

# IDAHO STATE UNIVERSITY FRINGE BENEFITS SUMMARY FY2019\*

**Plan Year: July 1, 2018 - June 30, 2019**

*\*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.*

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

**Blue Cross of Idaho**  
**1-866-804-2253 or 1-800-627-1188**  
**For a network of providers see: [members.bcidaho.com](https://members.bcidaho.com)**  
**For full details see: <https://ogi.idaho.gov/medical/>**

Benefit Provision For Active Employees	PPO		Traditional	High Deductible
	In-Network	Out-of-Network		
<b>Annual Deductible</b>	\$250 Individual \$750 Family	\$500 Individual \$1,500 Family	\$350 Individual \$1,050 Family	\$2,000 Individual \$6,000 Family
<b>Out of Pocket Maximum</b>	\$3,250 Individual \$6,750 Family	\$6,500 Individual \$13,500 Family	\$4,300 Individual \$8,600 Family	\$5,000 Individual \$10,000 Family
<b>Co-insurance</b>	\$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 In-Network	PPO Out-of- Network	Traditional	High Deductible
<b>Wellness/Preventive Care</b>	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](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 Copay
Tier 1: Generic	\$10	\$10	\$10
Tier 2: Formulary Brand Name	\$25	\$25	\$25
Tier 3: Non-Formulary Brand Name	\$50	\$50	\$50

**CVS Mail Order Pharmacy**  
[ogi.idaho.gov/prescription-drug/](https://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

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

For full details: [ogi.idaho.gov/vision-benefit/](http://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/](http://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%	\$1,000
Orthodontic: <i>Limited to dependents 17 and under after 1 year waiting period</i>	\$25	50%	\$25	50%	50%	\$1,000 (lifetime)
Major: <i>After 1 year waiting period</i>	\$25	50%	\$25	50%	50%	\$1,000
Basic	\$25	80%	\$25	50%	50%	\$1,000
Diagnostic	None	80%	\$25	70%	70%	\$1,000
Preventative	None	80%	\$25	70%	70%	\$1,000

**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](http://ogi.idaho.gov/get-healthy)

Using the Blue Cross of Idaho portal, members will be able to take advantage of the WellConnected 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.

**FY2019 BIMONTHLY MEDICAL AND DENTAL PREMIUM RATES**

**Full-Time Tier (30 to 40 hours per week)**

**Employer Medical Contribution \$569.75 – Dental Contribution \$12.75**

	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child</b>	<b>Employee &amp; Children</b>	<b>Employee, Spouse &amp; Child</b>	<b>Employee, Spouse &amp; Children</b>
<b>PPO Plan</b>	\$27.50	\$69.00	\$47.50	\$64.00	\$86.50	\$99.50
<b>Traditional Plan</b>	\$34.00	\$83.50	\$59.00	\$77.50	\$104.50	\$117.00
<b>High Deductible Plan</b>	\$22.00	\$58.50	\$39.00	\$53.00	\$73.00	\$81.50
<b>Dental</b>	\$ 4.60	\$21.09	\$17.77	\$27.23	\$30.18	\$34.90

**Part-Time Tier (20 to 29.9 hours per week)**

**Employer Medical Contribution \$473.46 – Dental Contribution \$10.20**

	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child</b>	<b>Employee &amp; Children</b>	<b>Employee, Spouse &amp; Child</b>	<b>Employee, Spouse &amp; Children</b>
<b>PPO Plan</b>	\$123.79	\$165.29	\$143.79	\$160.29	\$182.79	\$195.79
<b>Traditional Plan</b>	\$130.29	\$179.79	\$155.29	\$173.79	\$200.79	\$213.29
<b>High Deductible Plan</b>	\$118.29	\$154.79	\$135.29	\$149.29	\$169.29	\$177.79
<b>Dental</b>	\$ 7.15	\$ 23.64	\$ 20.32	\$ 29.78	\$ 32.73	\$ 37.45

- 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 26<sup>th</sup> 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/](http://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 FSA 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 15<sup>th</sup> after the plan year ends. Day Care FSA expenses incurred after the end of the Grace Period are not eligible for reimbursement.

## IDEal Idaho College Saving Program

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

For full details see: <https://www.idsave.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.

## Employee Assistance Program

ComPsych ID: SOIEAP

(877) 427-2327

For full details see: [ogi.idaho.gov/counseling/](http://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/](http://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/](http://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
<b>Short-Term Disability</b> Provides benefits up to 60% of monthly salary	<b>The longer of:</b> <ul style="list-style-type: none"><li>• 30 continuous days of total disability, or;</li><li>• 30 continuous days of residual disability, or;</li><li>• The expiration of all accrued sick leave earned at the date of disability</li></ul>
<b>Long-Term Disability</b> Provides benefits up to 60% of monthly salary. Maximum benefit: \$4,000 per month	<b>The longer of:</b> <ul style="list-style-type: none"><li>• 26 continuous weeks of total disability or residual disability, or;</li><li>• The exhaustion of all sick leave earned as of the date of total disability or residual disability</li></ul>

## **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 **6.79%**
- Employer contribution to PERSI is **11.32%**

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

- 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 a list of supplemental retirement vendors,

See: [isu.edu/hr/benefits/retirement-planning/](http://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**

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. For more information see: [isu.edu/hr/benefits/other-benefits/](http://isu.edu/hr/benefits/other-benefits/)

## **Faculty/Staff Cards (Bengal Cards)**

All benefited 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 \$2 • Guests \$3 • Children \$2
- Family use of the swimming pool at the Campus Recreation Center.
- For a Gym membership, see rates on pamphlet.

For more information see: [isu.edu/bengalcard/](http://isu.edu/bengalcard/)

## **Parking Permit Prices:**

General Parking Permits - \$150 per year

Reserved Lots - \$300 per year

For more information see: [isu.edu/pubsafe/parking\\_menu.shtml](http://isu.edu/pubsafe/parking_menu.shtml)