

**IDAHO STATE UNIVERSITY
FRINGE BENEFITS SUMMARY FY2020***

Plan Year: July 1, 2019 - June 30, 2020

*This is an overview of the benefits program administered by the State's Office of Group Insurance (OGI)
In the event of any conflict between the information in this flyer and the plan provisions,
the plan documents and insurance contracts will govern.*

<https://ogi.idaho.gov/benefits-plans/>

Medical Benefits

Blue Cross of Idaho

1-866-804-2253 or 1-800-627-1188

For a network of providers see: members.bcoidaho.com

For full details see: <https://ogi.idaho.gov/medical/>

Benefit Provision For Active Employees	PPO		Traditional	High Deductible
	In-Network	Out-of-Network		
Annual Deductible	\$350 Individual \$950 Family	\$600 Individual \$1,700 Family	\$450 Individual \$1,250 Family	\$2,000 Individual \$6,000 Family
Out of Pocket Maximum	\$3,250 Individual \$6,750 Family	\$6,500 Individual \$13,500 Family	\$4,300 Individual \$8,600 Family	\$5,000 Individual \$10,000 Family
Co-insurance	\$20 co-pay/85% of allowable charges after deductible	70% of allowable charges after deductible	80% of allowable charges after deductible	70% of allowable charges after deductible

Wellness/Preventative Services

For full details see: <https://ogi.idaho.gov/medical/>

Benefit Provision For Active Employees	PPO	PPO	Traditional	High Deductible
	In-Network	Out-of-Network		
Wellness/Preventive Care	No co-pay for listed services	70%	100%	100%

Prescription Drug Benefits

For a list of pharmaceutical providers see:

https://www.caremark.com/wps/myportal/PHARMACY_LOCATOR_FAST

For full details see: <https://ogi.idaho.gov/prescription-drug>

Tier	PPO Copay	Traditional Copay	High-Deductible (Subject to deductible) Co insurance
Tier 1: Generic	\$10	\$10	30%
Tier 2: Formulary Brand Name	\$30	\$30	30%
Tier 3: Non-Formulary Brand Name	\$60	\$60	30%
Tier 4: Specialty Drugs	\$100	\$100	30%

CVS Mail Order Pharmacy

ogi.idaho.gov/prescription-drug/

Getting your ongoing prescription medication is even easier with CVS Caremark Mail Order Pharmacy. Have your maintenance medications (medications you take regularly for a long-term or chronic condition) delivered directly to you, with no additional cost – and you'll even save money as well as time.

**Vision Services Plan (VSP)
1-800-877-7195**

**Participants can choose a VSP network vision care provider or non-network provider;
the benefit is the same, the difference is in the method in which claims are submitted.**

For a list of vision providers see: <https://www.vsp.com/eye-doctor.html>

For full details: ogi.idaho.gov/vision-benefit/

Benefit Feature	FY 2019	Limitations
Eye Exam	\$50	one (1) exam every 12 months
Frame	up to, \$50	one (1) frame every 24 months
Single Vision lenses, pair	up to, \$50	one (1) pair every 12 months
Bifocal lenses, pair	up to, \$80	one (1) pair every 12 months
Trifocal lenses, pair	up to, \$95	one (1) pair every 12 months
Lenticular lenses, pair	up to, \$125	one (1) pair every 12 months
Elective Contacts, pair	up to, \$70	one (1) pair every 12 months
Medically-Necessary Contacts, pair	up to, \$125	one (1) pair every 12 months

**Dental Benefits
Blue Cross of Idaho
1-866-804-2253**

For a list of dental providers see: <https://members.bcidaho.com/>

For full details see: ogi.idaho.gov/dental/

Type	Deductible-PPO	In-Network Contracting Providers-PPO	Deductible-Traditional	In-Network Contracting Providers-Traditional	Out-of-Network Providers	Benefit Limit
Other	\$25	80%	\$25	70%	70%	\$1,500
Orthodontic: <i>Limited to dependents 17 and under after 1 year waiting period</i>	\$25	50%	\$25	50%	50%	\$1,000 (lifetime)
Major: After 1 year waiting period	\$25	50%	\$25	50%	50%	\$1,500
Basic	\$25	80%	\$25	50%	50%	\$1,500
Diagnostic	None	80%	\$25	70%	70%	\$1,500
Preventative	None	80%	\$25	70%	70%	\$1,500

When an employee enrolls in a medical plan they are required to enroll for at least self-only dental coverage. They may continue with self-only coverage, regardless of the number of dependents on their medical plan, or they can elect family dental coverage. The dental premiums are based on the number of people enrolled.

Blue Cross of Idaho WellConnected Program

ogi.idaho.gov/get-healthy

Using the Blue Cross of Idaho portal, members will be able to take advantage of the Well Connected program. Well Connected gives members access to online workshops, health trackers, and personal health assessment. The tools and resources are available to keep you well and help you improve your health.

FY2020 BIMONTHLY MEDICAL AND DENTAL PREMIUM RATES

**Full-Time Tier (30 to 40 hours per week)
Employer Medical Contribution \$474.79 – Dental Contribution \$10.63**

	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee, Spouse & Child	Employee, Spouse & Children
PPO Plan	\$28.00	\$69.50	\$48.00	\$68.00	\$89.50	\$108.00
Traditional Plan	\$34.50	\$84.50	\$59.50	\$84.50	\$109.50	\$125.50
High Deductible Plan	\$11.00	\$29.50	\$19.50	\$28.00	\$38.00	\$46.50
Dental	\$ 4.72	\$21.63	\$18.22	\$27.92	\$30.95	\$35.79

**Part-Time Tier (20 to 29.9 hours per week)
Employer Medical Contribution \$379.83 – Dental Contribution \$8.50**

	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee, Spouse & Child	Employee, Spouse & Children
PPO Plan	\$122.96	\$164.46	\$142.96	\$162.96	\$184.46	\$202.96
Traditional Plan	\$129.46	\$179.46	\$154.46	\$179.46	\$204.46	\$220.46
High Deductible Plan	\$105.96	\$124.46	\$114.46	\$122.96	\$132.96	\$141.46
Dental	\$ 6.85	\$ 23.76	\$ 20.35	\$30.05	\$ 33.08	\$ 37.92

- Premiums withheld on the first and second pay dates of each month.
- Premiums withheld in advance of coverage.
- Dependent children may be eligible up to their 26th birthday.
- Employees are eligible for coverage the first day of the month following start date.

Flexible Spending Accounts

Navia Benefits Solution 1-800-669-3539

For full details see: ogi.idaho.gov/flexible-spending-accounts/

Health Care Flexible Spending Accounts (HCFSA) and/or **Day Care Flexible Spending Accounts (DCFSA)** allow employees to use pre-tax dollars to pay for expenses not covered by health insurance (i.e. copayments, deductibles, prescriptions) and/or dependent care expenses. Employees do not have to enroll in any other health benefit plan to participate in flexible spending.

- Unused **Health Care Flexible Spending Account (HCFSA)** balances up to \$500 will be rolled over to the subsequent plan year. Any Health Care FSA funds in excess to \$500 will be forfeited.
- The grace period allows you to incur Day Care Expenses against the prior plan year through September 15th after the plan year ends. **Day Care (DCFSA)** expenses incurred after the end of the Grace Period are not eligible for reimbursement.

Life Events / Changing Current Benefit Elections

For full details see: <https://ogi.idaho.gov/life-events/>

Eligible employees can elect or decline coverage for themselves or dependents throughout the year for a variety of reasons. To do so an employee must complete and submit a revised Blue Cross Active Employees Group Enrollment Form that is available on the ISU/HR Benefit Forms page at: <https://www.isu.edu/hr/benefits/health-benefits/>

Remember to list all dependents that will be remaining on the insurance, as well as the dependent that will be added on the bottom of the application, forward the completed application to the ISU/ Office of Human Resources located in the Admin. Bldg. #10 or mail to HR - Stop 8107. The rules and effective dates for making those changes depend on the situation or life event.

- ❖ For **new hires**, coverage begins as of the first of the month following date of hire if the enrollment form is submitted within 30-days of date of hire.
- ❖ For **existing employees** electing/declining coverage for themselves or dependents throughout the year, coverage begins the first of the month following date of application.
- ❖ To add a **newborn dependent** to coverage, enrollment forms must be submitted within 60-days of the date of birth for coverage effective as of the date of birth.

Dependent Eligibility Verification (DEV)

HMS Employer Solutions

For full details see: <https://ogi.idaho.gov/eligibility-enrollment/>

Employees who enroll dependents in any of the State's medical plans are required to provide appropriate documentation to meet the eligibility criteria for coverage. **HMS Employer Solutions** conducts the verification process.

- ❖ Following submission of the enrollment form, HMS will contact the employee by email **AND** mail at the email address and mailing address listed on the enrollment form.
- ❖ The communication from **HMS** will include step-by-step instructions to submit the appropriate documentation to verify a dependent's eligibility, as well as a toll-free customer service number.
- ❖ Failure to complete the verification process could result in an interruption in your dependent's coverage.

Employee Assistance Program

ComPsych ID: SOIEAP

(877) 427-2327

For full details see: ogi.idaho.gov/counseling/

All benefit eligible employees and their dependents have access to confidential, short-term counseling to help them handle concerns constructively, before they become major issues. The EAP includes up to 5 visits per person per plan year with no copayment required.

Life Insurance

For full details see: ogi.idaho.gov/life-disability/

Basic Life Insurance: Life insurance is provided by ISU at no cost to the employee. Coverage is in the amount of one times the employee's annual salary rounded up to the nearest thousand. ISU's human resources office will provide the Principle Life Insurance Enrollment/Beneficiary Designation form.

Basic life insurance is also provided for the employee's spouse in the amount of \$2,000 and for the employee's dependent children up to age 26 in the amount of \$1,000 at no cost to the employee.

Voluntary Term Life Insurance:

Employee Coverage: Additional term life insurance may be purchased in 1-3 times the employee's annual salary in coverage rounded up to the next \$1,000. Minimum is \$20,000; Maximum is \$500,000. The following is the 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	\$0.07	56-60	\$0.75
36-40	\$0.11	61-65	\$1.01
41-45	\$0.16	66-70	\$1.55
46-50	\$0.26	71-75	\$2.23
51-55	\$0.41	76-80	\$3.35
		81-85	\$5.00

Spouse Coverage: Is available in \$10,000 increments up to \$50,000.

Child Coverage: For eligible children 0 days (live birth) of age to age 26 in the amount of \$10,000.

Disability Insurance

For full details see: ogi.idaho.gov/life-disability/

Short & Long Term Disability: Disability coverage is included in the Basic Life policy, no special enrollment is required. AD&D provides a percentage of annual salary for certain serious physical losses, including loss of life, due to a covered accident.

Benefit	Waiting Period
Short-Term Disability Provides benefits up to 60% of monthly salary	The longer of: <ul style="list-style-type: none">• 30 continuous days of total disability, or;• 30 continuous days of residual disability, or;• The expiration of all accrued sick leave earned at the date of disability
Long-Term Disability Provides benefits up to 60% of monthly salary. Maximum benefit: \$4,000 per month	The longer of: <ul style="list-style-type: none">• 26 continuous weeks of total disability or residual disability, or;• The exhaustion of all sick leave earned as of the date of total disability or residual disability

IDEal Idaho College Saving Program

1-866-IDEALED/1-866-433-2533

For full details see: <https://www.idsaves.org/>

The Idaho College Savings Program (IDEal) is a state sponsored program to help families save for higher education expenses. The money saved can be used at any accredited school in Idaho; public or private, or at other eligible schools nationwide.

Retirement Plans

- **Classified employees** are enrolled in the **Public Employee Retirement System of Idaho (PERSI)**.
 - ❖ The PERSI Base Plan is a **defined benefit plan**.
 - ❖ 5 year vesting period
 - ❖ Employee contribution biweekly to PERSI is **7.16%**
 - ❖ Employer contribution to PERSI is **11.94%**
- **Non-Classified employees and Faculty** not previously vested with PERSI are enrolled in the **Optional Retirement Plan (ORP)**, choosing **VALIC** or **TIAA** as their retirement vendor.
 - ❖ The Idaho ORP is a **defined contribution plan**.
 - ❖ Vesting is immediate.
 - ❖ Employee biweekly pre-tax contribution to ORP is **6.97%**
 - ❖ Employer biweekly contribution to ORP is **9.255%**
- **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 more information see: <https://isu.edu/hr/benefits/retirement-planning/>

Vacation Leave

- ❖ Full Time Faculty on 12-month contracts earn vacation at the rate of 7.4 hours each biweekly pay period with a 240 hour cap.
- ❖ Full Time Non-Classified, Exempt Staff on 9, 10, 11 or 12-month contracts earn vacation at the rate of 7.4 hours each biweekly pay period during the months worked with a 240 hour cap.
- ❖ Full Time Classified, Full Time Non-Exempt, Non-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). Part Time Classified and Part Time Non-Exempt, Non-Classified earn at a prorated rate.
- ❖ Faculty on 9, 10, or 11-month contracts do not earn vacation, (paid time off determined by Dept.)
- ❖ Dental, Medical, Pharmacy Residents do not earn vacation, (paid time off determined by Dept.)
- ❖ Athletic Coaches do not earn vacation, (paid time off determined by Dept.)

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

For full details see: isu.edu/hr/benefits/other-benefits/

All benefited 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. Dependents who are unmarried and under the age of 26 may be eligible for Dependent Child Tuition Reduction.

Faculty/Staff Cards (Bengal Cards)

For full details see: <https://www.isu.edu/bengalcard/>

All benefited employees and spouses/partners are eligible for a faculty/staff card, which can be used for the following privileges. Cards are available 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 \$2 • Guests \$3 • Children \$2
- ❖ Family use of the swimming pool at the Campus Recreation Center.
- ❖ For a Gym membership, see rates on pamphlet.

Parking Permit Prices

For full details see: <https://www.isu.edu/publicsafety/>

General Parking Permits - \$150 per year

Reserved Lots - \$300 per year