Overview of Benefits

Temporary Faculty Coverage

Temporary faculty are covered under Section 9.3 Health Insurance, Subdivision 9.32, are eligible if they meet the following criteria:

- Appointed for nine (9) months working at 50% or more.
- Two consecutive semesters at 50% or more. Effective the second semester as long as the faculty member is continuously employed at 50% or more.

Dental Insurance — Dental Plan 2

<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 or eligibility 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>

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. For more information, visit https://hrs.uni.edu/mybenefits/dental.

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.

Premiums

<table>
<thead>
<tr>
<th>Plan Type</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>$6.00</td>
<td>$72.00</td>
<td>$306.00</td>
</tr>
<tr>
<td>Family Plan</td>
<td>$54.75</td>
<td>$657.00</td>
<td>$657.00</td>
</tr>
<tr>
<td>Shared Family</td>
<td>$46.50</td>
<td>$558.00</td>
<td>$612.00</td>
</tr>
</tbody>
</table>

1 Monthly premiums are based on prior years’ claims utilization and actuarial estimates.

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. For more information, visit https://hrs.uni.edu/mybenefits/learn-takehome-pay.
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, visit https://hrs.uni.edu/mybenefits#ownership.

**UNI Blue Advantage (HMO) Plan**
Blue Advantage 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).

**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:** $15 copayment. Must use network provider.

**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 Advantage (Iowa and Bordering Counties)’
The employee is responsible for 10% of all covered services after a $100 per person or $200 (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
- $10 copay - Tier 1 Generic
- $30 copay - Tier 2 Brand formulary
- $50 copay - Tier 3 Non-Preferred & Tier 4 Limited
- $100 copay - Preferred Specialty
- $200 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: $750 per person
Medical: $1,500 (maximum) per family
Prescription Drugs: $2,600 single plan
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.

<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>$0.00</td>
<td>$0.00</td>
<td>$8,484.12</td>
</tr>
<tr>
<td>Family Plan</td>
<td>$188.85</td>
<td>$2,266.20</td>
<td>$17,162.76</td>
</tr>
<tr>
<td>Shared Family</td>
<td>$20.10</td>
<td>$241.20</td>
<td>$19,308.00</td>
</tr>
</tbody>
</table>
UNI PPO (Alliance Select) Plan

Preferred Provider Organization (PPO) plan allows you to choose any health care provider, 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: $20 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: $20 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 $350 per person or $700 (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
- $10 copay - Tier 1 Generic
- $30 copay - Tier 2 Brand formulary
- $50 copay - Tier 3 Non-Preferred & Tier 4 Limited
- $100 copay - Preferred Specialty
- $200 copay - Non-Preferred Specialty
- Mail order prescription drug program is available.

Maximum Out-of-Pocket (MOP)
Medical: In Network $1,750 per person / Out-of-Network $4,000
Prescription Drugs: $2,600 per person
Medical: In Network $3,500 (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.

<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>$21.00</td>
<td>$252.00</td>
<td>$8,915.52</td>
</tr>
<tr>
<td>Family Plan</td>
<td>$357.55</td>
<td>$4,290.60</td>
<td>$17,162.76</td>
</tr>
<tr>
<td>Shared Family</td>
<td>$178.80</td>
<td>$2,145.60</td>
<td>$19,308.00</td>
</tr>
</tbody>
</table>

¹ 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 Advantage (HMO) Plan.
- For Family coverage, 80% of the full premium for the UNI PPO (Alliance Select) is applied to UNI Blue Advantage (HMO) Plan.
**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](https://hrs.uni.edu/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>$8.82</td>
<td>$105.84</td>
</tr>
<tr>
<td>Materials Only Family Plan</td>
<td>$20.29</td>
<td>$243.48</td>
</tr>
<tr>
<td>Exam &amp; Materials Single Plan</td>
<td>$12.63</td>
<td>$151.56</td>
</tr>
<tr>
<td>Exam &amp; Materials Family Plan</td>
<td>$28.54</td>
<td>$342.48</td>
</tr>
</tbody>
</table>

**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](https://hrs.uni.edu/sites/default/files/mybenefits/deltavision.pdf).

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**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).

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**Flexible Spending Accounts (FSA) ▼**

**Coverage Start Date:**
Effective the first day of the month following the date of enrollment, 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.

Employees may elect to make pre-tax contributions to a spending account to be reimbursed for dependent care expenses. To be eligible for reimbursement, expenses must be incurred by March 15. 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 daycare 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 [https://hrs.uni.edu/mybenefits/learn-takehome-pay](https://hrs.uni.edu/mybenefits/learn-takehome-pay).
Overview of Benefits: Temporary Faculty Coverage

Retirement Programs ▼

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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, 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.

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/mybenefits/ipers](https://hrs.uni.edu/mybenefits/ipers).

Tax-Deferred Annuity (TDA) Plan

员工可以将额外的贡献存入TIAA补充退休年金或其他经批准的供应商，但受 IRS 标准的最高排除金额限制。UNI 不匹配任何资金。更多信息，请访问 [https://hrs.uni.edu/mybenefits/tda](https://hrs.uni.edu/mybenefits/tda)。

Employee Assistance Program (EAP) ▼

<table>
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<td>Coverage will end the last day of the month in which employment ends.</td>
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UNI 合同与 [Employee & Family Resources (EFR)](https://hrs.uni.edu/mybenefits/eap) 提供 EAP 服务。EAP 提供初步评估/转介和短期咨询服务，帮助员工和他们的直系家庭成员解决影响个人关系、健康和工作表现的问题。更多信息，请访问人力资源服务 EAP 网站 [https://hrs.uni.edu/mybenefits/eap](https://hrs.uni.edu/mybenefits/eap)。

Employee Well-being ▼

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</table>

UNI 员工福利计划的使命是通过综合项目和活动来提升 UNI 教师和员工的福祉。这些项目和活动支持健康的生活方式，创造一个健康的环境，在这种环境中工作。员工可以免费接种流感疫苗，进行生物标志物筛查和戒烟服务。该计划还包括年度福祉及休闲活动，以及促进健康和福祉的挑战和教育学习机会。员工可以选择使用健康与娱乐中心的年度会员费。员工也可以访问健身和休闲课程、个人教练、成人和青少年游泳课程、心肺复苏和急救课程，以及柜台产品，通过学生健康诊所。更多信息，请访问 [https://hrs.uni.edu/wellbeing](https://hrs.uni.edu/wellbeing)。
## Nursing Mothers and Lactation Rooms

<table>
<thead>
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</table>

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/mybenefits/nursing-mothers](https://hrs.uni.edu/mybenefits/nursing-mothers).