UNIVERSITY of DUBUQUE

Benefit Overview

Faculty

ELIGIBILITY:

- Employees must work a minimum of 30 hours/week on a consistent basis to be eligible for benefits.
- If an Employee's spouse is working and eligible for coverage through his or her employer's group health
 plan to which the employer contributes any portion and that provides comprehensive medical benefits,
 the spouse will only be eligible for secondary coverage under this Plan. This applies to the medical plan
 only

WELLMARK HEALTH INSURANCE – Effective 1/1/2021

| AAFFFIAIVIVI | IILALIII IIVSONAIVEL | Lifective 1/1/2021 | |
|--|----------------------|--------------------|----------------------|
| Coverage | <u>Plan A</u> | <u>Plan B</u> | <u>Plan C</u> |
| Deductibles (In / Out of Network) | | · | |
| Single | \$500 | \$0 | \$2,800 |
| Employee +1 | \$1,000 | \$0 | \$5,600 |
| Family | \$1,000 | \$0 | \$5,600 |
| Medical Out of Pocket Max (In-Network) | | | |
| Single | \$1,250 | \$0 | \$4,000 |
| Employee +1 | \$2,500 | \$0 | \$8,000 |
| Family | \$2,500 | \$0 | \$8,000 |
| Medical Out of Pocket Max (Out-of-Networ | ·k) | | |
| Single | \$1,500 | \$0 | \$8,000 |
| Employee +1 | \$3,000 | \$0 | \$16,000 |
| Family | \$3,000 | \$0 | \$16,000 |
| Coinsurance | | | |
| In-Network (Plan/Indiv) | 80%/20% | 100%/0% | 70%/30% |
| Out-of-Network (Plan/Indiv) | 60%/40% | 100%/0% | 60%/40% |
| Rx Out of Pocket Max | | | |
| Single | \$500 | \$500 | |
| Employee +1 | \$1,000 | \$1,000 | Included in Medical |
| Family | \$1,000 | \$1,000 | |
| RX copays | | | |
| Generic | \$10 | \$0 | 30% after deductible |
| Name Brand | \$30 | \$30 | 30% after deductible |
| Specialty | \$100 | \$100 | 30% after deductible |
| | | | |
| Premiums | | | |
| Single | \$425 | \$730 | \$148 |
| Employee +1 | \$700 | \$1,150 | \$300 |
| Family | \$800 | \$1,320 | \$320 |
| Discount | \$197 | \$197 | Not Applicable |
| Single (After Discount) | \$228 | \$533 | Not Applicable |
| Employee +1 (After Discount) | \$503 | \$953 | Not Applicable |
| Family (After Discount) | \$603 | \$1,123 | Not Applicable |
| | | | |

DENTAL-SISCO

Family premium: \$40/monthSingle premium: \$12.50/month

| Coverage | | | | |
|---|--|--|--|--|
| Annual Deductible | | | | |
| Individual | \$50 | | | |
| Family | \$100 | | | |
| Benefit Percentage for Dental Expenses | | | | |
| Class I (Diagnostic and Preventive Services) | 100% no Deductible required | | | |
| Class II (Basic Restorative Services) | 80% after the Annual Deductible | | | |
| Class III (Major Restorative Services) | 50% after the Annual Deductible | | | |
| Class IV (Orthodontia; limited to Dependent children up to age 19) | 50% after the Annual Deductible | | | |
| Maximum Annual Benefit per Individual Classes I, II, & III Combined | \$1,500 per Covered Individual per Calendar Year | | | |
| Maximum Lifetime Benefit per Individual Class IV | \$1,000 per Covered Individual (limited to Dependent children up to age 19) | | | |

Enrollment for coverage is required within 31 days of the date an individual would otherwise be eligible. If enrollment is sought after that time, or after a previous termination of coverage, or because of failure to make a contribution when due, the individual will be considered a late enrollee. A late enrollee will only be eligible for \$150 in benefits during the first twelve (12) months of coverage. If enrollment is sought to replace comparable existing coverage under another plan, the total benefits limitation will not apply.

VISION-SISCO

Family premium: \$18.95/monthSingle premium: \$7.20/month

| Coverage | | |
|----------------------|---|--|
| Deductible | None | |
| Benefit | 100% of Scheduled Allowances | |
| Scheduled Allowances | | |
| Eye Examination | 100% of Usual, Customary & Reasonable Allowance | |
| Frames | \$60 | |
| Single Lens | \$40 per pair | |
| Bifocal Lens | \$55 per pair | |
| Trifocal Lens | \$70 per pair | |
| Lenticular Lens | \$95 per pair | |
| Contact Lens | \$100 per pair | |
| Limitation | One set of frames and lenses OR one regimen of contacts (but not both) in a benefit period. (Does not cover sunglasses.) | |

Exam and lenses available once every 24 months for individuals age 18 and over; once every 12 months for persons under age 18. Frames available once every 24 months.

FLEXIBLE SPENDING PLAN-SISCO

Medical/Dental/Vision Reimbursement Plan

- Employee reduces salary with pre-tax dollars to be used for Health, Dental and Vision expenses not covered by insurance, but are eligible for deduction as set by IRS guidelines
- 2021 Contribution Limit \$2,750
- Effective 1/1/2021
 - Debit Cards will be issued and can be utilized for medical, dental, and vision expenses. Expenses can also be submitted to SISCO manually using the Reimbursement Form.
 - o See your SISCO Flex Packet for additional details.

Dependent Care Assistance Plan

- Only for eligible dependent care expenses, deduction is pre-tax dollars consistent with IRS guidelines
- 2021 Contribution Limit
 - o \$5,000 for individuals or married couples filing jointly
 - \$2,500 for a married person filing separately
 - Married couples have a combined \$5,000 limit, even if each has access to a separate dependent care FSA through his or her employer.

LIFE INSURANCE

- Amount of coverage is dependent on annual salary
- University pays 50% of the total premium for coverage equal to amount of employee's annual salary
- An additional option includes dependent life limited to \$2,000.00 for children
- Dependent life is \$.50 each month
- Supplement life is also available
- Cost to the employee is \$.115 per \$1,000.00 of annual earnings

LONG TERM DISABILITY

- 60% of basic monthly earnings not to exceed the maximum monthly benefit. The maximum monthly benefit is \$5,000.00
- Eligible for benefits after disability prevents the employee from working his/her regular job for 90 consecutive days
- University pays 50% of the total premium
- Cost to the employee is \$.21 per \$100.00 of monthly earnings

RETIREMENT PLAN

• Effective Jan. 1, 2021 all non-student employees are eligible to participate in the retirement plan through TIAA- CREF, T Rowe Price, or Vanguard. All regular full-time and part-time employees excluding adjunct earnings will be eligible for the UD match. Student workers are not eligible. If an eligible employee contributes 5% of base earnings, the University will match up to 7% of base earnings as noted below:

| Elective Deferral | UD Match |
|-------------------|----------|
| 1% | 1% |
| 2% | 2% |
| 3% | 3% |
| 4% | 4% |
| 5% | 7% |
| 6% | 7% |
| 7% | 7% |

AFLAC

• A Representative will contact new employees to discuss options available.

TUITION REMISSION

- Full-time employees and their dependents are eligible for up to 100% tuition remission for first degree undergraduate courses.
- The University is also affiliated with the CIC and Presbyterian Exchange programs. These programs are offered, when available, to full-time employees only.
- See the Tuition Remission Policy for additional information.