

NON-EXEMPT STAFF
SUMMARY OF BENEFITS 2017-2018

The Average Value of Your Employee Benefits
 While salaries differ, the average tax-free benefit is equal to approximately 43.5% of your annual income, excluding the value of paid time off.

**USU SELF-FUNDED MEDICAL PLAN
 ADMINISTERED BY BLUE CROSS/BLUE SHIELD**

Base Salary	Monthly Premiums		
	Valuecare/Participating Networks		
	Blue Plan	White Plan	High Deductible Plan
Employee only:			
\$24,508 or less	\$57.60/\$86.60	\$19.75/\$46.75	\$5.00/\$34.00
\$24,509-\$37,295	\$72.57/\$101.57	\$24.88/\$51.88	\$6.30/\$35.30
\$37,296-\$57,540	\$91.43/\$120.43	\$31.35/\$58.35	\$7.94/\$36.94
\$57,541 or more	\$115.20/\$144.20	\$39.50/\$66.50	\$10.00/\$39.00
Employee plus 1:			
\$24,265 or less	\$129.60/\$191.60	\$44.44/\$101.44	\$11.25/\$73.25
\$24,266-\$36,925	\$163.29/\$225.29	\$55.99/\$112.99	\$14.17/\$76.17
\$36,926-\$56,970	\$205.73/\$267.73	\$70.54/\$127.54	\$17.86/\$79.86
\$56,971 or more	\$259.20/\$321.20	\$88.88/\$145.88	\$22.50/\$84.50
Employee plus 2 or more:			
\$24,265 or less	\$187.20/\$276.20	\$64.19/\$145.19	\$16.25/\$105.25
\$24,266-\$36,925	\$235.86/\$324.86	\$80.87/\$161.87	\$20.47/\$109.47
\$36,926-\$56,970	\$297.16/\$386.16	\$101.89/\$182.89	\$25.80/\$114.80
\$56,971 or more	\$374.40/\$463.40	\$128.38/\$209.38	\$32.50/\$121.50

PREFERRED BENEFITS

HOSPITALIZATION

White Plan: Annual \$250 co-pay for the first hospital admission. Benefits are paid at 70% for room, board and ancillary charges after initial admission fee. Subsequent hospitalization is paid at 70%. \$250 co-pay per admission for outpatient surgery.

Blue Plan: Annual \$200 co-pay for the first hospital admission. Benefits are paid at 80% for room, board and ancillary charges after initial admission fee. Subsequent hospitalization is paid at 80%. \$200 co-pay per admission for outpatient surgery.

SURGERY and ANESTHETIC

White Plan: Benefits are paid at 70% for inpatient and outpatient surgery. Hospital physician visits are paid at 70%.

Blue Plan: Benefits are paid at 80% for inpatient and outpatient surgery. Hospital physician visits are paid at 80%.

MEDICAL and EXTENDED BENEFITS

White Plan: Annual up-front deductible of \$750 per person/ \$1500 per family. \$35 per physician visit. \$150 per incident for major diagnostic testing.

Blue Plan: Annual up-front deductible of \$500 per person/\$1,000 per family \$30 per physician visit. \$100 per incident for major diagnostic testing.

PRESCRIPTIONS

White Plan: You pay \$5 Generic; 35% Formulary; 50% Non-Formulary. Maximum out of pocket of \$1,750 per person per year.

Blue Plan: You pay \$5 Generic; 35% Formulary; 50% Non-Formulary. Maximum out of pocket of \$1,500 per person per year.

MAJOR MEDICAL

White Plan: Maximum out of pocket for covered items is \$4,000 per person per year/\$8,000 per family per year.

Blue Plan: Maximum out of pocket for covered items is \$3,250 per person per year/\$6,500 per family per year.

HIGH DEDUCTIBLE PLAN

Annual deductible \$1,500 single, \$3,000 family. Coverage of 80% after deductible is met. Maximum out of pocket max is \$5,000 single, \$10,000 family. Prescription coverage at 80% after deductible is met. Option to participate in Health Savings Account (HSA).

NON-PREFERRED BENEFITS

This option provides coverage when non-preferred facilities or physicians' services are used. Services are paid at a lower level than Preferred Benefits.

DENTAL INSURANCE

Monthly PREMIUM:	<u>Single</u>	<u>EE + 1</u>	<u>Family</u>
	\$10.42	\$18.18	\$32.96

BASIC BENEFITS

Examinations, fillings, x-rays, sealants, etc., covered at 80%..

GENERAL

Maximum benefit per person per contract year on all dental benefits is \$1,500. Maximum benefit on orthodontics is \$1,500 per person per lifetime.

PROSTHETICS

Dentures, bridges, crowns, etc., covered at 50% of eligible.

ORTHODONTICS

Eligible benefits are paid at 50%.

TIAA or FIDELITY RETIREMENT PLAN

If you are enrolled in the TIAA or Fidelity retirement plan, USU contributes 14.2% of your annual gross earnings to retirement--above and beyond your annual salary. You designate how this contribution is invested among the investment options. Contributions are immediately vested.

SOCIAL SECURITY / MEDICARE

USU shares the cost of your Social Security/Medicare benefits by contributing 6.2% of your salary. You will match these contributions by payroll deduction. Social Security provides several important benefits in the form of retirement payments, disability benefits, medical benefits under Medicare, and death benefits paid to a spouse or dependent.

WORKER'S COMPENSATION

Coverage is provided for medical, hospital (paid at 100%) and lost wage costs (paid at 66.67%) due to an on-the-job injury.

SHORT TERM DISABILITY

PREMIUM: USU \$5.67/month
Employee \$4.00/month

Short term disability is available for disabilities lasting 150 days or less. These benefits cover 66.67% of your salary while disabled. In addition, your medical, dental and life insurance programs remain in force and a continued contribution to your retirement plan is made. STD benefit starts after a 10 working day wait period.

LONG TERM DISABILITY

PREMIUM: USU pays 100%

This program covers disabilities that extend beyond 150 days. LTD pays at the rate of 66.67% of your salary. A continued contribution to your retirement plan will be made by the disability vendor.

SICK LEAVE

Employees are provided 12 days of sick leave per calendar year. Unused sick leave may accumulate to a maximum of 130 days.

VACATION AND HOLIDAYS

ANNUAL LEAVE

Annual leave is earned according to the following schedule:

<u>BEGINNING YEAR</u>	<u>DAYS ANNUAL LEAVE</u>
• 0 through 4	12 days
• 5 through 9	18 days
• 10+ years	22 days

HOLIDAYS

Staff members earn 12 paid holidays per year.

EMPLOYEE TERM LIFE INSURANCE

USU pays the premium for Basic Term Life insurance of one times annual salary rounded to the nearest \$1,000 to a maximum of \$250,000. A new hire may enroll in supplemental insurance up to a lesser of five times annual salary or \$400,000 without evidence of insurability. In addition, supplemental life can be increased in units of \$10,000 to a maximum of \$1,500,000 with evidence of insurability.

In addition, supplemental Accidental Death & Dismemberment insurance coverage is available to an employee and their family (if applicable) for a modest premium.

VOLUNTARY DEPENDENT TERM LIFE INSURANCE

You may enroll your spouse and dependent children in a number of term life insurance programs.

Basic life (\$1.00 mo): \$10,000 coverage for spouse and \$5,000 for dependents.

Employee and dependent life insurance options include double indemnity in case of accidental death.

Voluntary Dependent Life insurance for a spouse may be increased in units of \$10,000 to a maximum of \$250,000 (proof of insurability is required after \$20,000). Dependent coverage may be increased in units of \$5,000 to a maximum of \$20,000 per dependent.

OTHER IMPORTANT BENEFITS

- Tax deferred and roth supplemental retirement accounts
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Reduced USU tuition of 50% (according to policy)
- Free audit of University courses
- USU Bookstore discount
- I.D. card privileges and discounts
- Auto and Homeowners Program
- Employee Assistance Program

Additional and specific information may be obtained in the Human Resource office regarding these programs

This statement is prepared in non-technical language and only highlights your benefits. Specific technical interpretation of the benefits provided is available in the various legal documents providing coverage. The benefits outlined here are based upon your eligibility according to the terms of your appointment and the assumption that you have enrolled in the programs. Several programs require premium sharing on the part of the employee.