



## DEPARTMENT OF JUVENILE JUSTICE

### Health Benefits for OPS Employees

Federal guidelines require that employers must offer health benefits to employees who work an average of 30 hours or more per week. The guidelines also require that employers must utilize a process that accurately measure the hours OPS employees work in a 12 month period.

If you are hired by a state employer on or after April 2, 2013, and it is reasonably expected that you will work 30 or more hours per week, you are automatically eligible for coverage.

#### **Available Programs:**

Eligible OPS employees can enroll in state group insurance plans as follows:

- **Health insurance**

- Standard HMO or PPO - \$50 single or \$180 family per month
- Health Investor HMO or PPO - \$15 single or \$64.30 family per month
- Spouse Program - \$15 per spouse per month (spouses must both be employed by a state employer and eligible for coverage)

#### **Tax Favored Accounts**

Health Savings Account – If enrolled in a Health Investor HMO or PPO, eligible to receive the monthly state contribution of \$41.66 single or 83.33 family per month, as well as make their own pre-tax contributions

- Dependent Care Reimbursement Account
- **Life Insurance**
- Basic life – the employee must actively enroll and pay \$4.45 per month
- **Dental, vision and other supplemental pretax plans.**

OPS employees will not be able to enroll in a Medical Reimbursement or Limited Purpose Medical Reimbursement Account or optional life insurance.

**For additional information concerning these benefits, please contact the People First Service Center at 866-663-4735 or your Agency Benefits Administrator at 850-717-2660 in the Bureau of Human Resources.**

#### **Premiums:**

OPS employees working 30 hours or more will pay the same premiums as full-time Career Service and equivalent employees at monthly cost of \$50.00 for individual coverage and \$180.00 for family coverage. They can also participate in the spouse program at a cost of \$15.00 per spouse/per month.

#### **Coverage Period:**

Coverage under this plan is good for one year, provided that you continue to work for the State of Florida. Coverage continues even if you begin to average less than 30 hours per week



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during the year. Your eligibility for continued coverage will be determined annually by measuring your hours during the open enrollment measurement period.

If you terminate state employment, you are covered through the last day of the month following termination. Once you have terminated state employment, you can continue health, dental and vision coverage through COBRA for up to 18 months if you were enrolled in those plans at the time of termination.

If you are determined to be ineligible during a measurement period, coverage will end at the end of the 12-month period. You will be eligible to continue coverage through COBRA. For additional information about the COBRA program, contact your Agency Benefits Administrator in the Bureau of Human Resources.

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I have read and understand the preceding information:

\_\_\_\_\_ I wish to apply for all or some of the health benefits as described in the preceding information.

(If you wish to enroll in any of the preceding benefits, please proceed to the *“Health and Insurance”* tab of your People First Page. You can contact your local HR Liaison or the Agency Benefits Administrator at 850-717-2660, for assistance.

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\_\_\_\_\_ I do not wish to apply for any of the health benefits as described in the preceding information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_ PF ID Number \_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

***(Please return this signed form to your local HR liaison for submission to the DJJ Bureau of Human Resources).***