



2024

BENEFITS GUIDE

NEW EMPLOYEE BENEFITS GUIDE

OUC100

A Century of Reliability

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WELCOME

OUC knows that benefits are important to you and your family. OUC offers a comprehensive benefits package designed to provide you and your family peace of mind and focus on your total wellbeing. This Benefits Guide includes descriptions of the individual benefits offered by OUC to all benefit eligible employees. The coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year, unless you experience a qualifying life event as outlined on page 6. The OUC benefit plan year begins each January 1 and ends each December 31.

Enroll and make changes online at www.ouc360.com/employees

WHAT'S NEW FOR 2024

- ❖ Reduced deductibles – Core and HRA medical plans
- ❖ Reduced out-of-pocket maximums – Core and HRA medical plans
- ❖ Reduced co-payments in the HRA Plan – PCP/Specialist/Convenience/Urgent
- ❖ Reduced cost for non-hospital advanced imaging – Core and HRA medical plans
- ❖ Reduced cost for non-hospital outpatient surgery – Core and HRA medical plans

- ❖ One phone number for Aetna Insurance Services – **(866) 253-0659**

Wellbeing – the Power to Thrive



- ❖ More opportunities to earn points
- ❖ No gatekeeper goals
- ❖ Increased point values and frequency for goals
- ❖ Higher incentive amounts (minimum of \$100 – maximum of \$400)
- ❖ Wellness Day (eight hours paid time off) incorporated into WELLbeing incentives

ELIGIBILITY AND ENROLLMENT

<p>All regular full-time and part-time employees are eligible for health benefits upon the first day of employment.</p>	
<p>Eligible Dependents</p>	
<p>Your legal spouse</p>	<ul style="list-style-type: none"> ▪ Employee’s legally married spouse. Common law marriage partners are not recognized by the state of Florida and are not eligible. ▪ Separated spouses are eligible as there is no defined “legal separation” in the state of Florida
<p>Your child(ren) up to age 26</p>	<ul style="list-style-type: none"> ▪ Biological or stepchild(ren) ▪ Legally adopted child(ren) or child(ren) who have been placed for adoption ▪ Other children for whom the employee is the legal guardian or has legal responsibility for providing medical coverage as defined by a court order
<p>Your child with a disability</p>	<ul style="list-style-type: none"> ▪ Age 26 and older, unmarried and unable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as an under-26 dependent under this plan, or while covered as an under-26 dependent under a prior plan with no break in coverage.
<p>Grandchild(ren)</p>	<ul style="list-style-type: none"> ▪ Child(ren) of covered dependent child(ren) can be covered through the end of the month the grandchild(ren) turns 18 months of age if the parent is covered under the plan
<p>Overage dependent (Independent Plan)</p>	<p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> ▪ Biological child or legally adopted child ▪ Between ages 26 to 30 ▪ Unmarried ▪ No dependent of their own ▪ Does not have insurance coverage under any other individual/group health plan ▪ Not entitled to benefits under Medicare or Medicaid ▪ Resides in the state of Florida or is a full-time or part-time student
<p>Qualifying Life Event</p> <p>Benefit elections and their related payroll deductions can only be changed at the annual Open Enrollment period unless you, your spouse, or your dependent child(ren) experience an <u>IRS-defined qualifying life event</u>. Generally, you have 31 days from the qualifying life event to make benefit changes. Examples of a qualifying life event include:</p>	
	<ul style="list-style-type: none"> ▪ Marriage or divorce ▪ Birth or adoption of a child ▪ Change in child’s dependent status ▪ Death of a spouse, child or other qualified dependent ▪ Commencement or termination of adoption proceedings ▪ Change in spouse’s benefits or employment status ▪ Expiration of COBRA coverage
<p>To report a qualifying life event, contact Human Resources/Benefits at benefits@ouc.com. Supporting documentation must be provided regarding the life event.</p>	

MEDICAL INSURANCE

Medical Plans

- Core Medical Plan
- Health Reimbursement Account (HRA) Medical Plan

Annual Deductible

This is the amount paid by the employee during the plan year before the insurance shares the cost. This excludes copayments reflected in the plan designs. When you are covering dependents on the plan, one member can meet the deductible for the entire family or it can be met by a combination of members. The Medical Plan Comparison reflects the in-network deductible.

Copayments

Copayments (copays) are fixed dollar amounts paid for healthcare services. They do not count toward the deductible. They do count toward the out-of-pocket maximum.

Co-Insurance

Co-insurance is the cost sharing between you and the plan which occurs after the deductible is met. Members' co-insurance responsibility is 20%, and the plan's responsibility is 80%.

Out-of-Pocket Maximum

The out-of-pocket (OOP) maximum is the most you will pay in the plan year for the deductible, copays and co-insurance for covered medical and pharmacy benefits.

MEDICAL PLAN COMPARISON...

Description	Core Plan	HRA Plan
	2024 In-Network Only (Member Cost Share)	2024 In-Network Only (Member Cost Share)
Preventive Care Visit: (Includes: Annual Physicals, Well Women Examinations, Immunizations, Routine Eye Exam, Dental-Preventive Care)	100% covered	100% covered
Primary Care Office Visit	\$25 copay	\$30 copay
Specialist Office Visit	\$45 copay	\$50 copay
Teledoc (General Medical)	100% covered	100% covered
Teledoc (Specialist, Mental Health)	\$45 copay	\$50 copay
Convenience Care (Take Care/Minute Clinic)	\$25 copay	\$30 copay
Urgent Care	\$45 copay	\$50 copay
Guidewell	\$100 copay	\$150 copay
Emergency Room	20% after deductible	20% after deductible
Annual Deductible Individual/Family	\$1,000/\$2,000	\$2,500/\$5,000
Out-of-Pocket Maximum Individual/Family	\$4,000/\$8,000	\$4,000/\$8,000
Inpatient Hospital	20% after deductible	20% after deductible
Diagnostic/Lab and X-Ray	100% covered	100% covered
Advanced Imaging (MRI & CT Scan) Hospital Facility (Prior Authorization Required)	20% after deductible	20% after deductible
Advanced Imaging (MRI & CT Scan) Non-Hospital Facility (Prior Authorization Required)	\$150 copay	\$200 copay
Outpatient Surgery (Hospital Facility)	20% after deductible	20% after deductible
Outpatient Surgery (Non-Hospital Facility)	\$150 copay	\$200 copay
OUC Funded HRA Account	N/A	EE Only: \$1,260 EE + 1: \$1,500 EE + Family \$2,760

Member copays do NOT apply to the deductible, but are applied to the out-of-pocket maximum.

Only in-network medical deductible, copayments and co-insurance expenses apply to the calendar year out-of-pocket maximum

PRESCRIPTION DRUG COVERAGE

Aetna	Core Plan	HRA Plan
Retail – 30-day supply	\$0 / \$50 / \$75	\$0 / \$50 / \$75
Mail / In-Store 90-day supply	\$0 / \$100 / \$150	\$0 / \$100 / \$150
Specialty Pharmacy	20% Deductible waived Max. co-Insurance \$200	20% Deductible waived Max. co-Insurance \$200

2024 PREMIUMS – (Weekly)

Medical/Pharmacy/Dental	Employee Contribution	OUC Contribution	Total Premium
Core - Employee Only	\$33	\$197.31	\$230.31
Core - Employee + One Dependent	\$79	\$374.24	\$453.24
Core - Employee + Family	\$155	\$511.46	\$666.46
HRA - Employee Only	\$20	\$182.35	\$202.35
HRA - Employee + One Dependent	\$52	\$345.81	\$397.81
HRA - Employee + Family	\$100	\$484.91	\$584.91

Vision	Employee Contribution
Employee Only	\$1.06
Employee + One Dependent	\$2.02
Employee + Family	\$2.96

HEALTH REIMBURSEMENT ACCOUNT (HRA)

If you are enrolled in the HRA plan, OUC contributes money into your HRA account for you to use toward healthcare expenses. Note: Employee contributions are not allowed.

HRA Employer Contributions

- ❖ Employee Only: \$1,260
- ❖ Employee + 1: \$1,500
- ❖ Employee + Family: \$2,760

DENTAL BENEFITS

Preventive Care (dental cleanings and check-ups) is extremely important to your overall health. OUC encourages you to take advantage of your preventive dental benefits. You are automatically enrolled in the Aetna PPO Dental Plan when you enroll in either the Core or HRA medical plans. The plan allows you to seek care from network and non-network dentists. However, you will pay a bit more by choosing a non-network provider. Find an Aetna in-network provider online at www.aetnadental.com. For more information visit our OUC360 at www.ouc360.com/employees.

Services	PPO DENTAL PLAN	
	In-Network	Out-of-Network
Annual Deductible	\$50 individual / \$100 family	\$50 individual / \$100 family
Annual Maximum Benefit	\$2,000	\$2,000
Preventive Care (two visits per plan year) Oral exams, cleanings, routine x-rays, fluoride	Plan pays 100%; deductible waived	Plan pays 100%; deductible waived
Basic Services Sealants; fillings; oral surgery; root canals; repairs to dentures, bridges and crowns	90% after deductible	80% after deductible
Major Services Periodontics, dentures, implants, bridges, crowns, inlays, onlays	60% after deductible	50% after deductible
Orthodontic Lifetime Maximum	60% up to \$2,000	60% up to \$2,000

VISION BENEFITS

This coverage is a great way to save money on contact lenses, frames, lenses and even LASIK surgery. The Aetna network includes chains such as Pearl Vision, LensCrafters, JCPenney Optical, Target Optical and Sears Optical, along with many other neighborhood eye doctors and optical shops. Discover what the plan covers and find an eye care provider by visiting www.aetnavision.com. For more information visit our OUC360 at www.ouc360.com/employees.

SERVICES	VISION PLAN In-Network
Single, Bifocal, Trifocal & Lenticular Lenses	\$25 copay
Standard Progressive Vision Lenses	\$90 copay
Any frames, including frames for prescription sunglasses	\$145 allowance, additional 20% off balance over the allowance
Contact Lenses in lieu of glasses	\$145 allowance, additional 20% off balance over the allowance
Frequency of Services <ul style="list-style-type: none"> ▪ Exams ▪ Lenses or Contacts ▪ Frames 	<p>Once every 12 months</p> <p>Once every 12 months</p> <p>Once every 24 months</p>

SPENDING ACCOUNTS – AT A GLANCE

Description	Medical Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (DC-FSA)	Health Reimbursement Account (HRA)
Eligibility	Does not require coverage under OUC medical plan	Does not require coverage under OUC medical plan	Requires coverage under OUC's HRA medical plan
Eligible Expenses	Medical, prescriptions, dental, vision – (copay, co-insurance, deductible), durable medical supplies	Dependent care services	Medical, prescriptions, dental, vision – (copay, co-insurance, deductible), durable medical supplies
Maximum Contribution by Employee	\$3,050	\$5,000	N/A
Employer Contribution			Employee Only: \$1,260 Employee + 1: \$1,500 Employee + Family: \$2,760
Fund Availability	Front loaded	Upon deposit	Front loaded
Rollover Maximum	\$610	N/A	Unused funds rollover
Accessibility	Debit card, submit claim for reimbursement	Debit card, submit claim for reimbursement	Debit card, submit claim for reimbursement
Forfeitures	Balance in excess of \$610 is forfeited after December 31	Balance forfeited after December 31	Unused funds forfeited if employee does not directly retire from OUC

2024 LIMIT FOR FIDELITY & VOYA DEFERRED COMPENSATION 457(B) PLANS

The elective deferral (contribution) annual limit for 2023 is \$22,500. If you would like to change your contribution, go to Fidelity and/or your ESS. Current contributions will continue from year to year unless a change is requested. Don't forget your Roth option which allows for post-tax contributions.

REMINDER: The deferred compensation program allows employees age 50+ a catch-up contribution of an additional \$7,500 annually and Special catch-up for participants up to a total of \$45,000 annually. For more details, contact Fidelity or Voya.

WELLBEING: THE POWER TO THRIVE




OUC is proud to offer its employees, retirees and dependents a comprehensive and award-winning workplace wellness program! Participating in the wellness program will help increase overall wellbeing by helping you create or enhance healthy habits.

Who can participate?
OUC employees, retirees, spouses, and dependents (ages 18 – 26) on an OUC health plan are eligible to participate in the WELLbeing program.

Registration

- Scan the QR code or go to www.myoucwellbeing.com to register now to start earning wellness watts.
- Click “LOG IN” on the upper right corner of the website to register.



Timeline

- Members earn points from 1/1/2024 through 12/31/2024.
- Incentive rewards are distributed the following plan year.





Earn Watts

- Earnable wellness watts are found at www.myoucwellbeing.com under the “Watts” tab.
- New opportunities to earn watts will be communicated throughout the Commission.

Self-Report & Earn Rewards

- Make sure to self-report activities and check your watts accumulated periodically.
- Earn a minimum payout of \$100 watts and a maximum of \$400 watts.

Incentive Levels

			
GLOWING	BRIGHT	BEAMING	RADIANT
100 Watts	200 Watts	300 Watts	400 Watts
\$100	\$200	\$300	\$400 & Wellness Hrs.(8)

Questions?

Visit [Frequently Asked Questions](#) or for additional questions, email wellbeing@ouc.com.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

OUC employees have the option to purchase supplemental life insurance coverage through Reliance Standard. Additionally, employees may purchase spousal life insurance and or child(ren) life insurance after electing coverage for themselves. Newly hired employees may elect up to the guaranteed issue without Evidence of Insurability (EOI). Employees currently enrolled may elect up to \$50,000 without EOI during the annual Open Enrollment. Amounts above \$100,000 will be subject to EOI and approval.

Employee Supplemental Term Life Insurance	For 2024 Open Enrollment, Reliance is approving employees to enroll up to \$50,000 coverage, not to exceed the Guarantee Issue (GI is \$100,000) without medical evidence as long as the employee is under the age of 60, actively working, and has not been previously declined for insurance coverage, terminated coverage or withdrawn an application. Any amount over \$50,000 will require evidence of medical insurability.
Dependent Supplemental Term Life Insurance	Spouse: For 2024 Open Enrollment, Reliance is approving \$10,000 coverage for a spouse, not to exceed the Guarantee Issue (GI is \$50,000) without medical evidence as long as spouse is under the age of 60 and has not been previously declined for insurance coverage, terminated coverage or withdrawn an application. Any amount over \$10,000 for a spouse will require evidence of medical insurability.
	Unmarried Dependent Child: \$5,000 or \$10,000 (age 6 months to 26 years old), \$2,000 (age 14 days to 6 months). Note: In order to insure a dependent child(ren), you or your spouse must have current coverage.
The Guaranteed Issue amount is the highest amount of coverage that you or your dependents may elect without evidence of insurability (EOI). Elections of coverage above the Guaranteed Issue require EOI before the coverage takes effect.	
Child coverage ends in the month your child turns age 26.	

VOLUNTARY INSURANCE

Group Accident • Group Hospital • Group Critical Illness (now includes cancer)

Visit our OUC360 Enrollment site (www.ouc360.com/employees) to view the Allstate & Aflac brochures and weekly rates. You may enroll/add/drop/cancel by contacting Allstate at 877.579.3635.

Reminder: OUC's supplemental insurance plans (Allstate and Aflac) will be paid on a post-tax basis. Employee may cancel/drop dependent coverage during the year.

IMPORTANT CONTACT INFORMATION

CONTACT	PHONE	WEB / EMAIL
Human Resources/Benefits 100 W. Anderson Street Orlando FL 32802	(407) 434-2284 Ext. 42284	benefits@ouc.com
OUC Self-Service		https://ctx.ouc.com
OUC Wellbeing		https://oucwellbeing.com wellbeing@ouc.com
OUC Enrollment Site		www.ouc360.com/employees
Aetna Medical Choice POS II Aetna Dental—PPO Aetna Member Site	(866) 253-0659	Aetna.com
Aetna Teladoc	(866) 253-0659	Teladoc.com/Aetna
Aetna Pharmacy Management & Prescription Home Delivery (mail- order)	(866) 253-0659	
Aetna Specialty Pharmacy (ASRx)	(866) 253-0659	Aetna.com
Aetna Vision Preferred Plan	(866) 253-0659	AetnaVision.com
Aetna Hearing Discount Program	(866) 253-0659	
Aetna Resources for Living Employee Assistance Program (EAP) Log On: ouc Password: ouc	(800) 456-7890	Resourcesforliving.com
PayFlex Flexible Spending Account (FSA) & Health Reimbursement Account (HRA)	(844) 729-3539	Payflex.com
Matrix (FMLA and/or Short-Term Disability)	(866) 533-3438	www.matrixabsence.com
Reliance Voluntary Term Life (VG001624)	(800) 644-1103	
Fidelity Investments Defined Contribution (DC) Plan, Deferred Compensation 457 (b) Plan, Supplemental Retirement Plan	(800) 430-2363	Fidelity.com/atwork
Voya Financial Partners	(407) 252-3151	Pat Tierney— pat@gaboragency.com https://voyaretirement.voya.com
Allstate Supplemental Benefits	(800) 521-3535	Allstateatwork.com/mybenefits
Aflac Supplemental Benefits	(800) 433-3036	Aflacgroupinsurance.com
OUC Micro Computer Support	(407) 434-5500 or ext. 20010	itsupport@ouc.com
OUC Report Line	(833) 310-0010	Oucreportline.com



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