SUMMARY OF BENEFITS 2019-2020

THE AVERAGE VALUE OF YOUR EMPLOYEE BENEFITS
While salaries differ, the average tax-free benefit is equal to approximately 45% of your annual income, excluding the value of paid time off.

USU SELF-FUNDED MEDICAL PLAN
Administered by Regence Blue Cross/Blue Shield. Premiums are based on salary, number of people enrolled, plan selected, and network (PVC/PAR).

<table>
<thead>
<tr>
<th>EMPLOYEE ONLY</th>
<th>BLUE PLAN</th>
<th>WHITE PLAN</th>
<th>HIGH DEDUCTIBLE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>$24,999 or less</td>
<td>$64.47/$96.47</td>
<td>$22.49/$52.49</td>
<td>$5.64/$37.64</td>
</tr>
<tr>
<td>$25,000-$37,999</td>
<td>$81.23/$131.23</td>
<td>$28.34/$58.34</td>
<td>$7.10/$39.10</td>
</tr>
<tr>
<td>$38,000-$57,999</td>
<td>$102.34/$134.34</td>
<td>$35.70/$65.70</td>
<td>$8.95/$40.95</td>
</tr>
<tr>
<td>$58,000 or more</td>
<td>$128.94/$160.94</td>
<td>$44.98/$74.98</td>
<td>$11.27/$43.27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYEE +1</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$24,999 or less</td>
<td>$145.06/$213.06</td>
<td>$50.61/$113.61</td>
<td>$12.68/$80.68</td>
</tr>
<tr>
<td>$25,000-$37,999</td>
<td>$182.77/$250.77</td>
<td>$63.76/$126.76</td>
<td>$15.98/$83.98</td>
</tr>
<tr>
<td>$38,000-$57,999</td>
<td>$230.27/$298.27</td>
<td>$80.33/$143.33</td>
<td>$20.13/$88.13</td>
</tr>
<tr>
<td>$58,000 or more</td>
<td>$290.12/$358.12</td>
<td>$101.21/$164.21</td>
<td>$25.36/$93.36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYEE +2 OR MORE</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$24,999 or less</td>
<td>$209.53/$306.53</td>
<td>$73.10/$162.10</td>
<td>$18.32/$115.32</td>
</tr>
<tr>
<td>$25,000-$37,999</td>
<td>$263.99/$360.99</td>
<td>$92.10/$181.10</td>
<td>$23.08/$120.08</td>
</tr>
<tr>
<td>$38,000-$57,999</td>
<td>$332.61/$429.61</td>
<td>$116.04/$205.04</td>
<td>$29.08/$126.08</td>
</tr>
<tr>
<td>$58,000 or more</td>
<td>$419.07/$516.07</td>
<td>$146.20/$235.20</td>
<td>$36.64/$133.64</td>
</tr>
</tbody>
</table>

MEDICAL & EXTENDED BENEFITS
White Plan: Annual up-front deductible of $750 per person/ $1,500 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.

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.

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 & 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%.

PRESCRIPTIONS
White Plan: $10 Generic; 35% Formulary; 50% Non-Formulary. Maximum out of pocket of $1,750 per person per year.

Blue Plan: $10 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.
SHORT TERM DISABILITY

PREMIUM
USU $7.08/month
Employee $6.00/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 premiums for medical and dental insurance programs are waived, and contributions to your retirement plan continue. STD benefit starts after a 10 working day waiting 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.

VACATION & HOLIDAYS

ANNUAL LEAVE
Non-exempt benefited employees earn annual leave according to the following schedule:

SERVICE YEARS
- Hire Date to 5 years: 12 days/year
- 5 to 10 years: 18 days/year
- 10+ years: 22 days/year

Exempt Staff and Fiscal Year Faculty earn annual leave at the rate of 14.67 hours per month or 22 days per year.

HOLIDAYS
Benefited employees earn 12 holidays per year.

SICK LEAVE
Benefited employees are provided 12 days of sick leave per calendar year (accrual of one day per month). Unused sick leave may accumulate to a maximum of 130 days.

RETIREMENT
USU contributes 14.2% of your annual gross earnings to a 401(a) retirement plan. The contributions are immediately vested, and you may choose between numerous investment options. New employees already part of the Utah Retirement System will receive service credit and will have the opportunity to remain in URS.

DENTAL INSURANCE

MONTHLY PREMIUM
Single: $11.24
EE+1: $22.48
Family: $36.53

BASE 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%.

EYEMED
A voluntary vision benefit for contact lenses or eyeglasses is available to all benefited employees through EyeMed.

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.
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. 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 the following term life insurance programs.

BASIC LIFE ($1.00/MO)
$10,000 of coverage for spouse and $5,000 for dependents.

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 plans
- 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
- Legal Services

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

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