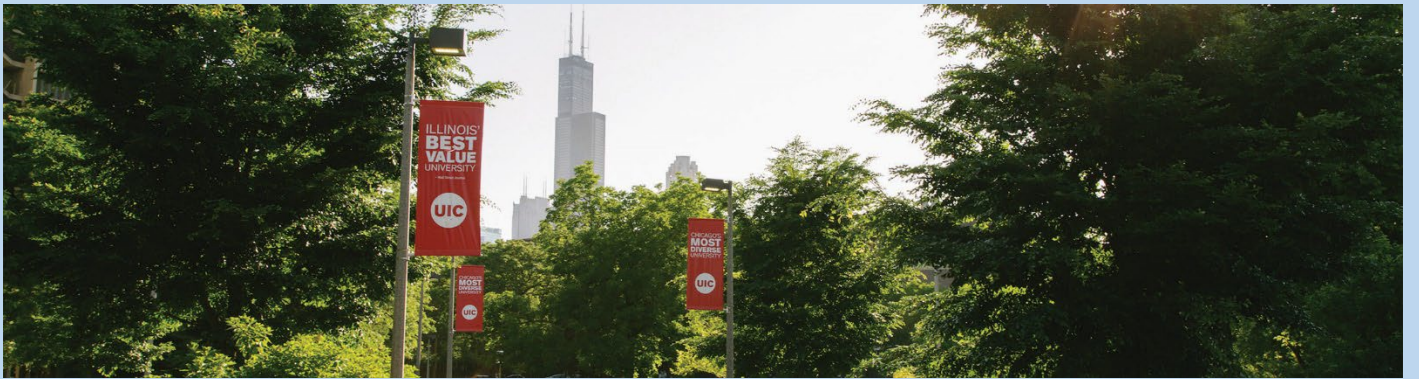




UNIVERSITY OF ILLINOIS SYSTEM



EMPLOYEE BENEFITS

July 2024

THE UNIVERSITY OF ILLINOIS SYSTEM

The University of Illinois System is among the preeminent public university systems in the nation and the largest comprehensive system of higher education in Illinois.

Composed principally of its three best-in-class universities in Urbana-Champaign, Chicago, and Springfield, the U of I System is a powerhouse for education and discovery, and widely recognized as among the most innovative university systems in the world.

The U of I System boasts leading graduate and doctoral research centers, two medical schools, two law schools, world-class engineering and business colleges, top liberal arts colleges, an urban hospital system, regional health science campuses, and educational programs available to residents of all 102 Illinois counties.

In addition to its academic, research, public engagement, and healthcare missions, the U of I System is leading economic development efforts in the state through the Illinois Innovation Network and the Discovery Partners Institute.

An extensive 2022 economic impact study shows the U of I System contributes \$19 billion annually to the state's economy. The system's impact supports nearly 164,200 jobs – which means one out of every 46 jobs in Illinois is supported by the activities of the universities and their students.

UNIVERSITY PAYROLL & BENEFITS (UPB)

Please contact UPB for help with any benefits questions and concerns. The UPB staff are ready to assist with benefits orientation, plan premiums and provisions, enrollment eligibility, and required documentation. Customer Service Representatives are located at each campus to provide personalized assistance. Computer kiosks are also available for your convenience.

CUSTOMER SERVICE HOURS (ALL LOCATIONS)

Walk-In Hours: 9:00 a.m. to 3:00 p.m., Wednesday and Thursday

Phone Hours: 9:00 a.m. to 4:00 p.m., Monday - Friday

Create a service ticket: [UPB Service Portal](#)

Benefits Fax: 217-244-3135

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Room 177 Henry Admin Bldg, MC-318

506 S. Wright Street

Urbana, IL 61801

Phone: 217-265-6363

Payroll Fax: 217-244-1908

UNIVERSITY OF ILLINOIS CHICAGO

Room 110 MC-547

809 S. Marshfield Avenue

Chicago, IL 60612-7205

Phone: 312-996-7200 (Phone number requires dialing all 10 digits)

Payroll Fax: 312-996-1932

UNIVERSITY OF ILLINOIS SPRINGFIELD

Business Svcs Bldg, Room 85

One University Plaza

Springfield, IL 62703-5407

Phone: 217-206-7144

Payroll Fax: 217-244-3135

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

This booklet may be available in an alternative format upon request. Please contact System Human Resource Services (System HR) at SystemHRServices@uillinois.edu or 217-333-2600.

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

WELCOME!

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

This booklet serves as an overview to assist you in understanding the benefits available to you. Additional information can be found on the System HR, and MyBenefits websites.

System HR: hr.uillinois.edu

MyBenefits: MyBenefits.illinois.gov

You can view State benefit plan premiums and rates at cms.illinois.gov/benefits/stateemployee/ratesandcalculators.html

Please attend a Benefits Overview Orientation webinar and a State Universities Retirement System (SURS) Plan Choice Webinar for information on the benefit plans, which will help you evaluate your choices. As a new employee you should attend these sessions within the designated timeframe before making decisions regarding benefits. You are encouraged to contact UPB if you have any questions about your benefits.

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BENEFITS ELIGIBILITY & ENROLLMENT

The University of Illinois System total compensation package includes benefits made available by both the State of Illinois and the University of Illinois System. Many of the benefits available to employees are provided by the State Employees' Group Insurance Act of 1971, which gives the State of Illinois Department of Central Management Services (CMS) the authority and responsibility to design, administer, negotiate, and/or contract for benefits plans. This includes the State Employees Group Insurance Program (SEGIP) for health, dental, vision, and life insurance, flexible spending accounts, and Health Savings Accounts. Enrollment and changes to State benefits are completed through MyBenefits; enrollment and changes to U of I System benefits are completed through the System HR website. State of Illinois Employees, in most cases, can opt-out without proof of other coverage; except in the event they are currently enrolled and opting out due to gain of other coverage with no other qualifying event (i.e. marriage).

ELIGIBILITY FOR STATE BENEFITS PLANS

You are eligible for State of Illinois benefits if you are on University of Illinois System payroll, eligible to participate in the State Universities Retirement System (SURS), and either:

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

You are eligible for participation in the State Universities Retirement System (SURS) if you work continuously for at least one academic term or four months, whichever is less, and your employment is not temporary, intermittent, or irregular. Effective January 1, 2023, to meet the continuous employment requirement, employees who are newly hired, rehired, or are transferring to a substantially different position must be in a position that requires services of at least 10% FTE (or 10% of a full-time faculty load) to be SURS eligible.

You are not eligible to participate in SURS if any of the statutory exclusions apply. The most common exclusions are:

- A student regularly attending classes at a college or university that participates in SURS and you are employed on a part-time, temporary basis,
- Employed under the Comprehensive Employment Training Act on or after July 1, 1979,
- Holding a J-1, J-2, F-1, or F-2 visa and have not established residency status, or
- Receiving a SURS retirement annuity (may apply to certain employees).

INTERNATIONAL FACULTY AND STAFF

SURS and benefits eligibility for new employees with J-1, J-2, F-1 or F-2 visa is also dependent on tax residency status. A Tax Status Review appointment can be scheduled at busfin.uillinois.edu/cms/One.aspx?portalId=1993898&pageId=2117005 or by contacting UPB. **It is highly recommended that all foreign national employees register for a tax status appointment even if they have visa types other than those listed.**

Part-Time Insurance Eligibility

You are defined as part-time insurance eligible if you are:

- A benefits-eligible employee who works 50-99% of a normal work period.
- A Faculty member with 100% appointment of equal to or greater than 4.5 months but less than 9 months.
 - For appointments of less than 9 months, a formula determines your part-time employment percentage for purposes of insurance eligibility: length of employment, divided by 9 months, then multiplied by your full-time equivalent percentage.
 - For example, if you are hired for 4.5 months at 100% time, you would be considered a 50% employee ($4.5/9=.5 \times 100 = 50\%$) for State (SEGIP) insurance.
- A flex year employee who works 6 months or greater but less than 12 months, if the layoff period is not a direct result of the academic year summer break.
 - The formula used to determine a flex year employee's appointment percentage for insurance purposes is the length of employment, divided by 12 months, multiplied by your full-time equivalent percentage (for example: $6/12=.5 \times 100 = 50\%$).

With part-time insurance eligibility, you will be responsible for a portion of the State's health and dental contribution in addition to the full-time employee and dependent health and dental premiums.

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

If you and your spouse/civil union partner are both employees of the University or any other State of Illinois agency, then each spouse/civil union partner must be insured individually.

Dependent Eligibility

Your eligible dependents may also participate in the State (SEGIP) insurance coverage. Eligible dependents include:

- Spouse (does not include ex-spouses, common-law spouses, or persons not legally married).
- Same-Sex Domestic Partner enrolled prior to June 1, 2011.
- Civil Union Partner enrolled on or after June 1, 2011.
- Children from birth to age 26 including natural, adopted, stepchild, child of a civil union partner, child for whom you have permanent legal guardianship or adjudicated child for whom a U.S. court decree has established financial responsibility for the child's medical, dental or other healthcare.
- Certain children age 26 and older, including adult veterans and others. Visit the CMS website for a full description at cms.illinois.gov/benefits/stateemployee/state-dependent-enrollment.html.



MANDATORY AND AUTOMATIC PARTICIPATION

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

- **State Universities Retirement System (SURS)** – Your retirement plan selection (Traditional, Portable, or Retirement Savings Plan) must be made within the first six months of SURS eligible employment. If you do not voluntarily select a plan, you will be defaulted into the Traditional Benefit Plan. **Your plan selection, or default, is an irrevocable, one-time decision that cannot be changed at a later date.**
- **SURS Deferred Compensation 457 Plan** – Enrollment is automatic for employees that first become a SURS participant (first certified) on or after July 1, 2023. The automatic enrollment account settings: 3% deducted pre-tax invested in the SURS Lifetime Income Strategy (LIS). **Employees may opt out within the 30-day opt out period.**
- **State Basic Term Life Insurance** – Enrollment is automatic. An amount equal to your annual salary is provided at no cost to you. Please note: Up to \$50,000 of your basic life insurance is tax exempt. If the total value of basic term life insurance exceeds \$50,000, then the amount in excess of \$50,000 is taxed as imputed income, per IRS regulations.
- **Health Plans (including the Vision Plan)** – within the first 30 calendar days of benefits eligibility
 - **Benefits-Eligible Full-time Employees (100%)** –You may choose to opt out of the State (SEGIP) coverage. If an election to enroll or opt out of coverage is not made, you will be automatically enrolled in the Quality Care Health Plan with no coverage for your dependents.
 - **Benefits-Eligible Part-time Employees (50-99% or those meeting part-time insurance eligibility as described on page 6)** – Enrollment in or waiver of health insurance coverage is required for all benefits-eligible part-time employees. If an election to enroll or waive coverage is not made, you will be automatically enrolled in the Quality Care Health Plan with no coverage for your dependents.
- **Dental Plan** –If you wish to opt-out or waive coverage, this must be done within the first 30 calendar days of benefits eligibility, or you will be automatically enrolled in the Quality Care Dental Plan with no coverage for your dependents.

VOLUNTARY (OPTIONAL) BENEFITS

State Programs

- Accidental Death and Dismemberment (AD&D) Insurance
- Adoption Benefit Program
- State Deferred Compensation 457 Plan. If eligible, enrollment available at any time.
- Flexible Spending Accounts for Medical (MCAP) and Dependent Care (DCAP) expenses
- Health Savings Account (HSA) when enrolled in the Consumer Driven Health Plan (CDHP)
- Smoking Cessation Program
- Term Life Insurance, including spouse and/or child coverage

- Weight Loss Program
- MyBenefits Plus Optional Benefits, administered by Corestream, see page 19

University Programs

- Accidental Death and Dismemberment (AD&D) Insurance
- Supplemental 403(b) Retirement Plan
- Supplemental Long Term Disability Plan

SURS Programs

- SURS Deferred Compensation 457 Plan. If eligible and not automatically enrolled, voluntary enrollment is available at any time.

You are responsible for any premiums, costs, or contributions associated with voluntary plans in which you choose to participate. Such costs are automatically deducted from your pay. Deductions may be on a pre-tax or post-tax basis, depending on the plan.

WHEN COVERAGE BECOMES EFFECTIVE

State of Illinois basic health, dental, vision, and life insurance coverage for you and your enrolled dependents takes effect on the date your benefits-eligible appointment begins, provided you enroll within specific timeframes listed below. Other optional plans generally become effective on the first day of the month following enrollment.

WHEN TO ENROLL

Many of the State and U of I System benefit plans have specific timeframes in which to enroll for plan selection and guaranteed coverage. It is important that you understand and meet these deadlines in order to have a full choice of plan coverage options.

Enrollment Required Within the First 30 CALENDAR DAYS of your Benefits Eligibility Date

- **State of Illinois Health Insurance** — If plan selection, opt-out election, or coverage waiver is not made within the first 30 calendar days of benefits eligibility, both full- and part-time employees are automatically enrolled in the Quality Care Health Plan, with no coverage for dependents.
- **State of Illinois Vision Insurance** — Enrollment is automatic when you enroll in any of the health plans; however, if a health insurance plan selection is not made within the first 30 calendar days of benefits eligibility, dependents will not be covered.
- **State of Illinois Dental Insurance** — If plan enrollment, opt-out election, or coverage waiver is not made within the first 30 calendar days of benefits eligibility, both full- and part-time employees are automatically enrolled in the Quality Care Dental Plan, with no coverage for dependents.
- **State of Illinois Term Life Insurance (Optional)** — If not enrolled within the first 30 calendar days of benefits eligibility, a Statement of Health (SOH) is required to elect or increase your life insurance coverage and to add spouse coverage. A Statement of Health is required any time you elect coverage beyond four (4) times your salary. You may add, increase, decrease, or terminate coverage at any time during the plan year without a qualifying event.



Opt-out or waiver of State insurance coverage must be completed during the first 30 calendar days of benefits eligibility. Thereafter, you may only opt out or waive coverage during subsequent annual Benefit Choice periods or within 60 calendar days of an eligible Qualifying Event. **Eligible full- and part-time employees who fail to opt-out, or waive coverage will be defaulted into the Quality Care Health and Dental Plans, with no coverage for dependents.** State of Illinois Employees, in most cases, can opt-out without proof of other coverage; except in the event they are currently enrolled and opting out due to gain of other coverage with no other qualifying event (i.e. marriage). **Elections to opt-out or waive coverage can be made through MyBenefits.** The following options are available:

- Full-time employees (100%) may elect to opt out of the State (SEGIP) health, dental, and vision coverage.
- Part-time employees (50-99% or those meeting part-time insurance eligibility as described on page 6) may elect to waive health, dental, and vision options.
- Flexible Spending Accounts (Optional) — If you do not enroll within the first 30 calendar days of benefits eligibility, then you may only enroll during a subsequent annual Benefit Choice period or within 60 calendar days after an eligible Qualifying Event.

Enrollment Required Within the First 60 CALENDAR DAYS of Your Benefits Eligibility Date

- **Voluntary Long Term Disability Insurance (Optional)** — If you do not enroll within the first 60 calendar days of benefits eligibility, evidence of good health is required to enroll thereafter.

Enrollment Required Within the First 6 MONTHS of Your Benefits Eligibility Date

- **State Universities Retirement System (SURS)** — If plan selection (Traditional, Portable, or Retirement Savings Plan) is not made within the first six months, you will be automatically enrolled in the Traditional Benefit Plan. **Both an active choice and a 'default' enrollment are irrevocable.** See page 21 for an important note about timely selection of the Retirement Savings Plan.

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

- State Accidental Death and Dismemberment Insurance
- University Accidental Death and Dismemberment Insurance
- State of Illinois Term Life Insurance – a Statement of Health (SOH) is required when adding employee or spouse coverage after the first 30 calendar days of benefits eligibility.
- University Supplemental 403(b) Retirement Plan
- State Deferred Compensation 457 Plan, if eligible
- SURS Deferred Compensation 457 Plan, if eligible

STATE EMPLOYEES GROUP INSURANCE PROGRAM (SEGIP)

As a new employee, you will select your State (SEGIP) plan elections (health/vision, dental, life insurance, and flexible spending accounts) at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov). Thereafter, you will use MyBenefits to change State plans during the annual Benefit Choice period held in May, or when experiencing an eligible Qualifying Event.

Qualifying Event

A qualifying event is a change in your personal life that may impact your or your dependents' eligibility for benefits. Examples may include a change in marital status, the birth or adoption of a child, or a change in a spouse's employment status. You may only request a benefit plan change that is related to the Qualifying Event you have experienced. For example, you may add or drop dependent coverage if your marital status changes, but you may not switch between health plans. For a complete list and a detailed explanation, see hr.uillinois.edu/benefits and click Qualifying Event under the Change Your Benefits section.

COST OF COVERAGE

The State of Illinois covers much of the cost of health (including vision) and dental coverage for most full-time employees. You will share in the cost of insurance coverage for yourself and your family. Premiums for health and dental insurance are automatically deducted on a pre-tax basis from your pay.

Your premium amount is based on your annual salary as of the previous March 1, or the starting salary of your benefits eligible position if newly employed after March 1 and the health plan selected. The premium you will pay for dependent coverage is determined by the health plan you select.

You can view State benefit plan premiums at cms.illinois.gov/benefits/stateemployee/ratesandcalculators.html or contact [University Payroll & Benefits](#).

NOTICE TO PART-TIME EMPLOYEES

In addition to your salary-based premium, you also pay a portion of the State cost for your own and any dependent health plan coverage in an amount proportionate to your appointment percentage. For example, if you hold a 75% appointment, you will pay the normal employee share of employee and dependent coverage, plus 25% of the State cost of employee and dependent coverage. The State will pay 75% of the State cost of employee and dependent coverage.

Part-time employees who are eligible for health and dental plan coverage and who do not make an election to waive their health and dental coverage within the first 30 calendar days of benefits eligibility will default into the Quality Care Health and Dental Plan for yourself only (if defaulted, your dependents are not enrolled). **You are strongly cautioned to avoid this default.**

Contact [University Payroll & Benefits](#) for the cost of part-time State health and dental insurance coverage.

DEPENDENT COVERAGE

Your eligible family members may participate as dependents in the health (including vision) and dental plans. If you elect to insure dependents, they must be enrolled in the same health (including vision) and dental plans as you. Annual certification is required for some categories of dependents.

If you and your spouse/civil union partner are both insured as employees of the University or any other State of Illinois agency, either of you may elect health coverage for dependents. However, the same dependent cannot be enrolled under both employees for the same type of coverage (health, dental, or life).

If you and your spouse/civil union partner are both insured as employees of the University or any other State of Illinois agency, each spouse/civil union partner must be insured individually.

Documentation of Dependent Eligibility

If you elect dependent coverage, you must provide supporting documentation of your dependent's status (e.g. marriage certificate, birth certificate) in order for your dependent(s) to be added to your coverage. Documentation must be provided within 30 calendar days of the date you become benefits eligible. An election to add a dependent will be voided if documentation is not submitted within this timeframe.

View documentation requirements on MyBenefits, or at

cms.illinois.gov/content/dam/soi/en/web/cms/benefits/stateemployee/documents/documentation-requirements.pdf.

The State of Illinois requires you to provide a valid Social Security Number (SSN) or a letter from the Social Security Office stating your dependent is not eligible for an SSN, for any dependents added to your coverage. SSNs must also be provided within 30 calendar days of the date you become benefits eligible. If the SSN has not yet been issued for your newborn or adopted child, the child will be added upon receipt of a birth certificate or adoption order. However, the child's SSN must be provided within 90 days of the coverage request.

Enrolling a New Child

Enrollment of a newborn child in the health plan is guaranteed when the request is made within 60 calendar days of birth. However, enrolling a newborn always requires action on your part even if you currently have dependent coverage. To add newborn coverage, log on [MyBenefits.illinois.gov](https://mybenefits.illinois.gov), **add your dependent, add coverage elections**, and upload or mail a copy of the birth record (provided by hospital) or birth certificate. Please note that while notifying your insurance carrier, obtaining precertification for delivery, or filing claims for delivery expenses are important steps, they will not result in the enrollment of your newborn for health coverage. Remember to use MyBenefits or contact your UPB office if you need assistance to enroll your new child.

QUESTIONS?

Create a Service ticket:

[UPB Service Portal](#)

hr.uillinois.edu/benefits

HEALTH INSURANCE PLAN OPTIONS

A Health Plan Comparison Chart, including premiums and rates, can be found in the Benefit Choice booklet at cms.illinois.gov/benefits/stateemployee/benefitsbooks.html.

A choice of plans lets you select the coverage that best meets your needs and those of your family. The State (SEGIP) health insurance plans include:

- Quality Care Health Plan (QCHP): Offers a nation-wide provider network.
- Managed Care Plans: Depending on your location, you may have a choice of Health Maintenance Organizations (HMOs) or Open Access Plans (OAPs).
- Consumer Driven Health Plan (CDHP): High-deductible health plan as defined by the IRS.
 - Health Savings Account (HSA): Companion to CDHP enrollment only.

QUALITY CARE HEALTH PLAN (QCHP)

If you are insured under the QCHP, you may seek treatment from any doctor or licensed practitioner, including chiropractors, at any hospital or treatment site. However, you receive the highest benefit when using in-network providers and facilities. Costs of using out-of-network providers may be significantly higher than in-network. You should always call for an estimate, even if you have had a similar service in the past.

See additional information at blogs.uofi.uillinois.edu/view/1418/189069231.

The QCHP is comprised of three components: Medical, Prescription Drugs, and Behavioral Health Services. You do not need to satisfy the medical annual plan deductible in order to start receiving benefits for prescription drugs. Please note, however, there is a separate deductible per plan participant per plan year for prescription drug coverage. The QCHP has an unlimited lifetime policy maximum for the Medical coverage component.

QCHP participants have access to a nation-wide physician and hospital network. An enhanced benefit is available by using a QCHP network provider, resulting in lower out-of-pocket costs. See a list of network providers at aetnastateofillinois.com or call Aetna at 855-339-9731. For additional information, view the “Summary of Benefits and Coverage (SBC)” at cms.illinois.gov/benefits/stateemployee/summaryofbenefitsandcoverage.html.

Some points to consider in making this choice:

- QCHP is typically the most costly plan; however, it has a nation-wide network of physicians, hospitals, and other facilities. You will receive the best cost value by using the QCHP Network Hospitals or QCHP Physician Network for inpatient stays, hospital outpatient services, prescription drugs, and mental health and substance abuse services.
- The QCHP allows you to use out-of-network providers, but this results in significant out-of-pocket expense for you. Plan reimbursement is based on the Maximum Reimbursable Charge (MRC), which is the maximum that the plan will allow for any eligible billed services. After deductibles are met, the percentage of the claim that will be paid is always based on the MRC amount or the actual billed amount, whichever is less.
- When using an out-of-network provider, it is recommended you obtain a preauthorization of benefits to ensure that medical services/stays will meet medical necessity criteria and be eligible for benefit coverage.
- An annual plan year deductible and co-insurance apply to most Medical services.
- A mandatory precertification provision applies to hospital admissions, in- or outpatient surgical procedures, and extended care facility admissions.
- You, or your provider, are required to submit claim forms for payment of benefits. The claims administrator is Aetna.

HEALTH MAINTENANCE ORGANIZATION (HMO)

A Health Maintenance Organization (HMO) is a managed care plan that provides comprehensive medical care services. HMOs require that you choose a Primary Care Physician (PCP) from those participating in the HMO provider network. The PCP manages your health care treatment by requiring referrals for specialized services. All HMOs have a uniform basic benefit plan; however, some may offer additional benefits or may not include coverage for certain providers, such as chiropractors. All HMOs have unlimited lifetime policy maximums. For additional information, view the “Summary of Benefits and Coverage (SBC)” at cms.illinois.gov/benefits/stateemployee/summaryofbenefitsandcoverage.html.

Some points to consider in making this choice:

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

OPEN ACCESS PLAN (OAP)

An Open Access Plan (OAP) is a managed care plan that offers varying levels of benefits depending on the providers chosen by the member. There are three tiers of providers from which to choose, with different benefit levels and associated out-of-pocket costs depending on the tier in which the provider is contracted. At any given time you could be receiving care from multiple different providers, from multiple tiers, and therefore, receiving multiple different levels of benefits. All OAPs have unlimited lifetime policy maximums. For additional information, view the “Summary of Benefits and Coverage (SBC)” at cms.illinois.gov/benefits/stateemployee/summaryofbenefitsandcoverage.html.

Some points to consider in making this choice:

- An OAP can offer some of the economic advantages of an HMO, but with more flexibility in access to providers, in or out-of-network.
- It is important to take an active role in coordinating your healthcare and understanding the level of benefits and costs that may differ by the Tier in which each provider (i.e., physician, hospital, laboratory, radiology) participates.
- Copayments apply to office visits in Tier I and prescriptions.
- Deductibles apply to the Tier II and Tier III (out-of-network) benefits and to prescription coverage.
- Some services, such as preventive and well-baby, may be covered in-network only.
- When using a Tier III out-of-network provider, reimbursement is based on the plan’s allowable charges (varies by geographic region) and any amounts over the allowable charges do not count toward your plan year out-of-pocket maximum. It is recommended you obtain a preauthorization of benefits to ensure that medical services/stays will meet medical necessity criteria and be eligible for benefit coverage. For additional information, see blogs.uofi.uillinois.edu/view/1418/189069231.

HMO and OAP plans are available in many locations throughout Illinois; however, some plans may not be available in all areas. Refer to the State of Illinois Benefit Choice Options booklet for a list of plans by county.

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The CDHP is a high-deductible health plan as defined by the IRS. You may choose any provider or hospital for medical services, however, you will experience lower out-of-pocket costs when receiving services from a CDHP in-network provider.

The CDHP has an annual plan year deductible that applies to medical services and prescription drugs. Out-of-pocket costs are based on a percentage of in-network charges and out-of-network allowable charges, after the plan year deductible is met. For additional information, view the “Summary of Benefits and Coverage (SBC)” at cms.illinois.gov/benefits/stateemployee/summaryofbenefitsandcoverage.html.

HEALTH SAVINGS ACCOUNT (HSA)

Companion to CDHP enrollment only.

To qualify for an HSA, you must:

- Be covered under a high deductible health plan
- Have no other health coverage (except what is permitted under Other health coverage: irs.gov/publications/p969#en_US_2019_publink1000204039)
- Not be enrolled in Medicare. This includes Part A
- Not be claimed as a dependent on someone else’s tax return

The HSA is a tax-saving, interest bearing account that active employees can use to pay for qualified medical expenses now, or in the future. Distributions are tax-free when used for qualified medical expenses.

Your HSA is funded by a State contribution of one-third of the CDHP deductible. You may contribute an additional amount to your HSA through pre-tax payroll deductions or a post-tax direct payment. HSAs are portable. Unlike a Flexible Spending Account, there is no “use-it-or-lose-it” rule with HSAs.

You cannot be enrolled in both an HSA and the MCAP Flexible Spending Account.

For additional information, see Health Savings Accounts (HSA) for Active State Employees: cms.illinois.gov/benefits/stateemployee/health-savings-account.html.

WELLNESS OFFERINGS

Be Well Illinois

Be Well Illinois is designed to not only focus on supporting your physical health but also your mental, financial, and social wellbeing. See cms.illinois.gov/benefits/stateemployee/bewell.html for health plan information and educational resources including wellness webinars, monthly health awareness causes, financial wellness, healthy eating, exercise and more information about wellness offerings.

Weight-Loss Program

Employees who are covered under State (SEGIP) health plans may receive a rebate towards the cost of an approved weight-loss program. The maximum rebate is \$200, once every three plan years. If you opt out or waive health coverage, then you are not eligible for this benefit, nor are your dependents.

Smoking Cessation Program

You and your dependents who are covered under State (SEGIP) health plans are eligible to receive up to a \$200 rebate towards the cost of an approved smoking cessation program. One (1) rebate per plan year is available only upon completion of an approved smoking cessation program. Charges not eligible for rebate include hypnosis, acupuncture, prescription drug therapy, and non-prescription drug therapy.

To determine if a particular weight-loss or smoking cessation program is an approved program, to submit documentation, and for answers to other questions about the program, contact CMS at 800-442-1300. You will find information about the programs above at cms.illinois.gov/benefits/stateemployee/other-programs.html.



DENTAL PLAN

The Quality Care Dental Plan (QCDP) offers coverage for dental services regardless of which health plan you choose. You may go to the dentist of your choice and receive benefits for a range of services. You may pay less out-of-pocket when you receive services from a network dentist. There are two separate networks of dentists in addition to out-of-network providers: the Delta Dental PPO network and the Delta Dental Premier network. Network information can be found at deltadentalil.com/employers-groups/soi/network-dentist-savings

Under the QCDP, you pay a premium for your own and any dependent coverage. The State also pays a portion of the premiums. Part-time employees pay a portion of the State cost in a percentage based on their percent of appointment, in addition to the employee premium.

You can view State benefit plan premiums at cms.illinois.gov/benefits/stateemployee/ratesandcalculators.html or contact [University Payroll & Benefits](#).

Important points to remember:

- If your opt-out election, or coverage waiver is not made within the first 30 calendar days after your first day of benefits eligibility, then you default into the dental plan without dependent coverage.
- If you opt-out of dental only coverage, you may not opt back into coverage until the next Benefit Choice period, even if coverage is lost through another dental plan.
- Plan pays a predetermined or scheduled amount toward each specific covered dental service, which is the maximum amount payable for that service. If your dentist charges more than the maximum allowed for a particular service, then you must pay the difference. The Schedule of Benefits is available at cms.illinois.gov/benefits/stateemployee/state-dental-plan.html.
- Claims for benefits must be filed by you or your dentist with the claims administrator, Delta Dental of Illinois. The dental claim form can be found at cms.illinois.gov/content/dam/soi/en/web/cms/personnel/benefits/documents/delta-dental-claimform-il.pdf.

VISION PLAN

The vision plan is automatically provided at no additional cost to you and your dependents who are enrolled in any of the State (SEGIP) health plans. The vision plan is intended to encourage regular eye examinations and assist with vision care expenses when glasses or contact lenses are needed. Contact the plan for coverage details on eye exams, eyeglasses, and contact lenses.

Important points to remember:

- The highest benefit level is provided when services are received from in-network providers; however, limited benefits are available for services received from out-of-network providers.
- For information on participating in-network providers or for a schedule of covered services and copayment amounts, call the plan administrator, EyeMed Vision Care, at 866-723-0512.
- View the State Vision Plan at <https://cms.illinois.gov/benefits/stateemployee/statevision.html>.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) provide the opportunity to pay certain Medical Care and Dependent Care expenses with before-tax dollars. Contributions are deducted from your paycheck and deposited into your FSA account before taxes are withheld, which lowers your taxable income.

The savings from participating in the FSA program vary greatly depending on your income, your contribution amount, the number of dependents you claim, adjustments or itemizations on your federal income taxes, and the total of your medical/dependent care expenses.

To estimate what you might save by enrolling in the FSA, see cdn.optum.com/fsa/.

ENROLLMENT

Your enrollment in this plan is based on a plan year of July 1 – June 30, and you must re-enroll each year during Benefit Choice to participate. Your enrollment cannot be changed or revoked during the plan year unless you experience an applicable Qualifying Event. This plan is administered by Optum Financial.

ELIGIBILITY

In order to be eligible to participate in either the Medical Care Assistance Plan (MCAP) or the Dependent Care Assistance Plan (DCAP), you must be eligible to participate in one of the State's health plans and be:

- A permanent employee with an appointment of 50% time or more, or
- An employee hired for at least 4.5 months (one semester) at 100% time, or
- An employee with an appointment of 50% time or more for at least nine months; and
- Receiving a paycheck from which deductions can be taken; and
- MCAP participants are not eligible to participate in the Health Savings Account.

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

MEDICAL CARE ASSISTANCE PLAN (MCAP)

You may use this plan to pay eligible medical expenses that are not paid by your health, dental, or vision insurance such as deductibles, copayments, coinsurance, amounts exceeding the maximum benefit or the maximum allowable limits on health, dental, or vision plans, non-covered expenses, and some over-the-counter items. On Optum Financial at optumfinancial.com you can establish and access your account to view additional information, including a list of eligible and ineligible expenses.

Contributions, Claim Submission Deadline, and Rollover

Your contributions may be made only by payroll deduction. The minimum contribution is \$20 per month (\$240 annually) and the maximum is \$266.66 per month or \$355.55 per month for employees paid over a 9 month period (\$3,200 annually).

When determining a contribution amount for MCAP, eligible out-of-pocket expenses must be incurred during the plan year (July 1 – June 30) and submitted for reimbursement by September 30 following the end of the plan year. MCAP participants with a balance in their MCAP account after September 30, can have up to \$640 of that remaining balance rolled over to the next plan year's MCAP account if they re-enroll for the next plan year. This rollover amount will be available beginning October 1 of the following plan year. The rollover amount is in addition to the maximum contribution limit listed above.

- Rollover amount is only available if you re-enroll.
- Maximum rollover amount for FY25 into FY26 is \$640.
- Any remaining balance exceeding \$640, after September 30, will be forfeited per IRS regulations.

DEPENDENT CARE ASSISTANCE PLAN (DCAP)

You may use this plan to cover the care costs for your eligible dependents while you are at work. On the Optum Financial at optumfinancial.com you can establish and access your account to view additional information, including a list of eligible and ineligible expenses.

Contributions and Claim Submission Deadline

Your contributions may be made only by payroll deduction. The minimum contribution is \$20 per month (\$240 annually); the maximum contribution depends on your tax filing status as listed below.

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

- If you or your spouse earns less than \$5,000 a year, your maximum is the lower of the two incomes.
- Since money set aside in your DCAP is always tax-free, you guarantee savings by paying for your eligible expenses through your IRS tax-favored account. Depending on the amount of income taxes you are required to pay, participation in DCAP may produce a greater tax benefit than claiming tax credits or exclusions alone. Remember, you cannot use the Internal Revenue Service (IRS) dependent care tax credit if you are married and filing separately. Further, any dependent care expenses reimbursed through your DCAP cannot be filed for the dependent care tax credit, and vice versa. To help you choose between the available taxable and tax-free benefits, or a combination of both, consult a professional tax advisor and/or the IRS for additional information.

Eligible DCAP out-of-pocket expenses must be incurred during the plan year (July 1 – June 30) and submitted for reimbursement by September 30 following the end of the plan year. There is no rollover provision for DCAP accounts. Any unused DCAP balance will be forfeited, according to IRS regulations.

MYBENEFITS PLUS

MyBenefits Plus, administered by Corestream, is an optional benefits program available to full-time, State benefits-eligible employees.

ENROLL DURING ANNUAL BENEFIT CHOICE PERIOD

- Accident Insurance – Receive cash benefits when an accident occurs to help with expenses.
- Critical Illness Insurance – Take care of expenses while you take care of yourself.
- Hospital Indemnity Insurance – Protect your pocket from pricey hospital visits for you and your loved ones.
- Legal Services – Get access to discounted specialized legal counsel for matters big and small.

ENROLL YEAR-ROUND

- Auto & Home Insurance – Apply for coverage for your home, condo, vacation property, boats, recreational vehicles, and more.
- FinFit – Provides access to financial education, checking and savings accounts, Member loans, and free referrals to local financial resources.
- GradFin – Student Loan Refinancing
- Identity Theft – Protect your identity and your financial information from digital thieves near and far.
- Pet Insurance – Take care of your furry friends with these special discounts.
- Purchasing Programs - Offers a new way to buy computers, electronics, and home appliances through the ease of payroll deduction.

For detailed information on the MyBenefits Plus program, see corp.corestream.com/mybenefitsplus-0.

STATE UNIVERSITIES RETIREMENT SYSTEM (SURS)

The State Universities Retirement System (SURS) offers three retirement plan choices:

- Traditional Benefit Plan (Defined Benefit)
- Portable Benefit Plan (Defined Benefit)
- Retirement Savings Plan (Defined Contribution)

It is very important to carefully review the SURS plan options and make an active decision about plan choice. Important considerations for plan selection include: Minimum Vesting, Normal Retirement Age, Earliest Retirement Age, Age Reduction, Final Rate of Earnings (FRE), FRE Limits, and more. A chart is available on page two of this document surs.org/wp-content/uploads/SURS_In_Brief.pdf to assist in evaluating these provisions. Additionally, you will want to consider differences in portability, death benefits, survivor benefits, and retiree health benefits in making your plan choice.

You will receive complete information about these choices directly from SURS. SURS will mail a detailed Retirement Choice Packet to your home address after receiving certification of your employment from the University. For additional information about your choices, contact SURS at 800-ASK-SURS (800-275-7877) or view the SURS website, surs.org, and click on “New to SURS” for resources to help you understand the three plan options. You may also view the “Plan Choice Video Series” at vimeo.com/showcase/5668417.

As a SURS participant, your contribution to the retirement plan is 8% of gross earnings. University police officers in the Traditional and Portable Benefit Plans contribute 9.5% unless a timely election to waive the right to make additional contributions is made. This contribution is automatically deducted from your paycheck, and is not subject to federal or state income taxes. Federal taxes will be withheld when you begin to withdraw funds following your retirement. Retirement distributions are not taxed by the State of Illinois if taken in accordance with plan provisions, at full retirement age, and while a legal resident of the State of Illinois.

Participation in SURS is required if you work continuously for at least one academic term or four months, whichever is less, and your employment is not temporary, intermittent, or irregular. Effective January 1, 2023, to meet the continuous employment requirement, employees who are newly hired, rehired, or are transferring to a substantially different position must be in a position that requires services of at least 10% FTE (or 10% of a full-time faculty load) to be SURS eligible. You are not eligible to participate in SURS if: you are a student regularly attending classes at a college or university that participates in SURS and you are employed on a part-time, temporary basis; you were employed under the Comprehensive Employment Training Act on or after July 1, 1979; you hold a J-1, J-2, F-1, or F-2 visa and have not established residency status; or you are currently receiving a retirement annuity from SURS (may apply to certain employees).

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

If you are eligible for SURS, you are not covered by federal Social Security and no Social Security taxes are withheld from your earnings. However, if you were hired on or after April 1, 1986, your earnings are subject to withholding of federal Medicare tax, which amounts to 1.45% of Medicare-eligible salary.

TRADITIONAL AND PORTABLE (DEFINED BENEFIT) PLANS

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

- **Portability.** The Portable Benefit Plan allows for a larger refund than the Traditional Benefit Plan if you leave SURS before retirement.
- **Survivor Benefits.** With the Portable Benefit Plan, there is a cost at retirement if you want to provide survivor benefits to your survivor upon your death. With the Traditional Benefit Plan, there is no additional cost, your survivor benefits are automatic.

Allocation of 8%	Traditional	Portable
6.50%	Retirement	Retirement
0.50%	Automatic Annual Increase	Automatic Annual Increase
1.00%	Survivor Benefits	Portability

The State of Illinois also contributes an amount that is actuarially determined each year, and can vary from year to year. It is approximately 9.1% of earnings at the time of your retirement and is used to fund your retirement benefits, as well as to fund your disability benefit. (See page 25 for a description of the SURS Disability benefits.)

RETIREMENT SAVINGS (DEFINED CONTRIBUTION) PLAN (RSP)

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

Your investment plan recordkeeper is Voya Financial.

Your entire 8% contribution is allocated to your retirement account balance. The State also contributes an amount equal to 7.6% of your earnings to your account. Of that contribution, approximately 7.35% is added to your retirement account balance, and the remaining 0.3% is used to fund your disability benefit. (See page 25 for a description of the SURS Disability benefits.)

As a new employee you have up to six (6) months to make your SURS plan choice. If you decide to elect the RSP, the State contributions do not begin until the first full payroll after your selection is made, so it is in your best interest to make this choice as soon as possible.

SURS AND SOCIAL SECURITY

The State of Illinois has elected to opt out of the Social Security system and instead cover eligible employees with membership in SURS as an alternative to Social Security coverage. As a result, the University does not contribute to Social Security on your behalf and no Social Security taxes are withheld from your earnings. You may be entitled to a benefit from Social Security if you, your current spouse, or former spouse, have previously worked for other employers who have contributed to the Social Security system. However, under the Social Security law, there are two ways your SURS pension may impact or reduce your Social Security benefit: 1) the Windfall Elimination Provision and 2) the Government Pension Offset Provision. Medicare benefits will not be impacted by these provisions.

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

SUPPLEMENTAL RETIREMENT PLANS

In addition to your retirement account with SURS, you may elect to direct part of your pay to investments intended to build an individual retirement fund. You may choose to participate in any, or all of the offered plans that you meet the eligibility requirements: the University Supplemental 403(b) Retirement Plan, the State Deferred Compensation 457 Plan, and SURS Deferred Compensation 457 Plan for SURS-eligible employees.

Participation in any of these plans will not reduce any U of I System benefits that are based on full salary, such as retirement, life insurance, disability, or survivor benefits. Participation is available by payroll deduction only. The amount of income that can be contributed is subject to IRS limitations.

At retirement or termination of employment, you may defer a portion of your vacation payout into the 403(b) or 457 plans. You must notify UPB at least 60 days prior to separating from the University in order to arrange deferral of vacation payout.

UNIVERSITY SUPPLEMENTAL 403(B) RETIREMENT PLAN

The 403(b) Plan is a defined contribution plan intended to have tax-favored status under section 403(b) of the IRS Code. A 403(b) plan is similar to a 401(k) plan, but it is specifically designed for employees of public schools and certain tax-exempt organizations. The 403(b) Plan offers fixed and variable annuities, mutual funds, stocks, bonds, and money market funds with low share class fees. You have the option of contributing pre-tax (traditional) and/or Roth (after-tax) funds to the 403(b) Plan.

- Your traditional contributions are deducted from your pay on a pre-tax basis, which decreases your taxable income. Distributions will be taxable as ordinary income.
- Your Roth contributions are deducted from your pay on an after-tax basis. These funds and associated earnings can then be withdrawn tax-free at retirement provided the withdrawal meets certain requirements.
- In 2024, if you are under age 50, the maximum 403(b) contribution is \$23,000. This limit is determined annually by the IRS. If you are age 50 or over, you may contribute up to an additional \$7,500. (This maximum is a combined limit of both traditional and Roth contributions.)

Important: If during any calendar/tax year you contribute to a retirement plan through another employer, it is your responsibility to monitor your contributions to all plans to ensure you do not contribute over the IRS maximum allowed each year.

Your investment company choices are TIAA and Fidelity Investments.

For detailed instructions on enrolling, see hr.uillinois.edu/benefits/retirement/403b/sra.

STATE DEFERRED COMPENSATION 457 PLAN

The Deferred Compensation Plan is a defined contribution plan intended to have tax-favored status under section 457(b) of the IRS Code. If you meet the plan's eligibility requirements, you may choose to invest pre-tax and/or Roth (after-tax) money in this Plan. Retirement distributions are not taxed by the State of Illinois if taken in accordance with plan provisions, at full retirement age, and while a legal resident of the State of Illinois.

The plan is administered by CMS with Empower as recordkeeper and plan service provider. The State of Illinois Board of Investments determines the range of investment choices for the plan. There are a number of investment options, including the target retirement trust funds, which provide a single diversified portfolio that is professionally managed to a specific retirement date.

- The minimum contribution is \$10 per pay period.

- Your traditional contributions are deducted from your pay on a pre-tax basis, which decreases your taxable income. Distributions will be taxable as ordinary income for federal tax purposes.
- Your Roth contributions are deducted from your pay on an after-tax basis. These funds and associated earnings can then be withdrawn tax-free at retirement provided the withdrawal meets certain requirements.

In 2024 if you are under age 50, the maximum contribution is \$23,000. This limit is determined annually by the IRS. If you are age 50 or over, you may contribute up to an additional \$7,500 (This maximum is a combined limit of both traditional and Roth contributions). The SURS Deferred Comp Plan and the State Deferred Comp Plan are both 457 Plans, so they have a single, combined joint IRS limit. This means that your contributions to either one or both cannot exceed the limit listed above (for 2024) in total.

For eligibility and other information about the State 457 Plan, see hr.uillinois.edu/benefits/retirement/457.

To enroll in the Plan, go to [Empower](#).

SURS DEFERRED COMPENSATION 457 PLAN

The SURS Deferred Compensation 457 Plan (also known as the SURS DCP) is a defined contribution plan available to all actively contributing SURS members. Employees that first become a SURS participant (first certified) on or after July 1, 2023 are automatically enrolled in this plan contributing 3% pre-tax and within the first 30-days may opt out of the plan. Employees automatically enrolled that are still contributing at the default contribution rate will see an automatic increase in their deferral amount of 1% each July 1st, up to a maximum deferral of 10%. This applies only to employees that have been automatically enrolled and have been in the plan at least 180 days. Participants may choose to invest pre-tax and/or Roth (after-tax) money in this Plan. Income from the SURS Deferred Compensation Plan is not subject to State of Illinois tax when taken as a qualified distribution. Participating in the SURS Deferred Compensation Plan can help supplement retirement planning, and will not reduce any other University benefits.

The plan is administered by SURS, with Voya as recordkeeper.

- You are eligible to participate if you are an actively contributing SURS member.
- The minimum contribution is \$10 per pay period or 1% of your gross pay per pay period.
- Your traditional contributions are deducted from your pay on a pre-tax basis, which decreases your taxable income. Distributions will be taxable as ordinary income for federal tax purposes.
- Your Roth contributions are deducted from your pay on an after-tax basis. These funds and associated earnings can then be withdrawn tax-free at retirement provided the withdrawal meets certain requirements.

In 2024 if you are under age 50, the maximum contribution is \$23,000. This limit is determined annually by the IRS. If you are age 50 or over, you may contribute up to an additional \$7,500 (This maximum is a combined limit of both traditional and Roth contributions). The SURS Deferred Comp Plan and the State Deferred Comp Plan are both 457 Plans, so they have a single, combined joint IRS limit. This means that your contributions to either one or both cannot exceed the limit listed above (for 2024) in total.

For eligibility and other information about the SURS 457 Plan, see <https://www.hr.uillinois.edu/benefits/retirement/surs457/hr.uillinois.edu/benefits/retirement/surs457>.

To enroll in the Plan, go to [SURS](#).

DISABILITY PLANS

SURS DISABILITY BENEFITS

Disability benefits are provided through your participation in the State Universities Retirement System (SURS). The disability benefits are the same regardless of which of the three SURS retirement plan choices you select.

- Disability benefits may be claimed for an illness after you have accumulated two (2) years of service credit in SURS. This two (2) year requirement is waived if disability is due to an accident.
- Waiting Period: Benefits begin after 60 continuous calendar days of disability, or after salary or sick leave benefits end, whichever is later.
- Benefit Amount: An eligible employee with an approved disability claim would receive the greater of 50% of base salary on the date the disability begins or 50% of average earnings for the 24 months immediately prior to the date disability begins.
- Benefit Duration: Benefits are payable until the total benefits received equal 50% of your SURS earnings.

UNIVERSITY SUPPLEMENTAL LONG TERM DISABILITY (LTD) INSURANCE PLAN

This optional LTD plan available through Prudential supplements the SURS benefits if you become disabled due to sickness or injury. To be eligible for enrollment in this plan, you must be a SURS participant with a continuing appointment of at least 50% or a temporary appointment of 50% or more for at least nine months and be eligible to receive state health benefits. You pay the full cost of this plan. Monthly premiums are based on your age and your annual salary.

A new benefits eligible employee, will receive guaranteed coverage if election is made within the first 60 days of employment. After 60 days, you may apply for coverage at any time by answering questions about your health. Prudential has the right to approve or deny any request for coverage. If a request is approved, coverage will begin on the date determined by the carrier. A pre-existing condition limitation is applicable during the first two (2) years of coverage.

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

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

To enroll in the University Supplemental LTD Plan, go to hr.uillinois.edu/benefits/ltd#UniversityLTD.

LIFE INSURANCE

BASIC TERM LIFE COVERAGE

As a benefits-eligible employee, you receive basic term life insurance through MetLife in an amount equal to your annual salary, at no cost. Up to \$50,000 of life insurance is tax exempt. If the total value of basic term life insurance exceeds \$50,000, then the amount in excess of \$50,000 is taxed as imputed income, per IRS regulations.

PURCHASE OPTIONAL LIFE COVERAGE

During your 30 calendar day enrollment period, life insurance enrollment is guaranteed for employee coverage up to four (4) times annual salary. With evidence of good health, you have the option to purchase additional life insurance of up to eight (8) times your annual salary with a maximum of \$3,000,000 when combined with basic life coverage. Spouse life insurance is also guaranteed issue if purchased during this 30 calendar day period. Child life insurance may be added at any time and is guaranteed without evidence of good health.

Spouse and child life insurance is also guaranteed for newly acquired dependents, if elected within the 60 calendar day enrollment period after certain qualifying events, such as marriage, birth and adoption. Thereafter, evidence of good health is required to increase your life insurance coverage and to add coverage for your spouse.

Plan Component	State of Illinois Plan
Basic Life Insurance	
Employee basic provided by State of Illinois	100% of annual salary; up to \$50,000 tax exempt.
Optional Life Insurance	
Employee optional term life	Up to 8 times annual salary, to a maximum of three million dollars (basic plus optional combined) in annual salary increments. Monthly rate per \$1,000 based on age: Under age 30 \$.03 30-39 .05 40-44 .09 45-49 .12 50-54 .19 55-59 .36 60-64 .56 65-69 1.26 70 and above 2.06
Spouse life insurance	For \$10,000 coverage: \$5.70 per month.
Child life insurance	For \$10,000 coverage: \$.60 per month.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

STATE AD&D INSURANCE

You may purchase AD&D Insurance in either 1) an amount equal to your basic life (annual salary) or 2) the combined amount of your basic and employee optional life, subject to a maximum of five (5) times your basic life insurance amount or \$3,000,000, whichever is less. The State AD&D plan does not have a limited enrollment period, and does not include coverage for a spouse and/or children.

UNIVERSITY AD&D INSURANCE

The University also offers an AD&D insurance plan. You may also purchase coverage for a spouse and/or children. Other benefits included in this plan are travel assistance services, medical evacuation, and repatriation of remains. Enrollment is guaranteed at any time during your University employment. As a new hire, enrollment is completed online through UI New Hire.

To enroll as a current employee at any time, see hr.uillinois.edu/benefits/lifedisability/add#university.

Premiums and amounts of coverage for both State and University AD&D plans are provided below.

AD&D Insurance		
Plan Component	State Plan	University Plan
Employee AD&D	1) Amount equal to basic life (annual salary) or 2) the combined amount of basic and employee optional life, subject to max 5x basic life or \$3,000,000, whichever is less. \$0.02 per \$1,000 (monthly rate)	\$25,000 to \$300,000: \$0.028 per \$1,000 for employee; \$0.043 per \$1,000 for family coverage (monthly rate).
Spouse AD&D	Not available	Coverage limited to 50% of employee amount if no children (40% if children).
Children AD&D	Not available	Coverage limited to 10% of employee amount (15% if no spouse).

COMMUTER BENEFIT

The Commuter Benefit mass transit program allows you to set aside money from your paycheck before taxes to use for work-related public transportation expenses up to the monthly amount set by the IRS. For 2024, the maximum IRS limit is \$315 per month.

See hr.uillinois.edu/benefits/worklife/commuter for additional information, including eligibility.

TUITION BENEFITS

FACULTY, STAFF, AND RETIREES

Faculty and Academic employees or retirees may receive a tuition waiver from the University of Illinois at Urbana, Chicago, or Springfield.

Civil Service employees in trainee, apprentice, learner, provisional, or status appointments of 50% time or more may attend one of the other State Universities Civil Service System institutions in addition to the University of Illinois System.

The value of undergraduate level tuition waivers for employees is not taxable. However, the value of graduate-level educational benefits exceeding \$5,250 in a calendar year is subject to employment taxes and must be reported as taxable wages on Form W-2. This taxation does not apply to qualified Teaching Assistants or Research Assistants.

CHILDREN OF EMPLOYEES

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

You must have seven (7) years of University of Illinois System (or other reciprocal State of Illinois university) service credit, not necessarily consecutive, in a SURS-eligible appointment.

You must be currently employed in a SURS-eligible appointment (at least 50% for a minimum of nine months) as of the beginning of the academic term in which a waiver is claimed.

The value of undergraduate level tuition waivers for children of current employees is not taxable.

For more information and eligibility requirements on Tuition Benefits, please see hr.uillinois.edu/benefits/tuitionwaivers.

PAID TIME OFF (LEAVE) BENEFITS

Generous paid time off benefits are provided, including time to observe holidays, enjoy vacation, or recuperate from illness. A few common paid leave benefits are described below. See hr.uillinois.edu/leave for a summary of paid and unpaid leave that may be available to you. Certain leave provisions may vary based on your employment category, university, or unit. Your central HR office can assist with questions about time off and leave.

HOLIDAYS

You are generally eligible to receive twelve (12) paid holidays each fiscal year and two additional floating holidays. The U of I System recognizes the following holidays: New Year’s Day, Martin Luther King, Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and two other days as determined by the President of the University of Illinois System. Eligible employees also receive two floating holidays, which can be used at any time of the year, with the approval of your unit or department. Holiday schedules for each university are posted at hr.uillinois.edu/leave.

VACATION

You are eligible for vacation leave for personal use if you are in a trainee, apprentice, learner, provisional, or status appointment, or if you are an academic employee on a 12-month appointment. The amount of vacation time for which you are eligible will depend on your type of position appointment.

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

SICK LEAVE

Employees in trainee, apprentice, learner, provisional or status appointments; and academic employees with a 50% or greater appointment, are eligible for sick leave that may be used for illness of, injury to, or need to obtain medical or dental consultation for yourself, your spouse, civil union partner, same-sex domestic partner, children, parents, parents-in-law, siblings, grandchildren, grandparents or members of the household. The amount of sick leave for which you are eligible will depend on your type of position appointment.

Sick Leave Accrual	
Civil Service	Academic Professional
25 days, consisting of: <ul style="list-style-type: none">12 days that are cumulative, if unusedFor exempt (not eligible for overtime) Civil Service employees, 13 additional days each academic year, non-cumulative, are available if 12 are exhausted.	25 days, consisting of: <ul style="list-style-type: none">12 days that are cumulative, if unused13 additional days in that appointment year, non-cumulative, are available if 12 are exhausted. Amounts are prorated for appointments of less than a full appointment year. Part-time academic professionals receive the 12 and 13 days at a percentage of appointment.

ADDITIONAL TIME OFF

Additional types of paid time off include parental leave, funeral/bereavement leave, blood/organ donor leave, jury duty, and military leave. You may also be eligible for additional unpaid time off, such as Family Medical Leave (FMLA) or Family Military Leave. In some instances, you may substitute accrued vacation or personal time for unpaid leaves. See hr.uillinois.edu/leave for further information on these and other leave types.

EMPLOYEE ASSISTANCE PROGRAMS

You may seek assistance through either the State of Illinois' Employee Assistance Program or through your university's assistance program. See hr.uillinois.edu/benefits/worklife/eap for more information.

UNIVERSITY FACULTY/STAFF ASSISTANCE PROGRAMS

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

Urbana	Chicago	Springfield
Faculty/Staff Assistance & Well-Being Services 1011 W. Springfield Ave. Urbana, IL 61801 217-244-5312 217-244-7739 (24-hour crisis line)	Employee Assistance Services Clinical Services North (CSN), Rm 365 820 S. Wood St. Chicago, IL 60612 312-996-3588	See State EAP information below.

STATE EMPLOYEE ASSISTANCE PROGRAM (EAP)

The State Employee Assistance Program is available to employees who are eligible for SEGIP. If the employee participates in a State health plan, EAP services are also available to their eligible dependents.

The State EAP is a free, voluntary, and confidential program that provides problem identification, counseling, and referral services. Employees will be directed to a Guidance Consultant to assist them with a variety of concerns. All calls and counseling sessions are confidential, except as required by law.

ComPsych

833-955-3400
800-697-0353 (TDD/TTY)

ADOPTION BENEFIT PROGRAM

Assistance is available for adding to your family through adoption. All regular full-time employees and part-time employees with a 50% or greater appointment are eligible for the State of Illinois Adoption Benefit Program. See hr.uillinois.edu/benefits/worklife/adoption for more information.

For questions about benefits or enrolling the adopted child in group insurance, contact CMS at 800-442-1300. For questions about adoption in general, please contact the Adoption Information Center of Illinois at 800-572-2390.

DISCOUNT PROGRAMS

State employees are offered access to a discount program, through the Employee Assistance Program vendor, ComPsych. A wide range of discounts are offered including health and wellness, entertainment, travel and more. State dental plan participants have access to the Smile Perks discount program. Other discounts are also available to university employees.

See hr.uillinois.edu/benefits/worklife/discounts or deltadentalil.com/resources/smile-perks/ for more information.

BENEFITS PLAN DIRECTORY

MANAGED CARE PLANS

Health Plan Administrators	Toll-Free Phone Number	TDD/TTY Number	Website
BlueAdvantage HMO	800-868-9520	866-876-2194	bcbsil.com/stateofillinois
Blue Cross Blue Shield OAP	855-810-6537	866-876-2194	bcbsil.com/stateofillinois
Aetna HMO	855-339-9731	800-628-3323	aetnastateofillinois.com
Aetna OAP	855-339-9731	800-628-3323	aetnastateofillinois.com
Health Alliance HMO	800-851-3379	800-526-0844	healthalliance.org/stateofillinois
HealthLink OAP	877-379-5802	877-232-8388	healthlink.com/soi/learn-more
HMO Illinois	800-868-9520	866-876-2194	bcbsil.com/stateofillinois

CONSUMER DRIVEN HEALTH PLAN

Plan Administrator	Toll-Free Phone Number	TDD/TTY Number	Website
Aetna	855-339-9731	800-628-3323	aetnastateofillinois.com

QUALITY CARE HEALTH PLAN

Plan Administrator	Toll-Free Phone Number	TDD/TTY Number	Website
Aetna	855-339-9731	800-628-3323	aetnastateofillinois.com



PRESCRIPTION DRUG ADMINISTRATORS

Information on prescription drug coverage, pharmacy network, mail order, specialty pharmacy, ID cards, claim filing.

Prescription Drug Administrators	Administrator's Name and Address	Customer Service Contact Information
QCHP CDHP Aetna OAP BCBS OAP HealthLink OAP	CVS Caremark Mail Order: P.O. Box 94467 Palatine, IL 60094-4467	877-232-8128 800-231-4403 (TDD/TTY) caremark.com
BlueAdvantage HMO Aetna HMO Health Alliance HMO HMO Illinois	Contact Your HMO Plan Administrator	

BENEFIT PROVIDERS

Plan Component	Administrator's Name and Address	Customer Service Phone Numbers & Website
Vision Plan	EyeMed Out-of-Network Claims P.O. Box 8504 Mason, OH 45040-7111	866-723-0512 TTY users, call 711 eyemedvisioncare.com/stil
Quality Care Dental Plan (QCDP)	Delta Dental of Illinois P.O. Box 5402 Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY) soi.deltadentalil.com
Flexible Spending Accounts (FSA)	Optum Financial P.O. Box 622317 Orlando, FL 32862-2317	888-469-3363 800-526-0844 (TDD/TTY) 443-681-4602 (Fax) optumfinancial.com
Health Savings Accounts (HSA)	Optum Financial P.O. Box 622317 Orlando, FL 32862-2317	888-469-3363 800-526-0844 (TDD/TTY) 443-681-4602 (Fax) optumfinancial.com
Health/Dental Plans, HSA, FSA, Life Insurance	MyBenefits Service Center 134 N. LaSalle Street, Suite 2200 Chicago, IL 60602	844-251-1777 844-251-1778(TDD/TTY) mybenefits.illinois.gov
Medicare COB Unit, Premium Collection Unit, Adoption Benefit, Smoking Cessation, and Weight Loss	CMS Group Insurance Division P.O. Box 19208 Springfield, IL 62794-9208	800-442-1300 800-526-0844 (TDD/TTY)

State Life and AD&D Insurance Plan	MetLife P.O. Box 6100 Scranton, PA 18505	800-880-6394 metlife.com/stateofillinois
U of I AD&D Insurance	The Hartford	Contact UPB
Voluntary Supplemental Long Term Disability Insurance	Prudential Insurance Company of America 751 Broad Street Newark, NJ 07102	800-842-1718
State Employee Assistance Program (EAP)	ComPsych 455 N. Cityfront Plaza Drive Chicago, IL 60611	833-955-3400 800-697-0353 (TDD/TTY) guidanceresources.com
MyBenefits Plus	Corestream mybenefits+@corestream.com	855-548-8800 corp.corestream.com/mybenefitsplus-0
University Employee Assistance Programs	See "Employee Assistance Programs" for more information.	

RETIREMENT PLANS

Plan Component	Contact For	Administrator's Name and Address	Customer Service Contact Information
State Universities Retirement System (SURS)	Questions about the Traditional, Portable, or Retirement Savings Plan.	SURS 1901 Fox Drive Champaign, IL 61820-7333	800-275-7877 217-378-8800 217-378-9800 (Fax) surs.org
SURS Retirement Savings Plan (RSP)	Investment recordkeeper	Voya Financial	SURS Defined Contribution Contact Center 800-613-9543 800-579-5708 (TDD)
State Deferred Compensation Plan Recordkeeper (State 457 Plan)	Enrollment, beneficiary designation, account balances, information on fund performance and additional literature.	Empower	833-969-4532 myillinoisdcplan.com
403(b) Supplemental Retirement Plan	General information.	Contact UPB	Urbana 217-265-6363 Chicago 312-996-7200 Springfield 217-206-7144 UPB Service Portal
Investment company choices for the 403(b) Plan	Investment company information, fund prospectuses, account enrollment.	Fidelity Investments P. O. Box 770002 Cincinnati, OH 45277-0090	800-343-0860 netbenefits.com/uofi403b
		TIAA P. O. Box 1259 Charlotte, NC 28201	800-842-2776 tiaa.org/public/tcm/uillinois