

## Employee Benefits Plan Year

Pay 26

Begins: April 1, 2009

Ends: March 31, 2010

### Medical

Blue Cross Blue Shield of Florida  
1-800-664-5295  
www.bcbsfl.com

### Dental

HUMANA  
1-800-979-4760  
www.humana.com

### Vision

Advantica Eye care  
1-866-425-2323  
www.advanticaeyecare.com

### Walgreens

Walgreens Health Initiatives  
1-800-207-2568  
www.mywhi.com

### ICUBA

Independent Colleges & Universities  
1-866-377-5102  
www.icuba.org

### Additional Life Insurance, Long Term Care, Short-Term Disability and Long-Term Disability

1-800-633-7491  
www.unum.com

### EAP

Employee Assistance Program  
1-800-416-0835  
www.magellanhealth.com

### Pre-Paid Legal Services, INC.

407-657-1940  
www.prepaidlegal.com

### AFLAC

1-800-992-3522  
www.aflac.com

### TIAA-CREF

1-800-842-2776  
www.tiaa-cref.org

### Lincoln Financial

1-800-234-3500  
www.LFG.com

### Human Resources

321-674-8100  
hr@fit.edu



**Florida Institute of Technology**  
*High Tech with a Human Touch*

### Eligibility

If you are a regular full-time employee working 30 or more hours per week, you are eligible for coverage under our Health Insurance plan immediately upon hire. New employees must make any elections to Pre-Tax benefits within 30 days from their date of hire. You are eligible for coverage under all other insurances effective the first day of the calendar month following or coinciding with 30 days of continuous active service for full-time employees authorized to work at least 30 hours per week. If you do not enroll within 30 days after a change in status as determined by the employer, you will not be allowed to enroll until the next annual enrollment period. If you are not in active service on the date you would otherwise become insured, you will become insured on the date you return to active service.

Prior to selecting a medical plan, employee's should review the provider Network for that plan to ensure the selection meets their needs. This may be done through Blue Cross Blue Shield website at [www.bcbsfl.com](http://www.bcbsfl.com). Call Human Resources with any questions prior to your selection.

You also have the option to enroll eligible dependents for medical, dental and vision benefits. Eligible dependents generally include:

- Your legal spouse
- Your natural, step, adopted, and foster child, as well as a child you have guardianship for, who is dependent upon you for support may be covered on the medical, dental and vision plans.
- Dependent children can be covered from birth to the end of the calendar year in which they reach age 25.

### Changes in Coverage During the Year:

The benefit choices you make can be tailored to your personal needs. If you enroll in benefits on a pre-tax basis, you may not add, delete, or change the coverage you have selected for yourself or your dependents until the next open enrollment period, or if you experience a qualifying family status change. A qualifying family status change includes:

- Marriage or divorce
- Birth or adoption of a dependent child or a change in custody
- Death of a spouse or a dependent child
- Your spouse has a change of employment or status which affects benefits coverage
- You change your employment status which affects your benefits status
- You experience an involuntary loss of other group benefits coverage

You must report a family status change **in writing** to the office of Human Resources **within 30 days** of the qualifying event.

### Pre-Tax payroll deductions

To help offset your contributions for the medical, dental, vision, retirement, Flexible Spending Account and Dependent Care Spending account that you elect, Florida Tech offers these benefits pre-tax basis. By making your contributions for these benefits in this way, premiums are deducted from your pay before federal, state, and FICA taxes are calculated. This reduces the amount of taxes you pay per paycheck and, therefore, you take home more money than if premiums were deducted after taxes have been calculated.



## Medical Plans

Florida Tech offers comprehensive medical benefits provided by Blue Cross Blue Shield of Florida through customized plan designs by Independent Colleges and Universities Benefits Association (ICUBA). There are four (4) options available: PPO 80, \*PPO 70, \*Risk/Reward, or \*Blue Options Medical Plan available for you and your dependents.

\* Plans include a University-Funded Health Reimbursement Account (HRA). PPO Plans offer great flexibility in your choice of providers and does not require referrals. For those employees who work outside the state of Florida, the Blue Option plan is not available. The Risk/Reward and Blue Option plans are identical with the exception of the Provider Network in that the Blue Option Plan is limited to providers within the state of Florida only. Employees are always encouraged to seek services from in-network providers. To locate an in-network provider in your area, you may log on to the Blue Cross Blue Shield of Florida website located at [www.bcbsfl.com](http://www.bcbsfl.com).

## Bi-weekly Premiums for “26” Pay Employees

PPO 80	Employee Pays	Florida Tech Pays	HRA Contrib. by FL Tech
Employee Only	\$ 96.37	\$ 224.86	N/A
Employee + Children	\$ 173.63	\$ 405.14	N/A
Employee + Spouse	\$ 192.88	\$ 450.05	N/A
Family	\$ 270	\$ 630	N/A
PPO 70	Employee pays	Florida Tech Pays	HRA Contrib. by FL Tech
Employee Only	\$ 55.85	\$ 167.54	\$ 60
Employee + Children	\$ 100.62	\$ 301.85	\$ 120
Employee + Spouse	\$111.81	\$ 335.42	\$ 120
Family	\$ 156.46	\$ 469.38	\$ 120
Risk / Reward	Employee Pays	Florida Tech Pays	HRA Contrib. by FL Tech
Employee Only	\$ 44.31	\$ 132.92	\$ 100
Employee + Children	\$ 79.73	\$ 239.19	\$ 200
Employee + Spouse	\$ 88.50	\$ 265.50	\$ 200
Family	\$ 123.92	\$ 371.54	\$ 200
Blue Options	Employee Pays	Florida Tech Pays	HRA Contrib. by FL Tech
Employee Only	\$ 41.65	\$ 124.96	\$ 100
Employee + Children	\$ 75.00	\$ 225.00	\$ 200
Employee + Spouse	\$ 83.31	\$ 249.92	\$ 200
Family	\$ 116.65	\$ 349.96	\$ 200

## Prescription Plan

Florida Tech offers three (3) tier copay structure that allows you to purchase 31-90 days supply at retail or through mail order. Prescription Plan will be available immediately upon enrollment in a Medical Plan. Employee will receive 2 ID cards upon enrollment. Refer to your Preferred Medication List or [www.mywhi.com](http://www.mywhi.com) to determine the actual copays for your medications

	WHI 2009 Pharmacy Benefit Copay Structure		
	Retail In-Network	Mail	90 Days at Retail (Advantage 90 Network)
Value Based Generic	\$5.00	\$10.00	\$10.00
Generic	\$10.00	\$20.00	\$25.00
Brand Preferred	\$27.00	\$50.00	\$60.00
Brand Non Preferred	\$55.00	\$100.00	\$125.00
Frequency	30-day supply	31-90-day supply	31-90-day supply
Brand with Generic Available Penalty	Copay plus the difference between the cost of the brand and the generic drug not to exceed the cost of the brand drug.		



### Dental Plan

Florida Tech offers comprehensive dental benefits provided by Humana with a choice among Managed Dental Plan (CS-250), PPO-Low and PPO– High Plan. Comprehensive coverage includes preventive, general, orthodontia, and major services. For those employees who work outside the state of Florida the CS-250 plan is not available.

To obtain a list of dentists who participate in our plans, download and print temporary ID cards or order a new ID card, please visit the website at [www.humana.com](http://www.humana.com). Or you can call our member services department at 1-800-979-4760

### Bi-weekly Premiums for “26” Pay Employees

Humana Managed Care CS-250 plan—Must use an in-network dentist.	
Employee	\$ 4.60
Employee + 1	\$ 9.22
Family	\$ 14.31

Humana PPO– Low 10 / 80 / 50	
Employee	\$ 14.95
Employee + 1	\$ 29.77
Family	\$ 50.08

Humana PPO– High 10 / 80 / 50	
Employee	\$ 16.83
Employee + 1	\$ 33.53
Family	\$ 56.39

### Employee Assistance Program

Confidential assistance is available every hour of every day. This program is offered by Florida Tech at **no cost** to you and your eligible dependents. Visit [www.magellanhealth.com](http://www.magellanhealth.com) or call 1-800-416-0835 for more information on hundreds of topics, including: Health and Wellness, Child and elder care, Family or parenting issues, Work/ life balance, Marital or relationship issues, Pre- and Post-natal concerns, Grief and loss, Depression and anxiety, Stress, Alcohol and drug dependencies.

.....And much more. [magellanhealth.com](http://magellanhealth.com) offers screening tools, self –assessments and personalized improvement plans to help you better understand and cope with everyday concerns.

Your program is here to support you through life’s challenges and life’s opportunities.



### Vision Plan

Florida Tech’s vision insurance covers all routine eye care, including eye exams and either eye glasses or contact lenses.. This plan is offered through Advantica Eye Care. To obtain a list of In-Network doctors, please visit the website at [www.advanticaeyecare.com](http://www.advanticaeyecare.com) or call 1-866-425-2323.

Bi-weekly premium (26 Pay)	
Employee	\$ 2.00
Family	\$ 5.11

### Retirement 403(b) Plan

Employees have two (2) providers to choose from: Lincoln Financial and TIAA-CREF. The employer match is 100% of the first 5% of your deferred pay each pay period after 30 days of service.

Everyone, except students, is eligible to participate in Florida Tech’s retirement plan. Participants, excluding adjuncts, substitute teachers and temporary employees, are eligible for the employer match - 100% of the first 5% of their deferred pay.

## Employer Paid Coverage

Company Paid Coverage	Eligibility	Benefits
Group Life Insurance	First of the month following employment	To help with the planning of your family's security, Florida Tech provides group life insurance at one times your annual salary up to the nearest \$1000, not to exceed \$150k.
Short-Term Disability	First of the month following 30 days of employment	Weekly benefit equal to 66 2/3% of your assigned salary, capped at \$2,000/ week. Maximum benefit period is 11 weeks.
Long-Term Disability	First of the month following 30 days of employment	Monthly benefit equal to 60% of your assigned salary, capped at \$14,000/month.  May elect to purchase a <u>Buy Up</u> to 66 2/3% available through payroll deduction.

### AFLAC

Florida Tech offers three (3) separate plans with AFLAC. These are portable individual policies that you can choose from: Personal Cancer, Personal Sickness and Personal Accident. There is no employer contribution towards premium.

### Health Care Flexible Spending Account

This employee funded account allows you to designate up to \$5,000 in pre-taxable income per plan year (4/1-3/31), to be applied towards the cost of eligible Medical Expenses.

### Dependent Care Flexible Spending Account

This employee funded account allows you to designate up to \$5000 in pre-taxable income per plan year (4/1-3/31), to be applied towards dependent care expenses. Reimbursements are funded as payroll deposits are made.

### Pre-Paid Legal Services

Florida Tech offers 2 different plans with Pre-paid Legal. These are: Family Legal Plan and Identity Theft. There is no employer contribution towards premiums.

### Tuition Remission

Employees receive 100% tuition remission while spouse and/or dependent children receive 90% tuition remission. There is 90-day waiting period to use this benefit.

### Holidays

Florida Tech offers 18 paid holidays which includes one Personal Holiday.

### Vacation Accrual

Salaried employees, 12-month Faculty and Research Professionals accrue 15 days per year up to the end of their 3rd year; and 20 days from their 4th year on.

Hourly employees accrue 10 days per year up to the end of the 3rd year; and 15 days from the start of their 4th year through their 14th year.

### Sick Accrual

3.077 hours are accrued per 80 hours of compensation.

### Additional Life Insurance

You have the opportunity to purchase additional group life insurance for yourself, your spouse, and your children. Additional Life Insurance becomes available first of the month following 30 days of employment.

### Long Term Care Insurance

You have the opportunity to purchase Long-Term care Insurance for yourself, your spouse, or other family members. Long-Term Care Insurance becomes available first of the month following 30 days of employment.

**Vision Plan Guidelines for Benefit Plan Year 4/1/09 through 3/31/10**

<b>COVERAGE</b>	<b>IN-NETWORK BENEFITS</b>	<b>OUT-OF-NETWORK REIMBURSEMENT*</b>
Comprehensive Eye Examination	<b>\$5 copay</b>	Reimbursed up to \$40 (less applicable copay)
Eyeglass Lenses (standard plastic)	<p><b>\$15 copay</b> includes:</p> <ul style="list-style-type: none"> <li>- Single</li> <li>- Bifocal</li> <li>- Trifocal</li> <li>- Lenticular</li> <li>- SV Polycarbonate for members under the age of 19 (\$30 copay for members 19 or older)</li> </ul> <p>Additional \$12 copay for UV Protection.</p> <p>Additional \$50 copay Standard Progressive Lenses.</p> <p>Additional \$60 copay Photochromic Lenses.</p>	<p>Reimbursed (less applicable copay):</p> <ul style="list-style-type: none"> <li>- Single up to \$20</li> <li>- Bifocal up to \$40</li> <li>- Trifocal up to \$60</li> <li>- Lenticular up to \$100</li> <li>- UV Protection up to \$5</li> <li>- SV Polycarbonate for members under the age of 19 up to \$10</li> <li>- Progressive up to \$45</li> </ul>
Eyeglass Frames	<p><b>\$15 copay</b> (no copay if included with Eyeglass Lenses); paid in full on Special Frame Selection; outside of the Selection, \$100 allowance (less applicable copay) toward any prescription eyeglass purchase.</p>	Reimbursed up to \$40 (no copay if included with eyeglass lenses).
Contact Lenses (in lieu of Eyeglasses)** Conventional / Disposable	<b>\$100 allowance</b> (less applicable copay)	Reimbursed up to \$60 (less applicable copay)
Contact Lenses (in lieu of Eyeglasses)** Medically necessary***	<b>\$250 allowance</b> (less applicable copay)	\$250 allowance (less applicable copay)
Contact Lens Fitting Fee	<b>\$30 allowance</b>	Not applicable.
Laser Vision Correction (LASIK)	<b>15% discount</b> off U&C	Not applicable.

**Benefit Frequency**

Examination	Once every 12 months
Eyeglass Lenses (standard plastic)	Once every 12 months
Eyeglass Frames	Once every 24 months
Contact Lenses (in lieu of Eyeglasses)	Once every 12 months

\* Submit Member Out-Of-Network Reimbursement Form and copy of paid receipt to Advantica EyeCare.

\*\* This benefit is paid only once during the Group's Benefit Period and must be fully utilized at the time of purchase.

\*\*\* Limited to Aphakia, Keratoconus or Severe Anisometropia and requires pre-authorization by Advantica EyeCare.

## Medical Plan Guidelines for Benefit Plan Year 4/1/09 through 3/31/10

Benefit	PPO 80		PPO 70 with HRA
	In-Network	Out of Network	In-Network
Deductible per Benefit Year	\$300/\$900 Individual/Family	\$600/\$1,800 Individual/Family	\$500/\$1,500 Individual/Family
Coinsurance	Ded then 80/20%	Ded then 60/40%	Ded then 70/30%
Out of Pocket Limits	\$2,500/\$5,000	\$5,000/\$10,000	\$3,000/\$6,000
<b>Physician Office Visits</b>			
Primary Physician Services	\$15 copay	Ded then 60/40%	\$20 copay
Specialist Physician Services	\$25 copay	Ded then 60/40%	\$30 copay
Routine Wellness Exams in Physician's office*	\$15 or \$25 copay	Covered in-network only	\$20 or \$30 copay
Well Baby Care up to age 2 (immunizations paid at 100% after office copay or coinsurance)	\$25 copay	Covered in-network only	\$20 copay
Mammograms, PSAs, Pap Tests	Paid at 100%	Covered in-network only	Paid at 100%
Spinal Manipulations Limited to 60 visits/year	\$25 copay	Ded then 60/40%	\$30 copay
Short-Term Rehabilitative Therapy (Physical, Speech or Occupational Therapy) Limited to 30 visits/ year /person	\$25 copay	Ded then 60/40%	\$30 copay
Surgery performed in Physician's office	\$15 or \$25 copay	Ded then 60/40%	\$20 or \$30 copay
<b>Outpatient Services</b>			
Surgery performed in Outpatient Facility (including physician, facility, anesthesia, diagnostics)	\$100 copay then Deductible and 80/20%	Ded then 60/40%	\$100 copay then Deductible and 70/30%
Outpatient Pre-admission Testing	Ded then 80/20%	Ded then 60/40%	Ded then 70/30%
MRIs, MRAs, CAT scans, and PET scans	\$100 copay per procedure then Deductible and 80/20%	Ded then 60/40%	\$100 copay per procedure then Ded and 70/30%
Other Labs and X-rays	Ded then 80/20%	Ded then 60/40%	Ded then 70/30%
Home Health Care	Ded then 80/20%	Ded then 60/40%	Ded then 70/30%
Hearing Aids (including testing, fitting, repair) (\$1,500 maximum per year)	Ded then 80/20%	Ded then 60/40%	Ded then 70/30%
Durable Medical Equipment (\$3,500 maximum per year)	Ded then 80/20%	Ded then 60/40%	Ded then 70/30%
<b>Inpatient/Emergency/Urgent Care Services</b>			
Inpatient Hospital Services	\$250 copay per admission then Ded and 80/20%	\$500 copay per admission then Ded and 60/40%	\$250 copay per admission then Ded and 70/30%
Emergency Room (If meets "prudent person" definition of emergency)	\$100 copay/visit Waived if admitted	\$100 copay/visit Waived if admitted	\$100 copay/visit Waived if admitted
Urgent Care or Outpatient Facility for urgent care	Paid at specialist copay if in non-hospital setting Paid at ER copay if in hospital	Ded then 60/40%	Paid at specialist copay if in non-hospital setting Paid at ER copay if in hospital
<b>Other Services</b>			
Maternity Care Services Physician visits	\$25 copay for initial visit only	Ded then 60/40%	\$30 copay for initial visit only
Delivery	\$250 copay per admission then Ded and 80/20%	\$500 copay per admission then Ded and 60/40%	\$250 copay per admission then Ded and 70/30%
Mental Health and Substance Abuse Services (Maximums combined for both services): - Inpatient (30 days max/year)	\$250 copay per admission then Ded and 80/20%	\$500 copay per admission then Ded and 60/40%	\$250 copay per admission then Ded and 70/30%
- Outpatient (20 visits max/year)	\$25 copay	Ded then 60/40%	\$30 copay

## Medical Plan Guidelines for Benefit Plan Year 4/1/09 through 3/31/10

PPO 70 with HRA	RISK/REWARD with HRA		Blue Options with HRA	
Out of Network	In-Network	Out of Network	In-Network	Out of Network
\$1,000/\$3,000	\$1,500/\$4,500	\$3,000/\$9,000	\$1,500/\$4,500	\$3,000/\$9,000
Individual/Family	Individual/Family	Individual/Family	Individual/Family	Individual/Family
Ded then 50/50%	Ded then 80/20%	Ded then 60/40%	Ded then 80/20%	Ded then 60/40%
\$6,000/\$12,000	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000
Ded then 50/50%	Ded waived	Ded then 60/40%	Ded waived	Ded then 60/40%
Ded then 50/50%	then 80/20%	Ded then 60/40%	then 80/20%	Ded then 60/40%
Ded then 50/50%	Ded waived then 80/20%	Ded then 60/40%	Ded waived then 80/20%	Ded then 60/40%
Covered in-network only	Ded waived then 80/20%	Covered in-network only	Ded waived then 80/20%	Covered in-network only
Covered in-network only	Ded waived then 80/20%	Covered in-network only	Ded waived then 80/20%	Covered in-network only
Covered in-network only	Paid at 100%	Covered in-network only	Paid at 100%	Covered in-network only
Ded then 50/50%	Ded waived then 80/20%	Ded then 60%/40%	Ded waived then 80/20%	Ded then 60%/40%
Ded then 50/50%	Ded waived then 80/20%	Ded then 60%/40%	Ded waived then 80/20%	Ded then 60%/40%
Ded then 50/50%	Ded waived then 80/20%	Ded then 60%/40%	Ded waived then 80/20%	Ded then 60%/40%
Ded then 50/50%	\$100 copay then deductible and 80/20%	Ded then 60/40%	\$100 copay then deductible and 80/20%	Ded then 60/40%
Ded then 50/50%	Ded then 80/20%	Ded then 60/40%	Ded then 80/20%	Ded then 60/40%
Ded then 50/50%	\$100 copay per procedure	Ded then 60/40%	\$100 copay per procedure	Ded then 60/40%
Ded then 50/50%	then Ded and 80/20%	Ded then 60/40%	then Ded and 80/20%	Ded then 60/40%
Ded then 50/50%	Ded then 80/20%	Ded then 60/40%	Ded then 80/20%	Ded then 60/40%
Ded then 50/50%	Ded then 80/20%	Ded then 60/40%	Ded then 80/20%	Ded then 60/40%
Ded then 50/50%	Ded then 80/20%	Ded then 60/40%	Ded then 80/20%	Ded then 60/40%
Ded then 50/50%	Ded then 80/20%	Ded then 60/40%	Ded then 80/20%	Ded then 60/40%
\$500 copay per admission then Ded and 50/50%	Ded then 80/20%	Ded then 60/40%	Ded then 80/20%	Ded then 60/40%
\$100 copay/visit Waived if admitted	\$100 copay/visit Waived if admitted	\$100 copay/visit Waived if admitted	\$100 copay/visit Waived if admitted	\$100 copay/visit Waived if admitted
Ded then 50/50%	Paid at specialist level if in non-hospital setting Paid at ER copay if in hospital	Deduct then 60/40%	Paid at specialist level if in non-hospital setting Paid at ER copay if in hospital	Deduct then 60/40%
Ded then 50/50%	Ded waived then 80/20%	Ded then 60/40% for all services	Ded waived then 80/20%	Ded then 60/40% for all services
\$500 copay per admission then Ded and 50/50%	Ded then 80/20%	Ded then 60/40%	Ded then 80/20%	Ded then 60/40%
\$500 copay per admission then Ded and 50/50%	Ded then 80/20%	Ded then 60/40%	Ded then 80/20%	Ded then 60/40%
Ded then 50/50%	Ded waived then 80/20%	Ded then 60/40%	Ded waived then 80/20%	Ded then 60/40%



**Dental Plan Guidelines for Benefit Plan Year 4/1/09 through 3/31/10**

<b>DHMO CS- 250</b>	<b>TRADITIONAL PREFERRED LOW OPTION</b>	<b>TRADITIONAL PREFERRED HIGH OPTION</b>
Exams, X-rays and cleaning at 100% after small copay. Additional copays apply to other services. In Network Copayments Based on Schedule of Benefits	100/80/50/50 In Network  100/80/50/50 Out of Network	100/80/50/50 In Network  100/80/50/50 Out of Network
No benefit maximums	\$1,000 Plan Year Maximum Type II, III, IV	\$ 2,000 Plan Year Maximum Type I, II, III
Adult & Child ortho are covered at a fixed copayment	\$ 1,000 Lifetime Maximum Child / Adult Ortho, Type IV	\$ 2,000 Lifetime Maximum Child / Adult Ortho, Type IV
No deductibles	Plan Year Deductible: in \$50 out of \$50 Type II, III, IV	Plan Year Deductible: in \$50 out of \$50 Type II, III, IV
No waiting periods	No waiting periods	No waiting periods
No claim forms to file	Claim forms may be required	Claim forms may be required
Pre-selection of dentist	No pre-selection of dentist	No pre-selection of dentist
Capitated	OON Reimbursement at 90% Percentile	OON Reimbursement at 90% Percentile
<b>Self-referral to specialist services. Copayments listed on the schedule of benefits apply. Discount of non-listed procedure.</b>	Endo & Perio in Basic	Endo & Perio in Basic