

# SUMMARY OF BENEFITS 2023-2024

**THE AVERAGE VALUE OF YOUR EMPLOYEE BENEFITS** While salaries differ, the average tax-free benefit is equal to approximately 45% of your annual income, excluding the value of paid time off.

## USU SELF-FUNDED MEDICAL PLAN

Administered by Regence Blue Cross/Blue Shield. Premiums are based on salary, number of people enrolled, plan selected, and network (PVC/PAR).

EMPLOYEE ONLY	HIGH DEDUCTIBLE PLAN	WHITE PLAN	BLUE PLAN
\$24,999 or less	\$11.66 / \$48.66	\$35.25 / \$70.25	\$93.70 / \$130.70
\$25,000-\$37,999	\$13.17 / \$50.17	\$43.29 / \$78.29	\$105.79 / \$142.79
\$38,000-\$57,999	\$14.40 / \$51.40	\$53.16 / \$88.16	\$115.66 / \$152.66
\$58,000 or more	\$17.10 / \$54.10	\$65.28 / \$100.28	\$137.40 / \$174.40

EMPLOYEE +1			
\$24,999 or less	\$28.31 / \$111.56	\$79.31 / \$158.06	\$180.58 / \$263.83
\$25,000-\$37,999	\$32.23 / \$115.48	\$97.40 / \$176.15	\$222.40 / \$305.65
\$38,000-\$57,999	\$35.68 / \$118.93	\$119.60 / \$198.35	\$249.37 / \$332.62
\$58,000 or more	\$42.62 / \$125.87	\$146.87 / \$225.62	\$309.15 / \$392.40

EMPLOYEE +2 OR MORE			
\$24,999 or less	\$40.89 / \$161.14	\$114.56 / \$228.31	\$239.57 / \$359.82
\$25,000-\$37,999	\$46.56 / \$166.81	\$140.68 / \$254.43	\$288.31 / \$408.56
\$38,000-\$57,999	\$51.53 / \$171.78	\$172.76 / \$286.51	\$358.43 / \$478.68
\$58,000 or more	\$61.56 / \$181.81	\$212.15 / \$325.90	\$446.55 / \$566.80

### MEDICAL & EXTENDED BENEFITS

**White Plan:** Annual up-front deductible of \$750 per person/\$1,500 per family, \$35 per physician visit. Maximum Out-Of Pocket of \$4,000 per person/\$8,000 per family.

**Blue Plan:** Annual up-front deductible of \$500 per person/\$1,000 per family, \$30 per physician visit. Maximum Out-Of Pocket of \$3,250 per person/\$6,500 per family.

**High Deductible Plan:** Annual deductible \$1,500 single/\$3,000 family. Coverage of 80% after deductible is met. Maximum out of pocket max is \$5,000 single, \$10,000 family. Prescription coverage at 80% after deductible is met. Option to participate in Health Savings Account (HSA).

### OUT-OF-NETWORK BENEFITS

Services are paid at a lower level than In-Network. Also, an Out-of-Network provider may bill for balances beyond the allowed amounts.

### HOSPITALIZATION

**White Plan:** After Deductible \$250 Emergency Room co-pay per visit. Co-pay is waived when admitted directly from Emergency Room. Hospital Benefits are paid at 70% for room, board and ancillary charges after deductible.

**Blue Plan:** After Deductible \$250 Emergency Room co-pay per visit. Co-pay is waived when admitted directly from Emergency Room. Hospital Benefits are paid at 80% for room, board and ancillary charges after deductible.

### SURGERY & ANESTHETIC

**White Plan:** Once deductible has been met, benefits are paid at 70% for inpatient and outpatient surgery. Hospital physician visits are paid at 70%.

**Blue Plan:** Once deductible has been met, benefits are paid at 80% for inpatient and outpatient surgery. Hospital physician visits are paid at 80%.

### PRESCRIPTIONS

**White Plan:** \$10 Generic; 35% Formulary; 50% Non-Formulary. Maximum out of pocket of \$1,750 per person/\$3,500 per family per plan year.

**Blue Plan:** \$10 Generic; 35% Formulary; 50% Non-Formulary. Maximum out of pocket of \$1,500 per person/\$3,000 per family per plan year.

**High Deductible Plan:** Once deductible has been met, 20% for all prescriptions.



[hr.usu.edu/benefits](https://hr.usu.edu/benefits)

This statement is prepared in non-technical language and only highlights your benefits. Specific technical interpretation of the benefits provided is available in the various legal documents providing coverage. The benefits outlined here are based

upon your eligibility according to the terms of your appointment and the assumption that you have enrolled in the programs. Several programs require premium sharing on the part of the employee.

## DENTAL INSURANCE

### MONTHLY PREMIUM

*Single:* \$11.24  
*EE+1:* \$22.48  
*Family:* \$36.53

### PREVENTIVE & BASIC BENEFITS

Examinations, fillings, x-rays, sealants, etc., covered at 80%.

### GENERAL

Maximum benefit per person per plan year on all dental benefits is \$1,500.

### PROSTHETICS

Dentures, bridges, crowns, etc., covered at 50% of eligible.

### ORTHODONTICS

Eligible benefits are paid at 50%.

Maximum benefit on orthodontics is \$1,500 per person per lifetime.

### SHORT TERM DISABILITY

#### PREMIUM

USU \$7.08/month  
Employee \$6.00/month

Short term disability is available for disabilities lasting 150 days or less. These benefits cover 66.67% of your salary while disabled. In addition, your premiums for medical and dental insurance programs are waived, and contributions to your retirement plan continue. STD benefit starts after a 10 working day waiting period.

### LONG TERM DISABILITY

#### PREMIUM

USU pays 100%. This program covers disabilities that extend beyond 150 days. LTD pays at the rate of 66.67% of your salary. A continued contribution to your retirement plan will be made by the disability vendor.

## VISION INSURANCE

Medical plans provide one annual eye exam but do not cover contact lenses or eyeglasses. A voluntary vision benefit for contact lenses or eyeglasses is available to all benefited employees through EyeMed.

### MONTHLY PREMIUM

*Single:* \$6.03  
*EE+1:* \$11.46  
*Family:* \$16.83

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## VACATION & HOLIDAYS

### VACATION LEAVE

Non-exempt benefited employees accrue vacation leave according to the following schedule:

### SERVICE YEARS

*Hire Date to 5 years:* 12 days/year  
*5 to 10 years:* 18 days/year  
*10+ years:* 22 days/year

Exempt Staff and Fiscal Year Faculty accrue vacation leave at the rate of 14.67 hours per month or 22 days per year.

Academic Year Faculty or coaches do not accrue vacation leave.

### SICK LEAVE

Benefited employees accrue 12 days of sick leave per calendar year (accrual of one day per month). Unused sick leave may accumulate to a maximum of 130 days.

### HOLIDAYS

Benefited employees earn 13 paid holidays per year.

### RETIREMENT

USU contributes 14.2% of your annual gross earnings to a 401(a) retirement plan. The contributions are immediately vested, and you may choose between numerous investment options. New employees already part of the Utah Retirement System will receive service credit and will have the opportunity to remain in URS.



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## EMPLOYEE TERM LIFE INSURANCE

USU pays the premium for Basic Term Life insurance of one times annual salary rounded to the nearest \$1,000, to a maximum of \$250,000. A new hire may enroll in supplemental insurance up to \$500,000 without evidence of insurability. In addition, supplemental life can be increased in units of \$10,000 to a maximum of \$1,500,000, with evidence of insurability. Supplemental Accidental Death & Dismemberment insurance coverage is available to an employee and their family (if applicable) for a modest premium.

## VOLUNTARY DEPENDENT TERM LIFE INSURANCE

You may enroll your spouse and dependent children in the following term life insurance programs.

### BASIC LIFE (\$1.00/MO)

\$10,000 of coverage for spouse and \$5,000 for dependents.

Voluntary Dependent Life insurance for a spouse may be increased in units of \$10,000 to a maximum of \$250,000 (proof of insurability is required after \$20,000). Dependent coverage may be increased in units of \$5,000 to a maximum of \$20,000 per dependent.

## OTHER IMPORTANT BENEFITS

- Tax deferred and roth supplemental retirement plans
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Reduced USU tuition of 50% (according to policy)
- Free audit of University courses
- USU Bookstore discount
- I.D. card privileges and discounts
- Auto and Homeowners Insurance Program
- Pet Insurance Program
- Employee Assistance Program
- Legal Services

Additional and specific information may be obtained at [hr.usu.edu](http://hr.usu.edu) or in the Human Resource Office regarding these programs.



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