

THE UNIVERSITY OF IOWA

Merit Staff Benefits Overview



Medical Insurance Programs



Medical insurance coverage is available on a voluntary basis. The University contributes towards the medical insurance cost for each regular staff member who holds a 50% time or greater appointment.

Coverage is generally effective the first of the month following a thirty-day waiting period after your hire date. If your hire date is the first working day of the month, the effective date is the first of the next month.

An annual open enrollment or change period is held for persons already employed and wishing to enroll or change coverage. If you have a qualifying event during the calendar year, you may change your plan or go from single to family or family to single coverage or add a dependent if it is within 30 days of an event (60 days for birth, adoption or loss of Medicaid or SCHIP coverage). (An event consists of a change in your family status due to birth, death, adoption, marriage, divorce, or if your spouse/dependent obtains or loses a job.)

Coverage is offered under either a single or a family contract basis. In addition to the subscriber, the family contract may cover:

1. Spouse or common law spouse.
2. Same or opposite-sex domestic partner.
3. The dependent child age limit is the end of the year turning 26.
4. Dependent children, regardless of age, as long as they are single full-time students.
5. Dependent children, regardless of age, who are totally and permanently disabled, provided such disability was in existence while the child was insured.

The premium rates are computed on a twelve-month basis and the staff member's share is deducted from payroll checks as applicable.

You may elect to participate in one of four State of Iowa health insurance plans. All of the plans combine hospital, medical/surgical and major medical coverage into one program. The plans differ in their deductibles, co-insurance, out-of-pocket maximums, and freedom to select providers and facilities.

All plans have a mail-order prescription provision that allows you to receive three months of a prescription medication while only paying two months of co-payments.

If your spouse is also a state employee, you cannot be covered as both an employee and a dependent under the state's health and dental insurance plans.

If you and your spouse are both state employees, you have four coverage choices under the health and dental plans:

1. You and your spouse may enroll separately in single coverage.
2. You or your spouse may elect single coverage and other spouse may enroll themselves and dependents in family coverage. The spouse electing single coverage may not be listed as a dependent on the family plan.
3. One spouse may elect to waive coverage and the other spouse may enroll both spouses and dependents in family coverage.
4. The couple may elect family coverage for themselves and their dependent(s) under double-spouse family coverage. One spouse would be designated as the contract holder and make the election for family coverage and the other spouse would be designated as the contributing spouse.

If you and your spouse have children together, only one of you can enroll the eligible children under your insurance plan.

Blue Access Plan

Health care under this plan will be provided by physicians, advanced registered nurse practitioners, certified nurse midwives, and specialists at The University of Iowa Hospitals and Clinics, the University Community Medical Services Clinics, and community physicians and facilities who are part of the Wellmark Health Plan of Iowa network. In Iowa City, this network includes Mercy Hospital. A Primary Care Physician is not required.

Referrals are generally not needed, but are required for:

Out-of-network providers – except for emergencies. Prior approvals are needed for all referrals outside the network.

Chiropractic care beyond 12 visits in a year.

How Much an Individual Pays for Health Care Services

Insureds will pay a \$10 co-payment for routine office visits, an annual physical examination, well-child or normal newborn care, and routine eye and hearing exams. There is no co-insurance on most services.

Insureds will pay 20% co-insurance for durable medical equipment.

When an individual goes to an emergency room, the insured will pay a co-payment of \$50 - this is waived if the individual is admitted to the hospital.

There is no charge for hospital room and board.

The Blue Access Plan provides an annual maximum limit for the Out of Pocket Maximum (OPM) expense for both individuals and families. The OPM for an individual's expenses is \$750. The OPM for Family contracts is \$1,500.

When the amount paid by the insured equals the applicable OPM, the plan pays 100% of the charges for most additional medically-necessary expenses incurred during the remainder of the calendar year.

Amounts an insured pays as co-insurance are cumulated and determine the annual OPM expense. Co-payments do not apply toward meeting the OPM and continue once the OPM is met.

When prescription drugs are purchased from participating pharmacies, you pay \$5 for generic formulary drugs, \$15 for name brand formulary drugs, and \$30 or 25% (whichever is greater) for non-formulary drugs.

Health Care for Individuals Who are Out of Network

The Blue Access Plan provides coverage for any Blue Access network provider, and coverage for emergencies anywhere in the world. An emergency can be considered a medical condition that a prudent layperson (with an average knowledge of health and medicine) could reasonably expect to result in serious jeopardy to a person's health in the absence of immediate medical attention. The emergency services must be provided in an emergency room setting.

Blue Advantage Plan

Health care under this plan will be provided by physicians, advanced registered nurse practitioners, certified nurse midwives, and specialists at The University of Iowa Hospitals and Clinics, the University Community Medical Services Clinics, and community physicians and facilities who are part of the Wellmark Health Plan of Iowa network. In Iowa City, this network includes Mercy Hospital. A Primary Care Provider is required.

Referrals are needed for:

Out-of-network providers – except for emergencies. Prior approvals are needed for all referrals outside the network.

Chiropractic care beyond 12 visits in a year.

How Much an Individual Pays for Health Care Services

Insureds will pay a \$10 co-payment for routine office visits, an annual physical examination, well-child or normal newborn care, and routine eye and hearing exams. There is no co-insurance on most services.

Insureds will pay 20% co-insurance for durable medical equipment.

When an individual goes to an emergency room, the insured will pay a co-payment of \$50 - this is waived if the individual is admitted to the hospital.

There is no charge for hospital room and board.

The Blue Advantage Plan provides an annual maximum limit for the OPM expense for both individuals and families. The OPM for an individual's expenses is \$750. The OPM for Family contracts is \$1,500.

When the amount paid by the insured equals the applicable OPM, the plan pays 100% of the charges for most additional medically-necessary expenses incurred during the remainder of the calendar year.

Amounts an insured pays as co-insurance are accumulated and determine the annual OPM expense. Co-payments do not apply toward meeting the OPM and continue once the OPM is met.

When prescription drugs are purchased from participating pharmacies, you pay \$5 for generic formulary drugs, \$15 for name brand formulary drugs and \$30 or 25% (whichever is greater) for non-formulary drugs.

Health Care for Individuals Who are Out of Network

The Blue Advantage Plan provides coverage for any Blue Advantage network provider, and coverage for emergencies anywhere in the world. An emergency can be considered to be a medical condition that a prudent layperson (with an average knowledge of health and medicine) could reasonably expect to result in serious jeopardy to a person's health in the absence of immediate medical attention. The emergency services must be provided in an emergency room setting.

Iowa Select Plan

Health care under Iowa Select may be obtained from any provider you wish. However, there are advantages to using providers in the Wellmark Alliance Select network.

Select providers will accept payment arrangements with Wellmark Blue Cross and Blue Shield of Iowa. When using select providers, you also pay a lower co-insurance percentage and the deductible is waived for services in the office setting.

Non-participating providers may charge more for health care than participating providers. You will also be responsible for charges beyond usual, reasonable, and customary.

In an emergency, if you cannot reasonably reach a participating provider, emergency care received during the course of the emergency will be reimbursed as though the service was received from a participating provider.

How Much an Individual Pays for Health Care Services

Deductibles. The deductible is \$250 for single and \$500 for family coverage. The family deductible is reached from deductible amounts accumulated on behalf of any combination of members. The deductible is waived for services in the office setting from Select providers.

Co-payments. This is a fixed dollar amount you pay each time you receive many covered services. Insureds pay a \$15 co-payment for the exam portion of each office visit. Co-payments for office visits on this plan do not apply toward your out-of-pocket maximum (OPM) and they continue after the OPM is met. There is a \$50 co-pay for emergency room visits. Emergency room co-payments on this plan do apply toward your out-of-pocket maximum (OPM) and continue after the OPM is met. The emergency room co-payment is waived if you are admitted.

Co-insurance. This is the amount, using a fixed percentage, you pay each time you receive most covered services. The co-insurance percentage for select providers is 10% and it is 20% for non-select providers. There is no co-insurance for emergency room care.

The OPM for the individual's expenses is \$600. The OPM for a family contract is \$800. This does not include prescription medication – there is a separate \$250 Single and \$500 Family OPM for prescription medication.

When the amount paid equals the applicable OPM, the plan pays 100% of the charges for most additional medically-necessary expenses incurred during the remainder of the calendar year.

Amounts an insured pays as deductibles and the percentage portion of charges are cumulated when determining the annual OPM expense. However, co-payments are not counted in determining when the OPM has been exceeded.

When prescription drugs are purchased from participating pharmacies, you pay \$5 for generic formulary drugs, \$15 for name brand formulary drugs, and \$30 for non-formulary drugs.

Health Care for Individuals Who Are Away from Iowa

Out-of State. If you are in a state other than Iowa and require medical care, you may call Wellmark Blue Cross and Blue Shield of Iowa for assistance in locating the closest participating provider in that state. For covered services received in a state other than Iowa there are advantages in using providers who participate with the Blue Cross and Blue Shield Plan in that state.

Out-of-Country. If it is necessary to receive covered services in a country other than the United States, it is advisable to contact Blue Cross and Blue Shield for assistance in locating the closest participating provider in that country.

Pre-existing Condition Clause

This plan has a pre-existing condition waiting period. This means that as a new enrollee, if you have been diagnosed with, or treated for a specific medical condition within six months of the commencement of coverage, there is no coverage for services or supplies related to that specific condition for a period of 11 months. Some or all of this waiting period may be offset by your prior insurance coverage if you have a 62-day (or less) break in coverage. Your prior insurance company will provide you with a certificate of creditable coverage and you use this to have all or part of the waiting period waived.

For example, if you were covered by another group health plan (without a break in coverage of 63 days or more) for the 4-month period before your enrollment date, the 11-month waiting period would be reduced to 7 months.

Program III Plus

Health care under the Program III Plus may be obtained from any provider you wish. However, there are advantages to using participating providers who have contracts with Blue Cross and Blue Shield.

In Iowa, participating providers will accept payment arrangements and file claims for you with Wellmark Blue Cross and Blue Shield of Iowa. Payment is made directly to these providers. All hospitals in Iowa are participating providers and over 4,000 physicians in Iowa are also participating providers.

Non-participating providers do not have contracts with Blue Cross and Blue Shield. They do not agree to accept payment arrangements and are not responsible for filing claims for you. Non-participating providers may charge more for health care than participating providers. Payment is made to you and you are responsible for paying the provider. You will be responsible for charges beyond usual, reasonable, and customary.

In an emergency, if you cannot reasonably reach a participating provider, emergency care received during the course of the emergency will be reimbursed as though the service was received from a participating provider.

How Much an Individual Pays for Health Care Services

Deductibles. The only place this plan has a deductible is Inpatient hospital services. The deductible is \$300 for single and \$400 for family coverage. The family deductible is reached from deductible amounts accumulated on behalf of any combination of members.

Co-payments. This is a fixed dollar amount you pay each time you receive many covered services. The co-payment for the exam portion of office visits on this plan is \$15. Co-payments on this plan do not apply toward your out-of-pocket maximum (OPM) and they continue after the OPM is met.

Co-insurance. This is the amount, using a fixed percentage, you pay each time you receive most covered services. The co-insurance percentage for Program III Plus is 20%. There is no co-insurance for emergency room care.

Out-of-Pocket Maximum (OPM) Expenses for Individuals

Program III Plus has an individual OPM of \$600. The OPM for a family contract is \$800. This does not include prescription medication – there is a separate \$250 single and \$500 family OPM for prescription medication. Once the OPM is reached, the plan pays 100% of the remaining covered expenses.

When prescription drugs are purchased from participating pharmacies, you pay \$5 for generic formulary drugs, \$15 for name brand formulary drugs, and \$30 for non-formulary drugs.

Health Care for Individuals Who Are Away from Iowa

Out-of State. If you are in a state other than Iowa and require medical care, you may call Wellmark Blue Cross and Blue Shield of Iowa for assistance in locating the closest participating provider in that state. For covered services received in a state other than Iowa there are advantages in using providers who participate with the Blue Cross and Blue Shield Plan in that state.

Out-of-Country. If it is necessary to receive covered services in a country other than the United States, it is advisable to contact Blue Cross and Blue Shield for assistance in locating the closest participating provider in that country.

Pre-existing Condition Clause

This plan has a pre-existing condition waiting period. This means that as a new enrollee, if you have been diagnosed with, or treated for a specific medical condition within six months of the commencement of coverage, there is no coverage for services or supplies related to that specific condition for a period of 11 months. Some or all of this waiting period may be offset by your prior insurance coverage if you have a 62-day (or less) break in coverage. Your prior insurance company will provide you with a certificate of creditable coverage, and you use this to have all or part of the waiting period waived.

For example, if you were covered by another group health plan (without a break in coverage of 63 days or more) for the 4-month period before your enrollment date, the 11-month waiting period would be reduced to 7 months.

Dental Insurance Programs



The University contributes towards the cost of dental insurance for Merit employees who hold a 50% time or greater regular appointment.

COVERAGE

Coverage is provided through Delta Dental of Iowa. Details of the plan and exceptions are covered in your benefits certificate, which will be mailed to you after you have completed the enrollment application.

Coverage is offered under either a single or a family contract basis. In addition to the subscriber, the family contract may cover:

1. Spouse or common law spouse.
2. Same or opposite-sex domestic partner.
3. The dependent child age limit is the end of the year turning 26.
4. Dependent children, regardless of age, as long as they are single full-time students.
5. Dependent children, regardless of age, who are totally and permanently disabled, provided such disability was in existence while the child was insured.

See Taxable Health and Dental Insurance for Merit Staff, page 7.

Existing family members must be enrolled during the initial enrollment and cannot be added to your plan until the next dental open enrollment.

ENROLLMENT

Merit employees must apply for coverage within the first thirty (30) days of employment. Coverage begins the first of the month following thirty (30) days of employment. If you start on the first working day of the month, your benefits begin the first of the following month.

CHANGES IN WHO IS COVERED

You may make a change to your plan during the year if there is a significant change in family status as a result of any of the following events:

- Birth/Adoption
- Death in the immediate family
- Marriage
- Divorce/Legal separation
- Spouse's involuntary loss of employment (retirement of a spouse is not an event)
- Dependent no longer eligible

If you wish to make a change, due to one of the above listed events, the Benefits Office must be contacted no later than 30 days (60 days for birth or adoption) following the date of the event.

Deductible: None
Benefits Period Maximum: \$1,500.00
Orthodontia Lifetime Maximum: \$1,500.00 per eligible dependent in a lifetime

Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) 0% Co-insurance

Dental Cleaning once every 6 months
Oral Evaluations once every 6 months
Fluoride Applications once every 12 months for unmarried, dependent children under age 19
Imaging

Cavity Repair and Tooth Extractions (Routine and Restorative Services) 20% Co-insurance

Contour of Bone
Emergency Treatment
General Anesthesia/Sedation
Restoration of Decayed or Fractured Teeth
Limited Occlusal Adjustment
Routine Oral Surgery
Sealant Applications – only under age 15, \$120/lifetime (only under age 15)
Space Maintainers

Root Canals (Endodontic Services) 50% Co-insurance

Apicoectomy
Direct Pulp Cap
Pulpotomy
Retrograde Fillings
Root Canal Therapy

Gum and Bone Diseases (Periodontal Services) 50% Co-insurance

Conservative Procedures (non-surgical)
Maintenance Therapy

High Cost Restorations (Cast Restorations) 50% Co-insurance

Crowns
Inlays
Onlays
Posts and Cores

Straighter Teeth (Orthodontics) 50% Co-insurance

Only for unmarried dependent children under age 19.

Retirement Plans



In addition to Federal Social Security, every staff member (except students) with employment of more than six months must participate in a retirement program. Staff members with a regular appointment of 50% or more may choose to participate in either IOWA PUBLIC EMPLOYEES RETIREMENT SYSTEM (IPERS) or in the University Funded Retirement Plan (TIAA/CREF).

Staff with temporary appointments of six months or more and staff with regular appointments less than 20 hours per week or with an annual salary less than \$7,800 are required to participate in the IPERS program. Under both plans, Federal and state income taxes on both the University and the staff member contributions are deferred until the benefits are received.

Serious consideration must be given to choosing a retirement plan because your choice of a retirement plan is an **irrevocable decision** that must be made within 60 days of your hire date. The IPERS plan is a Defined Benefit plan and retirement income is determined by a formula based on your years of service and salary earned. The TIAA-CREF plan is a Defined Contribution plan and retirement income depends upon your individual retirement investment returns. If you do not select a plan within the 60 day window, you will automatically be enrolled in IPERS.

The University Retirement Programs are briefly discussed in this section. There is more information available on the University Benefits Office website.

IPERS

Participating staff members contribute 4.5 percent of salary (5.38% as of 7/1/11) on the first \$245,000 in gross annual earnings. The premium is deducted from the staff member's paycheck. The University makes a contribution of 6.95 percent to the program on the staff member's behalf (8.07% as of 7/1/11). IPERS is the default retirement program at The University of Iowa; employees are automatically enrolled in IPERS unless they make a request to be placed in TIAA-CREF.

University Funded Retirement Program - TIAA-CREF.

TIAA-CREF was established to enable staff to participate in a single retirement program without losing benefits when moving from one participating institution to another. The choice of the retirement program is an irrevocable decision.

Premium payments are deducted from the staff member's monthly paycheck. Contributions of 5% by the staff member and 10% by The University of Iowa are made for all staff with five years or more of service with the University.

Contributions of 3-1/3% on the first \$4,800 of annual budgeted salary and 5% over \$4,800 by the faculty/staff, and 6-2/3% on the first \$4,800 of annual budgeted salary and 10% over \$4,800 by the University are made for all faculty/staff members with less than five years of service.

(Effective with the payroll period beginning on November 1, 2009 and ending with the payroll period ending on June 30, 2011, the University will reduce the employer retirement contributions to Defined Contribution Retirement Plans from 10% to 8% of salary).

Additional Retirement Savings Opportunity

Arrangements can also be made for additional tax-deferred or after-tax contributions (over and above required contributions), within IRS guidelines, to the Voluntary Retirement Savings Program (VRSP). An individual is allowed to freely change or terminate a VRSP contribution during the calendar year.

Life Insurance



GROUP LIFE INSURANCE PLAN:

The University provides Merit staff members with 2 times their annual salary in term life insurance. Participation in the program is a condition of employment for regular staff members who hold a 50% time or greater appointment. Coverage is based on your current annual salary.

Paid-up Life Insurance Upon Retirement. A staff member retiring at age 62 or older with 10 or more years of continuous University of Iowa insurance coverage receives \$2,000 of paid-up life insurance for the first ten years of continuous employment, and an additional \$200 of paid-up life insurance for each additional year of employment to a maximum of 20 years or \$4,000. The cost of this program is paid by the University.

Beneficiary. Staff members name their beneficiary and may change the beneficiary at any time by completing the proper form available at the University Benefits Office. Any change in beneficiary will not become effective until acknowledged and recorded by the University.

Conversion Privilege. If a faculty or staff member leaves the University program for any reason, this Group Life Insurance coverage may be converted within 31 days from the date coverage terminated, by making application and paying the proper premium. The conversion will be to an individual policy issued by Principal Financial Group. No medical examination will be required for the new policy. Retirees eligible for a paid-up life insurance policy are not eligible for the conversion privilege.

SUPPLEMENTAL LIFE INSURANCE PLAN:

Supplemental Life Insurance is also available to all regular University faculty and staff members who hold a 50% time or greater appointment. This optional program allows you to obtain insurance in the amounts of 1/2 up to 3-1/2 times the annual benefit salary. Monthly premium rates for this coverage are based on age.

Additional information is available from the University Benefits Office.

SPOUSE/PARTNER/DEPENDENT LIFE INSURANCE PLAN:

Term life insurance coverage is available for your spouse/partner and dependents. You may insure your spouse/partner for \$10,000 or \$20,000 and your dependent children for \$5,000 or \$10,000 per child.

Social Security



University staff are covered by the Federal Retirement and Survivors Insurance system, which is usually referred to as Social Security. The University contributes an amount equal to that deducted from the staff member's paycheck.

A statement (Request for a Statement of Earnings form) showing Social Security earnings credited to a staff member's wage record may be obtained by completing a request form available in the University Benefits Office, 120 University Services Building, Suite 40. A time limit of three years, three months, and fifteen days after the year a mistake was made is set by law for correcting errors.

Staff members are urged to report to the Social Security Office serving the district in which they reside when they approach age 65. Information as to whom and where to go to enroll may be secured from the University Benefits Office.

Monthly Benefits. A retired worker receives monthly Social Security retirement payments based on the worker's Social Security earnings record. In addition, a spouse and/or eligible children can receive benefits of one-half of the retired worker's benefits. The law allows for benefits as early as age 62 at reduced benefits.

Medicare. The Federal Social Security System makes available a broad program of health insurance for people age 65 and older. (In certain circumstances this insurance is extended to individuals under age 65.) The program, popularly known as "Medicare", provides four kinds of health insurance.

1. Hospital Insurance. (Medicare Part A) Provides a basic coverage designed to help pay hospital bills. It covers hospitalization, post-hospital extended care, post-hospital home health care, outpatient hospital diagnostic services, drugs, and health supplies, and most other items ordinarily furnished by a hospital or an extended care facility.
2. Supplemental Medical Insurance. (Medicare Part B) A voluntary plan designed to help pay for doctors' services and for a number of other medical items and services not covered under the hospital insurance program. These items and services include physicians' and surgeons' services, home health visits, and other medical and health services, such as diagnostic tests, x-ray or radium treatments, surgical dressing, splints, casts, certain ambulance services, and rental of medical equipment.
3. Medicare Advantage Plan. (Medicare Part C) A voluntary plan designed to replace the University or State supplemental health plans.
4. Prescription Drugs. (Medicare Part D) A voluntary plan designed to help pay for prescription drugs.

Long-Term Disability Insurance



The University Disability Insurance plan provides 60% salary replacement coverage for regular faculty and staff members who hold a 50% time or greater appointment and who become disabled while actively employed.

Definition of Disability. For the purposes of these policies, total disability means "a person is unable to perform any and every duty of his/her occupation during the first 24 months of disability due to bodily injury or sickness." After 24 months permanent disability means "a person is unable to engage in any work or occupation for which he/she is reasonably fitted by education, training or experience and while disabled does not engage in any employment for wage or profit."

Long-Term Disability Benefit.

NOTE: The amount a staff member receives under these programs is reduced by any benefits paid by Social Security and/or Workers' Compensation. Benefits continue for as long as a faculty or staff member remains disabled up to a certain age. The length of the disability payment is dependent upon the individual's age at the time of disability. A cost of living provision not to exceed 5% in any given year is part of this plan.

Waiver of Retirement Premium Insurance



A faculty or staff member who becomes disabled while participating in TIAA/CREF may be entitled to continuation of the retirement premiums based on salary and length of service. The University provides this coverage to all regular University faculty and staff members who hold a 50% time or greater appointment after one year of continuous service. The cost of the Waiver of Retirement Premium insurance is paid by the University.

Definition of Disability. For the purposes of this policy, total disability means "a staff member is unable to perform any and every duty of his/her occupation during the first 24 months of disability due to bodily injury or sickness." After 24 months, total disability means "a person is unable to engage in any work or occupation for which he/she is reasonably fitted by education, training or experience and while disabled is not engaged in any employment for wage or profit."

Waiver of Premium Benefit. The percentage of retirement premium a faculty or staff member may receive is based on salary and on length of service as follows:

Time at University	Percentage of Benefit Amount
After 1 year of continuous employment	20%
After 2 years of continuous employment	40%
After 3 years of continuous employment	60%
After 4 years of continuous employment	80%
After 5 years of continuous employment	100%

NOTE: Benefits continue for as long as a faculty or staff member remains disabled or attains a certain age.

Worker's Compensation



A staff member who incurs medical expenses and/or loses work time as the result of a job related accident or illness will have such expenses covered in accordance with the Iowa Workers' Compensation Law. In the case of lost work time, appropriate compensation is determined by the Iowa Workers' Compensation Office.

For as long as the injured staff member has sufficient University sick leave benefits available to supplement Workers' Compensation payments, the University will advance the staff member the full amount of his/her regular salary check subject to authorized deductions. The amount of the Workers' Compensation benefits paid to the staff member will be reduced from subsequent paychecks in order to reimburse the University for the salary advanced. In the event the individual is no longer in pay status, it will be necessary for the individual to reimburse the University for any over-payment received.

All job-related accidents or injuries must be reported immediately to the supervisor or other departmental authority.

Unemployment Compensation



University staff members, with the exception of most student employees, are covered for unemployment compensation. The purpose of unemployment compensation is to pay benefits to staff members who lose their job through no fault of their own. The cost of unemployment compensation is paid entirely by the University. Iowa Workforce Development administers the program, takes applications for compensation, and provides information. Persons who voluntarily terminate or persons discharged for "just cause" may be disqualified for unemployment benefits for a period of time or altogether.

Liability Protection



University faculty and staff members are provided liability protection under the Iowa Tort Claims Act (Chapter 25A of the Code of Iowa). This Act provides that claims may be filed against the State of Iowa on account of damage to or loss of property or on account of personal injury or death, caused by the negligent or wrongful act or omission of any employee of the state while acting within the scope of his or her employment. This provision applies to all employees of the state including faculty, staff, or students, working in a temporary or permanent capacity on behalf of the University.

The Tort Claims Act specifically provides coverage against liability claims for employees of the state. The state shall defend and, except in cases of malfeasance in office, or willful and wanton conduct, shall indemnify any employee of the state against any claim arising out of an alleged act or omission occurring within the scope of his or her employment or duties.

This program provides basic legal and financial protection for the University and its staff members should they be faced with liability exposure while acting on behalf of the University. A staff member desiring additional information on liability protection or wishing to report liability claims may contact the University Risk Manager.

Accidental Death and Dismemberment



AD&D insurance is available to all University faculty and staff members who are paid on a monthly basis. Coverage is also available for eligible domestic partners and dependents.

This insurance program provides coverage at all times for a variety of accidents. It covers accidents on or off the job, occurring at home or away, anywhere in the world, when traveling by train, airplane or other conveyances. There are exceptions as noted in the "Exclusion" clause of the master policy.

Coverage may be purchased in increments of \$100,000 up to a maximum of \$1,000,000.

Benefits While on a Leave of Absence



Faculty and staff members may continue several of the University sponsored insurance programs while on a leave of absence without salary. The group and supplemental life insurance, long term disability, health, dental and accidental death and dismemberment, may be continued by paying the full premium to the University for the coverage desired.

Special arrangements must be made with the University Benefits Office in order to continue any of these insurance coverages. Arrangements must be initiated prior to the beginning of the leave.

If a break in coverage occurs as a result of not choosing to arrange for continuation in a fringe benefit program, you must re-enroll upon returning to work.

Domestic Partner Coverage



The University of Iowa offers you the opportunity to insure your same or opposite-sex domestic partner under various benefit programs, including health, dental, and accidental death and dismemberment insurance. If you declare a domestic partner, your family status and flexible credits will change.

Children of either you or your domestic partner may be insured under any of the benefit programs providing they meet the guidelines which have been established by the insurance carrier and the University.

All information supplied by you and your domestic partner is kept confidential and this information is only released to the insurance carrier or to parties outside of the University Benefits department which are involved in the processing of the enrollments and deductions.

Sick Leave



I. General

All full and part-time faculty and staff members are entitled to a leave of absence because of a medically related disability at their normal rate of pay to the extent that the individual has accumulated sick leave credits to cover the period of absence.

- A. The following types of appointments do **not** accrue sick leave credits:
 - 1. Faculty and staff members hired on a temporary, on call, provisional, project appointment 4 months or less, or emergency appointments.
 - 2. Students hired through the Office of Student Financial Aid and students hired in positions reserved specifically for student employees.

II. Accrual Rates

- A. All full-time eligible faculty and staff members accrue sick leave at the rate of 144 hours or 18 days per year. The monthly accrual rate is 12 hours or 1 1/2 days.
- B. Part-time faculty and staff members accrue sick leave at their fractional equivalent of full-time employment.
- C. A partial month's accrual is computed on the basis of the number of working days in the month.
- D. No sick leave accrues for less than one day of service.
- E. All eligible full-time faculty holding academic year appointments accrue sick leave at the rate of 15 days per academic year.
- F. Academic year faculty who are employed during the summer accrue an additional 12 hours of sick leave for each month of employment during June and July.
- G. Sick leave credits **do** accrue during a period of absence for which a staff member is paid sick leave.
- H. Sick leave credits accrue during any period of service in pay status.
- I. Sick leave credits **do not** accrue during terminal vacation, nor is sick leave allowed during terminal vacation.

I. Maximum accrual

The amount of sick leave credits that may be accumulated is unlimited.

Usage

- A. Sick leave credits are used at the rate of one hour for each hour of absence.
- B. Holidays falling during a period of absence due to a medically related disability are paid as holidays and are not charged to the staff member's sick leave accumulation.
- C. If a staff member becomes ill while on his/her vacation, the staff member may use sick leave for those days the staff member is under the care of a physician. (Requires satisfactory documentation of such care).
- D. The maximum usage per year of family caregiving leave includes the current calendar year allowance of up to five days of sick leave (40 hours of sick leave based on full-time employment, pro-rated for part-time), as well as any unused allowance from the previous calendar year, up to 80 hours in total (pro-rated for part-time) for the care of and necessary attention to ill or injured members of the employee's immediate family. Carryover of the unused allowance from the previous year applies to employees covered by a collective bargaining agreement only if the benefit has been negotiated and is contained in the agreement.

Accrued sick leave is to be used for family caregiving leave. Appropriate verification of the status of the ill or injured person may be requested.

In the event that the faculty or staff member does not have accrued sick leave, family caregiving leave is not available. However, the department or unit is encouraged to permit the faculty or staff member to use vacation or leave without pay to respond to family-related responsibilities.

- E. Where funeral leave is authorized by current policy, accumulated sick leave may be used not to exceed 3 days for each occurrence.
- F. Accumulated sick leave used to serve as a pallbearer may not exceed 1 day for each occurrence.
- G. The use of sick leave is not permitted in excess of currently accumulated sick leave credits.
- H. Although sick leave accrues during the first month of employment no usage is permitted until after one month of service.
- I. Increments of accrued sick leave are available for use on the first day of the month following the month earned. Employees transferring employment within the University during a given month will transfer all leave accrued to date of the transfer.

Sick Leave Transfer to Vacation

1. All eligible employees who do not use sick leave for a full calendar month may elect to add up to one-half day (4 hours) of vacation to their accrued vacation account in lieu of adding up to one and one-half days (12 hours) to their accrued sick leave account. Part-time employees shall be prorated to the accrual rate for full-time employees.
2. Eligible employees are those permanent full-time and permanent part-time employees who are not faculty members with nine-month appointments, who are otherwise eligible for accrued vacation and sick leave benefits, and who have accumulated a minimum of thirty days (240 hours) in their sick leave account.
3. Employees who elect to convert unused sick leave to vacation will not accumulate more than twice the possible annual amount of converted vacation, or twelve days (96 hours), but will be allowed to accumulate that amount in addition to twice their annual vacation entitlement.
4. To elect additional vacation leave in lieu of sick leave, employees must notify their supervisor by the tenth of the month following the calendar month in which there has been no sick leave usage.
5. Employees may also make a one-time election (in writing) to automatically convert sick leave to vacation leave each month they are eligible. The election will remain in effect until the employees notify their employer (in writing) to terminate the original election.
6. Any use of sick leave, including use for doctor's appointments, funeral leave, etc., makes an employee ineligible to make the conversion for the month in which the use occurs.
7. If use of sick leave reduces an eligible employee's sick leave account below 240 hours, the account will have to be built up to 240 hours before eligibility for vacation conversion under this program is restored.

Vacation



I. General

All full and part-time faculty and staff are eligible for vacation except for the following:

- A. Faculty appointed on an academic year basis.
- B. Faculty and staff whose appointments are designated as temporary, on call, provisional, project appointments of four months or less, or emergency appointments.
- C. Faculty who hold Visiting or Emeritus appointments.
- D. Students hired through the Office of Student Financial Aid and students hired in positions reserved specifically for student employees.

II. Accrual Rates - Including Personal Holidays Effective January 1, 1995

All Merit System Staff Members

YEARS OF SERVICE	ANNUAL ACCRUAL	MONTHLY ACCRUAL	MAXIMUM ACCRUAL*
1 - 4	96 hrs.	8.00 hrs.	192 hrs.
5 - 11	136 hrs.	11.333 hrs.	272 hrs.
12 - 19	176 hrs.	14.667 hrs.	352 hrs.
20 - 24	192 hrs.	16.000 hrs.	384 hrs.
25 & after	216 hrs.	18.000 hrs	432 hrs.

- A. *See section entitled "Sick Leave Transfer to Vacation" for adjustment of maximum allowable accruals.
- B. Part-time staff members accrue vacation at their fractional equivalent of full-time employment.
- C. Vacation accrual for a partial month is computed on the basis of the number of working days in the month.
- D. No vacation accrues when an individual is not in pay status.

III. Maximum Accrual

- A. Vacation accrues on a monthly basis but as of the end of any one-month may not exceed twice the current annual rate of accrual.
- B. When an employee transfers from full-time employment to part-time employment any excess of current accumulation over that allowable on the part-time basis will be "banked" until the staff member's current balance is returned to zero or the staff member returns to full-time employment.

IV. Usage

- A. Although vacation accrues during the first month of employment no usage is permitted until after one month of service.
- B. Usage is not permitted in excess of currently accumulated total vacation credits.
- C. Holidays falling within the period of a paid vacation are paid as Holidays and are not charged to the staff member's vacation accumulation. This does not apply to the payment of accumulated vacation upon termination.
- D. Vacation accrues during any period of service in pay status.
- E. Increments of accrued vacation leave are available for use on the first day of the month following the month earned. Employees transferring employment within the University during a given month will transfer all leave accrued to date of the transfer.