

2015 my+benefits



welcome

Each of Idaho's outdoor recreational pastimes has a season, and the University of Idaho's annual enrollment for benefits has its season, too, and it's here!

You may enroll for your 2015 benefits between October 13 and November 4, 2014; they start on January 1, 2015.

Because the benefits you and your family need are so important and so personal, we encourage you to review this guide carefully so that you choose the plan that best fits your lifestyle.

Here are a few things you may want to pay particular attention to:

- Employee Assistance Program. The University's rich EAP provides traditional offerings, such as personal and career counseling. But did you know it also offers many professional and leadership development webinars, assessments and skill builders? See page 18.
- Mail order prescription drugs. If you take recurring medication, getting them by mail is convenient — no more trips to the pharmacy — and usually less expensive than buying them from a retail pharmacy. See page 9.
- Spending accounts. If you want to continue or start a Health Savings Account, Health Care Flexible Spending Account or Dependent Care Flexible Spending Account, you must make this choice during annual enrollment. See page 16.



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adventure checklist

Before heading out on a backpacking trip, you'd likely make a list of everything you need; there's nothing worse than being in the middle of nowhere and discovering you forgot matches to light a fire.

Your enrollment checklist is something like that. While this guide is an overview of our plans, your personalized enrollment information is available on **VandalWeb**. When you know what you want to take on your "enrollment journey," you can choose all your options online.

1. Log on to the **VandalWeb** portal; click on the Employee Menu tab.
2. Under Benefits label, click on myBenefits.
3. Click on Annual Enrollment on your benefit To Do List. Complete the entire enrollment (remember the backpacker with no matches).
4. Check your personal (name, address, etc.) and beneficiary information, and make necessary changes.
5. Review the confirmation statement.
6. If anything is incorrect, call the University of Idaho Benefits Center immediately at **1-208-885-3697** or **1-800-646-6174**.
7. Complete any evidence of insurability forms (see page 15).

DID YOU KNOW?

More than 6 in 10 people walk for transportation or for fun, relaxation or exercise — or just to walk the dog.

Source: Centers for Disease Control and Prevention



changes in latitudes

Even when the wind in your sails seems just right, sometimes you need to come about to catch that perfect breeze. To that end, we're always looking for ways to improve our health plans. For 2015, we've made just a few changes.



STANDARD PPO MEDICAL PLAN

If you plan to enroll in the PPO Medical Plan, you should know about some important changes to your deductible, out-of-pocket maximum and prescription drug coverage.

Lower medical family deductible

The medical deductible for family coverage is going down to \$800 in 2015. This means you pay the full cost of most medical services until you spend \$800. Once you reach that amount, your coinsurance benefits kick in and the University covers the majority of your medical expenses, around 80 percent for most services. You will still be responsible for copays, like the \$25 copay when you visit your doctor.

Lower medical family out-of-pocket maximum

The family medical out-of-pocket maximum will also be lower in 2015. It's going down to \$7,200. This is your safety net on the plan, which means once you pay \$7,200, plus the deductible, the University pays the full cost of covered medical expenses for the rest of the plan year.

Standard PPO Medical Plan

	OUT-OF-POCKET MAXIMUM	DEDUCTIBLE
Individual	\$3,600	\$400
Family	\$7,200	\$800

New prescription drug out-of-pocket maximum

Both individuals and families will also have a separate out-of-pocket maximum for prescription drugs in 2015. For individuals, it is \$2,475 and for families, it is \$4,950. Like the medical out-of-pocket maximum, once you pay the prescription drug out-of-pocket maximum, plus the deductible, the University pays the full cost of covered prescription drug expenses for the rest of the plan year.

Prescription drug out-of-pocket maximum

	OUT-OF-POCKET MAXIMUM	DEDUCTIBLE
Individual	\$2,475	\$125
Family	\$4,950	\$250

HDHP WITH HSA PLAN

If you enroll in the High Deductible Health Plan with an HSA, you also have some important changes in 2015 to both your prescription drug coverage and the amount you can contribute to your HSA.

Free approved preventive drugs

If you need to take a preventive drug to manage conditions like high cholesterol or high blood pressure, you will pay nothing for approved preventive drugs. The University believes it is important to make it easier for people on a high-deductible plan to take these medicines so your conditions don't worsen and cost you more. You can find a complete list of approved preventive drug medications on the CVS Caremark website, www.caremark.com.

Higher HSA contribution amounts

The combined amount both you and the University can contribute to your Health Savings Account in 2015 is going up. In 2015, individuals can contribute \$3,350 and families can contribute \$6,650. The University contribution is not changing. It will still contribute 50 cents for every dollar you contribute up to \$500 for individuals and \$1,000 for families. Remember, you must select your HSA contribution amount each year you enroll in the HDHP. Your contribution elections are not renewed.

HSA 2015 contribution limits

Individual	\$3,350
Family	\$6,650

EXPANDED ENROLLMENT OPTIONS

In 2015, you can choose to opt out of dental and vision coverage. Remember, for most employees, this coverage is at no cost to you. Some part-time employees do have to pay for dental coverage.



IMPORTANT

When you enroll, select the amount you want to contribute for the whole YEAR, not per pay period.

CAUTION

When you become eligible for Medicare, you need to contact a Benefit Specialist because different rules apply. You will be responsible for HSA administrative fees when you leave the University.

CAUTION

If you choose to opt out of dental coverage, you are making this decision for both the 2015 and 2016 plan years. Think carefully before you opt out of dental coverage.

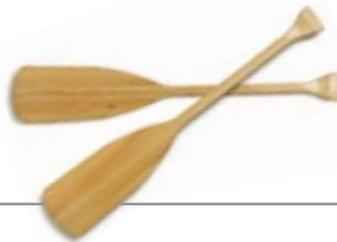
the put-in

Every river trip starts at the place you put your canoe into the water. Once you and your fellow paddlers are on board, your journey begins.

The put-in point for annual enrollment starts with eligibility. Most University employees are eligible for benefits. Read this section to find out if you, your spouse, other adult or dependents are eligible.

WHO'S ELIGIBLE ¹	REQUIREMENTS
You	A regular full-time, three-quarter-time, or half-time Board of Regents-appointed employee, Assigned to work at least 20 hours a week, and Working on an appointment lasting at least five consecutive months
Your spouse	Your legal spouse, including same-sex spouse, or A common law union that began in Idaho before January 1, 1996, or A common law union that is valid in another state and recognized by Idaho Upon request, you must provide a marriage certificate
Other eligible adult ²	Age 18 or older and mentally competent to consent, and Not legally married, and Living in your household for the six months before you enroll in benefits Upon request, you must provide at least two of these documents: <ul style="list-style-type: none"> • A joint mortgage, lease or other evidence of common residence, such as joint utility bills • Durable property or health care power of attorney • Joint bank or credit card account • Designation of each other as the primary beneficiary in a will, life insurance policy or retirement plan
Children under age 26 ³	Biological child Legally adopted child or child placed with you for adoption Stepchild Child for whom you are the legal guardian Child of a qualified other eligible adult who lives with you, or Child who must be covered by a Qualified Medical Child Support Order

1. Coverage begins on the first day of the month after your employment begins. If you begin employment on the first day of the month, your coverage begins that day. Your coverage ends on the last day of employment.
2. Federal tax law requires you to pay federal income and Social Security taxes on the full value of coverage for an eligible adult and their children unless they qualify as your tax dependents (www.irs.gov). The value of the coverage is reported as imputed income on your W-2. For more information, visit www.uidaho.edu and go to annual enrollment, or call 1-208-885-3638.
3. Coverage will end on your child's 26th birthday unless he or she can't self-support because of a physical or mental disability that began before age 26. You must apply for this continuation within 31 days from the date of their 26th birthday.



DEPENDENTS WHO ARE UNIVERSITY EMPLOYEES

If your spouse/domestic partner is employed in a benefits-eligible University position, you have two options:

- One of you must waive medical coverage and be covered as a dependent spouse of the other; or
- You may each enroll in employee-only coverage.

Dependent children may only be covered under one plan.

MAKING MIDYEAR BENEFIT CHANGES

Be sure to choose your benefits wisely because most of your benefits are locked in for the calendar year. You can't change your elections during the year unless you:

- Have a qualified change in status, such as getting married or having a baby
- Qualify for a special enrollment because you or your spouse lose a job or eligibility for other health insurance.

Enrollment begins on the date of the event. For example, if you get married on June 30 and add your spouse to your coverage within 30 days from that date, your spouse's coverage begins on the day you got married.

Changes must be consistent with the event. For example, if your child no longer qualifies as an eligible dependent, you may drop their coverage, but you can't drop the coverage for other dependents until the next annual enrollment period.

You have 30 days to make changes for most events. You have 60 days to make changes in the event of a birth or adoption of a child.

For more information on midyear changes, review your Summary Plan Description at www.uidaho.edu/benefits/forms.





setting up camp

Do you like to camp in Idaho’s great outdoors? If so, you probably start by choosing a campsite. Do you prefer a primitive, quiet site for more of a wilderness experience, or a developed campground with a few modern conveniences?

While both offer an outdoor getaway, you get to choose the experience. The University offers two Blue Cross of Idaho health plans so that you can choose the one that is best for you and your family:

- Standard PPO
- High-deductible Health Plan (HDHP) with Health Savings Account



BOARD OF REGENTS-APPOINTED EMPLOYEES: FULL-TIME PER PAY CONTRIBUTIONS FOR 2015¹

WHO'S COVERED	STANDARD PPO	HDHP WITH HSA
You	\$57.19	\$24.74
You + spouse or other eligible adult ²	\$120.09	\$51.95
You + child	\$80.07	\$34.64
You + children	\$121.24	\$52.45
You + family (spouse or other eligible adult + children) ²	\$161.28	\$69.77

1. Contributions are not prorated at any time.

2. Federal tax law requires you to pay federal income and Social Security taxes on the full value of coverage for an eligible adult and their children unless they qualify as your tax dependents (www.irs.gov). The value of the coverage is reported as imputed income on your W-2. For more information, visit www.uidaho.edu and go to annual enrollment, or call 1-208-885-3638.

CHOOSING YOUR BENEFITS

Campsites share many of the same features but each one has unique qualities. It’s the same with our two health plans. Shared features:

- Each plan pays 100 percent of in-network preventive care (annual exam, mammograms, colonoscopies, etc.); see website for full wellness benefits
- You may visit any provider but you’ll pay less when you visit an in-network provider
- You may enroll in a Dependent Care Flexible Spending Account

UNIQUE FEATURES	
STANDARD PPO	HDHP WITH HSA
<ul style="list-style-type: none"> • Copayment required for doctor office visits until you reach the out-of-pocket maximum. • For all other covered services, you must satisfy the deductible and then pay coinsurance until you satisfy the out-of-pocket maximum. • May participate in the Health Care Flexible Spending Account. See page 16. 	<ul style="list-style-type: none"> • You pay 100 percent of covered health care expenses until you satisfy annual deductible, with the exception of approved preventive drugs. • Then, you pay coinsurance for covered services until you satisfy the out-of-pocket maximum. • You may participate in a Health Savings Account. See page 16.

fixing a flat



If you're a mountain bike rider, you know many things can flatten even the best-maintained tire. Fortunately, patching it is easy if you have the right tools.

To maintain or regain your health, the University's prescription drug program covers long-term medications and those you need when your "tire goes flat."

STRATEGIES FOR SAVINGS

From using generic medicines to setting up mail service for long-term prescriptions, CVS Caremark can help you find the right ways to save.

To save money on your prescriptions:

- Ask for generics first. Generic drugs can cost up to 80 percent less than brand name drugs.
- When you must have a brand name drug, ask your doctor to make sure it's on the "preferred list" because it won't cost as much.

- Order 90-day supplies of ongoing medications. Sign up for the CVS Caremark mail-order service. Medications will ship directly to you with no shipping charge.
- Fill short-term prescriptions at a network pharmacy. Generally, you pay more for short-term (less than 90 days) prescriptions that are filled outside the CVS Caremark retail pharmacy network.

FREE APPROVED PREVENTIVE DRUGS ON THE HDHP WITH HSA PLAN

If you take a preventive drug to manage conditions like high cholesterol or high blood pressure, you will pay nothing for approved preventive drugs. You can find a complete list of approved preventive drug medications on the CVS Caremark website, www.caremark.com.



IMPORTANT

Sign up for mail order

Sign up with the CVS Caremark program if you take ongoing prescriptions. You'll save money and you won't have to leave the house to get the prescription filled.

- www.caremark.com/faststart
- Call FastStart at 1-800-875-0867
5 a.m. – 5 p.m. (PT) Monday – Friday



MEDICAL AND PRESCRIPTION PLAN COVERAGE AT A GLANCE

This table summarizes what you pay for some medical services and prescription drugs under the two plans (continued on page 10).

	STANDARD PPO		HDHP WITH HSA ¹
	IN-NETWORK	OUT-OF-NETWORK	IN- AND OUT-OF-NETWORK
ANNUAL MEDICAL DEDUCTIBLE			
Individual	\$400	\$600 per individual	\$1,500
Family	\$800		\$3,000
Annual medical out-of-pocket maximum (Once you pay the amounts below, plus the deductible, the plan pays 100% of covered services for the rest of the plan year.)			
Individual	\$3,600	\$5,200 per individual	\$3,100
Family	\$7,200		\$6,200
ANNUAL PRESCRIPTION DRUG DEDUCTIBLE			
Individual	\$125		N/A
Family	\$250		
Annual prescription out-of-pocket maximum (Once you pay the amounts below, plus the deductible, the plan pays 100% of covered prescriptions for the rest of the plan year.)			
Individual	\$2,475		N/A
Family	\$4,950		
Total annual cost exposure (medical and prescription deductibles plus out-of-pocket maximums)			
Individual	\$6,600	\$8,400 per individual	\$4,600
Family	\$13,200	\$11,000 per individual	\$9,200

1. When your family has satisfied the \$3,000 deductible, you pay coinsurance for covered services for all family members. If one family member's covered services satisfy the \$3,100 individual embedded out-of-pocket maximum, the plan will pay 100 percent for all covered services for that family member. When any combination of family members' covered services satisfies the overall \$6,200 family out-of-pocket maximum, the plan pays 100 percent of covered services for all family members for the remainder of the calendar year.

MEDICAL AND PRESCRIPTION PLAN COVERAGE AT A GLANCE (CONTINUED)

	STANDARD PPO		HDHP WITH HSA
	IN-NETWORK	OUT-OF-NETWORK	IN- AND OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS			
Prescription drug type	Retail Pharmacy (30-day supply or less CVS Caremark pharmacists)	Mail-order Pharmacy (90-day supply through CVS Caremark Mail Service)	N/A
Generic	25%; \$12 minimum/\$25 maximum	\$36	You pay 100% of the drug's cost until you satisfy the deductible, and then pay 30% of the maximum allowance ²
Formulary brand name ¹	25%; \$25 minimum/\$75 maximum	\$75	
Non-formulary brand name ¹	25%; \$40 minimum/\$100 maximum	\$120	
MEDICAL BENEFITS			
Preventive care			
Preventive care/wellness services	You pay nothing; plan pays 100%	Not covered	You pay nothing; plan pays 100% of the maximum allowance
Office visits (you pay)			
Primary care office visits	\$25 copayment per visit, not subject to deductible	35% of the maximum allowance, after the deductible	30% of the maximum allowance, after the deductible
Specialist care office visits			
Non-physician services, such as lab work, imaging, etc.	20% of the maximum allowance, after the deductible	35% of the maximum allowance, after the deductible	30% of the maximum allowance, after the deductible
Behavioral health benefits (you pay)			
Inpatient services	20% of the maximum allowance, after the deductible and \$100 per day copayment up to \$300 per year	35% of the maximum allowance, after the deductible and \$100 per day copayment up to \$300 per year	30% of the maximum allowance, after the deductible
Outpatient psychotherapy services	\$25 copayment per visit, not subject to the deductible	35% of the maximum allowance, after the deductible	30% of the maximum allowance, after the deductible
Hospital benefits (you pay)³			
Emergency services	20% of the maximum allowance, after the deductible	20% of the maximum allowance, after the deductible	30% of the maximum allowance, after the deductible
Inpatient	20% of the maximum allowance, after deductible and \$100 per day copayment, up to \$300 per year	You pay 35% of the maximum allowance, after deductible and \$100 per day copayment up to \$300 per year	You pay 30% of the maximum allowance, after deductible
Outpatient	20% of the maximum allowance, after deductible	You pay 35% of the maximum allowance, after deductible	You pay 30% of the maximum allowance, after deductible
Maternity services (you pay)			
Physician services	\$250 copayment, then plan pays 100% (not subject to deductible or coinsurance)	35% of the maximum allowance, after deductible and \$100 per day copayment up to \$300 per year	30% of the maximum allowance, after the deductible
Hospital services	20% of the maximum allowance, after the deductible and \$100 per day copayment up to \$300 per year		

1. If a brand name drug is purchased when a generic is available, you pay the appropriate brand copayment, plus 100 percent of the cost difference between the brand and generic.

2. You will pay nothing for approved preventive drugs.

3. There is a separate bariatric surgery deductible of \$1,500.

COMPARING PLANS

When you looked at tents to buy for your camping trip, you probably found a couple that you really liked, but you had to make trade-offs based on your needs, situation and priorities. Both health plans may have features that fit your lifestyle. If you're having trouble deciding, the scenarios below show approximate out-of-pocket expenses under each plan.

Meet Robin — Employee only

Robin is a healthy, active twenty-something. During the year, she will:

- get an annual physical
- visit her family doctor once
- need two prescriptions

Because Robin doesn't need much medical care, she won't meet her annual deductible. Under each of the medical options using in-network providers, Robin will pay approximately:

	STANDARD PPO	HDHP WITH HSA
Annual medical plan contributions	\$1,487	\$643
Participant HSA Fund contributions	\$0	\$1,000
Out-of-pocket costs:		
• Annual exam – preventive	\$0	\$0
• Family doctor visit	\$25	\$85
• Prescriptions	\$353	\$300
HSA account reimbursement of participant contributions	\$0	-\$385
University HSA matching contributions	\$0	-\$500
HSA rollover amount	\$0	-\$615
TOTAL ANNUAL COST¹	\$1,865	\$528

1. Includes HSA rollover amount of \$615.

Meet Christopher and Maria — Employee + spouse

Christopher and Maria are in their early 50s. They both get annual physical exams. Christopher had a diagnostic colonoscopy (not preventive) and Maria, a preventive mammogram. In May, Christopher suffered a heart attack requiring bypass surgery.

Christopher takes cholesterol medication. Maria takes medication for her thyroid.

Under each medical plan option using in-network providers, Christopher and Maria will pay:

	STANDARD PPO	HDHP WITH HSA
Annual medical plan contributions	\$3,122	\$1,351
Participant HSA Fund contributions	\$0	\$2,000
Out-of-pocket costs:		
• Annual exams – 2 preventive	\$0	\$0
• Mammogram – preventive	\$0	\$0
• Colonoscopy – diagnostic	\$920	\$3,000
• Heart attack requiring bypass surgery – 4 days inpatient stay and inpatient surgery	\$3,080	\$3,100
• Prescriptions	\$874	\$720
HSA account reimbursement of participant contributions	\$0	-\$2,000
University HSA matching contributions	\$0	-\$1,000
HSA rollover amount	\$0	\$0
TOTAL ANNUAL COST	\$7,996	\$7,171

Meet the Smiths — Employee + family

Kevin and Stacey are in their mid-30s with a son and daughter, ages 5 and 8. They are expecting a baby this year.

Each person gets an annual checkup. The youngest child had two urgent-care visits for ear infections. The family will need four prescriptions this year, which they fill through the mail-order service.

Under each of the medical options using in-network providers, Kevin and Stacey will pay:

	STANDARD PPO	HDHP WITH HSA
Annual medical plan contributions	\$4,193	\$1,814
Participant HSA Fund contributions	\$0	\$2,000
Out-of-pocket costs:		
• Annual exams – 4 preventive	\$0	\$0
• Prenatal care – 6 doctor visits	\$150	\$600
• Urgent care – 2 visits	\$400	\$400
• Hospital stay – 2 days	\$2,520	\$4,400
• Prescriptions	\$665	\$300
HSA account reimbursement of participant contributions	\$0	-\$2,000
University HSA matching contributions	\$0	-\$1,000
HSA rollover amount	\$0	\$0
TOTAL ANNUAL COST	\$7,928	\$6,514

sparkle and shine



Nature is filled with light — glittery diamonds of fresh snow, prancing flames in your campfire, a descending fireball in a sable sky — all of which elicit smiles.

Like our medical plan, the University offers two options through Delta Dental to help your smile shine through.² Unlike the medical plan, dental plans remain in effect for two years.

- **Standard Dental.** 100 percent coverage for preventive care; for comprehensive coverage, see the at-a-glance table.
- **Dental Plus.** 100 percent coverage for preventive care; for comprehensive coverage, which includes child and adult orthodontia, see the at-a-glance table.

2. Only board-appointed employees are eligible for dental coverage.

In 2015, you can choose to opt out of dental coverage. Remember, for most employees, this coverage is at no cost to you. Some part-time employees do have to pay for dental coverage. If you opt out, your decision is for two years. Think carefully before you opt out of dental coverage.

IMPORTANT

Finding a Delta dentist

Visit www.deltadentalid.com for a list of current Delta Dental offices.

- On the homepage, click on Find a Dentist
- Select Delta Dental PPO as your plan network.

You also may check the status of a claim, email a Delta Dental customer service representative and print your Delta Dental ID card.

FULL-TIME PER PAY CONTRIBUTIONS FOR 2015 DENTAL PLANS¹

WHO'S COVERED	STANDARD DENTAL	DENTAL PLUS
You	\$0.00	\$2.95
You + spouse or other eligible adult	\$0.00	\$6.61
You + child	\$0.00	\$5.90
You + children	\$0.00	\$11.22
You + family (spouse or other eligible adult + children)	\$0.00	\$11.91

1. Contributions are not prorated at any time.

DENTAL PLAN COVERAGE AT A GLANCE

WHO'S COVERED	STANDARD DENTAL	DENTAL PLUS
Annual deductible		
Individual	\$25	\$50
Family	\$75	\$150
Class I benefits		
<ul style="list-style-type: none"> • Diagnostic services • Preventive services • X-rays 	You pay nothing; plan pays 100% ³	
Class II benefits		
<ul style="list-style-type: none"> • Oral surgical services • Endodontic services • Periodontic services, including periodontal cleaning • Minor restorative services 	You pay 25% of the maximum allowance, after deductible ³	You pay 20% of the maximum allowance, after deductible ³
Class III benefits		
<ul style="list-style-type: none"> • Major restorative services • Prosthodontic services 	You pay 55% of the maximum allowance, after deductible ³	You pay 45% of the maximum allowance, after deductible ³
Class IV benefits		
Adult and child orthodontia (only for services begun after you enrolled in the plan)	None	Plan pays 50% ³ — up to lifetime maximum orthodontia benefit of \$1,000 per person
Annual maximum benefit		
The most the plan will pay in a year, excluding orthodontia benefits	\$1,000 per covered person	\$1,500 per covered person

3. For services provided by non-participating dentists, plan benefit payments are based on the lesser of the submitted amount or Delta Dental's non-participating dentist fee.

reading the river



To determine if the water downstream is a Class II rapid or a just a riffle means your vision has to be at its best.

To help keep your eyesight keen, the University offers two plans for board-appointed employees only:

- Ameritas Vision Perfect Reimbursement Only
- VSP Vision Care



FOR 2015 ONLY

In 2015, you can choose to opt out of vision coverage. Remember, this coverage is at no cost to you. Think carefully before you opt out of free vision coverage.

FULL-TIME PER PAY CONTRIBUTIONS FOR 2015 VISION PLANS¹

WHO'S COVERED	AMERITAS	VSP
You	\$0.00	\$0.00
You + spouse or other eligible adult	\$0.00	\$0.00
You + child	\$0.00	\$0.00
You + children	\$0.00	\$0.00
You + family (spouse or other eligible adult + children)	\$0.00	\$0.00

1. Contributions are not prorated at any time.

VISION PLAN COVERAGE AT A GLANCE

	VISION PERFECT REIMBURSEMENT ONLY (AMERITAS)	VSP VISION CARE	
		VSP PROVIDER	NON-VSP PROVIDER
Eye exam (once each 12-month period)	After you pay \$20 deductible ² , plan pays reimbursement up to \$75	You pay \$10 copay, then plan pays 100%	You pay \$10 copay, then plan pays reimbursement up to \$52
Eyeglass lenses (once each 12-month period)	After you pay \$20 deductible ² , plan pays reimbursement up to:	You pay \$25 deductible ³ , then plan pays 100%	You pay \$25 deductible ³ , then plan pays reimbursement up to:
<ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular • Progressive 	<ul style="list-style-type: none"> \$60 \$80 \$95 \$100 \$100 		<ul style="list-style-type: none"> \$55 \$75 \$95 \$125 Not applicable
Eyeglass frames (once every two years)	After you pay \$20 deductible ² , plan pays up to \$150 reimbursement	You pay \$25 deductible ³ , then plan pays reimbursement up to \$120	You pay \$25 deductible ³ , then plan pays reimbursement up to \$45
Contact lenses (once each 12-month period)	Plan pays up to \$210 reimbursement	Plan pays up to \$120 reimbursement for contacts and fitting exam	Plan pays up to \$105 reimbursement for contacts and fitting exam

2. Deductible applies to the first service received.

3. Deductible applies to complete pair of glasses or to frames, whichever is selected.



shelter from a storm

Idaho’s weather can be unpredictable, but when a storm blows in, you can stay warm, dry and safe if you have the right equipment.

IMPORTANT

Is Your Beneficiary Current?

When you enroll in life insurance — basic and optional — or AD&D insurance, you’ll name a person, or persons, as your beneficiary to receive your benefits when you die.

You may change your beneficiary during annual enrollment.

If you need to change your beneficiary later, you can do that on the VandalWeb portal. Click the Employee Menu tab, then click myBenefits to access the benefits website. Once logged in, select Update Beneficiaries under myTools.



To protect you and your family from life’s storms, the University provides three features to help in case of injury, illness or death:

- Short-term (STD) and long-term (LTD) disability
- Accidental death and dismemberment (AD&D)
- Life insurance

DISABILITY INSURANCE

If you get injured or become ill, and it’s not work-related, disability insurance pays you part of your income while you’re away from work.

There is no cost to you for basic coverage, which pays 50 percent of your income up to the benefit maximum.

Short-Term Disability Waiting Period

Short-term disability begins paying on the 30th day you miss work and lasts up to six

months from your last day worked. Your basic coverage pays 50 percent of your salary up to \$500 a week. You may increase your coverage during annual enrollment to 60 or 66.67 percent of your salary.

If you increase your coverage, then apply for STD within 12 months, the waiting period for the increased amount could be up to 60 days; however, the basic coverage amount will start on the 30th day. This is called a late enrollment penalty.

Long-term disability begins when STD ends and pays 50 percent of your salary up to \$2,000 a month. During annual enrollment, you may increase your coverage to 60 or 66.67 percent of your salary.

There are no waiting periods for long-term disability. See your Summary Plan Description for more information.

FULL-TIME PER PAY CONTRIBUTIONS FOR 2015 DISABILITY PLANS¹

STD	PER \$10 OF BENEFIT	LTD	PER \$100 OF BENEFIT
50% up to \$500 a week	No cost to you	50% up to \$2,000 a month	No cost to you
60% up to \$700 a week	\$.046	60% up to \$3,000 a month	\$.155
66.67% up to \$1,250 a week	\$.071	66.67% up to \$5,000 a month	\$.300

1. Contributions are not prorated at any time.

ACCIDENTAL DEATH AND DISMEMBERMENT

AD&D insurance protects you and your family in case of death, loss of a limb or eyesight, and certain other conditions that result from an accident. In the event of an accidental death, AD&D benefits are payable in addition to life insurance.

You may choose coverage for yourself and your family members. Coverage on family members pays a percentage of your benefits.

AD&D COVERAGE

FAMILY MEMBER	PERCENT OF YOUR BENEFITS PAID
You	100%
Spouse	50%
Children	10%, up to \$25,000 per child
Spouse and children	40% and 5%

FULL-TIME PER PAY CONTRIBUTIONS FOR 2015 AD&D PLANS¹

COVERAGE	PER \$1,000 OF BENEFIT
Employee	\$0.30
Family	\$0.045 (per entire family, not family member)

LIFE INSURANCE

The University provides you with basic life insurance at no cost to you. The coverage is equal to 1x your base annual salary.

You may buy optional life insurance of up to \$1 million on yourself. You also may buy life insurance coverage for your spouse and eligible dependent children.

Per paycheck contributions for optional dependent life insurance will range from 30 cents for \$5,000 of coverage to \$1.50 for \$25,000 of coverage.

FULL-TIME PER PAY CONTRIBUTIONS FOR 2015 OPTIONAL EMPLOYEE AND SPOUSE LIFE INSURANCE¹

COVERAGE	PER \$1,000 OF BENEFIT	
	NON-TOBACCO	TOBACCO
AGE		
Under 30	\$0.05	\$0.08
30-34	\$0.06	\$0.09
35-39	\$0.07	\$0.11
40-44	\$0.10	\$0.16
45-49	\$0.15	\$0.24
50-54	\$0.23	\$0.36
55-59	\$0.41	\$0.51
60-64	\$0.57	\$0.74
65-69	\$0.88	\$1.27
70 +	\$1.58	\$2.14

1. Contributions are not prorated at any time.

IMPORTANT

Tobacco Use and Life Insurance

Tobacco use affects the rates you'll pay for optional and spouse life insurance. You'll report your tobacco use when you enroll for benefits.

If you or your spouse use tobacco when you enroll but complete a tobacco-cessation program later in the year, your rates will decrease the next year.

Email benefits@uidaho.edu to change your tobacco-use status.

IMPORTANT

Evidence of Insurability

You may be required to complete an evidence of insurability (EOI) form when you buy optional or spouse life insurance.

Life insurance policy underwriters will review your EOI to determine your eligibility. You will only pay a premium on the amount of insurance the underwriters approve.

building buoyancy

When you're standing on a paddleboard in the middle of a lake, you want to be as high in the water as possible. Buoyancy creates stability, making it easier for you to stay afloat and get to where you're going.

Spending and savings accounts help you maintain financial buoyancy by allowing you to set aside pre-tax money every paycheck to pay for out-of-pocket medical expenses. Depending on the health plan you choose, you may enroll in a Health Savings Account (HSA) or a Health Care Flexible Spending Account (Health Care FSA). There are important differences between the two.

HEALTH SAVINGS ACCOUNT¹

You may only participate in an HSA if you enroll in the High-Deductible Health Plan.

An HSA combines features of a flexible spending account with those of a 401(k) or Individual Retirement Account. You use the money to pay qualified out-of-pocket health care expenses. Those expenses include deductibles, coinsurance, medical procedures, prescription drugs, dental, vision, etc. Review

a list of eligible expenses at www.irs.gov and download publication 502.

You and the University contribute pre-tax dollars to the account, which belongs to you. Any money in your HSA at the end of the year is yours and stays in your account. Each year, HSA dollars roll over so you can use them down the road.

HSA money also earns interest. And, once your balance hits \$3,000, you may invest a

portion of it in mutual funds. Interest and investment earnings are tax-free as long as you keep them in your HSA or use them for eligible health care expenses. You can change your HSA contribution amount any time during the year. And, the HSA money is yours, even if you leave the University or retire.

When you enroll, select the amount you want to contribute for the whole YEAR, not per pay period.

2015 HSA CONTRIBUTIONS²

2015 HSA CONTRIBUTION AMOUNTS ³			
If you enroll in...	You may save up to ⁴ ...	The University will contribute up to... (\$0.50 for every \$1.00 you contribute)	Total allowed 2015 contribution
Employee only coverage	\$2,850 (Contribute \$1,000 to receive full University matching contribution)	\$500	\$3,350
"Family" coverage: • Employee + spouse or other eligible adult • Employee + child • Employee + children • Employee + spouse + child(ren)	\$5,650 (Contribute \$2,000 to receive full University matching contribution)	\$1,000	\$6,650

1. You must report HSA contributions — yours and the University's — and your withdrawals on your federal income tax return.
2. Contributions are not prorated at any time.
3. This table reflects the 2015 combined employee + employer Health Savings Account contribution limits, which are \$3,350 for an individual and \$6,650 for a family. These limits may change each year.
4. If you are age 55 or older in 2015, you may save an additional \$1,000 in catch-up contributions.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

You may only participate in a Health Care FSA if you enroll in the Standard PPO medical plan.

You can use your Health Care FSA to pay eligible out-of-pocket health care expenses such as deductibles, medical procedures, dental, vision, prescription drugs, etc. You can use it for you or anyone you cover under your medical plan or claim as a dependent on your federal income tax return. The maximum contribution is \$2,500 per plan year. Once the amount is set during annual enrollment it cannot be changed until the next annual enrollment.

KEY DIFFERENCES BETWEEN AN HSA AND HEALTH CARE FSA

While the HSA and Health Care FSA are similar, they are different types of accounts — and the difference is important.

HSA	Health Care FSA
<ul style="list-style-type: none">• Available only to HDHP participants• Unused money rolls over to the next year• University contributes matching funds	<ul style="list-style-type: none">• Available only to Standard PPO participants• “Use it or lose it” — at the end of the year, unused money goes away• University doesn’t contribute matching funds

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

All eligible employees may enroll in a Dependent Care FSA.

You can use this account to pay for eligible dependent care costs with pre-tax dollars so you and your spouse can work, look for work or attend school full time.

Generally, an eligible dependent is:

- Your child under 13 years old
- A disabled spouse or dependent of any age who lives with you

Eligible expenses include:

- Private child care
- Child care at a day camp or preschool
- After-school care
- Housekeeper if their duties include caring for eligible dependent
- Elder care for an incapacitated adult who lives with you

The maximum contribution per plan year is \$5,000. Once the amount is set during annual enrollment it cannot be changed until the next annual enrollment.

HOW FSAs WORK

You choose how much to contribute to the FSA for the year. The money is deducted from your paycheck before income and Social Security taxes are withheld.

You must re-enroll every year. Because FSAs are “use it or lose it,” consider your needs carefully before choosing how much to contribute.

You pay for eligible costs out-of-pocket, then submit a claim and receipts to Take Care by WageWorks, or sign up for direct deposit.

You can find a complete list of eligible expenses for HSAs and FSAs at www.irs.gov.

CAUTION

When you become eligible for Medicare, you need to contact a Benefit Specialist because different rules apply. You will be responsible for HSA administrative fees when you leave the University.

IMPORTANT

Important Dependent Care FSA Information

When you file your federal income tax return, you must provide the dependent care provider’s name, address and Social Security or federal tax ID number.

Most providers know about this requirement so won’t be surprised when you ask for it.

If you can’t provide this information, you shouldn’t use the Dependent Care FSA to pay for those services.

If you participate in the Dependent Care FSA, you can’t claim the federal child care credit for these expenses.



the buddy system

Rock climbing with a buddy is a smart and fun way to stay safe. They check all of the climbing systems, and provide another set of eyes and ears to ensure you have a successful climb.

In short, they have your back.

Our free, confidential Employee Assistance Program (EAP), provided by APS Healthcare, is your buddy in addressing work and life issues before they become problems. EAP also provides other resources that can make daily life a little easier, including career development tools.

Articles, webinars, skill builders, assessments, and podcasts for University employees, managers and leaders address topics that include:

- Family and relationship concerns
- Substance abuse
- Grief and loss
- Depression and anxiety
- Work-related issues

Managers and supervisors have unlimited telephone consultations with a dedicated team of specialists who can help with workplace concerns.

For all employees, consultations are available with qualified professionals for:

- Financial services
- Legal services — Free consultation and discounted attorney fees
- Family care giving — Resources and referrals
- Convenience services — Help with finding household and daily living resources, including pet care services, home repairs, travel planning and event scheduling

EAP can even help you find the cheapest gasoline!

Visit www.apshelplink.com and enter UI1 as the employer code.

DID YOU KNOW?

The University's EAP also offers career-development services such as behavior-based interviewing, emotional intelligence, and developing listening and feedback skills.





your ecosystem

To stay in balance, your personal ecosystem needs as much care as the one that surrounds you.

In addition to our medical plan, the University has several wellness resources to help your mind and body maintain harmony.

This table shows who may participate in each of the University's wellness programs.

WELLNESS RESOURCE	ALL UNIVERSITY EMPLOYEES	MEDICAL PLAN PARTICIPANTS ONLY
Chronic condition management		•
Flu shots	•	
Health coaching		•
Nurse hotline		•
Tobacco-cessation program	•	

VOLUNTARY BENEFITS

extra equipment

Runners often carry extra socks so they don't get blisters. Cyclists carry spare tires. Nordic skiers carry different kinds of wax in case snow conditions change.

You may want some extras to protect you if your life conditions change. The University offers:

- AFLAC benefits
- Auto and homeowners insurance through Liberty Mutual
- Prepaid legal and identity theft protection
- Educational benefits for employees, spouses and dependents
- Adoption assistance
- UI Children's Center
- Latah Federal Credit Union
- Student Recreation Center
- Long-term care insurance

For more information, go to www.uidaho.edu/benefits/otherbenefits.



QUESTIONS?

For more information on your benefits, eligibility and enrollment, visit **VandalWeb** and click **myBenefits** under the **Employee Tab**. Or, call 1-208-885-3697 or 1-800-646-6174.

contribution tables

HEALTH PLANS: BOARD OF REGENTS-APPOINTED FULL-TIME EMPLOYEES PER PAY CONTRIBUTIONS FOR 2015¹

WHO'S COVERED	STANDARD PPO	HDHP WITH HSA
You	\$57.19	\$24.74
You + spouse or other eligible adult ²	\$120.09	\$51.95
You + child	\$80.07	\$34.64
You + children	\$121.24	\$52.45
You + family (spouse or other eligible adult ² + children)	\$161.28	\$69.77

DENTAL PLANS: BOARD-APPOINTED FULL-TIME PER PAY CONTRIBUTIONS FOR 2015¹

WHO'S COVERED	STANDARD DENTAL	DENTAL PLUS
You	\$0.00	\$2.95
You + spouse or other eligible adult ²	\$0.00	\$6.61
You + child	\$0.00	\$5.90
You + children	\$0.00	\$11.22
You + family (spouse or other eligible adult ² + children)	\$0.00	\$11.91

VISION PLANS: BOARD-APPOINTED FULL-TIME PER PAY CONTRIBUTIONS FOR 2015¹

WHO'S COVERED	AMERITAS	VSP
You	\$0.00	\$0.00
You + spouse or other eligible adult ²	\$0.00	\$0.00
You + child	\$0.00	\$0.00
You + children	\$0.00	\$0.00
You + family (spouse or other eligible adult ² + children)	\$0.00	\$0.00

1. Contributions are not prorated at any time.

2. Federal tax law requires you to pay federal income and Social Security taxes on the full value of coverage for an other eligible adult and their children unless they qualify as your tax dependents (www.irs.gov). The value of the coverage is reported as imputed income on your W-2. For more information, visit www.uidaho.edu and go to Annual Enrollment, or call 1-208-885-3638.

DISABILITY PLANS: BOARD-APPOINTED FULL-TIME PER PAY CONTRIBUTIONS FOR 2015¹

STD	PER \$10 OF BENEFIT	LTD	PER \$100 OF BENEFIT
50% up to \$500 a week	No cost to you	50% up to \$2,000 a month	No cost to you
60% up to \$700 a week	\$.046	60% up to \$3,000 a month	\$.155
66.67% up to \$1,250 a week	\$.071	66.67% up to \$5,000 a month	\$.300

**OPTIONAL EMPLOYEE AND SPOUSE LIFE INSURANCE:
BOARD-APPOINTED FULL-TIME PER PAY CONTRIBUTIONS FOR 2015¹**

COVERAGE AGE	PER \$1,000 OF BENEFIT	
	NON-TOBACCO	TOBACCO
Under 30	\$0.05	\$0.08
30-34	\$0.06	\$0.09
35-39	\$0.07	\$0.11
40-44	\$0.10	\$0.16
45-49	\$0.15	\$0.24
50-54	\$0.23	\$0.36
55-59	\$0.41	\$0.51
60-64	\$0.57	\$0.74
65-69	\$0.88	\$1.27
70 +	\$1.58	\$2.14

AD&D PLANS: BOARD-APPOINTED FULL-TIME PER PAY CONTRIBUTIONS FOR 2015¹

COVERAGE	CONTRIBUTION
Employee	\$0.30
Family	\$0.045 (per entire family, not family member)

1. Contributions are not prorated at any time.

benefit directory

BENEFIT	ADMINISTRATOR	HOW TO ACCESS
Medical plan	Blue Cross of Idaho	1-866-685-2258 www.bcidaho.com
Prescription drug plan	CVS Caremark	1-888-202-1654 customerservice@caremark.com www.caremark.com
Dental plan	Delta Dental of Idaho	1-800-356-7586 www.deltadentalid.com
Vision plan	Ameritas/VSP	1-800-487-5553 www.ameritasgroup.com
	VSP	1-800-877-7195 VSP.com
Health and Dependent Care Flexible Spending Accounts	WageWorks	1-800-950-0105 www.takecarewageworks.com
Health Savings Account	Health Equity	1-888-769-8696 www.HealthEquity.com
Disability claims	The Standard	1-888-937-4783
EAP	APS	1-800-999-1077 www.apshelplink.com (code UI1) Emergency Crisis 24/7 1-800-833-3031
HOW DO I...	CONTACT	HOW TO ACCESS
Enroll in or change my benefits, or report a dependent change	University of Idaho Benefits Center	In the VandalWeb , under the Employee Tab, click myBenefits 1-208-885-3697 1-800-646-6174
Ask general questions about my benefits, eligibility and enrollment	University of Idaho Benefits Center	In the VandalWeb , under the Employee Tab, click myBenefits 1-208-885-3697 1-800-646-6174
Contact the retirement plan providers for:		
• Classified/Grandfathered Exempt Employees	PERSI	1-800-451-8228 www.persi.state.id.us
• Exempt/Faculty	Valic	1-800-448-2542 www.valic.com
	TIAA – CREF	1-800-842-2733 www.tiaa-cref.org