

# Overview of Benefits

## Temporary Unit Faculty Coverage

Section 10.3 Health Insurance, Subdivision 10.3c, of the Faculty Handbook, explains that temporary unit faculty are eligible when their current assignment is 50% or greater FTE and they also had a 25% or greater FTE assignment in the prior academic semester or prior academic year.

Temporary faculty would continue to be covered during the summer months as long as they continue an assignment that is at least 20 hours (50%) a week or more for the fall semester. Premiums are based on a 10 pay schedule (August-May) to cover the summer months when a temporary faculty member may not be receiving pay. If a temporary faculty member comes back in the fall and is not working at least 20 hours (50%) time, the coverage end date would be dependent on when the department notified the faculty member of the decrease in hours. Human Resource Services would reach out at that time with benefits information or COBRA (<https://hrs.uni.edu/mybenefits/cobra>).

If viewing this document in the Google Chrome web browser, please visit our website (<https://hrs.uni.edu/your-benefits>) for any embedded links. Or, you may use another web browser in order to click directly on the links.

### Dental Insurance — UNI's Delta Dental Plan ▼

#### Coverage Start Date:

The first of the next month following the hire or eligibility date, providing you enroll within 30 days of your date of employment.

#### Coverage End Date:

The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.

Participation is optional for eligible employees. Employees who work at least half-time or more and are appointed for nine (9) months or longer are eligible for dental insurance through the University. This plan has no deductible and provides nationwide coverage. For more information, visit <https://hrs.uni.edu/your-benefits/dental-benefits>.

#### Check Ups & Teeth Cleaning for Preventive Maintenance Care

100% covered up to the maximum annual benefit.

#### Cavity Repair & Tooth Extractions

The employee is responsible for 10% if in the PPO network or 20% in the Premier Network, up to the maximum annual benefit.

#### Root Canals, Gum & Bone Disease

The employee is responsible for 40% if in the PPO network or 50% in the Premier Network, up to the maximum annual benefit.

#### High Cost Restorations, Dentures, Bridges & Straighter Teeth

The employee is responsible for 50%, up to the maximum annual benefit.

#### Maximum Annual Benefit

\$1,500 per person per calendar year for covered services.

#### Orthodontic Care

The employee is responsible for 50%, up to the \$1,500 life time maximum per member. Orthodontic care is available only to dependent children up to age 19.

#### Additional Teeth Cleanings for Those Who Qualify – Delta Dental's Enhanced Benefits Program

Employees and their covered family members who have certain health conditions many qualify for additional annual teeth cleanings. For more information visit [https://hrs.uni.edu/sites/default/files/mybenefits/bn\\_dental\\_enhanced.pdf](https://hrs.uni.edu/sites/default/files/mybenefits/bn_dental_enhanced.pdf).

#### Automatic Annual Rollover – Delta Dental's To Go Program

Employees and covered family members who not use the maximum annual benefit within the calendar year will rollover the unused balance to the following year. This occurs each January 1. For more information visit [https://hrs.uni.edu/sites/default/files/mybenefits/bn\\_dental\\_togo.pdf](https://hrs.uni.edu/sites/default/files/mybenefits/bn_dental_togo.pdf).

Premiums <sup>1</sup>	<a href="#">Employee 1/10 Annual Premium</a>	Employee Annual Premium
Single Plan	\$7.20	\$72.00
Family Plan	\$65.70	\$657.00
<a href="#">Dual Spouse Discount</a>	\$55.80	\$558.00

<sup>1</sup> Monthly premiums are based on prior years' claims utilization and actuarial estimates.

## Health Insurance ▼

### Coverage Start Date:

The first of the next month following the hire date, providing you enroll within 30 days of your date of employment.

### Coverage End Date:

The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.

UNI's health plans are self-insured and are administered by [Wellmark Blue Cross Blue Shield](#). Self-insured means the employer collects the premiums and takes the responsibility of paying the employee's, and their dependents', medical claims. For more information about each member's role within a self-insured plan, <https://hrs.uni.edu/your-benefits>.

### UNI Blue HMO Plan

Blue HMO is a managed care plan administered by Wellmark Blue Cross/ Blue Shield of Iowa. This plan requires members to designate a Primary Care Physician (PCP), and only covers in-network providers and hospitals which includes Iowa and Bordering Counties.

**Preventive Care:** Includes: routine physicals, annual well child exams, annual OBGYN exams, and immunizations. Generally covered at 100%.

**Office Visits:** \$15 copayment

**Routine Eye Exams:** Covered at 100%

**Chiropractic Care:** \$15 copayment, limit of 12 visits per person per year. Must use network chiropractor.

**Inpatient & Outpatient Coverage | [Find a Doctor or Hospital](#)** - Select 'Blue HMO (Iowa and Bordering Counties)'

The employee is responsible for 10% of all covered services after a \$250 per person or \$500 (maximum) deductible for family coverage is met.

**Maternity Coverage:** Covers pre-natal and post-natal care and physician services in full; employee is responsible for 10% of inpatient hospital care after the deductible is met.

**Nervous/Mental, Drug/Alcohol Abuse Services:** Requires pre-treatment review. Outpatient treatment – \$15 copayment. Employee is responsible for 10% of inpatient treatment after the deductible is met.

**Prescription Drugs (Retail) | [Wellmark Drug List](#) - Blue Rx Value Plus<sup>SM</sup>**

- \$10 copay - Tier 1 Generic
- \$30 copay - Tier 2 Brand formulary
- \$50 copay - Tier 3 Non-Preferred
- \$75 - Biosimilars
- \$115 copay - Preferred Specialty
- \$215 copay - Non-Preferred Specialty
- Mail order prescription drug program is available.

### Other Covered Services

Home Medical Equipment, Oxygen and Equipment, Prosthetics, Therapies: Physical, Private Duty Nursing, Ambulance

### Maximum Out-of-Pocket (MOP)

Medical: \$1,500 per person

Prescription Drugs: \$2,600 single plan

Medical: \$3,000 (maximum) per family

Prescription Drugs: \$5,200 (maximum) per family

All deductibles, coinsurance, and office visit copay applies to MOP. Once MOP is met, all covered services are paid at 100% for the remainder of the calendar year.

### Premiums<sup>1</sup>

#### [Employee 1/10 Annual Premium](#)

#### **Employee Annual Premium**

#### **Single Plan**

\$36.00

\$360.00

#### **Family Plan**

\$301.32

\$3,013.20

#### [Dual Spouse Discount](#)

\$105.47

\$1,054.68

## UNI PPO (Alliance Select) Plan

Preferred Provider Organization (PPO) plan allows you to choose any health care provider/hospital (nationwide or internationally), but member pays lower coinsurance if the provider participates in Wellmark's Alliance Select PPO network or the National BlueCard PPO network.

**Preventive Care:** Includes: routine physicals, annual well child exams, annual OBGYN exams, and immunizations. Generally covered at 100%.

**Office Visits:** \$25 copayment; unless a Specialist then \$40 copayment.

**Routine Eye Exams: In Network:** Covered at 100%. **Out-of-Network:** The employee is responsible for 30% of exam after satisfying the Out-of-Network deductible.

**Chiropractic Care: In Network:** \$25 office visit copay. **Out-of-Network:** The employee is responsible for 30% of service after satisfying the Out-of-Network deductible.

**Inpatient & Outpatient Coverage** | [Find a Doctor or Hospital](#) - Select 'Alliance Select (Iowa)'

**In Network:** The employee is responsible for 10% of all covered hospital-related services after a \$400 per person or \$800 (maximum) deductible for family coverage is met. **Out-of-Network:** The employee is responsible for 30% of all covered hospital related services after a \$1,000 deductible per person or \$2,000 (maximum) deductible for family coverage is met.

**Maternity Coverage: In Network:** The employee is responsible for 10% of usual, reasonable, and customary (UCR) services for obstetrical care and delivery after satisfying the deductible.

**Nervous/Mental, Drug/Alcohol Abuse Services: In Network:** The employee is responsible for 10% of outpatient treatment after In Network deductible is met. The employee is responsible for 10% of UCR inpatient services after satisfying the In Network deductible.

**Out-of-Network:** The employee is responsible for 30% of outpatient treatment after Out-of-Network deductible is met. The employee is responsible for 30% of UCR after satisfying the Out-of-Network deductible.

**Prescription Drugs (Retail)** | [Wellmark Drug List](#) - Blue Rx Value Plus<sup>SM</sup>

- \$10 copay - Tier 1 Generic
- \$30 copay - Tier 2 Brand formulary
- \$50 copay - Tier 3 Non-Preferred
- \$75 - Biosimilars
- \$115 copay - Preferred Specialty
- \$215 copay - Non-Preferred Specialty
- Mail order prescription drug program is available.

### Maximum Out-of-Pocket (MOP)

Medical: In Network \$2,000 per person / Out-of-Network \$4,000

Prescription Drugs: \$2,600 per person

Medical: In Network \$4,000 (maximum) per family / Out-of-Network \$8,000

Prescription Drugs: \$5,200 (maximum) per family

All deductibles, coinsurance, and office visit copay applies to MOP. Once MOP is met, all covered services are paid at 100% for the remainder of the calendar year.

Premiums <sup>1</sup>	<a href="#">Employee 1/10 Annual Premium</a>	Employee Annual Premium
Single Plan	\$72.00	\$720.00
Family Plan	\$570.78	\$5,707.80
<a href="#">Dual Spouse Discount</a>	\$285.31	\$2,853.12

<sup>1</sup> The UNI PPO (Alliance Select) is the base health plan for which UNI premiums are determined.

- For Single coverage, the employer premium for the UNI PPO (Alliance Select) is applied to the UNI Blue HMO Plan.
- For Family coverage, 80% of the full premium for the UNI PPO (Alliance Select) is applied to UNI Blue HMO Plan.

## Health and Dental Pre-tax Deduction ▼

Health and/or dental premiums are deducted before federal and state income tax, FICA and Medicare taxes are calculated. Premiums are then a pre-tax deduction, and is the default option for health and dental premiums for the University. Employees may choose to opt out of this by contacting Human Resource Services.

Participation in the health and dental pre-tax deduction option limits the changes that can be made to health and dental plans during the plan year and may slightly reduce Social Security benefits.

## Vision Options ▼

### Coverage Start Date:

The first of the next month following the hire date, providing you enroll within 30 days of your date of employment.

### Coverage End Date:

The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.

### Avesis

Vision insurance is optional for employees and the employer does not contribute to the plan. The plan is administered by Avesis. Employees may choose between two optional vision plans. The 'Vision Exam & Materials' plan covers one routine eye exam per year after paying a \$10 copayment; employees and covered dependents are also eligible to receive glasses or contact lenses at a discounted rate. The 'Materials Only' plan covers glasses or contact lenses at a discounted rate for employees and covered dependents. Employees pay the full cost of the premium through payroll deduction. This deduction is always pre-tax. For more information, visit <https://hrs.uni.edu/mybenefits/vision>.

<b>Premiums</b>	<b><u>Employee 1/10 Annual Premium</u></b>	<b><u>Employee Annual Premium</u></b>
<b>Materials Only Single Plan</b>	\$12.28	\$122.76
<b>Materials Only Family Plan</b>	\$28.25	\$285.48
<b>Exam &amp; Materials Single Plan</b>	\$17.58	\$175.80
<b>Exam &amp; Materials Family Plan</b>	\$39.73	\$397.32

### DeltaVision Discount

Employees who are enrolled in Delta Dental of Iowa have access to a vision discount program through DeltaVision at no additional cost. For more information, visit <https://hrs.uni.edu/sites/default/files/mybenefits/deltavision.pdf>.

## Iowa Workers' Compensation ▼

### Coverage Start Date:

First day of employment.

### Coverage End Date:

Coverage will end the last day of the month in which employment ends.

Pays medical bills and salary replacement for employees injured on the job or who suffer from job-related illnesses. The program is administered by Sedgwick CMS of Des Moines, Iowa. For more information, visit [www.uni.edu/hrs/mybenefits/workerscomp](http://www.uni.edu/hrs/mybenefits/workerscomp).

## Retirement Programs ▼

### Coverage Start Date:

First day of employment.

### Coverage End Date:


The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.

The State of Iowa requires all state employees to participate in an approved retirement program if eligible. The only exceptions are foreign nationals who are in the United States as exchange scholars, trainees, professors, teachers, research assistants and specialists. If an employee does not choose a retirement program, he or she will default to IPERS participation. Participation election, both by election or by default, is irrevocable and cannot be changed at any time during an employee's employment with the University of Northern Iowa.

Temporary faculty must meet one of the following eligibility criteria:

- Hold a full or part-time appointment for six (6) months or longer;
- They are appointed for a second consecutive semester at 20 hours (50% time) or more per week.

### **Iowa Public Employees Retirement System (IPERS)**

 If a new employee has retired and previously participated in IPERS at UNI or another state agency, they cannot receive IPERS distributions if they earn an annual salary of \$30,000 or more at any state agency.

A defined benefit program administered by the State of Iowa. UNI contributes 9.44% of paid salary. Employee contributes 6.29% of paid salary. For more information, visit <https://hrs.uni.edu/your-benefits/retire-uni/ipers>.

### **Tax-Deferred Annuity (TDA) Plan**

Employees may set aside additional contributions to a TIAA Supplemental Retirement Annuity or to another approved vendor subject to IRS guidelines for maximum exclusion amounts. UNI does not contribute matching funds. For more information, visit <https://hrs.uni.edu/your-benefits/retire-uni/tax-deferred-annuity-tda-plans>.

## **Sick Leave for Faculty ▼**

### **Coverage Start Date:**

First day of employment.

### **Coverage End Date:**

Coverage will end the last day of the month in which employment ends.

Sick leave accruals are granted to all probationary, tenured, term, renewable term or clinical faculty who are currently 50% FTE or greater. In addition, temporary faculty who currently are 25% FTE or greater and were also 25% or greater in the prior academic semester will accrue sick leave.

## **Free WW ▼**

UNI benefit eligible employees are eligible to join WW for free! WW is Weight Watchers reimagined. No matter what your goal is—to lose weight, eat healthier, move more, develop a more positive mindset, or all of the above, WW may be for you. To learn more, and to get started, visit <https://hrs.uni.edu/employee-well-being/physical-health-matters>.

## **Employee Assistance Program (EAP) ▼**

### **Coverage Start Date:**

First day of employment.

### **Coverage End Date:**

Coverage will end the last day of the month in which employment ends.

EAP provides short-term counseling and referral for employees and their families when they are experiencing life challenges. This may include crisis, health challenges, family concerns, marital issues, death/grieving, and work-related stress. For additional information, visit the Human Resource Services' EAP website at <https://hrs.uni.edu/mybenefits/eap>.

## **Nursing Mothers and Lactation Rooms ▼**

### **Coverage Start Date:**

First day of employment.

### **Coverage End Date:**

The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.

As part of our family-friendly benefits, the University of Northern Iowa supports breastfeeding mothers by accommodating the mother who wishes to express breast milk during her workday. The University provides five private lactation rooms for mothers to use to express milk. Lactation rooms are located in Gilchrist Hall, Bartlett Hall, Maucker Union, Schindler, and in the Child Development Center at Nielsen Field House. Additionally, if you elect a University sponsored health plan, it may cover part of the cost for a breast pump. For more information, visit <https://hrs.uni.edu/my-benefits/additional-benefits/nursing-mothers-and-lactation-rooms>.

## Employee Well-being ▼

**Coverage Start Date:**

First day of employment.

**Coverage End Date:**

Coverage will end the last day of the month in which employment ends.

The mission of UNI Employee Well-being is to enhance the well-being of UNI faculty and staff through holistic programs and as a part of your total benefits package, UNI Employee Well-being provides programs and initiatives that support a healthy lifestyle and environment in which to live and work. Employees are offered annual flu vaccinations, biometric screenings, a healthy weight program, financial wellness opportunities, tobacco cessation services, and employee assistance program. The program also includes an annual Benefits & Well-being fair, and educational learning opportunities in the areas of health, nutrition, mental health, financial literacy, and retirement readiness.

Employees have the option to use the Wellness & Recreation Center by paying an annual user fee. Employees also have access to fitness and leisure classes, personal trainers, adult and youth swim lessons, CPR and first aid classes, and over-the-counter products through the Student Health Clinic. For more information, visit <https://hrs.uni.edu/employee-well-being>.