

YOUR GUIDE TO UNIVERSITY OF ILLINOIS

BENEFITS

JULY 2010 - JUNE 2011



UNIVERSITY OF ILLINOIS
URBANA-CHAMPAIGN • CHICAGO • SPRINGFIELD

CONTENTS

State & University Benefits: Eligibility & Enrollment.....	4
Cost of Coverage	7
Health Plans	10
Dependents	10
Quality Care Health Plan (QCHP)	11
Managed Care Plans (HMO & OAP)	12
Health Plan Comparison Chart	13
Same-Sex Domestic Partner Health Insurance Coverage.....	16
Dental Plan.....	16
Vision Plan	17
State Universities Retirement System (SURS).....	17
Traditional & Portable (Defined Benefit) Plans	18
Self-Managed (Defined Contribution) Plan	18
SURS & Social Security	18
Supplemental Retirement Plans.....	19
Supplemental 403(b) Retirement Plan	19
Deferred Compensation Plan (457(b) Plan)	20
Disability Plans.....	20
SURS Disability Benefits	20
Supplemental Long Term Disability Insurance Plan.....	21
Long Term Care Insurance	21
Term Life and Accidental Death & Dismemberment Insurance	22
State of Illinois Plans	22
University of Illinois Plans	22
Term Life and AD&D Insurance Comparison.....	23
Flexible Spending Accounts	24
Medical Care Assistance Plan (MCAP).....	25
Dependent Care Assistance Plan (DCAP).....	25
Tuition Benefits.....	26
Paid Time Off Benefits.....	26
Employee Assistance Programs	28
Smoking Cessation Program	28
Adoption Assistance Benefits.....	29
Benefit Plan Directory	29

This booklet is provided as a source of information only and does not constitute legal, tax, or other professional advice. If legal, tax, or professional advice is required, you should seek the services of a legal, tax, or financial professional. Benefits described in this booklet are subject to change, modification, or elimination without notice. Complete information on benefit plans may be obtained from your campus UPB office. If there are any differences between the information contained in this booklet and the official plan documents, the plan documents will govern. Receipt of this booklet is not a promise or guarantee of employment and/or coverage.

This booklet will be made available in an alternative format upon request. Please contact University Human Resources at uihr@uillinois.edu or (217) 333-2590.

The University of Illinois is an equal opportunity/affirmative action institution.

Welcome! There are *Benefits* to belonging to the tradition of excellence at the University of Illinois. Benefits-eligible University employees participate in a comprehensive set of State of Illinois and University of Illinois group benefit programs. A variety of enrollment options provides flexibility in both plan selection and level of coverage to allow eligible employees to maximize the value of their total compensation package.

This booklet serves as an overview of benefits information to assist University employees in understanding the benefits available to them. Additional information can be found online in NESSIE, the employee self-service website, at <https://nessie.uihr.uillinois.edu>.

Detailed information about each benefit plan is also available in the individual plan booklets and brochures distributed at Benefits Orientation or available at the campus University Payroll and Benefits (UPB) offices. Benefits Orientation sessions and Retirement Plan Overview sessions are provided to explain the benefit plans and answer any questions. New employees should attend these sessions before making any decisions regarding benefits. The University hopes you find this booklet helpful and encourages you to contact your campus UPB office if you have any questions about your benefits.

UNIVERSITY PAYROLL AND BENEFITS (UPB)

The campus UPB offices can provide information relating to: benefits orientation, premiums, plan provisions, enrollment eligibility, required documentation, and claims processing. Please contact your campus UPB office for assistance with any benefits questions and concerns. Benefits counselors are available at each location to provide personalized assistance.

PERSONAL BENEFIT STATEMENT

You may view a statement of your benefit elections by selecting Personal Benefit Statement from the Benefits tab of NESSIE, <https://nessie.uihr.uillinois.edu>.

* New Hires: This tool will be available to you once you have submitted your initial benefits choices in NESSIE New Hire. *

UPB - Urbana

Henry Administration Building
506 S. Wright St., Room 177
Urbana, IL 61801
Phone: 217-333-3111
Toll-Free: 866-669-4772
Fax: 217-244-3135
Email: benefits@uillinois.edu
Customer Service Hours:
Monday - Friday, 9:00am - 4:00pm

UPB - Chicago

715 S. Wood Street, Room 305
Chicago, IL 60612
Phone: 312-996-6471
Fax: 312-996-5733
Email: benefits-uic@uillinois.edu
Office Hours:
Monday - Friday, 8:30am - 5:00pm

UPB - Springfield

Human Resources Building, Room 30
One University Plaza, MS HRB 30
Springfield, IL 62703-5407
Phone: 217-206-7144
Fax: 217-206-7145
Email: uishr@uis.edu
Customer Service Hours:
Monday - Friday, 8:30am - 5:00pm

BENEFITS ELIGIBILITY & ENROLLMENT

The University of Illinois benefits package consists of both benefits made available to eligible employees by the *State of Illinois* and benefits made available by the *University of Illinois*.

STATE OF ILLINOIS PLANS

Many of the benefits available to University employees are provided by the State Employees' Group Insurance Act of 1971, which gives the State of Illinois Department of Central Management Services (CMS) the authority and responsibility to design, administer, negotiate and/or contract for benefit plans.

Eligibility for State Benefit Plans

An individual is eligible for State of Illinois benefits if he or she is a University employee who is eligible to participate in the State Universities Retirement System (SURS) **and** is either:

- A regular employee with an appointment of 50% time or more, or
- A temporary employee with an appointment of 50% time or more for at least nine months, or
- An employee hired for at least 4.5 months (one semester) at 100% time

A University employee is eligible for participation in the State Universities Retirement System (SURS) if he or she works continuously for at least one academic term or four months and his or her employment is not temporary, intermittent, or irregular.

A University employee is not eligible to participate in SURS if he or she:

- Is a student regularly attending classes at a college or university that participates in SURS and is employed on a part-time, temporary basis,
- Was employed under the Comprehensive Employment Training Act on or after July 1, 1979,
- Holds a J-1, J-2, F-1, or F-2 visa and has not established residency status, or
- Is currently receiving a retirement annuity from SURS.

Part-Time Insurance Eligibility

Benefits-eligible employees hired for less than 9 months are defined as part-time insurance employees. The formula used to determine a part-time insurance employee's appointment percentage for purposes of insurance eligibility is the length of employment, divided by 9 months, multiplied by the employee's full-time equivalent percentage. For example, an employee hired for 4 1/2 months at 100% time would be considered a 50% employee ($4.5 / 9 = .5 \times 100 = 50\%$).

If an individual is employed as a flex year University employee who is working 6 months or greater, but less than 12 months, he or she may also meet the definition of a part-time insurance eligible employee if the layoff period is not a direct result of the academic year summer break. The formula used to determine a flex year University employee's appointment percentage for purposes of insurance eligibility is the length of employment, divided by 12 months, multiplied by the employee's full-time equivalent percentage (for example: $6 / 12 = .5 \times 100 = 50\%$).

Please contact your UPB office if you have questions about your part-time or flex year status and benefits eligibility.

Mandatory and/or Automatic Participation

If you are eligible for State benefits, certain plans are considered mandatory with only limited options for opting-out or waiving coverage. Additionally, some plans require you to make an active enrollment decision to avoid default enrollment.

- **Basic Term Life Insurance** - Enrollment is automatic. An amount equal to your annual salary is provided at no cost* to you.

* Note: Up to \$50,000 of life insurance is tax exempt. If the total value of basic term life insurance plus any optional insurance purchased exceeds \$50,000, then the amount in excess of \$50,000 is taxed as imputed income.

- **Health Plans (including the Vision Plan)** - Health insurance coverage under a State health plan or from a source other than the State is required for all benefits-eligible full-time (100%) employees. Eligible employees who choose to opt out of the State coverage, must provide proof of other comprehensive major medical indemnity or managed care health coverage from a source other than CMS. Benefits-eligible part-time employees (50-99% or those meeting part-time insurance eligibility as described above) must elect to either enroll in or waive health insurance coverage. See page 6 for information on opting out or waiving coverage.
- **Dental Plan** - The State of Illinois dental benefit plan is available to both University employees and their dependents who are eligible to receive benefits and who are enrolled in a State health insurance plan. Dental coverage is optional. However, eligible employees must actively choose to enroll or waive coverage. If an election to enroll or waive coverage is not made within the first 10 days of employment, an eligible employee will be automatically enrolled in the Quality Care Dental Plan and dependent coverage will be waived.

Voluntary (Optional) Participation

The following voluntary plans are available to University employees who are eligible for State benefits.

- Additional Term Life Insurance, including spouse and/or child coverage
- Long Term Care Insurance
- Adoption Assistance
- Deferred Compensation Plan (457(b) Plan)
- Accidental Death and Dismemberment (AD&D) Insurance
- Smoking Cessation
- Flexible Spending Accounts - Medical Care Assistance Plan (MCAP) and Dependent Care Assistance Plan (DCAP)

UNIVERSITY OF ILLINOIS PLANS

In addition to the State of Illinois plans, the University of Illinois offers a variety of voluntary (optional) plans.

- Additional Term Life Insurance, including spouse and/or child coverage
- Supplemental 403(b) Retirement Plan
- Accidental Death and Dismemberment (AD&D) Insurance
- Supplemental Long Term Disability

WHEN TO ENROLL

Many of the State and University benefit plans have specific timeframes in which to enroll for plan selection and guaranteed coverage, regardless of preexisting conditions. It is important that you review the specific benefit plans and their deadlines to have a full choice of plan coverage to meet your specific benefit needs.

Enrollment Required Within First 10 DAYS of Employment

- **State of Illinois Health Insurance** — If plan selection or opt-out election is not made within the first 10 days of employment, both full- and part-time employees are automatically enrolled in the Quality Care Health Plan for the employee, and dependent coverage is waived.
- **State of Illinois Vision Insurance** — Enrollment is automatic when an employee enrolls in any of the health plans; however, if a health insurance plan selection is not made within the first 10 days of employment, dependent vision coverage is waived.
- **State of Illinois Dental Insurance** — If plan enrollment, opt-out election, or coverage waiver is not made within the first 10 days of employment, both full- and part-time employees are automatically enrolled in the Quality Care Dental Plan for the employee, and dependent coverage is waived. If choice is made to opt-out of dental coverage, the employee may not opt back into coverage until the next Benefit Choice period, even if coverage is lost through another dental plan.
- **State of Illinois Term Life Insurance (Optional)** — If not enrolled within the first 10 days of employment, evidence of good health is required to increase life insurance coverage for the employee and to add dependent coverage. Evidence of good health is required at any time if you elect coverage beyond 4 times your salary.

BENEFITS ELIGIBILITY & ENROLLMENT

Opt-out or waiver of coverage must be completed during the first 10 days of employment. Thereafter, employees may only opt out or waive coverage during subsequent annual Benefit Choice periods or within 60 days of an eligible *Qualifying Event*. **Eligible full- and part-time employees who fail to either enroll in benefits coverage or waive coverage will be defaulted into the Quality Care Health and Dental Plans.** Please contact your campus UPB office for necessary forms and more information. The following options are available:

- Full-time employees (100%) may elect to opt out of the State of Illinois health, dental, and vision coverage with proof of other comprehensive major medical indemnity or managed care health coverage from a source other than CMS. Please note that employees may elect to participate in only the health and vision plans and waive dental coverage. Once dental insurance is waived, enrollment is only permitted during subsequent Benefit Choice periods.
- Part-time employees (50-99% or those meeting part-time insurance eligibility as described on page 4) may elect to waive health, dental, and vision options.

Enrollment Required Within First 30 DAYS of Employment

- **University Term Life Insurance (Optional)** — If an eligible employee and his or her child(ren) are not enrolled within first 30 days of employment, evidence of good health is required to enroll thereafter. Enrollment of a spouse at any time requires evidence of good health.

Enrollment Required Within First 60 DAYS of Employment

- **University Voluntary Long Term Disability Insurance (Optional)** — If an eligible employee does not enroll within first 60 days of employment, evidence of good health is required to enroll thereafter.
- **Flexible Spending Accounts (Optional)** — If an eligible employee does not enroll within first 60 days of employment, he or she may only enroll during a subsequent annual Benefit Choice period or within 60 days after an eligible *Qualifying Event*.

Enrollment Required Within First 90 DAYS of Employment

- **State of Illinois Long Term Care Insurance (Optional)** — If an eligible employee does not enroll within first 90 days of employment, evidence of good health is required to enroll thereafter.

Enrollment Required Within First 6 MONTHS of Employment

- **State Universities Retirement System (SURS)** — If plan selection (Traditional, Portable, or Self-Managed) is not made within first six months of employment, the employee will be automatically enrolled in the Traditional Benefit Package. **This 'default' enrollment is irrevocable.** See page 18 for an important note about timely selection of the Self-Managed Plan.

Enrollment That Can Occur At Any Time During Employment (Optional Plans)

- State of Illinois Accidental Death and Dismemberment Insurance
- University Accidental Death and Dismemberment Insurance
- University Supplemental 403(b) Retirement Plan
- State of Illinois Deferred Compensation Plan (457(b) Plan)

WHEN COVERAGE BECOMES EFFECTIVE

State of Illinois basic health, dental, vision, and life insurance coverage for an eligible employee and his or her enrolled dependents takes effect on the date the eligible employee's appointment begins. (**Note:** You must provide supporting documentation of dependent status within fifteen days of the date your appointment begins.) Other optional plans generally become effective on the first day of the month following enrollment.

DEFINITION OF A QUALIFYING EVENT

After the enrollment deadlines, eligible employees may only change benefit plan elections or defaulted enrollments during the annual Benefit Choice open enrollment period, or when experiencing an eligible *Qualifying Event*. A qualifying event is a change in your personal life that may impact you or your dependents' eligibility for benefits. Changes include a change in marital status, the birth or adoption of a child, or a change in a spouse's employment status.

You may only request a benefit plan change that is related to the *Qualifying Event* you have experienced. For example, you may add or drop dependent coverage if your marital status changes, but you may not switch between health plans. For a complete list and a detailed explanation, see NESSIE at https://nessie.uihr.uillinois.edu/cf/benefits/index.cfm?Item_ID=20.

COST OF COVERAGE

The cost of health, vision, and dental coverage is paid in part by the State of Illinois and in part by plan participants. Most benefits premiums are automatically deducted from an employee's pay. Premiums for health (including vision) and dental insurance, and up to \$50,000 in State Plan life insurance, are tax exempt. Because premiums for these plans are deducted before taxes, employees pay less for the same coverage thereby increasing their monthly take-home pay.

Health Insurance (Including Vision) Coverage

Cost of Employee Coverage — All employees pay a monthly premium for their own coverage under any of the State health plans. The premium amount is based on the employee's annual salary as of the previous April 1, or the starting salary of a new employee if employed after that date.

Monthly Salary-Based Premiums for Health Plan Employee Coverage			
Annual Salary	Managed Care (HMO or OAP)	Quality Care Health Plan (QCHP)	
\$29,800 and below	\$47.00	\$72.00	Note: This table represents the cost for full-time employees. In addition to the salary-based premium, part-time employees also pay a portion of the State cost based on the percentage of their appointment.
\$29,801 - 45,000	\$52.00	\$77.00	
\$45,001 - 59,900	\$54.50	\$79.50	
\$59,901 - 74,900	\$57.00	\$82.00	
\$74,901 and above	\$59.50	\$84.50	

Cost of Dependent Coverage — The cost of dependent coverage varies by the health plan selected.

Monthly Premiums for Health Plan Dependent Coverage			
Plan Code	Plan Name	One Dependent	Two or More Dependents
D3	Quality Care Health Plan	\$196	\$226
<i>Managed Care Plans:</i>			
AH	Health Alliance HMO	\$94	\$133
BS	Health Alliance Illinois	\$103	\$145
BY	HMO Illinois	\$83	\$116
CA	Humana Health Plan	\$92	\$130
CE	Humana-Winnebago	\$107	\$152
AS	PersonalCare HMO	\$92	\$130
CF	HealthLink OAP	\$105	\$149

Notes: 1. Managed Care Plans are available in many locations throughout Illinois; however, all plans are not available in all areas. Refer to the State of Illinois *Benefit Choice Options* booklet for a list of plans by county. 2. This table represents the cost for full-time employees. In addition to this premium, part-time employees also pay a portion of the State cost based on the percentage of their appointment.

Part-time employees (50-99% or those meeting part-time insurance eligibility as described on page 4) — In addition to an employee's salary-based premium, the employee also pays a portion of the State cost for employee and dependent health (including vision) plan coverage in an amount proportionate to the employee's appointment percentage. For example, if you hold a 75% appointment, you will pay the normal employee share of employee and dependent coverage, plus 25% of the State cost of employee and dependent coverage. The State will pay 75% of the State cost of employee and dependent coverage.

COST OF COVERAGE

Monthly State Contribution - The State of Illinois pays a monthly premium for each University employee and his or her dependents for coverage under each of the health plans. The amount the State pays is based on an employee's annual salary as of the previous April 1, or the starting salary of a new employee if employed after that date.

The rates below are based on the following monthly salary:

- A. \$29,800 and below
- B. \$29,801 - \$45,000
- C. \$45,001 - \$59,900
- D. \$59,901 - \$74,900
- E. \$74,901 and above

Health Plan Name and Code	Monthly State Contribution for Employee Only	Health Plan Name and Code	Monthly State Contribution for Employee Only
Quality Care Health Plan (D3)	A. \$732.18	Humana Health Plan (CA)	A. \$581.52
	B. \$727.18		B. \$576.52
	C. \$724.68		C. \$574.02
	D. \$722.18		D. \$571.52
	E. \$719.68		E. \$569.02
Health Alliance HMO (AH)	A. \$544.74	Humana-Winnebago (CE)	A. \$588.34
	B. \$539.74		B. \$583.34
	C. \$537.24		C. \$580.84
	D. \$534.74		D. \$578.34
	E. \$532.24		E. \$575.84
Health Alliance Illinois (BS)	A. \$677.48	PersonalCare HMO (AS)	A. \$515.84
	B. \$672.48		B. \$510.84
	C. \$669.98		C. \$508.34
	D. \$667.48		D. \$505.84
	E. \$664.98		E. \$503.34
HMO Illinois (BY)	A. \$470.46	HealthLink OAP (CF)	A. \$654.28
	B. \$465.46		B. \$649.28
	C. \$462.96		C. \$646.78
	D. \$460.46		D. \$644.28
	E. \$457.96		E. \$641.78

Monthly State Contribution for Dependent(s)		
Health Plan Name and Code	One Dependent	Two or More Dependents
Quality Care Health Plan (D3)	\$608.42	\$842.08
Health Alliance HMO (AH)	\$399.72	\$719.18
Health Alliance Illinois (BS)	\$502.20	\$898.32
HMO Illinois (BY)	\$348.32	\$629.22
Humana Health Plan (CA)	\$432.60	\$775.14
Humana-Winnebago (CE)	\$423.34	\$762.98
Personal Care HMO (AS)	\$377.44	\$680.56
HealthLink OAP (CF)	\$480.74	\$860.94

Notice to Part-Time Employees

Part-time employees who are eligible for health and dental plan coverage and who do not make an election to either enroll in or waive their health and dental coverage within the first 10 days of employment will default into the Quality Care Health and Dental Plan for themselves only (if defaulted, dependents are not enrolled). You are strongly cautioned to avoid this default. The following table provides examples of the monthly Health and Dental Plan premiums for part-time employees.

Monthly Part-Time Employee Health & Dental Premium Examples *				
Employee Percent Time Worked		Employee Only	Employee Plus One Dependent	Employee Plus Two Dependents
50%	Quality Care Health Plan	\$440.59	\$940.80	\$1,087.63
50%	Quality Care Dental Plan	\$22.15	\$38.94	\$62.25
50%	HMO Illinois	\$284.73	\$541.89	\$715.34
50%	Health Alliance HMO	\$388.24	\$742.34	\$982.40

* Premium examples represent the total monthly cost for a 50% part-time employee. This includes the monthly salary-based premiums for employee coverage and the monthly dependent premiums on page 7 and 50% of the State contributions on page 8. Health Plan examples are based on an employee salary between \$29,801 and \$45,000.

Dental Insurance Coverage

Employees pay a monthly premium for their own and any dependent coverage under the Quality Care Dental Plan. The State also pays a monthly premium for employees and any dependent coverage under the Quality Care Dental Plan. Monthly premiums are described in the chart below.

Quality Care Dental Plan	Monthly Employee Premiums	Monthly State Contribution
Employee only	\$11.00	\$22.30
Employee plus one dependent	\$17.00	\$43.88
Employee plus two or more dependents	\$19.50	\$85.50
One Non-IRS Veteran Adult Child	\$27.58	\$0.00
Two or more Non-IRS Veteran Adult Children	\$71.70	\$0.00
Non-IRS Qualified Domestic Partner	\$6.00	\$21.58 (Imputed income amount)

Note: Part-time employees pay a portion of the State cost in a percentage based on their percent of appointment, in addition to the monthly premium.

Basic Life Insurance Coverage

For all benefits-eligible full- and part-time employees, the State of Illinois pays the full cost of your basic life insurance (coverage equal to 100% of annual salary).*

Optional Plans

You are responsible for any premiums, costs, or contributions associated with all optional benefit plans in which you may participate. Monthly premiums for optional plans are automatically deducted from your paycheck. Deductions may be on a pre-tax or post-tax basis depending on the plan. One exception is State of Illinois Long Term Care Insurance, which is not available through payroll deduction at this time.

* Note: Up to \$50,000 of life insurance is tax exempt. If the total value of basic term life insurance plus any optional insurance purchased exceeds \$50,000, then the amount in excess of \$50,000 is taxed as imputed income.

A variety of health insurance options are available. Refer to the Health Plan Comparison Chart at the end of this section for an overview of the plans, which include:

- Quality Care Health Plan (QCHP)
- Managed Care Plans, including a choice of Health Maintenance Organizations (HMO) and an Open Access Plan (OAP)

If you do not choose a specific plan during your initial 10-day enrollment period, both full-time and part-time employees will be automatically enrolled in the Quality Care Health Plan, and dependent coverage will be waived.

Thereafter, an employee may change his or her initial health plan election and transfer to a different health plan at a subsequent Benefit Choice period with changes effective the following July 1, unless you experience an eligible *Qualifying Event*. You may only change your health plan selection based on a *Qualifying Event* if you change your county of residence or work location, or if your primary care provider is leaving the network. No preexisting condition limitations apply to transfers, provided your coverage has been in effect for at least six months.

If you are a new employee, you will select your health plan using the self-service application in NESSIE New Hire. Current employees use NESSIE to change health plans during the annual Benefit Choice period or when experiencing an eligible *Qualifying Event* as described above.

DEPENDENTS

Dependent Eligibility

Dependent children are allowed to maintain enrollment up to age 24 (up to age 25 for students in the military), if they are full-time students. All dependent children age 19 and above must be recertified each Spring and/or Fall through the recertification process. The Dependent Certification Form must be completed and submitted to the campus UPB office by the due date in order to maintain active enrollment in the program.

Adult Children

Public Act 95-0958 provides for the extension of health, dental, vision and prescription coverage for three categories of dependents, referred to as 'Adult Children', who may or may not have previously had coverage under the State of Illinois Group Insurance Program. These categories are **in addition** to the dependent categories of Student, Disabled and Other. Adult children added under these categories are **not eligible** for life insurance coverage. Interested employees should visit the CMS – State Employee Services: Dependent Coverage site at http://www.state.il.us/cms/3_servicese_ben_choice/DependentCoverage.htm to learn about the potential tax implications associated with enrolling an adult child as a dependent.

Enrolling Dependents

All employees electing dependent coverage must provide supporting documentation of dependent status (e.g. marriage certificate, birth certificate). Documentation requirements can be found on NESSIE at <https://nessie.uihr.uillinois.edu/pdf/benefits/depdocs.pdf>. An election to add a dependent will be voided if relationship documentation is not submitted within the enrollment timeframe.

If you elect to insure dependents, they must be enrolled in the same health and dental plans as you. If both you and your spouse are insured employees, either or both of you may elect health coverage for dependents. However, the same dependent cannot be enrolled under both spouses for the same type of coverage (health, dental, or life). Please note, if you and your spouse/domestic are both insured as employees of the University or any other State of Illinois agency, each spouse/ domestic partner must be insured individually as an employee. (See page 16 for further information on domestic partner group insurance.)

Enrollment of a newborn child in the health plan is guaranteed when the request is made within 60 days of birth. However, enrolling a newborn always requires action on your part **even if you currently have dependent coverage. The only way to add a newborn to your plan is by using the self-service application in NESSIE and submitting a copy of the birth record (provided by hospital) or birth certificate to your campus UPB office.** Access NESSIE's "Qualifying Event/State Plan Changes" https://nessie.uihr.uillinois.edu/cf/benefits/index.cfm?Item_ID=20 and select *Add/Drop Employee and Dependent Health and Dental Coverage*. **Caution:** The following actions do not result in the enrollment of your newborn in your health plan: notifying the UPB office or your HMO office, obtaining precertification for delivery through the Quality Care Health Plan, or filing claims for delivery expenses.

QUALITY CARE HEALTH PLAN (QCHP)

QCHP is a traditional indemnity plan which offers a comprehensive range of benefits. The basic concept underlying this traditional approach to group health insurance is **freedom of choice**. If you are insured under the QCHP, you may seek treatment from any approved doctor or licensed practitioner, including chiropractors, at any hospital or treatment site.

The QCHP is comprised of three independent components: Medical, Prescription Drugs, and Behavioral Health Services. The coverage for prescription drugs and behavioral health services operates independently of the medical benefits. You do not need to satisfy the medical annual plan deductible in order to start receiving benefits for prescription drugs or behavioral health services. Please note, however, that there is a separate deductible of \$75 per plan participant per plan year for prescription coverage.

If you elect the QCHP, you and your enrolled dependents will be covered under a plan which has an unlimited lifetime policy maximum for the Medical coverage component.

Some points to consider in making this choice:

- The freedom to choose any doctor or treatment site also means you may change your choice of doctor or treatment site at any time.
- Coverage is provided for some preventive and well-care services. See Health Plan Comparison at the end of this section for more information.
- A 6 month preexisting condition limitation applies to new employees and to dependents (except newborns) who are added after the initial enrollment period, but may be offset by previous health coverage.
- An annual plan year deductible and copayments apply to most Medical services.
- A mandatory precertification provision applies to hospital admissions (including maternity), in- or outpatient surgical procedures, and extended care facility admissions.
- You may receive additional benefits and/or reductions in cost by using the QCHP Network Hospitals or QCHP Physician Network for inpatient stays, hospital outpatient services, prescription drugs, and mental health and substance abuse services.
- You, or your provider, are required to submit claim forms for payment of benefits. The claims administrator is CIGNA.

Quality Care Health Plan - Physician Network

QCHP non-Medicare participants have available the QCHP Physician and Hospital Network. An enhanced 90% benefit is available by using a participating hospital or facility. Benefits for covered services are paid at 90% of a negotiated fee, and usual and customary limits do not apply. Access a list of participating providers at <http://provider.healthcare.cigna.com/soi.html> or request a directory from CIGNA by calling 800-962-0051.

MANAGED CARE PLANS - HMO & OAP

Health Maintenance Organization (HMO)

A Health Maintenance Organization (HMO) is a managed care plan that provides its members with comprehensive medical care services on a prepaid basis. HMOs require that you choose a Primary Care Physician (PCP) and provider location from those participating in the HMO provider network. The PCP manages your health care treatment by requiring referrals for specialized services. All HMOs have a uniform basic benefit plan; however, some may offer additional benefits or may not include coverage for certain providers, such as chiropractors. Consult the specific HMO for specific details. All HMOs have unlimited lifetime policy maximums.

Some points to consider in making this choice:

- The doctor you choose becomes your primary care physician and all medical care, including routine care, hospitalization, and referral to other health professionals must be coordinated under the direction of your primary care physician.
- Preventive and well-care services, such as routine physicals and pediatric care, are provided at no additional cost.
- Copayments apply to doctor's office visits and prescriptions.
- Coverage for treatment of occupational, physical, and speech therapy for rehabilitation purposes may be limited.
- HMOs generally do not require you to submit claim forms, except in cases when emergency care takes place outside of your coverage area.

Open Access Plan (OAP)

An Open Access Plan (OAP) is a managed care plan that offers its members varying levels of benefits depending on the providers chosen by the member. The unique feature of the OAP is that it combines HMO-like benefits with the provider flexibility of the QCHP. The OAP is a three-tiered benefit plan and the provider/hospital/service you choose determines which tier of benefits you receive. The benefit level for hospitals, providers, and other services will be highest if you select those from Tier I – often a 100% benefit after copayments. The Tier II network is generally a 90% benefit after the annual plan year deductible, and the out-of-network Tier III benefit is generally 80% of usual and customary (U&C) after the annual plan year deductible. At any given time you could be receiving care from three different providers, one from each Tier, and therefore, receiving three different levels of benefits. Please review the OAP Summary of Benefits for a complete listing of benefits and providers/hospitals/services under each Tier.

Some points to consider in making this choice:

- With the OAP, you have the flexibility to choose any provider, in- or out-of-network, and still receive some level of benefits.
- Copayments apply to doctor's office visits and prescriptions.
- Deductibles apply to the Tier II and Tier III (out-of-network) benefits in the OAP.
- Some services may be covered in-network only.

HMO and OAP plans are available in many locations throughout Illinois; however, some plans may not be available in all areas.

HEALTH PLAN COMPARISON

Quality Care Health Plan	HMO Plans	OAP Plan																		
<p>QCHP is comprised of three independent components: Medical, Prescription Drugs, and Behavioral Health Services. Benefits payable subject to usual and customary (U&C) limitations. Consult Member Benefits Handbook for complete information. Claims administration by CIGNA.</p>	<p>These are the minimum benefits HMOs provide. Consult your HMO certificate for complete information.</p>	<p>Benefits are listed under three categories: Tier I (maximum benefits), Tier II (PPO benefits), and Tier III (Out-of-Network benefits). Consult the Benefit Choice Handbook for complete benefit information.</p>																		
General Deductibles																				
<p>Medical annual plan year deductible for all (Medical component) charges:</p> <table border="1"> <thead> <tr> <th>Employee's Annual Salary</th> <th>Member Deductible</th> <th>Family Cap</th> </tr> </thead> <tbody> <tr> <td>\$59,900 or less</td> <td>\$300</td> <td>\$750</td> </tr> <tr> <td>\$59,901–\$74,900</td> <td>\$400</td> <td>\$1000</td> </tr> <tr> <td>\$74,901 and over</td> <td>\$450</td> <td>\$1125</td> </tr> <tr> <td>Each covered dependent</td> <td>\$300</td> <td>N/A</td> </tr> <tr> <td>Retiree/Annuitant/Survivor</td> <td>\$300</td> <td>\$750</td> </tr> </tbody> </table> <p>Additional deductibles (part of annual out-of-pocket expense, but not plan year deductible):</p> <ul style="list-style-type: none"> \$400 Each emergency room visit that does not result in hospital admission \$50 Each QCHP hospital admission \$300 Per non-QCHP hospital admission \$100 Transplant 	Employee's Annual Salary	Member Deductible	Family Cap	\$59,900 or less	\$300	\$750	\$59,901–\$74,900	\$400	\$1000	\$74,901 and over	\$450	\$1125	Each covered dependent	\$300	N/A	Retiree/Annuitant/Survivor	\$300	\$750	<p>\$0 annual plan year deductible</p>	<p>Tier I: \$0 Tier II: \$200 per enrollee Tier III: \$300 per enrollee</p> <p>Annual plan year deductible must be met before plan benefits apply.</p>
Employee's Annual Salary	Member Deductible	Family Cap																		
\$59,900 or less	\$300	\$750																		
\$59,901–\$74,900	\$400	\$1000																		
\$74,901 and over	\$450	\$1125																		
Each covered dependent	\$300	N/A																		
Retiree/Annuitant/Survivor	\$300	\$750																		
Annual Maximum Out-of-Pocket Expense*																				
<p>After combined Medical component deductibles and copayments for eligible expenses equal \$1,200 per individual per plan year or \$3,000 per family per plan year, plan pays 100% of covered expenses for the remainder of the plan year. Use of non-QCHP hospital will result in added out-of-pocket costs up to \$4,400 per individual, \$8,800 per family per plan year. (Some exceptions apply. See Member Benefits Handbook.)</p>	<p>Unlimited</p>	<p>Tier I: N/A Tier II: Individual \$600, Family \$1200 Tier III: Individual \$1500, Family \$3500</p>																		
Lifetime Maximums																				
<p>Unlimited</p>	<p>Unlimited</p>	<p>Tier I: Unlimited Tier II: Unlimited Tier III: \$1,000,000</p>																		
Mandatory Precertification																				
<p>Precertification of elective hospital admissions and surgery (including outpatient) is required. Emergency admissions require that certification be obtained within two business days of admission. Failure to precertify will result in \$800 penalty. Call 800-962-0051.</p>	<p>Hospital utilization admission review and surgery requirements vary. Consult specific HMO for details.</p>	<p>Hospital utilization admission review and surgery requirements vary. Consult OAP for details.</p>																		

* The coverage for prescription drugs is not subject to the Medical component out-of-pocket maximums or annual plan deductible. However, there is a separate plan year deductible of \$50 (\$75 for QCHP) per plan participant for prescription coverage.

HEALTH PLAN COMPARISON

Quality Care Health Plan	HMO Plans	OAP Plan
Inpatient Hospitalization		
<p>QCHP hospital— 90%, after a per admission deductible of \$50 and the annual plan deductible.</p> <p>Non-QCHP hospital—</p> <ul style="list-style-type: none"> \$300 deductible per admission. 65%, after annual plan deductible if member resides in Illinois or within 25 miles of a QCHP hospital and chooses to use a non-QCHP and/or voluntarily travels in excess of 25 miles. 65%, after annual plan deductible if member resides in Illinois and has no QCHP available within 25 miles and voluntarily chooses to travel further than the nearest QCHP. 80%, after annual plan deductible if member does not reside within 25 miles of QCHP or in Illinois. <p><i>Note: All inpatient hospital confinements must be precertified to be eligible for full benefits.</i></p>	100%, after \$275 copayment	<p>Tier I: 100% after \$275 copayment per admission</p> <p>Tier II: 90% of network charges after \$325 copayment per admission</p> <p>Tier III: 80% of usual and customary (U&C) after \$425 copayment per admission.</p>
Emergency Room Services		
80% after \$400 emergency room deductible	100% after \$200 copayment	<p>Tier I: 100% after \$200 copayment per visit</p> <p>Tier II: 90% of network charges after \$200 copayment per visit</p> <p>Tier III: 80% of U&C after lesser of \$200 copayment per visit, or 50% of U&C</p>
Outpatient Surgery		
<p>QCHP Hospital/Facility: 90%</p> <p>Non-QCHP Hospital/Facility: 65% of U&C (80% of U&C, if an exception to non-QCHP benefits is granted by the Notification Administrator)</p>	100% after \$175 copayment	<p>Tier I: 100% after \$175 copayment per visit</p> <p>Tier II: 90% of network charges after \$175 copayment</p> <p>Tier III: 80% of U&C after \$175 copayment</p>
Physician Office Visit		
<p>QCHP Network Provider: 90% of negotiated fee after annual plan deductible; U&C charges do not apply</p> <p>Non-QCHP: 70% of U&C after annual plan deductible</p>	<p>100% after \$15 copayment per visit</p> <p>Specialist office visit: 100% after \$20 copayment per visit</p>	<p>Tier I: 100% after \$15 copayment; specialist office visit 100% after \$20 copayment per visit</p> <p>Tier II: 90% of network charges</p> <p>Tier III: 80% of U&C</p>
Well-Baby Care		
<p>80% of U&C for office visits</p> <p>90% of U&C for lab</p> <p>90% of U&C for immunizations (per the QCHP immunization schedule)</p>	100%	<p>Tier I: 100%</p> <p>Tier II: 90% of network charges</p> <p>Tier III: Covered under Tier I and Tier II only</p>
Home Health Care		
<p>QCHP Network Provider: 90% after annual plan deductible</p> <p>Non-QCHP: 80% after annual plan deductible</p>	100% after copayment of \$20 per visit	<p>Tier I: 100% after \$20 copayment</p> <p>Tier II: 90% of network charges</p> <p>Tier III: Covered under Tier I and Tier II only</p>

Quality Care Health Plan	HMO Plans	OAP Plan
Prescription Drugs*		
<p>A \$75 plan year prescription deductible applies to each plan participant prior to the copayments listed below.</p> <p>Prescription Drug Plan administered by Medco.</p> <p>In-Network Retail 30-Day Supply</p> <ul style="list-style-type: none"> • Generic: \$11 copayment • Preferred (Formulary): \$26 copayment • Non-preferred: \$52 copayment <p>\$10 plus difference between cost of brand name and generic if the pharmacy dispenses a brand name drug for any reason when generic is available.</p> <p>Maintenance Medications Use of either the Maintenance Network of retail pharmacies or the Mail Order Pharmacy is mandatory for maintenance medications.</p> <p>Maintenance medication copayment (61-90 day supply):</p> <ul style="list-style-type: none"> • Generic: \$22 • Preferred (Formulary): \$52 • Non-preferred: \$104 <p>For more information see http://www.benefitschoice.il.gov. Select State Employees, then Benefit Plans, and then select the Prescription Drug Coverage link.</p>	<p>A \$50 plan year prescription deductible applies to each plan participant prior to the copayment listed below.</p> <p>Consult specific HMO for name of Prescription Drug Plan administrator and plan details.</p> <p>In-Network Retail 30-Day Supply</p> <ul style="list-style-type: none"> • Generic: \$10 copayment • Preferred (Formulary): \$24 copayment • Non-preferred: \$48 copayment <p>Maintenance Medications For Health Alliance Illinois and Humana-Winnebago, use of either the Medco Maintenance Network of retail pharmacies or Mail Order Pharmacy is mandatory for maintenance medications.</p> <p>Maintenance medication copayment (61-90 day supply):</p> <ul style="list-style-type: none"> • Generic: \$20 • Preferred (Formulary): \$48 • Non-preferred: \$96 <p><i>The Medco Mail Order Pharmacy is not available to employees enrolled in Health Alliance HMO, PersonalCare, HMO Illinois, or Humana Health Plan. Please contact the plan administrator to inquire about a separate mail order benefit.</i></p>	<p>A \$50 plan year prescription deductible applies to each plan participant prior to the copayment listed below.</p> <p>Prescription Drug Plan administered by Medco.</p> <p>In-Network Retail 30-Day Supply</p> <ul style="list-style-type: none"> • Generic: \$10 copayment • Preferred (Formulary): \$24 copayment • Non-preferred: \$48 copayment <p>\$10 plus difference between cost of brand name and generic if the pharmacy dispenses a brand name drug for any reason when generic is available.</p> <p>Maintenance Medications Use of either the Maintenance Network of retail pharmacies or the Mail Order Pharmacy is mandatory for maintenance medications.</p> <p>Maintenance medication copayment (61-90 day supply):</p> <ul style="list-style-type: none"> • Generic: \$20 • Preferred (Formulary): \$48 • Non-preferred: \$96 <p>For more information see http://www.benefitschoice.il.gov. Select State Employees, then Benefit Plans, and then select the Prescription Drug Coverage link.</p>
Mental Health/Substance Abuse		
<p>Inpatient/Partial Hospitalization <i>In-Network</i> - 90% after annual plan deductible and \$50 deductible per admission <i>Out-of-Network</i> - 65% after annual plan deductible and \$300 deductible per admission <i>Out-of-Area</i> - 80% after annual plan deductible and \$300 deductible per admission</p> <p>Physician Network/Intensive Outpatient <i>In-Network</i> - 90% <i>Out-of-Network</i> - 70% U&C <i>Out-of-Area</i> - N/A</p>	<p>Inpatient 100% after \$275 copayment for psychiatric or alcohol/substance abuse admission.</p> <p>Outpatient 100% after \$20 copayment per visit for psychiatric care or alcohol/substance abuse care.</p>	<p>Inpatient Tier I: 100% after \$275 copayment per admission Tier II: 90% of network charges after \$325 copayment per admission Tier III: 80% of U&C after \$425 copayment per admission</p> <p>Outpatient Tier I: 100% after \$20 copayment Tier II: 90% of network charges Tier III: 80% of U&C</p>

* The coverage for prescription drugs has a separate plan year deductible of \$50 (\$75 for QCHP) per plan participant for prescription coverage.

Employees in the **Quality Care Health Plan** or the **Health Alliance Illinois, Humana-Winnebago, or HealthLink OAP** managed care plans: The Mail Order Pharmacy for maintenance medications requires you to obtain an original prescription from your physician. The prescription should be written for a 61-90 day supply, and include up to three 90-day refills, totaling one-year of medication. You must also complete the Mail Order form (obtain it online at http://www.state.il.us/cms/3_servicese_ben_choice/Forms.htm or by contacting your campus UPB office or Medco).

Eligible same-sex domestic partners of benefits-eligible University employees may be covered under the State of Illinois Health, Dental, and Vision plans. The University employee and his or her domestic partner must be unrelated, same-sex individuals who reside in the same household and have a financial and emotional interdependence, consistent with that of a married couple for a period of not less than one year and continue to maintain such arrangement. For full program details, view the *Domestic Partner Enrollment and Information Packet* on the CMS website at http://www.state.il.us/cms/3_servicese_ben_choice/DependentCoverage.htm.

Interested employees should read the *Enrollment and Information Packet* carefully to understand the tax implications associated with enrolling a domestic partner as a dependent. An employee who enrolls his or her domestic partner, may have increased tax liability if the domestic partner does not meet the IRS qualifications for a dependent. Employees are encouraged to consult with a tax advisor regarding tax consequences.

Direct questions about the Domestic Partner Group Insurance Benefits program to CMS at 800-442-1300.

DENTAL PLAN

The Quality Care Dental Plan (QCDP) is available to both University employees and their dependents who are (1) eligible to receive benefits and (2) enrolled in a State health insurance plan. The QCDP is designed to offer coverage for basic dental services regardless of which health plan you choose. You may go to the dentist of your choice and receive benefits for an extensive range of services.

- You may not receive dental insurance if you are not enrolled in a health insurance plan.
- If plan selection, opt-out election, or coverage waiver is not made within the first 10 days of employment, an eligible employee is automatically enrolled in the Quality Care Dental Plan and dependent coverage is waived.
- Plan pays a predetermined or scheduled amount toward each specific covered dental service, which is the maximum amount payable for that service. If your dentist charges more than the usual and customary costs for a particular service, then you must pay the difference.
- An annual individual plan deductible of \$125 applies for dental services other than those listed as "preventive or diagnostic" on the Schedule of Benefits at the CMS website <http://www.benefitschoice.il.gov>. Select *State Employees Group Insurance Program*, then *Benefit Plans*, and then select the *Schedule of Benefits* link under the Dental heading.
- The maximum annual plan benefit is \$2,500 per person per plan year after plan deductible.
- The Quality Care Dental Plan covers child orthodontia (children who begin treatment before age 19). Orthodontia benefits are subject to a \$2,000 lifetime maximum depending on length of treatment after plan deductible. This amount counts toward the maximum annual plan benefit above. Contact Humana/CompBenefits for a pre-treatment estimate.
- Coverage includes dental implants, inlays, onlays, and adult sealants.
- Claims for benefits must be filed by you or your dentist with the claims administrator, Humana/CompBenefits. Dental claim forms can be found online at http://www.state.il.us/cms/download/pdfs_benefits/State_IL_DentalClaimForm.pdf.

The Vision Plan is automatically provided at no additional cost to all employees and their dependents who are enrolled in any of the State health plans. The Vision Plan is intended to encourage regular eye examinations and assist with vision care expenses when glasses or contact lenses are needed.

- Under this plan, an eye exam is covered (\$10 copayment in-network) once every 12 months. The benefit for eyeglass lenses and frames or contacts lenses is payable once every 24 months.
- The most comprehensive benefits are provided when services are received from in-network plan providers; however, reduced benefits are also available for services received from out-of-network providers.
- For information on participating in-network providers or for a schedule of covered services and copayment amounts, call the plan administrator, EyeMed Vision Care, at 866-723-0512 or visit their website at <http://www.eyemedvisioncare.com/stil>.

STATE UNIVERSITIES RETIREMENT SYSTEM (SURS)

New Employees hired on or after January 1, 2011: It is very important for all employees to carefully review the SURS plan options and make an active decision about plan choice. If you are hired on or after January 1, 2011, you are covered by Public Act 96-0889, which modified provisions for the Traditional and Portable plans, including: Minimum Vesting, Normal Retirement Age, Earliest Retirement Age, Age Reduction, Final Rate of Earnings (FRE), FRE Limits, and more. The SURS Self-Managed plan is unchanged. A chart is available at http://www.surs.com/pdfs/tier2_chart.pdf to assist in evaluating the best plan for you.

Participation in the State Universities Retirement System (SURS) is required if you work continuously for at least one academic term or four months, whichever is less, and your employment is not temporary, intermittent, or irregular. You are not eligible to participate in SURS if: you are a student regularly attending classes at a college or university that participates in SURS and you are employed on a part-time, temporary basis; you were employed under the Comprehensive Employment Training Act on or after July 1, 1979; you hold a J-1, J-2, F-1, or F-2 visa and have not established residency status; or you are currently receiving a retirement annuity.

As a SURS participant, your contribution to the retirement plan — 8% of gross earnings — is automatically deducted from your paycheck. The contributions you make to this plan are not subject to federal or state income taxes. Federal taxes will be withheld when you begin to withdraw funds following your retirement. Retirement distributions are not taxed by the State of Illinois if taken in accordance with plan provisions, at full retirement age, and while a legal resident of the State of Illinois.

SURS offers three different retirement plan choices:

- Traditional Benefit Package (Defined Benefit Plan)
- Portable Benefit Package (Defined Benefit Plan)
- Self-Managed Plan (Defined Contribution Plan)

As a new employee, you have 6 months from your initial date of employment to make a lifetime, irrevocable selection of one of the three SURS plans. **If you do not make this decision within 6 months of your date of hire, you will automatically be enrolled in the Traditional Benefit Package. This "default" enrollment is also IRREVOCABLE for life.**

Other related issues to consider before making your retirement plan decision include vesting, death benefits, survivor benefits, and retiree health benefits.

You will receive complete information about these choices directly from SURS after SURS has been notified of your employment. SURS will mail a detailed *Choice Packet* to your home address. For additional information about these choices, contact SURS at 800-ASK-SURS or visit the SURS website, <http://www.surs.com>, and select the *How to Choose* button for resources to help you understand the three plan options. You may also view a video entitled "*Power of Choice*" at <http://www.surs.com/shepherd.surs?flk=Plans&shp=86>.

STATE UNIVERSITIES RETIREMENT (SURS)

Note: University employees eligible for SURS are not covered by federal Social Security. Therefore, no Social Security taxes are withheld from earnings. However, persons hired on or after April 1, 1986, are subject to withholding of the federal Medicare tax, which amounts to 1.45% of Medicare eligible salary.

TRADITIONAL AND PORTABLE (DEFINED BENEFIT) PLANS

Both Defined Benefit Plans provide you with a guaranteed payout when you retire, based on a formula set by the Plan. You have no investment risk or responsibility. Many of the characteristics of the two Defined Benefit Plans are similar. There are, however, two important differences.

- *Portability.* The **Portable Benefit Package** allows for a larger refund than the Traditional Benefit Package if you leave SURS before retirement.
- *Survivor Benefits.* With the Portable Benefit Package, you pay a cost if you want to provide a survivor benefit to your survivor upon your death. With the **Traditional Benefit Package**, there is no additional cost. Your survivor automatically receives a survivor benefit.

Under the Defined Benefit options, your 8% contribution is allocated as illustrated in the following chart.

Allocation of 8.00%	Traditional	Portable
6.50%	Retirement	Retirement
0.50%	Automatic Annual Increase	Automatic Annual Increase
1.00%	Survivor Benefit	Portability

The State of Illinois also contributes an amount that is actuarially determined each year, and can vary from year to year. It is approximately 9.1% of earnings at the time of your retirement and is used to fund your retirement benefits, as well as to fund your disability benefit. (See page 20 for a description of the SURS Disability benefits.)

SELF-MANAGED (DEFINED CONTRIBUTION) PLAN

In the **Self-Managed Plan (SMP)**, your retirement benefit is based on the amount of money that has been contributed to the Plan and the earnings on that money, over time. Unlike the Defined Benefit Plans, there is no guaranteed payout at retirement. **You decide** how to invest your contributions and earnings, using one or more of the investment funds the plan offers. If your investments do well, your account will grow. If your investments do poorly, your account will diminish. **In other words, you bear all the investment risk.**

Your investment company choices are Fidelity Investments and TIAA-CREF.

- Fidelity Investments: <http://www.mysavingsatwork.com/atwork.htm>
- TIAA-CREF: <http://www.tiaa-cref.org/illinois/>

Your entire 8% contribution is allocated to your retirement account balance. The State also contributes an amount equal to 7.6% of your earnings to your account. Of that contribution, 7.1% is added to your retirement account balance, and the remaining 0.5% is used to fund your disability benefit. (See page 20 for a description of the SURS Disability benefits.)

Note: A new employee has up to six (6) months to make their SURS plan choice. However, for new employees choosing to enroll in the SMP, **no** State contributions earned prior to the date SURS receives your SMP enrollment form will transfer with you into the Plan. In other words, if you decide to enroll in the SMP, the sooner you do it, the sooner you will begin receiving the 7.6% State contributions.

SURS AND SOCIAL SECURITY

The State of Illinois has elected to opt out of the Social Security system and instead mandatorily cover eligible employees with membership in SURS as an alternative to Social Security coverage. As a result, the University does not contribute to Social Security for SURS-eligible employees and no Social Security taxes are withheld from their earnings. SURS-eligible employees may be entitled to a benefit from Social Security if you, your current spouse, or former spouse, have worked for other employers who have contributed to the Social Security system. However, under the Social Security law, there are two ways your SURS pension may affect or reduce your Social Security benefit - the Windfall Elimination Provision and the Government Pension Offset Provision. Medicare benefits will not be affected by these provisions.

Windfall Elimination Provision

Under the Windfall Elimination Provision, Social Security retirement or disability benefits are figured using a modified formula when a person is also entitled to a pension from a job where no Social Security taxes were withheld. As a result, you may receive a lower Social Security benefit than if you were not entitled to a pension from this job. This provision reduces, but does not totally eliminate, your Social Security benefit.

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled may be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65.

For further information concerning your employment in a job not covered by Social Security, please visit the Social Security website, <http://www.socialsecurity.gov>, or call toll free 800-772-1213, or for the deaf or hard of hearing call the TTY number 800-325-0778, or contact your local Social Security office.

S U P P L E M E N T A L R E T I R E M E N T P L A N S

In addition to your retirement account with SURS, you may elect to direct part of your pay to investments intended to build an individual retirement fund. You may choose to participate in either or both of the University's Supplemental 403(b) Retirement Plan and the State of Illinois Deferred Compensation Plan (457(b) Plan).

Participation in either of these plans is optional and does not reduce any University benefits that are based on full salary, such as retirement, life insurance, disability, or survivor benefits. Participation in either option is by payroll deduction only. The amount of income that can be contributed is subject to IRS limitations.

You may defer a vacation or compensable sick leave payout into either the 403(b) or 457(b) plan. You must notify the UPB office at least 60 days prior to separating from the University in order to arrange deferral of vacation and/or compensable sick leave payout.

UNIVERSITY SUPPLEMENTAL 403(b) RETIREMENT PLAN

The **University's Supplemental 403(b) Retirement Plan** is a defined contribution plan intended to have tax-favored status under section 403(b) of the IRS Code. A 403(b) retirement plan is similar to a 401(k) plan; however, it is specifically designed for employees of public schools and certain tax-exempt organizations. The University's 403(b) Plan offers fixed and variable annuity programs, mutual funds, stocks, bonds, and money market funds.

- All University employees who are receiving compensation may participate as long as they are able to contribute the minimum contribution amount, which is \$200 per year.
- You may choose to invest a flat dollar amount or a percentage of your annual salary. Keep in mind that the percentage method allows your investment contributions to increase as your salary increases.
- You have the option of contributing pre-tax (traditional) and/or post-tax (Roth) funds to the 403(b) plan.
- Federal and State income taxes are deferred on pre-tax contributions until withdrawal, which decreases an employee's taxable income during pre-retirement years.
- The money you save through the Roth option is automatically deducted from your pay on an after-tax basis. These funds and associated earnings can then be withdrawn tax-free at retirement provided the withdrawal meets certain requirements.
- In 2010, if you are under age 50, the maximum 403(b) contribution is \$16,500. Employees age 50 or over may contribute an additional \$5,500. (This maximum is a combined limit of both traditional and Roth contributions.)

SUPPLEMENTAL RETIREMENT PLANS

Your investment company choices are TIAA-CREF and Fidelity Investments. Links to both vendor sites, and enrollment information, are available on NESSIE at https://nessie.uihr.uillinois.edu/cf/benefits/index.cfm?Item_ID=134.

There are two steps to enroll in the 403(b) plan. First you must select the investment company with which you wish to invest and initiate an account with that company. Next, you must also complete a "Salary Reduction and/or Redirection Agreement" (SRA) form, which authorizes the University to withhold your 403(b) contributions from your pay and send them to the investment company on your behalf. Both steps can be completed online. For detailed instructions on enrolling in the 403(b), visit NESSIE at https://nessie.uihr.uillinois.edu/cf/benefits/index.cfm?Item_ID=136 or call your campus UPB office.

STATE OF ILLINOIS DEFERRED COMPENSATION PLAN

The **State's Deferred Compensation Plan** is a defined contribution plan intended to have tax-favored status under section 457(b) of the IRS Code. In this supplemental plan, your contributions, together with any earnings, accumulate tax-deferred until you terminate service, die, or incur unforeseeable financial hardship. Once distributions begin, the distributed monies are fully taxable as ordinary income for federal tax purposes. Retirement distributions are not taxed by the State of Illinois if taken in accordance with plan provisions, at full retirement age, and while a legal resident of the State of Illinois.

The Deferred Compensation Plan determines the range of investment choices. Currently, there are a number of investment options, including a guaranteed interest account, individual stocks, bonds, and money market funds. Additionally, you may choose to invest in one of the T. Rowe Price Retirement Funds, which provide a single diversified portfolio that is professionally managed to a specific retirement date.

- The plan is administered by CMS with T. Rowe Price as recordkeeper and plan service provider.
- In 2010, employees under age 50 can defer \$16,500 and employees age 50 and over can defer \$22,000.
- For detailed information about investing in the 457(b) plan, refer to the CMS Deferred Compensation website at http://www.cms.il.gov/cms/2_servicese_ben/defcomp.htm and the publication *Building Your Financial Future* at http://www.cms.il.gov/cms/download/pdfs/emp_defbbook.pdf.

To obtain enrollment forms for the State Deferred Compensation Plan, contact your campus UPB office. You may also contact the CMS Deferred Compensation Office directly at 217-782-7006 or 800-442-1300.

DISABILITY PLANS

SURS DISABILITY BENEFITS

Disability benefits for University employees are provided through the State Universities Retirement System (SURS). SURS participation is required for all employees who meet the appointment criteria described on page 17 of this booklet. The disability benefits are the same regardless of which of the three SURS retirement plan choices you select.

- Disability benefits may be claimed for an *illness* after you have accumulated two (2) years of service credit in SURS. No minimum service credit is required to qualify for disability benefits due to an *accident*. The full cost of the plan is paid by employee and employer contributions to SURS.
- Waiting Period: Benefits begin after 60 continuous calendar days of disability, or after salary or sick leave benefits end, whichever is later.
- Benefit Amount: After two (2) years of service, an eligible employee will receive 50% of his or her base salary on the date the disability begins or 50% of his or her average earnings for the 24 months prior to the date the disability begins, whichever is greater.
- Benefit Duration: Benefits are payable until the total benefits received equal 50% of an eligible employee's earnings while in SURS.

UNIVERSITY SUPPLEMENTAL LONG TERM DISABILITY INSURANCE PLAN

This optional plan supplements the SURS benefits if you become disabled due to sickness or injury. To be eligible for enrollment in this plan, you must be a SURS participant. You pay the full cost of this plan. Monthly premiums are based on your age and monthly benefit amount. The insurance carrier for this plan is The Prudential Insurance Company of America.

New employees who are eligible to receive benefits are guaranteed coverage if they apply within their first 60 days of employment. All other eligible employees can apply for coverage at any time by answering questions about their health. Prudential has the right to approve or reject any request for coverage. If a request is approved, coverage will begin on the date determined by the carrier. A preexisting condition limitation is applicable for the first two (2) years of coverage.

Benefits under the plan are coordinated with any SURS disability payments so that a total benefit of up to 66.67% of base pre-disability earnings, up to a maximum of \$12,000 per month, is paid.

- Plan pays 66.67% benefit in the first two years of employment when there is no SURS benefit payable for a disability due to illness.
- Plan pays 16.67% benefit once the 50% SURS disability benefit begins.
- Plan pays 66.67% benefit if disability continues after the SURS benefit is exhausted.
- Catastrophic Disability: plan pays 86.67% benefit (additional 20% of monthly earnings up to the \$12,000 maximum) if you lose the ability to perform two activities of daily living.
- Critical Illness Benefit: plan pays 76.67% (additional 10% of monthly earnings up to a maximum of \$1,000) if disability is caused by a covered critical illness.
- Survivor Benefit: plan pays a lump sum benefit, equal to six months of gross disability payments, to your beneficiary upon death.

Eligible employees may enroll in the Supplemental Long Term Disability Insurance Plan online through NESSIE at https://nessie.uihr.uillinois.edu/cf/benefits/index.cfm?Item_ID=9&mlink=106 or by calling your campus UPB office.

LONG TERM CARE INSURANCE

This optional State plan is available to benefits-eligible employees and their spouse, parents, and parents-in-law, and to retirees. Long Term Care (LTC) refers to assistance that is required with routine, every day activities such as eating, bathing, or dressing. These services are not typically covered by medical or disability insurance and can be very expensive.

Employees can choose between a comprehensive plan and a facilities-only plan. New employees do not require underwriting if they apply within 90 days of their hire date.

The LTC plan is administered by MetLife. Premiums are paid directly to MetLife, as payroll deduction is not currently available for this plan. Contact MetLife at 800-438-6388 for more information and an enrollment kit.

TERM LIFE AND AD&D INSURANCE

STATE OF ILLINOIS PLAN

State Life Insurance

All benefits-eligible employees receive basic term life insurance in an amount equal to their annual salary, at no cost to the employee.*

The State plan provides an option for employees to purchase additional life insurance through Minnesota Life Insurance Company of up to eight (8) times annual salary with a maximum of \$3,000,000 when combined with basic life coverage. You may also purchase life insurance for your spouse and/or children at your own expense.

During the 10-day new employee enrollment period, life insurance enrollment is guaranteed for employee coverage up to four (4) times annual salary, and for spouse and child life insurance. Spouse and child life insurance is also guaranteed for newly acquired dependents, if elected within the 60-day enrollment period after certain qualifying events, such as marriage, birth and adoption. Thereafter, evidence of good health is required to increase your life insurance and to add coverage for your spouse and/or children.

As a new hire, enrollment is completed online through NESSIE New Hire. Current employees may use NESSIE to change their life insurance enrollment during the annual Benefit Choice period or when experiencing an eligible Qualifying Event.

State Accidental Death & Dismemberment (AD&D) Insurance

You may purchase Accidental Death and Dismemberment Insurance up to four (4) times your basic life insurance amount. The State Accidental Death and Dismemberment plan does not have a limited enrollment period and does not include coverage for a spouse and/or children.

UNIVERSITY PLAN

University Life Insurance

Term life insurance is also available through ING/ReliaStar Life Insurance Company. You pay the full cost of this optional plan. Depending on age, enrollment for up to \$30,000 worth of coverage for yourself is guaranteed during the first 30 days of your employment. Application for a higher amount can be made at any time with evidence of good health. Enrollment of children is also guaranteed within the first 30 days of employment; however, enrolling a spouse requires evidence of good health at any time.

Enrollment forms can be obtained from your campus UPB office or can be downloaded online at https://nessie.uihr.uillinois.edu/cf/benefits/index.cfm?Item_ID=7&rlink=85. Return completed forms to your campus UPB office.

University Accidental Death & Dismemberment (AD&D) Insurance

The University also offers a separate Accidental Death and Dismemberment (AD&D) insurance plan through The Hartford. You pay the full cost for this plan and can also obtain coverage for a spouse and/or children. Other benefits included in this plan are travel assistance services, medical evacuation, and repatriation of remains. Enrollment is guaranteed at any time during your University employment. As a new hire, enrollment is completed online through NESSIE New Hire. Current employees may use NESSIE to enroll at any time.

Premiums and amounts of coverage for both State and University Life Insurance and AD&D plans are provided in the following table.

LIFE AND AD&D COMPARISON

Plan Component	State of Illinois Plan	University Plan																																										
Basic Life Insurance																																												
Employee basic provided by employer	100% of annual salary; no cost to employee. *	None																																										
Optional Life Insurance																																												
Employee optional term life	Up to 8 times annual salary, to a maximum of three million dollars in annual salary increments. Monthly rate per \$1,000 based on age: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Under age 30</td><td style="text-align: right;">\$.06</td></tr> <tr><td>30-34</td><td style="text-align: right;">.08</td></tr> <tr><td>35-44</td><td style="text-align: right;">.10</td></tr> <tr><td>45-49</td><td style="text-align: right;">.16</td></tr> <tr><td>50-54</td><td style="text-align: right;">.24</td></tr> <tr><td>55-59</td><td style="text-align: right;">.44</td></tr> <tr><td>60-64</td><td style="text-align: right;">.66</td></tr> <tr><td>65-69</td><td style="text-align: right;">1.38</td></tr> <tr><td>70-74</td><td style="text-align: right;">2.52</td></tr> <tr><td>75-79</td><td style="text-align: right;">3.52</td></tr> <tr><td>80-84</td><td style="text-align: right;">4.20</td></tr> <tr><td>85-89</td><td style="text-align: right;">5.20</td></tr> <tr><td>90 and above</td><td style="text-align: right;">6.50</td></tr> </table>	Under age 30	\$.06	30-34	.08	35-44	.10	45-49	.16	50-54	.24	55-59	.44	60-64	.66	65-69	1.38	70-74	2.52	75-79	3.52	80-84	4.20	85-89	5.20	90 and above	6.50	\$10,000 to \$250,000; over \$30,000 subject to evidence of good health. Monthly rate per \$10,000 based on age at renewal every three years. Examples: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">30</td><td style="text-align: right;">\$.80</td></tr> <tr><td style="text-align: center;">35</td><td style="text-align: right;">.90</td></tr> <tr><td style="text-align: center;">40</td><td style="text-align: right;">1.40</td></tr> <tr><td style="text-align: center;">45</td><td style="text-align: right;">2.60</td></tr> <tr><td style="text-align: center;">50</td><td style="text-align: right;">4.70</td></tr> <tr><td style="text-align: center;">55</td><td style="text-align: right;">7.60</td></tr> <tr><td style="text-align: center;">60</td><td style="text-align: right;">12.60</td></tr> <tr><td style="text-align: center;">65</td><td style="text-align: right;">18.90</td></tr> </table> Other provisions may apply if age 60 or over. Coverage terminates at age 70 if retired.	30	\$.80	35	.90	40	1.40	45	2.60	50	4.70	55	7.60	60	12.60	65	18.90
Under age 30	\$.06																																											
30-34	.08																																											
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50	4.70																																											
55	7.60																																											
60	12.60																																											
65	18.90																																											
Spouse life insurance	For \$10,000 coverage: \$6.94 per month	\$10,000 to \$95,000; may not exceed amount of employee coverage; always subject to evidence of good health.																																										
Child life insurance	For \$10,000, each child: \$.52 per month	Monthly premium for all children in family is \$1.25 for \$5,000 of coverage or \$2.50 for \$10,000 of coverage (through age 24).																																										
AD&D Insurance																																												
Employee AD&D	Up to 4 times annual salary: \$.02 per \$1,000 (monthly rate)	\$25,000 to \$300,000: \$.030 per \$1,000; \$.048 per \$1,000 for family plan (rates per month).																																										
Spouse AD&D	Not available	50% of employee amount if no children (40% if children).																																										
Children AD&D	Not available	10% of employee amount (15% if no spouse).																																										

* Note: Up to \$50,000 of life insurance is tax exempt. If the total value of basic term life insurance plus any optional insurance purchased exceeds \$50,000, then the amount in excess of \$50,000 is taxed as imputed income.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) provide eligible employees with the opportunity to pay certain medical expenses and dependent care expenses with before-tax dollars. An eligible employee may contribute up to a maximum of \$4,999.92 in pre-tax dollars to the Medical Care Assistance Plan and also the Dependent Care Assistance Plan. Contributions are deducted from your paycheck and deposited into your FSA account before taxes are withheld, which lowers your taxable income.

The savings from participating in the FSA program vary greatly depending on your income, your contribution amount, the number of dependents you claim, adjustments or itemizations on your federal income taxes, and the total of your medical/dependent care expenses. The following chart provides an illustration of the potential savings associated with participation in an FSA.

FSA Savings Example	Not Participating in FSA	Participating in FSA
Annual Gross Income	\$31,000	\$31,000
Contribution to MCAP/DCAP	\$0	\$5,000
Taxable Gross Income	\$31,000	\$26,000
Federal, Social Security Taxes	\$7,021	\$5,889
Annual Net Income	\$23,979	\$20,111
Cost of Medical/Dependent Expenses	\$5,000	\$0
Spendable Income	\$18,979	\$20,111
Increased Spendable Income	- -	\$1,132

Example reproduced from the CMS booklet *Flexible Spending Accounts 2010-2011* and is based upon a 22.65% tax rate (15% federal and 7.65% Social Security) calculated on a calendar year.

In order to be eligible to participate in either the Medical Care Assistance Plan (MCAP) or the Dependent Care Assistance Plan (DCAP), you must:

- Be a permanent employee with an appointment of 50% time or more, or
- Be an employee hired for at least 4.5 months (one semester) at 100% time, or
- Be a temporary employee with an appointment of 50% time or more for at least nine months; and
- Be receiving a paycheck from which deductions can be taken, and
- Make a minimum monthly contribution of \$20 (maximum monthly contribution is \$416.66, or \$555.54 for University employees paid over 9 months).

For participation in the Medical Care Assistance Plan, you must be eligible to participate in one of the State's health plans. For participation in the Dependent Care Assistance Plan, if you are married, your spouse must also be gainfully employed, a full-time student, disabled and incapable of self-care, or seeking employment and have income for the fiscal year. Special rules apply for divorced or separated parents. Custodial parents who meet certain criteria may be eligible to participate. Non-custodial parents are ineligible to participate.

Enrollment is for a plan year of July 1 – June 30, and **you must re-enroll each year to participate**. Your enrollment cannot be changed or revoked during the plan year unless you experience a *Qualifying Event*.

Reimbursement claims are administered by Fringe Benefit Management Company (FBMC) and are processed within 2 business days. Claims for reimbursement can be submitted up to three months following the close of the plan year. Once established, you can access your account online at <http://www.myfbmc.com/>.

When determining a deduction amount for MCAP or DCAP, keep in mind that if you do not incur enough eligible out-of-pocket expenses during the plan year (July 1 – June 30) and any applicable grace period, any unused balance will be forfeited, according to IRS regulations.

Detailed plan information is provided in the State of Illinois Flexible Spending Account Program booklet available in NESSIE at <http://nessie.uihr.uillinois.edu/pdf/benefits/fsabooklet.pdf>.

MEDICAL CARE ASSISTANCE PLAN (MCAP)

You may use this plan to pay medical expenses that are not paid by your health, dental, or vision insurance such as deductibles, copayments, coinsurance, amounts exceeding the maximum benefit or the usual and customary charge limits on health, dental, or vision plans, and non-covered expenses. Certain over-the-counter medications are also eligible for reimbursement up to December 31, 2010. Following this date, your over-the-counter medications may still be reimbursable; however, these medications and drugs will require a prescription in order to be eligible for reimbursement. See the FBMC website at <http://www.myfbmc.com/> for additional information, including a list of covered expenses and medications.

- Ineligible expenses include: cosmetic surgery or other elective medical or dental expenses, insurance premiums, expenses not allowed by the Internal Revenue Code such as weight loss programs, health/fitness club membership dues, and personal use items.
- Contributions to this account may be made only by payroll deduction. The minimum contribution is \$20 per month (\$240 annually); the maximum is \$416.66 per month or \$555.54 per month for University employees paid over a 9 month period (\$4,999.92 annually).
- The IRS permits an MCAP grace period of two months and 15 days following the end of the plan year (July 1 - June 30). This grace period ends on September 15. During the grace period, you may incur expenses and submit claims for these expenses; funds will automatically be deducted from any remaining dollars in the account. Any money left in your account after this date will be forfeited.
- You should not confuse the grace period with the plan's run-out period. The run-out period extends until September 30 following the end of the plan year. This is a period for filing claims incurred anytime during the previous plan year, as well as claims incurred during the grace period mentioned above.

DEPENDENT CARE ASSISTANCE PLAN (DCAP)

You may use this plan to cover the cost of day care centers, nursery schools, preschools, before- and after-school care, babysitters utilized while you work, housekeepers who also care for your children, summer day camps, adult day care facilities, adult in-home day care, and payroll taxes in connection with compensation paid to a service provider.

- Eligible dependents are children 12 years and under who can be claimed on your federal tax return and dependents age 13 and over, including your spouse, who spend eight or more hours a day in your home, are physically or mentally unable to care for themselves, and are eligible to be claimed on your federal tax return or who could have been claimed if their gross income had not exceeded the federal limits for dependency status.
- Ineligible expenses include: cost of kindergarten; books and supplies; child support payments or child care, if you are a non-custodial parent; healthcare or educational tuition costs, registration fees, deposits; services provided by your dependent, your spouse's dependent, or your child who is under age 19.
- Contributions to this account may be made only by payroll deduction. The minimum contribution is \$20 per month (\$240 annually); the maximum contribution depends on your tax filing status as listed below.

Single and head of the household:	\$5,000	Married and filing separately:	\$2,500
Married and filing jointly:	\$5,000	Total family contribution if both spouses participate:	\$5,000

- If you or your spouse earns less than \$5,000 a year, your maximum is the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum contribution is \$3,000 per year for one dependent or \$5,000 per year for two or more dependents.
- Since money set aside in your DCAP is always tax free, you guarantee savings by paying for your eligible expenses through your IRS tax-favored account. Depending on the amount of income taxes you are required to pay, participation in DCAP may produce a greater tax benefit than claiming tax credits or exclusions alone. Remember, you cannot use the dependent care tax credit if you are married and filing separately. Further, any dependent care expenses reimbursed through your DCAP cannot be filed for the dependent care tax credit, and vice versa. To help you choose between the available taxable and tax-free benefits, or a combination of both, consult a professional tax advisor and/or the IRS for additional information. You may also visit <http://www.myfbmc.com/> to complete a tax savings analysis.

TUITION BENEFITS

Employees in trainee, apprentice, learner, provisional, or status appointments of 50% time or more, and academic employees who hold an appointment of 25% time or more, are eligible for tuition waiver benefits. Additionally, tuition waiver benefits extend to retirees and children of employees.

A 50% tuition waiver may be available for children of current employees for up to four years at an Illinois state institution of higher education. For your children to be eligible, you, the parent (i.e., the employee), must meet the following criteria:

- You must have seven years of University of Illinois (or other reciprocal Illinois state university) service credit, not necessarily consecutive, in a SURS-eligible appointment.
- You must be currently employed in a SURS-eligible appointment (at least 50% for a minimum of nine months) as of the beginning of the academic term in which a waiver is claimed.

For more information and eligibility requirements on Tuition Benefits, please visit NESSIE's **Life Events** section at <https://nessie.uihr.uillinois.edu/cf/events/> and select the *Education - Employee and Child Tuition Waivers* link.

PAID TIME OFF BENEFITS

The University of Illinois provides eligible employees with various types of time off and leave. Common paid time off benefits are described below. An overview of additional paid and unpaid leave types is available in NESSIE at <https://nessie.uihr.uillinois.edu/cf/leave/>. Leave provisions may vary based on employment category. Additionally, procedures for administering leave can vary by campus and department/unit. For detailed information, please consult your employee handbook or address specific questions to your campus/central HR office.

Holidays

Employees are generally eligible to receive nine (9) paid holidays each fiscal year and two additional floating holidays. The University recognizes the following holidays: New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas, and two other days as determined by the President of the University. Eligible employees also receive two floating holidays, which can be used at any time of the year, with the approval of the unit or department. Holiday schedules for each campus are available at <https://nessie.uihr.uillinois.edu/>.

Vacation

Employees in trainee, apprentice, learner, provisional or status appointments, and academic employees on a 12-month appointment, are eligible for vacation leave for personal use. The amount of vacation time for which you are eligible will depend on your type of position appointment. For more information, visit NESSIE's **Leave** section and select *Vacation*.

Vacation Leave Accrual									
Civil Service Non-exempt				Civil Service Exempt				Academic Professional	
Years of Service Completed		Vacation Accrual		Years of Service Completed		Vacation Accrual		Full-Time:	24 days, accrued at 2 days per month
At Least	Not More Than	Rate/Hour	Leave Days	At Least	Not More Than	Rate/Hour	Leave Days	Part-Time:	24 days at a percentage of appointment
0	3	0.0462	12	0	3	0.0962	25	Partial Year Appointment:	Prorated
3	6	0.0577	15	3	6	0.1	26		
6	9	0.0692	18	6	9	0.1038	27		
9	14	0.0808	21	9		0.1077	28		
14		0.0962	25						

Sick Leave

Employees in trainee, apprentice, learner, provisional or status appointments; and academic employees with a 50% or greater appointment, are eligible for sick leave that may be used for illness of, injury to, or need to obtain medical or dental consultation for the staff member, the staff member's spouse, children, parents, parents-in-law or members of the household. The amount of sick leave for which you are eligible will depend on your type of position appointment. For more information, visit NESSIE's **Leave** section and select *Sick Leave*.

Sick Leave Accrual	
Civil Service	Academic Professional
Accrued at a rate of .0462/hours for each hour (exclusive of overtime) that employee is in pay status.	25 days, consisting of: <ul style="list-style-type: none"> • 12 days that are cumulative, if unused • 13 additional days in that appointment year, non-cumulative, are available if 12 are exhausted. <small>Amounts are prorated for appointments of less than a full appointment year. Part-time academic professionals receive the 12 and 13 days at a percentage of their appointment.</small>

Funeral/Bereavement Leave

All employees are eligible to receive up to three (3) days of paid leave to attend the funeral, for travel, and bereavement time upon the death of an employee's immediate family or household member, in-laws, grandchildren, and/or grandparents; and one day of paid leave for a relative other than the above, who is not a member of the employee's household.

Blood or Blood Platelet Donor Leave

Permanent full- or part-time faculty, civil service, or academic professional employees who are employed for six (6) months or more are eligible to request leave for the purposes of blood or blood platelet donation. Up to one (1) hour or more of paid leave may be granted every 56 days to donate blood. Up to two (2) hours or more of paid leave may be granted to donate blood platelets in accordance with recognized standards, not to exceed 24 times in a 12-month period.

Jury Duty Leave

All employees are eligible for paid leave for the duration of the jury duty.

Military Leave

Employees may be eligible for paid Military Leave. The amount of pay and benefits will depend upon the type of leave and shall be in accordance with State and Federal legislation.

Parental Leave

Employees who have completed six (6) months of continuous service, and are in trainee, apprentice, learner, provisional or status appointments intended to be permanent; and academic employees, are eligible for paid parental leave. Leave may be granted for up to two (2) weeks per academic year, immediately following the birth, adoption, or foster placement of a child. This is in addition to any sick or vacation leave the employee uses.

Additional Time Off

Employees may also be eligible for additional unpaid time off, such as Family Medical Leave (FMLA), Family Military Leave, Pregnancy Leave, and Victims Economic Security and Safety Leave (VESSA). In some instances, an employee may substitute accrued vacation or personal leave for these unpaid leaves.

For further information on these and other leave types, please visit the **Leave** section of NESSIE at <https://nessie.uihr.uillinois.edu/cf/leave/index.cfm>.

EMPLOYEE ASSISTANCE PROGRAMS

Employees may seek assistance through either the State of Illinois' Employee Assistance Program or through the University's Faculty/Staff Assistance Program. Additional information about campus resources can be found by selecting the "Employee Assistance Programs" link from the Benefits tab in NESSIE at <https://nessie.uihr.uillinois.edu/cf/benefits/index.cfm>.

UNIVERSITY'S FACULTY/STAFF ASSISTANCE PROGRAM

The University's Faculty/Staff Assistance Program is designed to provide personal, professional, and confidential assistance to all faculty, staff, academic professionals, and their household members, who are experiencing problems that interfere with their ability to work or with their well-being. The assistance program is available to help clarify issues, identify resources, and offer follow-up assistance as needed.

Urbana Campus

1011 W. University Ave.
Urbana, IL 61801
217-244-5312
217-244-7739 (24-hour mental health crisis line)

Chicago Campus

Employee Assistance Services
Psychiatric Institute, Rm 511
1601 W. Taylor
Chicago, IL 60612
312-996-3588

Springfield Campus

(See State EAP information below.)

STATE EMPLOYEE ASSISTANCE PROGRAM (EAP)

The State Employee Assistance Program is a confidential assessment and referral service that provides problem identification, counseling, and referral services for employees and their families. All EAP care managers are professional, licensed clinicians. Trained customer service representatives and EAP care managers are available 24 hours a day, seven days a week.

State Employee Assistance Program

(non-AFSCME Council 31 represented employees)
Magellan Behavioral Health
866-659-3848
<http://www.MagellanHealth.com>

State Personal Support Program

(AFSCME Council 31 represented employees)
Personal Support Program
AFSCME Council 31
800-647-8776
http://www.afscme31.org/personal_support_program

SMOKING CESSATION PROGRAM

Employees and their dependents who participate in a State health plan are eligible to receive a rebate towards the cost of an approved smoking cessation program. The maximum rebate is \$200. The rebate is limited to one rebate per year and is available only upon completion of an approved smoking cessation program. Charges not eligible for rebate include hypnosis, acupuncture, prescription drug therapy, and non-prescription drug therapy.

For reimbursement, the following documentation is needed:

- Receipt of payment for the program.
- Program certificate verifying the number of sessions and completion of the program.
- Employee's name, address, agency name (employer), and agency telephone number.

To determine if a particular smoking cessation program is an approved program, to submit documentation, and for answers to other questions about the program, contact CMS at 217-782-2548 or 800-442-1300.

ADOPTION ASSISTANCE BENEFITS

Assistance is available for employees adding to their families through adoption. All regular full-time employees and part-time employees with a 50% or greater appointment are eligible for the State of Illinois Adoption Assistance program.

The program will reimburse your eligible expenses up to a maximum of \$1,500 for a *Waiting Child*, and up to \$1,000 for any other eligible child. Your adoption must be final before expenses are eligible for this benefit. The request for reimbursement must be submitted within one year from the end of the plan year in which the adoption became final. See NESSIE at https://nessie.uihr.uillinois.edu/cf/benefits/index.cfm?Item_ID=2774 for a definition of a *Waiting Child*, a list of eligible and ineligible expenses, a list of required reimbursement documentation, and information on health insurance coverage for your adopted child.

For more information about the Adoption Assistance program, please contact CMS/Group Insurance Division at 217-782-2548 or 800-442-1300.

For questions about adoption in general, please contact the Adoption Information Center of Illinois at 800-572-2390.

BENEFIT PLAN DIRECTORY

Plan Component	Contact For	Name and Address	Contact Information
QCHP Medical Plan Administrator	Medical service info, network providers, claim forms, pre-determination of benefits, ID cards, claim filing/resolution.	CIGNA Group No. 3181456 CIGNA HealthCare PO Box 5200 Scranton, PA 18505-5200	800-962-0051 800-526-0844 (TDD/TTY) http://provider.healthcare.cigna.com/soi.html
QCHP Notification and Medical Case Management Administrator	Notification prior to hospital services. Noncompliance penalty of \$800 applies.	Intracorp, Inc. (no address required)	800-962-0051 800-526-0844 (TDD/TTY) http://provider.healthcare.cigna.com/soi.html
Prescription Drug Plan Administrator - Group #: QCHP #1400SD3 Health Alliance Illinois #1400SBS Humana-Winnebago #1400SCE HealthLink OAP #1400SCF	Prescription drug coverage info, pharmacy network, mail order, specialty pharmacy, ID cards, claim filing.	Medco Health Solutions <i>Paper Claims:</i> PO Box 14711 Lexington, KY 40512 <i>Mail Order Prescriptions:</i> PO Box 30493 Tampa, FL 33630-3493	800-899-2587 800-759-1089 (TDD/TTY) http://www.medco.com
QCHP Behavioral Health Administrator	Mental health and substance abuse treatment notification, authorization, claim forms, filing, resolution.	Magellan Behavioral Health Group No. 3181456 PO Box 2216 Maryland Heights, MO 63043	800-513-2611 800-526-0844 (TDD/TTY) http://www.MagellanHealth.com

BENEFIT PLAN DIRECTORY

MANAGED CARE HEALTH PLANS

Contact your managed care plan for general information, primary care physicians, ID cards, notification and precertification requirements, claim forms, claim filing/resolution, and other questions.

Plan Name	Phone	TDD/TTY	Web Address
Health Alliance HMO	800-851-3379	217-337-8137	https://healthalliance.org/
Health Alliance Illinois	800-851-3379	217-337-8137	https://healthalliance.org/
HealthLink OAP	800-624-2356	800-624-2356 ext. 6280	http://www.healthlink.com
HMO Illinois	800-868-9520	800-888-7114	http://www.bcbsil.com/stateofillinois
Humana Health Plan	866-427-7478	800-833-3301	http://www.humana.com/custom_clients/state_of_illinois/
Humana-Winnebago	866-427-7478	800-833-3301	http://www.humana.com/custom_clients/state_of_illinois/
PersonalCare	800-431-1211	217-366-5551	http://chcillinois.coventryhealthcare.com/

OTHER BENEFIT INSURANCE PLANS

Benefit Plan	Contact For	Name and Address	Contact Information
Quality Care Dental Plan (QCDP) Group #950	Dental services, claim filing, ID cards.	Humana/CompBenefits PO Box 14285 Lexington, KY 40512-4285	800-999-1669 312-829-1298 (TDD/TTY) http://www.compbenefits.com
Vision Plan	Vision services, benefits, network providers, claim forms and filing.	EyeMed Vision Care Out-of-Network Claims PO Box 8504 Mason, OH 45040-7111	866-723-0512 800-526-0844 (TDD/TTY) http://www.eyemedvisioncare.com/stil
Flexible Spending Accounts (FSA)	Information on MCAP/DCAP and claim eligibility.	Fringe Benefits Management Company PO Box 1810 Tallahassee, FL 32302-1810	800-342-8017 800-955-8771 (TDD/TTY) 850-514-5817 (Fax) 866-440-7152 (Toll Free Fax) http://www.myfbmc.com
State Life and AD&D Insurance	Life insurance coverage, Accidental Death and Dismemberment coverage, and claims information.	Minnesota Life Insurance Company 1 North Old State Capitol Suite 305 Springfield, IL 62701	888-202-5525 800-526-0844 (TDD/TTY) http://www.lifebenefits.com
University Life Insurance	Life insurance coverage and claims information.	ING/ReliaStar Life Insurance Company PO Box 20 Minneapolis, MN 55440	Contact your campus UPB office. 866-669-4772 217-265-5620 Select option #1 at the prompt.
University AD&D Insurance	Accidental Death and Dismemberment coverage, and claims information.	The Hartford Contact your campus UPB office.	866-669-4772 217-265-5620 Select option #1 at the prompt.
Voluntary Supplemental Long Term Disability Insurance	Supplemental long term disability insurance coverage and claims information.	Prudential Insurance Company of America 751 Broad Street Newark, NJ 07102	800-290-5903
Long Term Care (LTC) Insurance	Long term care coverage and claims information.	MetLife (No address required)	800-438-6388 800-638-1004 (TDD/TTY)
State Employee Assistance Program (non-AFSCME Council 31 represented)	Confidential assistance, assessment services, and ID cards.	Magellan Behavioral Health	866-659-3848 800-526-0844 (TDD/TTY) http://www.MagellanHealth.com
State Personal Support Program (AFSCME Council 31)	Confidential assistance and assessment services.	AFSCME Council 31	800-647-8776 800-526-0844 (TDD/TTY) http://www.afscme31.org
University Employee Assistance Program	See page 28 of this booklet.		

OTHER BENEFIT INSURANCE PLANS

Benefit Plan	Contact For	Name and Address	Contact Information
State Health and Dental Plans, Adoption Assistance, Smoking Cessation, Medicare COB Unit, FSA Unit, Premium Collection Unit, Life Insurance	General information on State benefit plans or other benefits.	CMS Group Insurance Division 201 E. Madison PO Box 19208 Springfield, IL 62794-9208	217-782-2548 800-442-1300 800-526-0844 (TDD/TTY) http://www.benefitschoice.il.gov

RETIREMENT PLANS

Benefit Plan	Contact For	Name and Address	Contact Information
State Universities Retirement System (SURS)	Questions about the Traditional, Portable, or Self-Managed plans; requesting the <i>Power of Choice</i> workbook.	SURS PO Box 2710 Champaign, IL 61825-2710	800-275-7877 217-378-8800 217-378-9800 (Fax) http://www.surs.com/
Deferred Compensation Plan Administrator (457(b) Plan)	General questions and to obtain enrollment materials.	CMS Deferred Compensation Division 201 E. Madison PO Box 19208 Springfield, IL 62794-9208	800-442-1300 217-785-3979 (TDD/TTY) http://www.state.il.us/cms/employee/defcom/
Deferred Compensation Plan Recordkeeper (457(b) Plan)	Account balances, information on fund performance and additional literature.	T. Rowe Price PO Box 17215 Baltimore, MD 21297-1215	888-457-5770 800-521-0325 (TDD/TTY) http://rps.troweprice.com/
403(b) Supplemental Retirement Plan	General information and enrollment materials.	Contact UPB Office	866-669-4772 217-265-5620 Select option #1 at the prompt.
Investment company choices for both the 403(b) Plan and the SURS Self-Managed Plan option	Investment company information, fund prospectuses, account enrollment.	Fidelity Investments PO Box 770001 Cincinnati, OH 45277	800-343-0860 For 403(b): http://www.mysavingsatwork.com/atwork/illinois.htm For SURS SMP: http://www.mysavingsatwork.com/atwork.htm
		TIAA-CREF PO Box 1259 Charlotte, NC 28201	800-842-2776 For 403(b): http://www.tiaa-cref.org/uofi403b For SURS SMP: http://www.tiaa-cref.org/illinois

