



**University of Idaho**  
Benefit Services

## **U of I Benefit Services**

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Include your Vandal number when  
corresponding with Benefit Services.

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# 2026 BENEFITS GUIDE





# Welcome!

At the University of Idaho, we are committed to providing you with a competitive, affordable benefit program to meet the health and financial needs of you and your family.

In this guide, you'll learn about the various programs and benefit options available to you as an employee of the university, and when you can enroll in benefits.

If you have any questions, contact U of I Benefit Services at 208-885-3697 (within Idaho) or 800-646-6174 (outside Idaho). You can also email [Benefit Services](#).

## Learn More About Your Benefits

- Watch the [Benefits Orientation](#) to learn about all the benefits and perks we offer.
- Visit the [Benefit Services website](#) for benefit details.
- Review the quarterly [Benefit Me! newsletter](#) for important benefit updates.
- Visit [helpmechoosewisely.com/uidaho](https://helpmechoosewisely.com/uidaho) to receive a personalized checklist showing which university benefits can help you improve your physical, emotional and financial health.
- Check out **The Daily Register** for campus news and benefit announcements.

The information provided in this guide is of a general nature only and does not replace or alter the official rules and policies contained in the official plan documents that legally govern the terms and operation of the University of Idaho benefit plans. If this publication differs in any way from the official plan documents, the official plan documents always govern. Receipt of this publication does not guarantee eligibility for benefits. The University of Idaho has the right to modify benefits at any time.



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# WHAT'S NEW AND CHANGING FOR 2026

At the University of Idaho, we continually look for ways to improve your benefits while managing costs.



## Save More to Your HSA in 2026

Annual Health Savings Account (HSA) contribution limits will increase by \$100 for individual coverage and by \$200 for family coverage. Contributions will be capped at \$4,400 (individual) and \$8,750 (family). Employees ages 55 and older can make an additional \$1,000 catch-up contribution.

## Save More Tax-Free On Childcare

The 2026 Dependent Care FSA contribution maximum will increase to \$7,500 if single or married and filing joint tax returns, or to \$3,750, if married and filing separate tax returns. 2025 limits are \$5,000 and \$2,500, respectively.

## Prescription Drug Cost-Share Maximum Increase

The PPO prescription drug plan in-network cost-share maximum will increase to \$5,575 from \$4,625 (for single coverage) and to \$11,150 from \$9,250 (for family coverage).

## Plan Rate Changes

Medical plan rates will increase for 2026 to keep pace with inflation. Medical rate increases are shared between you and the university. Dental plan rates for Willamette participants will also increase for 2026.



# WHO'S ELIGIBLE FOR BENEFITS

You and your family members are eligible for benefits through the university if you meet certain qualifications.



# Employees

You're eligible for benefits if you are:

- A Board of Regents-appointed employee; and
- You work at least 20 hours a week.

If you're a temporary employee who meets eligibility requirements under the Affordable Care Act (ACA), you can enroll in a university medical plan at the **full** plan cost. (**Note:** Under the ACA, only you and your eligible children can be covered — not your spouse or any Other Eligible Adult.)

Your coverage is effective the first day of the month after you start working. If you begin on the first day of the month, your coverage begins that day.

# Dependents

If you're eligible for benefits, you can enroll the following dependents:

- Your legal or common-law spouse
- An Other Eligible Adult
- Your biological children or stepchildren, up to age 26
- Your legally adopted children, or children placed with you for adoption, up to age 26
- The child of an Other Eligible Adult, up to age 26
- Children who are over age 26 and incapable of sustaining employment because of mental impairment or physical handicap
- Children for whom you are the legal guardian or must provide medical coverage as the result of a qualified medical child support order

If you are planning to enroll dependents, you should gather the necessary documents, such as social security numbers, birthdates and beneficiary information, before you begin enrollment. You will also need to provide proof of dependent eligibility status. For details, please see “Enrolling” beginning on page 11.



# YOUR 2026 HEALTH PLAN COSTS

Here are the 2026 per-pay contributions for full-time employees for medical, dental and vision coverage.





# Employees' Per-Pay Contributions

Per-pay contributions are not prorated, even if you join or leave the university in the middle of a pay period.

If you work less than full time, visit the [University of Idaho Benefit Services website](#) for your per-pay contributions.

## 2026 Full-Time Employees' Per-Pay Contributions for Medical Coverage

| Coverage Level  | HDHP With HSA Option | Standard PPO With Health Care FSA Option |
|---|----------------------|--|
| Employee Only   | \$55.82              | \$105.78                                 |
| Employee + Spouse or Other Eligible Adult                     | \$117.17             | \$222.06                                 |
| Employee + Child  | \$78.12              | \$148.06                                 |
| Employee + Children   | \$118.28             | \$224.17                                 |
| Employee + Family (Spouse or Other Eligible Adult + Children) | \$157.32             | \$298.18                                 |

## 2026 Full-Time Employees' Per-Pay Contributions for Dental Coverage

| Coverage Level  | Delta Dental Standard | Delta Dental Plus | Willamette Dental |
|---|-----------------------|-------------------|-------------------|
| Employee Only   | \$0.00                | \$3.72            | \$11.28           |
| Employee + Spouse or Other Eligible Adult                     | \$0.00                | \$8.32            | \$23.50           |
| Employee + Child  | \$0.00                | \$7.43            | \$22.09           |
| Employee + Children   | \$0.00                | \$14.12           | \$42.09           |
| Employee + Family (Spouse or Other Eligible Adult + Children) | \$0.00                | \$15.01           | \$44.98           |

2026 Full-Time Employees' Per-Pay Contributions for Vision Coverage

| Coverage Level   | VSP    |
|--|--------|
| Employee Only  | \$0.00 |
| Employee + Spouse or Other Eligible Adult                        | \$0.00 |
| Employee + Child   | \$0.00 |
| Employee + Children  | \$0.00 |
| Employee + Family<br>(Spouse or Other Eligible Adult + Children) | \$0.00 |



# ENROLLING

You can sign up for benefits as a new hire. You have 30 days from your date of hire to select your coverage and enroll your dependents. If you don't make an election, you'll receive default coverage.

You can also enroll or make changes to your benefits coverage for the upcoming year during Annual Enrollment each fall.

In addition, you can change your benefits midyear if you have a qualifying event like marriage or the birth or adoption of a child.

Review this section for enrollment information and how to provide proof of a dependent's relationship to you.



# New Hires

## Enroll or Waive Coverage Within 30 Days

**You must enroll or waive coverage within 30 days from your first day of work.** Your coverage is effective the first day of the month after you start working. If you begin on the first day of the month, your coverage begins that day.

You should review your benefit options before enrolling. You will not be able to change your benefit elections again until the next Annual Enrollment period unless you experience a “qualifying event.” Qualifying events can include marriage, divorce or the birth/adoption of a child.

To enroll in coverage:

**STEP 1:** You will receive an email from Benefit Services when it is time to enroll in your benefits. Please **DO NOT** try to enroll before receiving this email.

**STEP 2:** Log in to [MyUI](#). On the **Employee Resources card**, select **myBenefits**.

**STEP 3:** Select **New Hire** and then select **Start**.

**STEP 4:** To add medical, dental, vision and/or life insurance coverage for your dependent(s), select **Add a Dependent**. Only add dependents you want enrolled in medical, dental, vision and/or life insurance coverage. Please note that when you designate your beneficiaries, you can designate dependents who are not enrolled in coverage.

**STEP 5:** You will be redirected to a page titled “Personalize your benefit plan.” For each benefit option you select, you’ll see the amount you and the university contribute each pay period. When ready, select **Next**.

**STEP 6:** Select **Finalize**. Review your confirmation statement to make sure your selections are correct, then print or save a copy. If any information is incorrect, contact the Benefit Services office immediately.

**STEP 7:** Upload required documentation to verify dependent eligibility, or proof of other coverage if you have waived benefits. Please refer to [pages 16–18](#) for additional information on required documentation.



## If You Don't Enroll as a New Hire

### Full-Time Employees

If you are a **full-time** employee and you don't enroll or waive coverage within your first 30 days, you will be placed in default coverage:

- **Medical:** High Deductible Health Plan with Health Savings Account option
- **Dental:** Delta Dental Standard
- **Vision:** VSP Vision Care
- **Life Insurance:** Basic coverage: 100% of base salary
- **STD:** Basic coverage: 50% of salary
- **LTD:** Basic coverage: 50% of salary

If you are placed into default coverage, your dependents **won't** be covered. And, you **can't** enroll your dependents or make coverage changes until the next Annual Enrollment period, unless you have a qualifying event.

### Part-Time Employees

If you work **less than full time** and don't enroll or waive coverage within your first 30 days, you will be placed in default coverage:

- **Medical, Dental, Vision:** Coverage will be waived for you and your dependents
- **Life Insurance:** Basic coverage: 100% of base salary
- **STD:** Basic coverage: 50% of salary
- **LTD:** Basic coverage: 50% of salary

## ID Cards for New Hires

### Medical and Prescription Drugs

- **Blue Cross of Idaho:** Coverage cards will be mailed. Additional copies can be printed from the Blue Cross website.
- **CVS Caremark:** Coverage cards will be mailed. Additional copies can be printed from the CVS website.

### Vision

- **VSP:** Coverage cards will not be mailed. Provide your name, date of birth and last four digits of your employee ID number to your provider. Your covered dependents will need to provide this information as well when receiving care.

### Dental

- **Delta Dental:** Coverage cards will be mailed. Additional copies can be printed from the Delta Dental website.
- **Willamette Dental:** Coverage cards will not be mailed. Provide your name, date of birth and social security number to your provider. Your covered dependents will need to provide this information as well when receiving care.

### Employee Assistance Program (EAP)

- Coverage cards will not be mailed. Call 800-999-1077 or visit [eaphelplink.com](https://eaphelplink.com) (company code: **UI1**) to receive authorization for needed service.

# Annual Enrollment

Annual Enrollment is your once-a-year chance each fall to enroll in or make changes to your benefits coverage for the upcoming year.

During Annual Enrollment, be sure to:

- Read this guide and the Summaries of Benefits to better understand your coverage options.
- Anticipate your upcoming health care costs and possible life events.
- Choose or change coverage based on your anticipated benefit needs for the year ahead.

## How to Enroll

To enroll in, change or waive your coverage log in to [MyUI](#). On the **Employee Resources card**, select **myBenefits**.

## Dependent Verification

If you add a dependent to your medical, dental or vision coverage, and/or life insurance, you will need to provide documentation that proves your dependent's eligibility.

If you waive medical coverage, you will need to provide proof of other coverage.

Review the documentation list on [page 18](#) for what you need to submit to complete your enrollment.

## If You Don't Take Action During Annual Enrollment

If you don't enroll, your current benefit elections will continue — **except for your Health Savings Account (HSA) and your Health Care and Dependent Care Flexible Spending Accounts (FSAs)**. Per IRS guidelines, you must enroll in these plans each year if you wish to participate.

### Learn More!

Visit the [Annual Enrollment website](#) for 2026 benefit details and to register for a benefits webinar.



# Midyear Changes

## Qualifying Life Events

If you experience a qualifying life event, you can make midyear changes to your current benefit elections.

Examples of qualifying life events include:

- Change in spouse's or dependent's coverage
- Change in family status that results in an increase or decrease in the number of eligible family members. This includes:
  - › Marriage, divorce, annulment, legal separation
  - › Birth, adoption, fostering a child or adding a stepchild, or the issuance of a court order requiring the employee to provide coverage for a child
  - › Death of spouse or dependent
- Change in employee's employment status that could result in entitlement to coverage, including:
  - › Return to pay status from non-pay status
  - › Change in employee's employment status that could affect cost of premiums (example: moving from half-time status to full-time status)

If you experience one of these life events and need to make changes to your benefits, log in to **myBenefits** (accessible through [MyUI](#)) and select the appropriate life event. Follow the steps to make changes to your current benefit elections. **You must also upload any required documents to complete your life event change, as outlined beginning on the next page.**

### Life Events Are Time Sensitive!

For the birth or adoption of a child, you have **60 days** from the event date to add your child to your plan. For all other qualifying life events, you have **30 days** to make any changes to the plan.

[Watch this video](#) to learn more about making midyear changes after you experience a life event.

# When You Need to Provide Proof of Dependent Status

If you're adding a dependent or waiving coverage during Annual Enrollment, or you need to change your covered dependents midyear due to a qualifying life event, you will need to upload required documentation to **myBenefits** (accessible through [MyUI](#)).

| Qualifying Life Event                         | Required Documents   |
|---|--|
| New Hire                                      | <ul style="list-style-type: none"><li>• Documentation to verify dependent relationship</li><li>• Proof of other coverage (if waiving benefits)</li></ul>   |
| Annual Enrollment                             | <ul style="list-style-type: none"><li>• Documentation to verify dependent relationship for any new dependents being added to medical, dental and/or vision coverage</li><li>• Proof of other coverage (if waiving benefits)</li></ul> <p><b>Note:</b> If removing dependents from coverage, no additional documentation is needed.</p> |
| Marriage                                      | <ul style="list-style-type: none"><li>• Proof of marriage within 30 days of event</li><li>• One proof of financial interdependency document</li><li>• Proof of other coverage (if waiving benefits)</li></ul>  |
| Divorce                                       | <ul style="list-style-type: none"><li>• Copy of divorce decree/annulment/legal separation documents signed by judge within 30 days of event</li></ul>  |
| Birth/Adoption                                | <ul style="list-style-type: none"><li>• Birth certificate/proof of adoption within 60 days of event</li></ul>  |
| Qualified Medical Child Support Order (QMCSO) | <ul style="list-style-type: none"><li>• Copy of the court order</li></ul>  |
| Death of Spouse/Child                         | <ul style="list-style-type: none"><li>• Date of death required; no additional documentation is necessary</li></ul>   |
| Death of Participant                          | <ul style="list-style-type: none"><li>• Date of death required; no additional documentation is necessary</li></ul>   |
| Dependent Gains Other Coverage                | <ul style="list-style-type: none"><li>• Proof of other coverage that verifies date other coverage begins (must be within 30 days of event)</li></ul>   |
| Dependent Loses Other Coverage                | <ul style="list-style-type: none"><li>• Proof of loss of other coverage that verifies date other coverage ends (must be within 30 days of event)</li><li>• Documentation to verify dependent relationship</li><li>• Proof of other coverage (if waiving benefits)</li></ul>  |
| Dependent Becomes Eligible for Medicaid       | <ul style="list-style-type: none"><li>• Proof of Medicaid eligibility that verifies date of eligibility (must be within 30 days of event)</li></ul>  |



| Qualifying Life Event                         | Required Documents   |
|---|--|
| <b>Dependent Loses Medicaid</b>               | <ul style="list-style-type: none"> <li>• Proof of loss of Medicaid coverage that verifies date of loss of coverage (must be within 30 days of event)</li> </ul>  |
| <b>You Gain/Lose Access to Other Coverage</b> | <ul style="list-style-type: none"> <li>• Documentation to verify dependent relationship</li> <li>• Proof of other coverage that verifies date other coverage begins (must be within 30 days of event)</li> <li>• Proof of loss of other coverage that verifies date other coverage ends (must be within 30 days of event)</li> </ul> |
| <b>Job Status Change</b>                      | <ul style="list-style-type: none"> <li>• Documentation to verify dependent relationship</li> <li>• Proof of other coverage (if waiving benefits)</li> </ul>  |
| <b>Termination of Other Eligible Adult</b>    | <ul style="list-style-type: none"> <li>• Signed affidavit certifying termination of Other Eligible Adult relationship within 30 days of event</li> <li>-OR-</li> <li>• Proof of marriage within 30 days of event</li> </ul>  |
| <b>Addition of Other Eligible Adult</b>       | <ul style="list-style-type: none"> <li>• Signed affidavit certifying relationship of Other Eligible Adult within 30 days of event</li> <li>• Two pieces of financial interdependency documentation</li> </ul>  |
| <b>Other Eligible Adult Changes to Spouse</b> | <ul style="list-style-type: none"> <li>• Proof of marriage within 30 days of event</li> </ul>  |
| <b>Waive Coverage</b>                         | <ul style="list-style-type: none"> <li>• Proof of other coverage is required each plan year unless participant works part time or is paying full cost of benefits.</li> </ul>  |
| <b>Overage Dependent (Over Age 26)</b>        | <ul style="list-style-type: none"> <li>• No documentation is required; process occurs automatically based on the child's date of birth.</li> </ul>   |

# Documents to Prove Dependent Eligibility

Before you submit your documents, be sure to redact social security numbers and financial information that isn't relevant.

**NOTE:** All financial interdependency documents **MUST** be dated within the past **TWO YEARS** unless otherwise stated.

| Dependent Relationship   | Acceptable Documents   |
|--|--|
| <b>Legal Spouse</b><br><br><b>Common-Law Spouse (Begun in Idaho Before 1/1/1996 or Valid in Another State and Recognized by Idaho State Law)</b> | Marriage certificate or common-law affidavit <b>AND</b> one proof of financial interdependency, such as a mortgage statement or rental/lease agreement, other loans or financial agreements, utility bills, or financial statement showing the spouse resides at the same address as the employee.<br><br><b>-OR-</b><br>A signed* copy of your last year's federal tax return (front page through signature line). If your spouse's filing status is head of household, married filing separately, or single, you must submit their tax return from the same year.<br><b>Note: Legally separated or divorced spouses are not eligible for coverage.</b> |
| <b>Other Eligible Adult (OEA)</b>  | A completed and notarized qualification affidavit <b>AND</b> two documents proving financial interdependency, such as a mortgage statement or rental/lease agreement, other loans or financial agreements, utility bills, or financial statement showing the OEA resides at the same address as the employee.  |
| <b>Natural Child</b>   | Birth certificate for <i>each dependent being enrolled</i> (e.g., employee is enrolling three dependent children; three windows need to populate for the employee to upload three separate birth certificates)<br><br><b>-OR-</b><br>A signed* copy of your last year's federal tax return (front page through signature line)   |
| <b>Stepchild</b>   | Birth certificate <b>AND</b> marriage certificate (even if spouse is not enrolled in the plan) <i>for each dependent being enrolled</i> (e.g., employee is enrolling three dependent stepchildren; three windows need to populate for the employee to upload three separate birth certificates)<br><br><b>-OR-</b><br>A signed* copy of your last year's federal tax return (front page through signature line)  |
| <b>Adopted Child</b>   | Adoption papers or intent-to-adopt paperwork filed with the court<br><br><b>-OR-</b><br>A signed* copy of your last year's federal tax return (front page through signature line)  |
| <b>Child of Other Eligible Adult (OEA)</b>   | Birth certificate listing OEA as birth mother/father. If OEA birth mother/father last name is different from what is listed on the OEA affidavit, then divorce decree or other legal documentation proving OEA relationship to the child is required <i>for each dependent being enrolled</i> .  |

\* Tax records must be signed, stamped as e-filed, submitted with an e-file receipt, or clearly marked as prepared by a tax accountant/tax preparation service.

# MEDICAL BENEFITS

The university offers two medical plans (administered by Blue Cross of Idaho) to eligible employees:

- High Deductible Health Plan (HDHP) with Health Savings Account (HSA) option
- Standard PPO with Health Care Flexible Spending Account (FSA) option

Both plans use Blue Cross of Idaho's PPO provider network and cover:

- In-network preventive care at 100%
- Prescription drugs
- Mental health and substance abuse treatment

In addition, both plans offer tax-advantaged accounts that you can use to pay for out-of-pocket expenses.

As you decide which plan to choose, consider how much you expect to spend on medical expenses through the end of next year. If you're covered under a university medical plan and another plan, those plans work together to decide who pays first.





# Comparing Your Medical Plan Options

The table below compares the plan features and amount you will pay for covered services for both options.

|   | High Deductible Health Plan (HDHP)<br>with HSA option | Standard PPO<br>with FSA option                           |   |
|---|---|---|---|
|   | In- or Out-of-Network                                 | In-Network  | Out-of-Network                            |
| Plan Features                               |   |   |   |
| Annual deductible*                          | Single: \$1,900<br>Family: \$3,800                    | Single: \$800<br>Family: \$1,600                          | \$1,300 per individual                    |
| Annual cost-share maximum*                  | Single: \$3,100<br>Family: \$6,200                    | Single: \$3,650<br>Family: \$7,300                        | \$5,300 per individual                    |
| Annual prescription drug deductible         | N/A; combined with medical deductible                 | Single: \$125<br>Family: \$250                            |   |
| Annual prescription drug cost-share maximum | N/A; combined with medical cost-share maximum         | Single: \$5,575<br>Family: \$11,150                       |   |
| Plan Services                               | What You Pay  |   |   |
| Preventive care                             | \$0   | \$0   | You pay full cost                         |
| Office visit                                | 30% of maximum allowance after deductible             | \$35 copay, not subject to or applied to deductible       | 35% of maximum allowance after deductible |
| Urgent care                                 | 30% of maximum allowance after deductible             | \$35 copay, not subject to or applied to deductible       | 35% of maximum allowance after deductible |
| Emergency services                          | 30% of maximum allowance after deductible             | 20% of maximum allowance after deductible and \$100 copay |   |

\* Note that for the annual deductible and cost-share maximum, Single reflects Employee Only coverage level, and Family includes all other coverage levels (Employee + Spouse or Other Eligible Adult, Employee + Child, Employee + Children, Employee + Family).

# HDHP With Health Savings Account (HSA) Option

With the HDHP with HSA option:

- You pay a higher deductible but lower contributions each pay period.
- You pay 100% of covered health care expenses until you meet the annual deductible.
- After you meet the annual deductible, you and the university share the cost of your care until you meet the annual cost-share maximum.
- The plan pays 100% of preventive care services, like mammograms and well-baby care, and approved preventive medications.
- Prescription drug costs count toward the medical deductible (there's no separate prescription drug deductible or cost-share maximum).
- You can enroll in an HSA.

For more information on the HDHP with HSA option, visit the [Benefit Services website](#).

Find in-network doctors and other providers at [members.bcidaho.com](https://members.bcidaho.com). After logging in, select **Find a Doctor** and follow the steps.

# How the Health Savings Account (HSA) Works

The HSA is a tax-advantaged savings account that is administered by HealthEquity. It lets you save money that you can deduct from your taxable income (to lower your taxes) and use to pay for eligible expenses now or in the future. Eligible expenses include those for medical, prescription drug, dental, vision and hearing services that aren't paid for by your health insurance plans; for example, deductibles, cost-share amounts and copays. You'll find a list of all eligible expenses in [IRS Publication 502](#).

Benefits of an HSA include:

- **Your dollars roll over.** At the end of each year, unused HSA dollars roll over to the following year.
- **The money is always yours.** Your HSA money belongs to you, even if you leave the university or retire.
- **You won't pay taxes.** Money you contribute or withdraw, interest and investment earnings are all tax-free as long as you keep the money in your HSA or use it to pay eligible health care expenses.
- **Grows through investments.** The university has preselected a variety of investment options that you can use to grow your HSA dollars.

Every year, you select how much you want to contribute to your HSA, up to IRS contribution limits. If you are or will be age 55 or older by Dec. 31, 2026, you can make an additional \$1,000 contribution. You can change your contribution amount anytime during the year. The university will also provide a matching contribution of 50 cents on the dollar, up to the maximum contributions listed below.

| Coverage Level                   | Your 2026 Maximum Contribution | University Maximum Matching Contribution | Maximum Contribution Amount (You + University) |
|----------------------------------|--------------------------------|--|--|
| Employee only                    | \$3,900                        | \$500                                    | \$4,400  |
| Family                           | \$7,750                        | \$1,000                                  | \$8,750  |
| Age 55 or older<br>(by 12/31/26) | Additional \$1,000             | \$0                                      | Additional \$1,000                             |

**Note:** If you are enrolled in Medicare, you *cannot* contribute to an HSA. Contact [HealthEquity](#) for more information.

If you want to save money on eligible dependent care expenses, you can enroll in the Dependent Care Flexible Spending Account. See [page 35](#) for additional details.



# Standard PPO With Health Care Flexible Spending Account (FSA) Option

With the Standard PPO with Health Care FSA option:

- You pay a lower deductible but higher contributions each pay period.
- You pay 100% of covered health care expenses — excluding doctor's office visits, where you have a copay — until you meet the annual deductible.
- After you meet the annual deductible, you and the university share the cost of your care until you meet the annual cost-share maximum.
- The plan pays 100% of preventive care services, like mammograms and well-baby care.
- There is a separate prescription drug deductible and cost-share maximum.
- You can enroll in a Health Care FSA.

For more information on the Standard PPO with Health Care FSA option, visit the [Benefit Services website](#).

Find in-network doctors and other providers at [members.bcidaho.com](https://members.bcidaho.com). After logging in, click **Find a Doctor** and follow the steps.

# Health Care Flexible Spending Account

If you enroll in the Standard PPO or waive medical coverage, you can elect a Health Care FSA. You cannot elect the Health Care FSA if you enroll in the High Deductible Health Plan.

The Health Care FSA is a tax-advantaged account that is administered by HealthEquity. It lets you set aside pretax money that you can deduct from your taxable income (to lower your taxes) and use to pay for your and your dependents’ eligible health care expenses. Eligible expenses include medical, prescription drug, dental, vision and hearing deductibles, cost-share amounts and copays.

The university doesn’t contribute to your Health Care FSA — only you do. It’s important to only set aside what you expect to spend on eligible expenses during the year, because you **will lose** any unused funds at the end of the year. The maximum 2025 Health Care FSA contribution, set by the IRS, is \$3,300.<sup>1</sup>

## How Is a Health Care FSA Different From an HSA?

| Coverage Level                     | HSA   | Health Care FSA  |
|------------------------------------|---|--|
| Who can participate?               | Available only if you enroll in the HDHP  | Available only if you enroll in the Standard PPO or waive medical coverage |
| Does my balance roll over?         | Yes — unused funds roll over to the following year. You also keep your funds if you leave or retire from the university | No — unused money at year-end is forfeited; “use it or lose it”            |
| Who can contribute?                | You and the university contribute   | Only you contribute  |
| When can I change my contribution? | Anytime during the year   | Only during Annual Enrollment, unless you have a qualifying event          |

If you want to save money on eligible dependent care expenses, you can enroll in the Dependent Care Flexible Spending Account. See [page 35](#) for additional details.

<sup>1</sup> FSA contribution maximums are for 2025. Check [irs.gov](https://www.irs.gov) for 2026 contribution maximums, which will be released later this year.

Unless you experience a qualifying event, you **can’t** change your contribution until the next Annual Enrollment period.

### Your medical plan determines your Health Care FSA or HSA eligibility!

If you enroll in the HDHP, you can elect an HSA. If you enroll in the Standard PPO or waive medical coverage, you can elect a Health Care FSA.

**You can elect the Dependent Care FSA if you enroll in the HDHP or the Standard PPO or if you waive medical coverage.**

# PRESCRIPTION DRUG BENEFITS

Your prescription drug coverage depends on the medical plan you select.

## **HDHP With HSA Option**

You pay the full cost of covered prescription drugs until you meet the annual deductible. Then you pay 30% of the maximum allowance — the plan pays the rest. Once you meet the combined medical and prescription drug cost-share maximum, the plan pays the full cost of covered prescriptions for the rest of the plan year.

**Note:** The HDHP with HSA option pays the full cost of certain preventive drugs that manage ongoing conditions such as high cholesterol and high blood pressure.

## **Standard PPO With Health Care FSA Option**

You pay the full cost of covered prescription drugs until you meet the annual prescription drug deductible. Then you share the cost of covered prescription drugs with the plan (the exact amount depends on the type of drug and whether you use mail order). Once you meet the annual prescription drug deductible PLUS the annual prescription drug cost-share maximum, the plan pays the full cost of covered prescriptions for the rest of the plan year.





When you're selecting a medical plan, you should consider how much you expect to spend each year on prescription drugs, as your out-of-pocket cost will be different under each plan. Here's how much you will pay for covered prescription drugs:

|                                      |               | HDHP With HSA Option   |                     | Standard PPO With Health Care FSA Option |   |
|--------------------------------------|---------------|--|---------------------|--|---|
|                                      |               | Retail Pharmacy  | Mail Order Pharmacy | 1- to 30-day supply                      | 61- to 90-day supply (Retail or Mail Order) |
| Prescription Drug Deductible         | Employee Only | N/A; combined with medical deductible  |                     | \$125                                    |   |
|                                      | Family        |  |                     | \$250                                    |   |
| Prescription Drug Cost-Share Maximum | Employee Only | N/A; combined with medical cost-share maximum                                  |                     | \$5,575                                  |   |
|                                      | Family        |  |                     | \$11,150                                 |   |
| Generic                              |               | 100% of drug cost until you meet the deductible, then 30% of maximum allowance |                     | 25% (\$12 min, \$25 max)                 | 25% (\$36 min., \$75 max)                   |
| Preferred Brand Name                 |               |  |                     | 25% (\$25 min, \$75 max)                 | 25% (\$75 min, \$225 max)                   |
| Non-Preferred Brand Name             |               |  |                     | 25% (\$40 min, \$100 max)                | 25% (\$120 min, \$300 max)                  |

The HDHP with HSA option pays the full cost of certain preventive drugs that manage conditions like high cholesterol and high blood pressure — there is **no cost to you**. For information about the HDHP list of covered preventive drugs, call CVS Caremark at 888-202-1654 and let them know you're a university employee.

Prescription drugs can be expensive, but it's possible to spend less by asking for generics, using the [CVS Caremark formulary](#), trying mail order for maintenance drugs, and/or visiting a CVS network pharmacy.

# Mail Order

Use CVS Caremark's mail order service to fill maintenance medications (those taken for a longer period of time — typically, 30 to 90 days or more). Medications are sent to your home with no shipping fee. CVS Caremark can contact your doctor for a new prescription for most common maintenance medications, including medications for managing high blood pressure, high cholesterol, diabetes and other chronic health conditions.

# CHOOSING A MEDICAL PLAN

Before making your benefit elections, think about your and your family's health and financial needs, and ask yourself these questions:

|                                 |   | Comparing your options:   |  |
|---------------------------------|---|---|--|
| Consideration                   | Ask Yourself  | PPO with FSA  | HDHP with HSA  |
| <b>Employee Contributions</b>   | <i>Do I prefer lower paycheck contributions, even if it means a higher upfront deductible when I need care?</i> | Higher paycheck contributions   | Lower paycheck contributions   |
| <b>Deductibles</b>              | <i>Am I comfortable with a higher deductible and paying more upfront before coverage kicks in?</i>              | Lower deductible  | Higher deductible  |
| <b>Prescription Medications</b> | <i>How are prescription medications covered?</i>  | There are <b>separate</b> prescription drug and medical deductibles and cost-share maximums.  | There are <b>combined</b> prescription drug and medical deductibles and cost-share maximums.   |
| <b>Provider Network</b>         | <i>What network of providers can I use?</i>   | Blue Cross of Idaho PPO provider network  | Blue Cross of Idaho PPO provider network   |
| <b>Preventive Care</b>          | <i>How much do I have to pay for preventive care?</i>   | You pay \$0 in-network (not subject to deductible).   | You pay \$0 in-network (not subject to deductible).  |
| <b>Future Savings Potential</b> | <i>Do I want a tool to help me save for future health care expenses?</i>  | Not available. You can contribute to a Health Care FSA, but the money you contribute in 2026 must be spent on eligible expenses you incur in the same year. | Available. Includes an HSA for tax-free savings and investment growth. Your balance rolls over from year to year and you can take this account with you if you leave the university. |
| <b>Matching Contributions</b>   | <i>Does the university offer matching contributions to an account on my behalf?</i>                             | No. The university does not contribute to the Health Care FSA.  | Yes. The university matches 50% of your HSA contributions up to \$500 for employee-only coverage or \$1,000 for family coverage.   |

# WELLNESS BENEFITS

As a Blue Cross of Idaho medical plan participant, you have a variety of wellness programs available to help you feel your best. You also have access to resources and discounts to help you meet your personal wellness goals.





# Your Wellness Benefits

**The Blue Cross of Idaho Cancer Care Program:** Through this program, you and your covered dependents enrolled in a Blue Cross of Idaho medical plan have support available from specially trained Blue Cross of Idaho clinicians to help with the difficulties of a cancer diagnosis. The program is designed to increase preventive cancer screening and vaccination rates while improving the health care experience of newly diagnosed members.

The program offers these solutions and services:

- Preventive care cancer screenings and human papillomavirus (HPV) vaccine outreach
- Specialty care navigation to high-quality, effective and cost-efficient facilities for treatment
- Pharmacy dose optimization to reduce waste and associated costs
- Utilization management to help ensure appropriate, evidence-based care

To learn more, email [caremanagement@bcidaho.com](mailto:caremanagement@bcidaho.com) or call 833-703-5174.

**Diabetes Prevention Program (DPP):** Your university medical coverage includes a diabetes prevention program if you meet the program's eligibility requirements. Choose from an array of programs and from online or in-person formats. Most programs include lifestyle health coaching, weekly activities and a small support group to help you make lasting lifestyle changes that significantly reduce your risk of developing diabetes. Visit [gosolera.com/uidaho](https://gosolera.com/uidaho) for more information and to see if you qualify.

**Musculoskeletal (MSK) Benefits:** Your university medical coverage includes access to these MSK benefits:

- Virtual physical therapy and everything you need for remote therapy
- Tools to help you manage weight, like a digital platform and wearable physical activity devices
- A certified trainer
- A digital self-directed solution if you prefer to go it on your own
- Smoking cessation program

To get started, email [caremanagement@bcidaho.com](mailto:caremanagement@bcidaho.com) or visit [Hinge Health](#).

**Wondr™ Health:** This digital health program helps you take control of your physical health by making lasting changes to improve your total wellbeing — and it's available to you at no cost if you're eligible. Your spouse/domestic partner and adult dependents ages 18 and older who are enrolled in a Blue Cross of Idaho medical plan may also be eligible. Visit [wondrhealth.com/uofi](https://wondrhealth.com/uofi) to learn more about this program, view eligibility criteria, and enroll in an upcoming session.

**Medical Management:** The medical management program includes personalized care planning, coordination of care, and health education with the help of a trained Care Manager who is a registered nurse or licensed social worker.

**Bright Beginnings:** Pregnancy is an exciting time for many expecting mothers. If you or your spouse is expecting, Bright Beginnings, a Blue Cross of Idaho program, is available to ensure your pregnancy is a healthy and happy one. Blue Cross of Idaho offers various incentives for completing the program. Incentives are subject to change at times. Please visit the [Blue Cross of Idaho website](#) for additional information.

# Tools and Resources Available to You

As a member of Blue Cross of Idaho, you have access to a wide range of resources and exclusive discounts through Blue 365, which is designed to help you achieve your personal health and wellness goals.

**Blue365** offers discounts on products and services including:

## **Apparel and Footwear**

- › Popular footwear brands
- › Biking and winter sports gear

## **Fitness Devices and Equipment**

- › Activity trackers
- › Smart scales and heart rate monitors
- › Sports and workout equipment

## **Fitness and Wellness Programs**

- › Gym memberships
- › Online workouts, yoga and wellness classes

## **Hearing and Vision**

- › Hearing aids and accessories
- › Headphones
- › Eyeglasses and frames, contact lenses, LASIK procedures

## **Home and Family Essentials**

- › Baby supplies
- › Medical alert systems
- › Pet products and pet insurance

## **Nutrition and Supplements**

- › Meal kits
- › Vitamins and supplements

## **Personal Care and Wellness**

- › Electric toothbrushes and whitening kits
- › Personal care products
- › Mindfulness aids

## **Travel discounts**

- › Savings on hotels, rental cars and luggage
- › Discounts for theme parks and vacation activities

To learn more, visit [members.bcidaho.com](https://members.bcidaho.com) > **Health & Wellbeing**.

# DENTAL BENEFITS

The university offers three dental plans:

## **Delta Dental Standard**

The university pays the full cost of coverage for full-time employees and their dependents — you pay nothing in contributions. Preventive care is also covered at 100% as long as you use in-network providers.

## **Delta Dental Plus**

Preventive care is covered at 100% as long as you use in-network providers. Coverage includes child and adult orthodontia.

## **Willamette Dental**

This plan offers the most comprehensive coverage for orthodontia and for surgical and restorative procedures. It's available only in certain areas.

To be covered under a university dental plan, you must be enrolled in a university medical plan. Your eligible dependents also can be covered under a university dental plan as long as you have health coverage through a university medical plan.



The following table shows what you will pay for in-network dental care. If you elect Delta Dental Standard or Delta Dental Plus and receive services from non-network dentists, the plan pays your full requested reimbursement or Delta Dental's non-network dentist fee, whichever is less. Willamette Dental **doesn't** pay benefits if you see non-network providers.

| Plan Features  | Delta Dental Standard                     | Delta Dental Plus  | Willamette Dental  |
|--|---|--|--|
| <b>Annual deductible</b>   | Individual: \$25<br>Family: \$75          | Individual: \$50<br>Family: \$150                          | None   |
| <b>Annual maximum benefit per person (excluding orthodontia)</b> | \$1,000                                   | \$2,000  | None   |
| <b>Preventive care, diagnostic care, X-rays</b>                  | Plan pays 100% (no deductible)            |  | \$20 copay   |
| <b>Class II benefits: minor restorative services</b>             | 20% of maximum allowance after deductible | 20% of maximum allowance after deductible                  | Copays vary by service; see the <a href="#">Dental Plans At-a-Glance chart</a> |
| <b>Class III benefits: major restorative services</b>            | 50% of maximum allowance after deductible | 45% of maximum allowance after deductible                  |  |
| <b>Class IV benefits: orthodontia</b>                            | You pay full cost                         | 50% up to a lifetime maximum benefit of \$1,500 per person | \$1,500 copay  |



# VISION BENEFITS

The university offers VSP vision benefits to Board of Regents-appointed employees. The university pays the full cost of coverage for eligible employees and their dependents — you pay nothing in contributions.

To be covered under the university vision plan, you must be enrolled in a university medical plan. Your eligible dependents also can be covered under a university vision plan as long as you have health coverage through a university medical plan.



Here's how much you'll pay for covered services:

| Service  | VSP Provider<br>(In-Network)  | Non-VSP Provider<br>(Out-of-Network)                                      |
|--|---|---|
| <b>Eye exam</b> —<br>every calendar year   | \$10 deductible —<br>plan then pays 100%  | \$10 deductible —<br>plan then reimburses up to \$50                      |
| <b>Eyeglass lenses*</b> —<br>every calendar year<br>• Single vision<br>• Bifocal<br>• Trifocal                           | \$25 deductible —<br>plan then pays 100%  | \$25 deductible —<br>plan then reimburses up to:<br>\$50<br>\$75<br>\$100 |
| <b>Eyeglass frames*</b> —<br>every other calendar year   | Plan pays up to \$175   | Plan reimburses up to \$70  |
| <b>Lens enhancements</b><br>• Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses | Covered in full<br>\$80-\$90<br>\$120-\$160   | Not covered   |
| <b>Contact lenses</b><br>in lieu of glasses, every<br>calendar year<br>• Lenses<br><br>• Fittings and evaluations        | Plan pays up to \$175 for contacts<br>and fitting exam<br><br>Up to a \$60 deductible, then plan<br>pays 100% | Plan reimburses up to \$105<br><br>Not covered                            |

\* A single \$25 deductible payment will apply to materials, such as spectacle lenses and/or frames and medically necessary contact lenses when using VSP or non-VSP providers.



# DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The Dependent Care FSA lets you set aside pretax money that you can deduct from your taxable income (to lower your taxes) and use to pay for childcare or other dependent care expenses if you and your spouse both work or attend school full time. Eligible dependent care expenses include:

- Preschool, day camp and after-school care for children under age 13
- Care for a dependent with disabilities who lives with you
- Care for an elder dependent adult who lives with you

The 2026 Dependent Care FSA contribution maximum is increasing to \$7,500 if single or married and filing joint tax returns, or to \$3,750 if married and filing separate tax returns. 2025 limits are \$5,000 and \$2,500, respectively.

**Important!** Similar to a Health Care FSA, unused Dependent Care FSA money **doesn't** roll over to the following year, so it's important to accurately determine your dependent care expenses for the year during Annual Enrollment.

The Dependent Care FSA is available to all benefits-eligible employees regardless of the medical plan you're enrolled in or if you've waived medical coverage.





# DISABILITY INSURANCE

To help protect you from financial challenges associated with unexpected injury, illness and death, the university offers short-term and long-term disability, accidental death and dismemberment, and life insurance.





# Short-Term Disability (STD) Insurance

Basic STD 50% coverage is provided at no cost to you. You have the option to increase your coverage to 60% or 66.67% of your base annual salary.

## 2026 Full-Time Employees' Per-Pay Contributions

| Short-Term Disability         | Per \$10 of Benefit Coverage |
|-------------------------------|------------------------------|
| 50% up to \$500 per week      | University-paid              |
| 60% up to \$700 per week      | \$0.051                      |
| 66.67% up to \$1,250 per week | \$0.080                      |

# Long-Term Disability (LTD)

Basic LTD 50% coverage is provided at no cost to you. You have the option to increase your coverage to 60% or 66.67% of your base annual salary.

## 2026 Full-Time Employees' Per-Pay Contributions

| Long-Term Disability           | Per \$100 of Benefit Coverage |
|--------------------------------|-------------------------------|
| 50% up to \$2,000 per month    | University-paid               |
| 60% up to \$3,000 per month    | \$0.155                       |
| 66.67% up to \$5,000 per month | \$0.300                       |

# Accidental Death and Dismemberment (AD&D) Insurance

AD&D insurance protects you and your family in case of death, loss of a limb or eyesight, and certain conditions that result from an accident. If you die from a covered accident, AD&D pays a benefit in addition to your life insurance.

You can choose coverage for yourself and your family members. Employee coverage is available for 1x to 5x your base annual salary, to a maximum benefit of \$1,000,000. Coverage for family members is a percentage of your benefit, as shown below.

| Coverage Level                 | Percentage of Your Benefit Paid                      |
|--------------------------------|--|
| Employee only                  | 100%   |
| Employee + spouse              | 100% for employee;<br>50% for spouse                 |
| Employee + child(ren)          | 100% for employee;<br>10%, up to \$25,000, per child |
| Employee + spouse + child(ren) | 100% for employee;<br>40% for spouse; 5% per child   |

## 2026 Full-Time Employees' Per-Pay Contributions

| Coverage Level | Per \$1,000 of Benefit Coverage |
|----------------|---------------------------------|
| Employee only  | \$0.030                         |
| Family         | \$0.045 per entire family       |

# LIFE INSURANCE

The university provides basic life insurance equal to 1x your base annual salary, to a maximum benefit of \$500,000, at no cost to you.

You can buy optional life insurance of up to 4x your base annual salary, to a maximum benefit of \$1,000,000. You can also buy life insurance coverage for your spouse and eligible dependents.

Depending on the amount of optional coverage you elect, evidence of insurability (EOI) may be required. EOI is an application process through which you provide information on the condition of your health or your dependents' health in order to be considered for certain amounts of optional life insurance coverage.

If you or your spouse uses tobacco of any kind, you will pay higher rates than non-tobacco users.



# Life Insurance

## 2026 Full-Time Employees' Per-Pay Contributions

| Coverage Level | Per \$1,000 of Benefit Coverage |              |
|----------------|---------------------------------|--------------|
| Age            | Tobacco Non-User                | Tobacco User |
| 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       |

You can buy life insurance coverage for your spouse in increments between \$10,000 and \$250,000, and coverage for your eligible dependent children of \$5,000, \$10,000 or \$25,000.

Per-paycheck contributions for optional dependent life insurance range from \$0.30 for \$5,000 of coverage to \$1.50 for \$25,000 of coverage.

### Tobacco Use and Life Insurance Rates

When you enroll for university benefits coverage, you'll be asked about your tobacco use. If you or your spouse uses tobacco of any kind, you'll pay higher rates for optional employee and spouse life insurance than non-tobacco users pay; however, if you or your spouse (or both of you if both are tobacco users) completes a tobacco cessation program during the year and remains tobacco-free for 12 months, your rates will decrease the next year. For information on changing your tobacco-use status, email [benefits@uidaho.edu](mailto:benefits@uidaho.edu).



# MENTAL WELLNESS RESOURCES

The university is committed to providing you with benefits and resources that address your total wellbeing. Wellness is about your cultural environment and your physical, psychological and emotional needs, and the steps you need to take to improve these areas of your life. Use the resources available to you to address wellbeing concerns as they arise.





# CredibleMind

You and your dependents have access to CredibleMind, a free and valuable online wellness platform.

CredibleMind provides expert-curated and scientifically backed mental health self-care content. It includes an expansive library of trusted information, tools and assessments.

CredibleMind is confidential; your personal information and wellness journey are not tracked or shared. You and your family can access the site 24/7 from a mobile phone, tablet or computer without needing a user ID or password, so anytime is the right time to focus on your mental health and wellbeing.

Visit the [CredibleMind website](#) for additional information.

**If you or a loved one is in crisis, call 911.**

In addition to the resources in this section, the university provides mental health and substance use disorder benefits through the university's medical plans.

## Employee Assistance Program (EAP)

The university offers a confidential EAP — at no cost to you. You have access to EAP mental health counselors, attorneys and financial advisors to help with personal issues, career development, legal advice and financial advice.

You and each member of your family will receive **eight no-cost** counseling sessions per issue per year. If you require longer-term counseling, the EAP can help you find a licensed counselor. For a comprehensive list of services, visit the [EAP website](#) (company code: **UII**).

**Note:** As part of the EAP, managers and supervisors have unlimited access to telephone consultations with a dedicated workplace specialist to help with workplace concerns.

## Cognitive Behavioral Therapy

TELUS Health CBT (formerly called “AbilitiCBT”) is an online-based cognitive behavioral therapy program that you can access anytime from any device. Cognitive behavioral therapy is one of the most effective forms of therapy. Learn how to change the thoughts, feelings and behaviors that are causing you problems, all virtually through TELUS Health CBT. With a user-friendly platform, it's convenient to get the help you need, when you need it, for anxiety, depression, insomnia, pain management, burnout and more. A therapist continually reviews your progress to support you in reaching your goals. Learn more and sign up with [TELUS Health CBT](#).

# When You or a Loved One Needs Support

| Where to Go for Support  | How to Connect   |
|--|--|
| <b>988 Suicide and Crisis Lifeline</b>   | Call or text to 988<br><a href="#">Online Chat</a>   |
| <b>SAMHSA National Helpline<br/>for Substance Abuse and<br/>Mental Health Services</b> | 800-662-HELP (4357), also known as the Treatment Referral Routing Service<br>TTY: 800-487-4889 |
| <b>LGBT National Hotline</b>   | 888-843-4564<br><a href="https://lgbthotline.org">lgbthotline.org</a>                          |

# RETIREMENT PLANS

Your employment status determines your retirement plan:

- **Classified employees** must participate in the Public Employee Retirement System of Idaho (PERSI). This applies to classified staff and temporary hourly employees working 20 hours per week for five or more consecutive months.
- **Faculty and non-faculty exempt employees** are required to participate in the Optional Retirement Plan (ORP). However, new employees that are vested in PERSI (either from a previous position with the university or from a prior employer) can choose to continue contributing to PERSI.



# PERSI Retirement Plan

The PERSI retirement plan is a defined-benefit plan. This means that when you retire, you'll receive a monthly benefit based on your age, your highest monthly salary and your months of PERSI service.

You and the university contribute

- **You:** 7.18% of your base annual salary, tax-deferred (meaning you save taxes on the amount you contribute)
- **University:** 11.96% of your base annual salary, tax-deferred

When you earn 60 months of service credit, you are fully vested and eligible to receive a lifetime benefit at retirement. Your contributions are credited to your personal account that earns interest. Contributions made by the university are used to cover future benefits for all members. If you leave PERSI employment before becoming vested, you can choose to withdraw your own contributions, but not the university's contributions. Your account is automatically set up. You can access your account information through the [PERSI website](#).

## Optional Retirement Plan (ORP)

The ORP is a defined-contribution plan. This means that the plan's benefit is based on contributions you and the university make to your account and on the investment earnings (or losses) on those contributions.

You and the university contribute:

- **You:** 6.97% of your base annual salary, tax-deferred (meaning you save taxes on the amount you contribute)
- **University:** 10.76% of your base annual salary, tax-deferred

Your ORP account is provided by [Fidelity](#). When you open an account with Fidelity, you are vested immediately. You can invest the money in your account in one or more investment options offered by Fidelity. Your account is yours to take with you if you leave or retire from the university.

## Supplemental Retirement Plans

In addition to your PERSI and ORP accounts, you have the option to contribute to an additional retirement plan by selecting a 403(b), Roth 403(b), 457(b), Roth 457(b), or PERSI Choice 401(k) or PERSI Choice Roth plan. A list of investment vendors is available on the [Benefit Services website](#).

The university does **not** contribute to your supplemental retirement plan. Depending on the type of plan, you can make pretax or post-tax contributions, and your investment earnings are tax-deferred.



# VOLUNTARY BENEFITS

The university offers you voluntary benefits at discounted rates, so you can enhance your coverage to fit the needs of you and your family. You pay the full cost of voluntary benefits — the university does not contribute.



# Benefits With Corestream

Employees pay for the following benefits, available through Corestream, at discounted rates by enrolling online at **myBenefits** (accessible through [MyUI](#)). **Note:** If you choose two or more programs, the costs are combined as one deduction from your paycheck.

**Auto and Homeowners Insurance:** Take advantage of special rates on auto and home insurance offered through three major companies.

**College Debt Benefits:** If you need help managing your or a dependent's student loan debt, you have support with GradFin.

**Identity Theft Plan:** Protect your identity and your financial information with ID Watchdog.

**Loan Program:** Low-cost personal loans are offered by Kashable, with variable repayment plans through payroll deduction.

**MASA Medical Transport Solutions:** Gain peace of mind with insurance that pays out-of-pocket costs of emergency ground and air ambulance trips anywhere in the United States or while traveling in Canada. MASA is not available to employees with home addresses in Washington, Alaska, North Dakota, New Jersey or New York.

**Payroll Purchasing Program:** Buy products and services (e.g., computers, appliances, educational services and vacations) and pay for them over time with payroll deduction instead of traditional financing options.

**Pet Insurance:** Take care of your furry friends with these special insurance discounts offered by Nationwide.

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## These plans require you to enroll during Annual Enrollment or as a new hire:

- **Accident Insurance:** Covers unexpected costs that you have following a covered accident.
- **Critical Illness Insurance:** Protects you against a predetermined list of critical illnesses, such as cancer.
- **Hospital Indemnity Insurance:** Provides you with a payout for certain costs related to long-term hospital stays.
- **Legal Plan:** Gives you access to thousands of experienced attorneys nationwide through LegalEASE.
- **Universal Life Insurance with Long-Term Care Benefit:** Gives you added financial protection in the event of the unexpected and to help with the cost of long-term care services.

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**Questions?** Contact Corestream at 855-952-1600 or [info@corestream.com](mailto:info@corestream.com).

# University Benefits and Perks

Employees pay for the following benefits at discounted rates through the university:

**Adoption Assistance:** This program offers reimbursement of the cost of certain adoption expenses. Limits are outlined on the [Benefit Services website](#).

**Education Benefits:** Benefits-eligible employees and their spouses and dependents can enroll in University of Idaho courses for reduced fees. Benefits-eligible employees can apply for education benefits from date of hire into the benefits-eligible position. If you have any questions, please reach out to [Student Accounts](#).

**Student Recreation Center:** You can find programs, services, facilities and equipment to foster a lifelong appreciation and involvement in recreation and wellbeing activities. [See membership options](#).

**U of I Children's Center:** The center offers a child-centered program in Moscow, Idaho, for children ages 6 weeks to 6 years old. [Learn more](#).

**Vandal Sports Packages:** Special deals on university sports events.

**NCPERS:** Term life insurance for PERSI participants.

**IDeal – Idaho's 529 College Savings Program:** Employees can direct a portion of their paycheck to a tax-advantaged education savings account. Funds can be used for K-12 tuition, 2- and 4-year colleges, universities and technical schools, apprenticeship programs and more. [Learn more](#).



# LEAVE BENEFITS

Time away from work is important to reduce stress and improve your mental health. You can check your leave balance on [MyUI](#). On the **Employee Self-Service card**, select **Employee Self-Service Dashboard**.

For more information about all the leaves available to you, please refer to the [Faculty-Staff Handbook \(chapter 3710\)](#).





# Annual Leave

You accrue annual leave (paid vacation leave) based on the hours you work or on an annual hours allotment depending on your status and how long you have worked for the university or the state of Idaho.

Annual leave includes paid time off for vacation, family obligations, illness (if sick leave is used up) and other personal needs. You can bank your hours, up to a maximum. Please refer to the [Faculty-Staff Handbook \(chapter 3710\)](#) for more information on eligibility and maximum accrual.

You can also donate your leave to the shared-leave pool or to a person who has applied for shared leave. The most shared leave you can receive is 160 hours within a 12-month period.

# Sick Leave

Eligible employees accrue sick leave to be used for paid time away from work due to illness, medical/dental appointments, bereavement and organ donations for you or an immediate family member.

Sick leave accrual is approximately 3.7 hours biweekly for full-time service and may be accumulated without limit. Please refer to the [Faculty-Staff Handbook \(chapter 3710\)](#) for more information on eligibility, accrual and other restrictions.

# Medical Appointment Leave

Health issues are stressful enough without worrying about logistics. That's why the university gives you two hours of time off each month for medical, dental, vision or EAP appointments. You can use the two hours of medical appointment leave for yourself or for a family member's appointment, including travel time to and from the appointment. It's OK if you have more than two hours of appointments in one month. You can use sick leave once you have exhausted your two hours of medical appointment leave.

# Family and Medical Leave

This unpaid benefit protects your job and benefits while you are unable to work, up to a maximum of 12 weeks or 480 hours, to care for a qualified serious medical condition for yourself or an immediate family member, and for the birth, adoption or foster placement of a child. Although family and medical leave (FML) is an unpaid leave, the university policy allows you to use accumulated sick and annual leave for wage replacement while out on FML. Paid parenting leave is also available to eligible employees. Additional qualifying reasons to take this leave and more information on eligibility can be found in the [Faculty-Staff Handbook \(chapter 3710\)](#) and on the [Benefit Services website](#).

# Shared Leave

Eligible employees who have a qualified serious health condition, or whose immediate family member has such a condition, causing the employee to need time away from work, may apply for shared leave as long as the time away from work is a qualified absence. During this time, the employee cannot be compensated by paid leave or wage-replacement programs such as short- or long-term disability or workers' compensation. Please refer to the [Faculty-Staff Handbook \(chapter 3710\)](#) or the [Benefit Services website](#) for more information on eligibility, the maximum benefit and other program criteria.

# Military Leave

This benefit protects your job and benefits for up to 120 hours per calendar year for active duty or military training. You are required to provide a copy of your orders prior to beginning your leave. Please contact Benefit Services for additional information on this leave.

# Personal Leave

Employees not covered by another university leave type may request a personal leave of absence. Personal leave is generally leave without pay and without benefits. Additionally, if you will be on leave without pay for three or more consecutive days, please complete a personal leave application. A link to the application is available on the [Benefit Services website](#).

# Other Types of Leave

Other types of leave include paid time off for jury duty, voting, court-ordered services, sabbatical and administrative. The types of leave available to you depend on the eligibility criteria of the leave.

**Please contact Benefit Services at [benefits@uidaho.edu](mailto:benefits@uidaho.edu) for assistance in maximizing the leave benefits available to you at your time of need.**

# BENEFIT TERMS

Understanding health care and your benefits can be complicated. Here are definitions of some common terms.



**Annual deductible:** The amount you pay before the plan begins to pay. For the Standard PPO with Health Care FSA option, office visit copays **don't** count toward the medical deductible, and there are separate medical and prescription drug deductibles.

**Annual medical cost-share maximum:** After you meet this amount, plus pay the deductible, the plan pays 100% of covered services for the rest of the plan year. The cost-share maximum includes what you pay for dollar amount and percentage copays and for covered services. Medical and prescription drug deductibles **don't** count toward the cost-share maximum. For the Standard PPO, there are separate medical and prescription drug cost-share maximums.

**Annual prescription drug cost-share maximum:** For the Standard PPO, after you meet this amount, plus pay your annual prescription drug deductible, the plan pays 100% of covered prescriptions for the rest of the plan year.

**Combined medical and prescription drug out-of-pocket maximum (total cost exposure):** For the Standard PPO, this is the most you'll pay in a plan year (annual medical and prescription drug deductibles plus annual medical and prescription drug cost-share maximums).

**Copay:** A fixed-dollar charge you must pay at the time of service.

**Cost share:** A percentage of a covered expense you pay after you meet the plan's annual deductible.

**Covered medical expenses:** Services, treatments and supplies for which the plan will pay benefits. Covered services must be "medically necessary" to be considered for benefit payment, unless otherwise specified. Medical necessity determination, made by Blue Cross of Idaho, is a check to confirm that your care is reasonable, necessary and/or appropriate based on your medical needs and health condition.

**Evidence of insurability (EOI):** You or your dependents may need to provide health-related information before enrolling in or increasing life insurance coverage during Annual Enrollment. This is known as providing evidence of insurability, or EOI. If EOI is required, you must complete an online EOI form, available as part of the step-by-step enrollment process in [myBenefits](#).

**Formulary:** A prescription drug formulary is the list of generic and preferred prescription drugs covered by CVS Caremark.

**In-network providers/services:** In-network providers are doctors contracted with Blue Cross of Idaho (medical), CVS Caremark (prescription drugs), Delta Dental (dental), and VSP (vision) to accept the amount paid by the plan (plus any deductible, copays and cost share you pay). You'll generally save money when you receive care in-network, because providers charge the lower, contracted rates. Plus, your deductible and cost share/copay will be lower compared with out-of-network care.

**Maintenance medications:** Maintenance medications are prescribed for chronic or long-term health conditions and are taken on a regular, recurring basis; for example, medication for high blood pressure, high cholesterol and diabetes.

**Out-of-network providers/services:** Out-of-network providers are doctors, hospitals and other medical providers not contracted with Blue Cross of Idaho (medical), CVS Caremark (prescription drugs), Delta Dental (dental), or VSP (vision). If you use an out-of-network provider, you'll pay more because services will not be provided at a discounted rate, and your coinsurance or copay may be higher.

**Per-pay contributions:** The amount you contribute each pay period through payroll deductions toward the cost of benefits coverage. The amount you contribute depends on the plan you elect, the number of dependents you cover and your employment status.

**Preventive care:** Preventive care includes services such as your annual physical, certain immunizations, well-baby visits, yearly mammograms and certain cancer screenings.



# IMPORTANT CONTACTS

Here's how to connect with all of the university's benefit providers.



# IMPORTANT CONTACTS

| Benefit   | Administrator           | How to Connect   |
|---|-------------------------|--|
| Medical Plan  | Blue Cross of Idaho     | 866-685-2258<br><a href="http://bcidaho.com">bcidaho.com</a>                             |
| Online weight loss program  | Wondr Health            | <a href="http://wondrhealth.com/uofi">wondrhealth.com/uofi</a>                           |
| Diabetes Prevention Program   | Blue Cross of Idaho     | 866-685-2258<br><a href="http://gosolera.com/uidaho">gosolera.com/uidaho</a>             |
| Bright Beginnings<br>Pregnancy support program  | Blue Cross of Idaho     | 866-685-2258<br><a href="http://bcidaho.com">bcidaho.com</a>                             |
| Hinge Health / MSK+<br>Musculoskeletal benefits   | Blue Cross of Idaho     | 866-685-2258<br><a href="http://hingehealth.com">hingehealth.com</a>                     |
| Cancer Care Program   | Blue Cross of Idaho     | 833-703-5174<br><a href="http://bcidaho.com">bcidaho.com</a>                             |
| Health Savings Account (HSA)<br>Health Care and Dependent Care<br>Flexible Spending Accounts (FSAs) | HealthEquity            | 888-769-8696<br><a href="http://healthequity.com">healthequity.com</a>                   |
| Prescription Drug Plan  | CVS Caremark            | 888-202-1654<br><a href="http://caremark.com">caremark.com</a>                           |
| Dental Plan   | Delta Dental of Idaho   | 800-356-7586<br><a href="http://deltadentalid.com">deltadentalid.com</a>                 |
|   | Willamette Dental Group | 855-4DENTAL (433-6825)<br><a href="http://willamettedental.com">willamettedental.com</a> |

## U of I Benefit Services

Access myBenefits by logging in to [MyUI](#). On the **Employee Resources card**, select **myBenefits**.

208-885-3697

800-646-6174

[benefits@uidaho.edu](mailto:benefits@uidaho.edu)

Include your Vandal number when corresponding with Benefit Services.

# IMPORTANT CONTACTS

| Benefit   | Administrator          | How to Connect   |
|---|------------------------|--|
| Vision Plan   | VSP                    | 800-877-7195<br><a href="http://vsp.com">vsp.com</a>   |
| Mental Health and Self-Care Platform                      | CredibleMind           | <a href="http://uidaho.crediblemind.com">uidaho.crediblemind.com</a>   |
| Employee Assistance Program (EAP)                         | Acentra Health         | 800-999-1077<br><a href="http://eaphelplink.com">eaphelplink.com</a><br>Company Code: UI1                                  |
| Cognitive Behavioral Therapy Program                      | TELUS Health CBT       | <a href="http://uidaho.cbt.telushealth.com/en-us">uidaho.cbt.telushealth.com/en-us</a>                                     |
| Disability and Life Insurance Claims                      | The Standard Insurance | 888-937-4783<br><a href="http://standard.com">standard.com</a>   |
| Voluntary Benefits  | Corestream             | 855-952-1600<br>Log in to <a href="#">MyUI</a> . On the Employee Resources card, select myBenefits > My Voluntary Benefits |
| Classified/Grandfathered Exempt Employees Retirement Plan | PERSI                  | 800-451-8228<br><a href="http://persi.idaho.gov">persi.idaho.gov</a>   |
| Exempt/Faculty Retirement Plan                            | Fidelity               | 800-343-3548<br><a href="http://fidelity.com">fidelity.com</a>   |

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