

1. Who is eligible?

Full-time and Part-time university employees appointed to a benefits-eligible position may elect to participate in the insurance plans and the various supplemental plans offered at USF.

2. Is enrollment automatic?

No. Employees must enroll in their benefits through the state benefits administrator, People First, within 60 days of the date of hire. The effective date for insurance coverage is the first day of the month following completion and submission of the enrollment forms and the coordination of payment for a full month's premium.

3. Is there a waiting period for insurance to begin?

No. Employees are eligible to enroll in state-sponsored insurance coverage to be effective on the first day of the month following their date of hire, subject to guidelines involving submission of enrollment forms and the coordination of premium payment.

4. How long can I keep my children on my insurance?

Children may remain on the employee's insurance plan until the end of the calendar year in which they turn age 26. Additionally, for health insurance only, coverage for children age 26 through the end of the calendar year in which the child turns 30 may be purchased at an additional premium for an over-age dependent if:

- They are unmarried, and
- They have no dependents of their own, and
- They are dependent on you for financial support, and
- They live in Florida or attend school in another state, and
- They have no other health insurance.

Optional coverage for over-age children is not automatic. The employee must enroll these children in an individual policy through People First. Please note that by enrolling the child (ren) the employee agrees to pay premiums for the entire plan year through payroll deduction. For additional information on premium rates and to enroll, contact People First at 866-663-4735.

5. Does family health coverage cost the same with only one dependent?

Yes, regardless of the number of dependents or if the dependent is your spouse or child (ren), the cost of family coverage is the same.

6. If I haven't received or have lost my insurance card(s), what do I do?

Contact your insurance company to request new cards and contact People First to verify your mailing address. If your mailing address is incorrect with People First, log into GEMS Self-Service to update your address.

7. If I did not enroll in health insurance when I was hired, can I change my mind later?

Employees have 60 days from the date of hire to enroll. After that time period, employees may only enroll during the annual open enrollment period or if they experience a qualifying status change.

8. What happens to my premium rates if I go from full-time to part-time employment?

Premiums are based on an employee's percentage of full-time employment (FTE). If an employee changes from full-time to part-time, the FTE will change and they can expect to pay more of the monthly insurance premium. If an employee experiences a change in employment status, contact People First for options and premium rates.

9. My spouse and I are going to have a baby soon. When should I add my child to coverage?

People First urges employees who anticipate the birth of a child to change to family coverage as soon as they become aware of the pregnancy. However, if individual coverage is in effect at the time of the baby's birth, the employee will have 60 days from the birth of the child to enroll in family coverage. The effective date of coverage will be retroactive to the beginning of the month in which the child was born and premiums will be due accordingly.

10. I'm not satisfied with my services. What can I do?

Contact your health plan's member services area and voice your complaint. You may change primary care physicians or dentists at any time. If you are still not satisfied, follow proper grievance procedures as outlined by the insurance plan. You may also contact People First regarding the appeals process for state-sponsored benefits. Changing from one insurance plan to another may only occur during open enrollment.

11. Can I cancel my insurance because I cannot afford it?

Outside of the annual open enrollment period, an employee must experience a qualifying status change (QSC) event in order to cancel or make other changes during the plan year. Otherwise, the employee may cancel only during annual open enrollment.

12. What happens to my insurance coverage if I decide to go on a leave of absence?

If an employee does not receive a paycheck, premiums for insurance coverage must be paid through University Payroll. To prevent a lapse in coverage, particularly since premiums are paid one month in advance, please contact University Payroll at (813) 974-7955 to coordinate payment.

13. Can I keep my health insurance coverage after I leave the university?

COBRA (the Consolidated Omnibus Budget Reconciliation Act) allows former employees and/or qualified dependents to continue their health, dental, and vision coverage for up to 18 months following termination. Paperwork will be mailed directly from People First to the employee's home address on file. To continue any other supplemental coverage, the employee must contact the company within 31 days after the termination to complete all appropriate forms.

14. How do I get a prescription filled before I receive my I.D. card?

Contact CVS/Caremark at 800-552-8159, and they will provide you with your group number and identification number.

15. My statements from my insurance carrier are going to the wrong address. What should I do?

The employee should update their address within GEMS Self-Service.