UNIVERSITY OF DUBUQUE

BENEFIT OVERVIEW

Exempt & Non-Exempt Status

Employees must work a minimum of 30 hours/week on a consistent basis to be eligible for benefits.

**HEALTH INSURANCE**

**Health Care Options Beginning 1/1/2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |  | Plan A |   | Plan B |   | Plan C |
| **Deductibles** |  |   |   |   |   |   |
|  Single (S) |  | $500 |   | $0 |   | $2,600 |
|  Family (F) |  | $1,000 |   | $0 |   | $5,200 |
|   |  |   |   |   |   |   |
| **Out of Pocket Max** |  |   |   |   |   |   |
|  In-Network (S/F) |  | $1,250/$2,500 |   | $0/$0 |   | $4,000/$8,000 |
|  Out-Network (S/F) |  | $1,500/$3,000 |   | $0/$0 |   | $8,000/$16,000 |
|   |  |   |   |   |   |   |
| **Coinsurance** |  |   |   |   |   |   |
|  InNet (Plan/Indiv) |  | 80%/20% |   | 100%/0% |   | 70%/30% |
|  OutNet (Plan/Indiv) |  | 60%/40% |   | 100%/0% |   | 60%/40% |
|   |  |   |   |   |   |   |
| **RX copays** |  |   |   |   |   |   |
|  Generic |  | $10 |   | $0 |   | \*\* |
|  Name Brand |  | $30 |   | $30 |   | \*\* |
|   |  |   |   |   |   |   |
| **Premiums** |  |   |   |   |   |   |
|  Single |  | $371  |   | $624 |   | $123  |
|  Family |  | $631  |   | $1,024  |   | $300  |
|  Discount |  | $198  |   | $224  |   | N/R |
|  Single (after discount) |  | $173  |   | $400  |   | Not Applicable |
|  Family (after discount) |  | $433  |   | $800  |   | Not Applicable |

\*Subject to deductible/coinsurance N/R-Not required to take the Health Check but may.

\*\*If your spouse’s employer offers healthcare coverage, they must at least obtain a single plan for themselves. If they do not have healthcare coverage with their employer then they can obtain the Universities healthcare coverage.

**DENTAL**

* Family premium: $40/month
* Single premium: $12.50/month
* Annual individual deductible $50.00
* Annual family deductible $100.00
* Benefit is 80%, with the exception of reconstructive and orthodontia, which is 50%
* Maximum annual benefit is $1,500.00 per individual
* Maximum lifetime orthodontia is $1,000.00
* 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**

* Family premium: $18.95/month
* Single premium: $7.20/month
* 100% for eye exam
* Frames $60, Lens $40-$70, Contact lens $100
* Available every 24 months over age of 18 and lens and exam every 12 months under 18.

**FLEXIBLE SPENDING PLAN**

Medical/Dental Reimbursement Plan

* Employee reduces salary with pre-tax dollars to be used for Health and Dental plan premium contributions as well as additional expenses not covered by health or dental insurance, but are eligible for deduction as set by IRS guidelines

Dependent Care Assistance Plan

* Works about the same as the medical/dental reimbursement, only for eligible dependent care expenses

**AFLAC**

* A Representative will meet with all new employees to discuss different options.

**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
* University pays 50% of the total premium
* Cost to the employee is $.19 per $100.00 of monthly earnings
* Goes into effect after 90 days

**RETIREMENT PROVISION**

* All employees are eligible to participate in the retirement system through TIAA- CREF, T Rowe Price, or Vanguard.
* The University will match up to 6% of the fulltime, non-temporary employees’ earnings if the individual contributes at least 5%.

**TUITION REMISSION**

* Full-time employees and their dependents are eligible for 100% tuition remission for first degree undergraduate courses.
* Part-time employees are eligible for a pro-rated benefit according to their percentage of full time.
* Additional tuition remission is given for second degree and/or graduate courses for employees and their spouses
* The University is also affiliated with the CIC and Presbyterian Exchange programs. These programs are offered, when available, to full-time employees only.
* CGIM degree and flight time excluded

**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**

* Full-time hourly employees, except certain employment classes, are eligible for 160 hours of paid vacation. Please see Human Resources for more information
* Part-time employees will receive their pro rata share of vacation.
* All employees are eligible to use their accrued vacation after being employed six months.

**PAID HOLIDAYS**

* See holidays at <http://www.dbq.edu/AboutUD/Employment/HolidaySchedule/>