



University of Idaho
Benefits

U of I Benefit Services

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uidaho.edu/benefits

Include your Vandal number when
corresponding with Benefit Services.

MARCH 2024



**2024
BENEFITS
GUIDE**



Welcome!

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

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

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

Learn more about your benefits

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

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



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WHAT'S NEW AND CHANGING FOR 2024

At the University of Idaho, we continually look for ways to improve your benefits and keep costs down.



Vision Plan Enhancements Protect VSP Members

We're improving the vision plan to help you save on the cost of prescription eyecare and eyewear. The allowances for both retail frames and contact lenses will each increase to \$175. In addition, a new \$60 copay will apply for a contact lens evaluation and fitting exam. If your provider charges less than \$60 for the exam, you pay the lower amount. But, if your provider charges more than \$60, the most you will pay is \$60. This new copay provides greater savings for you than the current discount.

PPO Plan Prescription Drug Cost Share Maximum Will Increase

The PPO prescription drug annual cost share maximum will increase to \$4,875 for individual coverage and \$9,750 for family coverage per federal regulations.

Modest Increases to Medical Plan and Willamette Dental Plan Rates

Medical plan rates will increase slightly for 2024 to keep pace with inflation. Dental plan rates for Willamette participants will increase slightly for 2024 as well. [See page 9.](#)

WHO'S ELIGIBLE FOR BENEFITS?

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



Employees

You're eligible for benefits if you are:

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

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

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

Dependents

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

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

If you are planning to enroll dependents, you should gather the necessary documents, such as social security numbers, birthdates and beneficiary information, before you begin enrollment. You will also need to provide proof of dependent eligibility status. Please see "Enrolling" beginning on [page 11](#) for details.

YOUR 2024 HEALTH PLAN COSTS

Here are the 2024 per-pay contributions for full-time employees for medical, dental and vision coverage.



Employees' Per-Pay Contributions

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

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

2024 Full-Time Employees' Per-Pay Contributions for Medical Coverage

Coverage Level	HDHP with HSA Option	Standard PPO with Health Care FSA Option
Employee only	\$47.08	\$89.22
Employee + Spouse or Other Eligible Adult	\$98.83	\$187.31
Employee + Child	\$65.90	\$124.89
Employee + Children	\$99.77	\$189.10
Employee + Family (Spouse or Other Eligible Adult + Children)	\$132.70	\$251.52

2024 Full-Time Employees' Per-Pay Contributions for Dental Coverage

Coverage Level	Delta Dental Standard	Delta Dental Plus	Willamette Dental
Employee Only	\$0.00	\$3.72	\$7.54
Employee + Spouse Or Other Eligible Adult	\$0.00	\$8.32	\$15.39
Employee + Child	\$0.00	\$7.43	\$14.65
Employee + Children	\$0.00	\$14.12	\$27.93
Employee + Family (Spouse Or Other Eligible Adult + Children)	\$0.00	\$15.01	\$29.90

2024 Full-Time Employees' Per-Pay Contributions for Vision Coverage

Coverage Level	VSP
Employee only	\$0.00
Employee + Spouse or Other Eligible Adult	\$0.00
Employee + Child	\$0.00
Employee + Children	\$0.00
Employee + Family (Spouse or Other Eligible Adult + Children)	\$0.00

ENROLLING

You can sign up for benefits as a new hire. You have 30 days from your date of hire to select your coverage and enroll your dependents, or you'll receive default coverage.

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

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

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



New Hires

Enroll or Waive Coverage within 30 Days

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

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

To enroll in coverage:

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

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

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

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

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

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

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

If You Don't Enroll as a New Hire

Full-Time Employees

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

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

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

Part-Time Employees

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

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

ID Cards for New Hires

Medical and Prescription Drug

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

Vision

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

Dental

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

Employee Assistance Program (EAP)

- Coverage cards will not be mailed. Call **800-999-1077** to receive authorization for needed service. Company Code: UI1

Annual Enrollment

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

During annual enrollment, be sure to:

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

How to Enroll

To enroll, change or waive your coverage, log in to [MyUI](#) > *Employees Resources* > *myBenefits*.

Dependent Verification

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

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

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

If You Don't Take Action During Annual Enrollment

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

Midyear Changes

Qualifying Life Events

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

Examples of qualifying life events include:

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

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

Life Events Are Time Sensitive!

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

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

When You Need to Provide Proof of Dependent Status

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

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

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

Documents to Prove Dependent Eligibility

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

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

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

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

MEDICAL BENEFITS

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

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

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

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

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

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



Comparing Your Medical Plan Options

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

	High Deductible Health Plan (HDHP) with HSA option	Standard PPO with FSA option	
	In- or Out-of-Network	In-Network	Out-of-Network
Plan Features			
Annual deductible*	Single \$1,900 Family \$3,800	Single \$800 Family \$1,600	\$1,300 per individual
Annual cost-share maximum*	Single \$3,100 Family \$6,200	Single \$3,650 Family \$7,300	\$5,300 per individual
Annual prescription drug deductible	N/A; combined with medical deductible		Single \$125 Family \$250
Annual prescription drug cost-share maximum	N/A; combined with medical cost-share maximum		Single \$4,875 Family \$9,750
Plan Services			
	What You Pay		
Preventive care	\$0	\$0	You pay full cost
Office visit	30% of maximum allowance after deductible	\$35 copay, not subject to or applied to deductible	35% of maximum allowance after deductible
Urgent care	30% of maximum allowance after deductible	\$35 copay, not subject to or applied to deductible	35% of maximum allowance after deductible
Emergency services	30% of maximum allowance after deductible	20% of maximum allowance after deductible and \$100 copay	

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

HDHP with Health Savings Account (HSA) Option

Here are the highlights of the HDHP with HSA option:

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

For more information on the HDHP with HSA option, visit the [Benefits section](#) of our website.

*Find in-network doctors and other providers at members.bcidaho.com. Click **Find a Doctor** and follow the steps.*

How the Health Savings Account (HSA) Works

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

Benefits of an HSA include:

- **No use-it-or-lose-it rule.** At the end of each year, unused HSA dollars roll over to the following year.
- **The money is always yours.** Your HSA money belongs to you, even if you leave the university or retire.
- **You won't pay taxes.** Money you contribute or withdraw, interest and investment earnings are all tax-free as long as you keep the money in your HSA or use it to pay eligible health care expenses.
- **Grows through investments.** The university has preselected a variety of investment options that you can use to grow your HSA dollars.

Every year, you select how much you want to contribute to your HSA, up to IRS contribution limits. If you are age 55 or older by December 31, 2024, you can make an additional contribution. You can change your contribution amount anytime during the year. The university will also provide a matching contribution of 50 cents on the dollar, up to the maximum contributions as listed below.

Coverage Level	Your 2024 Maximum Contribution	University Maximum Matching Contribution	Maximum Contribution Amount (You + University)
Employee only	\$3,650	\$500	\$4,150
Family	\$7,300	\$1,000	\$8,300
Age 55 or older (by 12/31/24)	Additional \$1,000	\$0	Additional \$1,000

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

If you want to save money on eligible dependent care expenses, you can enroll in the Dependent Care Flexible Spending Account. See [page 34](#) for additional details.

Standard PPO with Health Care Flexible Spending Account (FSA) Option

Here are the highlights of the Standard PPO with Health Care FSA option:

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

For more information on the Standard PPO with Health Care FSA option, visit the [Benefits section](#) of our website.

*Find in-network doctors and other providers at members.bcidaho.com. Click **Find a Doctor** and follow the steps.*

Health Care Flexible Spending Account

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

A Health Care FSA is a tax-advantaged account that lets you set aside pretax money to pay for your or your dependents’ eligible health care expenses. Eligible expenses include medical, prescription drug, dental, vision and hearing deductibles, cost-share and copays.

The university doesn’t contribute to your Health Care FSA — only you do. It’s important to only set aside what you expect to spend on eligible expenses during the year because you **will lose** any unused funds at the end of the year. The maximum 2023 Health Care FSA contribution, set by the IRS, is \$3,050.¹

How Is a Health Care FSA Different from an HSA?

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

Flexible Spending Accounts are administered by HealthEquity.

If you want to save money on eligible dependent care expenses, you can enroll in the Dependent Care Flexible Spending Account. See [page 34](#) for additional details.

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

Your Medical Plan Determines Your Health Care FSA or HSA Eligibility!

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

¹ FSA contribution maximums are for 2023. Check [irs.gov](https://www.irs.gov) for 2024 contribution maximums, which will be released later this year.

PRESCRIPTION DRUG BENEFITS

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

HDHP with HSA Option

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

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

Standard PPO with Health Care FSA Option

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



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

		HDHP with HSA Option		Standard PPO with Health Care FSA Option	
		Retail Pharmacy	Mail Order Pharmacy	Retail Pharmacy	Mail Order Pharmacy
Prescription Drug Deductible	Employee Only	N/A; combined with medical deductible		\$125	
	Family			\$250	
Prescription Drug Cost-Share Maximum	Employee Only	N/A; combined with medical cost-share maximum		\$4,875	
	Family			\$9,750	
Generic		100% of drug cost until you meet the deductible, then 30% of maximum allowance		25% (\$12 min., \$25 max.)	\$36
Preferred Brand Name				25% (\$25 min., \$75 max.)	\$75
Non-Preferred Brand Name				25% (\$40 min., \$100 max.)	\$120

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

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

Mail Order

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

WELLNESS BENEFITS

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



Your Wellness Benefits

Diabetes Prevention Program (DPP): Your university medical coverage includes diabetes prevention programs if you meet the program's eligibility requirements. Choose from an array of programs and from online or in-person formats. Most programs include lifestyle health coaching, weekly activities and a small support group to help you make lasting lifestyle changes that significantly reduce your risk of developing diabetes. Visit solera4me.com/bcidaho for more information and to see if you qualify.

Musculoskeletal (MSK) Benefits: Your university medical coverage includes access to MSK benefits such as:

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

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

Wondr™ Health: Wondr Health makes it easy to live healthier and happier. This digital health program helps people take control of their physical health by making lasting changes to improve their whole wellbeing — and it's available to you at no cost if you're eligible. Your spouse/domestic partner and adult dependents age 18 and older who are enrolled in a Blue Cross of Idaho medical plan may also be eligible. Visit wondrhealth.com/UofI to learn more about this program, view eligibility criteria, and enroll early in an upcoming session.

Medical Management: The medical management program includes condition support outreach, care management outreach, sleep testing, and therapy and advanced imaging.

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

Tools and Resources Available to You

Blue Cross of Idaho also offers a variety of resources and discounts to help you meet your personal wellness goals.

- **Sharecare** is a digital wellbeing platform that offers a health assessment and resources for improving mental health, sleep, activity levels and healthy eating.

[Learn more about Sharecare.](#)

- **Blue Extras!** offers discounts on products and services including:

- › Hearing, vision and orthodontia services
- › Massage therapy
- › Acupuncture
- › Fitness club memberships
- › Baby and maternity products
- › Medical alert services

[Learn more about Blue Extras!](#)

DENTAL BENEFITS

The university offers three dental plans:

Delta Dental Standard

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

Delta Dental Plus

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

Willamette Dental

The most comprehensive coverage for orthodontia, surgical and restorative procedures. Available only in certain areas.

To be covered under a university dental plan, you must be enrolled in a university medical plan. However, your eligible dependents can be covered under a university dental and/or vision plan as long as you have health coverage through a university medical plan.



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

Plan Features	Delta Dental Standard	Delta Dental Plus	Willamette Dental
Annual deductible	Individual: \$25 Family: \$75	Individual: \$50 Family: \$150	None
Annual maximum benefit per person (excluding orthodontia)	\$1,000	\$1,500	None
Preventive care, diagnostic care, X-rays	Plan pays 100% (no deductible)		\$20 copay
Class II benefits: minor restorative services	25% of maximum allowance after deductible	20% of maximum allowance after deductible	Copays vary by service; see the dental at-a-glance chart
Class III benefits: major restorative services	55% of maximum allowance after deductible	45% of maximum allowance after deductible	
Class IV benefits: orthodontia	You pay full cost	50% up to a lifetime maximum benefit of \$1,500 per person	\$1,500 copay

VISION BENEFITS

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

To be covered under the university vision plan, you must be enrolled in a university medical plan. However, your eligible dependents can be covered under a university dental and/or vision plan as long as you have health coverage through a university medical plan.



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

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

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

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The Dependent Care FSA lets you set aside pretax money to pay for child care or other dependent care expenses if you and your spouse both work or attend school full-time. Eligible dependent care expenses include:

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

The maximum 2023 Dependent Care FSA contribution, set by the IRS, is \$5,000 (if you are single or you and your spouse file joint tax returns) or \$2,500 (if you and your spouse file separate tax returns).¹

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

¹ FSA contribution maximums are for 2023. Check [irs.gov](https://www.irs.gov) for 2024 contribution maximums, which will be released later this year.

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



DISABILITY INSURANCE

To help protect you from financial challenges associated with unexpected injury, illness and death, the university offers Short- and Long-Term Disability, Accidental Death and Dismemberment (AD&D) and Life Insurance.



Short-Term Disability (STD)

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

2024 Full-Time Employees' Per-Pay Contributions

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

Long-Term Disability (LTD)

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

2024 Full-Time Employees' Per-Pay Contributions

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

Accidental Death and Dismemberment (AD&D) Insurance

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

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

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

2024 Full-Time Employees' Per-Pay Contributions

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

LIFE INSURANCE

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

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

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

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



Life Insurance

2024 Full-Time Employees' Per-Pay Contributions

Coverage Level	Per \$1,000 of Benefit Coverage	
Age	Tobacco Non-User	Tobacco User
Under 30	\$0.05	\$0.08
30–34	\$0.06	\$0.09
35–39	\$0.07	\$0.11
40–44	\$0.10	\$0.16
45–49	\$0.15	\$0.24
50–54	\$0.23	\$0.36
55–59	\$0.41	\$0.51
60–64	\$0.57	\$0.74
65–69	\$0.88	\$1.27
70+	\$1.58	\$2.14

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

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

Tobacco-Use and Life Insurance Rates

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

Ready to Quit?

You have a range of tobacco-cessation programs available to you. Visit the [University of Idaho website](#) for more information.

COUNSELING AND THERAPY BENEFITS

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



Employee Assistance Program (EAP)

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

You and each member of your family will receive **eight no-cost** counseling sessions per issue per year. If you require longer-term counseling, the EAP can help you find a licensed counselor. For a comprehensive list of services, visit the [EAP website](#) (company code: **UI1**).

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

Mental Health Care Anytime, Anywhere Through Telus Health CBT

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

State and National Resources

988 Suicide and Crisis Lifeline

- Call or text to 988
- [Online Chat](#)

SAMHSA National Helpline for Substance Use and Mental Health

- **800-662-HELP** (4357) also known as the Treatment Referral Routing Service
- TTY: 800-487-4889

LGBT National Hotline

- **888-843-4564**
(Monday-Friday, 1-9 p.m.,
Saturday 9 a.m.-2 p.m. PT)

RETIREMENT PLANS

Your retirement plan options depend on your employment status:

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



PERSI Retirement Plan

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

You and the university contribute:

- **You:** 6.71% of your base annual salary, tax-deferred (meaning you save taxes on the amount you contribute)
- **University:** 11.18% of your base annual salary, tax-deferred

You're vested in contributions and investment earnings when you have five years of vesting service in the plan. The university invests the money in your account to help ensure you receive your full benefit at retirement. Your account is automatically set up. You can access your account information through the PERSI website.

Optional Retirement Plan (ORP)

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

You and the university contribute:

- **You:** 6.97% of your base annual salary, tax-deferred (meaning you save taxes on the amount you contribute)
- **University:** 9.27% of your base annual salary, tax-deferred

When you open an account with either the Teachers Insurance Annuity Association (TIAA) or Corebridge Financial (formerly VALIC-AIG), you are vested immediately. You invest the money in your account in one or more investment options offered by TIAA or Corebridge Financial. Your account is yours to take with you if you leave or retire from the university.

Supplemental Retirement Plans

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

The university does **not** contribute to your supplemental retirement plan. Your contributions and investment earnings are tax-deferred.

VOLUNTARY BENEFITS

The university offers you employee-pay-all voluntary benefits at discounted rates, so you can enhance your coverage to fit the needs of you and your family.



Benefits Through Corestream

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

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

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

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

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

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

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

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

- **Accident Insurance:** Covers unexpected costs that you have following a covered accident.
- **Critical Illness Insurance:** Protects you against a predetermined list of critical illnesses, such as cancer.
- **Hospital Indemnity Insurance:** Provides you with a payout for certain costs related to long-term hospital stays.
- **Legal Plan:** Get access to thousands of experienced attorneys nationwide through LegalEASE.

Questions? Contact Corestream at 855-952-1600 or info@corestream.com.

University Benefits and Perks

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

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

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

Student Recreation Center: You can find programs, services, facilities and equipment to foster a lifelong appreciation and involvement in recreation and wellbeing activities.

U of I Children's Center: The center offers a child-centered program in Moscow, Idaho, for children ages 6 weeks to 6 years old.

Vandal Sports Packages: Special deals on university sports events

NCPERS: Term life insurance for PERSI participants

LEAVE BENEFITS

Time away from work is important in order to reduce stress and improve your mental health. You can check your leave balance on [MyUI](#).

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



Annual Leave

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

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

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

Sick Leave

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

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

Medical Appointment Leave

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

Family and Medical Leave

This benefit protects your job and benefits while you are unable to work, up to a maximum of 12 weeks or 480 hours for a qualified medical condition, birth or adoption for yourself or an immediate family member. Although Family Medical Leave (FML) is an unpaid leave, the university policy allows you to use accumulated sick and annual leave for wage replacement while out on FML. Paid Parental Leave is also available to eligible employees. More information on eligibility can be found in the [Faculty Staff Handbook \(chapter 3710\)](#) and on the [benefits website](#).

Shared Leave

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

Military Leave

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

Personal Leave

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

Other Types of Leave

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

Please contact Benefit Services for assistance in maximizing the leave benefits available to you at your time of need.

BENEFIT TERMS

Health care can be complicated. Here are definitions of key health care terms.



- **Annual deductible:** The amount you pay before the plan begins to pay. For the Standard PPO with Health Care FSA option, office visit copays **don't** count toward the medical deductible, and there are separate medical and prescription drug deductibles.
- **Annual medical cost-share maximum:** After you meet this amount, plus pay the deductible, the plan pays 100% of covered services for the rest of the plan year. The cost-share maximum includes what you pay for dollar amount and percentage copays and for covered services. Medical and prescription drug deductibles **don't** count toward the cost-share maximum. For the Standard PPO, there are separate medical and prescription drug cost-share maximums.
- **Annual prescription drug cost-share maximum:** In the Standard PPO, after you meet this amount, plus pay your annual prescription drug deductible, the plan pays 100% of covered prescriptions for the rest of the plan year.
- **Combined medical and prescription drug out-of-pocket maximum (total cost exposure):** In the Standard PPO, this is the most you'll pay in a plan year (annual medical and prescription drug deductibles plus annual medical and prescription drug cost-share maximums).
- **Copay:** A fixed-dollar charge you must pay at the time of service.
- **Cost-share:** A percentage of a covered expense you pay after you meet the plan's annual deductible.
- **Covered medical expenses:** Services, treatments and supplies for which the plan will pay benefits. Covered services must be "medically necessary" to be considered for benefit payment, unless otherwise specified. Medical necessity determination, made by Blue Cross of Idaho, is a check to confirm that your care is reasonable, necessary and/or appropriate based on your medical needs and health condition.
- **Evidence of insurability (EOI):** You or your dependents may need to provide health-related information before enrolling in or increasing life insurance coverage during annual enrollment. This is known as providing evidence of insurability, or EOI. If EOI is required, you must complete an online EOI form, available as part of the step-by-step enrollment process in [myBenefits](#).
- **Formulary:** A prescription drug formulary is the list of generic and preferred prescription drugs covered by CVS Caremark.
- **In-network providers/services:** In-network providers are doctors contracted with Blue Cross of Idaho (medical), CVS Caremark (prescription drug), Delta Dental (dental), or VSP (vision) to accept the amount paid by the plan (plus any deductible, copays and cost-share you pay). You'll generally save money when you receive care in-network, because providers charge the lower, contracted rates. Plus, your deductible and cost-share/copay will be lower compared with out-of-network care.
- **Maintenance medications:** Maintenance medications are prescribed for chronic or long-term health conditions and are taken on a regular, recurring basis, for example, medication for high blood pressure, high cholesterol and diabetes.
- **Out-of-network providers/services:** Out-of-network providers are doctors, hospitals and other medical providers not contracted with Blue Cross of Idaho (medical), CVS Caremark (prescription drug), Delta Dental (dental), or VSP (vision). If you use an out-of-network provider, you'll pay more because services will not be provided at a discounted rate, and your coinsurance or copay may be higher.
- **Per-pay contributions:** The amount you contribute each pay period through payroll deductions toward the cost of benefits coverage. The amount you contribute depends on the plan you elect, the number of dependents you cover and your employment status.
- **Preventive care:** Preventive care includes services such as your annual physical, certain immunizations, well-baby visits, yearly mammograms and certain cancer screenings.

IMPORTANT CONTACTS

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



IMPORTANT CONTACTS

Benefit	Administrator	How to Connect
Medical Plan	Blue Cross of Idaho	866-685-2258 bcidaho.com
Online weight loss program	Wondr Health	wondrhealth.com/UofI
Diabetes Prevention Program	Blue Cross of Idaho	866-685-2258 solera4me.com/bcidaho
Bright Beginnings Pregnancy support program	Blue Cross of Idaho	866-685-2258 bcidaho.com
MSK+ Musculoskeletal benefits	Blue Cross of Idaho	866-685-2258 hingehealth.com
Health Savings Account (HSA) Health Care and Dependent Care Flexible Spending Accounts (FSAs)	HealthEquity	888-769-8696 healthequity.com
Prescription Drug Plan	CVS Caremark	888-202-1654 caremark.com

U of I Benefit Services

Access myBenefits through [MyUI](#) > *Employees Resources* > *myBenefits*.
208-885-3697 or 800-646-6174
benefits@uidaho.edu

Include your Vandal number when corresponding with Benefit Services.

IMPORTANT CONTACTS

Benefit	Administrator	How to Connect
Dental Plan	Delta Dental of Idaho	800-356-7586 deltadentalid.com
	Willamette Dental Group	855-4DENTAL (433-6825) willamettedental.com
Vision Plan	VSP	800-877-7195 vsp.com
Employee Assistance Program (EAP)	Acentra Health	800-999-1077 eaphelplink.com Company Code: UI1
Cognitive Behavioral Therapy Program	Telus Health CBT	uidaho.abilitichtus.com/home
Disability and Life Insurance Claims	The Standard Insurance	888-937-4783 standard.com
Voluntary Benefits	Corestream	855-952-1600 ms-idaho.corestream.com
Classified/Grandfathered Exempt Employees Retirement Plan	PERSI	800-451-8228 persi.idaho.gov
Exempt/Faculty Retirement Plan	Corebridge Financial (formerly VALIC AIG)	800-448-2542 corebridgefinancial.com
	TIAA	800-842-2733 tiaa.org

U of I Benefit Services

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208-885-3697 or 800-646-6174
benefits@uidaho.edu