

# 2025 Employee Benefits Summary- 30 Hours per Week or More



Benefit Name and Eligibility:	Benefit Features:	Employee Pays:	University Pays:
<p><b>Blue Cross Blue Shield of Illinois</b>  <b>BCO HDHP PPO</b> High Deductible Health Plan using the Blue Choice OPT PPO network                      Tier 1 – Pay the least out-of-pocket expenses by using a participating provider in the BCS Blue Choice OPT PPO network                      Tier 2 – Pay additional out-of-pocket costs by choosing a participating provider in the larger PPO Network</p> <p><b>BCS HDHP PPO</b> High Deductible Health Plan                      BCS =Smaller IL Blue Choice Select Network</p> <p><b>BCS PPO Copay</b> Physician &amp; Prescription Co-Pays &amp; Deductible in the BCS =Smaller IL Blue Choice Select Network</p>	<p>See attached</p>	<p>Remaining portion of BCBS premium cost. See page 2.</p>	<p>A set rate of the BCBS premium cost.</p>
<p>HealthiestYou Teledoc</p>	<p>Connect with a Doctor 24/7 to diagnose, treat &amp; prescribe. Access to board-certified physicians for general medical visits, mental health providers, dermatologists, nutritionists &amp; back/joint care providers by phone, video or app.</p>	<p>100%                      Voluntary employee benefit                      \$6.00 per payroll</p>	<p>100%                      Employer provided with enrollment in a BCBS health plan</p>
<p>Health Savings Account</p>	<p>For those employees that have chosen a HDHP medical plan and opened a Health Savings Account with HSA Authority/UMB Bank.</p>	<p>Individuals can deposit up to \$4,300 additionally, pre-taxed.                      Families can deposit up to \$8,550 additionally pre-taxed.                      Catch-up contribution: \$1,000 for individuals age 55 or older</p>	<p>0%</p>
<p>Group Term Life Insurance Eligible on hire date</p>	<p>Coverage amount is 1 ½ time annual salary during the term of employment; Maximum of \$250,000.</p>	<p>0%</p>	<p>100%</p>
<p>Supplemental Life Insurance</p>	<p>Employees have the option to purchase up to \$150,000 (Guarantee Issue) of additional life insurance.</p>	<p>100%</p>	<p>0%</p>



## 2025 Blue Cross Blue Shield Medical Rates

Employee Contributions - \* PER PAYROLL RATES (24 pay periods – 15<sup>th</sup> and last day of each month)

Single Coverage				Single + 1 Coverage				Family Coverage			
Coverage	BCO HDHP PPO	BCS HDHP PPO	BCS PPO Copay	Coverage	BCO HDHP PPO	BCS HDHP PPO	BCS PPO Copay	Coverage	BCO HDHP PPO	BCS HDHP PPO	BCS PPO Copay
Annual Salary				Annual Salary				Annual Salary			
< \$44,999	\$33.17	\$17.62	\$19.16	< \$44,999	\$56.43	\$28.94	\$38.23	< \$44,999	\$74.80	\$61.64	\$73.33
\$45,000-\$79,999	\$87.08	\$56.38	\$61.33	\$45,000-\$79,999	\$159.89	\$94.06	\$114.60	\$45,000-\$79,999	\$162.07	\$96.88	\$115.23
\$80,000-\$109,999	\$153.43	\$130.34	\$141.80	\$80,000-\$109,999	\$272.75	\$137.49	\$181.52	\$80,000-\$109,999	\$286.74	\$211.34	\$251.38
\$110,000+	\$165.87	\$140.90	\$153.31	\$110,000+	\$291.56	\$144.72	\$191.08	\$110,000+	\$324.13	\$228.95	\$272.34

## Guardian Dental Rates

	High PPO	Low PPO	DHMO
Single Coverage	\$7.08	\$4.65	\$3.16
Single + 1 Coverage	\$10.22	\$5.99	\$4.02
Family Coverage	\$15.25	\$11.81	\$7.99

# Blue Cross Blue Shield / Medical and Prescription Drugs



BCO HDHP PPO High Deductible Health Plan using the Blue Choice OPT PPO network Tier 1 - Pay the least out-of-pocket expenses by using a participating provider in the BCS Blue Choice OPT PPO network Tier 2 - Pay additional out-of-pocket costs by choosing a participating provider in the larger PPO Network *Tier 1 deductible and out of pocket will apply toward tier 2 maximums.				BCS HDHP PPO High Deductible Health Plan / BCS =Smaller IL Blue Choice Select Network		BCS PPO Copay Physician & Prescription Copays & Deductible BCS =Smaller IL Blue Choice Select Network	
	Tier 1	Tier 2					
Coverage	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible							
Individual	\$3,500	\$5,000	\$10,500	\$3,500	\$7,000	\$2,500	\$5,000
Family	\$7,000	\$10,000	\$21,000	\$7,000	\$14,000	\$7,500	\$15,000
Coinsurance (Member pays)	10%	30%	50%	10%	30%	20% after deductible	40% after deductible
Out of Pocket Max							
Individual	\$4,500	\$6,400	\$15,000	\$4,500	\$14,000	\$5,000	\$15,000
Family	\$9,000	\$12,800	\$30,000	\$9,000	\$28,000	\$10,000	\$30,000
Office visit							
Primary Care Physician	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$30 Copay	60% after Deductible
Specialist Visit						\$50 Copay	
Preventive Well Care	100%	100%	50% coinsurance after deductible	100%	10% coinsurance after deductible	100%	60% after Deductible
Lab, X-ray, Major Tests (MRI, CT, PET...)	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	20% after Deductible	40% after Deductible
Emergency Room	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible	10% coinsurance after deductible	10% coinsurance after deductible	\$350 Copay	
Outpatient Surgery	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	20% after Deductible	40% after Deductible
Inpatient Hospital Services	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible \$300 copay applies	10% coinsurance after deductible	30% coinsurance after deductible \$300 copay applies	20% after Deductible	\$300 Copay & 40% after Deductible
Prescription Drugs	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$15/\$30/\$50 copay	2 copays for 90 day supply

# Guardian Dental



	High PPO In/Out of Network	Low PPO In/Out of Network	DHMO	
Deductible Individual/Family	\$50 / \$150	\$50 / \$150 \$100 / \$300	No deductible	
Annual Maximum Pre Calendar Year	\$1,500 / \$1,000 Plus Max Rollover	\$1,000 Plus Max Rollover	Unlimited	
Preventative Services Routine Oral Exams (2x in 12 months) Full mount or Panoramic X-rays Fluoride Treatments Space Maintainers for children Sealants Problem Focused Exams Harmful Habit Appliances	100% / 100%	100% / 90%	Cleanings	\$0
			Fluoride Treatments	\$0
			Oral Exams	\$0
			Sealants (per tooth)	\$10
			X-rays	\$0
Basic Services Fillings Prefabricated Stainless Steel and Resin Crowns Simple & Surgical Extractions Oral Surgery Periodontal/Maintenance procedures Non-surgical Periodontal Therapy Periodontal Surgery General Anesthesia	90% / 80% Endodontics (including Root Canal Treatment)	80% / 70%	Anesthesia	\$98
			Fillings	\$20-35
			Perio Surgery	\$150-390
			Perio Maintenance	\$31
			Root Canal	\$130-195
			Scaling & Root Planing (per quadrant)	\$35-55
			Simple Extractions	\$20
			Surgical Extractions	\$50-150
Major Services Bridges Full & Partial Dentures Crowns, Inlays, Onlays & related services Prosthetic Repair & Recementation	60% / 50%	50% / 40% Endodontics (including Root Canal Treatment)	Bridges & Dentures	\$550-675
			Dental Implants	N/A
			Inlays, Onlays, Veneers	\$250-475
			Repair & Maintenance of Crowns, Bridges & Dentures	\$18-180
			Single Crowns	\$430
Orthodontia	N/A	N/A	Adults & Children	\$1895-2195
Cosmetic Care	N/A	N/a	Bleaching	\$165



## Regular Full Time Employees-30 Hours per Week or More

Benefit Name and Eligibility:	Benefit Features:	Employee Pays:	University Pays:
TIAA 403(b) Retirement Program Eligible on hire date	Retirement savings and matching program. Employee contributions can be pre-tax or Roth with a pre-tax Employer match and immediately vested.  www.TIAA.org/stfrancisil	5% of Base Salary	0-5 years = 5% 6-7 years = 6% 8-9 years = 7% 10-14 years = 8% 15+ years = 10%
TIAA Supplemental Retirement Account (SRA) Eligible on hire date	Voluntary additional retirement contributions. 2025 annual limit on total employee contributions, (both regular and supplemental) is \$23,500 for employees under age 50 and \$31,000 age 50 or older. For employees who attain the age of 60-63 in 2025 the catch-up amount is \$11,250.	Any amount up to maximums	None
Short Term Disability Eligible on hire date	STD coverage has a 21-day benefit waiting period, after the initial accident or illness. STD would provide a benefit equal to 60% of your weekly income to a maximum of 13 weeks, subject to benefit reductions as per the plan documents.	0%	100%
Long Term Disability Eligible on hire date	Effective after 90 days of disability; Pays 50% of salary (maximum \$5,000 per month) until normal retirement age, if totally disabled.	0%	100%
VSP Vision Insurance	Voluntary, employee-paid vision plan coverage. www.vsp.com	100%	0%
Guardian Critical Illness and Accident	Voluntary, employee-paid insurance coverage is available from Guardian offering Critical Illness and Accident plans. www.guardiananytime.com	100%	0%
Dependent Care Flexible Spending Account	Opportunity for employees to set aside pre-tax dollars and request reimbursement for eligible Dependent Care expenses. <b>Dependent Care Limit-\$5,000 (married filing jointly) or \$2,500 (single).</b>	100%	0%

## Regular Full Time Employees – 30 Hours per Week or More

Benefit Name and Eligibility:	Benefit Features:	Employee Pays:	University Pays:
<p><b><u>Admin. &amp; Staff Vacation Time:</u></b> Non-Exempt: Accrues upon hire; Available for use after three months.</p> <p>Exempt: As indicated in the contract.</p>	<p>Generally ten working days per year. Part time prorated based on work schedule after one year of service (see policy manual).</p> <p>Prorated balance of earned unused vacation is paid out upon employment separation</p>	0%	100%
<p><b><u>Admin. &amp; Staff Sick Time:</u></b> Non-Exempt: Accrues upon hire; Available for use after three months.</p> <p>Exempt: As indicated in the contract.</p>	<p>Generally ten working days per year. Part time pro-rated based on work schedule after one year of service (see policy manual).</p> <p>Unused sick time is not paid out upon employment separation.</p>	0%	100%
<p><b><u>Staff Personal Days:</u></b> Non-Exempt employees only;</p> <p>Available upon completion of one year of service.</p>	Two days annually.	0%	100%
<p><b><u>Holidays:</u></b> Eligible on hire date.</p>	<p>Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Day Designated to honor St. Francis (usually Friday of Fall Break).</p> <p>Thanksgiving Day &amp; Friday after Thanksgiving, Christmas Eve, Christmas Day, Winter Holiday (work days between Christmas Day and New Year's Day), New Year's Day</p>	0%	100%



## Regular Full Time Employees – 30 Hours per Week or More

Benefit Name and Eligibility:	Benefit Features:	Employee Pays:	University Pays:
Tuition Waiver Upon completion of one year of service	USF undergraduate tuition waived for employee, spouse, or dependent children. Graduate tuition waived for employee and spouse.	Fees, books, housing, etc.	100% Tuition
Tuition Exchange Upon completion of one year of service	Eligible employees and dependents may apply for a tuition exchange scholarship from other participating colleges. Each tuition exchange program operates differently. See website for details. <ul style="list-style-type: none"> <li>➤ <a href="http://www.cccte.org">www.cccte.org</a></li> <li>➤ <a href="http://www.cic.edu/tep">www.cic.edu/tep</a></li> <li>➤ <a href="http://www.tuitionexchange.org">www.tuitionexchange.org</a></li> </ul>	Fees, books, housing, etc.	Usually 100% Tuition
Joliet Park District Inwood Athletic Club	Free membership & access to all classes. Present a USF ID when signing in. Hours: Mon-Thurs: 4:30 A.M-10:30 P.M Fri: 4:30 A.M-9 P.M Sat: 6 A.M-6 P.M Sun: 7 A.M-6 P.M <a href="http://www.Inwoodathleticclub.com">www.Inwoodathleticclub.com</a>	0%	100%
USF Bookstore	20% discount provided for non-book merchandise.		
Leaves of Absence	Family, Medical and Domestic Leave, Military Leave, Bereavement Leave, Civic Duty Leave, Voting, and Conferences.		
Miscellaneous	Quest Food Mgmt. Discount, Abri Credit Union		

**PLEASE NOTE:** This summary is not intended to be a full descriptions of benefits. The USF Policy Manual and specific plan documents for insurance programs govern the provision of benefits provided.

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