Overview of Benefits

Newly Eligible Merit Staff

Health Insurance

<table>
<thead>
<tr>
<th>Coverage Start Date:</th>
<th>Coverage End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage is effective on the first day of the month following 30 days of employment, providing you enroll within 30 days of your date of employment.</td>
<td>The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.</td>
</tr>
</tbody>
</table>

BC/BS Program 3 Plus (Indemnity Plan)

**Deductible**
$300 Single Plan/ $400 Family Plan for inpatient services only.

**Inpatient Coverage** | [Find a Doctor or Hospital](#) - Select ‘Classic Blue (Iowa)’
The Plan pays 80% of all covered hospital-related services after deductible.

**Outpatient Coverage** | [Find a Doctor or Hospital](#) - Select ‘Classic Blue (Iowa)’
The Plan pays 80% of physician services (routine physicals, well child care, X-ray & lab services). 100% coverage for outpatient surgery.

**Maternity Coverage**
The Plan pays 80% of services. Deductible waived in office setting for pre- and post-natal visits.

**Mental/Nervous/Substance Abuse**
Inpatient treatment is paid at 80% after deductible. The Plan pays 100% for outpatient services. Use of mental health network required or payment benefit reduction will occur.

**Other Covered Services**

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Prosthetic devices</th>
<th>Skilled nursing facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy treatment</td>
<td>X-ray and lab</td>
<td>Blood, blood plasma, blood serum</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>Hospice care</td>
<td>Speech occupational and respiratory therapy</td>
</tr>
<tr>
<td>Home health care</td>
<td>Durable medical equipment</td>
<td></td>
</tr>
<tr>
<td>Ambulance services</td>
<td>Hemodialysis</td>
<td>Temporomandibular Joint (TMJ)</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>Outpatient chemotherapy</td>
<td></td>
</tr>
</tbody>
</table>

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

Medical: $1,000 single plan
Medical: $2,000 family plan

Prescription Drugs: $500 single plan
Prescription Drugs: $1,000 family plan

Copayments and coinsurance apply toward the MOP. Once MOP is met, all covered services are paid at 100% for the remainder of the calendar year.

<table>
<thead>
<tr>
<th>Premiums</th>
<th>Employee 1/12 Annual Premium</th>
<th>Employee Annual Premium</th>
<th>UNI Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Plan</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$11,040.00</td>
</tr>
<tr>
<td>Family Plan</td>
<td>$335.00</td>
<td>$4,020.00</td>
<td>$22,356.00</td>
</tr>
<tr>
<td>Family - 2 State Employees – Contract Holder</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$12,960.00</td>
</tr>
<tr>
<td>Family - 2 State Employees – Contributing Spouse</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$13,200.00</td>
</tr>
<tr>
<td>Family - 2 UNI Employees – Contract Holder</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$26,136.00</td>
</tr>
</tbody>
</table>
Iowa Select (PPO)

**Deductible**
$250 Single Plan/ $500 Family Plan.

**Inpatient Coverage** | [Find a Doctor or Hospital] - Select 'Alliance Select (Iowa)'
The Plan pays 90% (after deductible) of all covered services provided by In Network Select Provider. The Plan covers 80% (after deductible) of all covered services provided by Out-of-Network Provider.

**Outpatient Coverage** | [Find a Doctor or Hospital] - Select 'Alliance Select (Iowa)'
In Network: The Plan pays 90% of physician services (routine physicals, well child care, X-ray and lab), deductible waived in office setting. Out-of-Network: 80% after deductible.

**Maternity Coverage**
In Network: The Plan pays 90% of services. Deductible waived in office setting for pre- and post-natal visits. Out-of-Network: 80% after deductible.

**Mental/Nervous/Substance Abuse**
In Network: The Plan pays 90% of services after satisfying deductible. Out-of-Network: 80% after deductible. For outpatient services Iowa Select pays 100% for In Network and Out-of-Network. Use of mental health network required or benefit reduction will occur.

**Preventative Care (per guidelines)**
Allergy treatment
Skilled nursing facility
Physical therapy

**Maximum Out-of-Pocket (MOP)**
Medical: $1,000 single plan
Medical: $2,000 family plan
All deductibles and 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.

<table>
<thead>
<tr>
<th>Premiums1</th>
<th>Employee 1/12 Annual Premium</th>
<th>Employee Annual Premium</th>
<th>UNI Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Plan</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$11,004.00</td>
</tr>
<tr>
<td>Family Plan</td>
<td>$328.00</td>
<td>$3,936.00</td>
<td>$22,356.00</td>
</tr>
<tr>
<td>Family - 2 State Employees – Contract Holder</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$12,912.00</td>
</tr>
<tr>
<td>Family - 2 State Employees – Contributing Spouse</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$13,152.00</td>
</tr>
<tr>
<td>Family - 2 UNI Employees – Contract Holder</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$26,052.00</td>
</tr>
</tbody>
</table>
BCBS Blue Access (Managed Care Plan)

**Deductible**
None.

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

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

Physician services and office visits. Members pay $10 copayment per visit.

**Maternity Coverage**
The Plan pays 100% for delivery. $10 copayment for initial visit; remaining pre- and post-natal visits paid in full.

**Mental/Nervous/Substance Abuse**
The Plan pays 90% of inpatient charges (if authorized). Outpatient services are paid at 90%.

**Prescription Drugs** | [Wellmark Drug List](#)
Copayment is $5 generic, $15 preferred brand and greater of $30 or 25% for non-preferred generic and non-preferred brand for a 30-day supply. Rx must be for a covered service and from a Plan pharmacy.

**Maximum Out-of-Pocket (MOP)**
Medical: $750 single plan
Medical: $1,500 family plan
All deductibles and 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.

<table>
<thead>
<tr>
<th>Premiums¹</th>
<th>Employee 1/12 Annual Premium</th>
<th>Employee Annual Premium</th>
<th>UNI Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Plan</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$7,968.00</td>
</tr>
<tr>
<td>Family Plan</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$18,960.00</td>
</tr>
<tr>
<td>Family - 2 State Employees – Contract Holder</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$9,372.00</td>
</tr>
<tr>
<td>Family - 2 State Employees – Contributing Spouse</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$9,612.00</td>
</tr>
<tr>
<td>Family - 2 UNI Employees – Contract Holder</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$18,960.00</td>
</tr>
</tbody>
</table>

**Premium Only Plan ▼**

**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..

Allows employees to elect to pay family health and/or dental insurance premiums with pre-tax dollars. Premium is deducted before federal and state income tax, FICA and Medicare taxes are calculated.

Participation in Premium Only Plan limits the changes that can be made to health and dental plans during the plan year and may slightly reduce Social Security benefits but the benefits of participation generally outweigh the disadvantages. For more information, visit [www.uni.edu/hrs/mybenefits/premium-plan](http://www.uni.edu/hrs/mybenefits/premium-plan).
**Dental Insurance — Delta Dental ▼**

**Coverage Start Date:**
Coverage is effective on the first day of the month following 30 days of employment, 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. The plans are administered by Delta Dental of Iowa. This plan is only available to employees enrolled in UNI PPO health plan or UNI Blue Advantage health plan. 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. Coverage is effective on the first day of the month following the date of employment, providing you enroll within 30 days of your date of employment. For more information, visit [www.uni.edu/hrs/mybenefits/merit-dental](http://www.uni.edu/hrs/mybenefits/merit-dental).

**Diagnostic and Preventive Care**
The Plan pays 100% up to a maximum annual benefit of $1,500 per person (combined with Routine Restorative and Major Restorative).

**Routine Restorative Care**
The Plan pays 80% up to a maximum annual benefit of $1,500 per person (combined with Diagnostic and Preventive and Major Restorative).

**Major Restorative**
The Plan pays 50% up to a maximum annual benefit of $1,500 per person (combined with Diagnostic and Preventive and Routine Restorative).

**Orthodontic Care**
The Plan pays 50% up to a maximum annual benefit of $1,500 per minor dependent. Orthodontic care is available only to dependent children up to age 19.

<table>
<thead>
<tr>
<th>Premiums</th>
<th><strong>Employee 1/12 Annual Premium</strong></th>
<th><strong>Employee Annual Premium</strong></th>
<th><strong>UNI Annual Premium</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Plan</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$344.16</td>
</tr>
<tr>
<td>Family Plan</td>
<td>$38.53</td>
<td>$462.36</td>
<td>$462.36</td>
</tr>
<tr>
<td>Shared Family</td>
<td>$9.85</td>
<td>$118.20</td>
<td>$806.52</td>
</tr>
<tr>
<td>2 State Employees</td>
<td>$9.85</td>
<td>$118.20</td>
<td>$344.16</td>
</tr>
</tbody>
</table>

**Long-Term Disability Insurance/Retirement Protection Insurance ▼**

**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.

**Long-Term Disability Insurance**
Provides salary replacement if an employee becomes totally disabled, and unable to work. If approved for LTD, benefits would be 66 2/3% of salary up to a maximum monthly benefit of $6,666. Participation in the long term disability program is automatic for employees with a permanent appointment of half time or more for a minimum of nine months. Coverage begins on the first day of active employment. For more information, visit [www.uni.edu/hrs/mybenefits/ltd](http://www.uni.edu/hrs/mybenefits/ltd).

**Retirement Protection Insurance Plan**
This plan continues TIAA-CREF contributions for employee’s who qualify for disability benefits and who are enrolled in TIAA-CREF. Coverage is automatic and the premium cost is paid in full by UNI.
Life Insurance ▼

**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.

UNI pays the full premium. Coverage is two (2) times the budgeted salary to a maximum of $124,000 for staff members under 65 years of age. Participation in the life insurance program is automatic for employees with a permanent appointment of half time or more for a minimum of nine months. Coverage is effective on the first day of active employment. For more information, visit www.uni.edu/hrs/mybenefits/merit-life-ins.

Voluntary Term Life Insurance and Accidental Death & Dismemberment (AD&D) ▼

**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.

Staff may elect to purchase additional term life insurance and AD&D coverage through Principal Life Insurance Company. Employees pay the full cost of the premium with after-tax dollars through payroll deduction. Guaranteed coverage is available if purchased within 30 days of employment. Employees can elect up to $300,000 of coverage for themselves. Coverage up to $50,000 is available for spouses and coverage for eligible children 14 days to age 26 is $10,000 per child. Spouse and dependent coverage cannot exceed 100% of employee’s coverage. The benefit reduces 35% at age 70 and an additional 15% reduction at age 75. Visit www.uni.edu/hrs/mybenefits/voluntary-life for more information. Coverage for Voluntary Term Life Insurance and AD&D is effective the first of the month following the date of employment if elected.

Employee Assistance Program (EAP) ▼

**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.

UNI contracts with Employee & Family Resources (EFR) to provide EAP services. EAP offers initial assessment/referral and short-term counseling for employees and their immediate family members to address problems affecting personal relationships, health and work performance. For additional information, visit the Human Resource Services’ EAP website at http://www.uni.edu/hrs/mybenefits/eap.

Sick Leave ▼

**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.

Full time, 12-month employees accrue 12 hours of sick leave per month or 18 days per year. Sick leave may be used for the employee's illness. Other uses of sick leave, with limitations, are emergency leave for the care of ill or injured family members, funeral leave, pallbearer leave and adoption leave. Accumulation of sick leave is unlimited.

Once an employee has accumulated a minimum of 240 hours of sick leave, he or she may elect to convert the monthly accrual of 12 hours into 4 hours of vacation. Conversion is done on a monthly basis, not on a retrospective basis. Conversion is not allowed any month that an employee uses sick leave or any month which the balance of accrued sick leave falls below 240 hours. Note: the waiting period for Long-Term Disability benefits is 90 working days or 720 hours. For more information, visit www.uni.edu/hrs/mybenefits/merit-sick-time.
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. 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. Coverage for Vision insurance is effective the first of the month following the date of employment if elected. Employees pay the full cost of the premium through payroll deduction. For more information, visit www.uni.edu/hr/hrs/mybenefits/vision.

<table>
<thead>
<tr>
<th>Premiums</th>
<th>Employee 1/12 Annual Premium</th>
<th>Employee Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials Only Single Plan</td>
<td>$8.56</td>
<td>$102.72</td>
</tr>
<tr>
<td>Materials Only Family Plan</td>
<td>$19.70</td>
<td>$236.40</td>
</tr>
<tr>
<td>Exam &amp; Materials Single Plan</td>
<td>$12.26</td>
<td>$147.12</td>
</tr>
<tr>
<td>Exam &amp; Materials Family Plan</td>
<td>$27.71</td>
<td>$332.52</td>
</tr>
</tbody>
</table>

*EyeMed Vision Discount*

Employees who are enrolled in Delta Dental of Iowa have access to a vision discount program through EyeMed Vision Care at no additional cost. For more information, visit www.eyemedvisioncare.com/deltadental/address.html.

Vacation and Personal Holidays ▼

**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.

Staff members begin earning vacation on their first day in pay status. Vacation accrues for all hours in pay status. Vacation usage is not permitted in excess of the staff member's current vacation balance. Questions should be referred to Payroll, 3-6425. For more information, visit www.uni.edu/hr/hrs/mybenefits/merit-vacation.

Following is the schedule for vacation accrual:

<table>
<thead>
<tr>
<th>Year of Service</th>
<th>Monthly Vacation Accrual-Hours</th>
<th>Monthly Personal Holiday Accrual-Hours</th>
<th>Total Monthly Accrual-Hours</th>
<th>Annual Accrual-Hours</th>
<th>Annual Accrual-Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st-4th</td>
<td>6.67</td>
<td>1.33</td>
<td>8.00</td>
<td>96 Hours</td>
<td>12 Days</td>
</tr>
<tr>
<td>5th-11th</td>
<td>10.00</td>
<td>1.33</td>
<td>11.33</td>
<td>136 Hours</td>
<td>17 Days</td>
</tr>
<tr>
<td>12th-19th</td>
<td>13.33</td>
<td>1.33</td>
<td>14.66</td>
<td>176 Hours</td>
<td>22 Days</td>
</tr>
<tr>
<td>20th-24th</td>
<td>14.67</td>
<td>1.33</td>
<td>16.00</td>
<td>192 Hours</td>
<td>24 Days</td>
</tr>
<tr>
<td>25th+</td>
<td>16.67</td>
<td>1.33</td>
<td>18.00</td>
<td>216 Hours</td>
<td>27 Days</td>
</tr>
</tbody>
</table>

**Paid Holidays**

- New Year’s Day
- Martin Luther King Jr.’s Birthday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day
- Floating Holiday
- Two Personal Holidays (accrued as vacation)
### Retirement Programs ▼

<table>
<thead>
<tr>
<th>Coverage Start Date:</th>
<th>Coverage End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First day of employment.</td>
<td>The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.</td>
</tr>
</tbody>
</table>

The State of Iowa requires all state employees to participate in an approved retirement program. 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, either 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. For more information, visit [www.uni.edu/hrs/mybenefits/retiring](http://www.uni.edu/hrs/mybenefits/retiring).

**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 8.93% of paid salary. Employee contributes 5.95% of paid salary.

**Teachers Insurance and Annuity Association/College Retirement Equities Fund (TIAA-CREF)**

If a new employee has retired from UNI and previously participated in TIAA-CREF, they cannot return in a TIAA-CREF eligible position and receive distributions. Therefore, even if the employee is now participating in IPERS, they cannot hold a non-temporary appointment of half-time or greater, and earn an annual salary of $7,800 or more at the University and receive TIAA-CREF distributions.

A defined contribution program administered by TIAA-CREF. Employee may allocate monthly contributions between several accounts. UNI contributes 6.66% of the first $4,800 of earnings; 10% of all earnings over $4,800. Employee contributes 3.33% of the first $4,800 of earnings; 5% of all earnings over $4,800. Contributions increase to 10% for UNI and 5% for employees, following five years of continuous participation.

**Tax-Deferred Annuity Plan**

Employees may set aside additional contributions to a TIAA-CREF 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 [www.uni.edu/hrs/mybenefits/gsra](http://www.uni.edu/hrs/mybenefits/gsra).

### Staff Tuition Reimbursement Program ▼

<table>
<thead>
<tr>
<th>Coverage Start Date:</th>
<th>Coverage End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>After 12 months of service to UNI.</td>
<td>The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.</td>
</tr>
</tbody>
</table>

After 12 months of service to UNI, eligible staff may apply for tuition reimbursement. For additional information, visit [www.uni.edu/hrs/pd/strp](http://www.uni.edu/hrs/pd/strp).

### Iowa Workers' Compensation ▼

<table>
<thead>
<tr>
<th>Coverage Start Date:</th>
<th>Coverage End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First day of employment.</td>
<td>The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.</td>
</tr>
</tbody>
</table>

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).
## Pre-Tax Spending Accounts ▼

<table>
<thead>
<tr>
<th>Coverage Start Date:</th>
<th>Coverage End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first of the next month following the hire date, providing you enroll within 30 days of your date of employment.</td>
<td>The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.</td>
</tr>
</tbody>
</table>

Employees may elect to make pre-tax contributions to a spending account to be reimbursed for dependent care expenses and/or health, dental, and vision expenses. To be eligible for reimbursement, expenses must be incurred by December 31 for the Dependent Care Account or by March 15 for the Health Care Account. Reimbursement requests must be received by March 31 following the end of the plan year. Funds not used will be forfeited. Contribution elections may not be changed during the calendar year unless there is an approved family status change. New employees electing to participate in a spending account enroll from date of eligibility until December 31 only for the initial year of participation.

**Dependent Care Account**

This account is used to reimburse dependent care expenses incurred by employees. The maximum contribution is $5,000 per year per family or the salary of the lower paid spouse – whichever is lower. Spouses who are full time students have an assumed income of $200 per month. The minimum contribution is $20 per month. Eligible expenses are limited to those allowed by the IRS for the Dependent Care Tax Credit. Every dollar contributed to a Dependent Care Account reduces the allowable tax credit (on the tax return) by a dollar. Generally if family income is $30,000 or more, the Dependent Care Account is more advantageous than the tax credit. Expenses are reimbursed as funds accrue in the account. For more information, visit [www.uni.edu/hr/hrs/mybenefits/fsa-dependent](http://www.uni.edu/hr/hrs/mybenefits/fsa-dependent).

**Health Care Account**

This account is used to reimburse health, dental, and vision expenses that are not covered by insurance plans. Expenses are limited to those allowed by the IRS. Some examples include: deductibles, copayments, co-insurance amounts, and expenses not covered such as eyeglasses and some over-the-counter drugs. The IRS publishes a separate listing of deductible expenses. The maximum contribution is $2,550 per year. The minimum contribution is $20 per month. Expenses are reimbursed when they are incurred up to the annual contribution level. For more information, visit [www.uni.edu/hr/hrs/mybenefits/fsa-health](http://www.uni.edu/hr/hrs/mybenefits/fsa-health).

## Employee Well-being ▼

<table>
<thead>
<tr>
<th>Coverage Start Date:</th>
<th>Coverage End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First day of employment.</td>
<td>The last day of the month the appointment is no longer eligible or the last day of the termination month -- whichever comes first.</td>
</tr>
</tbody>
</table>

The mission of UNI Employee Well-being is to enhance the well-being of UNI faculty and staff through holistic programs and initiatives that support a healthy lifestyle and create a healthy environment in which to live and work. Employees are offered free flu vaccinations, biometric screenings, and smoking cessation services. The program also includes an annual Benefits & Well-being fair, on-campus health and well-being challenges and educational learning opportunities. 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 [www.uni.edu/hr/hrs/wellbeing](http://www.uni.edu/hr/hrs/wellbeing).

Last Updated: 12-DEC-2016