



# College of Medicine

## Housestaff Fringe Benefit Programs

### July 1, 2009– June 30, 2010

► **Eligibility** - All full-time residents and clinical post-doctoral associates appointed through a department in the College of Medicine are eligible to receive the College-sponsored fringe benefit program. Benefit costs are employer-paid.

► **Leave of Absence:** If any leave of absence or unpaid leave is taken during the residency, insurance benefits will be covered by the department for up to two months; after two months, the resident will be responsible for payment of insurance premiums. For the specific guidelines concerning: Military Leave, FMLA and Medical Leave please review the specific documentation requirements, permission and eligibility for such leave. Such leave includes Military Leave, Extended Medical Leave, FMLA and Medical Leave of Absence.

#### ► **Comprehensive Group Health Plan**

The following is a brief description of your health plan. A copy of your Plan Booklet is located on the Fringe Benefit website at [www.med.ufl.edu/benefits](http://www.med.ufl.edu/benefits). Where discrepancies exist, the Master contract will apply. **It is your responsibility to notify the Fringe Benefit office of any changes in your family status within 30 days of the change.** As a fully insured program, Humana Insurance Company underwrites the College of Medicine group health plan. The plan provides coverage for the employee, the spouse of an eligible employee (unless legally separated or divorced), qualified domestic partner, unmarried children under age 19, unmarried children between ages 19 and 25 who are dependent upon the insured for support and are either full time or part time students or who reside in the insured's household. The policy will also cover coverage non-dependent children under age 30 who are residents of the State of Florida, are not covered by, nor do they have eligibility for, other health insurance. Each insured individual is initially covered for a lifetime maximum amount of \$5,000,000. The calendar year deductible is \$1,000 per person/\$2,000 per family. Coinsurance and copays on covered eligible expenses contribute toward the stop-loss maximum. You will pay 20% or \$30.00 per visit to a maximum of \$2,500 per calendar year if you visit a Humana/Choice Care network provider. If utilizing a non-network provider, the loss is stopped at \$5,000 of covered expenses, meaning that you are responsible for 40% and the plan will pay 60% in co-insurance. Charges are discounted according to agreements between the providers. No deductibles or coinsurance payments apply to covered inpatient stays at Shands hospital facilities. Deductibles are waived for inpatient stays at network provider hospitals and covered charges are paid at 80% coinsurance. The calendar year deductible applies to inpatient stays at all other non-network hospitals and covered charges are paid at 60% coinsurance. You will also be responsible for the discounted non-eligible expenses. Ancillary services, such as Imaging, Lab and x-ray charges are paid according to whether the services are received in a participating network provider or a non-network provider. Visits to physicians who are Shands- contracted or Shands-employed physicians or with the UF Faculty Group Practice physicians in Gainesville and Jacksonville will be paid on a discounted basis by Humana. All eligible expenses will be covered by the insurance program resulting in no out of pocket expense to the member. Deductibles and coinsurance payments will not be waived for non-covered charges. Physician visits to Humana Choice Care Plus Network Providers are subject to a \$30. copayment for most services and outpatient visits. Physician visits to all other providers are subject to the calendar year deductible and are paid at 60% coinsurance for eligible expenses. You are responsible for paying the non-eligible charges and those charges do not apply

towards your total stop loss. Emergency Room Visits at Shands Provider Hospitals are paid at 100%. Emergency Room Visits to all hospitals and facilities including out of area emergency visits are paid at 80% coinsurance. Your benefits have cost containment features on mental illness and substance abuse, home health care, hospital preadmission tests, weekend hospital confinement, hospice care, birth center benefit, ambulatory surgical facility benefits, second surgical opinion. Outpatient Visits for Mental/Nervous Disorders and Substance Abuse are capped at 52 visits per calendar year. Visits are limited for Physical, Speech and Occupational Therapy; charges are paid according to the same schedule as Outpatient Visits. "Well Baby" and "Adult Well Person" care are included as a scheduled benefit and are payable, without deductible, at 80%. "Adult Well Care" is limited to \$500 per Calendar Year. Pre-Certification is mandatory for in-patient hospitalization. A prescription drug plan is included in the benefits. Brand name drugs will require a \$40. copayment-- Generic drugs will require a \$20. copayment. Mail order drugs (90-day supply) will require a \$40. co-payment for brand name drugs and a \$20. copayment for generic drugs. **Prescriptions written by an insured for self or any family members will not be reimbursable through the drug card nor regular plan benefits.**

► **C.O.B.R.A.** - If a covered employee or dependents' medical insurance terminates due to a Qualifying event (employment termination, work hours reduction, divorce/legal separation, Medicare entitlement, and maximum age for child), they may continue their medical insurance under the Consolidated Omnibus Budget Reconciliation Act (C.O.B.R.A.). Please also see specific information on the Housestaff website regarding your COBRA and AARA rights. You may also contact Fringe Benefits/Gainesville at 352-273-5077 or Fringe Benefits/Jacksonville at 904-244-8531. The member is responsible for full payment of premium plus an administrative fee of 2%. Benefit Advantage is the third party administrator for COBRA (AARA). You may also seek assistance from our Consultants, Holloway Financial, Inc. (352) 377-2078 or 800-330-4628 for any questions regarding coverage post-employment

► **A.A.R.A.** - The American Recovery and Reinvestment Act of 2009 (ARRA) provides for premium reductions and additional election opportunities for health benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985, commonly called COBRA. Eligible individuals pay only 35 percent of their COBRA premiums and the remaining 65 percent is reimbursed to the coverage provider through a tax credit. The premium reduction applies to periods of health coverage beginning on or after February 17, 2009 and lasts for up to nine months for those eligible for COBRA during the period beginning September 1, 2008 and ending December 31, 2009 due to an involuntary termination of employment that occurred during that period. The TAA Health Coverage Improvement Act of 2009, enacted as part of ARRA, also made changes with regard to COBRA continuation coverage. For complete details please review the following: US Department of Labor FAQs For Employees About COBRA Premium Reduction Under ARRA: <http://www.dol.gov/PrinterFriendly/PrinterVersion.aspx?url=http://www.dol.gov/ebsa/faqs/faq-cobra-premiumreductionEE.html>

► **Life Insurance** - Level term group life insurance underwritten by ReliaStar/ING provides \$50,000 of life insurance for all eligible employees with an additional \$10,000 in the event of accidental death and dismemberment.

► **Long Term Disability Insurance** - All active full-time College of Medicine housestaff members working at least 30 hours a week are provided Long Term Disability insurance. The policy is underwritten by ReliaStar/ING. The monthly benefit is equal to 60% of the first \$4167 monthly salary to a maximum monthly benefit of \$2,500 reduced by benefit offsets. The benefits as set forth under this policy will begin after the insured's sixth month of total disability. The maximum benefit period due to sickness and accident is to

age 65. A specially designed individual Disability Policy is available at any time during your residency. A guaranteed policy is available upon conclusion of your residency. This policy is underwritten by Principal Financial and many features oriented towards the medical community are available. For information pertaining to this special feature, please contact Holloway Financial, Inc. (352) 377-2078 or 800-330-4628. You may also view the website information at <http://www.med.ufl.edu/benefits/DesignDisability.pdf>

► **FICA Alternative Program** - Employees will contribute 7.5% of their wages into an investment account in their name. Medicare contributions at 1.45% will continue to be withheld and matched by the employer. The plan is mandatory for eligible employees and employees will be automatically enrolled or un-enrolled based on their salary plan status during the affected pay period. There is no minimum age or service requirement. Once a contribution has been made to the plan, the employee will receive an Enrollment/Designation of Beneficiary form and an introduction letter from Bencor, the plan Administrator. They will also be available on the BENCOR web site. These forms will allow the employee to choose between a Guaranteed Pooled Fund (an interest bearing account) and a variable investment option. As a participant in the plan, you will have the option of investing in a mutual fund plan or a fixed account and will also be asked to identify a beneficiary. If an employee does not direct the investments of your funds, they will automatically be placed into the Guaranteed Pool fund. For information pertaining to enrollment please visit the website at [www.bencor.com](http://www.bencor.com) or contact BENCOR at (386) 755-9192 or WATS: 888-258-3422.

► **Professional Liability**-Pursuant to Section 768.28, Florida Statutes, the University of Florida Board of Trustees is exclusively responsible for any civil claims or actions arising from the acts of its employees and agents. The UF BOT is protected for such liabilities by the J. Hillis Miller Health Center Self-Insurance Program (UF SIP), a self-insurance program managed by a governing council created by the Florida Board of Governors that is chaired by the Sr. Vice President for Health Affairs. As an employee of the University of Florida (UF), you are personally immune from civil liabilities which may arise from acts or omissions committed by you in the course of your employment. UF SIP affords you personal professional liability protection while you act as a Good Samaritan, while you are involved in community service work, which has been pre-approved by your college, or if you are on a job assignment outside of Florida. UF SIP also provides defense costs for certain licensure investigations by the Department of Health. If you have questions regarding professional liability, please contact the UF SIP Director at 352-273-7066.

► **Vacation and Leave (<http://housestaff.medinfo.ufl.edu/policy/benefits.shtml>)**

Members of the housestaff shall be entitled to leave with pay for the purpose of annual and sick leave depending upon the length of appointment during the training period July 1 through June 30, as described in this section. Leave will be granted and charged in one-day increments for each workday of leave requested and approved. If specialty board regulations for annual and sick leave accrual and usage differ from that outlined in this rule, written notification of the board policy shall be completed by the program director and submitted to the Dean for approval. The total maximum time a housestaff member can be away from a program in any given year or for the duration of the residency program shall be determined by the requirements of the specialty board involved. All absences must be approved by the program director. For additional information, please refer to Graduate Medical Education website at <http://housestaff.medinfo.ufl.edu/policy/benefits.shtml>