**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).

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

<table>
<thead>
<tr>
<th>EMPLOYEE +1</th>
</tr>
</thead>
<tbody>
<tr>
<td>$24,999 or less</td>
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<td>$25,000-$37,999</td>
</tr>
<tr>
<td>$38,000-$57,999</td>
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<tr>
<td>$58,000 or more</td>
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</tbody>
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<table>
<thead>
<tr>
<th>EMPLOYEE +2 OR MORE</th>
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</tbody>
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**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.

**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.

**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%.

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.
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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 or in the Human Resource Office regarding these programs.

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