Benefits Overview
For Employees Newly Eligible For Benefits
UIUC Contact Information

University Payroll and Benefits (UPB)
177 Henry Administration Building
506 South Wright Street, Room 177 (MC-318)
Urbana, IL 61801-3627

Phone: 217-265-6363
Fax: 217-244-3135

Walk-in hours: 10:00 a.m. to 3:00 p.m.
Phone hours: 9:00 a.m. to 4:00 p.m.

Email: benefits@uillinois.edu
UIC Contact Information

University Payroll and Benefits (UPB)
809 South Marshfield Avenue, 1st Floor
(MC-547)
Chicago, IL 60612-4305

Phone: 312-996-7200
Fax: 217-244-3135

Walk-in hours: 10:00 a.m. to 3:00 p.m.
Phone hours: 9:00 a.m. to 4:00 p.m.

Email: benefits@uillinois.edu
UIS Contact Information

University Payroll and Benefit (UPB)
Business Services Building (BSB), Room 85
One University Plaza
Springfield, IL 62703-5407

Phone: 217-206-7144
Fax: 217-244-3135

Walk-in hours: 10:00 a.m. to 3:00 p.m.
Phone hours: 9:00 a.m. to 4:00 p.m.

Email: benefits@uillinois.edu
Benefit Orientations

1. Benefit Overview Orientations are held on all campuses
   - These sessions are designed to provide a comprehensive set of benefit materials and information to assist new benefit-eligible employees

2. New Hire Enrollment Assistance available
   - Benefits staff will assist with completion of the New Hire Benefit Enrollment and other forms
   - State Plan Enrollments are completed at: www.MyBenefits.Illinois.gov
   - UPB offices also have kiosks for one on one enrollment assistance
State Universities Retirement System (SURS)

1901 Fox Drive
Champaign, IL 61820
Phone: 800-275-7877

www.surs.org
State Universities Retirement System (SURS)

- Employees are required to participate in SURS if:
  - Position requires continuous work for at least one academic term or four months, whichever is less
  - Appointment is greater than zero percent
- Please notify UPB if you have previously participated in SURS or another State of Illinois retirement system
- Neither the University nor Employees contribute to the Federal Social Security System while contributing to SURS
- SURS participants are required to pay into Medicare
State Universities Retirement System (SURS)

- Important Reminders:
  - The 3 Retirement Plan Choices are:
    - Traditional Plan
    - Portable Plan
    - Self-Managed Plan
  - Deadline – 6 month deadline date will be listed on letter mailed to your NESSIE “mailing” address
  - Traditional Plan is the default if no election is made
  - Election or default is irrerevocable
  - Plan Choice Video
State Universities Retirement System (SURS)

- **For Tier I Employees**
  - Tier I members are SURS participants who first began their SURS (or other eligible Illinois reciprocal system) participation prior to January 1, 2011

- **For Tier II Employees**
  - Tier II members are SURS participants who first begin their SURS (or other eligible Illinois reciprocal system) participation on or after January 1, 2011
State Universities Retirement System (SURS) Plan Choice Webinar

- SURS offers the Tier II Webinar on the last Tuesday of each month from 9:30 a.m. to 11:00 a.m.

- Registration and a computer with speakers or a headset and high speed internet access is required to attend this event

- Register at: [http://www.surs.org/planchoice](http://www.surs.org/planchoice)
State of Illinois
Benefit Information

Administered by the
State Department of Central Management Services (CMS)
Powered by Morneau Shepell
Springfield, Illinois

Who is Eligible for Employee Insurance?

To be eligible to receive State of Illinois group health insurance, the employee must be eligible to participate in the State Universities Retirement System (SURS) and either:

- A regular employee with an appointment of at least 50% time or more,
- A temporary employee with an appointment of 50% time or more for at least nine months (such as a Visiting position), or
- An employee hired for at least 4.5 months (one semester) at 100% time
Who is Eligible for Employee Insurance?

- **Full-Time Insurance Eligibility**
  - Faculty, Academic Professionals, and Other Academics with an appointment of 100% for 9 months or longer
  - Civil Service with an appointment at 100% for 12 months

- **Part-Time Insurance Eligibility** **IMPORTANT**
  - Faculty with 100% appointment that is greater than, or equal to 4.5 months, but less than 9 months

  **Insurance Calculation**: Length of job/9 x job percentage = insurance part-time percentage

  **Example**: 4.5 month job/9 months x 100% = 50% for insurance purposes

  - Employees who work 50 – 99 % of a normal work period

For more information:
Who is Eligible for Employee Insurance?

- J-1 or F-1 visas are **not** eligible for insurance **until** Substantial Presence has been met

- Foreign Nationals should contact UPB Customer Service for further assistance at 217-265-6363 to schedule a tax status review session

- J-1 Visa Holders who are eligible for University of Illinois Insurance – *see presenter at break for handout*
State of Illinois Benefits

Important:
 Employees newly eligible for benefits have 30 calendar days from their hire date or eligibility date to make State plan elections including waiving or opting out of coverage
 Deadline is in force regardless of whether the job is in Banner

Effective Date of elections will be either:
 Date of hire or employee group change
 A date based on when you signed the forms during your tax status appointment and met Substantial Presence (foreign-national visa related)

Once elections have been made:
 A Benefits Confirmation Statement is either mailed to the employee’s NESSIE mailing address or emailed to employee confirming enrollments. Review carefully and contact MyBenefits Marketplace promptly at 844-251-1777 with concerns or questions.
 I. D. cards are mailed by the insurance companies 2 to 3 weeks after the Benefits Confirmation Statement is received.
Default Enrollment

- Failure to elect plans within 30 calendar days results in the following default enrollment for both full and part-time employees:

1. Quality Care Health Plan (QCHP) including EyeMed Vision
2. Quality Care Dental Plan (QCDP)
3. Basic Life Insurance
   - Free 1x annual salary
4. NO DEPENDENT COVERAGE

- Note: A default delays plan enrollment, receiving plan I. D. cards & collection of benefit premiums **
Enrollment Information

- If any dependent such as a spouse, civil union or domestic partner, or child is employed by the University or other Illinois State agency, each must be insured individually as a member.
- Dependents must be enrolled in the same health and dental plan as the employee.
- An SSN or proof that the dependent is not eligible for an SSN must be provided to MyBenefits Marketplace as soon as possible.
- If you have transferred from another State of Illinois University or Agency:
  - See the presenter or contact UPB - CMS “new employee” enrollment choices may not apply.
  - Online enrollment or you may call MyBenefits Market Place to enroll. You will need your Employee Identification Number (EID).

For more information: http://www.MyBenefits.illinois.gov or by calling 844-251-1777.
Dependent Documentation

Employees will be required to provide copies, not originals, of supporting documents within 30 calendar days of date of hire or benefits eligibility for dependents that will be added to the insurance coverage.

**Documentation to add a spouse:**

- Religious Certificate/State Marriage License, OR
- Most recent Federal Income Tax Form

**Documentation to add children:**

- State Birth Certificate, OR
- Both sides of Hospital Birth Record

**Documentation to add a civil union partner (same or opposite sex) and partner’s children:**

- Civil Union Certificate
- Copy of children’s State Birth Certificate, OR
- Both sides of Hospital Birth Record
Dependent Documentation

- Documentation should be uploaded (preferred), or mailed to MyBenefits Marketplace:
  - Uploaded to www.MyBenefits.illinois.gov or
  - Mail to MyBenefits Marketplace
    PO Box 467846, Atlanta, GA 31146
  - Employee’s name and EIN (CMS Employee Identification Number) should be written on each page
Dependent Eligibility

- Dependents age 19 through 25
  - Can be married or unmarried
- Disabled Age 26 and older
- Other – Received an organ transplant after June 30, 2000.
- Civil Union partner and their children
  - IRS dependents’ health and dental premiums will be pre-tax
  - Non-IRS dependents’ health and dental premiums are post tax and employee will incur imputed income
- Veteran Adult Children Age 19 through 29
  - Premium is determined by Tax Status
  - Must reside in Illinois
Benefit Choice

Open Enrollment Period

- Election period begins May 1 and usually ends on May 31
- Plan year is based on fiscal calendar: 7/1 – 6/30
- Re-enroll in Medical Assistance Plan and Dependent Care Assistance Plan

Eligible Changes:

- You can add or drop dependent coverage
  - Documentation is required to add dependents
- Change Health Carrier
- Opt in/opt out of Health, Dental & Vision
  - To Opt Out - Proof of non-State comprehensive health coverage
- Enroll in/opt out of Dental only
- Decrease, terminate or increase optional life insurance (increase with Statement of Health)
Qualifying Events

60 days from event to make change

- Effective date is usually date of the request or event date if elected prior to event
  - Examples of Qualifying Events are:
    - Employee or spouse change in employment status
    - Marriage or Civil Union Partnership
- Effective date is date of the event for the following:
  - Birth/newborn adoption
  - Divorce
  - Death
- Documentation of relationship and event is required within 60 calendar days or the transaction will be invalidated
Qualifying Events

Examples that require *additional documentation*:

- Dependent loses/gains employment or health insurance
  - Proof of loss/gain is required to add dependents
- Coordination of Spouse Open Enrollment Period
  - Proof of dates required to make changes
- Divorce – Copies of Divorce Decree including pages with the circuit court stamp and judge’s signature
  - **EX-SPOUSE & THEIR CHILDREN ARE NOT ELIGIBLE DEPENDENTS**
Qualifying Events

- Health plans cannot be changed unless you experience the following qualifying event:
  - Change in member’s or dependent’s county of residence or work location
COBRA

- Insured members and dependents who lose coverage due to certain qualifying events may be able to continue coverage through COBRA provisions.
- CMS will mail the notification letter directly to the mailing address in NESSIE.
- Employees who opt-out or waive state health insurance are not eligible for COBRA.
Health Care Plans

Members can choose a plan based on the county where they work or reside

Please refer to the map in the Benefit Choice booklet or the CMS website:

Refer to the code key below for the health plan code for each plan by county.

BlueAdvantage HMO . . . . CI
Coventry HMO . . . . . . . . AS
Coventry OAP . . . . . . . . CH
Health Alliance HMO . . AH
HealthLink OAP . . . . . . . CF
HMO Illinois . . . . . . . . . . BY
Quality Care Health Plan (QCHP) . . . D3

- AH, AS, BY, CF, CH, CI, D3
- BY, CF, CH, CI, D3
- AH, AS, CF, CH, D3
- AH, AS, CF, CH, CI, D3
- AH, AS, BY, CI, CH, CF, D3

Striped areas represent counties in which HMO Illinois or BlueAdvantage HMO do not have provider coverage; members in these counties may have access to HMO Illinois or BlueAdvantage HMO providers in a neighboring county.
Health Plan Options

- Quality Care Health Plan (QCHP) – Participants can choose any physician or hospital for medical services; however, there are lower out-of-pocket expenses when using a QCHP network provider/facility. Deductibles and co-insurance apply.

- Health Maintenance Organizations (HMOs) – Participants select a network primary care physician, use network facilities. Out-of-network covers emergency room only. No deductibles, only co-payments apply.

- Open Access Plans (OAPs) – Three levels of coverage in one plan with tiers for in-network and out-of-network providers; Tier 1 only co-payments apply (same as HMO); Tier 2 & 3 deductibles and co-insurance apply.
Quality Care Health Plan (QCHP)

Freedom of Choice for providers and facilities

- Three independent components:
  - Medical
  - Pharmacy Prescriptions
  - Behavioral Health Services
- International coverage for eligible services
- Administered by Cigna
- For more information:
Quality Care Health Plan
Continued...

- Mandatory pre-certification
  - Hospital admissions (including maternity)
  - In/out-patient surgery
  - Diagnostic testing
  - Extended care facility admissions
  - Penalty if services are not pre-certified

- Salary-based plan year deductible

- Special deductibles
  - Emergency room, Hospital admission, transplants
Quality Care Health Plan
Continued...

QCHP Physician and Hospital Network
- Plan pays 85%; member pays 15% after plan deductible is met

Non-QCHP Physician and Hospital
- Plan pays 60% of allowable charges after annual plan deductible
- Allowable charge is the maximum amount the plan will pay an out-of-network provider for billed services
Quality Care Health Plan
Continued...

Allowable Charge for Out-of-Network

- Based on the Maximum Reimbursable Charge (MRC) which is determined by Medicare rates based on geographical location
- Reimbursement is significantly lower than “usual and customary”
- Amounts over the allowable charge are member’s responsibility and do not apply toward out-of-pocket maximum
- **ALWAYS** contact Cigna and complete the pre-determination process **PRIOR TO SERVICES BEING RENDERED** to determine reimbursement
Quality Care Health Plan (QCHP)
Plan Year Maximums and Deductibles

<table>
<thead>
<tr>
<th>Annual Salary as of April 1, 2016</th>
<th>July 1, 2016 Individual Deductible</th>
<th>July 1, 2016 Family Deductible Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee $60,700 or less</td>
<td>$375</td>
<td>$937.50</td>
</tr>
<tr>
<td>$60,701 - $75,000</td>
<td>$475</td>
<td>$1,187.50</td>
</tr>
<tr>
<td>$75,901 and above</td>
<td>$525</td>
<td>$1,312.50</td>
</tr>
<tr>
<td>Dependents</td>
<td>$375</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## QCHP Additional Deductibles

<table>
<thead>
<tr>
<th>Services</th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital (In-Network)</td>
<td>$100 per hospital admission</td>
</tr>
<tr>
<td>Inpatient Hospital (Out-of-Network)</td>
<td>$500 per hospital admission</td>
</tr>
<tr>
<td>Emergency Room - Hospital</td>
<td>$450 per visit that does not result in hospital admission</td>
</tr>
<tr>
<td>Individual Out-of-Pocket Maximum (In-Network)</td>
<td>$1,500</td>
</tr>
<tr>
<td>Individual Out-of-Pocket Maximum (Out-of-Network)</td>
<td>$6,000</td>
</tr>
<tr>
<td>Family Out-of-Pocket Maximum (In-Network)</td>
<td>$3,750</td>
</tr>
<tr>
<td>Family Out-of-Pocket Maximum (Out-of-Network)</td>
<td>$12,000</td>
</tr>
</tbody>
</table>
Managed Care Health Plans

- Health Maintenance Organization (HMO)
  - Health Alliance HMO
  - Coventry Health Care HMO
  - BlueAdvantage HMO
  - HMO Illinois

- Open Access Plan (OAP)
  - HealthLink OAP
  - Coventry Health Care OAP
Health Maintenance Organizations (HMO)

- Plan utilizes copayments for services
- HMOs require a 10-digit National Provider Identifier (NPI) number for the Primary Care Physician (PCP)
  - HMO Illinois and BlueAdvantage also require a 3-digit Medical Facility Code
  - The PCP can be changed at any time by contacting the plan administrator

HMO Provider Directories

- Health Alliance HMO  https://healthalliance.org/Guests/ProviderSearch?directoryName=EAH
- Coventry Health Care HMO  http://chcillinois.coventryhealthcare.com/services-and-support/members/locate-a-provider/index.htm
- BlueAdvantage HMO  http://www.bcbsil.com/stateofillinois/coverage/ipa.html
Health Maintenance Organizations (HMO) continued...

- Women may also have a women’s health provider in addition to a PCP and no referral is required
- Diagnostic lab, x-ray and well baby care are provided at no additional cost
- Contact the Plan Administrator’s Customer Service Department
  - Out-of-network emergency services
  - PCP referral required for some services
# HMO Copayments

<table>
<thead>
<tr>
<th>Service</th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit (PCP)</td>
<td>$20</td>
</tr>
<tr>
<td>Office Visit (Specialist)</td>
<td>$30</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$250</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$350</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$250</td>
</tr>
<tr>
<td>Home Health Visit</td>
<td>$30</td>
</tr>
<tr>
<td>Individual Out-of-Pocket Maximum</td>
<td>$3,000</td>
</tr>
<tr>
<td>Family Out-of-Pocket Maximum</td>
<td>$6,000</td>
</tr>
</tbody>
</table>
Open Access Plan (OAP)

Managed care plan with three tiers of coverage

- **Tier I** – HMO (requires copayments which mirror HMO copayments)

- **Tier II** – PPO (requires copayments, coinsurance and is subject to an annual deductible)

- **Tier III** - Out-of-Network
  - Can offer members flexibility in selecting healthcare providers, but involves a higher out-of-pocket costs, a higher plan year deductible and a higher coinsurance amount
  - Certain services such as Preventive/Wellness care are not available under Tier 3
  - Plan pays 60% of allowable charges after plan deductible has been met
Open Access Plan (OAP)

- The Tier in which the medical provider is contracted determines your out of pocket expenses
- Employee & covered dependents can use services from all 3 tiers
- Pre-certification is required for some services or penalty may apply
# OAP Tier I Provider Copayments

<table>
<thead>
<tr>
<th>Service</th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit (Primary Care)</td>
<td>$20</td>
</tr>
<tr>
<td>Office Visit (Specialist)</td>
<td>$30</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$250</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$350</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$250</td>
</tr>
<tr>
<td>Out of Pocket Maximum Individual/Family</td>
<td>$6,600/$13,200 Eligible charges from Tier 1 &amp; II combined</td>
</tr>
</tbody>
</table>
# OAP Tier II Provider Deductible, Copayments and Co-Insurance

<table>
<thead>
<tr>
<th></th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Plan Deductible</strong></td>
<td>$250 per enrollee</td>
</tr>
<tr>
<td><strong>Office Visit (Primary Care)</strong></td>
<td>90% of network charges</td>
</tr>
<tr>
<td><strong>Office Visit (Specialist)</strong></td>
<td>90% of network charges</td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>90% after $400 copay per admission</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>100% after $250 copay per admission</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum Individual/Family</strong></td>
<td>$6,600/$13,200 Eligible charges from Tier I &amp; II combined</td>
</tr>
</tbody>
</table>
# OAP Tier III Out of Network Provider Deductible, Copayments & Co-Insurance

<table>
<thead>
<tr>
<th></th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Plan Deductible</td>
<td>$350</td>
</tr>
<tr>
<td>Office Visit (Primary Care)</td>
<td>60% of allowable charges</td>
</tr>
<tr>
<td>Office Visit (Specialist)</td>
<td>60% of allowable charges</td>
</tr>
<tr>
<td>Inpatient</td>
<td>60% after $500 copay per admission</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% after $250 copay per admission</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum Individual/Family</td>
<td>No maximum</td>
</tr>
</tbody>
</table>
OAP Provider Directories

- Coventry Health Care OAP

- HealthLink OAP
Important: Out-Of-Network

• You are encouraged to use in-network providers to receive the best health plan benefit
• Using out-of-network providers will significantly increase your out-of-pocket medical costs
• Remember, due to previous CMS changes, out-of-network services are reimbursed at a much lower rate in the QCHP and OAP’s
• If you are referred to, or choose to see an out-of-network provider, you should contact your health plan, prior to receiving services, to ensure the services meet medical necessity criteria, to receive authorization, and to request a cost estimate
• View NESSIE or www.MyBenefits.Illinois.gov for further information
### Reminder: Out-of-network

**Maximum Reimbursable Charge (MRC)** – the maximum amount the carrier will pay for an out-of-network provider for billed services
- Plan participant will be responsible for anything above the MRC
- Will not be applied towards the plan year deductible or the out-of-pocket maximum

**Maximum Allowable Charge (MAC)** – The amount that the carrier will pay the provider and consider the service paid in full.

**MAC/MRC** – Rates are determined by Medicare and the locality. They are routinely updated.

<table>
<thead>
<tr>
<th>State Plans</th>
<th>MRC or MAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna – Out of Network</td>
<td>MRC</td>
</tr>
<tr>
<td>Coventry OAP – Tier III</td>
<td>MAC</td>
</tr>
<tr>
<td>HealthLink OAP – Tier III</td>
<td>MAC</td>
</tr>
</tbody>
</table>
REMINDER: Out-of-network Reimbursement Example

<table>
<thead>
<tr>
<th>Surgery</th>
<th>$19,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRC based on Medicare Rate</td>
<td>$1,739</td>
</tr>
<tr>
<td>Health Plan Reimbursement (60% of MRC)</td>
<td>$1,043.40</td>
</tr>
<tr>
<td>Member Responsibility</td>
<td>$18,456.60</td>
</tr>
</tbody>
</table>
Health Care
Premium Charts
# Monthly Employee Premiums
Effective 7/1/2016

<table>
<thead>
<tr>
<th>Employee Annual Salary</th>
<th>Managed Care HMO/OAP</th>
<th>Quality Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,200 &amp; below</td>
<td>$68.00</td>
<td>$93.00</td>
</tr>
<tr>
<td>$30,201 - $45,600</td>
<td>$86.00</td>
<td>$111.00</td>
</tr>
<tr>
<td>$45,601 - $60,700</td>
<td>$103.00</td>
<td>$127.00</td>
</tr>
<tr>
<td>$60,701 - $75,900</td>
<td>$119.00</td>
<td>$144.00</td>
</tr>
<tr>
<td>$75,901 - $100,000</td>
<td>$137.00</td>
<td>$162.00</td>
</tr>
<tr>
<td>$100,001 &amp; above</td>
<td>$186.00</td>
<td>$211.00</td>
</tr>
</tbody>
</table>
# Monthly Dependent Premiums
Effective 7/1/2016

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>One Dependent</th>
<th>Two or more Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlueAdvantage HMO</td>
<td>$96</td>
<td>$132</td>
</tr>
<tr>
<td>Coventry HMO</td>
<td>$111</td>
<td>$156</td>
</tr>
<tr>
<td>Coventry OAP</td>
<td>$111</td>
<td>$156</td>
</tr>
<tr>
<td>Health Alliance HMO</td>
<td>$113</td>
<td>$159</td>
</tr>
<tr>
<td>HealthLink OAP</td>
<td>$126</td>
<td>$179</td>
</tr>
<tr>
<td>HMO Illinois</td>
<td>$100</td>
<td>$139</td>
</tr>
<tr>
<td>Quality Care</td>
<td>$249</td>
<td>$287</td>
</tr>
</tbody>
</table>
# Bi-Weekly Employee Premiums
Effective 7/1/2016

<table>
<thead>
<tr>
<th>Employee Annual Salary</th>
<th>Managed Care HMO/OAP</th>
<th>Quality Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,200 &amp; below</td>
<td>$34.00</td>
<td>$46.50</td>
</tr>
<tr>
<td>$30,201 - $45,600</td>
<td>$43.00</td>
<td>$55.50</td>
</tr>
<tr>
<td>$45,601 - $60,700</td>
<td>$51.50</td>
<td>$63.50</td>
</tr>
<tr>
<td>$60,701 - $75,900</td>
<td>$59.50</td>
<td>$72.00</td>
</tr>
<tr>
<td>$75,901 - $100,000</td>
<td>$68.50</td>
<td>$81.00</td>
</tr>
<tr>
<td>$100,001 &amp; above</td>
<td>$93.00</td>
<td>$105.50</td>
</tr>
</tbody>
</table>
## Bi-Weekly Dependent Premiums
### Effective 7/1/2016

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>One Dependent</th>
<th>Two or more Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Advantage HMO</td>
<td>$48.00</td>
<td>$66.00</td>
</tr>
<tr>
<td>Coventry HMO</td>
<td>$55.50</td>
<td>$78.00</td>
</tr>
<tr>
<td>Coventry OAP</td>
<td>$55.50</td>
<td>$78.00</td>
</tr>
<tr>
<td>Health Alliance HMO</td>
<td>$56.50</td>
<td>$79.50</td>
</tr>
<tr>
<td>HealthLink OAP</td>
<td>$63.00</td>
<td>$89.50</td>
</tr>
<tr>
<td>HMO Illinois</td>
<td>$50.00</td>
<td>$69.50</td>
</tr>
<tr>
<td>Quality Care</td>
<td>$124.50</td>
<td>$143.50</td>
</tr>
</tbody>
</table>
Part-time Employees

- Pay a portion of the state’s contribution resulting in a much higher cost for insurance
- Can waive health, dental and vision coverage through MyBenefits Marketplace
- Have the option to elect employee, child and spouse optional life insurance
- For information on calculating health and dental insurance costs: https://nessie.uihr.uillinois.edu/PDF/benefits/rates.pdf
Example of Monthly **Part-Time Employee Cost**
Based on a 50% Job/Appointment
Quality Care Health Plan (Default Plan)
Salary $30,200 or Less
Effective July 1, 2016

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee &amp; One Dependent</th>
<th>Employee &amp; 2+ Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$524.96</td>
<td>$1171.73</td>
<td>$1378.94</td>
</tr>
<tr>
<td>Employee &amp; One Dependent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Compared to 100% full-time appointment contributions

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee &amp; One Dependent</th>
<th>Employee &amp; 2+ Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$93.00</td>
<td>$342.00</td>
<td>$380.00</td>
</tr>
<tr>
<td>Employee &amp; One Dependent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12/22/2016
Full Time Opt Out

- Full time employees can opt out of health, dental and vision with proof of non-state comprehensive health insurance
- This election can be made on MyBenefits Marketplace website
- Employees can still elect employee, child and spouse optional life insurance
CVS/Caremark Prescription Drug Benefit

• Prescription administrator for: QCHP, HealthLink OAP and Coventry Health Care OAP

• CVS/Caremark has a very extensive network of over 68,000 participating pharmacies
  ▪ Including most of the large pharmacy chains, such as Walgreens, Wal-Mart, Target, CVS, etc.
  ▪ The network also includes roughly 26,000 independent pharmacies across the country
CVS/Caremark Prescription Drug Benefit

• Non-Maintenance Medication
  ▪ *In-Network Pharmacy*: regular co-pays apply
  ▪ *Out-of-Network Pharmacy*: employee pays full retail cost and files claim form for reimbursement

• Maintenance Medication
  ▪ *Maintenance Pharmacy Network or Mail Order Pharmacy*: Receive 90-day supply for 2.5 co-pays
  ▪ *Non-Maintenance Pharmacy*: First two 30-day fills at regular co-pay; subsequent refills will be charged at double the co-pay rate
CVS/Caremark
Prescription Drug Benefit

- Members should log in and register on the CVS/Caremark website [www.caremark.com](http://www.caremark.com)

- Registered members will have access to a list of network pharmacies, mail order claim forms, and much more

- Members will also be able to utilize an interactive formulary list search tool, which will allow you to check your current prescribed drugs against the CVS/Caremark formulary list
# QCHP Prescriptions

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (per enrollee)</td>
<td>$125</td>
</tr>
<tr>
<td>Copay Generic (30 day supply)</td>
<td>$10</td>
</tr>
<tr>
<td>Copay Preferred Brand (30 day supply)</td>
<td>$30</td>
</tr>
<tr>
<td>Copay Non-Preferred Brand (30 day supply)</td>
<td>$60</td>
</tr>
<tr>
<td>Copay mail order 90 day supply (Generic)</td>
<td>$25</td>
</tr>
<tr>
<td>Copay mail order 90 day supply (Preferred)</td>
<td>$75</td>
</tr>
<tr>
<td>Copay mail order 90 day supply (Non-Preferred)</td>
<td>$150</td>
</tr>
</tbody>
</table>
Managed Care Prescription Plans

- Health Alliance HMO, Coventry Health Care HMO, BlueAdvantage and HMO Illinois use a separate Prescription Benefit Manager to administer their prescription benefits.
- Participants use the health plan’s network pharmacies
- Contact the individual HMO for mail order prescription availability or if there is partial reimbursement for out-of-network medication
<table>
<thead>
<tr>
<th></th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (per enrollee)</td>
<td>$100</td>
</tr>
<tr>
<td>Copay Generic (30 day supply)</td>
<td>$8</td>
</tr>
<tr>
<td>Copay Preferred Brand (30 day supply)</td>
<td>$26</td>
</tr>
<tr>
<td>Copay Non-Preferred Brand (30 day supply)</td>
<td>$50</td>
</tr>
<tr>
<td>Copay mail order 90 day supply (Generic)</td>
<td>$20</td>
</tr>
<tr>
<td>Copay mail order 90 day supply (Preferred)</td>
<td>$65</td>
</tr>
<tr>
<td>Copay mail order 90 day supply (Non-Preferred)</td>
<td>$125</td>
</tr>
</tbody>
</table>
Prescription Plans

Prescription Deductibles and Co-payments count towards the out-of-pocket maximum for all health insurance plans

- Once the out-of-pocket max has been met, prescription charges will be covered at 100% for the rest of the plan year
Dental Plan
Quality Care Dental Plan (QCDP)  
(Delta Dental)

- *Two choices:* opt out of dental or enroll in QCDP
- An election to Opt-Out or Opt-In to dental is only permitted during the Annual Benefit Choice Period
- Employees or dependents cannot have “dental only”
## Dental

<table>
<thead>
<tr>
<th></th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (per enrollee)</td>
<td>$175</td>
</tr>
<tr>
<td>Annual Max (in-network)</td>
<td>$2,500</td>
</tr>
<tr>
<td>Annual Max (out-of-network)</td>
<td>$2,000</td>
</tr>
<tr>
<td>Orthodontic – Treatment started prior to age 19</td>
<td></td>
</tr>
<tr>
<td>Ortho Max (in-network)</td>
<td>$2,000</td>
</tr>
<tr>
<td>Ortho Max (out-of-network)</td>
<td>$1,500</td>
</tr>
</tbody>
</table>
Quality Care Dental Plan

- **Network Dentists:** PPO and Premier

- For a list of contracted providers, please go to [http://soi.deltadentalil.com/](http://soi.deltadentalil.com/)

- When a dentist participates in a network, he/she agrees to accept an allowed amount as payment and cannot charge you the difference between his/her submitted amount and the allowed amount

- The schedule of benefits can be found at: [http://www.illinois.gov/cms/Employees/benefits/StateEmployee/Pages/State-Dental-Plan.aspx](http://www.illinois.gov/cms/Employees/benefits/StateEmployee/Pages/State-Dental-Plan.aspx)
Quality Care Dental Plan

Out-of-Network Dentists:

- If you use a non-network dentist, you may have to pay the entire bill upfront at the time of service and/or file your own claim, depending on the arrangements you make with the dentist.
- Claim payments for in and non-network dental providers are released according to the claim process date and available funding, as determined by the State of Illinois.
- Claims not paid timely will be paid interest in accordance with Illinois law.
Hypothetical Example
(Assumes all deductibles have been met)

<table>
<thead>
<tr>
<th>PPO</th>
<th>Premier</th>
<th>Out-of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist submitted amount</td>
<td>Dentist submitted amount</td>
<td>Dentist submitted amount</td>
</tr>
<tr>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>PPO Allowed Amount</td>
<td>Premier Allowed Amount</td>
<td>No negotiated amount</td>
</tr>
<tr>
<td>$600</td>
<td>$900</td>
<td>$0</td>
</tr>
<tr>
<td>Schedule of Benefits</td>
<td>Schedule of Benefits</td>
<td>Schedule of Benefits</td>
</tr>
<tr>
<td>$781</td>
<td>$781</td>
<td>$781</td>
</tr>
<tr>
<td>Your Out of Pocket Cost</td>
<td>Your Out of Pocket Cost</td>
<td>Your Out of Pocket Cost</td>
</tr>
<tr>
<td>$0</td>
<td>$119</td>
<td>$219</td>
</tr>
</tbody>
</table>
# Dental Monthly Premiums

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Only</td>
<td>$11.00</td>
</tr>
<tr>
<td>Member plus 1 Dependent</td>
<td>$17.00</td>
</tr>
<tr>
<td>Member plus 2 or more Dependents</td>
<td>$19.50</td>
</tr>
</tbody>
</table>
Vision Care Plan (EYEMED)
# Vision Care Plan – EyeMed

## Network Provider Benefits

**NOTE:** Automatically enrolled in the vision care plan when participating in the health plan

<table>
<thead>
<tr>
<th>Service</th>
<th>July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$25 copay - every 12 months (from date of service)</td>
</tr>
<tr>
<td>Lenses</td>
<td>$25 copay – every 12 months (from date of service)</td>
</tr>
<tr>
<td>Frames</td>
<td>$25 copay – every 24 months – from date of service (up to $175 allowance)*</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>$120 allowance – every 12 months (from date of service)*</td>
</tr>
</tbody>
</table>
Vision Care Plan

- Either eyeglass lenses or contact lenses every 12 months
- Discounts may be available on 2\textsuperscript{nd} pair of eyewear
- May use out-of-network providers and file EyeMed reimbursement claim form

For a list of in-network providers: 
[https://www.eyemedvisioncare.com/stil](https://www.eyemedvisioncare.com/stil)
State Term Life Insurance and AD & D - Accidental Death/Dismemberment Plans
State Term Life Insurance

- Employees are automatically enrolled in Basic Life equal to the annual salary provided at no cost to employee
- The value of any group-term life insurance in excess of $50,000 will be taxed as imputed income, in accordance with the IRS
  - It is subject to federal and state income tax, SURS and Medicare withholding (if applicable)
  - It will appear on your earnings statement as Excess Life
- Beneficiary Form must be completed by all benefit-eligible employees and mailed to Minnesota Life
Term Life Insurance Continued...

- Employee Optional Life to 4x salary is guarantee issue (G.I.) within first 30 days of benefit eligibility
- Employee Optional Life 5x – 8x salary requires underwriting approval
Term Life Insurance Continued...

- Spouse Life – Guarantee issue within first 30 days of benefit eligibility
  - $10,000 Policy
  - Underwriting approval required after guarantee issue period

- Child Life – Guarantee issue at anytime the election is made
  - $10,000 Policy for each child
Travel Benefits

- Provided at no extra cost with Employee Basic Life Insurance
- Emergency assistance and medical evacuation services
- Security evacuation services
- Online pre-trip resources
- **Administrator:** RedPointWTP, LLC
- For more information and to print a card go to: http://www.redpointresolutions.com/portal/securian/
State Accidental Death & Dismemberment

- Employee coverage only
- Can enroll or terminate at any time
- Coordinates with employee state term life
- Basic coverage – 1x salary
- Combined - Coverage to 5x salary
  (Basic + 4x optional)
## State Life Insurance Rates

<table>
<thead>
<tr>
<th>Under 30</th>
<th>$0.06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 30 - 34</td>
<td>0.08</td>
</tr>
<tr>
<td>Ages 35 - 44</td>
<td>0.10</td>
</tr>
<tr>
<td>Ages 45 - 49</td>
<td>0.16</td>
</tr>
<tr>
<td>Ages 50 - 54</td>
<td>0.24</td>
</tr>
<tr>
<td>Ages 55 - 59</td>
<td>0.44</td>
</tr>
<tr>
<td>Ages 60 - 64</td>
<td>0.66</td>
</tr>
<tr>
<td>Ages 65 - 69</td>
<td>1.28</td>
</tr>
<tr>
<td>Ages 70 - 74</td>
<td>2.06</td>
</tr>
<tr>
<td>Ages 75 - 79</td>
<td>2.06</td>
</tr>
<tr>
<td>Ages 80 - 84</td>
<td>2.06</td>
</tr>
<tr>
<td>Ages 85 - 89</td>
<td>2.06</td>
</tr>
<tr>
<td>Ages 90 and above</td>
<td>2.06</td>
</tr>
</tbody>
</table>

### Spouse Life Monthly Rate
- Spouse Life $10,000 coverage (Employees and Annuitants under age 60) $6.00
- Spouse Life $5,000 coverage (Annuitants age 60 and older) $3.00

### Child Life Monthly Rate
- Child Life $10,000 coverage $0.70

### AD&D Monthly Rate Per $1,000
- Accidental Death & Dismemberment $0.02
University Accidental Death & Dismemberment Plans
(The Hartford)
University Accidental Death & Dismemberment

- Employee-only or family coverage available
- Enroll at any time

**Other benefits:**

- Pre-trip and travel assistance
- Emergency medical assistance
- Emergency personal services

**Administered by:** Europ Assistance USA
# University AD&D Premium Rates

<table>
<thead>
<tr>
<th>Amount of Insurance</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Only</td>
</tr>
<tr>
<td>Principal Sum</td>
<td></td>
</tr>
<tr>
<td>$25,000.00</td>
<td>$0.70</td>
</tr>
<tr>
<td>$50,000.00</td>
<td>$1.40</td>
</tr>
<tr>
<td>$100,000.00</td>
<td>$2.80</td>
</tr>
<tr>
<td>$150,000.00</td>
<td>$4.20</td>
</tr>
<tr>
<td>$200,000.00</td>
<td>$5.60</td>
</tr>
<tr>
<td>$250,000.00</td>
<td>$7.00</td>
</tr>
<tr>
<td>$300,000.00</td>
<td>$8.40</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts (FSA)
Administered by ConnectYourCare

www.connectyourcare.com
877-292-4040
Flexible Spending Accounts (FSA)

- A program that provides the opportunity to pay certain Medical Care and Dependent Care expenses with pre-tax dollars

- Contributions are deducted from your paycheck and deposited into your FSA account before taxes are withheld
  - This lowers your taxable income

- **Enrollment Deadline:** 30 days from date of hire or benefits eligibility

- **Effective Date:** Date of hire or benefits eligibility date
Flexible Spending Accounts Continued...

- Employee must be *eligible* to participate in the health plan
- Payroll deduction only
- Mid-year election requires enrollment within 60 days of qualifying event
- Must have eligible expenses to withdraw funds
- *Must re-enroll each Annual Benefit Choice Period*

For more information:
Medical Care Assistance Plan (MCAP)

Reimburses out of pocket medical expenses for employee and eligible dependents

- Copays, coinsurances, deductibles for health, dental, vision, prescriptions
  - Including the amounts over the allowable charge for health
- Over the counter medicines require a physician’s prescription for reimbursement
- Medical care travel expenses
- Annual maximum $2,550
- Debit card automatically issued at no cost
Medical Care Assistance Plan (MCAP)

- All services must be received by June 30, 2017
- Claims can be submitted during the run-out period, July 1 through September 30, 2017, for services received through June 30, 2017
- FY2017 MCAP balances up to $500 will ONLY be carried over to the next Fiscal Year (FY2018), IF THE MEMBER RE-ENROLLS
- Participants who have a balance exceeding $500 after September 30, will forfeit any amount exceeding this limit
- The "rollover" provision applies only to MCAP and does not apply to DCAP accounts
Dependent Care Assistance Plan (DCAP)

- Reimbursement for eligible day care, nursery, pre-school, after-school, summer day camp and babysitter expenses for children through age 12
  - If child turns 13 mid-plan year, it is the responsibility of the employee to complete a DCAP Change Form to stop the deduction – No longer eligible
- Adult day care for a disabled spouse, or legally dependent parents
- Provider’s SSN or tax identification number is required
Dependent Care Assistance Plan (DCAP)

- Services are only eligible for reimbursement when provided during the plan year (July 1 through June 30)
  - *Services provided after June 30th are not eligible for reimbursement.*
Dependent Care Assistance Plan (DCAP)

To be eligible for DCAP, spouse must be:

- Gainfully employed, or
- Seeking employment & have income for the year*, or
- Full-time student, or
- Disabled and incapable of self-care

- Special rules apply for divorced, separated, custodial or non-custodial parents*

*Contact ConnectYourCare with specific details
Dependent care Assistance Plan (DCAP)

Maximum annual household contribution limit for DCAP is $5,000

- Employees paid over 9 months –
  - *Must complete paper enrollment*
## Flexible Spending Accounts

<table>
<thead>
<tr>
<th></th>
<th>Not Participating in FSA</th>
<th>Participating in FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Gross Income</td>
<td>$31,000</td>
<td>$31,000</td>
</tr>
<tr>
<td>Contribution to MCAP/DCAP</td>
<td>$0</td>
<td>$2,500</td>
</tr>
<tr>
<td>Taxable Gross Income</td>
<td>$31,000</td>
<td>$28,500</td>
</tr>
<tr>
<td>Federal, Social Security Taxes</td>
<td>$6,401.50</td>
<td>$5,885.25</td>
</tr>
<tr>
<td>Annual Net Income</td>
<td>$24,598.50</td>
<td>$22,614.75</td>
</tr>
<tr>
<td>Cost of Medical/Dependent Expenses</td>
<td>$2,500</td>
<td>$0</td>
</tr>
<tr>
<td>Spendable Income</td>
<td>$22,098.50</td>
<td>$22,614.75</td>
</tr>
<tr>
<td>Increased Spendable Income</td>
<td>$0</td>
<td>$516.25</td>
</tr>
</tbody>
</table>

Example reproduced from the CMS booklet Flexible Spending Accounts 2013-2014 and is based upon a 20.65% tax rate (15% federal and 5.65% Social Security) calculated on a calendar year.
Optional Retirement and Investment Opportunities
Optional Supplemental Retirement Plans

**University’s 403(b) & State’s 457 Deferred Compensation Plans**

- Enrollment at any time
- Payroll deduction only
- Under age 50 - $18,000 maximum in 2016 and 2017
- 50 and over - $24,000 maximum in 2016 and 2017
- May contribute the annual maximum to both the 403(b) and 457 plans
- 403(b) minimum contribution is $200 per year
- 457 minimum contribution is $20 per month
- 403(b) and 457 comparison chart
  [https://nessie.uihr.uillinois.edu/pdf/benefits/403(b)and457(b)ComparisonChart.pdf](https://nessie.uihr.uillinois.edu/pdf/benefits/403(b)and457(b)ComparisonChart.pdf)
University 403(b) Plan

- Vendors are Fidelity and TIAA
- Pre-tax and Roth (post-tax) options offered
- Contributions taken from each paycheck
- Online enrollment through NESSIE
- Both vendors offer counseling sessions on campus

For more information:
https://NESSIE.uihr.uillinois.edu/cf/benefits/index.cfm?Item_ID=134
457 Deferred Compensation

- Administrator is T. Rowe Price
- Multiple vendor investment choices
- Pre-tax or Roth (Post-tax) and flat dollar amount options only
- Contributions taken from 24 bi-weekly checks and 12 monthly checks

Paper enrollment and beneficiary forms are found on NESSIE or at http://www2.illinois.gov/cms/Employees/benefits/Deferred/Pages/DeferredCompensation.aspx
Disability Plans
Long Term Disability (LTD) Benefits

- Primary disability benefits are provided by the State Universities Retirement System (SURS)
- Disability benefits may be claimed for an *illness* after 2 years of eligibility
- Disability due to *accident* may be claimed within first 2 years
- 60-day elimination period or exhaustion of sick leave, whichever is later
- Benefit is 50% of base salary or 50% of average earnings for prior 24 months, whichever is greater
- Disability benefit ends when total payments equal half of your SURS accumulative earnings
Prudential Supplemental LTD Plan

- Guaranteed issue if application is received within first 60 days of employment
  - A Health Statement and underwriting approval will be required after the initial 60 day guarantee-issue period
- Effective 1st day of month after election
- Pre-existing condition limitation first 2 years of coverage
- LTD Premium Calculator:
  [https://nessie.uihr.uiillinois.edu/cf/LTDCalc/LTDCalc.cfm](https://nessie.uihr.uiillinois.edu/cf/LTDCalc/LTDCalc.cfm)
LTD Premium Rates

- Indicate your annual salary. $__________
- Divide your annual salary by 12 to get your monthly salary. $__________
- Multiply your monthly salary by .6667. $__________
- The maximum monthly benefit is $12,000. If the amount in Step 3 is greater than $12,000, indicate $12,000 here. Otherwise, indicate the amount in Step 3. $__________
- Multiply the amount in Step 4 by the rate coinciding to your age below to get your total monthly cost. $__________
## LTD Premium Rates

<table>
<thead>
<tr>
<th>Employee Age</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than age 25</td>
<td>.00165</td>
</tr>
<tr>
<td>25-29</td>
<td>.00199</td>
</tr>
<tr>
<td>30-34</td>
<td>.00241</td>
</tr>
<tr>
<td>35-39</td>
<td>.00303</td>
</tr>
<tr>
<td>40-44</td>
<td>.00439</td>
</tr>
<tr>
<td>45-49</td>
<td>.00728</td>
</tr>
<tr>
<td>50-54</td>
<td>.00983</td>
</tr>
<tr>
<td>55-59</td>
<td>.01121</td>
</tr>
<tr>
<td>60-64</td>
<td>.01161</td>
</tr>
<tr>
<td>65-69</td>
<td>.01456</td>
</tr>
<tr>
<td>70+</td>
<td>.01669</td>
</tr>
</tbody>
</table>
Coordination of SURS & Prudential LTD Benefits

- Prudential benefits coordinate with SURS so total benefit is **66.67%** of base pre-disability earnings, up to a maximum of $12,000 per month.

- Plan pays 66.67% in first two years when no SURS benefit payable for disability due to illness.

- Benefit starts after 90-day elimination period or use of all sick leave, whichever is later.
Shared Benefits

- A pool has been established which will provide eligible employees who have exhausted all accumulated sick leave and, if applicable, vacation leave with the opportunity to receive additional leave days when a disability claim is pending before SURS or when experiencing a catastrophic injury or illness.

- Employee must donate to the pool to receive leave from the pool.

- To donate, employee must have accumulated at least 11 days.

For more information:
https://nessie.uihr.uillinois.edu/cf/leave/index.cfm?Item_id=1358&rlink=1194
Additional Employee Benefits
Tuition and Service Fee Waivers

- Academic - appointment of 25% or more
- Civil service - appointment of 50% or more
- Retirees
- Children of current employees with 7 years of service are eligible for a 50% tuition waiver for up to 4 years at an Illinois state college or university
- Spouses are not eligible for tuition waivers
- Visit NESSIE or
  - Academic employees contact Academic HR
  - Civil service employees contact Staff HR
Tuition and Service Fee Waivers
Continued...

Employees who take graduate-level courses and are eligible to receive a tuition waiver should note the following:

- The first $5,250 of the tuition waiver per calendar year is exempt from taxable income per IRS Code Section 127
- When the value exceeds $5,250, the University will notify the employee of the taxability through email and U. S. Postal Service to the “mailing” address on file in NESSIE/Banner
- The University will withhold the required tax from UI pay checks
Tuition and Service Fee Waivers

Questions about taxability of waivers should be emailed to UPB Payroll Services at paying@uillinois.edu or call:

**UIUC**: 217-265-6363  
**UIC**: 312-996-7200  
**UIS**: 217-206-7144
State of Illinois
Other Benefit Programs

- Weight-Loss Benefit
- Adoption Assistance Benefit Program
- Smoking Cessation Program
- Employee Assistance Program (EAP)

For additional information:
https://www.illinois.gov/cms/Employees/benefits/StateEmployee/Pages/OtherPrograms.aspx
Time Off and Leaves

- Holidays (including 2 floating days)

- Vacation and/or Sick Leave: Contact your Unit HR

- Additional Leave examples: Family and Medical, Parental, Bereavement, Disability, Summer Academic Break/Layoff, Jury Duty, Military, Educational, Personal
  - Certain Leaves, such as Educational, Disability, Family and Medical can be either paid or unpaid.
  - Personal Leaves are always unpaid.

Please contact your local UPB Customer Service office to find out about continuation of insurance and paying premiums before a leave starts.
Discounts & Other Services

- Travel discounts through preferred vendors for transportation and lodging
- Relocation assistance with moving companies
- Computer hardware, software & accessories discounts
- Ford and General Motors vehicle discount
- Cellular phone plan discounts
- For details visit “Benefits” on NESSIE @ https://NESSIE.uihr.uillinois.edu
Payroll Information

Contact Us:
Email - paying@uillinois.edu
Payroll Information

New Hire Task List for Payroll using New Hire

https://newhire.uihr.uillinois.edu/cf/newhire/

- Direct Deposit – entered on-line only
- W2, 1095-C, & 1042-S Consent Form
  - Sign up to receive electronic tax documents
- W4 Withholding Allowance
  - Federal and State withholding forms – entered on-line only
Payroll Information

After initial New Hire enrollment, changes and information regarding all HR News, Benefits, Payroll, Compensation, Leaves, Policies, etc are found on NESSIE using tabs at top of page.

https://nessie.uihr.uillinois.edu/cf/index.cfm

Compensation Tab
- Direct Deposit - updates/changes
- View Earning Statements
- W-2 Wage and Tax Statement
- W-4 Withholding Allowance

OBFS Website: http://www.obfs.uillinois.edu/
- Payroll & Earnings
- Payroll Schedules
New Hire Enrollment

Enrollment - **IMPORTANT**

- Complete and submit the Employee Information Form (EIF) or Demographic Verification Form (DVM) in UI New Hire, if you have not already done so.

- Then, your bio-demographic information will be sent to the State Group Insurance System.

- Within approximately 48 – 72 hours of that submittal, you will receive an Employee Identification Number along with the link to My Benefits Marketplace so you are able to make your insurance elections.

Enrollment Tips

When and how will newly benefits-eligible employees receive their new CMS-issued Employee ID Number (EIN)?

- Newly benefits eligible employees are strongly encouraged to elect to receive email communications about state benefits by checking the box in either the Employee Information Form (EIF) or Demographic Verification Form (DVM) in UI New Hire.

- If you do not select email communications, information will be sent via postal mail and this will delay your access to MyBenefits Marketplace to make your benefit elections.
  - If by email, you will receive notification in 1 business day.
  - If by postal mail, turnaround time is dependent on the postal service.
Enrollment Tips

**Important**


- Once you click “Submit/Finalize” your benefit elections are final and unchangeable until either the next Benefit Choice period in May, or a qualifying event occurs.

- You will not be allowed to revise your State benefit elections, even if you are still within the 30 calendar day enrollment period.
To browse the portal as a guest, please tell us in which State of Illinois insurance group you belong:

- **STATE EMPLOYEES GROUP INSURANCE PROGRAM (SEGIP)**
- **COLLEGE INSURANCE PROGRAM (CIP)**
- **LOCAL GOVERNMENT HEALTH PLAN (LGHP)**
- **TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP)**
Logging in for the first time? – Register & Create Challenge Questions

- Save your Login ID (EIN) for future access
Enrollment Assistance

Contact My Benefits Marketplace Service Center or visit a University Payroll and Benefits office for assistance

My Benefits Marketplace phone number:

- Toll-free: 844-251-1777 or TTY 844-251-1778
- Hours: Monday – Friday 8am – 6 pm CST
Important Information

- Registering for, attending an orientation or submission of benefit elections is not a guarantee of benefits. Benefit eligibility can only be determined by reviewing the employee classification, job and in the case of some foreign national employees, their tax status.

- For information about eligibility criteria contact your campus UPB office.

- Please note that benefit deduction errors in your paychecks can be corrected for a limited length of time.
THANK YOU

Good Luck In Your New Position!