



2026 Employee Benefits Summary



PLEASE NOTE:

This summary is not intended to be a full description of benefits. The USF Policy Manual and specific plan documents for insurance programs govern the provision of benefits provided. Please contact Christina Kuzava, Assistant Director of Human Resources, with any benefits questions at ckuzava@stfrancis.edu or 815-740-4287.

2026 Employee Benefits Summary – 30 Hours per Week or More

Benefit Name and Eligibility	Benefit Features	Employee Pays	University Pays
Blue Cross Blue Shield of Illinois BCS HDHP PPO High Deductible Health Plan BCS =Smaller IL Blue Choice Select Network BCS PPO Copay Physician & Prescription Co-Pays & Deductible in the BCS =Smaller IL Blue Choice Select Network 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	See attached	Remaining portion of BCBS premium cost. See next page.	A set rate of the BCBS premium cost.
HealthiestYou Teledoc	Connect with a doctor 24/7 to diagnose, treat & prescribe. Access to board-certified physicians for general medical visits, mental health providers, dermatologists, nutritionists & back/joint care providers by phone, video or app.	100% Voluntary employee benefit \$6.00 per payroll	0%
Health Savings Account	For those employees that have chosen a HDHP medical plan and opened a Health Savings Account with HSA Authority/UMB Bank.	Individuals can deposit up to \$4,400 additionally, pre-taxed. Families can deposit up to \$8,750 additionally, pre-taxed. Catch-up contribution: \$1,000 for individuals age 55 or older	0%
Group Term Life Insurance Eligible on hire date	Coverage amount is 1½ times annual salary during the term of employment; Maximum of \$250,000.	0%	100%
Supplemental Life Insurance	Employees have the option to purchase up to \$150,000 (Guarantee Issue) of additional life insurance.	100%	0%

2026 Blue Cross Blue Shield Medical Rates

Employee Contributions * PER PAYROLL RATES (24 pay periods – 15th and last day of each month)

Single Coverage				Single + 1 Coverage				Family Coverage			
Coverage	BCS HDHP PPO	BCS PPO Copay	BCO HDHP PPO	Coverage	BCS HDHP PPO	BCS PPO Copay	BCO HDHP PPO	Coverage	BCS HDHP PPO	BCS PPO Copay	BCO HDHP PPO
Annual Salary				Annual Salary				Annual Salary			
< \$44,999	\$19.74	\$98.16	\$99.27	< \$44,999	\$32.41	\$306.28	\$308.80	< \$44,999	\$69.04	\$532.15	\$535.47
\$45,000- \$79,999	\$63.13	\$141.56	\$142.67	\$45,000- \$79,999	\$105.35	\$379.22	\$381.74	\$45,000- \$79,999	\$108.50	\$571.60	\$574.92
\$80,000- \$109,999	\$145.97	\$224.40	\$225.51	\$80,000- \$109,999	\$153.98	\$427.85	\$430.37	\$80,000- \$109,999	\$236.71	\$699.81	\$703.13
\$110,000+	\$157.80	\$236.23	\$237.34	\$110,000+	\$162.08	\$435.95	\$438.47	\$110,000+	\$256.43	\$719.53	\$722.85

Guardian Dental Rates

	High PPO	Low PPO	DHMO
Single Coverage	\$8.42	\$5.54	\$3.15
Single + 1 Coverage	\$15.03	\$7.75	\$4.36
Family Coverage	\$18.78	\$13.57	\$7.70

Blue Cross Blue Shield / Medical and Prescription Drugs

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		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.		
Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1 - In-Network	Tier 2 - In-Network	Out-of-Network
Deductible Individual Family	\$3,500 \$7,000	\$7,000 \$14,000	\$2,500 \$7,500	\$5,000 \$15,000	\$3,500 \$7,000	\$5,000 \$10,000	\$10,500 \$21,000
Coinsurance (Member pays)	10%	30%	20% after deductible	40% after deductible	10%	30%	50%
Out of Pocket Max Individual Family	\$4,500 \$9,000	\$14,000 \$28,000	\$5,000 \$10,000	\$15,000 \$30,000	\$4,500 \$9,000	\$6,400 \$12,800	\$15,000 \$30,000
Office visit Primary Care Physician Specialist Visit	10% coinsurance after deductible	30% coinsurance after deductible	\$30 Copay \$50 Copay	40% after Deductible	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Preventive Well Care	100%	10% coinsurance after deductible	100%	40% after Deductible	100%	100%	50% coinsurance after deductible
Lab, X-ray, Major Tests (MRI, CT, PET...)	10% coinsurance after deductible	30% coinsurance after deductible	20% after Deductible	40% after Deductible	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Emergency Room	10% coinsurance after deductible	10% coinsurance after deductible	\$350 Copay		Emergency Room	10% coinsurance after deductible	10% coinsurance after deductible
Outpatient Surgery	10% coinsurance after deductible	30% coinsurance after deductible	20% after Deductible	40% after Deductible	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient Hospital Services	10% coinsurance after deductible	30% coinsurance after deductible \$300 copay applies	20% after Deductible	\$300 Copay & 40% after Deductible	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible \$300 copay applies
Prescription Drugs	10% coinsurance after deductible	30% coinsurance after deductible	\$15/\$30/\$50 copay	2 copays for 90-day supply	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible

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
<u>Preventative Services</u> <ul style="list-style-type: none"> • 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
<u>Basic Services</u> <ul style="list-style-type: none"> • 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 to \$35 Perio Surgery = \$150 to \$390 Perio Maintenance = \$31 Root Canal = \$130 to \$195 Scaling & Root Planing (per quadrant) = \$35 to \$55 Simple Extractions = \$20 Surgical Extractions = \$50 to \$150
<u>Major Services</u> <ul style="list-style-type: none"> • Bridges • Full & Partial Dentures • Crowns, Inlays, Onlays & related services • Prosthetic Repair & Recementation 	60% / 50%	50% / 40% Endodontics (including Root Canal Treatment)	Bridges & Dentures = \$550 to \$675 Dental Implants = N/A Inlays, Onlays, Veneers = \$250 to \$475 Repair & Maintenance of Crowns, Bridges & Dentures = \$18 to \$180 Single Crowns = \$430
Orthodontia	N/A	N/A	Adults & Children = \$1,895 to \$2,195
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 (post-tax) 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. 2026 is \$24,500. Participants who are age 50 or over by the end of 2026 are eligible to contribute an additional \$8,000 for a total annual contribution of \$32,500 in 2026. Participants who attain the age of 60, 61, 62 or 63 in 2026 are eligible to contribute an additional \$11,250, for a total contribution of \$35,750.	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% or 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 Eligible on hire date	Voluntary, employee-paid vision plan coverage. www.vsp.com	100%	0%
Guardian Critical Illness and Accident Eligible on hire date	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 Eligible on hire date	Opportunity for employees to set aside pre-tax dollars and request reimbursement for eligible Dependent Care expenses. Dependent Care Limit = \$7,500 (married filing jointly) or \$3,750 (single).	100%	0%

Regular Full Time Employees – 30 Hours per Week or More

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

Regular Full Time Employees – 30 Hours per Week or More

Benefit Name and Eligibility:	Benefit Features:	Employee Pays:	University Pays:
<u>Tuition Waver:</u> Eligible upon completion of one year of service.	USF undergraduate tuition waived for employee, spouse, or dependent children. Graduate tuition waived for employee and spouse. Other details apply – please contact HR@stfrancis.edu for more information.	Fees, books, housing, etc.	100% tuition
<u>Tuition Exchange:</u> Eligible to apply 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 the following exchange websites for details, or contact HR@stfrancis.edu for general information. www.cccte.org www.cic.edu/tep www.tuitionexchange.org	Fees, books, housing, etc.	Usually 100% tuition
Joliet Park District <u>Inwood Athletic Club:</u> Eligible on hire date.	Free membership & access to all classes. Present a USF ID when signing in. www.Inwoodathleticclub.com	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	Varies from year to year. Please visit the HR portion of the USF Portal for more information.		

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