UNIVERSITY of DUBUQUE

Benefit Overview

Exempt & Non-Exempt Status

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

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-Network	(₁)			
Single	\$1,500	\$0	\$8,000	
Employee +1	\$3,000	\$0	\$16,000	
Family	\$3,000	\$0	\$16,000	
Coinsurance				
In-Network (<i>Plan/Indiv</i>)	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	
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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
 - \$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.

SICK LEAVE

• Sick leave is accrued at the rate of one working day for each month of employment and may be carried over from year to year with no maximum accumulative limit.

VACATION

- Eligible employees accrue vacation on a monthly basis relative to employment status
- Full-time employees, except certain employment classes, are eligible for 160 hours of paid vacation annually. Please see Human Resources for more information.

PAID HOLIDAYS

• See holidays at http://www.dbq.edu/AboutUD/Employment/HolidaySchedule/