

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	Plan A	Plan B	Plan C
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)			
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	Included in Medical
Employee +1	\$1,000	\$1,000	
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/month
- Single 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/month
- Single 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.
 - 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
- Cost to the employee is \$.115 per \$1,000.00 of annual earnings
- An additional option includes dependent life limited to \$2,000.00 for spouse & children 14 days to 19 years of age, up to 23 if full-time student
 - Dependent life is \$1.00 for spouse & \$0.50 for children each month
- Supplement life is also available for an additional charge

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 (403B)

- 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/>