



IDAHO STATE UNIVERSITY

FRINGE BENEFITS SUMMARY FY2012

Plan Year: July 1, 2011-June 30, 2012

- Dependent children may be eligible up to age 26, so long as they are not eligible for other group coverage after their 25th birthday.
- Dependent children under age 19 will not have a medical plan pre-existing condition waiting period.
- Employees are eligible for coverage the first day of the month following start date.

Blue Cross of Idaho

For a network of providers see www.bcidaho.com

1-866-804-2253

BENEFIT PROVISION For Active Employees	High Deductible	Traditional	PPO	
			In-Network	Out-of-Network
Annual Deductible	\$2,000 Individual \$6,000 Family	\$350 Individual \$1,050 Family	\$250 Individual \$750 Family	\$500 Individual \$1,500 Family
Annual Benefit Maximum	\$1,250,000			
Out of Pocket Maximum	\$5,000 Individual \$10,000 Family	\$4,300 Individual \$8,600 Family	\$3,250 Individual \$6,750 Family	\$6,500 Individual \$13,500 Family
<ul style="list-style-type: none"> ▪ Ambulance ▪ Transportation ▪ Dental Services Related to Injury to Sound Natural Teeth ▪ Diagnostic Services ▪ DME, Prosthetics, Orthotics ▪ Emergency Services ▪ Hospital Services ▪ Medical Professional Services ▪ Surgical Services ▪ Therapy Services (chemo, radiation, etc.) ▪ Mental Health 	70% of allowable charges after deductible	80% of allowable charges after deductible	85% of allowable charges after deductible	70% of allowable charges after deductible
Physician Office Visits	70% of allowable charges after deductible	80% of allowable charges after deductible	\$20 Co-payment (office exam only, services subject to deductible and coinsurance)	70% of allowable charges after deductible
Chiropractic Care	70% of allowable charges after deductible for contracting providers; 50% of allowable charges after deductible for non-contracting providers; Limited to \$500 per insured per benefit period.	80% of allowable charges after deductible for contracting providers; 50% of allowable charges after deductible for non-contracting providers; Limited to \$500 per insured per benefit period.	85% of allowable charges after deductible	50% of allowable charges after deductible
Home Health Skilled Nursing Services	70% of allowable charges after deductible; limited to \$5,000 per insured per benefit period	80% of allowable charges after deductible; limited to \$5,000 per insured per benefit period	85% of allowable charges after deductible	70% of allowable charges after deductible
Hospice Services	100% of allowable charges; No deductible required; No benefits for non-contracting providers; \$10,000 lifetime maximum benefit.	100% of allowable charges; No deductible required; No benefits for non-contracting providers; \$10,000 lifetime maximum benefit.	100% of allowable charges; No deductible required; \$10,000 lifetime maximum benefit.	No benefits

BENEFIT PROVISION For Active Employees	High Deductible	Traditional	Blue Cross of Idaho PPO	
Mammography (Preventive Screening Mammogram)	Covered under wellness benefits	Covered under wellness benefits	\$20 co-payment	70% of allowable charges after deductible
Mammography (All other diagnostic mammograms)	70% of allowable charges after deductible	80% of allowable charges after deductible	85% of allowable charges after deductible	70% of allowable charges after deductible
Maternity Services	70% of allowable charges after deductible	80% of allowable charges after deductible	85% of allowable charges after deductible	70% of allowable charges after deductible
Routine Newborn Nursery Services	Allowable benefits for newborn nursery services, subject to deductible and coinsurance	Allowable benefits for newborn nursery services, subject to deductible and coinsurance	Allowable benefits for newborn nursery services, subject to deductible and coinsurance	
Outpatient Therapy Services	70% of allowable charges after deductible Limited to \$1,000 per insured per benefit period for outpatient occupational, speech and respiratory therapy services combined.	80% of allowable charges after deductible Limited to \$1,000 per insured per benefit period for outpatient occupational, speech and respiratory therapy services combined	50% of allowable charges after deductible Limited to \$2,000 per insured per benefit period for outpatient speech, physical and occupational therapy services combined	No benefits
Outpatient Physical Therapy	70% of allowable charges after deductible; limited to \$800 per insured per benefit period	80% of allowable charges after deductible; limited to \$800 per insured per benefit period	See Outpatient Therapy Services	No benefits
Inpatient Physical Rehabilitation	70% of allowable charges after deductible; limited to \$15,000 per insured per benefit period	80% of allowable charges after deductible; limited to \$15,000 per insured per benefit period	85% of allowable charges after deductible \$150,000 lifetime benefit limit	No benefits
Temporomandibular Joint Syndrome (TMJ)	70% of allowable charges after deductible; limited to \$2,000 per lifetime	80% of allowable charges after deductible; limited to \$2,000 per lifetime	No benefits	No benefits
PRESCRIPTION DRUG BENEFITS (HIGH DEDUCTIBLE, TRADITIONAL AND PPO)				
Network and Non-network Dispensing	Network Pharmacy Co-payments		Generic vs. Brand Name	
30—day supply per co-payment	<ul style="list-style-type: none"> ▪ Generic-\$10 copayment ▪ Formulary Brand Drugs - \$25 copayment ▪ Non-formulary Brand - \$50 copayment 		Certain prescription drugs have generic equivalents. If the Insured requests a Brand Name Drug, the Insured is responsible for the difference between the price of the Generic Drug and the Brand Name Drug, regardless of the Formulary or Non-Formulary status.	
DIABETIC SUPPLIES (TRADITIONAL AND PPO)				
<ul style="list-style-type: none"> ▪ Insulin syringes and needles covered within 30 days of insulin purchase, subject to one prescription drug co-payment; after 30 days, insured pays 100% ▪ \$10 co-payment per item; blood sugar diagnostics, lancets, swabs and test strips. 				
CONTRACEPTIVES				
<ul style="list-style-type: none"> ▪ Oral contraceptives only are covered for the enrolled employee or employee's enrolled spouse. ▪ Birth control prescription drugs are not covered for dependent children. 				

WELLNESS/PREVENTATIVE SERVICES

www.wellness.idaho.gov

High Deductible	Traditional	PPO	
		In-Network	Out-of-Network
<ul style="list-style-type: none"> Specifically listed preventative care covered services are covered at 100%, up to a \$250 maximum benefit per insured. When maximum has been met, specifically listed preventative care covered services are subject to deductible and coinsurance. 	<ul style="list-style-type: none"> Specifically listed preventative care covered services are covered at 100%, up to a \$250 maximum benefit per insured. When maximum has been met, specifically listed preventative care covered services are subject to deductible and coinsurance. 	<ul style="list-style-type: none"> \$20 co-payment, then 100% coverage for specifically listed benefits. 	<ul style="list-style-type: none"> No wellness benefits except for screening mammography services at 70% of allowable charges after deductible.

Specific Services: Well baby and well child care; routine or scheduled examinations, including Rubella and PKU tests; adult annual exams, including pap tests, fecal occult blood test, PSA tests and cholesterol panel, Complete Blood Count, (CBC) and Blood Chemistry Panel, (SMAC) tests. Immunizations. No travel vaccines. For preventative screening mammograms, see mammograms on prior pages. Preventative care services not listed are subject to deductible and coinsurance.

State Wellness Program: Includes a Tobacco Cessation program, Weight Loss Management program and Disease Management Program. The Disease Management Program focuses on three chronic ailments, Asthma, Congestive Heart Failure and Diabetes.

Vision Benefits

Vision Services Plan

1-800-877-7195 www.vsp.com

Professional Fees	
<ul style="list-style-type: none"> Eye Exam, up to 	\$ 32.00
Materials—lenses per pair	
<ul style="list-style-type: none"> Single vision, up to Bifocal, up to Trifocal, up to Lenticular, up to Frame, up to 	\$ 32.00 \$ 60.00 \$ 72.00 \$100.00 \$ 30.00
Contact Lenses—per pair (evaluation, materials and fittings only)	\$ 47.00
<ul style="list-style-type: none"> Elective, up to Medically Necessary, up to 	\$100.00
Service Frequency Limitations	<ul style="list-style-type: none"> Insured may receive one eye exam every twelve months Insured may receive one pair of spectacle lenses or contact lenses every twelve months Insured may receive one frame every twenty-four months

VSP Provider Benefit:

20% discount on complete pair of prescription glasses and/or 15% discount on doctor's professional services (exams associated with contact lenses) if your doctor is a VSP provider. Your VSP provider will submit billing for you.

Dental Benefits

Blue Cross of Idaho

www.bcidaho.com 1-866-804-2253

Plan Features	Premier Provider	PPO Provider
Annual Deductible	\$25 per person	\$25 per person
Annual Maximum Benefit, not including orthodontics	\$1,000 per person,	\$1,000 per person
Diagnostic and Preventative Services – exams and cleanings (once every six months); x-rays	70% of allowable charges	80% of allowable charges, deductible not required
Basic Restorative Services (fillings and repairs)	70% of allowable charges	80% of allowable charges
Oral Surgery, Periodontics, Endodontics (root canals)	50% of allowable charges	80% of allowable charges
Major Restorative Services (crowns, dentures, bridges), after 1 year waiting period	50% of allowable charges	50% of allowable charges
Orthodontia—Limited to dependents 17 and under after 1 year waiting period	50% of allowable charges up to \$1,000 lifetime maximum	50% of allowable charges up to \$1,000 lifetime maximum

FY2011 BIMONTHLY MEDICAL AND DENTAL PREMIUM RATES

Tier 3 (36 to 40 hours per week)

Employer Medical Contribution \$340.63, Employer Dental Contribution \$11.03

	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee, Spouse & Child	Employee, Spouse & Children
PPO Plan	\$15.00	\$38.50	\$26.00	\$35.50	\$48.00	\$54.50
Traditional Plan	\$18.50	\$47.00	\$32.50	\$43.00	\$58.50	\$65.50
High Deductible Plan	\$12.00	\$32.50	\$21.50	\$29.50	\$40.50	\$45.50
Dental	\$ 3.87	\$18.12	\$15.25	\$23.25	\$25.87	\$29.87

Tier 2 (28 – 35.9 hours per week)

Employer Medical Contribution \$272.50, Employer Dental Contribution \$8.82

	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee, Spouse & Child	Employee, Spouse & Children
PPO Plan	\$83.12	\$106.62	\$94.12	\$103.62	\$116.12	\$122.62
Traditional Plan	\$86.62	\$115.12	\$100.62	\$111.12	\$126.62	\$133.62
High Deductible Plan	\$70.06	\$90.56	\$79.56	\$87.56	\$98.56	\$103.56
Dental	\$ 6.08	\$ 20.33	\$ 17.45	\$ 25.45	\$ 28.08	\$ 32.08

Tier 1 (20 – 27.9 hours per week)

Employer Medical Contribution \$204.38, Employer Dental Contribution \$6.62

	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee, Spouse & Child	Employee, Spouse & Children
PPO Plan	\$151.25	\$174.75	\$162.25	\$171.75	\$184.25	\$190.75
Traditional Plan	\$154.75	\$183.25	\$168.75	\$179.25	\$194.75	\$201.75
High Deductible Plan	\$128.12	\$148.62	\$137.62	\$145.62	\$156.62	\$161.62
Dental	\$ 8.29	\$ 22.54	\$ 19.66	\$ 27.66	\$ 30.29	\$ 34.29

MENTAL HEALTH BENEFITS
ComPsych
(877) 427-2327 www.bpahealth.com

Employee Assistance Program, (EAP)

All employees and their dependents, regardless of whether of not they are enrolled in the Blue Cross of Idaho Medical Plan have up to 5 one-hour sessions per family member each benefit year. These sessions have no out-of-pocket co-payment and do not count against the available Mental Health and Substance Abuse Services. **EAP benefits must be pre-authorized through ComPsych.**

Mental Health and Substance Abuse Services

Through the State's Group Health Insurance Coverage there are services for emotional, behavioral, mental health and substance abuse issues for each enrolled individual. Expenses for both inpatient and outpatient mental health and substance abuse services may be applied to your Blue Cross of Idaho Medical Plan deductible and coinsurance, (PPO or Traditional). There is a maximum of 8 days of inpatient care or 30 visits for outpatient care per person, per benefit period available in the plan.

Mental Health Benefits must be Pre-Authorized through ComPsych, (877) 427-2327.

DISABILITY INSURANCE/ LIFE INSURANCE
Principal Financial Group

The State provides disability and life insurance coverage for employees and their dependents at no cost to the employee; coverage is as follows:

Disability insurance provides for 60% of the employee's salary after a 30 day waiting period or after all sick leave has been exhausted, (whichever is longer), for a total period of 6 months. If disabled longer, long-term disability is applied through the State of Idaho and provides 60% income replacement, up to a maximum of \$3,750 per month.

Basic Life Insurance

Employee: 1 time annual salary rounded up to the next \$1,000, (double indemnity for accidental death)
Spouse: \$2,000, (no accidental death provision)
Dependent Children: \$1,000, (ages 10 days to 25 years, no accidental death provision)

Supplemental Group Term Life Insurance

Additional term life insurance may be purchased in the **amount of the employee's annual salary** rounded up to the next \$1,000 by paying a premium determined by the following rate schedule, (multiply rate by annual salary in thousands):

Age	Monthly Premiums Per \$1,000 Coverage	Age	Monthly Premiums Per \$1,000 Coverage
35 and Under	\$0.08	56-60	\$0.77
36-40	\$0.12	61-65	\$1.04
41-45	\$0.17	66-70	\$1.59
46-50	\$0.27	71-75	\$2.27
51-55	\$0.43	76-80	\$3.43
		81-85	\$5.11

FLEXIBLE SPENDING ACCOUNTS
Stanley, Hunt, DuPree, & Rhine Inc.
(864) 527-0600 www.shdr.com

Flexible spending accounts allow for out-of-pocket medical expenses and dependent day care expenses to be reimbursed with pre-tax dollars. Elections to participate may be made during annual Open Enrollment periods (**after the first 10 months of continuous state employment for new hires**). The Dependent Care Account allows you to set aside up to \$5,000 per plan year to pay for eligible dependent daycare expenses. The Medical Reimbursement Account allows you to set aside up to \$3,000 per plan year to pay for eligible health care expenses such as deductibles, coinsurance, co-pays, prescription drugs, orthodontia and hearing aids. **Money left in either account after the plan year claim filing period ends is lost and cannot be carried over into the next year.**

RETIREMENT PLANS:

Classified employees are enrolled in the **Public Employee Retirement System of Idaho (PERSI)**.

5 year vesting period

Employee contribution biweekly to PERSI is **6.23%**

Employer contribution to PERSI is **10.39%**

Non-Classified employees and Faculty not previously vested with PERSI are enrolled in the **Optional Retirement Plan (ORP)**, choosing **VALIC** or **TIAA-CREF** as the retirement vendor.

Vesting is immediate.

Employee biweekly pre-tax contribution to ORP is **6.97%**

Employer biweekly contribution to ORP is **9.27%**

Dental, Medical, and Pharmacy Residents do not receive retirement benefits.

The University offers supplemental retirement options such as a 401(k), (PERSI members only), 403(b), and/or 457(b) to faculty and staff. For a list of supplemental retirement vendors, see www.isu.edu/humanr.

VACATION LEAVE:

- Faculty and Non-Classified staff on 12-month contracts earn vacation at the rate of 7.4 hours each biweekly pay period with a 240 hour cap.
- Non-classified staff on 9, 10, or 11-month contracts earn vacation at the rate of 7.4 hours each biweekly pay period during the months worked with a 240 hour cap.
- Classified employees start earning vacation at the rate of 3.7 hours each biweekly pay period with a 192 hour cap, (rate and cap increase with longevity).
- Faculty members on 9, 10, or 11-month contracts do not earn vacation.
- Dental, Medical, and Pharmacy Residents do not earn vacation.
(Based on 80 hours/payroll period)

SICK LEAVE:

Sick leave is accrued at the rate of 3.7 hours each biweekly pay period with no cap.

(Based on 80 hours/payroll period)

TUITION REDUCTION*

All Permanent employees and spouses are eligible for tuition reduction for classes at the University (\$5.00 per credit plus a \$20.00 registration fee/semester).

* New employees/spouses with a start date on or before the first day of classes and who work at least half of the semester/session will be eligible for fee reduction that semester/session.

FACULTY/STAFF CARDS:

All permanent employees and spouses/partners are eligible for a faculty/staff card, which can be used for the following privileges. Cards are available at Public Safety after employees have completed paperwork in Human Resources.

- Use of the University Library
- Check cashing privileges at the cashier's office or Bookstore on campus.
- Reduced rates for season athletic passes and applicable theater productions
- Bengal Movie Theater: ISU Faculty/Staff \$1 • Guests \$2 • Children \$1
- Family use of facilities in Reed Gymnasium: tennis courts, racquetball courts, basketball courts, swimming pool, jogging track, aerobics, weight room, climbing wall etc.

PARKING PERMIT PRICES:

General Parking Permits - \$150 per year

Reserved Lots - \$300 per year

OTHER RESOURCES:

To access the Idaho State University Faculty and Staff Handbook visit www.isu.edu/fs-handbook.

For further information, contact ISU Human Resources, www.isu.edu/humanr, (208) 282-2517, or the State of Idaho, Office of Insurance Management, (800) 531-0597 <http://adm.idaho.gov/insurance/contracts.htm>.*

*This flyer presents general benefit information. In the event of any conflict between the information in this flyer and the Plan provisions, the Plan documents and insurance contracts will govern.