### USU Self-Funded Medical Plan
**Administered by Blue Cross/Blue Shield**

#### Monthly Premiums

<table>
<thead>
<tr>
<th>Base Salary</th>
<th>Monthly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Valuecare/Participating Networks</td>
</tr>
<tr>
<td>$24,999 or less</td>
<td>$21.27/$50.27</td>
</tr>
<tr>
<td>$25,000-$37,999</td>
<td>$26.80/$55.80</td>
</tr>
<tr>
<td>$38,000-$57,999</td>
<td>$33.77/$62.77</td>
</tr>
<tr>
<td>$58,000 or more</td>
<td>$42.54/$71.54</td>
</tr>
</tbody>
</table>

#### 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/ $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.

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

**Blue Plan**: You pay $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.

#### 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).

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**Dental Insurance**

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>EE + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$11.24</td>
<td>$22.48</td>
</tr>
</tbody>
</table>

**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%.

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**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.

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**Social Security / Medicare**
USU shares the cost of your Social Security/Medicare benefits by contributing 7.45% 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.

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**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.

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*This is an estimate based on in-network pricing.
For more information visit: [https://hr.usu.edu/benefits/healthcare/index](https://hr.usu.edu/benefits/healthcare/index)
**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 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**

Members of staff 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**

*Academic Year Faculty:* No annual leave earned.

*Non-Exempt Staff:* Annual leave is earned according to the following schedule:

<table>
<thead>
<tr>
<th>Beginning Year</th>
<th>Days Annual Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 through 4</td>
<td>12 days</td>
</tr>
<tr>
<td>5 through 9</td>
<td>18 days</td>
</tr>
<tr>
<td>10+ years</td>
<td>22 days</td>
</tr>
</tbody>
</table>

*Exempt Staff/Fiscal Year Faculty:* Annual leave is earned at the rate of 14.67 hours per month or 22 days per year. Leave earnings are based on the calendar year. No more than a maximum of 30 days may be carried forward each year.

**HOLIDAYS**

Employees 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.

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.

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 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 Insurance 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.