Welcome to Florida State University. This is an overview of the Insurance options and additional perks available to all faculty and staff employees.
Where do I go if I have questions?

People First:
- 1-866-663-4735
  - Available Mon. – Fri., 8:00 a.m. to 6:00 p.m. ET
- http://peoplefirst.myflorida.com
- http://mybenefits.myflorida.com

FSU HR Benefits:
- (850) 644-4015 or insurance@fsu.edu
- www.hr.fsu.edu

If you need assistance with enrolling, or making changes to your insurances, log onto the People First website, or contact them at the phone number listed on this slide. Otherwise, you can contact the Human Resources Benefits office.
People First

Administers all FSU insurance benefits:
- Processes enrollment
- Processes Qualifying Status Changes (QSC)
- Verifies dependent eligibility
- Administers COBRA benefits
- Annual Open Enrollment

FSU employees use the People First system to enroll, manage, and make changes to their insurance benefits.

People First is the administrator for all insurance benefits offered by FSU. Their responsibilities include determining eligibility, processing enrollments, handling qualifying event changes, verifying dependent eligibility, COBRA and open enrollment. You will use the People First system to enroll into, and make changes to State benefits. You can do this online or by telephone.
Coverage Begin Dates

When Coverage Begins:

- Health insurance: 1st day of the month following enrollment
  - If enrolling in the month of employment, 1st day of the **month after** hire date

- Supplemental plans:
  - Dental, vision, accident, cancer, hospitalization, etc.
  - 1st day of the month following 2 paychecks in the same month

- Premiums for 9 and 10 month faculty are doubled during the spring semester for summer coverage
- Premiums are paid the month before coverage is effective

You have 60 days from your hire date to enroll. The earliest your health insurance can begin is the first of the month following your enrollment. For example, if you are hired and enroll in August, then the earliest effective date for your health is September first.

Your supplemental insurances become effective the month after two full checks in the same month have occurred. For example, if you are hired and enroll in August, your supplemental plans will begin in October after the 2 paychecks in September have deducted premiums.

Premiums are paid the month before coverage is effective.
Enrollment

Enroll:
- Online through the People First website, or,
- Over the phone by calling the People First Service Center

People First will mail log-in information to you:
- You can contact the HR Benefits section for your People First ID

Deadline: You have 60 days from your hire date to enroll

Contact HR if you are hired during the summer

If you are eligible for benefits, People First will mail log-in information to your home address. You can contact the People First Service Center or email the Human Resources Benefits office to receive your log-in information.
People First User ID

- Locate your People First User ID and current benefits on the MyFSU Benefits tab
- Contact the Benefits section

You can obtain your People First User ID before receiving your packet in the mail from People First. The ‘benefits’ tab in the MyFSU portal provides you with your People First user ID, a link to the People First website, and will list any current enrollments that you have. You can also email the HR Benefits section to request your user ID. This will enable you to enroll and secure the earliest effective dates available.
Opportunities to Make Changes

• Qualifying Status Change
  – Participants have 60 calendar days following a qualifying event (marriage, divorce, loss of coverage, death, etc) to make a change to their coverage

• Open Enrollment
  – Occurs every fall
  – Make any changes, additions, or deletions during this time
  – All changes made are effective January 1st of the following year

Qualifying status changes are specific life events, which can occur at any time that allow you to make changes to your benefits. You must notify People First within sixty days of the event, or you will have to wait until open enrollment to make changes. People First may also require documentation to verify the qualifying event and process your request.

There is an annual open enrollment period that gives employees an opportunity to review and/or make changes. This period is held during the fall, and all changes go into effect on January 1st of the following year. Prior to Open Enrollment, People First mails information to advise employees of their current benefits, and to provide information about any upcoming changes.
The default password to log on to the People First website the first time is uppercase P, lowercase f, followed by your date of birth, two digit month, two digit day, and two digit year.

Refer to the "Forgot Password" Link on the People First homepage for more information on setting up your password.
Select the 'Change My Benefits' link to enroll or to make changes.
### Health Insurance

**Standard Plans (HMO & PPO)**

<table>
<thead>
<tr>
<th>Who is covered</th>
<th>Individual</th>
<th>Family</th>
<th>Spouse Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Only</td>
<td>Employee + Dependent(s)</td>
<td>Both Spouses work for the State Full Time</td>
</tr>
</tbody>
</table>

| Monthly Payment | $50 | $180 | $15 |

Rates listed are for positions 0.75 FTE or higher

Employees hired for less than 30 hours per week (0.75 FTE) have a higher, pro-rated monthly premium.

Standard Health Insurance Plan premiums are the same whether you choose the PPO or HMO option. An employee who has a spouse that works for the university, or another state agency, and is also benefits eligible can enroll into the spouse program and receive health insurance at a reduced premium.

Positions hired for less than 30 hours per week (an FTE below 0.75) pay a pro-rated premium that is higher than what is listed on the slide. Contact the People First Service Center for rates.
Health Insurance (HMO)

- Services limited to network
- Requires primary care provider
- Referrals needed for specialists
- No deductibles

- No pre-existing condition exclusions
- Only emergency services are paid outside the service area
  - HMO must be notified within 48 hours of an emergency

<table>
<thead>
<tr>
<th>Type of Medical Visit</th>
<th>Co-Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Doctor</td>
<td>$20</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>$100</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>$250</td>
</tr>
</tbody>
</table>

In general, HMO plans focus on wellness, prevention, early detection, and the treatment of illnesses. These plans do not have pre-existing condition exclusions, claims to file or any deductibles. You may need a referral from your primary care provider if you need to see a specialist for a specific concern.

Services are limited to the HMO network, unless referred. However, you are fully covered world-wide for emergency services.
The PPO health plan offers the widest range of available physicians, and allows members to "self-refer" to specialists. Services are not covered until annual deductibles are met. Once these deductible amounts have been paid by the member, the plan provider begins paying their percentage of cost for medical and prescription expenses. The deductible varies based on whether the provider is in the network.
## PPO (Florida Blue) Health Plan

<table>
<thead>
<tr>
<th></th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Visits</strong></td>
<td>$15 primary care</td>
<td>40% of the allowance, plus the</td>
</tr>
<tr>
<td></td>
<td>$25 specialty care</td>
<td>difference between the charge and the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>allowance</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>$250 individual $500 family</td>
<td>$750 individual $1,500 family</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Annual global out-of-pocket maximum: $8,150 individual $16,300 family</td>
<td>Employee must file claims</td>
</tr>
</tbody>
</table>

Check to see if your provider is part of the network before you receive services. Otherwise, you may have to pay more than you expect.
FSU offers the option to enroll in an HMO or PPO high deductible health plan, or HDHP. With the HDHP you must meet a higher annual deductible, but your monthly premiums are lower than the standard plan premiums. You must meet the annual deductible amount for all services and prescriptions, except certain preventative services, before the plan starts paying toward your expenses.
Health Savings Account (HSA)

- Pre-tax funds for medical purposes
- Accumulates interest on roll over balances
- Participants 55 and older can contribute an extra $1,000/year
- Employees 65 and older are ineligible for an HSA

<table>
<thead>
<tr>
<th>Yearly Contribution</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$3,050</td>
<td>$6,100</td>
</tr>
<tr>
<td>Employer</td>
<td>$500</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

The HDHP offers the option to open a Health Savings Account. The University will make a contribution towards this account, even if you choose not to make additional contributions. You must open an account online with Chard Snyder through the People First website.

A Health Savings Account is a pretax account used to pay for qualified health care expenses. The funds can accumulate over time. You can use the remaining balance for eligible expenses if you change health plans or leave State employment.
Prescription Drugs

• CVS/Caremark: 888-766-5490 or www.caremark.com/sofrxplan

<table>
<thead>
<tr>
<th>Prescription drug class</th>
<th>30-day supply</th>
<th>90-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$7</td>
<td>$14</td>
</tr>
<tr>
<td>Preferred Drugs</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>(contact provider for a list)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-preferred</td>
<td>$50</td>
<td>$100</td>
</tr>
</tbody>
</table>

• Note: PPO members must use 90-day supply for all maintenance drugs

You will receive a prescription card in addition to your health insurance card. Members may obtain prescriptions at either a local pharmacy or through the mail-order service. Most pharmacies accept CVS/Caremark, however, Walgreens does not.

Medication Synchronization is available for you to use one time each year. This enables your pharmacist to synchronize all of your medication refills so that you can pick them up on the same day.

PPO Plan members must fill maintenance medications through mail order or at a participating retail pharmacy. A list of maintenance medications can be obtained from the provider.

HMO plan members may use the 90 day mail order option to reduce prescription costs.

Questions about your prescription drug costs, available generic alternatives, specialty medications, mail order, or locating a network pharmacy can be directed to CVS/Caremark.
Flexible Spending Accounts (FSA)

<table>
<thead>
<tr>
<th>FSA Account Type</th>
<th>Minimum Election</th>
<th>Maximum Election</th>
<th>Expenses</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>$60</td>
<td>$2,750</td>
<td>For tax deductible medical expenses</td>
<td>$500 roll over to next calendar year</td>
</tr>
<tr>
<td>Limited Purpose</td>
<td>$60</td>
<td>$2,750</td>
<td>Available if enrolled in an HDHP plan with an HSA</td>
<td>$500 roll over to next calendar year</td>
</tr>
<tr>
<td>Dependent Care</td>
<td>$60</td>
<td>$5,000</td>
<td>For expenses incurred for care of dependents</td>
<td>Grace period. Funds are use-it-or-lose-it</td>
</tr>
</tbody>
</table>

- Pre-tax dollars to cover expenses
- Renews automatically

Flexible spending accounts allow employees to set aside pre-tax dollars to cover medical and dependent care expenses. Your elected amount will be deducted from the remaining paychecks for the year and renews automatically for the next year unless you change it during open enrollment.

The Healthcare and Limited Purpose accounts allow you to roll over up to $500 to the next calendar year to use. The Dependent care account funds are use-it or lose-it.

**Please note:** If you are enrolled in a High Deductible Health Plan with a Health Savings Account, you are only eligible to enroll in the Limited Purpose FSA.
3 Ways to Save

1. **Healthcare Bluebook** - online transparency portal. Allows members to shop for health services based on cost and quality, and earn financial rewards.

2. **SurgeryPlus** - bundled surgical services. Allows members to shop surgical services and earn financial rewards.

3. **Chard Snyder** - health reimbursement account. A new account members can choose to receive any reward payments they’ve earned using Healthcare Bluebook or SurgeryPlus.

There are three ways to save with benefit options that allow you to shop for health care services, earn tax-free financial rewards, and reduce out-of-pocket health care costs. These benefits are designed to save the state money and allow you to share in these savings through Healthcare Bluebook, Surgery Plus, and Chard Snyder.

Healthcare Bluebook offers an online transparency website for employees to shop for health care services, facilities, and providers. This voluntary benefit rates providers and facilities based on cost and quality. Using this service can earn you a financial reward.

SurgeryPlus is a voluntary benefit that provides non-emergency surgical services. SurgeryPlus is separate from your health plan and is able to bundle services together to reduce costs and provide you with a financial reward.

Chard Snyder is the administrator for the Health Reimbursement Account, or, HRA. This pretax account can be used when rewards are earned to reimburse you, or pay for, eligible medical, dental, and vision expenses.
Life Insurance

• **Basic life Insurance**
  - $25,000 policy
  - **Automatic** enrollment for full-time employees
  - Part-time employees must enroll into coverage through People First
  - Term Life insurance

• **Optional life Insurance**
  - Up to $1,000,000 coverage
  - Employee pays full premium
  - After-tax benefit
  - 1-5 times salary up to $500,000
  - 6-7 times salary up to $1,000,000 with proof of good health
  - Term Life insurance

University employees receive a $25,000 Basic Life insurance benefit. The premium is paid by the University for full-time employees. All full-time employees are automatically enrolled into the plan. Part-time employees must elect the coverage with People First and will pay a pro-rated monthly premium.

Optional life insurance is an after-tax benefit available for additional life coverage for up to $1,000,000.

You can enroll in one to five times your salary, or up to $500,000, without proof of good health. When enrolling in six or seven times your salary, or to insure above $500,000, then proof of good health is required.

Employees pay the entire optional life premium cost.

Both the basic and optional life insurance policies include death and dismemberment coverage.
Life Insurance

• Spouse Life
  – $15,000 coverage, or,
  – $20,000 coverage
  – Term Life insurance
  – Employee pays premium
  – After-tax benefit
  – Not available if your spouse works at another state agency or university

• Child Life
  – $10,000 coverage
  – Term Life insurance
  – Employee pays premium
  – After-tax benefit

Coverage is available for Spouses and eligible dependent children through the State’s Spouse and Child Life insurance policies.

2 tiers of coverage are available for the coverage of your spouse. If your spouse works for another State Agency or University, then the Spouse life coverage is not available.

Child life provides a $10,000 death benefit and is $.85 a month, regardless of the number of dependents added to the coverage.
Dental Insurance

- Available dental plan types:
  - Prepaid
  - PPO
  - Indemnity w/PPO
  - Indemnity

- Dentists may drop a provider at any time

- Plan brochures and contact information are available on the MyBenefits website

There are 4 different dental plans available to FSU employees: Prepaid (or HMO), PPO, Indemnity with PPO or Indemnity.

Providers may drop out of the plan at any time. This is not a qualifying event to change plans, so be sure to verify that your dentist accepts the State dental plan you are considering.

Plan brochures and contact information are available on the State's MyBenefits website to compare policies and monthly premiums.
Dental Insurance

Prepaid
- HMO structure where services are limited to a network
- You pay a specific dollar amount, per service you receive
- Orthodontia benefits (adults & children)

PPO
- Receive care from any dentist (cost is lower in-network)
- Annual deductible & co-insurance
- Orthodontia benefits (adults & children)
  • excluding Preventative PPO plans

Prepaid dental plans maintain affordable premiums and low out-of-pocket expenses through a network of participating general dentists and specialists. If you use a dentist that is not part of the network, you will have to pay the entire amount for services received. You cannot change dental plans based on provider preference, except during open enrollment.

PPO dental plans allows you to receive care from the dentist of your choice. You will pay less by staying within the PPO network. The annual deductible must be met before the plan starts paying benefits.
Dental Insurance

Indemnity w/PPO
- Receive care from any dentist (cost is lower in-network)
- Annual deductible & co-insurance
- More out-of-pocket expenses
- Orthodontia: varies by company

Indemnity
- Receive care from any dentist (cost is lower in-network)
- Annual deductible & co-insurance
- Orthodontia benefits (adults & children)

The Indemnity with PPO plans allow you to visit a dentist of your choice. The PPO covers a percentage of cost based on the service received for both in network and non-network providers.

The Indemnity plan allows you to select the dentist of your choice. The plan pays a set amount for covered services and you pay the remaining balance. Be sure to inquire about the charges before receiving services.

Premiums and dental companies are available on the People First website when you make your elections, or through the plan provider benefit brochures located on the State MyBenefits website.
Vision Insurance

- Elective contact lenses: $150 allowance

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Frequency of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>Once every 24 months</td>
</tr>
<tr>
<td>Eyeglass Lenses or Contact Lenses</td>
<td>Once every 12 months</td>
</tr>
</tbody>
</table>

You can receive an eye exam with your health insurance coverage.

Vision insurance is separate from health insurance and offers coverage for eye exams and materials. You are eligible to receive an eye exam once every 12 months. Within a calendar year, you may only have the material benefit towards either contact lenses or eyeglass lenses.
Supplemental Insurance:
Hospital, Cancer, Short Term Disability, and Accident Insurance

- Plans vary by company (AFLAC, Cigna, Colonial, New Era)
- Additional income for out-of-pocket expenses
- Paid directly to you or the hospital
- Independent of health insurance coverage
- Contact company for rate quote and plan details
- Enroll through People First

There are several companies that offer supplemental hospital, cancer, short term disability, and accident insurance. This coverage is independent of health insurance. Contact the individual provider company for more details. Enroll with People First and complete any separate applications of insurability before the coverage begins.
Additional After-Tax Insurance Options

Policies through the Gabor Agency - (850) 894-9611
- Life Insurance
- Long Term Disability
- Long Term Care
- Accidental Death & Dismemberment Insurance

Enroll through the provider

U.S. Legal – (800) 356-5297
- Family Defender
- Identity Defender
*Provides legal assistance and identity theft protection

Policy through Colonial Life –
(888) 756-6701
- Critical Care

FSU has other programs that are offered to employees on an after-tax basis including additional life insurance, long term disability insurance, long term care insurance, accidental death and dismemberment insurance, and critical care insurance. These plans will be discussed in greater detail in a moment.

Employees are guaranteed coverage in most cases when enrollment occurs during their first 60 to 90 days of employment, depending on the coverage.

Contact the provider for policy information and enrollment forms.
Group Life Insurance

• Group Whole Life insurance offered on a Guaranteed or Simplified Issue basis during the first 90 days of employment for eligible employee, spouse, and dependents

• Group Term Life insurance offered Guaranteed Issue to new employees during the first 60 days of employment
  - No medical history questions required

• Individual Term & Whole Life insurance coverage available for employees and eligible spouses & dependents, with underwriting

There are a variety of life insurance plans available to FSU employees, their spouses, and dependent children. Please contact the Gabor Agency for rates and enrollment procedures.
Group Life Insurance Options

<table>
<thead>
<tr>
<th>Life Insurance Type</th>
<th>Description</th>
</tr>
</thead>
</table>
| Group Whole Life by MassMutual Life Insurance Co.        | • Guaranteed Death Benefit, Level Premium, Increases in Cash Value  
• A benefit up to $250,000 for employees, up to $50,000 for spouses, up to $25,000 for dependents  
• Guaranteed or Simplified Issue to eligible employees, spouses, and dependents during the first 90 days of employment or during special open enrollments |
| Group Term Life by Standard Insurance Co.                | • A benefit up to 4 times the employee’s salary  
• A maximum of $200,000  
• Guaranteed issue to employees, spouses and dependents during the first 60 days of employment or during special open enrollments |
| Individual Term Life by Symetra Life Insurance Co.       | • Customizable Coverage- choose a term of 10, 15, 20, or 30 years  
• Level Premiums are age & gender based  
• Fully underwritten  
• Portable |

**Group Whole Life** insurance provides a benefit up to four times the employee’s salary, with a maximum of $250,000. Offered Simplified Issue to employees and spouses during the first 90 days of employment or during special open enrollments.

**Group Term Life** insurance provides a benefit up to four times the employee’s salary with a maximum limit of $200,000. Offered guaranteed issue to employees, spouses and dependent children during the first 60 days of employment of during special open enrollments.

**Term Life** insurance provides a benefit, with premium costs determined based on the insured person’s age/gender. The benefit is fully underwritten.
Long Term Disability

- Underwritten by The Standard Insurance Company
- Benefit replaces 60% of pre-disability income, should an employee become disabled
- Eligibility:
  - Benefits Eligible Employees
  - Minimum of 20 hours/week
- Start date: 31st or 91st day of disability, depending on the option chosen

- Benefits:
  - Monthly benefit = 60% of pre-disability earnings
    - Less benefits from other integrated income up to a monthly benefit of $15,000
  - Examples of other integrated income:
    - Worker's Compensation
    - Disability retirement
    - Payment of sick leave

Long Term Disability Insurance offers supplemental income should you become disabled and unable to work. Benefits are paid at a rate equal to 60% of your gross monthly income prior to the disability.

Disability benefits will start on the 31st or 91st day of disability, depending on the option chosen; the employee must be unable to work for 30 or 90 consecutive days.
Offered Guaranteed Issue to full-time employees for first 90 days of employment.
Long Term Disability

- Excluding the elimination period, anyone disabled for 12 continuous months and eligible will receive:
  - A 2% cost of living adjustment (COLA) up to 5 years
  - An annuity benefit of 11% (in addition to regular monthly benefits)

- Does not cover:
  - Any disability which begins in the first 12 months after the effective date of coverage, resulting from a pre-existing condition occurring within 3 months of the coverage effective date

- Annuity Benefit begins after the claimant has received 9 months of disability benefits. COLA is every 12 months.

After 12 consecutive months of disability, the employee will receive a 2% cost of living increase up to 5 years AND an annuity benefit. Premiums are based on the employee's annual salary and a rate factor. It does not cover any disability which begins in the first 12 months after the effective date of coverage, resulting from a pre-existing condition occurring 3 months prior to the effective date.
Long Term Care

• Underwritten by UNUM Insurance Company of America
• Provides assistance needed if you become chronically ill and unable to handle basic activities of daily living
  – Helps you stay independent
  – Enables you to receive care in the location that you choose
• Offered Guaranteed Issue to eligible new employees within 60 days of employment. Offered with underwriting after 60 days of employment.
• Coverage is Portable

Long Term Care is the type of assistance you would need if you become chronically ill and unable to handle some of the basic activities of daily living, or if you require substantial supervision due to a cognitive impairment. It can help you stay independent for as long as possible, enabling you to receive care in the location that you choose. This can be in your home, community adult day care center, hospice care facility, assisted living facility, or nursing home.

Long Term Care coverage is available with a group discount to all full-time employees, ages 18 through 64. It is fully underwritten by UNUM, so a medical exam may be required.
Accidental Death and Dismemberment (AD&D)

- Underwritten by Standard Insurance Company
- Coverage for employee and/or family
- Available Guaranteed Issue to all eligible new full-time employees
- Available to employees in units of $1,000, up to a maximum of $350,000
- You may add Family Coverage at:
  - Spouses: 55% of Employee’s requested amount
  - Spouse & Dependent Children: 45% of Employee’s requested amount (spouse), and 10% of Employee’s requested amount (children)
  - Dependent Children Only: 15% of Employee’s requested amount.

Accidental Death & Dismemberment Policy is available to full-time FSU employees. This coverage pays a cash benefit directly to the employee for a covered accident or dismemberment. Coverage is available in $1,000 increments, up to a maximum of $350,000.

Coverage is guaranteed issue at any time for full-time employees (meaning no medical exam is required).

Enroll through the Standard Insurance Company.
Critical Care

- Provides financial assistance to off-set critical illness expenses:
  - loss of income, travel expenses, out-of-pocket medical expenses, and rehabilitation expenses
  - "Critical Illness" examples: stroke, heart attack, chronic kidney disease, etc.

- Up to $15,000 in critical illness coverage
- No medical exam required
- Enroll through Colonial Life

Critical Illness insurance provides financial assistance to off-set loss of income incurred from treatment, expenses related to travel and lodging, out-of-pocket medical expenses, and rehabilitation expenses incurred by a critical illness.

Critical Illness insurance is offered guaranteed issue, meaning no medical exam required, to new hires for up to $15,000.
U.S. Legal

- Provides legal services and identity theft coverage

- 2 Coverage levels available separately or combined:
  
  - Family Defender
    - Provides personal legal needs
      - Consultations, estate planning, real estate, divorce, DUI, traffic violations, and more
  
  - The Identity Defender
    - Provides protection against identity theft
      - Fraud monitoring, credit/debit card monitoring, lost wallet, identity theft insurance, identity restoration, and more

https://www.uslegalservices.net/companies/FSU

U.S. Legal provides legal services and identity theft coverage through payroll deduction to FSU employees. There are 2 coverage levels available to enroll into – the family defender and the identity defender. These can be enrolled separately or combined.

Click on the slide link for information or to enroll.
Reminders

• Enrollment Deadline for Benefits: 60 days from date of hire to enroll with People First

• 9 and 10 month faculty insurance premiums are doubled in the spring semester to cover summer months of coverage

• Changes can be made during Open Enrollment or with a Qualifying Status Change (QSC) event

• Contact HR Benefits if you are hired during the summer

You have 60 days from your hire date to enroll into State benefits. Your next opportunity to enroll is Open Enrollment. Contact People First for your ID and to enroll into benefits.

Faculty premiums are doubled during the Spring semester. This provides coverage through the Summer months. Summer appointment paychecks will not have insurance premiums on them. Contact the Human Resources Benefit Office if you are hired during the summer. You may need to submit premium payments directly to People First.
Perks

- Florida Prepaid College Program
- FSU Employee Tuition Scholarship
- Seminole Savings

Florida State University offers employees additional perks. Some are available through Payroll Deduction or direct pay.
Florida Prepaid & Florida College Investment Plans

- **Florida Prepaid College**
  - Lock in today’s college costs for eligible dependents
  - Annual open enrollment from October—January

- **Florida Investment Plan**
  - IRC Section 529
  - Invest pre-tax money to withdraw later for college expenses

- Call (800) 522-4723 for more information

The Florida Prepaid College program is a great way to save for your child’s future tuition, while “locking-in” today’s rates. Several tuition and dorm plans are available for use at universities, community colleges, and private colleges.

The College Investment Plan allows employees to invest pre-tax dollars to withdraw and use for college expenses.
FSU Tuition Scholarship

• Available to salaried, full-time employees
• Only for courses taken at FSU
• Up to 6 hours per academic term, tuition free
  – Employee pays for books and other course fees
• Requires supervisor and department head approval
• For program guidelines and application form, go to:
  – HR website or,
  – Call (850) 644-6127

Full-time salaried employees can take advantage of 6 free credit hours each academic term at FSU. Courses are for degree or non-degree seeking students regardless of job relevancy.

The employee is responsible for the cost of books and additional course fees.

Visit the Human Resources website for additional information, course exclusions, and the application you will need to complete.
Seminole Savings

- Employee discount program
- Provides discounts on products and services at participating businesses
- Most vendors will need to see your FSU card or a printed coupon
- Visit www.hr.fsu.edu for a list of participating vendors

Seminole Savings program provides discounts to employees. Visit the HR website for the list of vendors.
• Human Resources – Benefits
  University Center A, Suite 6200
  (850) 644-4015
  Insurance: insurance@fsu.edu
  www.hr.fsu.edu

Please contact our office if you have any questions or if you need assistance.

Thank you.
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