



2025 Open Enrollment

903 W University Ave. Gainesville, FL 32601-5117
HR.UFL.EDU | (352) 392-2477



2025 Open Enrollment

Monday, Oct 14 at 8:00am EST to Friday, Nov 1 at 6:00pm EST

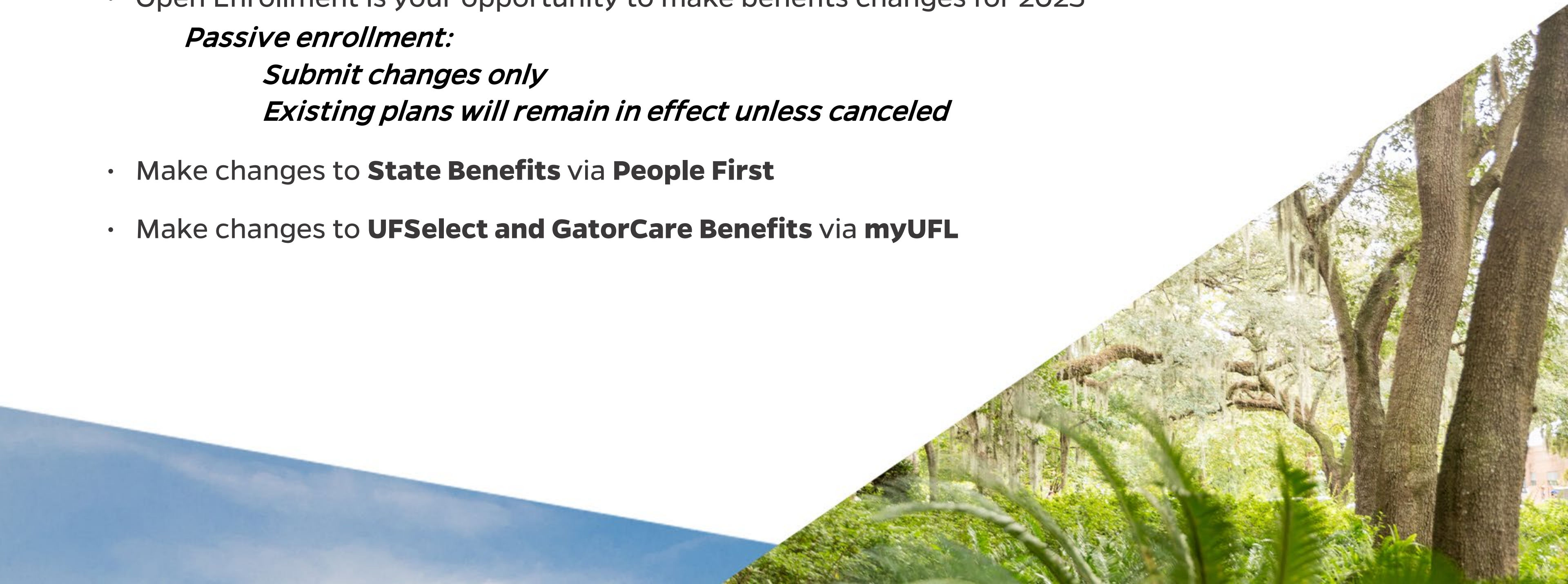
- Open Enrollment is your opportunity to make benefits changes for 2025

Passive enrollment:

Submit changes only

Existing plans will remain in effect unless canceled

- Make changes to **State Benefits** via **People First**
- Make changes to **UFSelect and GatorCare Benefits** via **myUFL**



Make sure you review:



Your current benefit elections

- Did you get married or have a child?
- Do you need disability or additional life insurance?
- Does your child need orthodontia coverage?

Make sure you review:



**Your mailing address
in myUFL**

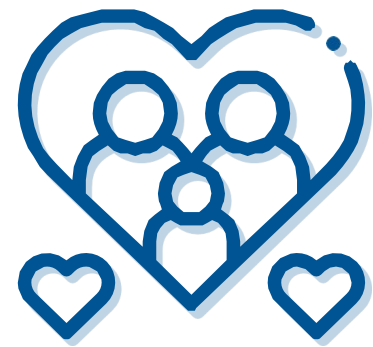
Visit the Benefits website for instructions on how to update your contact information.



<https://hr.ufl.edu/benefits/life-event/>



Make sure you review:



Your beneficiaries for Life Insurance, HSA, Retirement

- An instruction guide for changing beneficiaries is available at <https://hr.ufl.edu/benefits/enrollment-management/>
- Changes to state life insurance beneficiaries may be made through the Securian portal in your People First account.



What IS changing in 2025?



What IS changing in 2025?

UF Select Voluntary Life & Disability

The Standard

- Employees are eligible for \$300,000 guaranteed issue life insurance with no medical questions asked (even if previously declined)
- Spouses are eligible for \$50,000 guaranteed issue life insurance with no medical questions asked (employee must be enrolled in employee life to enroll in spouse life)
- Any life amounts over the guaranteed issue will require medical questions
- Employees may enroll in a 30-day or 90-day disability plan with no medical questions asked (even if previously declined)
- These exceptions are only for Open Enrollment 2025



What IS changing in 2025?

Health Savings Accounts

- Maximum contribution increase
- Only available for those enrolled in the State HDHP
- \$4,300 limit for individual coverage (\$150 increase) includes State contribution amount of \$500/year
- \$8,550 limit for family coverage (\$250 increase) includes State contribution of \$1000/year
- \$1000 additional amount for 55+



What IS changing in 2025?

Weight Management Program & Diabetes Management Program

- Must have been enrolled in the State PPO or HMO plan during 2024 and will be enrolled in 2025
- Limited to the first **2800** applicants for Weight Management and **2000** for Diabetes Management
- Application Period: **October 28 – November 17**



What IS changing in 2025?

Graduate Assistants Benefits

- Rate increase for employee only coverage and rate decrease for dependent coverage
- Minor plan design changes to GatorGradCare plan to include out of network coverage
- GAs can now enroll in UFSelect Eagles Dental and Humana Vision – 100% employee paid plans



What IS NOT changing in 2025?



What IS NOT changing in 2025?

- **NO INCREASE to full-time employee state health insurance premiums or GatorCare premiums (except GatorGrad Care)**
- **NO CHANGE to any of the plan designs for all medical, dental, and vision plans (i.e. networks, deductibles, copays, etc.) with the exception of the HDHP deductibles going up from \$1600/\$3200 to \$1650/\$3300 per IRS requirements**



State Employees' Group Health Self-Insurance Trust Fund Premium Rate Table



Premium rate change for all participants effective December 2024 for January 2025 coverage.

Subscriber Category/Contribution Cycle		Coverage Types	PPO/HMO Standard			PPO/HMO HDHP		
			Employer	Enrollee	Total	Employer (4)	Enrollee	Total
Career Service/OPS	Monthly Full-Time Employees ⁽¹⁾	Single	844.82	50.00	894.82	844.82	15.00	859.82
		Family	1,834.20	180.00	2,014.20	1,834.20	64.30	1,898.50
		Spouse	1,984.20	30.00	2,014.20	1,868.52	30.00	1,898.52
	Bi-Weekly Full-Time Employees ⁽¹⁾	Single	422.41	25.00	447.41	422.41	7.50	429.91
		Family	917.10	90.00	1,007.10	917.10	32.15	949.25
		Spouse	992.10	15.00	1,007.10	934.26	15.00	949.26
SES/SMS	Monthly Full-Time Employees ^(1,2)	Single	886.48	8.34	894.82	851.48	8.34	859.82
		Family	1,984.20	30.00	2,014.20	1,868.50	30.00	1,898.50
	Bi-Weekly Full-Time Employees ^(1,2)	Single	443.24	4.17	447.41	425.74	4.17	429.91
		Family	992.10	15.00	1,007.10	934.25	15.00	949.25
COBRA (Non-Medicare)	Monthly ⁽³⁾	Single	0.00	912.72	912.72	0.00	834.52	834.52
		Family	0.00	2,054.48	2,054.48	0.00	1,851.47	1,851.47
Eligible Former Employees	Monthly	Single	0.00	813.46	813.46	0.00	736.80	736.80
		Family	0.00	1,831.08	1,831.08	0.00	1,632.05	1,632.05
Early Retirees	Monthly	Single	0.00	813.46	813.46	0.00	736.80	736.80
		Family	0.00	1,831.08	1,831.08	0.00	1,632.05	1,632.05
Over-age Dependents		Single	0.00	813.46	813.46	0.00	736.80	736.80



Human Resources

Benefits available





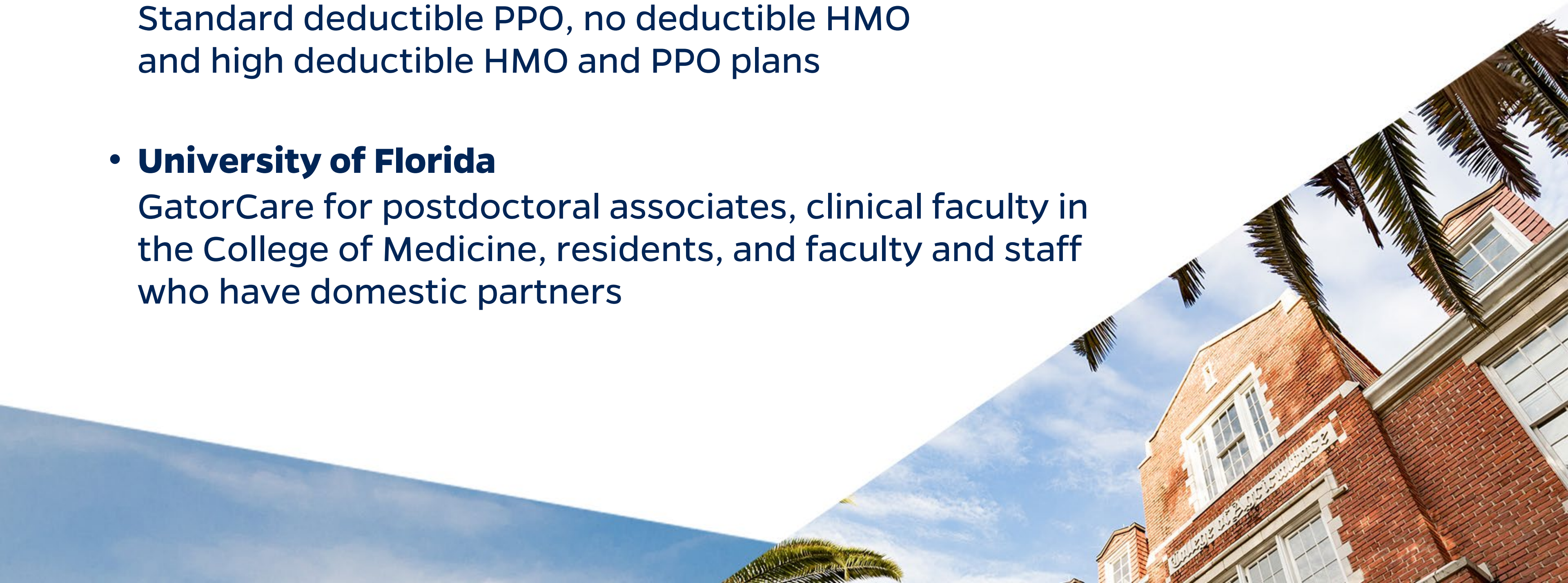
Health Insurance

- **State of Florida**

Standard deductible PPO, no deductible HMO and high deductible HMO and PPO plans

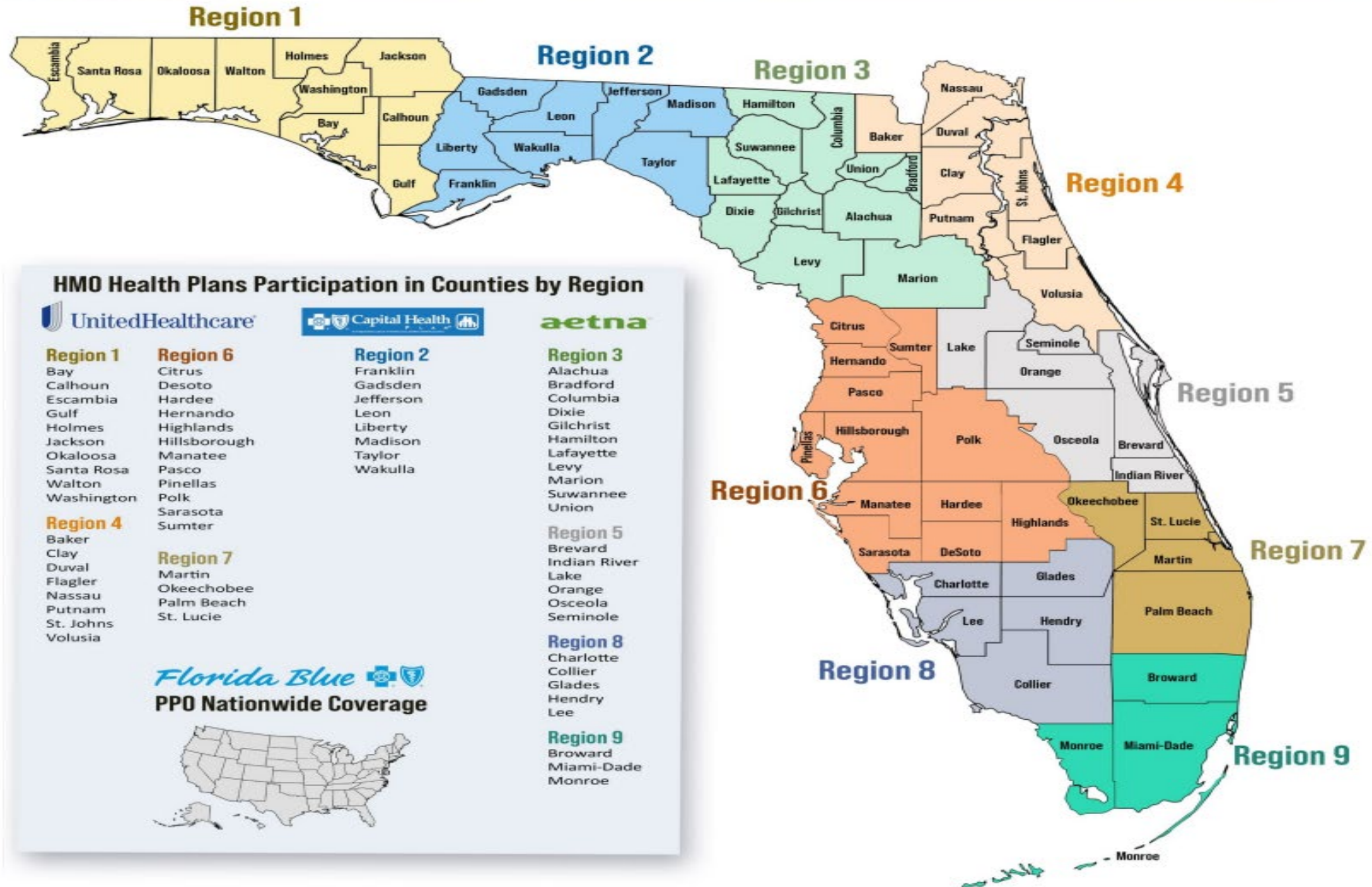
- **University of Florida**

GatorCare for postdoctoral associates, clinical faculty in the College of Medicine, residents, and faculty and staff who have domestic partners



Health Plan Summary Comparison Chart (excluding MA-PD plans)

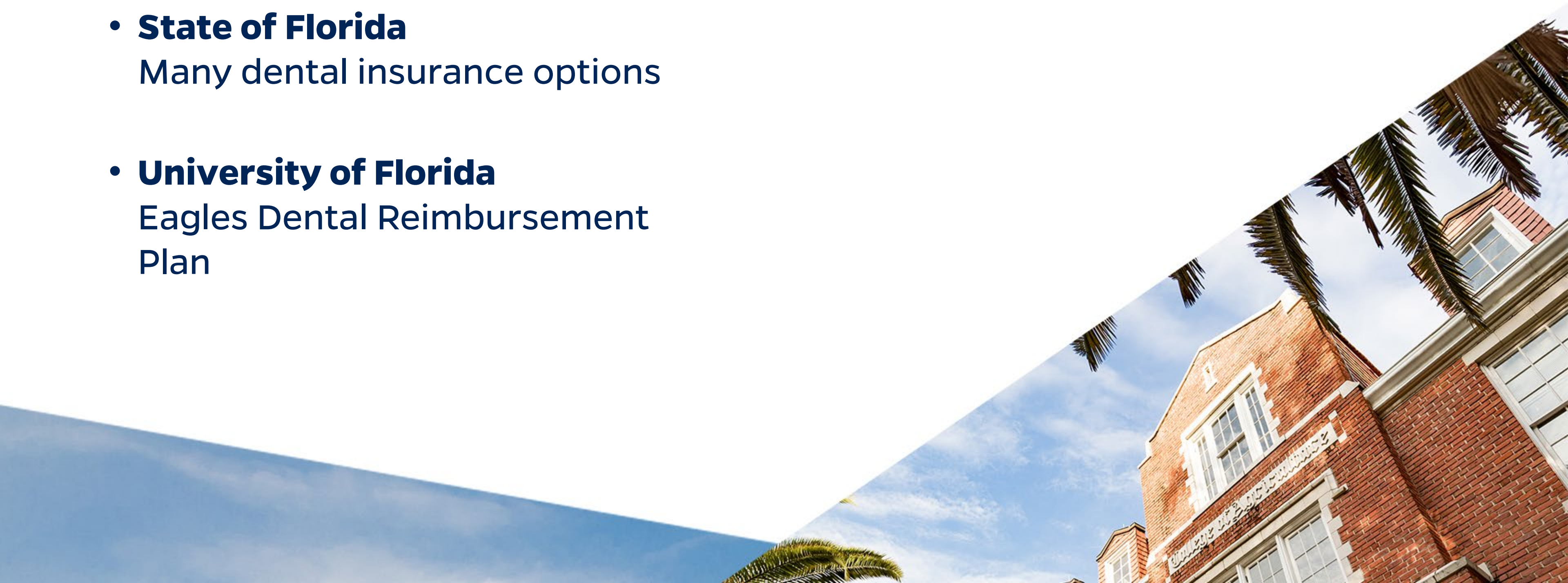
Costs	Standard			High Deductible (Pair with Health Savings Account)	
	HMO	PPO		HMO and PPO	PPO Only
Annual Deductible*	None	In Network \$250 Single \$500 Family	Out-of-Network \$750 Single \$1,500 Family	\$1,650 Single \$3,300 Family	\$2,500 Single \$5,000 Family
Global In-Network Annual Out-of-Pocket Maximum	\$9,200 Per Individ. \$18,400 Per Family Combined Pharmacy and Medical	\$9,200 Per Individ. \$18,400 Per Family Combined Pharmacy and Medical	N/A	\$4,650 Per Individ. \$9,300 Per Family \$3,000 (HMO) \$6,000 (HMO) Combined Pharmacy and Medical	N/A
Preventive Care ¹	No Charge	No Charge No Deductible	Amount between charge and out-of-network allowance; No Deductible	No Charge; No Deductible	Amount between charge and out-of-network allowance; No Deductible
Primary Care	\$20 Copayment	\$15 Copayment	40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance	Deductible then 20% of network allowed amount	Deductible then 40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance
Specialist	\$40 Copayment	\$25 Copayment			
Urgent Care	\$40 Copayment	\$25 Copayment	\$25 Copayment		
Emergency Room	\$100 Copayment	\$100 Copayment	\$100 Copayment	Deductible then 20% of network allowed amount	Deductible, \$1,00 Copay; then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance
Hospital Stay	\$250 Copayment	20% After \$250 Copayment	40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance		
Prescription Drug	\$7 Generic \$30 Preferred \$50 Non-Preferred	\$7 Generic \$30 Preferred \$50 Non-Preferred	Pay in Full; File Claim for Reimbursement	After Paying Deductible, 30% Network 30% Retail 50% Mail Order	Pay in Full; File Claim for Reimbursement
Up to 90-Day Supply	\$14 Generic \$60 Preferred \$100 Non-Preferred	\$14 Generic \$60 Preferred \$100 Non-Preferred			





Dental Insurance

- **State of Florida**
Many dental insurance options
- **University of Florida**
Eagles Dental Reimbursement
Plan



2025 Dental Plans	Prepaid Dental Plans (DHMO)			Preferred Provider Organization (PPO) Plans		Indemnity with PPO Plans		Indemnity Plans
	Cigna Prepaid Dental (4034)	Sun Life Prepaid Dental (4025)	Humana HD 205 Prepaid Dental (4044)	Ameritas, Humana, MetLife Preventive PPO (4023, 4094, 4033)	Ameritas, Humana, MetLife Standard PPO (4022, 4092, 4032)	Ameritas, Humana, MetLife Indemnity w/PPO (4021, 4090, 4031)	Sun Life Indemnity w/ PPO (4074)	Humana Indemnity (4084)
Type I: Preventative Services (Routine cleanings, X-rays, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	100% in-network 80% out of network	100% in-network 80% out of network	100% in or out of network	100% in or out of network	See benefit schedule: Reimbursement amounts
Type II: Basic Services (Fillings, root canals, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	80% in-network 50% out of network	80% in-network 50% out of network	80% in or out of network	80% in or out of network	See benefit schedule: Reimbursement amounts
Type III: Major Services (Crown, bridges, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	No coverage	50% in-network 30% out of network	50% in or out of network	50% in or out of network	See benefit schedule: Reimbursement amounts
Annual Deductible	No Deductible	No Deductible	No Deductible	Type I: No deductible Type II only: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No deductible Type II & III: Individual: \$50 Family: \$100	No Deductible
Annual Maximum	None	None	None	\$1,000	\$1,500	\$2,000	\$2,000 in-network \$1,500 out of network	\$1,000
Orthodontia	Yes, no age limit	Yes, no age limit	No age limit: Eligible for 25% discount at provider's discretion	No coverage	Yes, no age limit	Yes, no age limit	Yes, only dependents under 19	No Coverage
Waiting Period for Orthodontic Services	None	None	None	No Coverage	12 month waiting period (may be satisfied w/ prior creditable coverage)	None	None	No Coverage
Orthodontia Maximum	None	None	None	No Coverage	\$2,000 in-network; \$1,500 out of network	\$2,500 in or out of network	\$1,500	No Coverage



Supplemental Benefits

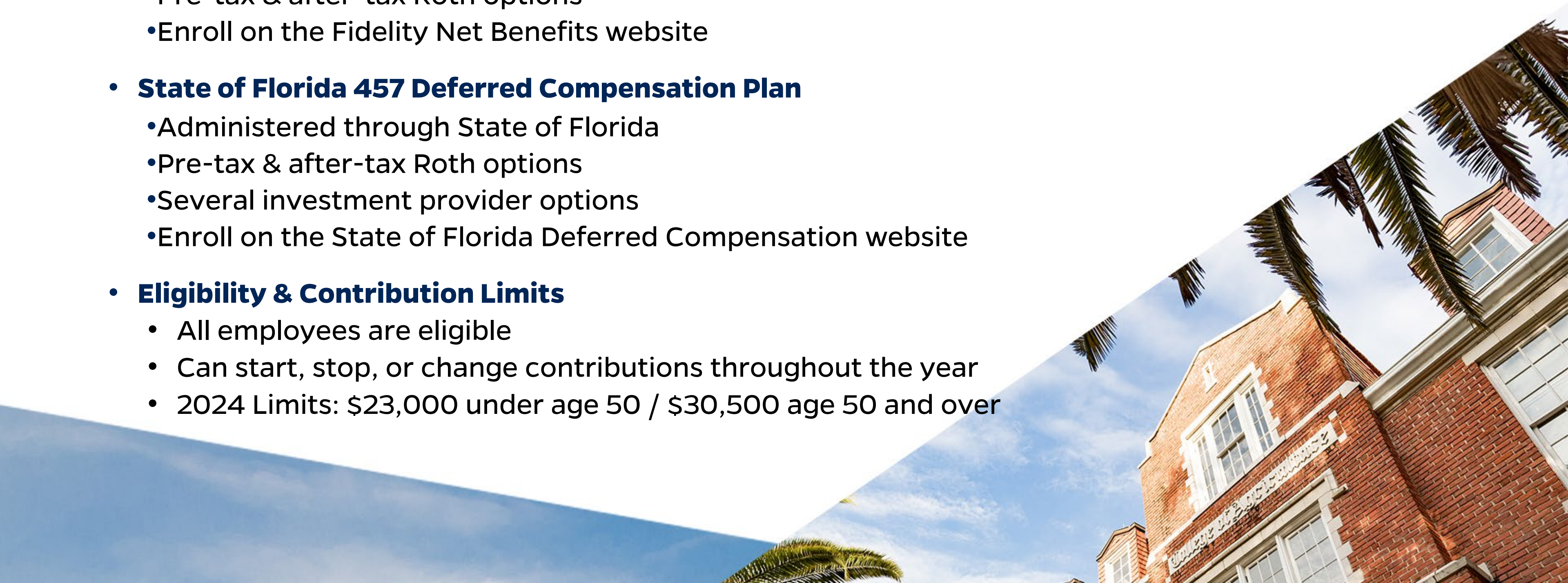
- **Vision Insurance**
State of Florida & UF: Humana Vision
- **Life and Disability Insurance**
State of Florida & UF: Life and disability insurance
- **Supplemental Insurances**
State of Florida: Accident, Cancer, Hospitalization and Hospital Intensive Care
- **Savings Accounts**
State of Florida: Healthcare Flexible Spending Account (\$3200 max), Dependent Care Flexible Spending Account (\$5000 max), Health Savings Account (\$4300 / \$8550)
- **Legal Plan**
University of Florida: Preferred Legal Plan





Voluntary Savings Plans

- **UF Voluntary 403(b)**
 - Administered through Fidelity Investments
 - Pre-tax & after-tax Roth options
 - Enroll on the Fidelity Net Benefits website
- **State of Florida 457 Deferred Compensation Plan**
 - Administered through State of Florida
 - Pre-tax & after-tax Roth options
 - Several investment provider options
 - Enroll on the State of Florida Deferred Compensation website
- **Eligibility & Contribution Limits**
 - All employees are eligible
 - Can start, stop, or change contributions throughout the year
 - 2024 Limits: \$23,000 under age 50 / \$30,500 age 50 and over



UF

Human Resources

Making Changes to state benefits

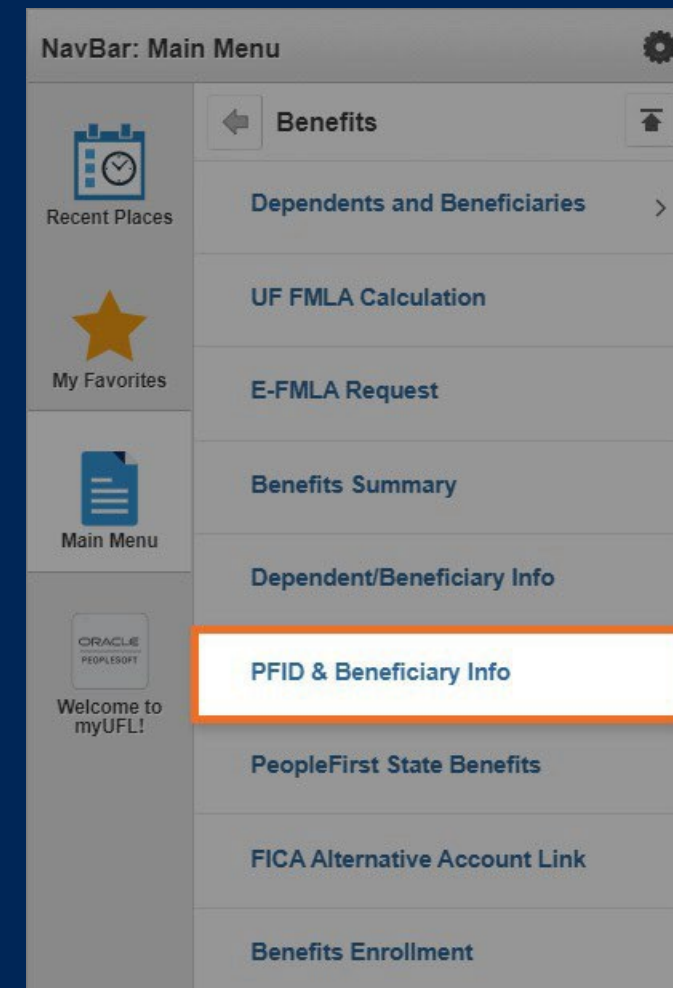


People First

peoplefirst.myflorida.com/peoplefirst

Find your People First ID Number:

myUFL >
Main Menu >
My Self Service >
Benefits >
PFID & Beneficiary Info



People First

peoplefirst.myflorida.com/peoplefirst

- **Help with login issues:**
People First Service Center at 866-663-4735
- **Make changes over the phone:**
People First Service Center at 866-663-4735
- **Enrollment Guide**
https://www.mybenefits.myflorida.com/myhealth/eligibility_and_enrollment



UF

Human Resources

Making Changes to University benefits



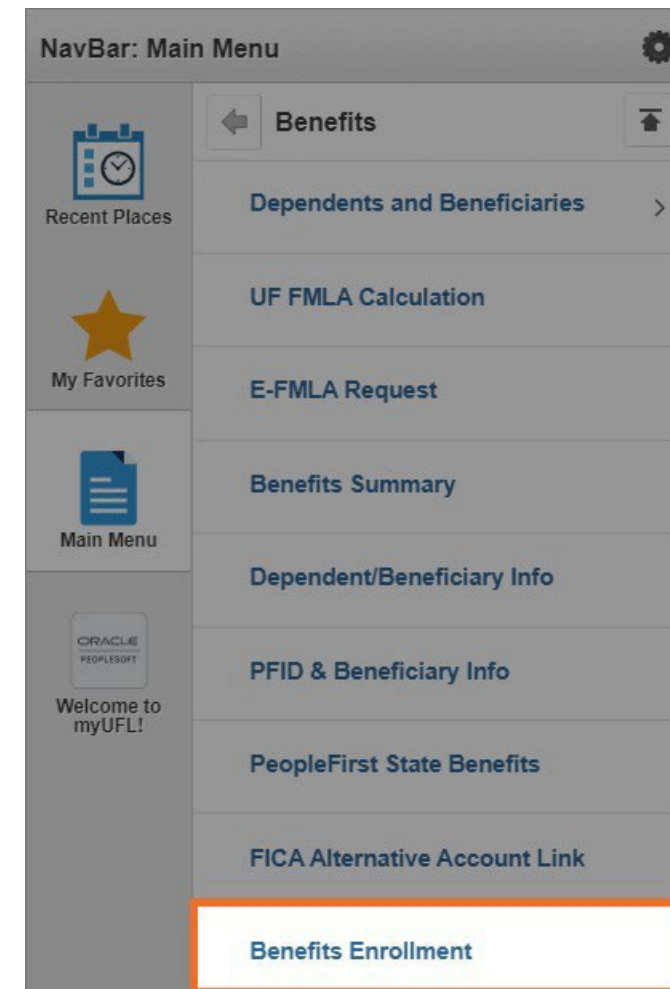
UFSelect and GatorCare

my.ufl.edu

UFSelect Benefits

myUFL > Main Menu >
My Self Service > Benefits >
Benefits Enrollment

UFSelect benefits include:
GatorCare, Eagles Dental,
UF Vision, UF Term Life,
Disability Benefits, and Legal
Assistance



UF

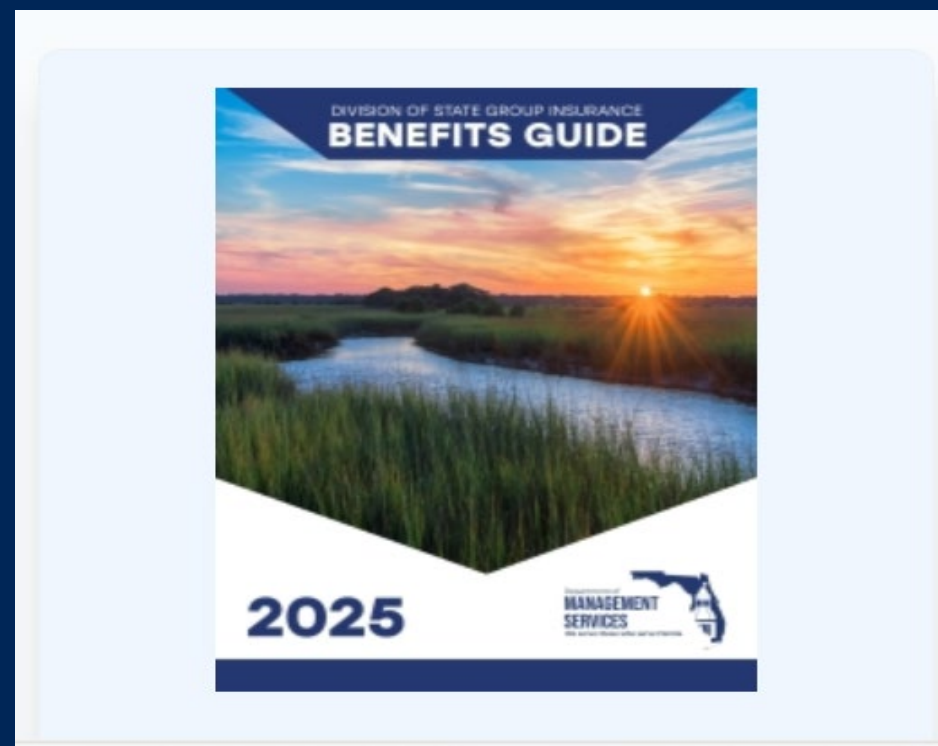
Human Resources

More information and resources



More Information

- **UFHR Benefits Website**
- **State of Florida Open Enrollment Website**



We can help!



Email us: benefits@ufl.edu



Book an appointment: <https://hr.ufl.edu/benefits/support/>



Call us: 352-392-2477, Option 2

