

Jacksonville University

2023 Benefits



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Welcome Message

Welcome to Jacksonville University. We are very pleased to have you join us! As a new staff member, you will be joining a team of dedicated employees who are committed to the University's mission of preparing students for life-long success in learning, achieving, leading and serving. You will play a vital role in helping JU accomplish this mission.

JU is an open, friendly, and inclusive place to work. We strive to provide each person with meaningful employment, career opportunities, excellent benefits and a superior working environment. Working together and finding creative solutions to problems can only strengthen us, so please feel free to offer new ideas, suggestions or comments.

Remember, the support you lend faculty and students on a daily basis helps maintain the JU tradition of a caring, personal, high-quality university. Recently, U. S. News & World Report ranked JU as one of the top schools in America. This honor, along with others we've received, is the direct result of collaboration and cooperation among staff, faculty and students. We have a lot to be proud of here at JU.

Just as our students grow and progress, we want all of our employees to thrive at JU. You are encouraged to take advantage of self-development activities, educational courses and the various campus events available to you.

For detailed information about the benefits and University policies and procedures, please refer to the Employee Handbook. Our program is based on respect for each individual, and recognizing that every member of the University community is important to achieving our mission and vision.

Again, welcome to our University family. We're proud to have you join us. Challenge yourself to be the best at what you do. And, above all, enjoy your employment at JU.

Sincerely,

A handwritten signature in black ink that reads "Tim Cost". The signature is written in a cursive, flowing style.

Tim Cost
President
Jacksonville University

President's Welcome and Employee Hotline

Employee Hotline

TO: JU Employees, Faculty and Staff
FROM: President Tim Cost
RE: Employee Hotline

We are pleased to have available an Employee Hotline for any employee wishing to anonymously or confidentially report any serious suspected violation of our standards of conduct, policies, or applicable laws and regulations.

Many employers have implemented such processes over the last few years, and we believe it can help JU with workplace safety, regulatory issues, financial management, ethical behavior, and conflicts of interest. It provides an additional channel of communication that some people find more comfortable.

The Hotline is not meant to replace our existing resources, but rather to supplement them. I encourage anyone wishing to report or discuss a situation to talk with supervisors or our Office of People and Culture. If for any reason anyone would rather address an issue in an anonymous manner, I strongly suggest taking advantage of the Employee Hotline.

The Hotline is toll free and available to you 24 hours a day, 365 days a year. It is operated on our behalf by Ethics Point, an independent firm. The Hotline number is 1-844-965-3531. To access online, <https://ju.ethicspoint.com>

You do not need to identify yourself by name when you phone the Hotline. If you choose to give your name, we will keep that information confidential unless, as in the case of certain crimes, a law requires that any name you supply be provided to enforcement officials or a court. We absolutely will not allow any retribution or retaliation against an employee who reports a compliance issue in good faith.

If you have any general questions about this new service, feel free to contact the Office of People and Culture at extension 7025. I look forward to your help in continuing the success of the University and our compliance program.

Thank you.

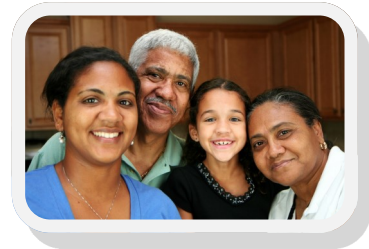


Making Your Benefits Choices

Most employee benefit coverage's allow you to choose the options and plans that work best for you and your family. Choose your benefits carefully. Consider your needs, the needs of your family, and how much you can realistically afford to spend.

Are You an Eligible Employee?

You are eligible to participate in our benefits the first of the month following 30 days of continuous employment provided you are a regular full time employee and working 30 hours or more per week.



Who is an Eligible Dependent?

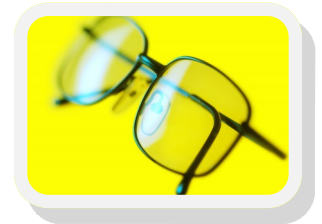
Medical and Dental

- ✓ **Your legal spouse or domestic partner ***
- ✓ **Your dependent children:**
 - Employee's *natural, newborn, adopted, foster or stepchild*
Dependent child's student, marital status, financial dependency on the covered parent, whether the dependent child resides with the covered parent, or whether the dependent child is eligible for or enrolled in any other health plan is not required for eligibility
 - **Notes:** *Dependent child eligibility ends at the end of the calendar year in which the child reaches the age of 30.*

FLORIDA MANDATE

Vision

- ✓ **Your legal spouse**
- ✓ **Your dependent children:**
 - Under age 19 and dependent upon you for support; or
 - Under age 26, as long as he/she is solely dependent upon you for support; and
 - Is living in your household, or
 - Is a full time or part time student
 - **Notes:** *Dependent child eligibility ends at the end of the calendar year in which the child reaches the age of 26. Proof of student status is required each year.*



Life Insurance

- ✓ **Your legal spouse**
- ✓ **Your unmarried dependent children:**
 - From live birth, but less than age 20; or
 - Under age 24, as long as he/she is a full time student at an accredited school



*Please see the Office of People and Culture for provisions and requirements to cover a domestic partner

Pre-existing Condition Limitations

Under the Affordable Care Act, you will not be subjected to a pre-existing condition limitations, the health insurance companies can't refuse to cover you or charge you more just because you have a pre-existing condition. They also can't charge women more than men. These rules went into effect for plan years beginning on or after January 1, 2014.

Pre-Tax or Post Tax?

Some benefits allow you to deduct premiums from your paycheck using pre-tax dollars. This lowers the amount of your gross pay used to calculate Federal Income Tax. With pre-tax dollars, your net (take home) pay is more than if you paid using post-tax dollars.

Other benefits require that you use post-tax dollars to pay premiums. This means that premiums are deducted after Federal Taxes have been calculated and deducted from you gross pay.

It is important to note that benefits deducted pre-tax are subject to IRS regulations. This means you cannot make changes to your benefits unless you do so at open enrollment or if you experience a Qualified Event, as referenced in the Special Enrollment Rights section.



Special Enrollment Rights

During your initial enrollment period (first 30 days of hire date) you decide not to elect coverage, you must wait until the next open enrollment period or until you experience a “qualifying event” which results in a change in your family status. If you experience a qualifying event during the plan year, you have the opportunity to add, change or terminate coverage for yourself and/or your dependents. The Office of People and Culture and the insurance carriers must receive your elections within **30** days of the qualifying event date. **You may only withdraw or cancel your election change as long as you do so prior to the coverage effective date.**

A “qualifying event” includes (but is not limited to):

- Marriage or divorce
- Birth, adoption, placement for adoption, or legal custody of an eligible dependent
- Death of a spouse or child
- Dependent child covered by the plan becomes ineligible
- Significant change in your spouse’s coverage
- Change in residence or worksite if it affects the health coverage
- Increase or decrease in hours worked
- Termination or commencement of benefits through another employer

Common Insurance Terms

- **Copay:** Flat fee for expenses to be paid at the time you receive services
- **Calendar Year Deductible (CYD):** The amount of money you pay for services (discounted In-Network) before the carrier will share in your covered expenses. (Jacksonville University’s deductibles start over every January 1st.)
- **Traditional Family Deductible:** This family deductible requires that the individual deductible be met before coinsurance applies to that individual covered family member. Once the total family deductible is met, then coinsurance applies to all covered family members.
- **Collective Family Deductible:** This family deductible requires that the entire family deductible be met before coinsurance applies to any covered member. This can be satisfied by any one or combination of covered family members.
- **Coinsurance:** After the deductible has been satisfied, coinsurance is the percentage split of expenses between you and the insurance carrier.
- **Out-of-Pocket Maximum:** The maximum amount of deductible and coinsurance that you or your family will have to pay “out-of-pocket” for the rest of the year. Once this is met, the carrier will pick up 100% of eligible expenses. Please note that some plans require you to continue to pay copays (including Rx) even after meeting this maximum.
 - In and Out-of-Network benefits have **separate** deductibles, coinsurance and out-of-pocket maximums. To get the most benefit from your plan, utilize In-Network providers and facilities.
 - Deductibles and Out-of-Pocket maximums start over every Calendar Year.

What You Need to Do **NOW**

1. Review your benefits
2. Decide which benefits work for you and/or your family
3. If adding dependents, make sure you have their social security numbers and dates of birth



Personal Health Assessment for Florida Blue Members

Find out how healthy you are and get recommendations on ways to improve or change your lifestyle habits to reduce health risks and improve your overall wellness.

Three Easy Steps

Take the Personal Health Assessment online: Go to bcbsfl.com; Register for **MyBlueService**; Select **Living Healthy**; Click on **Personal Health Assessment** from WebMd

Get personal support and health coaching free!

Improve your health with lifestyle improvement programs.

Health Discount Programs

Blue365 is a discount program available to all Florida Blue members. This gives you discounts on services not covered by insurance. Services such as acupuncture, massages, vitamins, dieticians, gym memberships, fitness equipment and apparel, Nutrisystem, Jenny Craig, vacation and travel options, and more!

Exercise & Weight Management

- **Fitness Centers:** Enjoy saving money with valuable discounts available at your choice of several operated Fitness Centers such as Gold's Gym, Snap Fitness, Curves International, and more.
- **Diet Programs:** Nutrisystem, eDiets, Jenny Craig, or Kronos Optimal Health discounts may be just what you need to help you meet your weight loss goals.



Hearing & Vision

- **Hearing Services:** Special pricing on eligible TrueHearing and Beltone brand hearing products and screenings.
- **Vision Care:** Discounted exams, glasses, and contacts at Premier Nationwide Retailers such as Lens Crafters, Pearle Vision, Sears Optical, Wal-Mart Vision Center, JCPenney Optical and more.

Health & Wellness

- **Alternative Treatments:** Discounts of up to 25% at over 20,000 chiropractors, massage therapists, acupuncturists, and dieticians (after a \$25 annual fee).
- **Vitamins and Supplements:** Valuable savings on the latest vitamins, minerals, and herbal supplements designed to keep you and your family healthy.



Additional Programs

- **Seniorlink Membership:** Discounted three- and twelve-month memberships featuring unlimited telephone and internet support to help as you care for an elderly family member.
- **Entertainment:** Many money saving discounts you can use on hotel stays, spa services, and vacation packages.

Log in today at www.bcbsfl.com and select Discounts & Rewards.



In the pursuit of health™

Your Network Name
BlueOptions PPO
BlueCare HMO

Florida Blue Mobile App available through iTunes (iPhone) or Google Play (Android)



Tips for Visiting Your Provider

Choose an In-Network Provider.

Always present your ID card.

Compare your Florida Blue Health Statement against the provider invoice before paying for claims.

Did You Know?

Most Urgent Care Centers and Convenient Care Clinics are open 7 days a week with extended hours. These visits cost you less than visiting an emergency room. These centers are great options when you can't get in to see your doctor for non-life threatening services.

Online Access

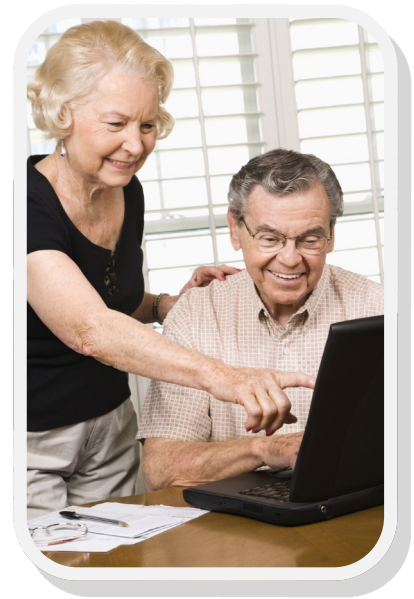
Did you know that you have access to **MyBlueService** offered through Florida Blue?

This site allows you to review your plan benefits, find an In-Network doctor or hospital, shop and compare cost estimates for provider services, compare drug prices, view claim activity, create a personal health record, access your monthly health statement, print a temporary ID card or request a new card, take a personal health assessment, review lifestyle improvement programs, research information on WebMD®, and check out health-related member discounts.

How to Register

Go to www.bcbsfl.com. Click on **Login**, and then **Register**. You'll need your Member Number (located on your Member ID card) and a valid email address. Enter your personal information on each screen and click **Continue**. Once your registration is confirmed, click **Login**, enter your **User ID** and **Password** to access MyBlueService.

Got a Smartphone? Visit bcbsfl.com using your browser or visit your favorite app store for the Florida Blue App.



Lab Services

The ONLY network lab for Florida Blue is **Quest Diagnostics**. To save you time in line, make sure to visit www.questdiagnostics.com to schedule an appointment with a lab near you.

Care Consultants

Care Consultants offer free advice and support to help your health needs and control your total costs. They can compare pricing for upcoming procedures, tests, or surgeries to find the best price and location for you. They assist with critical decisions, education for chronic conditions and more. Please call **(888) 476-2227** to speak to a consultant today.

Mail Order

Don't forget, signing up for mail order on your maintenance medications can save you time and money! Ask your physician for a 90-day supply of your maintenance medications and once enrolled, these medications will be mailed directly to your home. Some pharmacies can fill a 90 day supply script.

Money Saving Tips

- Use urgent care instead of the emergency room for non-life threatening services
- Use convenient care clinics (Walgreens & CVS) instead of urgent care
- Ask your physician and/or specialist for drug samples for new or current prescriptions
- Shop around using tools on www.bcbsfl.com to determine which pharmacy has your prescriptions for less. Prices do vary by participating pharmacies as well as zip code
- Check your pharmacy regarding current drug discount programs that might save you more than using insurance
- Check to see if generic alternatives are available for your prescriptions through MyBlueService
- Know which pharmacies offer free antibiotics
- Visit the website of the manufacturer of your prescriptions for possible coupons and/or discount cards

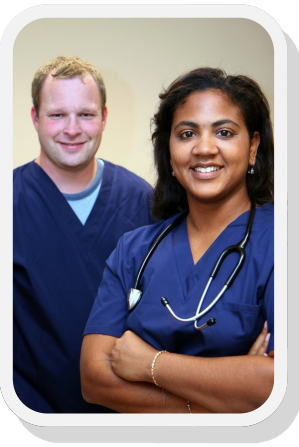




Plan Overview

Jacksonville University is proud to offer three medical plan choices with FloridaBlue. We have a Health Maintenance Organization (HMO), Preferred Provider Organization, (PPO), and a High Deductible Health Plan (HDHP) with a Health Savings component. The HMO is the BlueCare 41 plan. A brief summary of benefits are listed below. Your ID card(s) will be mailed to your home address if you are newly enrolling or changing from the PPO plan.

	BlueCare HMO 41
Calendar Year Deductible (CYD)	IN-NETWORK ONLY
Individual	\$500
Family Aggregate	\$1,000
Out-of-Pocket Maximum	Includes: CYD, Coinsurance, Copays, Rx
Individual	\$2,000
Family Aggregate	\$4,000
Office Services	
Primary Care Physician (PCP)	\$15
Virtual Visit with Teladoc	\$10
Specialist	\$30
Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility	\$0
Advanced Imaging Services	\$0
Independent Clinical Lab	\$0
Hospital / Surgical / Emergency Care	
Inpatient Hospitalization	CYD + 20%
Outpatient Surgery	CYD + 20%
Emergency Room & Facilities	\$100
Urgent Care	\$30
Prescriptions	
Tiered Program	\$15 / \$30 / \$50
Mail Order (90 day supply)	\$40 / \$75 / \$125
Preventive Health	
Adult Wellness Exams	Physician: \$15 / Specialist: \$30
Well Child Office Exams	Physician: \$15 / Specialist: \$30
Mammogram	\$0
Colonoscopy	Varies by Location



Employee Contributions:	Monthly
Employee	\$80.00
Employee + Spouse	\$565.00
Employee + Child(ren)	\$482.00
Family	\$801.00



Plan Overview

The Preferred Provider Organization (PPO) is the BlueOptions Plan 3359. A brief summary of benefits are listed below. Your ID card(s) will be mailed to your home address if you are newly enrolling or changing from the HMO plan.

BlueOptions PPO 3359		
Calendar Year Deductible (CYD)	IN-NETWORK	OUT-OF-NETWORK
Individual	\$500	Combined with In-Network
Family Aggregate	\$1,500	Combined with In-Network
Out-of-Pocket Maximum	Includes: CYD, Coinsurance, Copays Excludes: Rx	Includes: CYD, Coinsurance, Copays Excludes: Rx
Individual	\$3,000	Combined with In-Network
Family Aggregate	\$9,000	Combined with In-Network
Office Services		
Primary Care Physician (PCP)	\$15	CYD + 40%
Virtual Visit with Teladoc	\$10	Not Covered
Specialist	\$30	CYD + 40%
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility	\$100	CYD + 40%
Advanced Imaging Services	\$100	CYD + 40%
Independent Clinical Lab	\$0	CYD + 40%
Hospital / Surgical / Emergency Care		
Inpatient Hospitalization	\$500 / \$1,000	\$1,750
Outpatient Surgery	Therapy: \$45 / \$60 Surgery: \$150 / \$250	Therapy: CYD + 40% Surgery: \$350
Emergency Room & Facilities	\$100	\$100
Urgent Care	\$30	CYD + \$30
Prescriptions		
Tiered Program	\$15 / \$30 / \$50	50%
Mail Order (90 day supply)	\$40 / \$75 / \$125	50%
Preventive Health		
Adult Wellness Exams	Physician: \$15 Specialist: \$30	40%
Well Child Office Exams	Physician: \$15 Specialist: \$30	40%
Mammogram	\$0	\$0
Colonoscopy	Covered 100%	Covered 100%

Out-of-Network benefits could be subject to balance billing by the provider.



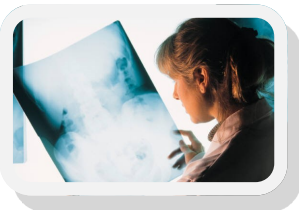
Employee Contributions:	Monthly
Employee	\$175.00
Employee + Spouse	\$700.00
Employee + Child(ren)	\$588.00
Family	\$999.00



In the pursuit of health®

Out-of-Network benefits could be subject to balance billing by the provider.

HSA Compatible



Plan Overview

Jacksonville University offers a BlueOptions Plan 3160/3161 High Deductible Health Plan (HDHP) that is HSA compatible. A brief summary of benefits are listed below. Your ID card(s) will be mailed to your home address if you are newly enrolling or changing from the HMO plan.

BlueOptions HDHP 3160 Single / 3161 Family		
Calendar Year Deductible (CYD)	IN-NETWORK	OUT-OF-NETWORK
Individual	\$1,500	\$3,000
Family Aggregate	\$3,000	\$6,000
Out-of-Pocket Maximum	Includes: CYD, Coinsurance, Copays	Includes: CYD, Coinsurance, Copays
Individual	\$5,000	\$10,000
Family Aggregate	\$5,000	\$10,000
Office Services		
Primary Care Physician (PCP)	CYD + 20%	CYD + 40%
Virtual Visit with Teladoc	CYD + 20%	Not Covered
Specialist	CYD + 20%	CYD + 40%
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility	CYD + 20%	CYD + 40%
Advanced Imaging Services	CYD + 20%	CYD + 40%
Independent Clinical Lab	CYD	CYD + 40%
Hospital / Surgical / Emergency Care		
Inpatient Hospitalization	CYD + 20% / CYD + 25%	CYD + 40%
Outpatient Surgery	CYD + 20% / CYD + 25%	CYD + 40%
Emergency Room & Facilities	CYD + 20%	CYD + 40%
Urgent Care	CYD + 20%	CYD + 40%
Prescriptions		
Tiered Program	CYD + \$15 / \$30 / \$50	CYD + 50%
Mail Order (90 day supply)	CYD + \$40 / \$75 / \$125	CYD + 50%
Preventive Health		
Adult Wellness Exams	20%	40%
Well Child Exams	20%	40%
Mammogram	\$0	\$0
Colonoscopy	Covered 100%	Covered 100%



Employee Contributions:	Monthly
Employee	\$40.00
Employee + Spouse	\$175.00
Employee + Child(ren)	\$87.00
Family	\$533.00

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueCare 41	BlueOptions Predictable Cost 3559	BlueOptions HSA Compatible 3160 (Single Coverage)	BlueOptions HSA Compatible 3161 (Family Coverage)
Deductible (DED) (Per Person/Family Agg)				
In-Network	\$500/\$1,000	\$500 / \$1,500	\$1,500 / Not Applicable	\$3,000 / \$3,000
Out-of-Network	Not Applicable	Combined with In network	\$3,500 / Not Applicable	\$6,000 / \$6,000
Coinsurance (Member Responsibility)				
In-Network	20%	20%	20%	20%
Out-of-Network	Not Applicable	40%	40%	40%
Out of Pocket Maximum (Per Person/Family Agg)				
	Includes DED, Coins and all Copays (including Rx)	Includes DED, Coins, Copays; Excludes Rx	Includes DED, Coins, Copays	Includes DED, Coins, Copays
In-Network	\$2,000 / \$4,000	\$3,000 / \$9,000	\$5,000 / Not Applicable	\$5,000 / \$5,000
Out-of-Network	Not Applicable	Combined with In Network	\$10,000 / Not Applicable	\$10,000 / \$10,000
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum
PROFESSIONAL PROVIDER SERVICES				
Allergy Injections				
In-Network Family Physician	\$5	\$10	DED + 20%	DED + 20%
In-Network Specialist	\$5	\$10	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
E-Office Visit Services				
In-Network Family Physician	\$15 PCP	\$10	DED + 20%	DED + 20%
In-Network Specialist	\$30 SP	\$10	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Office Services				
In-Network Family Physician	\$15 PCP	\$15 FP	DED + 20%	DED + 20%
In-Network Specialist	\$30 SP	\$30 SP	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Provider Services at Hospital and ER				
In-Network Family Physician	\$0	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	In-Ntwk DED + 20%	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Provider Services at Other Locations				
In-Network Family Physician	\$0	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Radiology, Pathology and Anesthesiology				
Provider Services at Hospital or Ambulatory Surgical Center				
In-Network Specialist	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	In-Ntwk DED + 20%	In-Ntwk DED + 20%	In-Ntwk DED + 20%
PREVENTIVE CARE				
Adult Wellness Office Services				
In-Network Family Physician	\$15 PCP	\$15 FP	20% (No DED)	20% (No DED)
In-Network Specialist	\$30 SP	\$30 SP	20% (No DED)	20% (No DED)
Out-of-Network	Not Covered	40% (No DED)	40% (No DED)	40% (No DED)
Colonoscopies (Routine)				
		Age 50+ then Frequency Schedule Applies	Age 50+ then Frequency Schedule Applies	Age 50+ then Frequency Schedule Applies
In-Network	See Location of Service	\$0	\$0	\$0
Out-of-Network	Not Covered	\$0	\$0	\$0
Mammograms (Routine and Dx)				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	\$0	\$0	\$0
Well Child Office Visits (No BPM)				
In-Network Family Physician	\$15 PCP	\$15 FP	20% (No DED)	20% (No DED)
In-Network Specialist	\$30 SP	\$30 SP	20% (No DED)	20% (No DED)
Out-of-Network	Not Covered	40% (No DED)	40% (No DED)	40% (No DED)
EMERGENCY/URGENT/CONVENIENT CARE				
Ambulance Maximum (per Day)				
In-Network	No Maximum	\$5,000	\$5,000	\$5,000
Out-of-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%
	Not Covered	In-Ntwk DED + 20%	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Convenient Care Centers (CCC)				
In-Network	\$15 PCP	\$20 FP	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Emergency Room Facility Services (also see Professional Provider Services)				



COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueCare 41	BlueOptions Predictable Cost 3559	BlueOptions HSA Compatible 3160 (Single Coverage)	BlueOptions HSA Compatible 3161 (Family Coverage)
In-Network	\$100	\$100	DED + 20%	DED + 20%
Out-of-Network	\$100	\$100	DED + 40%	DED + 40%
Urgent Care Centers (UCC)				
In-Network	\$30 SP	\$30	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
FACILITY SERVICES - HOSP/SURG/ICL/IDTF Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.				
Ambulatory Surgical Center				
In-Network	DED + 20%	\$100	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Independent Clinical Lab				
In-Network	\$0	\$0	DED	DED
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)				
In-Network - Advanced Imaging Services (AIS)	\$0	\$100	DED + 20%	DED + 20%
In-Network - Other Diagnostic Services	\$0	\$100	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Inpatient Hospital (per admit)				
In-Network	DED + 20%	Option 1 - \$500 Option 2 - \$1000	Option 1 - DED + 20% Option 2 - DED + 25%	Option 1 - DED + 20% Option 2 - DED + 25%
Out-of-Network	Not Covered	\$1,750	DED + 40%	DED + 40%
Inpatient Rehab Maximum	No Maximum	21 Days	21 Days	21 Days
Outpatient Hospital (per visit)				
In-Network	DED + 20%	Option 1 - \$150 Option 2 - \$250	Option 1 - DED + 20% Option 2 - DED + 25%	Option 1 - DED + 20% Option 2 - DED + 25%
Out-of-Network	Not Covered	\$350	DED + 40%	DED + 40%
Therapy at Outpatient Hospital				
In-Network	\$15	Option 1 - \$45 Option 2 - \$60	Option 1 - DED + 20% Option 2 - DED + 25%	Option 1 - DED + 20% Option 2 - DED + 25%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
MENTAL HEALTH AND SUBSTANCE ABUSE				
Inpatient Hospitalization				
	\$0	Option 1 - \$0 Option 2 - \$0	Option 1 - DED + 20% Option 2 - DED + 20%	Option 1 - DED + 20% Option 2 - DED + 20%
In-Network				
Out-of-Network	Not Covered	40% (No DED)	DED + 40%	DED + 40%
Outpatient Hospitalization (per visit)				
	\$0	Option 1 - \$0 Option 2 - \$0	Option 1 - DED + 20% Option 2 - DED + 20%	Option 1 - DED + 20% Option 2 - DED + 20%
In-Network				
Out-of-Network	Not Covered	40% (No DED)	DED + 40%	DED + 40%
Provider Services at Hospital and ER				
In-Network Family Physician or Specialist	\$0	\$0	DED + 20%	DED + 20%
Out-of-Network Provider	Not Covered	\$0	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Physician Office Visit				
In-Network Family Physician or Specialist	\$0	\$0	DED + 20%	DED + 20%
Out-of-Network Provider	Not Covered	40% (No DED)	DED + 40%	DED + 40%
Emergency Room Facility Services (per visit)				
In-Network	\$0	\$0	DED + 20%	DED + 20%
Out-of-Network	\$0	\$0	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Provider Services at Locations other than Hospital and ER				
In-Network Family Physician	\$0	\$0	DED + 20%	DED + 20%
In-Network Specialist	\$0	\$0	DED + 20%	DED + 20%
Out-of-Network Provider	Not Covered	40% (No DED)	DED + 40%	DED + 40%
OTHER SPECIAL SERVICES AND LOCATIONS				
Advanced Imaging Services in Physician's Office				
In-Network Family Physician	\$0	\$150	DED + 20%	DED + 20%
In-Network Specialist	\$0	\$150	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Birth Center				



COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueCare 41	BlueOptions Predictable Cost 3559	BlueOptions HSA Compatible 3160 (Single Coverage)	BlueOptions HSA Compatible 3161 (Family Coverage)
In-Network	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Diabetic Equipment and Supplies*				
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Durable Medical Equipment, Prosthetics, Orthotics BPM				
In-Network	Enteral Formulas:\$2,500 All Other: No Maximum Motorized Wheelchair: *\$500 + DED + 20% All Other: DED + 20%*	Enteral Formulas:\$2,500 All Other: No Maximum DED + 20%	Enteral Formulas:\$2,500 All Other: No Maximum DED + 20%	Enteral Formulas:\$2,500 All Other: No Maximum DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Home Health Care BPM	No Maximum	20 Visits	20 Visits	20 Visits
In-Network	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Hospice LTM	No Maximum	No Maximum	No Maximum	No Maximum
In-Network	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Outpatient Therapy and Spinal Manipulations BPM	No Maximum. Auth Req for Therapy	35 Visits (Includes up to 26 Spinal Manipulations)	35 Visits (Includes up to 26 Spinal Manipulations)	35 Visits (Includes up to 26 Spinal Manipulations)
Skilled Nursing Facility BPM	30 days	60 Days	60 Days	60 Days
In-Network	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
PRESCRIPTION DRUGS				
Deductible				
In-Network				
Retail (30 Days)	\$15/\$30/\$50	\$15/\$30/\$50	CYD + \$15/\$30/\$50	CYD + \$15/\$30/\$50
Generic/Preferred Brand/Non-Preferred				
Mail Order (90 Days)	\$40/\$75/\$125	\$40/\$75/\$125	CYD + \$40/\$75/\$125	CYD + \$40/\$75/\$125
Generic/Preferred Brand/Non-Preferred				
Out-of-Network				
Retail (30 Days)	Not Covered	50% / 50% / 50%	50% / 50% / 50%	50% / 50% / 50%
Generic/Preferred Brand/Non-Preferred				
Mail Order (90 Days)	Not Covered	50% / 50% / 50%	50% / 50% / 50%	50% / 50% / 50%
Generic/Preferred Brand/Non-Preferred				
Medical Pharmacy (Provider-Administered Rx)**		\$200 Monthly OOP Max	\$200 Monthly OOP Max applies after DED	\$200 Monthly OOP Max applies after DED
In-Network	See Location of Service	20% (No DED)	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 50%	DED + 50%	DED + 50%

* Diabetic Supplies (lancets, strips, etc.) are covered under the Rx benefit except when the group carves out pharmacy. When pharmacy is carved out, they are available through DME. Diabetic Equipment (insulin pumps, tubing) are always covered under the medical benefit.

** (1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.



AMERIFLEX®

OTC Examples

- Cough / Cold / Flu Medicine
- Pain Relievers
- Acid Controllers
- Allergy & Sinus
- Sleep Aids & Sedatives
- Menstruation Products

Plan Overview

Flexible Spending Accounts (FSA) are a way of making pre-tax payroll deductions for either dependent care or non-reimbursable health expenses. **Jacksonville University** offers you an FSA. Maximum annual payroll deductions for the FSA are as follows:

- **Medical Contributions:** \$3,050 maximum, minimum contribution \$600
- **Child Care Contributions:** \$5,000 maximum (if single, head of household, married filing joint) or \$2,500 maximum (if married filing separate). *Eligible contributions are for children under age 13.*

NOTE: You must re-enroll in the FSA every year.

Rollover Feature: If any balance remains in the Participant's Health FSA Account for a Period of Coverage after all reimbursements have been made for the Period of Coverage (including any reimbursements made during a run-out period), then any such balance up to **\$610** shall be carried over to reimburse the Participant for Medical Care Expenses incurred during the subsequent Plan Year, provided, that the Participant is a Participant in the subsequent Plan Year.

Changes Effective January 1, 2020

The **CARES ACT** reinstated the cost of **over the counter (OTC)** medicines as qualifying expenses that can be reimbursed by your Health FSA without requiring the individual to obtain a prescription.

For a list of qualified expenses, please visit www.irs.gov and search Publication 502.

Please keep a copy of the prescription with your receipt for your records.

Examples of Qualified Expenses

- Copays (Medical, Dental, Vision and Rx)
- Deductibles / Coinsurance
- Prescriptions
- Contact Lens Solution
- Glasses / Contacts
- Insulin / Diabetic Supplies
- Hearing Aids

Examples of Non-Qualified Expenses

- Cosmetic Surgery (unless medically necessary)
- Cosmetics
- Teeth Whitening
- Health Club Fees
- Deodorants
- Cotton Swabs





Plan Overview

A Health Savings Account (HSA) is a special savings account that allows you to accumulate pre-tax funds to pay for qualified medical expenses for you and your eligible dependents. *HSA funds can be used for eligible dependents, as defined by the IRS, which are not covered under your medical plan.*

Who Can Contribute to an HSA?

You can contribute to an HSA if you can answer **yes** to **ALL** of the following:

- Are you covered under a high deductible health plan (HDHP)?
- Is the employee **not** enrolled in Medicare and not taking receipt of Social Security benefits?
- Is this the only medical plan that covers you?

What is the Annual Limit for HSA Contributions?

The Annual contribution limits for 2023 are:

- \$3,850 Single
- \$7,750 Family

In 2023, employees age 55 or older may contribute an additional \$1,000.

If you have other family members participating in an HSA, please make sure you do not go over the family annual contribution limit.

How to Enroll in a Health Savings Account

If you were not previously enrolled in an HSA Compatible HDHP, you will need to do the following to open your **HealthEquity** HSA account.

- Enroll in an HSA Compatible HDHP (**Florida Blue Plan 3160 / 3161**)
- Obtain the HealthEquity HSA Information Form from the Office of People and Culture and return it to them once completed. You can email hr@ju.edu.
- You will receive your debit card and online User ID from HealthEquity when the HSA enrollment process has been completed. **NOTE:** Be sure to include your physical address on your form.
- Please watch for signature forms mailed from HealthEquity which need to be signed and returned to HealthEquity. Also, please notify the Office of People and Culture when this is completed.
- Please keep all receipts of expenses for tax purposes

Can HSA Funds be used for Non-Qualified Medical Expenses?

Yes, but taxes and a 20% penalty will apply unless you are age 65 or older.



Dental Plan: Copayment Plan



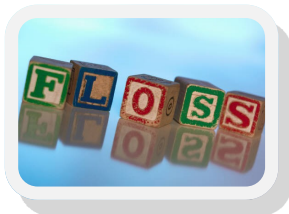
Florida Combined Life

Don't forget your cleanings!

Your dental plans allow for (2) Prophylaxis cleanings per benefit plan year. This benefit is paid at 100% of the allowable fee. Take advantage of this great benefit!

Remember!

New hires and current employees that do not have the dental plan will have to meet the 12 month waiting period for major services and orthodontia benefits. enrollment only.



Did you know?

Bacterial infections, not old age, are the leading cause of tooth loss in the US.

Smoking increases your risk for cavities, gum disease, tooth loss, and cancer.

Diabetes can increase

Plan Overview

We offer two dental plan options. The plan described below is a Copayment dental plan. This plan offers copays for In-Network Only services for you and your family.

Group Name: JACKSONVILLE UNIVERSITY

Group Effective Date: 1/1

Deductible		In-Network	Out-of-Network	
No Deductible for Preventive Services (or ortho if selected)				
Per Person Per Plan Year		\$ 50		\$ 50
Per Family Per Plan Year		\$150		\$150
<i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>				
		Copayment You Pay	Coinsurance We Pay*	Coinsurance You Pay**
Periodic Oral Evaluation (0120)	Preventive	\$0	70%	30%
Comprehensive Oral Evaluation (0150)	Preventive	\$0	70%	30%
Bitewing X-rays, two films (0272)	Preventive	\$0	70%	30%
Cleanings - Adult/Child (1110, 1120)	Preventive	\$10	70%	30%
Fluoride Treatment - Child (1206, 1208)	Preventive	\$0	70%	30%
Office Visits (9430)	Preventive	\$0	70%	30%
X-rays - Intraoral/Complete Series (0210)	Basic	\$17	50%	50%
Sealant - per tooth (1351)	Basic	\$6	50%	50%
Amalgam Restorations (Silver Fillings) (2140)	Basic	\$15	50%	50%
Resin-Based Restorations - Anterior (2330)	Basic	\$20	50%	50%
Extractions - Routine and Surgical (7140)	Basic	\$17	50%	50%
Root Canal Molar (3330)	Major	\$305	35%	65%
Periodontal Scaling & Root Planing-per quad (4341)	Major	\$61	35%	65%
Crowns - Porcelain fused to noble metal (2752)	Major	\$302	35%	65%
Complete Dentures (5110, 5120)	Major	\$382	35%	65%
Pontic - Porcelain fused to noble metal (6242)	Major	\$302	35%	65%
Partial Dentures (5213, 5214)	Major	\$420	35%	65%
Surgical placement of implant body - endosteal implant (6010)	Major	\$512	35%	65%
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major	\$282	35%	65%
Orthodontia Services		Child(ren) to age 19		
BlueDental Coverage		50%		
Waiting Periods				
Major Service Benefits		12 Months		
Orthodontia Benefits		12 Months		
Maximum Benefits				
Plan Year (per person)		\$1,000		
Lifetime Orthodontia (per person)		\$1,000		
Dental Rollover		Opt Out		

The information provided above is a summary of benefits for group certificate: 50485-0802. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

Some limitations may apply.

*Percentage of fee schedule.

**Percentage of fee schedule, plus balance of charges, if any.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are independent licensees of the Blue Cross and Blue Shield Association.

22242-0413
BlueDental Choice Copayment



Employee Contributions:	Monthly
Employee	\$10.72
Employee + Spouse	\$32.92
Employee + Child(ren)	\$35.70
Family	\$54.20

Dental Plan: DPPO Choice Plan



In the pursuit of health[®]

Florida Combined Life

What is a DPPO?

With a Dental PPO Plan (DPPO), you don't have to pick a provider and you have access to see any dentist you choose. Visiting an In-Network provider, however, yields the most benefits.

Out-of-Network benefits could be subject to balance billing

Examples of DPPO Services

- Class I: Preventive Services:** Routine Services: Exams, Cleanings, Bitewing X-rays, Fluoride (children under age 19)
- Class II: Basic Services:** Silver Fillings, Routine/ Surgical Extractions, Periodontal, Root Canal Molar
- Class III: Major Services:** Partial/Complete Dentures, Implants, Crowns— Porcelain fused to noble metal

Plan Overview

We also offer a DPPO, Choice Plus Dental Plan. This plan offers enhanced benefits for you and your family. Below is a summary description of the traditional plan for your review.

Group Name: JACKSONVILLE UNIVERSITY

Group Anniversary Date: 1/1

Deductible	In-Network		Out-of-Network	
	No Deductible for Preventive Services (or ortho if selected)	Per Person Per Plan Year	Per Person Per Plan Year	Per Family Per Plan Year
		\$ 50	\$ 50	\$ 150
		\$150	\$150	\$150
<i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>				
	We Pay*	You Pay*	We Pay*	You Pay**
Preventive Services	100%	0%	100%	0%
Basic Services	80%	20%	80%	20%
Major Services	50%	50%	50%	50%
Periodic Oral Evaluation (0120)	Preventive			
Comprehensive Oral Evaluation (0150)	Preventive			
Bitewing X-rays, two films (0272)	Preventive			
Cleanings – Adult/Child (1110, 1120)	Preventive			
Fluoride Treatment – Child (1206, 1208)	Preventive			
Office Visits (9430)	Preventive			
X-rays - Intraoral/Complete Series (0210)	Basic			
Sealant – per tooth (1351)	Basic			
Amalgam Restorations (Silver Fillings) (2140)	Basic			
Resin-Based Restorations – Anterior (2330)	Basic			
Extractions – Routine and Surgical (7140)	Basic			
Root Canal Molar (3330)	Basic			
Periodontal Scaling & Root Planing – per quad (4341)	Basic			
Crowns – Porcelain fused to noble metal (2752)	Major			
Complete Dentures (5110, 5120)	Major			
Pontic – Porcelain fused to noble metal (6242)	Major			
Partial Dentures (5213, 5214)	Major			
Surgical placement of implant body – endosteal implant (6010)	Major			
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major			
Orthodontia Services	Child(ren) to age 19			
BlueDental Coverage	50%			
Waiting Periods				
Major Service Benefits	12 Months			
Orthodontia Benefits	12 Months			
Maximum Benefits				
Plan Year (per person)	\$1,000			
Lifetime Orthodontia (per person)	\$1,000			
Dental Rollover	Opt Out			

The information provided above is a summary of benefits for group certificates: 50383-899, 50408-1099, 50528-0603 and 50530-0603. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

Some limitations may apply.

*Percentage of fee schedule.

**Percentage of fee schedule, plus balance of charges, if any.

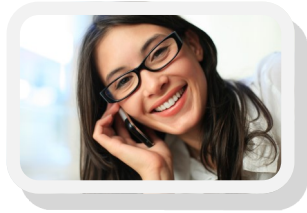
Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

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22240-0413
BlueDental Choice



Employee Contributions:	Monthly
Employee	\$29.22
Employee + Spouse	\$64.38
Employee + Child(ren)	\$71.78
Family	\$106.92



Plan Overview

Jacksonville University's Vision benefits are with Humana's Vision HV100 Plan. The plan offers benefits at no charge following a \$10 copayment for an exam within a network of providers and \$25 for purchased materials. You may choose a provider outside the network and be reimbursed according to a fixed schedule. Benefits will be offered as outlined below.

Copayments	In-Network
Exam	\$10 Copay
Materials	\$25 Copay
Benefit Specifications (maximum allowances)	
Vision Exam (one every 12 months)	12 months
Materials (lenses every 12 months / frames every 24 months) After Copayments	
Single Vision Lenses	Paid in Full
Bifocal	Paid in Full
Trifocal Lenses	Paid in Full
Frames	Up to \$100 Retail; 20% off Balance over \$100
Contact Lenses (medically necessary)	Paid in Full
Lasik	Discount
Contact Lenses (elective) ⁽¹⁾	Up to \$100; then 15% discount

(1) If you prefer contact lenses, the plan provides an allowance for your contacts instead of lenses



Employee Contributions:	Monthly
Employee	\$6.50
Family	\$18.60



BAE: *Basic Annual Earnings*



This would be a good time to review your beneficiary selection with Office of People and Culture.

Basic Life

The Life Insurance plan through The Standard provides a benefit of: 1 x Base Salary to \$150,000. There is no cost to you! This benefit reduces 35% at age 65 and 50% at age 70.



Basic Accidental Death & Dismemberment (AD&D)

The AD&D Insurance plan, through The Standard provides a benefit of: 1 x Base Salary to \$150,000. The benefit pays to an employee's beneficiary in the event of a death resulting in an accident. If dismemberment occurs as the result of an accident, a portion of AD&D will be allocated based on the dismemberment. There is no cost to you!

Supplemental Life

The Supplemental Life Insurance allows you to purchase additional group term life insurance coverage through The Standard for you and your eligible dependents provided employee elects a minimum of 1 times additional life insurance. The coverage is effective the first day of the month following thirty days of employment.

- **Employee Supplemental Life Insurance:** 1 to 3 x BAE (Basic Annual Earnings) to \$400,000.
- **Spouse Supplemental Life Insurance** can be elected in \$5,000 increments to \$150,000, not to exceed 50% of employee amount.
- **Child Supplemental Life Insurance** is also available from birth in increments of \$2,000 to \$10,000 for each eligible dependent child up to age 19.
- **Guaranteed Issue amounts:** Employee: \$150,000 and Spouse: \$25,000 (EOI required for Late Entrants or amounts over GI)
- **Paid 100% by employee.**



Short Term Disability

The Short Term Disability insurance through The Standard will provide you with up to 60% of your gross weekly earnings up to a maximum of \$500 per week. The waiting period before benefits become payable are 0 days due to an accident /injury or 7 days due to any other disability such as sickness. The maximum benefit duration is 26 weeks after the elimination period. The plan minimum weekly benefit is \$100. You are considered disabled if you are unable to perform with reasonable continuity the material duties of your own occupation or if you are unable to earn more than 60% of your pre-disability earning. STD is 100% paid by the employee. The coverage is effective the first day of the month following thirty days of employment. If coverage is not elected during initial enrollment period, satisfactory evidence of insurability will be required at a later date.

Long Term Disability

The Long Term Disability Insurance provided through The Standard will provide you with 60% of your Basic Monthly Earnings, up to \$10,000 per month, in the event that you become disabled for over 180 days. This benefit will be offset by other income sources, such as workers' compensation and social security. Should you become permanently disabled, this benefit would continue until age 65. There is no cost to you! Faculty and administrative employees are effective the 1st of the month after date of hire. Staff employees are effective 1 year after date of hire.

TIAA-CREF and AIG Retirement Services

This benefit is offered through TIAA-CREF and AIG Retirement Services. The employee can contribute up to 6% of base salary with pre-taxed dollars, which is 100% matched by JU. Eligibility for the Defined Contribution Plan (RA) is effective following one year of employment. The one-year waiting period is waived if, immediately prior to your employment at JU, you were previously employed for a minimum of one year with a higher education institution. Eligibility for the Tax Deferred Annuity Plan (SRA) is effective immediately upon your employment. The University also offers a supplemental plan through which employees can contribute additional pre-taxed dollars up to the amounts allowed by the law.

Note: The Employer match will be reinstated in April 2022.

Employee Assistance Program

In addition to other benefits, Jacksonville University provides an Employee Assistance Program (EAP) through **Health Advocate**. This program is available 24 hours, seven days a week to help you and your family members with personal issues such as stress, family concerns, etc. You or your family member can discuss a variety of problems with the EAP counselors. Each family member is eligible to receive six (6) free visits within a calendar year. Complete confidentiality is assured. This program is at no cost to the employee. EAP is effective the first day of employment.

- Coping with and managing stress
- Job Coaching / Professional Development
- Elder Care

The EAP is available in several locations throughout Jacksonville with appointments available in the day or evening and also provides 24 hours / day assistance for crises calls. The EAP is pre-paid in full by the University and therefore free to you or any member of your family. .

For more information please contact the **EAP at (904) 296-9436** or **outside Jacksonville at (800) 327-9757**. In addition, you can access the website for the EAP at HealthAdvocate.com/members.



Cancer Insurance: Allstate

A cancer diagnosis can be very challenging for you and your family. There are many things to consider—the prognosis, available treatment options, and impact on friends, family and work, to name a few. At this stressful time, the last thing you need to worry about is your finances. Cancer insurance from Allstate Benefits can help relieve your financial burden in this situation. The coverage provides a cash benefit if you or a covered loved one is diagnosed with cancer or one of 23 other specified diseases. And the benefit can be used any way you wish—for medical expenses or your regular monthly bills.

Meeting Your Needs

- * Includes coverage for cancer and 23 specified diseases
- * Benefits are paid directly to you unless otherwise assigned
- * Coverage available for you or your entire family
- * Waiver of premiums after 90 days of disability due to cancer for as long as your disability lasts (primary insured only)
- * Premiums do not increase due to age
- * Additional rider benefits may be added to enhance your coverage.

Accident Insurance: Allstate

No one plans to have an accident, but it can happen at any moment. Accident coverage from Allstate Benefits provides you with a cash benefit when you undergo treatment for a covered accidental injury—and you can use the money for whatever you wish. Most major medical insurance plans only pay a portion of the bills and do nothing to help with regular expenses like rent, loan payments, childcare and groceries. Accident coverage can help fill that gap and protect your hard-earned savings should an accidental injury occur.

Meeting Your Needs

- * Benefits are paid directly to you unless otherwise assigned
- * Pays in addition to other insurance coverage
- * Coverage also available for your dependents
- * Premiums are affordable and can be conveniently payroll deducted
- * Coverage is non-cancelable until age 70; changes in premium rates will not be made

Interested in Learning More about Allstate Voluntary Benefits?

If you would like to enroll in either of Allstate's Cancer or Accident coverages, you must reach out to the US Enrollments Services. They can review the coverages, provide you with pricing and enroll you directly with Allstate. These coverages are paid 100% by the employee.

For New Hires or newly eligible employees, Call Center appointments may be scheduled the third Monday of every month.

FOR JANUARY 1, 2023 OPEN ENROLLMENT, meet with a Benefit Specialist at the Benefits Fair on November 9th or schedule a call center appointment. Call Center Appointments are available on: November 21st and November 22nd 10:00 am to 4:30 pm

To schedule a Call Center appointment, scan the QR code



Or go to: <https://www.usenrollmentservices.com/employer/employerbenefitsenrollmentappointments/>

- * Choose your appointment time
- * A Benefit Specialist will call you at your appointment date and time.



JU Tuition Benefit - Employee & Dependents

Tuition Benefits at Jacksonville University

Jacksonville University encourages employees to continue their education in hopes of improving their knowledge, skills, and abilities. Tuition benefits will be granted to eligible Regular Full-time employees after 90 days of service. The tuition benefits are available to employees and members of their immediate family, except when such family member in his/her own right is eligible or receives cash awards for tuition costs from sources outside the University. Any employee applying for the JU Tuition Benefit for their own use or for their dependent, who would otherwise be eligible to receive a merit scholarship, will be unable to use both the merit scholarship and employee tuition benefits; the merit scholarship will be cancelled in favor of the tuition benefit. In addition, any employee applying for the JU Tuition Benefit for their own use or for their dependent, who would otherwise be eligible to receive FRAG (The Florida Resident Access Grant), **must** file a current year FAFSA (Free Application for Federal Student Aid) to be eligible to receive the JU Tuition Benefit. Failure to file the FAFSA may prevent you from receiving this benefit. Immediate family includes the spouse, domestic partner and unmarried biological dependent children, legally adopted children and step-children. The dependent child must be 25 years of age or under, and residing in the home of the employee. If an application is made for a domestic partner, please see the Office of People and Culture for the required forms.

Benefit Limitations

1. A maximum of three classes, or nine (9) credit hours, whichever is greater, for both fall and spring semesters and three classes, or nine (9) credit hours, whichever is greater, for both summer semesters. There is no semester credit hour limitation for a spouse or dependent children.
2. The tuition benefits are only for attendance at Jacksonville University. Benefits do not include room, board, general fee, or other fees and charges.
3. In the event of termination of employment (voluntary or involuntary with Jacksonville University), the tuition benefit for an eligible dependent or employee when enrolled will continue without penalty until the end of the then current semester.
4. For an employee whose termination is a result of retirement, tuition benefits will be granted to the extent of one academic year for each two years of full-time service when at least ten years of continuous service has been completed immediately prior to retirement.
5. Certain limitations apply to several programs such as the Executive Master of Business Administration and Aviation program. Please contact the Office of People and Culture for further details.
6. Tuition benefits do not apply to any Doctoral programs, the On-Line Nursing Program and the Master Program of Speech Language Pathology.
7. Enrollment in graduate programs is contingent upon enrollment and space availability.
8. Tuition Benefits do apply for the Master of Science in Mental Health Counseling, Master of Science in Kinesiology, Master of Science in Sports Management and Master of Science in Health Informatics. Each program has distinct admission enrollment requirements and caps and admission for those qualifying for tuition benefits will only be considered following the regularly scheduled admission deadline. Admission to these programs are, therefore, based upon both meeting admissions requirements and space availability.
9. Dependent Survivor Provision: In the event of death or total disability of a regular full-time employee, one academic year for each two years of service will be granted for the spouse and unmarried dependent children. For example, if an employee with 10 years of service dies, the surviving spouse and eligible children would be eligible for a total of 5 academic years of tuition benefits.

NOTE: The value of graduate courses may be considered income to the employee. Tuition benefits for graduate programs provided to an employee are tax-free for the first \$5,250 in tuition per year. Tuition benefits for graduate programs provided to a dependent of an employee are taxable at the full tuition rate charged. As the tax provision may change as required by law, please contact your personal tax advisor for additional information. Contact the Office of People and Culture for further details.

JU Tuition Benefit - Employee & Dependents *continued...*

Application Process

All recipients of tuition benefits must meet the usual admission and scholastic standards. Once accepted, a standard University tuition benefits application form, available in the Office of People and Culture, must be completed and returned to the Office of People and Culture at least thirty (30) days prior to registration.

Release Time

“Release Time” is the allowance, by the appropriate supervisor, of the employee to attend courses during the normal operating hours while compensation continues on an hourly or salaried basis. Supervisors may release employees a maximum of three (3) hours per week to complete courses that are directly related to the performance of the job of the employee. This is contingent upon the written recommendation of the supervisor and the Dean of the school/college, or head of the administrative organization. The release time provision is designed to support job related personal development. The University encourages participation in the professional development of its staff through the educational opportunities of the Tuition Benefits Plan, but this must be accomplished within the primary goal of the efficient performance of the individual employee's task within their department.

Work Schedule

Supervisors may rearrange the schedules of employees, without “release time,” to accommodate a class schedule if this does not interfere with the satisfactory performance of the job. Such changes must be recommended, in writing, by the supervisor and by the dean of the college/school, or head of the administrative organization.

Tuition Exchange

Jacksonville University is a participant in The Tuition Exchange. This program creates opportunities through reciprocal educational scholarship programs at more than 600 private and public not-for-profit colleges and universities. The Tuition Exchange scholarships are competitive awards and not guaranteed. For more information on eligibility and an overview of the program, please contact our Director of Financial Aid.

<http://www.tuitionexchange.org/>

Dependent Tuition Program

Jacksonville University currently has reciprocal tuition arrangements with The Bolles School and St. John's Country Day School. Periodically the tuition arrangements are reviewed so that we maintain a balance of exports between our institutions. The Bolles School and St. John's Country Day School provide the tuition discount arrangement and determine the level of coverage provided, which is subject to admission qualification and budget availability. For more details, please check with the Office of People and Culture.

Wilma's Little People's School

Wilma's Little People's School has programs for Two, Three, and Four Year olds. JU Faculty, Staff and Students receive a 10% discount on tuition. For more information, please visit their website <http://www.ju.edu/WLPS/Pages/default.aspx> or call:

Jeanine S. Garrett
Director, Wilma's Little People's School
Assistant Resource Professor of Education
Jacksonville University
2800 University Blvd. N.
Jacksonville, FL 32211
904-256-7147



Vacation Time

Vacation for Administrators (Exempt)

The University recognizes the importance of vacation in providing each administrative staff member the opportunity for rest, recreation, and personal activities. The amount of vacation the employee accrues is as follows:

Rate per Month (days)	Annual
1.666	20 days

At the beginning of employment, administrative staff will begin to earn 1.666 days per month until the new fiscal year (July 1), at which time the employee will be updated with twenty days of vacation time to use over the next 12 month (annual) basis. In no event is an administrative employee granted more than twenty days of vacation during any 12 month period. Vacation days should be taken in increments of whole days but in no event can vacation be taken in increments smaller than (1/2) one-half days.

The pay rate for vacation time will be based on the employee's normal rate of pay. In the case of those employed on an hourly basis, the vacation pay will be based on the hourly rate and normal hours, excluding any overtime, scheduled to be worked for that position.

All vacation leave must be approved in advance by the appropriate department manager or supervisor. Vacation periods may be changed based on departmental needs. Employees will be paid for any vacation days accrued (at the rate of 1.666 days per month times the number of months worked in the fiscal year) and unused upon their termination from the University. An employee who provides the University with less than two weeks' notice or is terminated for cause will not be eligible for payment of unused vacation. If more vacation time has been taken than granted, the employee will need to reimburse the University as a deduction from the final paycheck. Vacation payment will be based upon the employee's salary at the time of termination and paid out only after all time cards have been submitted to Payroll Office. Administrators may not use vacation time in lieu of notice of intent to separate from the University. Any payment of vacation time following termination of employment does not extend the period of time the employee is considered employed for the purpose of benefits.

Vacation and sick leave days will not be updated during unpaid leave of absence, including leave due to Worker's Compensation injuries, or during breaks in service; however, they will be updated during an approved paid leave of absence, paid vacation, or paid sick leave period. Any balance of vacation granted and not used will be "lost" when new vacation time is earned, unless the manager states the nature of a job prevented the use of all vacation time. Unused vacation balances that are approved for carry-over must be taken within 90 days following vacation update. A memo from the Department Manager requesting vacation carry-over must be forwarded to the Office of People and Culture no later than July 10th. For carry-over of vacation to be approved, the employee's time cards must be current. Vacation carry-over not taken within 90 days will be dropped. Vacation carry-over is not eligible for payment in the event of termination of employment.

Miscellaneous Benefits

Vacation for Staff (Non-Exempt)

The University recognizes the importance of vacation in providing each staff member the opportunity for rest, recreation, and personal activities.

The amount of vacation the employee accrues depends on length of service as follows:

Years of Employment	Rate per Month (days)	Annual
0 through 2 years	.833	10 days
3 through 4 years	1.000	12 days
5 through 9 years	1.250	15 days
10 through 19 years	1.500	18 days
20 + years	1.666	20 days

During the Introductory Period (first 90 days of employment or any extension thereof), employees may not draw upon vacation time. Upon the successful completion of the introductory period, the granted vacation time will be released to the current year's vacation account. Vacation days should be taken in increments of whole days but in no event can vacation be taken in increments smaller than (1/2) one-half days.

The pay rate for vacation time will be based on the employee's normal rate of pay. In the case of those employed on an hourly basis, the vacation pay will be based on the hourly rate and normal hours, excluding any overtime, scheduled to be worked for that position.

All vacation leave must be approved in advance by the appropriate department manager or supervisor. Vacation periods may be changed based on departmental needs. Employees will be paid for any vacation days accrued (at the rate indicated above based upon years of service and the number of months worked in that calendar year) and unused upon their termination from the University. An employee who provides the University with less than two weeks' notice or is terminated for cause will not be eligible for payment of unused vacation. If more vacation time has been taken than accrued, the employee will need to reimburse the University as a deduction from the final paycheck. Vacation payment will be based upon the employee's salary at the time of termination and paid out only after all time cards have been submitted to the Payroll Office. Staff members may not use vacation time in lieu of notice of intent to separate from the University. Any payment of vacation time following termination of employment does not extend the period of time the employee is considered employed for the purpose of benefits.

Vacation and sick leave days will not be granted during unpaid leave of absence, including leave due to Worker's Compensation injuries, or during breaks in service; however, they will be granted during an approved paid leave of absence, paid vacation, or paid sick leave period. Any balance of vacation granted and not used during the current anniversary year will be "lost" when new vacation time is earned, unless the manager states the nature of a job prevented the use of all vacation time. Unused vacation balances that are approved for carry-over must be taken within 90 days following vacation update. A memo from the Department Manager requesting vacation carry-over must be forwarded to the Office of People and Culture no later than January 10th. For vacation carry-over to be approved, the employee's time cards must be current. Vacation carry-over not taken within 90 days will be dropped. Vacation carry-over is not eligible for payment in the event of termination of employment.

Sick Time/for Staff and Administrators

Sick Leave

All Regular Full Time employees will be eligible for sick leave on the first day of employment with the University. Sick leave is intended to be used for personal medical purposes. The University does allow an employee to use up to 4 accrued sick days per calendar year to care for a sick or injured family member as long as these days come from the employees accumulated sick leave days.

The rate at which sick leave will be granted will be as follows:

- One day per month of continuous employment up to a maximum of 30 work days.

Sick Leave is a benefit provided to assist employees with those occasional times when it is necessary to be absent due to illness or for medical / dental appointments. Medical / dental appointments, when possible, should be scheduled and approved in advance by the appropriate supervisor and scheduled in a manner that minimizes disruption of workflow. Each employee should attempt to maintain a balance of at least 30 days of sick leave in preparation for lengthy illness. Excessive use of unscheduled sick time may be cause for disciplinary action.

After an employee has accumulated 30 days of sick leave, he or she will be allowed to convert all days over 30 into Personal Days at the rate of two (2) sick leave days for one (1) Personal Day up to a maximum of 10 Personal Time days. Personal Days may be broken into half days (1/2) but no smaller. Employees will not be paid for unused sick leave or Personal Days upon termination from the University.

All sick leave taken by exempt or non-exempt employees must be reported on a timely basis to the Payroll Department on the appropriate forms. If an employee is absent for three (3) days or more, a doctor's certificate/note permitting a return to work must be submitted to the supervisor/manager who will forward the note to the Office of People and Culture.

Regular part-time employees will accrue sick leave on a pro-rated basis.

Sick Leave Donation Policy

The employee who is the recipient of sick leave must be employed at least one year; have exhausted all available sick leave, vacation and personal time; and have an extended illness, which requires an extended absence of 5 or more days. The recipient may receive a maximum of 15 days per calendar year from co-workers.

The donor may donate a maximum of 5 days of sick leave per individual recipient per year, providing that the donor has a minimum of 20 days of sick leave remaining for his/her own future use after the donation of time to a co-worker. Request for sick leave donation must be made in writing and sent to the Office of People and Culture for approval.



FMLA (Family and Medical Leave Act)

Eligible Employees

Employees of the University who have worked for the University for at least 12 months and have worked at least 1,250 hours during that time may request a Family Medical Leave to a total of 12 workweeks of leave during any 12-month period when leave is taken for one or more of the following circumstances.

- The birth of a son or daughter of an employee and to care for the child;
- The placement of a son or daughter with an employee for adoption or foster care;
- To care for the spouse, son, daughter, or parent of an employee, if the family member has a serious health condition; or
- The employee is unable to perform the functions of the position because of the employee's own serious health condition;
- To care for a covered service member with a serious injury or illness;
- A qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.

A "serious health condition" is an illness, injury, impairment, or physical or mental condition that involves: (a) inpatient care, meaning an overnight stay at a hospital, hospice, or residential medical care facility; or (b) involves continuing treatment by a health care provider.

In the case of the birth or placement of a child for adoption or foster care, employees who wish to take leave must do so within 12 months of the date of the birth or placement of the child. Where both spouses work for the University, their total leave in any 12-month period is limited to 12 weeks, if leave is taken (1) for the birth or adoption of a child; or (2) to care for a sick parent. The "12-month period" during which Family Medical Leave may be taken, is the period beginning 12 months from the start date of the requested leave.

Intermittent or Reduced Schedule Leave

When medically necessary, intermittent or reduced schedule leave can be taken in cases of a serious health condition, either an employee's own, to care for a parent, son, or daughter with a serious health condition, or to care for a covered service member with a serious injury or illness. Intermittent or reduced leave schedule is not available for the birth or placement of a son or daughter. Employees seeking intermittent or reduced schedule leave based on planned medical treatment are required to produce medical certification outlining the dates on which treatment is expected and the duration of the treatment. Employees are expected to make a reasonable effort, subject to the health care provider's approval, to schedule treatment so as to not unduly disrupt the University's operations. Employees are also required to give the University, through the Office of People and Culture, thirty (30) days' notice or as much notice as is practicable of their intentions. In the event an employee requests intermittent or reduced schedule leave that is foreseeable and due to a family member's or the employee's own serious health condition, the employee may be transferred by the University to a temporary alternative job for which the employee is qualified and which better accommodates the University's needs and that of the employee.

Highlights of the 2009 Military Family Leave:

Military Caregiver Leave: The first of these new military family leave entitlements, eligible employees who are family members of covered service members will be able to take up to 26 workweeks of leave in a "single 12-month period" to care for a covered service member with a serious illness or injury incurred in the line of duty on active duty. Eligible employees include the spouse, son, daughter, parent, or next of kin of a covered service member.

Qualifying Exigency Leave: The second new military leave entitlement provides eligible employees who are family members of any current member of the Armed Forces, including member of the National Guard or Reserves, or a member of the Armed Forces, National Guard, or Reserves who is on the temporary disability retired list up to 12 workweeks of leave during any 12 month period for one or more qualifying exigencies. Qualifying exigencies include such things as: (a) short-notice deployment; (b) military events and related activities; (c) childcare and school activities; (d) financial and legal arrangements; (e) counseling; (f) rest and recuperation; (g) post-deployment activities; and (h) additional activities not encompassed in the other categories but agreed to by the employer and employee.

Miscellaneous Benefits

Notice

When leave is foreseeable, employees must follow the University's usual and customary call-in procedures for reporting an absence, absent unusual circumstances. Supervisors need to report these leaves to the Office of People and Culture as soon as possible. The following is the current, expected notice: A minimum of thirty (30) days advance notice of an employee's intent to take leave is required when it is foreseeable because of:

1. The expected birth of a baby;
2. The expected placement of a child for adoption or foster care;
3. Planned medical treatment for a son, daughter, spouse, or parent with a serious health condition; or
4. Planned medical treatment in case of the employee's own serious health condition;
5. Planned medical treatment for a serious injury or illness of a covered service member.

If leave has to begin in less than thirty (30) days as a result of one of the above-referenced circumstances, the employee still must provide the University, through the Office of People and Culture, with as much advance notice as is practicable. Such notice should be in writing, but may be given orally when circumstances so require. Employees are requested to confirm oral notice in writing. Notice must be provided in writing to the Office of People and Culture of the University. When notice is not given in these circumstances, the employee will be considered to have taken "unauthorized leave" and subjected to appropriate disciplinary action. Within five days of the time the University learns of the request for FMLA leave, it will provide the employee with an eligibility notice, which will inform the employee as to whether the general FMLA eligibility requirements have been met. Once the University has enough information to determine whether a particular leave qualifies for FMLA leave, the University will, within five business days, provide the employee with a designation notice, which will state that the FMLA leave has been granted and will identify the number of hours, days, or weeks that will count against the FMLA entitlement.

Certification

When leave is requested based on a family member's or employee's own serious health condition, the employee must provide, in writing, a medical certification of the condition and the need for leave from the employee's health care provider within fifteen (15) days of the written request for leave. "Health care provider" includes physician's assistant. The certification must contain:

- The name, address, telephone number, and fax number of the health care provider and type of medical practice/specialization;
- The approximate date on which the serious health condition began;
- A statement or description of appropriate medical facts regarding the patient's health condition for which FMLA leave is requested. The medical facts must be sufficient to support the need for leave.
- If the employee is the patient, information sufficient to establish that the employee cannot perform the essential functions of the employee's job as well as the nature of any other work restrictions, and the likely duration of such inability;
- If the patient is a covered family member with a serious health condition, information sufficient to establish that the family member is in need of care and an estimate of the frequency and duration of the leave required to care for the family member;
- If an employee requests leave on an intermittent or reduced schedule basis for planned medical treatment of the employee's or a covered family member's serious health condition, information to establish the medical necessity for such intermittent or reduced schedule leave and an estimate of the dates and duration of such treatments and any periods of recovery;
- If an employee requests leave on an intermittent or reduced schedule basis for the employee's serious health condition, including pregnancy, that may result in unforeseeable episodes of incapacity, information sufficient to establish medical necessity for such intermittent or reduced schedule leave and an estimate of the frequency and duration of the episodes of incapacity; and
- If an employee requests leave on an intermittent or reduced schedule basis to care for a covered family member with a serious health condition, a statement that such leave is medically necessary to care for the family member and an estimate of the frequency and duration of the required leave.

After an employee submits a complete and sufficient medical certification, the University may contact the employee's health care provider for purposes of clarification and authentication of the medical certification. Pursuant to HIPAA privacy rules, such contacts may only be initiated by a health care provider, Office of People and Culture professional, leave administrator, or management official, but not by the employee's direct supervisor. This certification will be treated as a confidential medical record and information will be disclosed only on a strictly need-to-know basis.

The University may, at its expense, require second and third medical opinions regarding a serious health condition.

Miscellaneous Benefits

Use of Paid Leave

Paid leave can be elected as follows: 1) The University requires that available paid leave be used for all or a portion of FMLA leave; 2) Employees must advise the University of the purpose of any paid leave request so that an FMLA designation may be made in a timely fashion in the appropriate case.

Recertification

An employee who has taken leave because of a serious health condition or that of a family member is required by the University to obtain subsequent written recertification of the medical condition every thirty (30) days unless the original certification stated that the condition would last longer than thirty (30) days in which case the recertification is required at the time the stated duration has expired. The University also requires employees on leave under this provision to report periodically, in writing, every thirty (30) days on his or her status and the intention of the employee return to work.

Restored Employment

Eligible employees who comply with all provisions of this Policy and who return from FMLA leave have the right to return to the position that they held when they went on leave, or they may be placed, at the discretion of the University, in an equivalent position with equivalent benefits, pay, and other terms and conditions of employment. While on leave, eligible employees will retain all eligible benefits.

Restored employees, eligible employees returning from FMLA leave, are not entitled to accrue employment other than any to which they would have been entitled had they not taken the leave. As a condition to restoring an employee whose leave was based on the employee's own serious health condition, each returning employee is required to provide, in writing, to the Office of People of Culture a certification from the employee's health provider stating that the employee is able to perform the essential functions of the employee's job. Where reasonable job safety concerns exist, the University may also require a fitness-for-duty certification before an employee may return to work when the employee takes intermittent leave.

Maintenance of Benefits

The University will maintain group health plan coverage for employees on FMLA leave for the duration of the eligible employee's leave. Coverage will be provided on the same level and under the same conditions that coverage would have been provided if no leave had been taken. In the event an employee fails to return to work after the period of leave expires, the University may recover any premiums the University paid for coverage during the leave period. Such recovery can be taken from any benefits or wages owed by the University to the employee.

In the event, however, that the employee fails to return to work due to the continuation, recurrence or onset of a serious health condition of a family member or that would otherwise entitle the employee to take leave, or due to other circumstances beyond the control of the employee, the University will not attempt to recover such premiums. In this circumstance, the employee is required to provide, in writing to the Office of People and Culture, a certification from the employee's health care provider to that effect.



Schedule of Holidays

The University designates certain days as holidays during the year. Paid holidays are limited to full-time and part-time employees with Regular status and are paid only if the holiday occurs during a period of time the employee is normally scheduled to work and the employee is in a paid status.

If the employee works a part-time regularly scheduled work week, salary will be paid on a pro-rated basis receiving the number of hours that is normally worked per day. In those University facilities where it is necessary, certain employees may be required to work on holidays. If the employee is a non-exempt staff member and scheduled to work on a holiday, compensation will be at double-time for actual hours worked on the holiday. Employees who are on leave without pay will not be paid for holidays.

The following holidays are generally observed during the academic year:

- Labor Day
- Veterans Day
- The day before Thanksgiving
- Thanksgiving Day
- Friday after Thanksgiving
- Holiday break (specified annually to accommodate calendar variances)
- New Year's Day
- Martin Luther King Day
- Spring Break (specified annually to accommodate calendar variances)
- Memorial Day
- Juneteenth
- Independence Day

The University reserves the right to alter the holiday schedule from year to year. A University Bulletin will be sent to all employees every year providing the specific holiday schedule.

Employee Perks and Dolphin 1 Card

Employee Perks

When you sign into the JU Website, <https://my.ju.edu/pages/employees.aspx>, you will find this section of information. "Employee Perks" is maintained by the H.R. Office and includes some nice discounts; however, the vendors reserve the right to make changes with or without notice to the University.

The "Apple Store", "Dell University", and "HP University" AND "Buy Software" links/tab will bring you directly to the vendors who sell computers and hardware at a discount to employees in education.

Note the last two bullet points which are training perks – please contact the IT Helpdesk for instructions.



Miscellaneous Benefits

Dolphin 1 Card

Your Dolphin 1 Card is your key to:

1. Meal Plans at the Riverview Cafeteria– If you are a full-time employee at JU, one free meal each week will be loaded on your ID card each Sunday. Additional Faculty/Staff meals can be purchased at a discount. If needed, ask Aramark about their carry-out arrangements.
2. Library – Check out materials at the JU Library.
3. JU Bookstore – Receive an employee discount off the retail price of merchandise at the bookstore.
4. On Campus Events – Attend campus events.
5. Athletic Facilities – Sign up at the Fitness Center to use facilities, as well as the Pool.
6. Make cashless purchases at many locations on and off campus. See www.judolphin1card.com for further information.
7. Proudly show your Dolphin 1 Card to local businesses near JU – many provide a discount off your purchase or a free drink, etc.

Parking Permit and IT

Parking

Free parking is available for all employees in designated areas. The Office of Campus Security is responsible for the regulations and enforcement of traffic and parking at Jacksonville University. All vehicles driven on campus by University employees must be registered with the Campus Security Office and have a current parking decal.

Parking / Vehicle Registration

To legally park on campus, all employees must register their vehicles with Campus Security.

Free parking is available for all employees in designated areas. Parking decals may be obtained Monday- Friday, 8:30 a.m. to 5 p.m. from Campus Security. Decals must be renewed periodically as required. All employees are expected to obey all campus traffic and parking regulations. Please refer to the Parking and Traffic Regulations brochure for current policies and information. Campus Security can be reached by calling (904) 256-7585.

Workers' Compensation

Workers' Compensation is state-mandated insurance that compensates employees who are injured at work or who contract a disease caused by their working conditions.

The JU plan is a managed care plan administered through Ficurma. In the event you have an emergency when the Office of People and Culture is not available to facilitate your care, seek immediate medical treatment. Locations of contracted medical service providers may be found at www.ficurma.org. For non-emergency injuries, you may choose an Urgent Care, CareSpot, etc.

Should you need to file a claim, please complete the 1st Report of Injury form found on the Office of People and Culture Website and send in for processing.

Important Links

The Office of People and Culture Website

<https://www.ju.edu/humanresources/>



The Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA).

For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the covered mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

If you would like more information on WHCRA benefits, call the customer service number on the back of your medical ID card.

“Michelle's Law”

Under Federal Law HR 2851, also known as Michelle's Law, permits the dependent to remain as a covered dependent and not meet the full time student school, college or university attendance requirement where the physician has certified that the dependent is not medically able to attend an accredited secondary school, college or university until the earliest of the following occur:

- A. The other requirements of the dependent definition of the coverage are not met;
- B. The dependent has been on a physician certified medically unable to attend school, college, or university leave for one year;
- C. The dependent is medically able to attend school, college, or university but is not a full-time student; or
- D. The dependent has reached the maximum dependent age limit.

A treating physician must certify that the student is medically unable to attend an accredited secondary school, college or university on a full-time basis.

For more details about eligibility requirements for covered dependents, please contact your benefits office at (904) 384-1361 x4270.

Important Notice About Your Prescription Drug Coverage and Medicare

For Individuals Eligible for Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Florida Blue and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. Jacksonville University has determined that the prescription drug coverage offered by the BCBSFL medical plans (Plan names: [PPO 3559](#), [HMO 41](#) and [HDHP 3160/3161](#)), on average for all plan participants, are expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. If your existing coverage is Creditable Coverage (Plan 41, 3559 or 3160/3161), you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. If it is not Creditable, you could keep this coverage, but you would pay a higher premium (penalty) if you decide later to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current BCBSFL coverage will not be affected. You may keep your Jacksonville University coverage and BCBSFL will coordinate with Part D prescription coverage, while still providing you with all your current health coverage. If you decide to drop your current Jacksonville University coverage, be aware that your dependents will also be dropping your health coverage. You may elect to rejoin the Jacksonville University Plan during the next Open Enrollment period.

You are not required to join a Medicare drug plan. You can choose to retain your existing coverage through Jacksonville University and not enroll in a Medicare drug plan at this time. There will not be a penalty for joining later provided you are covered under the Jacksonville University Plan PPO 3559, HMO 41 or HDHP 3160/3161 and that you elect Medicare drug plan within 63 days of losing coverage.

Important Notices

If you would like more information about the prescription drug plan provisions and options that Medicare eligible individuals may have when they become eligible for Medicare prescription drug coverage, see pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance located at <http://www.cms.hhs.gov/CreditableCoverage>.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Jacksonville University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If eligible, you will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact your Office of People and Culture administrator,

Name of Entity/Sender:	Jacksonville University
Contact--Position/Office:	Allana Forte, Senior Vice President, Chief People and Culture Officer
Address:	2800 University Blvd. North, Jacksonville, FL 32211
Phone Number:	(904) 256-7025
Email:	aforte@ju.edu

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Jacksonville University changes. You also may request a copy of this notice at any time

COBRA Continuation Coverage Rights through



COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

HIPAA—Continuation of Coverage

The Health Insurance Portability and Accountability Act (HIPAA) helps protect your rights to medical coverage during events such as changing or losing jobs, pregnancy and childbirth, or divorce. Depending upon your group health plan limitations, HIPAA may also make it possible for you to get and keep medical coverage even if you have past or present (pre-existing) medical conditions. If you were covered under a medical plan, you will receive a certificate of creditable coverage upon termination.

Health Insurance Portability and Accountability Act (HIPAA) - Privacy Act Legislation

Jacksonville University and Florida Blue are obligated to protect your confidential protected health information (PHI) that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. Jacksonville University and Florida Blue of Florida are required to notify you and your beneficiaries about our policies and practices to protect confidentiality of your protected health information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Medicaid & Children's Health Insurance (CHIP)

If you are eligible for health coverage from your employer but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Florida Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan — as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

For further information on eligibility, please contact your state, the U.S. Department of Labor, or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services.

FLORIDA

Website: <http://www.fdhc.state.fl.us/Medicaid/index.shtml>

Phone: (866) 762-2237

US DEPARTMENT OF LABOR

Website: <http://www.dol.gov/ebsa>

Phone: (866) 444-3272

GEORGIA

Website: <http://dch.georgia.gov/>

Phone: (800) 869-1150

US DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Website: <http://www.cms.hhs.gov>

Phone: (877) 267-2323, ext. 61565

Plan Contact Information

Medical	Dental	Vision	Life & Disability, STD, LTD	Voluntary Insurance	FSA FSA Only COBRA	HSA	COBRA Medical, Dental, Vision
Florida Blue	Florida Combined Life	Humana Specialty Benefits	Standard Life Insurance	Allstate (American Heritage Life Insurance)	AmeriFlex	HealthEquity	Medcom
Customer Service (800) 352-2583	Member Customer Service (888) 223-4892	Customer Service/Claims (800) 448-6262	Life (800) 628-8600 STD (800) 368-2859 LTD (800) 368-1135	Customer Service (800) 521-3535	Customer Service (844) 423-4636	Customer Service (844) 351-6849	Customer Service (800) 523-7542 Opt. 3

For any questions, please contact the Office of People and Culture, ext. 7025



This summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. Please refer to your Certificate of Coverage for a complete list of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Certificate of Coverage issued to the enrolling group, the Certificate of Coverage prevails. ©Harden 2016.