

EXPLORE YOUR BENEFITS!

LCSC offers a competitive benefits package for faculty and staff, administered by the State of Idaho's Office of Group Insurance.

- 1 EXCEPTIONAL HEALTH COVERAGE
- 2 REMARKABLE RETIREMENT
- GENEROUS LEAVE PROGRAM
- 4 WELLNESS FOR ALL

RETIREMENT

Fidelity is the Optional Retirement Plan (ORP) available to faculty and non-classified staff. This program is for those who have not previously vested with PERSI. Employee contribution rate is 6.97% and matched by employer at 9.3%

PERSI is a defined benefit plan for classified employees. Employee contribution rate is 7.18% and matched by employer at 11.96%.

LEAVE

Sick leave is accrued at 3.7 hours per pay period for full-time employees. Vacation leave is accrued at 7.4 hours per pay period for full-time non-classified staff (not including faculty) and 3.7 hours per pay period for full-time classified staff.

LIFE INSURANCE

Basic Life Insurance: Provided by LCSC at no cost to the employee. Coverage is in the amount of 1x the employee's annual salary and \$10,000 for spouse and \$5,000 for dependent children.

Voluntary Term Life Insurance: Employees may purchase additional term life insurance up to 3x their annual salary as well as additional spouse and dependent coverage.

DISABILITY

The State's Disability Program can help replace a portion of your income if you're unable to work due to a disability. Disability benefits are provided to LCSC benefit-eligible employees. The cost of the coverage is provided by the State of Idaho.

EAP

All employees and their dependents, regardless of whether or not they are enrolled in the medical plan, have up to 6 visits per person, per incident for relationship issues, anxiety, work stress, or other challenges. These sessions are provided at no cost and are available in-person, over the phone, or through video chat.

EDUCATIONAL PRIVILEGE

Employees and spouses may take courses offered by Idaho's public institutions. The cost is a \$20 registration fee and \$5 per credit. (Limitations may apply at other institutions.)

Eligible dependent children can receive a 50% reduction in current resident and nonresident tuition and fees at LCSC.

PARKING PERMITS

Parking permits are \$95 per year.

WARRIOR ONE CARD

All employees can use their faculty/staff card to attend LCSC events across campus at no charge. This includes athletics events for up to 5 immediate family members.

FITNESS CENTER

No charge for LCSC employees. Spouses can purchase a membership for \$150 per year.

WARRIORWEAR

Employees receive a 20% discount on merchandise.

MEDICAL & DENTAL PLANS

The State of Idaho offers three medical plan options through Regence Blue Shield of Idaho. Each medical plan provides comprehensive coverage with different levels of out-of-pocket expenses and premium contribution rates. Vision and Prescription Drug coverage are included with the medical benefit.

PPO Plan: Provides coverage through a network of contracted health care providers and hospitals. Most enrollees on the State of Idaho plan subscribe to the PPO. The deductible per individual is \$350, with a \$20 copay for office visits. Copay is 80%.

Traditional Plan: Allows enrollees to access innetwork or out-of-network providers for higher out-of-pocket costs. The deductible per individual is \$500. Copay is 70%.

HDHP Plan: Allows enrollees to save money on their monthly premiums. In return, members pay higher deductibles and out-of-pocket maximums than other plans. This may be a good option for those who don't anticipate many medical expenses. The deductible per individual is \$2,000. Copay is 80%.

Dental Plan: All dental benefits utilize a PPO provider network through Blue Cross of Idaho, regardless of the type of medical plan you have selected. Deductibles and benefit payments are based on allowable charges. The deductible per individual is \$50. The plan year benefit is \$1,500 maximum per member.

Flexible Spending Account (FSA): Offers a convenient and easy way to save pre-tax money for eligible medical and dependent care expenses.

MEDICAL PREMIUMS

Monthly Rates for Full-Time Employees (30-40 hours per week)

Coverage Tier	PPO	Traditional	High Deductible	Dental
Employee Only	\$70.74	\$108.00	\$0.00	\$12.08
E + Spouse	\$215.04	\$334.80	\$52.16	\$38.72
E + Child	\$121.88	\$186.22	\$18.00	\$37.56
E + Children	\$192.64	\$299.62	\$44.08	\$74.76
E + Spouse + Child	\$263.54	\$411.08	\$69.72	\$64.18
E + Spouse + Children	\$353.10	\$551.80	\$102.10	\$109.40

Monthly Rates for Part-Time Employees (20 - 29.9 hours per week)

Coverage Tier	PPO	Traditional	High Deductible	Dental
Employee Only	\$163.52	\$249.68	\$36.50	\$13.78
E + Spouse	\$497.12	\$773.98	\$157.06	\$44.16
E + Child	\$281.74	\$430.48	\$78.12	\$42.84
E + Children	\$445.32	\$692.62	\$138.40	\$85.28
E + Spouse + Child	\$609.22	\$950.30	\$197.66	\$73.22
E + Spouse + Children	\$816.26	\$1275.58	\$272.52	\$124.80



BENEFITS BROCHURE

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