	Option 1: \$1,500 Option 2: \$2,500
Out-of-Network	Not Covered	\$2,500	\$500 PAD + DED + 40%	\$500 PAD + DED + 40%	DED + 50%
Outpatient Hospital Facility (per visit) (Surgical)					
In-Network	\$200	Option 1: \$150 Option 2: \$250	Option 1: Ded + 20% Option 2: Ded + 25%	Option 1: Ded + 20% Option 2: Ded + 25%	Option 1:\$300 Option 2:\$400
Out-of-Network	Not Covered	\$350	DED + 40%	DED + 40%	DED + 50%
Emergency and Urgent Care					
Emergency Room Facility (per visit) (No surgery performed or not admitted)					
In-Network	\$50	\$100 + 20%(no DED)	DED + 20%	DED + 20%	DED + 20%
Urgent Care Centers					
In-Network	\$35	\$35	DED + 20%	DED + 20%	DED + 50%
Ambulance	• Out-of-Network only covered for emergencies.				
In-Network	\$0	DED + 20%	DED + 20%	DED + 20%	DED + 50%
Other Special Services and Locations					
TeleMedicine Services - with Teladoc					
In-Network	\$10	\$10	DED + Coin, Allowance Max. \$45	DED + Coin, Allowance Max. \$45	\$10
Gastric Bypass Covered 1	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime
Prescription Drugs					
In-Network - Deductible			Integrated Deductible	Integrated Deductible	N/A
Retail Generic/Brand/Non-Preferred/Specialty	\$15 / \$45 / \$65/ \$250	\$15 / \$45 / \$65/ \$250	DED	DED	\$10 Generic Only
Mail Order Generic/Brand/Non-Preferred	\$30 / \$90 / \$130	\$30 / \$90 / \$130	DED	DED	\$25 Generic Only

Prescription Plans

HMO/PPO Prescription Plan — Pay a flat co-pay for each class of medication. A generic prescription through the mail order program is an economical option for maintenance drugs. The mail order program allows a three-month supply for the price of two months' co-pay.

Benefit Description	Retail copay 30-day supply	Mail-Order copay 90-day supply
Preferred Generic	\$15	\$30
Preferred Brand Name	\$45	\$90
Non-Preferred Prescription	\$65	\$130

HSA Prescription Plan — Combined deductible for medical and prescription plan. Prescriptions are covered 100% after meeting the annual deductible.

Certain condition care medications are considered preventative and are paid at 100% (no deductible). To find out if your medication is listed on the Health Savings Preventative drug list please visit, http://www.bcbsfl.com/DocumentLibrary/Providers/Content/RxF_ConditionCareHSA.pdf

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 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 CaféWell®, 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 CaféWell app.

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

Health Screening

- Health screening events are offered at the Pensacola Campus each year in Spring as part
- of a wellness incentive to all full-time employees and their eligible dependents. The
- health screening event is a way of getting to know your numbers and having the
- opportunity to speak 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. Specific dates and location will be announced annually
- for this event.

- **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.

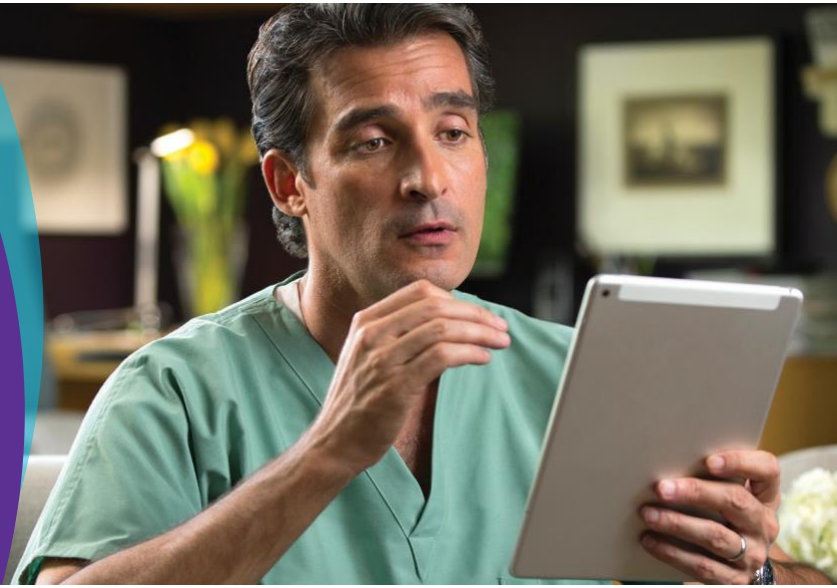
- **Care Programs**

- 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.

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 OURDOCTORS

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](https://www.teladoc.com)

 1-800-Teladoc



FloridaBlue

HEALTH PLAN

Monthly Rates

Blue Care HMO Plan (55)	EE Only (college paid)	+Spouse	+Child(ren)	+Family
Monthly Rates	\$817.00	\$789.00	\$430.00	\$1,176.00
12-Month Employee 24-Biweekly	\$408.50	\$394.50	\$215.00	\$588.00
9-Month Employee 17-Biweekly	\$576.71	\$556.94	\$303.53	\$830.12

Blue Options PPO Plan (3766)	EE Only (college paid)	+Spouse	+Child(ren)	+Family
Monthly Rates	\$768.00	\$744.00	\$406.00	\$1,108.00
12-Month Employee 24-Biweekly	\$384.00	\$372.00	\$203.00	\$554.00
9-Month Employee 17-Biweekly	\$542.12	\$525.18	\$286.59	\$782.12

HSA Blue Options PPO Plan (5190/5191)	EE Only (college paid)	+1 Dependent	+Child(ren)	+Family
Monthly Rates	\$446.00	\$432.00	\$236.00	\$642.00
12-Month Employee 24-Biweekly	\$223.00	\$216.00	\$118.00	\$321.00
9-Month Employee 17-Biweekly	\$314.82	\$304.94	\$166.59	\$453.18

HSAs ARE AN EASY WIN

An HSA paired with an HSA-qualified health plan (PPO 5190/5191) 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 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 5190/5191)
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, it is suggested that you maximize your contributions as set by the IRS:

Health Plan Name	HSA Employer Annual Contribution	HSA (Tax-Free) Employee Annual Maximum Contributions
Individual	\$500	Individual annual contribution limit is \$3,550. (+\$1,000 catch up if 55+ years of age)
Employee plus One Dependent	\$1,000	Family annual contribution limit is \$7,100. (+\$1,000 catch up if 55 years of age)
Employee plus Family	\$1,500	

Important Eligibility Information

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.
- Monthly premiums are collected a month in advance for major benefits.

Adjunct employees are offered health insurance coverage based on the Affordable Care Act (ACA) passed by the federal government. An individual offer coverage letter will be sent to those who qualify.

Dependent Eligibility

Dependent eligibility documentation is necessary in order to comply with plan documents, federal regulations, and vendor contacts. 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.

Definition:

- Participant's spouse under a legally valid existing marriage.
- A natural, newborn, adopted, foster or step child(ren) (or a child for whom the covered plan participant has been court-appointed as legal guardian or legal custodian).
- Dependents between the ages of 26 through 30 must be unmarried without dependents of their own, AND a Florida resident or a full or part-time student, AND, not covered under any other health plan or policy, and not entitled to benefits under Title XVIII of the Social Security Act unless disabled. Eligibility ends the last day of the calendar year in which the dependent child reaches age 30.
- 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.

Requirements:

Legal Spouse. Valid legal or religious marriage certificate and Federal 1040 or state income tax return from previous year if married filing jointly or married filing separately.

Dependent age 26 and under. Legal or hospital birth certificate, legal adoption, guardianship or legal custody papers.

Dependents between the ages of 26 through 30. Official college/university/institution documentation that indicates student status or copy of child's present valid driver's license or state ID.

Disabled Child beyond the age of 26. Physician statement certifying that the dependent child cannot support themselves because of physical and/or mental disability.

Newborn of a Covered Dependent Child. Legal or hospital birth certificate or affidavit of parentage, which must contain the name of the covered dependent.

****Life Insurance age requirement for dependent child is 25.**

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.

D-V Plan (Only available to employees who waive health coverage)

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

vsp	www.vsp.com
Well Vision Exam	\$10 co-payment every 12 months
Prescription Glasses	\$10 co-payment for lenses single vision, lined bifocal and lined trifocal every 12 months
Frames	\$180 allowance for a wide selection of frames or 20% off the amount over your allowance
Contacts (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
Laser Vision Correction	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
24 Biweekly Deductions	\$55.50	\$14.92	\$15.29	\$33.08
17 Biweekly Deductions	\$78.36	\$21.06	\$21.58	\$46.69

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 9.

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. Beneficiary forms may be found at [Pensacolastate.edu/employee-benefits/](https://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.

Baptist Healthcare EMPLOYEE ASSISTANCE PROGRAM

The employee assistance program, provided through Baptist Health Care, 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 Baptist Health Care at 850-469-2383 or 800-528-8955.

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 \$50,000.00. 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 \$50,000.00. 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 biweekly cost to employee is \$1.62.

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 \$50,000.00. 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 biweekly cost to employee is \$3.23.

* 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 by 35% of the pre-age 65 amount until age 70.

Age 70 through 74

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

Supplemental Life and Accidental Death & Dismemberment

Employee-paid optional benefit, cost is .277 per thousand of coverage per month.
Up to 3 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

Annual Salary	x	=	/ \$1,000 =	x 0.277 =	/ 2 =	24 Biweekly Deductions
Option			Total Coverage	Monthly Rate		

9-month Employee Premium

Annual Salary	x	=	/ \$1,000 =	x 0.277 =	x 12 =	/ 17 =	17 Biweekly Deductions
Option			Total Coverage	Monthly Rate	Annual		

Dependent Life

Dependent Life Insurance Coverage is available for all eligible dependents, \$3.16 per month (\$1.58 for 24 biweekly deductions; \$2.24 for 17 biweekly deductions).

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

The Standard

LIFE INSURANCE

Additional Benefits

Life Planning & Legal Assistance	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.
Portability/Conversion	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.
Accelerated Benefit	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.
Standard Secure Access	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

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.

Ameritas

DENTAL CARE

Low Plan Classic PPO Network

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

Rates

Low Plan Monthly Rates	EE Only \$28.00	EE+Spouse \$56.56	EE+Children \$65.52	EE+Family \$94.04
24 Biweekly Deductions	\$14.00	\$28.28	\$32.76	\$47.02
17 Biweekly Deductions	\$19.77	\$39.93	\$46.25	\$66.38

High Plan Classic PPO Network

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

Rates

High Plan Monthly Rates	EE Only \$38.88	EE+Spouse \$84.48	EE+Children \$97.76	EE+Family \$143.32
24 Biweekly Deductions	\$19.44	42.24	48.88	\$71.66
17 Biweekly Deductions	\$27.45	\$59.63	\$69.01	\$101.71

*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 ViewPoint® Plan		VSP Focus® Plan	
	EyeMed Access Network provider	Out-of-Network Provider	VSP Choice Network provider	Out-of-Network Provider
Annual Exam	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.

Deductible	\$0 on frames/lenses	\$0 on frames/lenses	\$0 on frames/lenses	\$0 on frames/lenses
Single Vision Lenses	Covered in full	Up to \$25	Covered in full	Up to \$30
Bifocal Lenses	Covered in full	Up to \$40	Covered in full	Up to \$50
Trifocal Lenses	Covered in full	Up to \$55	Covered in full	Up to \$65
Lenticular Lenses	20% discount	No benefit	Covered in full	Up to \$100
Progressive Lenses	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
Frames	\$130	Up to \$65	\$150 (the Costco allowance will be the wholesale equivalent)	Up to \$70
Contacts (standard) fit & follow up exam	Your cost is up to \$55	No benefit	Your cost is up to \$55	No benefit
Contacts (elective)	Up to \$130	Up to \$104	Up to \$150	Up to \$120
Contacts (medically necessary)	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)

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

Rates

EyeMed-Viewpoint Monthly Rates	EE Only \$8.20	Spouse \$16.32	Children \$15.36	Family \$23.48
24 Biweekly Deductions	\$4.10	\$8.16	\$7.68	\$11.74
17 Biweekly Deductions	\$5.79	\$11.52	\$10.84	\$16.58

VSP-Focus Monthly Rates	EE Only \$8.68	Spouse \$17.36	Children \$16.12	Family \$24.72
24 Biweekly Deductions	\$4.34	\$8.68	\$8.06	\$12.36
17 Biweekly Deductions	\$6.13	\$12.26	\$11.38	\$17.45

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.

OneAmerica

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

$\frac{\text{Salary}}{12} = \frac{\text{Rate}}{100} \times \text{Total Monthly Premium}$ <p>(The rate depends on the option and the age bracket)</p> <p>24 deductions = Monthly Premium / 2 = _____</p> <p>17 deductions = Monthly Premium x 12 = _____ / 17 = _____</p>
--

Custom Benefits Services

FLEXIBLE SPENDING ACCOUNTS (FSA)

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 or contact Custom Benefits Services at 800-809-8161.

Health Care FSA

- This account reimburses up to \$2,700 for healthcare expenses not covered by insurance. Reimbursement includes individual and dependent expenses for medical, prescription, dental and vision out of pocket costs.
- Certain expenses such as vitamins, supplements, weight-loss programs, massage therapy and over-the-counter items do require a doctor's prescription or letter of medical necessity to be covered.
- For a list of all eligible expenses, please refer to IRS Publication 502.

Dependent Care FSA

- 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 for the Health Care FSA.

Supplemental Benefit Plans

Aflac Accident Indemnity Advantage*

- 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.
- Wellness benefit pays \$60 per policy/per year and includes intensive care benefits.*

Age	Coverage	Bi-weekly
18-75	Individual	\$12.16
18-75	Named Insured/Spouse	\$19.11
18-75	One-Parent Family	\$21.58
18-75	Two-Parent Family	\$29.51

Aflac Cancer Care*

- 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. The wellness benefit pays \$75.00 per person/per year for wellness test.
- This benefit includes intensive care benefits.*

Age	Coverage	Bi-weekly
18-75	Individual	\$22.75
18-75	Insured/Spouse	\$40.37
18-75	One-Parent Family	\$23.21
18-75	Two-Parent Family	\$40.82

Aflac Critical Care and Recovery*

- This policy pays a lump-sum benefit upon diagnosis of having had a primary specified health event, which increases for dependent children diagnosis. It pays benefits for hospital confinement, continuing care, transportation and lodging and is guaranteed-renewable for your lifetime with some benefits reduced at age 70. The policy has no deductibles, copayments, or network restrictions — you choose your own medical treatment provider.*

Rates are determined by coverage level age bracket.

Aflac Hospital Advantage*

- Aflac will pay a Hospital Confinement Benefit of \$1,000 when a covered person requires hospital confinement for 23 or more hours for a covered sickness or injury and a charge is incurred.*

Option	Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
1	18-75	\$16.32	\$22.17	\$24.18	\$27.37
2	18-75	\$20.28	\$29.58	\$32.44	\$36.99
3	18-75	\$23.92	\$33.74	\$39.20	\$43.68
4	18-75	\$28.80	\$38.81	\$48.23	\$50.90

[Rates are based on 24 yearly deductions. 9-month faculty employee rates may vary.]

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.

Gabor Life Insurance*

Additional life insurance policies are available with Guaranteed Death Benefits, Level Premiums, and Cash Value Accumulation.*

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 22)

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**. The guaranteed retirement monthly benefit is determined on the employee's age, average final salary, years of service and other factors. There is a state-mandated employee contribution of 3% of employee's earnings deducted on a pre-tax basis.

Contribution rates are determined by the FRS each year and are subject to change.

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 while the retirement benefit accumulates and earns interest compounded monthly at an effective annual rate of 1.3%. DROP participation does not change your conditions of employment. When the DROP period ends, you must terminate employment. At that time, the accumulated DROP benefits are available.

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.

Eligibility

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

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.

SCCORP

- The State Community College Optional Retirement Program (SCCORP) is an option offered to faculty and certain administrators. A full-time employee who chooses to participate in the SCCORP will withdraw from the Florida Retirement System (FRS).
- Pensacola State College will contribute a percentage of the identified full-time employee's salary and the employee will contribute 3% pre-tax to the SCCORP selected vendor.
- SCCORP vendors include MetLife, TIAA-CREF, and AIG. Full-time employees who choose this option will have 90 days from their date of hire or job change to make this election.
- Contributions are determined by the FRS each year and are subject to change.

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 Directory.
- It is very important that you contact an investment provider representative to open an account prior to submitting any payroll deduction forms.
- 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.

MAC Limits for 2020

- The normal calendar year limit for 403(b) and 457(b) plans is \$19,500
- The catch-up contribution amount for employees age 50 or over is \$6,500.

Directory

- **FloridaBlue — Health**
- BlueOptions PPO 800-255-4908
- BlueCare HMO 800-352-2583
- CareMemberOutreach@bcbsfl.com
- www.FloridaBlue.com
-
- **FloridaBlue — Wellness**
- BlueRewardsInquiry@bcbsfl.com
-
- **The Standard — Life Insurance**
- Christine D'Angelo
- 800-325-5757
- www.standard.com
-
- **Delta — Health Waiver Dental Plan**
- 800-521-2651
- www.deltadentalins.com
-
- **VSP — Health Waiver Vision Plan**
- 800-877-7195
- www.vsp.com
-
- **Baptist Health Care — Employee Assistance Program**
- 850-469-2383
-
- **Custom Benefits Services – FSA and Allstate Supplemental Benefit Plans**
- Tom Watson, VP Sales
- P.O. Box 4078
- Ocala, FL 34478
- 800-809-8161
- Fax: 352-369-9461
- custombenserv@msn.com
-
- **Ameritas — Dental/Vision Care (Employee paid)**
- 800-659-2223
- www.ameritas.com
-
- **OneAmerica — Short and Long Term Disability**
- 800-553-5318
- Fax: 888-285-1565
- groupcontractcenter@oneamerica.com
- www.employeebenefits.aul.com
-
- **Aflac — Supplemental Benefit Plans**
- Rusty Towery
- Office: 850-473-9400 Mobile: 850-982-2911
- Fax: 850-473-9449
- russell_towery@us.aflac.com
- www.aflac.com
-
- **The Gabor Agency — Supplemental Life Insurance**
- 800-330-6115
-
- **Legal Shield — Legal and ID Theft Protection**
- Tiffany Sullivan
- 850-380-8838
- tiffany@tiffanysullivan.biz
-
- **Florida Retirement System**
- 888-738-2252
- myFRS.com
-
- **FRS Financial Guidance Line**
- 866-446-9377
-

Authorized Investment Provider List

TSA Consulting Group — Third Party Administrator of Retirement Savings Plan
888-796-3786; Opt. 4
Fax: 866-741-0645
www.tsacg.com

Bencor — FICA Alternative Plan and Special Pay Plan
888-258-3422
www.bencorplans.com

Equitable — Products: 403(b)
Weston Cramer
730 Bayfront Parkway, Suite 3AC
Pensacola, FL 32502
Office: 850-490-0501
Weston.cramer@equitable.com

Fidelity Investments — Products: 403(b)
Client Representative 800-343-3548
Fax: 877-800-5762
Plan Code #63518
Fidelity.Investments@mail.fidelity.com

Voya Financial Advisors — Products: 403(b)
Office: 850-458-0005 Fax: 850-457-7549
Mobile: 850-748-0235 888-982-0235

MetLife — Products: SCCORP/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

TIAA CREF — Products: SCCORP/403(b)/457(b)
Howard Reiff
Senior Financial Consultant
Office: 813-632-5109 877-267-4510, x26-5109
Fax: 813-910-2090
hreiff@tiaa-cref.org

AIG Financial Advisors Inc. — Products: SCCORP/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

The Hartford/Edward Jones — Products: 403(b)
700 Pine Forest Road, Suite B
Pensacola, FL 32526
Office: 850-944-7526
Benjamin.Hein@edwardjones.com