What’s New for 2018

Cost of Coverage Update
We are pleased to announce that VSP employee contribution rates will remain the same as last year. The Anthem Blue Cross and Kaiser plans will have an increase in employee premium contributions. Dental plans with $1,750 annual maximums will now require employee contributions.¹

Medical Plan Opt-Out Waiver Required Annually
To comply with IRS reporting for the Affordable Care Act, employees who opt out of USF’s medical plan are required to waive coverage annually during Open Enrollment. In other words, employees must opt out by making the appropriate selection in BeneTrac’s “medical plan block” each year. To determine if you are eligible for this waiver, please review the Medical Plan Opt-Out Waiver section of the guide.

Childcare Subsidy Amounts
The childcare subsidy amount is now determined by monthly salary for both faculty and staff. For more information, please refer to the Childcare Subsidy section of the guide.

Voluntary Life Insurance
The voluntary life insurance plan will now provide more flexibility in choosing a coverage amount. Employees can elect coverage in increments of $10,000. For more information, please refer to the Life Insurance section of the guide.

¹Dental plans with $1,500 annual maximums, per USFFA members’ collective bargaining agreement, will not require employee contributions.
Enrollment Information

Who is Eligible

Employees:
- Regular full-time employees who work 30 hours or more per week
- For Branch Campuses: Assistant Director, Librarian, Librarian Assistant
- Jesuits who are members of the USF Jesuit Community
- Employees of Fromm Institute, Loyola House, and St. Ignatius Church

Eligible Dependents:
- Your legal spouse (same or opposite sex) or Registered Domestic Partner (RDP as set forth in California Family Code Section 297 and are same sex partners unless at least one is over age 62)
- Your natural child, adopted child, stepchild, legal ward, foster child, or an eligible dependent of your spouse/RDP up to age 26
- Your child over age 26 who is supported primarily by you and is incapable of self-sustaining employment by reason of mental or physical handicap (proof of the condition and dependence is required)

Refer to page 28 for information on how your eligibility is determined using the Look-Back Measurement Method. Refer to the table below to determine when you are eligible for each benefit:

<table>
<thead>
<tr>
<th>Enrollment Information</th>
<th>Short-Term Disability</th>
<th>Long-Term Disability</th>
<th>Basic Life/AD&amp;D</th>
<th>Voluntary Life/AD&amp;D</th>
<th>EAP</th>
<th>401(a) plan</th>
<th>403(b) plan</th>
<th>Commuter Benefit</th>
<th>Tuition Remission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Vision</td>
<td>1st of the month following date of hire</td>
<td>1st of the month following date of hire</td>
<td>Date of hire</td>
<td>1st of the month following the date in which the first online order is placed</td>
<td>After one year of full-time service (Self, Spouse/RDP); Immediately for Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Vision</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>FSA</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childcare Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New Faculty and Staff

All newly hired benefits-eligible faculty and staff should attend a benefits orientation, which provides an overview of your benefits and instructions on how to enroll. Visit myusf.usfca.edu/hr/new-employees to RSVP for an upcoming session.

Enrollment Procedures

Newly hired faculty and staff have 30 days from the date of hire to enroll for benefits through BeneTrac, USF’s online enrollment platform. Before enrolling online, please do the following:

- Collect the date of birth, Social Security Number (SSN), and address for each dependent and/or beneficiary you wish to cover.
- Consider your needs and the needs of your eligible dependents. Review any coverage offered through your spouse’s/Registered Domestic Partner’s employer to avoid costly duplicate coverage.
- Carefully review the plan information in this Benefits Guide and plan materials available online at myusf.usfca.edu/hr/benefits.

1 All employees, other than student employees, are eligible to participate in the Voluntary 403(b) Retirement Plan.
2 Jesuits’ medical and dental plans are covered by the Jesuit Health Trust, and they are eligible for all other benefits available to full-time faculty and staff, except for short-term disability.
3 Employees who have a Legally Domiciled Adult (LDA) enrolled are considered to be grandfathered into the plans they were enrolled in as of December 31, 2011. Grandfathered LDAs (GF LDA) may continue participation in those benefits they were enrolled in as of January 1, 2012. No new enrollment of an LDA will be permitted as of January 1, 2012. If you drop your GF LDA from coverage, they may not rejoin the plan as an LDA.
4 Some employees covered by the Defined Contribution 401(a) Retirement Plan have different eligibility dates.
Making Elections in BeneTrac

- Log into BeneTrac using the instructions available at myusf.usfca.edu/hr/benefits/enrollment
- Verify information, including legal names and SSN, for you and your dependents
- Elect or waive coverage for each benefit block, including the appropriate medical plan option
- For your life insurance plans, verify or add your beneficiaries (SSN not required)
- If applicable, make your 2018 FSA annual election, apply for childcare subsidy, and/or certify your medical spousal surcharge
- Click “Review & Finalize” to see a summary of your benefit elections
- If you are not making any of the above changes to your benefits, simply log into BeneTrac, scroll to the bottom of the page, and click on the “Review & Finalize” button
- Click “Agree to Above and Finalize My Selections”

When You Can Change Your Benefits

Current faculty and staff can modify their benefits annually during USF’s designated open enrollment period. Otherwise, IRS regulations require that your benefit choices remain in effect during the calendar year unless you experience a qualified change in status, also known as a qualifying event.

Qualifying events include, but are not limited to:
- Marriage, divorce, legal separation, or entry into a Registered Domestic Partnership (RDP)
- Death of spouse/RDP or other dependent
- Spouse/RDP employment begins or ends
- Dependent’s eligibility status changes
- Birth or adoption of a child
- You or your spouse/RDP experience a change in work hours that affects benefit eligibility
- Relocation into or outside of your plan’s service area

Please note that the change to your benefits must be consistent with the qualifying event. For example, if you give birth to or adopt a child, you can add your child to medical coverage. Or, if you get divorced, you must remove your ex-spouse from your benefits coverage, unless mandated otherwise. You must submit your qualifying status change online through BeneTrac and provide the benefits team supporting documentation within 30 days of the qualifying event.

Refer to the table below for the required supporting documents:

<table>
<thead>
<tr>
<th>If you add this dependent</th>
<th>You must provide HR with a COPY of this document:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Marriage Certificate</td>
</tr>
<tr>
<td>Registered Domestic Partner (RDP)</td>
<td>Registered Domestic Partnership Certificate</td>
</tr>
<tr>
<td>Natural child</td>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Adopted child</td>
<td>Adoption Decree</td>
</tr>
<tr>
<td>Stepchild</td>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Dependent child of RDP</td>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Legal ward or foster child</td>
<td>Court Documents and Last Tax Return</td>
</tr>
<tr>
<td>Disabled dependent child over age 26</td>
<td>Birth Certificate, Proof of Condition, and Last Tax Return</td>
</tr>
</tbody>
</table>

1 60 days if you, your spouse/RDP, or eligible dependent child loses coverage under Medicaid or a state Children’s Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.
Medical Benefits

For medical coverage, USF offers a choice of a Health Maintenance Organization (HMO) through Kaiser Permanente or a Preferred Provider Organization (PPO) through Anthem Blue Cross. Before choosing a plan, please refer to the Medical Benefits at a Glance chart on the next page for a comparison of each plan’s major provisions.

Kaiser Permanente HMO

Participants enrolled in the Kaiser Permanente Health Maintenance Organization (HMO) receive all medical treatment from Kaiser physicians, facilities, and pharmacies. The Plan does not cover services rendered by out-of-network providers unless participants require immediate medical care for an urgent medical condition and are outside the Kaiser service area at the time. You may designate your primary care physician who refers you to specialists within Kaiser.

Anthem Blue Cross PPO

The Anthem Blue Cross Preferred Provider Organization (PPO) provides benefits when participants use an in-network or out-of-network provider. However, the levels of coverage are higher for in-network providers than for out-of-network providers.

No referral is necessary from a primary care physician for services of in-network or out-of-network specialists. For many services, members must meet the annual individual deductible before the Plan begins paying benefits.

Services received out of network require you to submit a claim form for processing. You are responsible for paying any difference between the allowed customary and reasonable (C&R) amount and actual charges, in addition to your deductible and coinsurance. Some services may require pre-approval from Anthem Blue Cross. You are responsible for contacting Anthem Blue Cross to determine if potential services are covered or if they must be submitted for utilization review and approval by Anthem Blue Cross.

LiveHealth Online

LiveHealth Online provides 24/7 access to U.S. board-certified physicians with an average of 15 years experience from an Internet-connected device (e.g. computer, tablet, or mobile phone) for non-emergency medical assistance. Anthem members may consult a doctor through LiveHealth Online for free, a savings of $49 per use.

Read more and sign up at livehealthonline.com.

Medical Plan Opt-Out Waiver

You may elect to opt out of the USF medical plan in BeneTrac and receive $75/month in taxable income if you and your eligible dependents are enrolled in a medical plan that is not considered an “individual market” plan, including those sold in federal or state exchanges or in the individual insurance market (i.e. outside of exchanges). Annual re-enrollment is required. In addition, please complete the San Francisco Healthcare Security Ordinance Waiver Form available at myusf.usfca.edu/hr/forms.

Spousal Surcharge

There is a $75/month surcharge on medical plan premiums for faculty and staff whose spouse/RDP/GF LDA has medical coverage available through his/her employer but is nevertheless covered under the USF medical plan.

All faculty and staff with a spouse/RDP/GF LDA enrolled in the USF medical plan will pay the surcharge unless it is waived in BeneTrac and approved by the benefits team. Annual recertification is required.
Medical Benefits at a Glance

For more detailed information about coverage, please refer to your plan’s Summary Plan Description located at [myusf.usfca.edu/hr/benefits/compliance](http://myusf.usfca.edu/hr/benefits/compliance). Percentages shown are the coinsurance amount you pay after you meet the deductible, if applicable. Out-of-network coinsurance is based on Customary and Reasonable (C&R) charges determined by the plan.

### Balance Billing

If you receive services from an out-of-network provider who charges more than the amounts allowed by the plan, the provider may bill you for the remaining balance.

#### Balance Billing Example:

**Out-of-Network Provider Charge for an MRI:** $2,000

Anthem Allowed Amount for MRI: $1,500

Potential Balance Bill Amount to Member: $500 (this would be in addition to any other member responsibility such as coinsurance and deductible).

### Medical Benefits at a Glance

<table>
<thead>
<tr>
<th>Key Features</th>
<th>Kaiser Permanente HMO</th>
<th>Anthem Blue Cross PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Only</td>
<td>In-Network</td>
</tr>
<tr>
<td>Deductible (Individual/Family)</td>
<td>None</td>
<td>$250/$750</td>
</tr>
<tr>
<td>Out-of-Pocket Limit^1</td>
<td>$1,500/$3,000</td>
<td>$889/$2,667</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

**Physician Services**

- **Doctor’s Office Visit**
  - In-Network: $15 copay
  - Out-of-Network: $20 copay, no deductible 30% after deductible

- **Specialist Visit**
  - In-Network: $15 copay
  - Out-of-Network: $20 copay, no deductible 30% after deductible

- **Lab and X-ray Services**
  - In-Network: No charge
  - Out-of-Network: 10% after deductible 30% after deductible

**Preventive Care**

- **Well Baby & Child (under age 19)**
  - In-Network: No charge
  - Out-of-Network: No charge, deductible waived 30% after deductible

- **Well Baby & Child (over age 19)**
  - In-Network: No charge
  - Out-of-Network: No charge, deductible waived

- **Adult Physical Exam**
  - In-Network: No charge
  - Out-of-Network: No charge, deductible waived

- **Routine OB/GYN Exam**
  - In-Network: No charge
  - Out-of-Network: No charge, deductible waived

- **Cancer Screenings (cervical, breast, prostate, colorectal)**
  - In-Network: No charge
  - Out-of-Network: No charge, deductible waived

**Hospital Medical Services**

- **Inpatient**
  - In-Network: No charge
  - Out-of-Network: 10% after deductible 30% after deductible^2

- **Outpatient**
  - In-Network: $15 copay per procedure
  - Out-of-Network: $20 copay, no deductible 30% after deductible^2

- **Urgent Care Center**
  - In-Network: $15 copay per visit
  - Out-of-Network: $20 copay, no deductible 30% after deductible

- **Emergency Room**
  - In-Network: $50 copay per visit
  - Out-of-Network: $50 copay per visit, then 10% after deductible

- **Home Health Services**
  - In-Network: No charge (up to 100 visits per calendar year)
  - Out-of-Network: 10% after deductible 30% after deductible

- **Skilled Nursing Facility**
  - In-Network: No charge (up to 100 days per calendar year)
  - Out-of-Network: 10% after deductible (up to 100 days per calendar year) 30% after deductible (up to 100 days per calendar year)

**Other Services**

- **Acupuncture**
  - In-Network: $15 copay (physician referral required)
  - Out-of-Network: $20 copay, no deductible 30% after deductible

- **Chiropractic^3**
  - In-Network: $15 copay (up to 30 visits per calendar year)
  - Out-of-Network: $20 copay, no deductible 30% after deductible

**Prescription Drugs**

- **Generic**
  - In-Network: $10 copay
  - Out-of-Network: $10 copay

- **Brand-name: Formulary**
  - In-Network: $20 copay
  - Out-of-Network: $20 copay plus 50% of the maximum amount allowed

- **Brand-name: Non-Formulary**
  - In-Network: All drugs on formulary
  - Out-of-Network: $25 copay plus 50% of the maximum amount allowed

- **Supply**
  - In-Network: Up to 100-day maximum supply
  - Out-of-Network: 30-day (Retail) or 31-day to 90-day (Mail Order) maximum supply

---

^1 Out-of-pocket maximums include medical copays, deductibles, and coinsurances, and prescription drug copays.

^2 For California facilities, a discount applies if the facility has a contract with Anthem Blue Cross for fee-for-service business. For California facilities without a contract, the plan’s covered expense for non-emergency hospital services and supplies is reduced by 25%, resulting in higher out-of-pocket costs for members. Note: If you go to an out-of-network provider who charges more than the allowable amounts established by the insurance carrier, the provider may bill you for the remaining balance.

^3 Kaiser members must use American Specialty Health Network providers.
Medical Benefits

Medical Coverage While Traveling

Whether you’re traveling domestically or internationally, participation in your medical plan (Anthem Blue Cross or Kaiser Permanente) will grant you coverage in the event of a life- or limb-threatening medical emergency. If you are traveling and receive emergency services, remember to retain all your receipts and related documentation. Call your insurance carrier at your earliest opportunity to inform them of any emergency services received.

Urgent Care

You have more choices than just the emergency room (ER) that can save you time and out-of-pocket costs. The ER shouldn’t be your first stop — unless there’s a true emergency. While both urgent and emergency care situations are serious, urgent care is for medical symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER.

Urgent care conditions include, but are not limited to: earache, sore throat, rash, sprained ankle, flu and fever not higher than 104°.

So what do you do when you need care right away, but it is not an emergency?

- Kaiser Permanente Plan Participants
  - Call Kaiser’s 24/7 NurseLine at 800-464-4000
  - Find an urgent care center by visiting kp.org

- Anthem Blue Cross Plan Participants
  - Call Anthem’s 24/7 NurseLine at 800-977-0027
  - Find an urgent care center by visiting anthem.com/ca
  - Contact doctors through livehealthonline.com

24/7 Health Resources

Take advantage of the free tools offered by Kaiser and Anthem:

As a Kaiser participant, register for My Health Manager, and take charge of your health 24 hours a day, 7 days a week. This free online and mobile service allows you to view your and your family members’ health information, email your doctor, set appointments, refill prescriptions, and much more. To get started, visit kp.org/registernow.

As an Anthem participant, you have access to easy-to-use tools at home or on the go. Do your benefits seem complex, or do you have a question about a specific Anthem service? Register for personalized guidance at anthem.com/ca. You can also compare costs for medical services and find facilities that accept your insurance. Maximize your benefits, and improve your health.

Save Money with Your Prescription Drug Plan

- Check with your doctor about a generic option.
- If you take prescription medication on an ongoing basis, save time and money through your plan’s mail order pharmacy.
- Kaiser members: Find out more about your pharmacy options at healthy.kaiserpermanente.org
- Anthem members: Refill and renew prescriptions through Express Scripts home delivery. Express Scripts is available through your anthem.com member login or the Express Scripts mobile app.
Dental Benefits

The University offers a dental Preferred Provider Organization (PPO) Plan through Delta Dental of California, which provides you the freedom to visit any in-network or out-of-network dentist you choose. By choosing an in-network dentist, including Delta Dental Premier dentists, you will receive a higher level of coverage. If you visit an out-of-network dentist, you will be responsible for the difference between the amount billed and the Delta Dental Maximum Plan Allowance (MPA) amount in addition to your coinsurance.

Dental Benefits at a Glance

<table>
<thead>
<tr>
<th>Key Features</th>
<th>In-Network (PPO)</th>
<th>In-Network (Delta Dental Premier)</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Maximums</td>
<td>$1,750</td>
<td>$1,750</td>
<td>$1,750</td>
</tr>
<tr>
<td>• Calendar Year</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>• Orthodontia Lifetime (per eligible child)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic</td>
<td>0% - 30%</td>
<td>0% - 30%</td>
<td>0% - 30%</td>
</tr>
<tr>
<td>• Examinations, cleaning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• X-rays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>0% - 30%</td>
<td>0% - 30%</td>
<td>0% - 30%</td>
</tr>
<tr>
<td>• Fillings, simple tooth extractions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sealants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Dental</td>
<td>0% - 30%</td>
<td>0% - 30%</td>
<td>0% - 30%</td>
</tr>
<tr>
<td>• Oral Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Endodontics (root canals)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Periodontics (Gum treatments)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Crowns, inlays, onlays, and cast restorations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthodontics Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For dependent children up to age 19</td>
<td>Separate $1,500 lifetime maximum per child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Accident</td>
<td>No charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(included in your $1,7501 maximum per individual calendar year)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Calendar year dental plan maximum remains at $1,500 for USFFA members per their Collective Bargaining Agreement.

Claim Example

The following claim example demonstrates how lower out-of-pocket costs can be achieved with Delta Dental PPO plan options. Compare the patient’s share of costs at each network level below:

<table>
<thead>
<tr>
<th>Dentist bills (submitted charge)</th>
<th>In-Network (PPO)</th>
<th>In-Network (Delta Dental Premier)</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$875</td>
<td>$875</td>
<td>$875</td>
<td></td>
</tr>
<tr>
<td>Fee agreement with Delta Dental</td>
<td>$550</td>
<td>$650</td>
<td>N/A</td>
</tr>
<tr>
<td>Plan pays 50%2</td>
<td>$275</td>
<td>$325</td>
<td>$350</td>
</tr>
<tr>
<td>Patient pays3</td>
<td>$275</td>
<td>$325</td>
<td>$525</td>
</tr>
</tbody>
</table>

2 Hypothetical example for illustrative purposes assumes that the annual maximum has not been reached and that the benefit levels for in- and out-of-network treatment are the same.

3 The patient’s share for covered services may include coinsurance, any amount over the annual maximum, and for a Premier provider, any unpaid difference between the Premier provider’s contracted fee and the PPO contracted fee.

Easy to Add Kids!

You can add your children up to age 4 to your dental plan at any time during the plan year. After age 4, children can be added to your dental plan during open enrollment or within 30 days of experiencing a related qualified event.

Incentive Plan

The coinsurance percentage for eligible dental services will decrease by 10% each year, to no charge for some services, for each enrollee provided they visit a dentist at least once during the calendar year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will revert to 30% of the cost.
**Vision Benefits**

The University offers vision benefits through Vision Service Plan (VSP). The benefits of this voluntary plan include an annual eye exam for $20 and a capped allowance for frames and contact lenses every two years at participating providers.

**Vision Benefits at a Glance**

<table>
<thead>
<tr>
<th>Key Features</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam (every calendar year)</td>
<td>$20</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Prescription Glasses (in lieu of contacts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames (every other calendar year)</td>
<td>$120 frames allowance, then 20% off the amount over your allowance</td>
<td>Up to $70</td>
</tr>
<tr>
<td>Lenses (every other calendar year)</td>
<td>Combined with exam</td>
<td></td>
</tr>
<tr>
<td>• Single Vision</td>
<td>Combined with exam</td>
<td></td>
</tr>
<tr>
<td>• Lined Bifocal</td>
<td>Combined with exam</td>
<td></td>
</tr>
<tr>
<td>• Lined Trifocal</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>• Standard Progressive</td>
<td>$80-$90</td>
<td></td>
</tr>
<tr>
<td>• Premium Progressive</td>
<td>$120-$160</td>
<td></td>
</tr>
<tr>
<td>• Custom Progressive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts (in lieu of prescription glasses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lens Care (every other calendar year)</td>
<td>Up to $60 exam and fitting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$105 contact lens allowance</td>
<td>Up to $105</td>
</tr>
<tr>
<td>Additional Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic Eyecare Plus (as needed)</td>
<td>$20 copay for services related to type 1 and type 2 diabetes. Ask your VSP doctor for details.</td>
<td></td>
</tr>
<tr>
<td>Extra Savings and Discounts</td>
<td>5%-15% off fees for laser vision correction surgery; 20%-30% off additional pairs of glasses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Benefits**

With VSP as your vision care provider, you and your covered dependents have access to additional benefits:

- **Discounted Frames:** Are your glasses ready for an update? VSP offers a $20 discount on featured frame brands like Calvin Klein, Diane von Furstenberg, Valentino, Sean John, and many more. Choose a frame style from one of the brands, and $20 will automatically be applied to your purchase. To find a doctor who carries the discounted brands, visit [vsp.com](http://vsp.com).

- **Affiliate Providers:** VSP has contracts with affiliate providers such as Costco. Check with Costco for member pricing on frame and lens options. Contact VSP for information on other affiliate providers in your area.

- **TruHearing Program:** Hearing aids can be costly, but through the TruHearing Program, you and your enrolled family members can receive a pair of hearing aids for free. The TruHearing Program is the first and only state-approved discount health medical organization for hearing. Membership in the TruHearing Program gives you access to a national network of more than 4,000 licensed hearing aid professionals, a selection of more than 90 digital hearing aids in 400 styles, savings of up to $1,300 per hearing aid purchase, and deep discounts on additional batteries. Additionally, each hearing aid purchase from TruHearing includes three professional visits, a 45-day money-back guarantee, and 48 replacement batteries. Learn more about this program at [vsp.truhearing.com](http://vsp.truhearing.com) or call 877-396-7194.
Flexible Spending Accounts (FSAs)

You can choose to enroll in one or both FSA accounts—the Healthcare FSA and the Dependent Care FSA—through BASIC pacific. These accounts save you money by allowing you to set up regular pre-tax deductions from each paycheck. Your contributions are deducted before federal, state, and Social Security taxes are withdrawn, saving you money on your taxes. You may then use the accounts to pay for eligible healthcare and/or dependent care out-of-pocket expenses with your pre-tax dollars.

<table>
<thead>
<tr>
<th></th>
<th>Healthcare FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>What’s Covered</td>
<td>In general, health-related expenses that are not covered by your medical plan</td>
<td>In general, dependent care expenses that allow you (and your spouse if you are married) to work</td>
</tr>
<tr>
<td>Eligible Expenses</td>
<td>Examples include: • Out-of-pocket costs • Deductibles and copays • Healthcare expenses not covered by your plan and approved by the IRS • Over-the-counter drugs prescribed by a physician</td>
<td>Examples include: • Childcare for children under age 13 • Adult dependent daycare • Dependent daycare centers • Preschool expenses</td>
</tr>
<tr>
<td>Restrictions</td>
<td>• Medical expenses that are not deductible per the IRS may not be reimbursed • Over-the-counter drugs not prescribed by a physician are ineligible</td>
<td>Expenses reimbursed under this FSA may not be claimed as a federal tax credit on your tax return</td>
</tr>
<tr>
<td>Maximum Annual Election</td>
<td>$2,650</td>
<td>$5,000 per household ($2,500 if married and filing separately)</td>
</tr>
<tr>
<td>Access to Funds</td>
<td>Immediate access to annual election amount</td>
<td>You may access these funds only as they are contributed</td>
</tr>
</tbody>
</table>

Use It or Lose It

IRS regulations require that if, at the end of a plan year, the actual expenses you incur are less than the amount you contribute to an FSA, you must forfeit the excess amount. Therefore, it is important that you make your FSA elections carefully. The USF plan is a calendar year plan.

There is a grace period from January 1 through March 15, 2019 during which you may continue to incur expenses on your 2018 Healthcare FSA. The deadline to file claims for your healthcare expenses incurred during 2018 and the 2019 grace period is March 31, 2019.

There is no grace period for incurring expenses on your Dependent Care FSA. The deadline to incur expenses on your 2018 Dependent Care FSA is December 31, 2018. The deadline to file claims for your dependent care expenses incurred during 2018 is March 31, 2019.

When you have incurred qualified healthcare and/or dependent care expenses, you can submit a claim form and documentation to BASIC pacific for reimbursement. Participants in the Healthcare FSA plan will receive a BASIC pacific Benny debit card, which they can swipe at participating pharmacies, hospitals, and doctors’ offices, including vision and dental clinics. If you use your Benny card, retain your receipts in case substantiation of the purchase is required. Retain your Benny card for each plan year that you participate in the Healthcare FSA.

If you are no longer employed at the University or cease to be eligible for an FSA, you have 60 days from your termination date or ineligibility date to submit your healthcare and/or dependent care claims.

Save Money Now!

Reduce your taxable income and increase your take-home pay by participating in the Healthcare FSA. Visit basicpacific.com for tools to help you determine your FSA needs for the year.

BASIC pacific

- basicpacific.com
- Phone: 800-574-5448
- Fax: 800-584-4591
- P.O. Box 2170
- Rocklin, CA 95677
- customerservice@basicpacific.com

Debit Card Reminder

Purchases made with your Benny card on or after January 1, 2018 through March 15, 2018 will access any remaining funds from your 2017 Healthcare FSA first before your 2018 elected amount.
Healthcare FSAs

Below are common expenses that may or may not be eligible for payment using your Healthcare FSA pretax dollars. Over-the-counter (OTC) drugs and other healthcare items prescribed by your Doctor are eligible, while certain OTC items not prescribed by your Doctor are ineligible. For a complete list of eligible and ineligible expenses, visit irs.gov.

Common Eligible Expenses

Medical Services
- Coinsurance/copays
- Lab tests, X-rays, scans
- Ambulance
- Acupuncture
- Chiropractic
- Alcohol abuse treatment
- Substance abuse treatment
- Fertility treatment
- OB/GYN exams and fees
- Lamaze classes
- Lactation supplies
- Hearing tests
- Mileage and transportation*
- Reconstructive surgery*

Medical Equipment
- Crutches, walkers, wheelchairs
- Arches and orthotic inserts
- Syringes
- Nebulizers
- Hearing aids
- Exercise equipment*
- Air purification equipment*
- Orthopedic shoes*

Dental
- Exams, cleaning, and X-rays
- Extractions and fillings
- Periodontal services
- Oral surgery
- Orthodontia/braces
- Dentures and bridges

Therapy
- Counseling
- Occupational/Physical/Speech
- Smoking cessation program
- Massage*
- Weight loss programs*

Vision
- Exams
- Prescription eyeglasses, sunglasses, and contact lenses
- Laser eye surgeries

Medical Equipment
- Crutches, walkers, wheelchairs
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- Smoking cessation program
- Massage*
- Weight loss programs*

Vision
- Exams
- Prescription eyeglasses, sunglasses, and contact lenses
- Laser eye surgeries

Common Ineligible Expenses

Miscellaneous
- Cosmetic surgery/procedures
- Electrolysis
- Hair loss medication
- Insurance premiums/interest
- Long-term care premiums
- Marriage or career counseling
- Teeth bleaching/whitening
- Toothbrush/toothpaste
- Vitamins/supplements*

Non-Prescribed OTC Items
- Acne medications
- Allergy, cold, cough, flu, and sinus medications
- Antifungal (foot or feminine)
- Antiseptics and wound cleaners
- Baby teething pain remedies
- Cold sore remedies
- First-aid burn remedies
- Hemorrhoid remedies
- Homeopathic remedies
- Incontinence treatment products
- Motion sickness
- Pain relievers
- Sleep aids/sedatives
- Stomach remedies (anti-gas, acidcontrol, etc.)

*may potentially require a Letter of Medical Necessity or a prescription from your healthcare provider to qualify for reimbursement

1 if OTC item prescribed, then it is eligible, along with prescribed OTC drugs.

Healthcare FSA Maximum

The 2018 maximum annual election amount for the Healthcare FSA is $2,650 per employee, regardless of whether you cover just yourself or your family. Because it is per employee, your spouse can also claim $2,650 with their employer.
Dependent Care FSAs

The Dependent Care FSA may only be used for childcare (for children under age 13) or elder care expenses that allow you to work. If you are married, both you and your spouse must be employed, looking for work, or enrolled in school full-time in order to use the Dependent Care FSA. It may not be used to cover your dependent’s healthcare expenses.

Common Eligible Expenses

- After-school care
- Au pair
- Daycare
- Elder care
- Extended day programs
- Nanny fees
- Nursery school/pre-kindergarten
- Registration fees for care
- Summer camp

Common Ineligible Expenses

- After-school enrichment classes
- Diaper services
- Educational expenses
- Field trips
- Meals, snacks or beverages
- Summer overnight camps

Dependent Care FSA Maximum

The 2018 maximum annual election amounts for the Dependent Care FSA are $5,000 per household and $2,500 for married couples filing separately.
Childcare Subsidy

To help meet the cost of pre-first grade childcare, USF offers a childcare subsidy to eligible faculty and staff. The program provides you the flexibility to choose a childcare provider at a location that suits your family’s needs and a subsidy amount to contribute to the cost of that childcare.

- The subsidy amount is determined by your salary as noted in the table below. You will receive the full subsidy amount for your level for your first eligible child and an additional 75% of the subsidy amount for subsequent eligible children, if applicable, up to the Dependent Care FSA maximum of $5,000 for the calendar year. For example, if your 2018 subsidy amount is $365 per month, you receive $4,380 that year for your first child and $273.75 per month for subsequent eligible children until you have reached the maximum of $5,000.
- Childcare subsidy funds are added to your Dependent Care FSA through BASIC pacific. Your total childcare subsidy and employee Dependent Care FSA contributions may not exceed $5,000 per household in 2018.
- New faculty and staff are eligible for the childcare subsidy on the first of the month following the date of hire.
- Current faculty and staff are eligible for the childcare subsidy after a qualifying event (i.e., new baby).
- If both parents work at USF, only one parent may apply for the childcare subsidy.
- You must be working full-time in order to be eligible for the childcare subsidy; partial subsidies are not provided. If a child enters first grade in the fall of the upcoming year, you are eligible for only eight months of the childcare subsidy (January through August).

The childcare subsidy amount is determined as follows:

<table>
<thead>
<tr>
<th>Annual Salary</th>
<th>Monthly Subsidy</th>
</tr>
</thead>
<tbody>
<tr>
<td>$99,551 or less</td>
<td>$405</td>
</tr>
<tr>
<td>$99,552 to $123,220</td>
<td>$365</td>
</tr>
<tr>
<td>$123,221 to $158,429</td>
<td>$324</td>
</tr>
</tbody>
</table>

Don’t Miss Out

Apply for your childcare subsidy within 30 days of returning to work and/or when childcare starts. A new childcare subsidy form, available at myusf.usfca.edu/hr/forms, must be submitted online for each year that the benefit is requested.

Childcare Subsidy Maximum

The childcare subsidy and employee Dependent Care FSA combined contributions cannot exceed $5,000 per household in 2018.
Retirement Savings Benefits

The University offers eligible faculty and staff many long-term opportunities to save for retirement. To determine whether you are eligible to participate in the following retirement plans, please refer to the Summary Plan Descriptions, which are available at myusf.usfca.edu/hr/benefits/compliance.

Defined Contribution 401(a) Retirement Plan

For eligible employees, the University contributes an amount equal to 10% of your eligible salary up to the Social Security wage base and an amount equal to 12% of your eligible salary above the Social Security wage base up to the IRS annual maximum compensation limit. Contributions are made to your TIAA account every pay period. You can invest your contributions among a variety of fund choices. If you do not select a fund, the default investment option is a TIAA Lifecycle fund. All investment earnings and/or losses are reflected in your account.

The plan requires a three-year cliff vesting schedule—if your employment ends before three years, all employer contributions will revert back to the University. If you provide proof of prior vesting in an employer-contributed retirement plan at another not-for-profit or institution of higher education, you will be immediately vested in this plan. The vesting verification form is available at myusf.usfca.edu/hr/forms.

Voluntary 403(b) Retirement Plan

The Voluntary 403(b) Retirement Plan provides an easy way to add to your retirement savings while decreasing current income tax when you make pre-tax contributions. You may also make post-tax contributions in the Roth 403(b) plan. Your combined pre- and post-tax contributions cannot exceed the annual IRS limit. You may choose TIAA or Fidelity Investments.

Auto-Enrollment

To encourage financial planning for retirement, all newly eligible faculty and staff1 will be automatically enrolled at 3% in the Voluntary 403(b) Retirement Plan with TIAA unless you opt out.

Contributions are deducted from your paycheck on a pre-tax basis, and you choose how to invest the contributions. If you do not select an investment, you will be enrolled in a Lifecycle fund, the default investment option. As a participant in the Retirement Plan(s), you have the right to decide how to invest your assets. If you do not provide investment instructions, your assets will be invested in the Plan’s default investment. This option is known as the qualified default investment alternative or QDIA. The QDIA for the TIAA investments is a TIAA Lifecycle Fund. The QDIA for the Fidelity Investments option is a T.Rowe Price Target Date Fund.

Changing Your Contribution

You can increase or decrease the amount of your contribution at any time by completing a Salary Reduction Agreement (SRA). You may elect a percentage or flat dollar amount. Return your completed form to the benefits team in Lone Mountain Main, Room 339, or email a scanned copy to retirementplan@usfca.edu. The Salary Reduction Agreement is available at myusf.usfca.edu/hr/forms.

Roth 403(b)

Roth 403(b) can offer an additional way to save for retirement and generate tax-free retirement income with TIAA and/or Fidelity Investments. Unlike a pretax 403(b), the Roth 403(b) allows you to contribute after-tax dollars and then withdraw tax-free dollars from your account when you retire. In the event of either retirement or termination, your earnings can be withdrawn tax-free as long as it has been five tax years since your first Roth 403(b) contribution and you are at least 59½ years old. In the event of death, beneficiaries may be able to receive distributions tax-free if the deceased started making Roth contributions more than five tax years prior to the distribution. In the event of disability, your earnings can be withdrawn tax-free if it has been five tax years from your first Roth 403(b) contribution.

1 who are employed in positions that are at least a .53 full-time equivalent, except members of the International Union of Operating Engineers, Stationary Local No. 39. Faculty and staff who are employed in positions that are not at least a .53 full-time equivalent and who wish to participate in the Voluntary 403(b) Retirement Plan should complete a Salary Reduction Agreement, which is available at myusf.usfca.edu/hr/forms.

Retirement Plan Beneficiaries

Review your beneficiaries annually to make sure that they are up-to-date and that the proper people would benefit should something happen to you.

Visit tiaa.org/beneficiaries or netbenefits.com to make changes to your beneficiaries.
Retirement Consultant on Campus

USF encourages you to take the time to become educated about your Plan(s) and monitor your financial goals at least annually by providing the following options:

- Schedule a consultation with a representative from the University’s retirement plan providers, TIAA and Fidelity Investments, in person or by phone. Visit myusf.usfca.edu/hr/benefits/retirement-benefits for dates and scheduling information.
- Receive a reimbursement of up to $200 (before taxes) per calendar year for consultation fees for a financial advisor of your choice. Visit myusf.usfca.edu/hr/forms for the reimbursement form.

Emeriti Retiree Health Solutions

The Emeriti Health Account offers a tax-advantaged way to save, invest, and accumulate assets to pay for healthcare expenses in retirement for full-time faculty/librarians and non-union staff.

<table>
<thead>
<tr>
<th>Employee Group</th>
<th>Monthly University Contribution Beginning at Age 40</th>
<th>Voluntary After-Tax Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>USFFA Faculty and Librarians</td>
<td>$51.00</td>
<td>Eligible to contribute after age 21</td>
</tr>
<tr>
<td>ALP Faculty and Librarians</td>
<td>$60.42</td>
<td>Eligible to contribute after age 21</td>
</tr>
<tr>
<td>Non-Union Administrative Staff</td>
<td>$45.59</td>
<td>Eligible to contribute after age 21</td>
</tr>
</tbody>
</table>

Your contributions are immediately vested; contributions made by the University vest after 10 years. Features of the plan include:

- Emeriti Retiree Health Insurance Plan Options offer portable, group health insurance options that complement Medicare for you and your dependents through Aetna Insurance Company.
- Emeriti Reimbursement Benefit enables you to use funds from your Emeriti Health Account tax-free to reimburse yourself for qualified out-of-pocket medical expenses not covered by Medicare or other insurance.

For more information, visit [emeritihealth.org](http://emeritihealth.org).
Life Insurance

Basic Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance helps protect you and your family’s financial security in case of accident, injury, or death. As an eligible faculty or staff member, you receive basic life and AD&D coverage at no cost to you through CIGNA.

Refer to the plan certificate for the low-cost, age-based rates and for the complete schedule of benefits. Evidence of Insurability (EOI) or a health questionnaire may be required if you elect coverage over the guarantee issue amount of $400,000 or if you enroll after your initial eligibility period. Life insurance coverage for faculty and staff, age 70 and older, will be reduced to 65% of the face value.

Basic Life Benefit

- For yourself: 1 times annual salary rounded to the nearest $1,000 to a maximum of $500,000.

Basic AD&D Benefit

- For yourself: 1 times annual salary rounded to the nearest $1,000 to a maximum of $500,000.

Life Insurance Beneficiaries

Did you get married, divorced, or have a child in the past year?

Your named beneficiary or beneficiaries will receive benefits if something happens to you. Make sure you are protecting the people you intended to by reviewing your beneficiary information annually in BeneTrac.

You can make a new beneficiary designation in BeneTrac at any time during the year. You do not have to wait until Open Enrollment to make a change.

Review Your Dependents

Make sure to review your dependents’ information to determine if they are still eligible for life insurance benefits.

For example, the dependent term life benefit only covers unmarried child(ren) to age 26.

Your spouse/RDP will not be covered after reaching age 70.
Voluntary Life & Voluntary AD&D Insurance

Life and personal accident insurance can provide financial security for your beneficiaries in the event of your death. These are voluntary, employee-paid plans that supplement your USF-provided life insurance. The cost of voluntary life and AD&D insurance depends on your age and how much coverage you select. BeneTrac will display your cost after you make your election. Refer to the table below for more information.

New Voluntary Life Insurance Plan Design

- New flexible structure—select the amount that works for you!
- Elect coverage in increments of $10,000; refer to Evidence of Insurability (EOI) requirements section of table
- Current enrollees coverage amounts will be rounded to the nearest $10,000
- During Open Enrollment, current enrollees may elect up to 4x the benefit level ($40,000) without providing EOI
- EOI is required for any coverage amount greater than $400,000

### Voluntary Term Life – For You
Supplements your basic life insurance by providing additional coverage in the event of death

<table>
<thead>
<tr>
<th>description</th>
<th>Coverage Amount</th>
<th>Evidence of Insurability (EOI) Required?</th>
<th>Monthly cost (per $1,000 of coverage)</th>
</tr>
</thead>
</table>
| Voluntary Term Life – For You | Increments of $10,000 up to the guaranteed issue amount of $400,000, rounded to the nearest $10,000 | During Open Enrollment
  • If enrolling for the first time, or if increasing your coverage by more than $40,000 (i.e. 4x the benefit level of $10,000), or if your coverage amount is greater than $400,000, then EOI is required
  • When You Are First Eligible
    • If your election is less than 3x your annual salary, then EOI is NOT required
    • If your election is greater than 3x your annual salary up to the guaranteed issue amount of $400,000, then EOI is required | Based on your age as of January 1st
  Under 24 .......... $0.05
  25–29 ............... $0.06
  30–34 ............... $0.08
  35–39 ............... $0.09
  40–44 ............... $0.11
  45–49 ............... $0.20
  50–54 ............... $0.33
  55–59 ............... $0.43
  60–64 ............... $0.66
  65–69 ............... $1.29
  70–99 ............... $2.21 |

### Voluntary AD&D – For You
Supplements your basic AD&D coverage in the event of your death due to accident or covered disabling injury. This coverage can help replace lost income and lessen the impact of costs associated with serious injury

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Evidence of Insurability (EOI) Required?</th>
<th>Monthly cost (per $1,000 of coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary AD&amp;D – For You</td>
<td>Increments of $25,000, up to a maximum of $250,000</td>
<td>EOI is not required</td>
<td>Employee Rate ...... $0.027</td>
</tr>
</tbody>
</table>

### Voluntary AD&D – For You and Your Family
Supplements your basic AD&D coverage in the event of your death due to accident or covered disabling injury. This coverage can help replace lost income and lessen the impact of costs associated with serious injury

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Evidence of Insurability (EOI) Required?</th>
<th>Monthly cost (per $1,000 of coverage)</th>
</tr>
</thead>
</table>
| Voluntary AD&D – For You and Your Family | For you:
  • Increments of $25,000 to $250,000 maximum
  For your Spouse/RDP:
  • 50% of your coverage up to $125,000
  For your Child(ren):
  • 15% of your coverage up to $37,500 | EOI is not required | Family Rate ........ $0.048 |

### Voluntary Dependent Term Life – For Your Dependents
Life insurance for your dependents, spouse/RDP under age 70

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Evidence of Insurability (EOI) Required?</th>
<th>Monthly cost (per $1,000 of coverage)</th>
</tr>
</thead>
</table>
| Voluntary Dependent Term Life – For Your Dependents | For your Spouse/RDP:
  • $5,000
  For your Child(ren):
  • $2,000 for child(ren) one year or older
  • $500 for child(ren) less than 1 year old | EOI is not required | $1.40 per month (Regardless of the number of covered children) |

Voluntary Life and Voluntary AD&D coverage will be reduced to 65% for faculty and staff reaching age 70. Your spouse/RDP will not be covered after age 70.
Disability Insurance Plans

Short-Term Disability (STD) Insurance Plans

All California employees, except student employees, are required to participate in a state disability plan. USF employees are automatically enrolled in USF’s Voluntary Disability Insurance (VDI) Plan but can elect CA State Disability Insurance (SDI) if preferred. Both VDI and SDI are partial wage-replacement plans that contain provisions for Short-Term Disability (STD) and Paid Family Leave (PFL) and are funded through employee payroll deductions. Employees are eligible to receive VDI or SDI benefits after a seven-day waiting period following a qualified accident, illness, or pregnancy disability.

USF employees who work outside of California may still be eligible to participate in USF’s VDI plan and may be eligible for California’s PFL benefits, depending on the state in which they work. To discuss eligibility and disability options, contact the Leave Manager at leaves@usfca.edu.

The differences between the VDI and SDI plans are outlined in the table below.

Plan Comparisons

<table>
<thead>
<tr>
<th></th>
<th>USF VDI Plan</th>
<th>CA SDI Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enrollment</strong></td>
<td>Auto-enrolled at date of hire</td>
<td>May elect instead of VDI</td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
<td>7 days after incident</td>
<td>7 days after incident</td>
</tr>
<tr>
<td><strong>Payroll Deduction/ Contribution Rate</strong></td>
<td>0.9% of employee’s salary, up to an annual maximum 1</td>
<td>0.9% of employee’s salary, up to an annual maximum 1</td>
</tr>
<tr>
<td><strong>Determination of Benefit</strong></td>
<td>Current Weekly Earnings (normally higher than Base Period Earnings)</td>
<td>Base Period Earnings (average of the past 18 months)</td>
</tr>
<tr>
<td><strong>Payment</strong></td>
<td>60% of Current Weekly Earnings up to a weekly maximum 1</td>
<td>55% of Current Weekly Earnings up to a weekly maximum 1</td>
</tr>
<tr>
<td><strong>Duration: STD 2</strong></td>
<td>• up to 52 weeks</td>
<td>• up to 52 weeks</td>
</tr>
<tr>
<td></td>
<td>• up to 6 weeks in 12-month period</td>
<td>• up to 6 weeks in 12-month period</td>
</tr>
<tr>
<td><strong>Duration: PFL 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Taxability</strong></td>
<td>Not taxable</td>
<td>Not taxable, unless eligible for unemployment</td>
</tr>
<tr>
<td><strong>Administered by</strong></td>
<td>University of San Francisco via TRISTAR</td>
<td>State of California</td>
</tr>
</tbody>
</table>

1 Current maximums available at [myusf.usfca.edu/hr/benefits](http://myusf.usfca.edu/hr/benefits)
2 STD (Short-Term Disability), if deemed disabled by medical certification
3 PFL (Paid Family Leave); additional baby bonding leave coordinated with SF’s Paid Parental Leave Ordinance (PPLO) benefits

Voluntary Paid Family Leave (PFL)

Through a VDI or SDI plan, employees are eligible for Paid Family Leave (PFL) benefits after a seven-day waiting period following a qualified incident. PFL benefits will be payable up to six weeks in a 12-month period. Upon compliance with claim and eligibility requirements, employees may use PFL benefits to:

- care for a Child, Grandchild, Grandparent, Parent, Parent-In-Law, Sibling, Spouse, or Domestic Partner;
- bond with a new child of the employee or the employee’s spouse/RDP/GF LDA; or
- bond with a child in connection with adoption or foster care of the child of the employee or the employee’s spouse/RDP/GF LDA.

For More Information

For more information regarding the short-term disability plans, including PFL, and how to request a leave of absence, contact the Leave Manager in Lone Mountain Main, Room 339, at leaves@usfca.edu or 415-422-4801.
Long-Term Disability (LTD) Insurance Plan

Effective on your date of hire, eligible faculty and staff are automatically enrolled in an LTD plan, which is paid for by USF and provided by CIGNA. You are considered Disabled if, solely because of Injury or Sickness, you are:

1. Unable to perform the material duties of your Regular Occupation; and
2. Unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation.

For more information about USF’s LTD plan, refer to the table below.

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Auto-enrolled at date of hire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting Period</td>
<td>90 days after incident</td>
</tr>
<tr>
<td>Payroll Deduction/ Contribution Rate</td>
<td>N/A; paid for by USF</td>
</tr>
<tr>
<td>Determination of Benefit</td>
<td>Basic Monthly Earnings</td>
</tr>
<tr>
<td>Payment</td>
<td>60% of Basic Monthly Earnings up to a monthly maximum(^1)</td>
</tr>
<tr>
<td>Taxability</td>
<td>Taxable</td>
</tr>
<tr>
<td>Administered by</td>
<td>CIGNA</td>
</tr>
</tbody>
</table>

\(^1\) Current maximums available at [myusf.usfca.edu/hr/benefits](http://myusf.usfca.edu/hr/benefits)

After Disability Benefits have been payable for 24 months, you are considered Disabled if, solely because of Injury or Sickness, you are:

1. Unable to perform the material duties of any occupation for which you are, or may reasonably become, qualified based on education, training, or experience; and
2. Unable to earn 60% or more of your Indexed Earnings.

Long-term disability benefits end when the earlier of the following occurs:

- You are no longer disabled;
- You reach the maximum benefit; or
- You reach Social Security Normal Retirement Age (SSNRA).
Pre-Tax Commuter Benefits

My Commuter Check (MYCC) administers USF’s commuter benefits, which allows you to add transit passes and fares directly to a Clipper Card or to a Commuter Check Prepaid MasterCard using pre-tax dollars deducted from your paycheck. In accordance with IRS regulations, your pre-tax commuter dollars are not refundable, so plan your transit needs carefully. To apply for any commuter benefits described below, submit a completed Commuter Plan Enrollment Form available at myusf.usfca.edu/hr/forms at any time throughout the year.

Pre-Tax Commuter Plan

All part-time and full-time faculty and staff are eligible to set aside pre-tax dollars for qualified commuting expenses up to the IRS limit of $260 per month. If you have a University parking permit, are listed on a carpool parking permit, or live within a half-mile radius of the perimeter of campus, you are still eligible for the pre-tax commuter plan benefit.

Pre-Tax Commuter Subsidy

Benefits-eligible, full-time faculty and staff may qualify for USF’s commuter subsidy contribution of up to $75 per month. You are not eligible for the commuter subsidy if you (1) have a University parking permit, (2) are listed on a carpool parking permit, (3) live within a half-mile radius of the perimeter of campus, (4) are not actively at work, (5) are not commuting, or (6) do not have an order placed with MYCC. The subsidy is applied to your active Clipper Cards or Commuter Check Prepaid MasterCards each month. In addition to the $75 commuter subsidy, you may also set aside up to $185 pre-tax dollars for qualified commuting expenses; the sum of both may not exceed the IRS limit of $260 per month.

Managing Your MYCC Account

Once you apply for and are approved for the commuter plan and/or subsidy, an account will be established for you with MYCC, and you will receive an email with instructions on access and how to place orders. You are responsible for managing your MYCC account, meaning you must place, change, or cancel orders by the 10th of each month (9 p.m. Pacific time) to receive the transit benefit for the following month. If you miss the deadline, you will not receive the benefit for the following month.

Clipper Card Information

- You must register your Clipper Card at both mycommutercheck.com and clippercard.com prior to use.
- You must “tag” your card to a card reader by the 16th of the month to activate your order. If you do not tag your Clipper card on time, your monthly pass will not load and cannot be refunded or recovered.
- Monthly passes expire at the end of the month. Unused passes do not roll over and are non-refundable; they are lost. Unlike monthly passes, unused cash remains on your card until you use it.
- Clipper cards will hold a maximum of $300. If the value of an order causes the total card value to exceed $300, the order will not load and you may lose the subsidy, if applicable. USF does not issue refunds for a lost commuter subsidy.
- Orders will not load if your Clipper card balance is negative.
- For lost or stolen cards, you must register your new card on both the Clipper Card and MYCC websites.
- Clipper Card: 800-878-8883, clippercard.com
- MYCC: 800-531-2828, mycommutercheck.com

New Vanpool Service

Chariot vanpool service now stops at USF! Use your Commuter Check Prepaid MasterCard to take Chariot for $1 per ride. For more information, visit myusf.usfca.edu/student-health-safety/transportation-public-safety/chariot.

MYCC Reminder

Remember to place, change, or cancel your MYCC order by the 10th of each month to receive the transit benefit for the following month.
Tuition Remission Program

Eligible faculty and staff and their families can further their education, enhance their skills, and pursue career development through USF’s tuition remission program. Tuition remission is a waiver of tuition and is available to faculty and staff and their eligible family members who qualify and are admitted for enrollment at USF. The benefits apply to tuition only; all non-tuition expenses and fees are the responsibility of the student. Employees, spouses/RDPs, and IRS tax dependent children are eligible for 100% tuition remission subject to the eligibility requirements.

A new tuition remission form must be submitted online for each semester that the benefit is requested. Forms are accepted during the filing periods only. For more information about forms, filing periods, additional documentation, supervisor approval, and tax implications, visit myusf.usfca.edu/hr/benefits/tuition-benefits.

The following courses are not eligible for tuition remission:

1. Online courses or programs in which the tuition is paid to an outside vendor (e.g., Pearson Embanet)
2. Non-credit courses (i.e., do not count toward a degree)
3. Courses added after the census date, per the University’s Academic Calendar
4. 2017/2018 Impacted Courses (i.e., deemed “full” by the Office of Strategic Enrollment Management each May):
   - Law (all programs)
   - Master of Science in Nursing (Clinical Nurse Leader MEO, at Hilltop and Orange County branch campus)
   - Master of Arts in Higher Education Student Affairs

Who May Use the Tuition Remission Benefit?

Eligibility Group 1

- Administrative Staff
- Association of Law Professors/Law Librarians
- Executive Officers
- International Union of Operating Engineers, Stationary Local No. 39
- Office and Professional Employees International Union, Local 29
- Public Safety Officers Association
- SEIU United Service Workers West

Employee

<table>
<thead>
<tr>
<th>Waiting Period</th>
<th>Eligible after one year of continuous full-time service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Degree Programs</td>
<td>Must obtain written permission from the employee’s supervisor and Dean/Vice President before enrolling in a graduate degree program</td>
</tr>
<tr>
<td>Non-Degree Program Courses</td>
<td>May enroll in a course (undergraduate or graduate) without enrolling in a degree program with Dean/Vice President approval</td>
</tr>
<tr>
<td>Limitation of Degrees</td>
<td>One degree at a time</td>
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</tbody>
</table>

Spouse/RDP

<table>
<thead>
<tr>
<th>Waiting Period</th>
<th>Eligible after employee completes one year of continuous full-time service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Degree Program Courses</td>
<td>May enroll in a course without enrolling in a degree program</td>
</tr>
<tr>
<td>Limitation of Degrees</td>
<td>One undergraduate degree program or one graduate degree program</td>
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</table>

Dependent Child(ren)

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Tax dependent of the employee, as defined under the Internal Revenue Code (IRC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting Period</td>
<td>Effective as of the employee’s date of hire</td>
</tr>
<tr>
<td>Non-Degree Program Courses</td>
<td>May enroll in a course without enrolling in a degree program</td>
</tr>
<tr>
<td>Limitation of Degrees</td>
<td>One undergraduate degree program and one graduate degree program</td>
</tr>
<tr>
<td>Undergraduate Degree Program Time Allowance</td>
<td>Undergraduate degree must be completed within five (5) years from start of program</td>
</tr>
<tr>
<td>Graduate Degree Program Time Allowance</td>
<td>Graduate degree must be completed in regular program time</td>
</tr>
</tbody>
</table>

1. Dependents of USFFA members are eligible for all online courses offered by USF.
2. Effective January 1, 2017, USFFA members, their spouse/RDP, and their dependent children are eligible for the full-time law program for partial tuition remission benefits covering 50% of the cost of tuition only. Access to the part-time law school program is also available up to an annual dollar cap per year. All other impacted courses are available at 100% tuition remission to USFFA members, their spouse/RDP, and dependent children. USFFA members should refer to their collective bargaining agreement for more information.

1 Enrollment in classes during regularly scheduled work hours is not permitted. Employees covered by a collective bargaining agreement (CBA) should refer to their agreement for specific exclusions and/or limitations.
Who May Use the Tuition Remission Benefit?

Eligibility Group 2
- University of San Francisco Faculty Association (USFFA), Full-time Faculty¹
- USFFA, Librarians²

<table>
<thead>
<tr>
<th>Eligibility Group 2</th>
<th>University of San Francisco Faculty Association (USFFA), Full-time Faculty¹</th>
<th>USFFA, Librarians²</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>USFFA Member</th>
<th>Eligible after one year of continuous full-time service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Degree Programs</td>
<td>Must enroll in a degree program that is related to current position; a detailed written professional development plan must be submitted to his/her Dean and Provost</td>
</tr>
<tr>
<td>Spouse/RDP³</td>
<td>Eligible after USFFA member completes one year of continuous full-time service</td>
</tr>
<tr>
<td>Non-Degree Program Courses</td>
<td>May enroll in a course without enrolling in a degree program</td>
</tr>
<tr>
<td>Limitation of Degrees</td>
<td>One undergraduate degree program or one graduate degree program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility Group 3</th>
<th>Tax dependent of the USFFA member, as defined under the IRC</th>
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</thead>
<tbody>
<tr>
<td>Waiting Period</td>
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</tr>
<tr>
<td>Non-Degree Program Courses</td>
<td>May enroll in a course without enrolling in a degree program</td>
</tr>
<tr>
<td>Limitation of Degrees</td>
<td>One undergraduate degree program or one graduate degree program</td>
</tr>
<tr>
<td>Undergraduate Degree Program Time Allowance</td>
<td>Undergraduate degree must be completed within five (5) years from start of program</td>
</tr>
<tr>
<td>Graduate Degree Program Time Allowance</td>
<td>Graduate degree must be completed in regular program time</td>
</tr>
</tbody>
</table>

¹ May request to enroll in courses through the Academic Career Prospectus (ACP) process or in written communication with the Dean.
² May request to enroll in courses through the Librarian Career Prospectus (LCP) process or in written communication with the Dean.
³ Benefits are also extended to academically eligible spouses, RDPs, and tax dependent children of tenured faculty who die or have died, or are or become totally disabled.

FACHEX and Tuition Exchange
Dependent children are eligible to apply for a scholarship with participating institutions for undergraduate studies through FACHEX and the Tuition Exchange programs. These programs are very competitive. Form submissions are accepted annually from September 1 - November 13.

For more information, visit myusf.usfca.edu/hr/benefits/ tuition-benefits.
Additional Benefits

Employee Assistance Program

The Employee Assistance Program (EAP) offered by CONCERN provides professional assistance to eligible faculty and staff, their dependents, and others living in the household. Confidential services are available for a wide range of personal matters, such as:

- Self-improvement
- Parenting and childcare referrals
- Elder care needs
- Relationship issues
- Workplace issues
- Emotional/mental health
- Legal consultations
- Financial advice
- Smoking cessation resources
- Other work-life concerns

Each individual has an 8-visit benefit per issue per each 12-month period. Many issues can be addressed directly with an EAP professional. In some cases, you may be referred to other resources that may incur a cost. You can access this program 24 hours a day, 365 days a year by calling 800-344-4222 or visiting concern-eap.com (company code: USF).

Will Preparation

The EAP offers referrals for legal issues including will preparation. A free 30-minute consultation is available with an attorney. A 25% discount is available if you decide to retain the services of the attorney. See above for more information on the EAP.

Adoption Benefit

The University provides up to a maximum of $4,000 reimbursement for adoption fees, per family, per adopted child. Contact the Human Resources benefits team for more information at 415-422-2442.

Lactation Rooms

Pursuant to city and state laws, the University provides lactation rooms to accommodate employees who are breastfeeding and need to express milk during working hours. Email the Leave Manager at leaves@usfca.edu at least one week in advance to reserve a room.
Wellness Benefits

GoUSF Wellness Program

GoUSF is an award-winning holistic wellness program whose mission is to support the health and well-being of employees and their families. Each month, a wellness challenge plus additional programming/events focus on a different dimension of wellness. GoUSF is supported by wellness champions throughout the University and a wellness committee that meets monthly to ensure that the programming is tailored to the wants and needs of faculty and staff.

The American Heart Association continues to rate USF as one of the fittest workplaces in the country for offering a diverse array of wellness programs and events throughout the year, including:

- Sponsorship and training support for race events that support local charities, including the Presidio 10 Race and Run Wild San Francisco
- Educational ‘Go Learn Seminars’ each month
- Up to $100 reimbursement for participating in one wellness event (e.g. running race, charity walk, bike ride, challenge, etc.) each calendar year
- Weekly running and walking groups
- Online wellness challenges in which you can win raffle prizes! Sign up (or sign in) with your USF email address on GoUSFchallenges.org
- 50% reimbursement for Weight Watchers membership
- Resources to support healthy work meetings, including Wellness on Wheels
- Meditation and yoga videos lead by USF faculty and staff
- Free gym membership at Koret Health Center or a subsidy for benefits-eligible branch campus employees

New events are happening almost every week. Stay in the loop.

- Website: GoUSF.usfca.edu
- Challenge website: GoUSFchallenges.org
- Email: GoUSF@usfca.edu
- Like GoUSF on facebook.com/groups/GoUSFCA
- Instagram: GoUSFCA

Visit gousf.usfca.edu for more information.
Weight Watchers

Weight Watchers offers a healthy and balanced approach to weight loss. The University will reimburse 50% of program participation fees for benefits-eligible faculty and staff who sign up for Weight Watchers online or who participate in the on-campus meetings.

Contact the Human Resources benefits team at 415-422-2442 or benefits@usfca.edu for more information.

Smoking Cessation

Effective Aug. 1, 2017, the University of San Francisco joined more than 1,800 colleges nationwide that have smoke-free and tobacco-free campuses. In support of this policy, USF hosts educational seminars, workshops, and other forms of assistance to those who are ready to quit. Faculty and staff may contact their medical plan provider (Anthem or Kaiser) and/or CONCERN EAP for additional smoking cessation resources such as counseling and nicotine replacement therapy. For more information, visit gousf.usfca.edu and click on the Additional Wellness Benefits quick link.

Ergonomic Benefits

In alignment with its commitment to providing you a safe and healthful working environment, USF offers a comprehensive ergonomic assessment of your work space. Ergonomic assessments are conducted on campus every week by a licensed occupational therapist from Syntropy. Assessments are available to newly hired employees, current employees with new work locations, or current employees who are experiencing pain or discomfort. To schedule your ergonomic assessment, visit myusf.usfca.edu/ergonomics.
# Monthly Contributions

Having benefit options gives you the freedom and flexibility to choose the coverage that best meets your needs and your lifestyle. The University provides some benefits at no cost to you, such as basic life insurance, basic accidental death and dismemberment insurance (AD&D), long-term disability insurance, and an employee assistance program (EAP).

You and the University share the cost of other benefits that you enroll in, including medical and vision insurance. Additional benefits, such as voluntary life insurance, are paid by you at discounted group rates. The following tables show the costs associated with your medical, dental, vision, and EAP coverage.

---

## Spousal Premium Surcharge

There is a $75/month surcharge on medical premiums for faculty and staff whose spouse/RDP have health coverage available through their employer but who nevertheless are included as a dependent of the USF employee. You will need to add this surcharge amount to **Your Monthly Contribution** listed below to obtain your total monthly premium cost.

---

## Medical–Anthem Blue Cross (PPO)

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $58,900</td>
<td>$992.87</td>
<td>$51.00</td>
<td>$941.87</td>
</tr>
<tr>
<td>$58,901 - $88,500</td>
<td>$992.87</td>
<td>$50.00</td>
<td>$942.87</td>
</tr>
<tr>
<td>$88,501 - $118,000</td>
<td>$992.87</td>
<td>$58.00</td>
<td>$934.87</td>
</tr>
<tr>
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<tr>
<td>$177,001+</td>
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<td>$118.00</td>
<td>$874.87</td>
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</table>

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
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<tbody>
<tr>
<td>&lt; $58,900</td>
<td>$2,093.74</td>
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<th>Monthly USF Contribution</th>
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<tr>
<td>&lt; $58,900</td>
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</tr>
<tr>
<td>$177,001+</td>
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<td>$718.00</td>
<td>$2,274.25</td>
</tr>
</tbody>
</table>

1 Add $75 to Your Monthly Contribution above if you cover a spouse/RDP who has health coverage available through their employer.
### Medical–Kaiser (HMO)

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$&lt;58,900</td>
<td>$616.71</td>
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</table>

### Kaiser–Employee Plus One

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
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</thead>
<tbody>
<tr>
<td>$&lt;58,900</td>
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<td>$118,001 - $147,000</td>
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<td>$1,258.09</td>
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<td>$177,001+</td>
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<td>$345.00</td>
<td>$888.42</td>
<td>$1,258.09</td>
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### Kaiser–Employee Plus Family

<table>
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<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$&lt;58,900</td>
<td>$1,745.29</td>
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<tr>
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<td>$1,255.29</td>
<td>$1,780.20</td>
</tr>
</tbody>
</table>

<sup>1</sup> Add $75 to Your Monthly Contribution above if you cover a spouse/RDP who has health coverage available through their employer.
## Monthly Contributions

### Dental - $1,750 plan maximum

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution¹</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$68.09</td>
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<td>$67.09</td>
<td>$69.45</td>
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<tr>
<td>Employee Plus One</td>
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<td>$113.76</td>
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<tr>
<td>Employee Plus Family</td>
<td>$177.03</td>
<td>$3.00</td>
<td>$174.03</td>
<td>$180.57</td>
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¹ Dental plans with $1,500 annual maximums, per USFFA members' collective bargaining agreement, will not require employee contributions.

### Vision

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
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<tbody>
<tr>
<td>Employee Only</td>
<td>$9.56</td>
<td>$4.90</td>
<td>$4.66</td>
<td>$9.75</td>
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<tr>
<td>Employee Plus One</td>
<td>$13.76</td>
<td>$7.04</td>
<td>$6.72</td>
<td>$14.04</td>
</tr>
<tr>
<td>Employee Plus Family</td>
<td>$24.66</td>
<td>$12.61</td>
<td>$12.05</td>
<td>$25.15</td>
</tr>
</tbody>
</table>

### EAP

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Plus Family</td>
<td>$4.68</td>
<td>$0.00</td>
<td>$4.68</td>
<td>$4.77</td>
</tr>
</tbody>
</table>
You and your dependents are eligible for coverage under USF’s medical plan if you are a full-time employee. Generally, a full-time employee works 130 hours per month on average, as defined by the Affordable Care Act (ACA). Full-time status can affect or determine medical benefits eligibility but is not a guarantee of benefits eligibility. USF uses the Look-Back Measurement Method to determine whether an employee meets this eligibility threshold.

**Look-Back Measurement Method**

New Employees

If you are a new employee hired to work at least 30 hours a week and/or 130 hours a month, you will be offered medical benefits as follows:

- Staff: First of the month following date of hire
- Jesuits and Faculty: Date of hire

If — as of your date of hire — USF is unable to determine that you are a full-time employee, you will not be offered medical benefits immediately. Instead, you will be placed into an Initial Measurement Period for 12 months to determine whether you are a full-time employee and eligible for benefits. Employees hired with the following schedules will be placed into an Initial Measurement Period, including those hired into:

- Part-time position
- Position where hours vary and USF is unable to determine whether you will work on average 130 or more hours a month
- Position in which they work for six consecutive months or less (regardless of monthly hours worked)

If you are placed into an Initial Measurement Period, the period will begin on your date of hire and will last for 11 months. If, during your Initial Measurement Period, you work 130 or more hours a month on average during that 11-month period, you will become full-time, and, if otherwise eligible for benefits, you will be offered medical coverage by the first of the second month after your Initial Measurement Period ends. Your full-time status will remain in effect during an associated Stability Period that will last 12 months. If your employment is terminated during that Stability Period, and you were enrolled in benefits, you will be offered medical coverage under COBRA.

Ongoing Employees

USF uses the Look-Back Measurement Method to determine medical plan eligibility for ongoing employees. An ongoing employee is an individual who has been employed for an entire Standard Measurement Period, which is the 12-month period of time over which USF counts hours to determine if employees work full-time.

If you work 130 or more hours a month on average during the 12-month Standard Measurement Period, you will be deemed full-time, and, if otherwise eligible for benefits, you will be offered medical coverage of the first day of the Stability Period associated with the Standard Measurement Period, which is the same as USF’s plan year.

Your full-time status will remain in effect during the 12-month Stability Period. If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered medical coverage under COBRA.

USF uses the Standard Measurement Period and associated Stability Period annual cycle outlined below.

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Measurement Period</strong></td>
<td>November 1 – October 31</td>
</tr>
<tr>
<td>Time to determine if you work 130+ hours per month on average – used to establish if you are “full-time” or “part-time” for medical eligibility</td>
<td></td>
</tr>
<tr>
<td><strong>Stability Period</strong></td>
<td>January 1 – December 31</td>
</tr>
<tr>
<td>Time during which you will be considered “full-time” or “part-time” for medical plan eligibility - based on hours worked during preceding Standard Measurement Period</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hire Date</strong></td>
<td>September 1, 2016</td>
</tr>
<tr>
<td><strong>Initial Measurement Period</strong></td>
<td>September 1, 2016 - July 31, 2017</td>
</tr>
<tr>
<td><strong>Stability Period</strong></td>
<td>October 1, 2017 - September 30, 2018</td>
</tr>
</tbody>
</table>
This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual SPD, plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.
## Contact Information

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Phone</th>
<th>Website/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Anthem Blue Cross of California (PPO): Group #13045L</td>
<td>800-288-6921</td>
<td>anthem.com/ca</td>
</tr>
<tr>
<td>• Anthem LiveHealth Online</td>
<td>855-603-7985</td>
<td>livehealthonline.com</td>
</tr>
<tr>
<td>• Kaiser Permanente (HMO): Group #29560</td>
<td>800-464-4000</td>
<td>kp.org</td>
</tr>
<tr>
<td>• Kaiser Chiropractic Network: American Specialty Health</td>
<td>800-678-9133</td>
<td>ashlink.com/ash/kp</td>
</tr>
<tr>
<td><strong>Dental</strong>—Delta Dental of California: Group #02406</td>
<td>800-766-6003</td>
<td>deltadentals.com</td>
</tr>
<tr>
<td><strong>Vision</strong>—VSP (Vision Service Plan): Group #12178895</td>
<td>800-877-7195</td>
<td>vsp.com</td>
</tr>
<tr>
<td><strong>Employee Assistance Program (EAP)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CONCERN-EAP</td>
<td>800-344-4222</td>
<td>concern-eap.com</td>
</tr>
<tr>
<td>• <a href="#">Commuter Benefit</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Clipper Card</td>
<td>877-878-8883</td>
<td>clippercard.com</td>
</tr>
<tr>
<td>• My Commuter Check (MYCC): Group #109083</td>
<td>800-531-2828</td>
<td>mycommutercheck.com</td>
</tr>
<tr>
<td>• Chariot</td>
<td>888-735-5079</td>
<td>chariot.com</td>
</tr>
<tr>
<td><strong>GoUSF (Wellness)</strong></td>
<td>415-422-6259</td>
<td>gousf.usfca.edu</td>
</tr>
<tr>
<td><strong>NurseLine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Anthem Blue Cross of California (PPO): Group #13045L</td>
<td>800-977-0027</td>
<td>anthem.com/ca</td>
</tr>
<tr>
<td>• Kaiser Permanente (HMO): Group #29560</td>
<td>800-464-4000</td>
<td>kp.org</td>
</tr>
<tr>
<td><strong>Flexible Spending Accounts (FSAs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• BASIC pacific</td>
<td>800-574-5448</td>
<td>basicpacific.com</td>
</tr>
<tr>
<td><strong>Life Insurance</strong>—CIGNA</td>
<td>800-732-1603</td>
<td>cigna.com</td>
</tr>
<tr>
<td><strong>Voluntary Disability Insurance Plan (VDI)</strong>—TRISTAR</td>
<td>888-558-7478</td>
<td>tristargroup.net</td>
</tr>
<tr>
<td><strong>Retirement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• TIAA: 401(a) Group #100975</td>
<td>800-842-2252</td>
<td>tiaa.org/public/tcm/usfca</td>
</tr>
<tr>
<td>• TIAA: 403(b) Group #100976</td>
<td>800-842-2252</td>
<td>tiaa.org/public/tcm/usfca</td>
</tr>
<tr>
<td>• Fidelity</td>
<td>800-343-0860</td>
<td>netbenefits.com</td>
</tr>
<tr>
<td><strong>Emeriti Retiree Health Solutions</strong></td>
<td>866-686-6565</td>
<td>emeritihealth.org</td>
</tr>
<tr>
<td><strong>Tuition Remission</strong></td>
<td>415-422-2442</td>
<td>myusf.usfca.edu/hr/benefits/tuition-benefits</td>
</tr>
<tr>
<td><strong>Secure Travel Emergency Assistance</strong></td>
<td>888-226-4567</td>
<td>email: <a href="mailto:cigna@europassistance-usa.com">cigna@europassistance-usa.com</a></td>
</tr>
<tr>
<td><strong>Human Resources Benefits Team</strong></td>
<td>415-422-2442 (phone)</td>
<td>myusf.usfca.edu/hr/benefits</td>
</tr>
<tr>
<td>• Hours of Service: 8:30 a.m. to 5:00 p.m.</td>
<td>415-388-1074 (fax)</td>
<td>email: <a href="mailto:benefits@usfca.edu">benefits@usfca.edu</a></td>
</tr>
</tbody>
</table>

**Human Resources Benefits Team**

Hours of Service: 8:30 a.m. to 5:00 p.m. Monday through Friday