

Roosevelt University Benefits Summary  
Administrators and Faculty Members  
Full Time/Active Employees

**Group Health Insurance**

General Information

Provider: UniCare  
 Group #: 145426  
 Member svcs: (888) 234-8855 – [www.unicare.com](http://www.unicare.com)  
 RU contact: Clara Gong (312) 341-4332  
 Plan types: Health Maintenance Organization-2 options (Standard HMO or Performance HMO) OR Solaura HRA – 1 option (formerly HRA/PPO)  
 Plan year: May 1 – April 30  
 Open enrollment: Annually in late March/early April  
 Eligibility: The first of the month following date of hire for new employees and during open enrollment or within 31 days of a qualifying event each year for all eligible employees  
 Coverages: Single, employee + child(ren), employee + spouse/domestic partner, family  
 Eligible family members: Spouse, qualified domestic partner, dependent children of the employee, spouse or domestic partner to age 19 OR to age 23 if a full time student as defined by UniCare.  
 Employee contributions: All employee contributions are pre-tax except those for a domestic partner. Contributions are tiered based on plan, type of coverage and annual salary as of May 1 (less than \$41,500 OR equal to or greater than \$41,500)

Health Insurance Option 1-Performance HMO

Monthly employee pre-tax contribution

Type of Coverage	Less than \$41,500	Equal to or greater than \$41,500
Single	\$52.00	\$64.00
Employee + Child(ren)	\$180.00	\$212.00
Employee + Spouse/Domestic Partner	\$207.00	\$239.00
Family	\$267.00	\$299.00

Salary tier determined by base salary as of May 1, 2009

Physicians: The employee chooses a Primary Care Physician (PCP) who performs or coordinates all health services; spouses, partners and children may have their own PCP; AND/OR females covered in the plan may choose a Women’s Principle Health Care Provider (WPHCP) who is an obstetrician/gynecologist who may be primary in all OB/GYN treatment. The PCP & WPHCP must be in the same medical/IPA group.

Hospital:

- In Area: Each member’s PCP is contracted by a medical/IPA group. The medical group has hospital affiliation(s) where the member may be treated.
- Out of Area: Urgent or emergency care is available. Members must call UniCare at (888) 234-8855. Regular, routine care that is not urgent or emergent must be conducted in-area through the PCP.

Plan Highlights

Physician Care: \$15.00 office co-payment per visit  
 Specialist Care: \$30.00 office co-payment per visit  
 Emergency Care: Covered in full after a \$15.00 co-payment in a PCP’s office; OR Covered in full after a \$100.00 co-payment in a hospital emergency room. This copay is waived if the patient is admitted to the hospital.

Prescription Coverage:

- Retail Program \$15.00 co-payment per prescription Level 1  
 \$30.00 co-payment per prescription Level 2  
 \$50.00 co-payment per prescription Level 3  
 20% of cost (not to exceed \$200 per prescription) Level 4 self-injectibles
- Mail-in Program \$30.00 co-payment for 90-day supply of Level 1 maintenance drugs  
 \$60.00 co-payment for 90-day supply of Level 2 maintenance drugs  
 \$100.00 co-payment for 90-day supply of Level 3 maintenance drugs

Prescription medication levels are based on reference (average) pricing. Levels by therapeutic class are listed on the web.

Vision Coverage: Members have a 30% discount on materials using the EyeMed network. The provider directory is available online at [www.enrollwiththeyemed.com](http://www.enrollwiththeyemed.com) or by calling 866-693-9372.

In-patient Co-payment \$250.00 co-payment per admission

Maternity Care: Covered in full under the care of the PCP or WPHCP

Well-Baby Care: \$15.00 office co-payment per visit (if pediatrician is PCP for the child)

**Health Insurance Option 2-Standard HMO**

Monthly employee pre-tax contribution

Type of Coverage	Less than \$41,500	Equal to or greater than \$41,500
Single	\$85.00	\$99.00
Employee + Child(ren)	\$255.00	\$287.00
Employee + Spouse/Domestic Partner	\$292.00	\$324.00
Family	\$367.00	\$399.00

Salary tier determined by base salary as of May 1, 2009

Physicians: The employee chooses a Primary Care Physician (PCP) who performs or coordinates all health services; spouses, partners and children may have their own PCP; AND/OR females covered in the plan may choose a Women’s Principle Health Care Provider (WPHCP) who is an obstetrician/gynecologist who may be primary in all OB/GYN treatment. The PCP & WPHCP must be in the same medical/IPA group.

Hospital:

- In Area: Each member’s PCP is contracted by a medical/IPA group. The medical group has hospital affiliation(s) where the member may be treated.
- Out of Area: Urgent or emergency care available. Members must call UniCare at (888) 234-8855. Regular, routine care that is not urgent or emergent must be conducted in-area through PCP.

Plan Highlights

Physician Care: \$20.00 office co-payment per visit

Specialist Care: \$20.00 office co-payment per visit

Emergency Care: Covered in full after a \$20.00 co-payment in a PCP’s office; OR Covered in full after a \$100.00 co-payment in a hospital emergency room. This copay is waived if the patient is admitted to the hospital.

Prescription Coverage:

- Retail Program \$15.00 co-payment per prescription Level 1  
\$30.00 co-payment per prescription Level 2  
\$60.00 co-payment per prescription Level 3  
20% of cost (not to exceed \$200 per prescription) Level 4 self-injectibles
- Mail-in Program \$30.00 co-payment for 90-day supply of Level 1 maintenance drugs  
\$60.00 co-payment for 90-day supply of Level 2 maintenance drugs  
\$120.00 co-payment for 90-day supply of Level 3 maintenance drugs

Prescription medication levels are based on reference (average) pricing. Levels by therapeutic class are listed on the web.

Vision Coverage: Members have a 30% discount on materials using the EyeMed network. The provider directory is available online at [www.enrollwiththeyemed.com](http://www.enrollwiththeyemed.com) or by calling 866-693-9372.

In-patient Co-payment \$250.00 co-payment per admission

Maternity Care: Covered in full under the care of the PCP or WPHCP

Well-Baby Care: \$15.00 office co-payment per visit (if pediatrician is PCP for the child)

In comparing the two HMO plan options, please note:

- The Performance HMO offers employees a lower employee contribution.
- The Performance HMO and Standard HMO plan coverage differ in three areas: office visit copays - PCP is \$5 higher for Standard, Specialist is \$10 lower for Standard, and prescription coverage copays for Level 3 drugs (\$10 higher for Standard).
- The Standard HMO has a larger health provider network than Performance HMO.
- Chicago hospitals that are not in either HMO network: University of Chicago Medical Center & Rush Medical Centers.

**You may search each network for specific physicians and participating hospitals on the UniCare web page at [www.unicare.com](http://www.unicare.com). Click on “find a doctor” and conduct a large group visitor search.**

Health Insurance Option 3 – Solaura HRA (formerly HRA/PPO plan)

Monthly employee pre-tax contribution

Type of Coverage	Less than \$41,500	Equal to or greater than \$41,500
Single	\$286.00	\$300.00
Employee + Child(ren)	\$578.00	\$610.00
Employee + Spouse/Domestic Partner	\$730.00	\$762.00
Family	\$961.00	\$993.00

Salary tier determined by base salary as of May 1, 2009

Physicians: The employee chooses an in-network participating provider or an out-of-network non-participating provider for health services; spouses, partners and children may have their own participating or non-participating providers AND/OR The employee may choose participating or non-participating specialists also.

Hospital:

- In Area: The employee may choose an in-network participating hospital or an out-of-network non-participating hospital.
- Out of Area: The employee may choose an in-network participating hospital or an out-of-network non-participating hospital.

Health Reimbursement

Account (HRA) The University provides “first dollar funding” to the calendar year limits noted below. HRA dollars are automatically applied to a participant's out-of-pocket costs such as deductibles, coinsurance and prescription costs as they are incurred in a calendar year. Unused HRA dollars may be rolled to the next calendar year to the maximums noted below for single and family.

Plan Highlights

Deductible

Coverage	HRA Network	Non-HRA
Single	\$ 1,500 per calendar year	
Family of 2 or more	\$ 3,000 per calendar year	

Health Reimbursement Account (HRA) Portion of deductible funded by the University

Coverage	HRA Network	Non-HRA
Single	\$ 750 per calendar year	
Family of 2 or more	\$ 1,500 per calendar year	

Unused HRA may be rolled to the next calendar year to \$1,500(s) and \$3,000(f) maximum

Employee Co-Insurance Maximums (in addition to deductible)

Coverage	HRA Network	Non-HRA
Single	\$ 1,500 per calendar year	\$3,000 per calendar year
Family of 2 or more	\$ 3,000 per calendar year	\$6,000 per calendar year

Co-insurance (UniCare coverage level)

- In network: 80% after the deductible is satisfied
- Out-of-network: 60% after the deductible is satisfied

Routine/Wellness Care

- In network Covered at 100% not subject to deductible or HRA
- Out-of-network Covered at 60% after deductible is satisfied

Physician Care (non-routine)

- In network Covered at 80% after deductible is satisfied
- Out-of-network Covered at 60% after deductible is satisfied

Emergency Care:

Covered at 100% after \$150 co-payment (waived if admitted) (same in and out of network)

Outpatient Hospital:

- In network Covered at 80% after deductible is satisfied
- Out-of-network Covered at 60% after deductible is satisfied

Inpatient Hospital

- In network Covered at 80% after deductible is satisfied
- Out-of-network Covered at 60% after deductible is satisfied

### Health Insurance Option 3 – Solaura HRA (continued)

Prescription Coverage (Your Choice Rx)

- Under deductible The employee pays the UniCare negotiated rate for Level 1, 2, 3 medications until the deductible is satisfied. HRA dollars apply as appropriate.
- Deductible met -
  - copays apply \$15 co-payment per prescription Level 1
  - \$35 co-payment per prescription Level 2
  - \$70 co-payment per prescription Level 3
  - 20% of cost (not to exceed \$200 per prescription) Level 4 self-injectibles
- Mail-in Program (after deductible)
  - \$30.00 co-payment for 90-day supply of Level 1 maintenance drugs
  - \$70.00 co-payment for 90-day supply of Level 2 maintenance drugs
  - \$140.00 co-payment for 90-day supply of Level 3 maintenance drugs
- Vision Coverage: Members have a 30% discount on materials using the EyeMed network. The provider directory is available online at [www.enrollwitheyemed.com](http://www.enrollwitheyemed.com) or by calling 866-693-9372.
- Maternity Care: Covered as any other illness.
- Well-Child Care (birth to age 7):
  - In and Out of network Covered at 100% not subject to deductible or HRA

### **Voluntary Dental Insurance**

#### General Information

Provider: CompBenefits  
Member svcs: (800) 342-5209 - [www.compbenefits.com](http://www.compbenefits.com)  
RU contact: Clara Gong (312) 341-4332  
Plan types: Advantage Plan (AVN1) OR Elite 500 Preferred Provider Option (PPO)  
Plan year: May 1 – April 30  
Open enrollment: Annually in late March/early April  
Eligibility: The first of the month following date of hire for new employees and during open enrollment each year for all eligible employees  
Coverages: Single, employee + child(ren), employee + spouse/domestic partner, family  
Eligible family members: Spouse, qualified domestic partner, dependent children of the employee, spouse or domestic partner  
Employee premiums: All employee premiums are pre-tax except those for a domestic partner

#### Dental Insurance Option 1- Advantage Plan (AVN1)

Monthly employee pre-tax premiums

<u>Type of Coverage</u>	<u>Premium</u>
Single	\$15.30
Employee + Child(ren)	\$30.64
Employee + Spouse/Domestic Partner	\$30.82
Family	\$49.88

Dentist: Participants may be treated by any Advantage in-network dentist with full coverage. Participants may change between in-network dentists or see in-network dental specialists without referral.

Treatment waiting period: No waiting period or pre-existing exclusions

Annual Benefit Limit: No limit

#### Plan Highlights

Preventive Care and Diagnostic

Office copay: There is no office visit copay.

Services: Covered at 100%-includes exams, ex-rays, cleanings and fluoride treatments.

Other services such as x-rays, fillings, crowns, inlays, root canals, extractions and dentures are have copayments that are detailed in the CompBenefits copay schedule based on procedure code.

Procedures not on the copay schedule will be covered at 20% of usual and customary rate.

Orthodontics: Copayment based on status (children 18 & under or adults 19 & over)

Dental Insurance Option 2 –Elite Preferred 500 PPO

Monthly employee pre-tax premiums

<u>Type of Coverage</u>	<u>Premium</u>
Single	\$28.28
Employee + Child(ren)	\$67.00
Employee + Spouse/Domestic Partner	\$71.08
Family	\$97.40

Dentist: The employee chooses an in-network dentist or any licensed dentist and/or dental specialist (out-of-network). The rates for treatment are lower in-network resulting in lower employee out-of-pocket costs.

Treatment waiting period: 12 month wait for most major treatment

Annual Benefit Limit: \$1,000

Plan Highlights (same in and out of network)

Deductible:

- Single: \$ 50.00 per calendar year
- Family of 2: \$150.00 per calendar year
- Family of 3 or more: \$150.00 per calendar year

Preventive Care : Covered at 100% of usual and customary fees which includes exams, x-rays, cleanings and fluoride treatments

Diagnostic services & Minor

Minor Covered at 80% of in-network rate or usual and customary fees for out-of-network

Restorative: after deductible is met. This includes x-rays, fillings, space maintainers.

Most other services are covered at 50% of usual and customary fees after the deductible is satisfied.

These services are detailed in the CompBenefits literature.

Orthodontics: Not covered

**Voluntary Vision Insurance**

General Information

Provider: Spectera (UnitedHealthCare)

Member svcs: (800) 638-3120- [www.spectera.com](http://www.spectera.com)

RU contact: Clara Gong (312) 341-4332

Plan type: Vision Benefit

Plan year: May 1 – April 30

Open enrollment: Annually in late March/early April

Eligibility: The first of the month following date of hire for new employees and during open enrollment each year for all eligible employees

Coverages: Single, employee + child(ren), employee + spouse/domestic partner, family

Eligible family

members: Spouse, qualified domestic partner, dependent children of the employee, spouse or domestic partner

Employee

premiums: All employee premiums are pre-tax except those for a domestic partner

Plan Highlights

Benefits at a Spectera network provider:

- Comprehensive vision exam (\$10 copay; once every 12 months)
- Materials (\$25 copay) – includes pair of lenses for eyeglasses (once every 12 months)
  - frames (once every 24 months)
  - contact lenses in lieu of eyeglasses (once every 12 months)

Benefits at an out-of-network provider:

- exam (up to \$60)
- lenses (up to 80)
- frames (up to 45)
- contact lenses (in lieu of eyeglasses) – up to 210

These services are detailed in the Spectera literature.

<u>Vision Rates</u>	
Single:	\$ 6.77
Employee + Child:	\$13.49
Employee + Spouse/DP:	\$12.91
Family:	\$20.76

### **Life Insurance - Group Term Life/AD&D (Paid by RU)**

Provider: Ft. Dearborn Life Insurance Company  
Member svcs: (800) 348-4512  
RU contact: Clara Gong (312) 341-4332  
Plan type: Group Life Term Insurance and Accidental Death and Dismemberment (AD&D)  
Plan year: May 1 – April 30  
Open enrollment: N/A  
Eligibility: The first of the month following date of hire for new employees  
Employee  
Contribution: None for term life benefits of \$50,000 or less  
Term life benefits exceeding \$50,000 are taxable to the employee  
Benefit level:  
- Term life: 100% of the employee's salary as of each May 1 rounded to the next highest \$1,000.  
- AD&D: 100% of the employee's salary as of each May 1 rounded to the next highest \$1,000.  
Benefit level: Minimum \$25,000 – Maximum \$150,000 (up to double for death due to accident)

### **Life Insurance - Voluntary Term Lifestyle/AD&D (Paid by the employee)**

Provider: Unum Life Insurance Company  
Member svcs: (312) 416-8200  
RU contact: Clara Gong (312) 341-4332  
Plan type: Group Term Life Insurance and Accidental Death and Dismemberment (AD&D)  
Plan year: May 1 – April 30  
Open enrollment: Annually in late March/early April  
Eligibility: The first of the month following date of hire for new employees  
Employee  
Contribution: Based on age bands of covered adult(s) per the appropriate insurance increment.  
Dependent child premium is \$.5778 per \$2,000 increment.  
All premiums are paid via after-tax payroll deduction on a month basis.  
Benefit level:  
- Term life: Minimum purchase is \$10,000. Guarantee issue (non- medical) maximum is \$100,000. Maximum- up to five (5) times the employee's base salary in increments of \$10,000.  
- AD&D: Minimum purchase is \$10,000. Guarantee issue (non- medical) maximum is \$100,000. Maximum- up to five (5) times the employee's base salary in increments of \$10,000. Term life required to purchase AD&D in matching units.  
Additional Information: Guarantee issue (non- medical) feature allows purchase up to the maximum with no medical questions.  
Spouse/domestic partner insurance available based on employee purchase. Minimum-\$5,000. Guarantee issue (non-medical) is \$25,000.  
Dependent children insurance available based on employee purchase. Minimum-\$2,000  
Maximum - \$10,000. All benefits are guarantee issue.

### **Short Term Disability (STD)**

Provider: Ft. Dearborn Life Insurance Company  
Information svc: (800) 348-4512  
RU contact: Sue Fay (312) 341-4331  
Plan type: Self-funded by Roosevelt University  
Plan year: May 1 – April 30  
Open enrollment: N/A  
Eligibility: The first of the month following one year of full time service at Roosevelt.  
Proof of comparable previous coverage may result in the waiver of the one-year waiting period  
Employee  
Contribution: None  
Qualification: A minimum of 10 consecutive days of absence due to non-work related injury or illness.  
Benefit level: First 90 days of consecutive absence: 100% of monthly salary  
Second 90 days of consecutive absence: 80% of base salary  
Maximum days: 180 days of benefit payments in a rolling 12-month period  
Additional Information: Family Medical Leave (FMLA) runs concurrently with STD as applicable.  
Pregnancy is treated as any other disability. Paid STD benefits for

pregnancy, unless a doctor's statement indicates otherwise, include:

- Two weeks prior to birth during a "normal" pregnancy AND
- Six weeks after birth for a "normal" delivery OR
- Eight weeks after birth for a caesarian or other complications of delivery

Please refer to the "leave of absence" section of this summary for additional information on maternity leave and FMLA.

### **Long Term Disability (LTD)**

Provider: Ft. Dearborn Life Insurance Company  
Information svc: (800) 348-4512  
RU contact: Sue Fay (312) 341-4331  
Plan type: Fully funded insurance plan  
Plan year: October 1 – September 30  
Open enrollment: N/A  
Eligibility: October 1 following one full year of service. Proof of comparable previous coverage may result in the waiver of the one-year waiting period.

Employee  
Contribution: None  
Benefit level: 60% of monthly salary with a minimum of \$150 per month or 10% of your gross disability payment and a maximum of \$6,000 per month. This monthly income benefit includes any income payable from other insurance and Social Security for yourself or your dependents.

Benefits begin: The first of the month following 180 days of short term disability (known as the "elimination period")  
Maximum: This is determined by the age of the employee at the time that the disability began and is calculated by the provider.

Additional  
Information: A survivor income benefit may be paid to your beneficiary as determined in accordance with local estate law as approved by the provider. Additional information on this benefit may be obtained from Human Resources upon request.

### **Employee Assistance Program (EAP)**

Provider: ComPsych Guidance Resources Program  
Ft. Dearborn Life Insurance Company  
Information svc: (888) 628-4844  
RU contact: Clara Gong (312) 341-4332  
Plan type: Funded by Roosevelt University  
Plan year: May 1 – April 30  
Open enrollment: N/A  
Eligibility: The first of the month following date of hire at Roosevelt.

Employee  
Contribution: None  
Summary: Provides support, resources and information to qualified members for counseling on personal issues, legal information, financial information, referrals and resources for work-life needs.

### **Flexible Spending Account (FSA) Plan**

Record keeper: Process Works  
Member svc: (888) 868-2492 – [www.processworksinc.com](http://www.processworksinc.com)  
RU contact: Clara Gong (312) 341-4332  
Plan type: IRS Section 125 pre-tax savings account  
Plan year: May 1 – April 30  
Open enrollment: Annually in late March/early April  
Eligibility: The first of the month following six months of employment for new employees and during open enrollment each year for eligible employees.  
Employees remain eligible even if they waive RU's health and/or dental insurance.

Type of Acct:	Health care account and/or dependent care account.	
Minimum	<u>Health care acct. (HFSA)</u>	<u>Dependent care acct. (DFSA)</u>
Plan Savings:	\$120.00 per year	\$120.00 per year
Maximum		
Plan Savings:	\$10,000.00 per year	\$5,000.00 per year

Reimbursement  
Periods: Daily  
Claim options: Debit card, e-claim filing, fax paper claim or mail-in paper claim

- Summary: FSA's allow pre-tax savings for reimbursement of eligible medical, dental, vision and prescription copayments, deductibles and related expenses not covered by insurance and/or dependent care for children under the age of 13 or qualified elder care. The employee pledges an annual amount to be withheld monthly and deposited in his/her health care or dependent care account. These are separate accounts; funds may not be transferred between FSAs.
- Special Note: Due to the special tax benefits of an FSA, any unused account dollars at the end of the grace period are forfeited. FSA is a "use it or lose it benefit."
- Grace Period: To July 15 (unused plan year FSA dollars may be applied to FSA expenses incurred between May 1 and July 15 of the next plan year to avoid forfeitures.)

### RTA/CTA Transit Benefit Program

- Administrator: Roosevelt University Human Resources  
 RU contact: Clara Gong (312) 341-4332  
 Plan type: IRS Section 125 pre-tax savings plan  
 Plan year: January - December  
 Entry dates: Minimum enrollment is for a calendar quarter based on the following schedule.

Enrollment deadline	Payroll deduction months
November 15	Entire calendar year
OR	
November 15	January, February, March
March 1	April, May, June
June 1	July, August, September
September 1	October, November, December

- Eligibility: The first of the month following the date of hire for new employees or the next available enrollment date for existing employees.
- Minimum: \$15.00 per month for three months  
 Maximum: \$120.00 per month for three months  
 Summary: Employees may elect pre-tax money withheld to purchase either CTA value-added cards, CTA Chicago Card Plus (on-line account) OR a transit voucher that may be used to purchase RTA or CTA passes or cards. Cards or checks may be picked up on the 20<sup>th</sup> of each month.

### Retirement Plan – 403(b) Voluntary employee-funded plan

- Administrator: Roosevelt University Human Resources department  
 RU contact: Clara Gong (312) 341-4332  
 Plan type: Defined contribution plan  
 Plan year: January 1 – December 31  
 Entry dates: September 1 and March 1  
 Eligibility: The first of the month following the date of hire for new employees and during either of the entry dates for eligible employees.

#### Plan

- Contributions: Employee voluntary contributions only as a fixed dollar amount of percentage  
 Minimum and Maximum  
 Contributions: These can be calculated by the RU plan representative or by either investment firm  
 Investment Firm  
 Options: Teacher's Insurance Annuity Association/College Retirement Equity Fund (TIAA/CREF) – Nine fund options OR Fidelity Investments Mutual Funds – All mutual fund options (over 100)

#### Participant

- Statements: Sent quarterly by the investment firm (either TIAA/CREF or Fidelity).  
 Summary: A 403(b) plan is a tax-deferred plan that allows employees to make voluntary contributions through salary reduction for their retirement. These contributions reduce the employee's federal and state taxable income. All assets are part of the plan trust. Participants that separate employment prior to retirement may receive a termination distribution. Any termination distribution dollars not rolled over into a qualified plan are subject to federal and state taxation and may be subject to an early withdrawal penalty which is dependent on the age of the participant at withdrawal.

## Retirement Plan – 401(a) University-funded plan

Administrator: Roosevelt University Human Resources department  
RU contact: Clara Gong (312) 341-4332  
Plan type: Defined contribution plan  
Plan year: January 1 – December 31  
Entry dates: September 1 and March 1  
Eligibility: The first entry date after one year of service  
Plan  
Contributions: The University will contribute each month an amount equal to 12% of the base pay earned.  
Vesting Schedule: For Faculty: The University contributions are immediately vested at 100%. For Administrators: The University contributions are 100% vested when the employee reaches age 40 OR after six years of service as detailed in the schedule below, whichever occurs first.

<u>Years of Service Completed</u>	<u>Percentage Vested</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

### Investment Firm

Options: Teacher's Insurance Annuity Association/College Retirement Equity Fund (TIAA/CREF) – Ten fund options OR Fidelity Investments Mutual Funds – All mutual fund options (over 100)

### Participant

Statements: Sent quarterly by the investment firm (either TIAA/CREF or Fidelity).

Summary: A 401(a) plan is a tax-qualified plan that allows employer contribution that is not subject to ordinary income taxing until withdrawal. All assets are part of the plan trust. Participants that separate employment prior to retirement may receive a termination distribution. Any termination distribution dollars not rolled over into a qualified plan are subject to federal and state taxation and may be subject to an early withdrawal penalty which is dependent on the age of the participant at withdrawal.

## Tuition Remission – Employee

Provider: Roosevelt University  
RU contact: Sue Fay (312) 341-4331  
Academic year: September – August  
Eligibility: On the date of hire  
University Tuition  
Grant: 100% of tuition for most courses (see additional information for exceptions)  
Taxability: The first \$5,250 of employee graduate & doctoral tuition remission in a calendar year is tax-exempt. Employee tuition exceeding \$5,250 is a taxable fringe benefit.

### Employee

Contribution: The employee is responsible for all school fees and charges such as lab and book costs.  
Benefit level: Up to six credit hours of graduate or undergraduate courses per semester in the fall and spring terms AND up to nine credit hours of graduate or undergraduate courses during the summer term.

### Additional

Information: Tuition remission is 100% for the majority of courses. A limited number of exception programs and courses are discounted by 25%, such as Applied Music, Correspondence Courses, Lawyer's Assistance Program, and Certified Financial Planning Program. Employees must arrange class schedules outside of the normal working hours. Individuals that separate employment while taking courses will be charged on a pro-rata basis for the remainder of the term if the courses are not officially dropped on the date of employment termination. Employees must submit all paperwork by the appropriate deadline or the benefit will be denied for that term.

### Additional Institution:

Benefit: Provider: School of the Art Institute (S.A.I.)  
Benefit level: Up to two courses per semester  
Requirements: The employee is an enrolled student at Roosevelt, not the S.A.I.  
Permission obtained from Roosevelt University. The S.A.I. course has a vacancy.  
The employee meets all S.A.I. course prerequisites.

## **Tuition Remission – Spouses/Dependents of Active Employees**

Provider:	Roosevelt University
RU contact:	Sue Fay (312) 341-4331
Academic year:	September – August
Eligibility:	Based on the employee's date of hire (see above)
University Tuition Grant:	
- Spouse or Qualified Domestic Partner:	50% of tuition for most courses (see additional information for exceptions)
- Dependent Children:	100% of tuition for most courses (see additional information for exceptions) (children of employee, spouse or qualified domestic partner up to age 26)
Taxability:	All dependent graduate & doctoral tuition remission is a taxable fringe benefit to the employee.
Employee Contribution:	The employee is responsible for all school fees and charges such as lab and book costs.
Benefit level:	Up to fifteen credit hours of graduate or undergraduate courses per semester
Additional Information:	Tuition remission is 100% for the majority of courses. A limited number of exception programs and courses are discounted by 25%, such as Applied Music, Correspondence Courses, Lawyer's Assistance Program, Certified Financial Planning Program, or 50%, such as External Studies, under this benefit. Independent Study and School of the Art Institute courses are not available to dependents. Employees must arrange class schedules outside of the normal working hours. Individuals that separate employment while taking course will be charged on a pro-rata basis for the remainder of the term if the courses are not officially dropped on the date of employment termination. Employees must submit all paperwork by the appropriate deadline or the benefit will be denied for that term.

## **Tuition Remission – Dependents of Disabled or Deceased Employees \***

Eligibility:	The employee must be actively employed as of the date of death or disability AND had seven continuous years of full time service prior to the death or disability. The benefits are the same as those described in the tuition remission – dependents of active employees' section.
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## **Tuition Exchange Program (TE)**

Administrator:	Roosevelt University as participants in the TE program
Information svc:	Sue Fay (312) 341-4331
Academic year:	September – August
Application Deadline:	December 31 for the following academic year beginning in August or September
Eligibility:	After five years of continuous full time service
Tuition Scholarship for Dependent Children:	100% of tuition for a degreed program at a TE member university or college (children of employee, spouse or domestic partner who is a full time student and tax dependent of the employee)
Employee Contribution:	The employee is responsible for all non-tuition fees and charges under this program.
Benefit level:	Up to one year of full time tuition as certified by Roosevelt University (exporting institution) and as indicated by the importing institution.
Maximum:	Eight semesters of tuition
Additional Information:	Tuition Exchange scholarships must be applied for each year by the deadlines noted above. Re-certification is required by both Roosevelt University and the importing institution. The number of export scholarships available to Roosevelt employees' dependents may vary from year to year. Roosevelt University must have imports from TE member schools to offer TE export scholarships to dependents of employees.

## **Credit Union**

Provider:	Access Credit Union
Member svc:	(847) 343-0228
RU contact:	Clara Gong (312) 341-4332
Plan type:	Employee directed savings (after tax payroll deduction)
Eligibility:	First of the month following date of hire
Withholding:	Amount determined by the employee and may be changed at will with the appropriate change form. RU deposits all withholding within two weeks of deduction.

Summary: Full service credit union offering checking and savings accounts, loans program, personal savings plans such as vacation or holiday clubs, Visa and ATM services. Fees and minimum deposit requirements determined by the credit union Roosevelt's role in this benefit program is to perform the employee directed payroll deduction and submit the funds to the credit union on a timely basis.

**Direct Deposit of Paycheck**

Administrator: Roosevelt University  
 RU contact: Clara Gong (312) 341-4332  
 Eligibility: Immediately upon employment  
 Effective period: Begins on the second paycheck after the enrollment form is received.  
 Banks: Employee's choice up to a maximum of 6 institutions  
 Additional Information: Employees are encouraged to participate in direct deposit. The advantages include immediate availability of net pay at 12:01am on payday, the ability to direct pay into multiple accounts within the same bank (part in checking/part in savings for example) and no chance of a lost or stolen paycheck. Employees can access and view their pay stub information online at <https://ruaccess.roosevelt.edu> in place of the unnecessary paycheck stub. Roosevelt employees may open a free checking account under this program with any Chase (Bank One).

**Pay Periods/Dates**

Administrators: Monthly on the final working day of each month  
 Faculty: Monthly on the 14<sup>th</sup> of each month  
 If a pay date falls on a weekend or holiday, the pay date becomes the first working prior to the weekend or holiday.

**Holidays**

Roosevelt University recognizes the following paid holidays:

New Year's Eve	Labor Day
New Year's Day	Thanksgiving Day
Martin Luther King Day	The Day after Thanksgiving
Memorial Day	The Day before Christmas
Independence Day	Christmas Day

Administrators also receive one paid winter floating holiday that should be taken during Christmas week or New Year's week. Exceptions to this timing must be approved by a manager.

**Sick Days**

As salary, exempt employees, faculty and administrators receive their regular pay for days on which they do not work due to illness or injury. An employee with excessive absence due to illness or injury may required to produce an attending physician's statement and may be placed on disability. Excessive absence that is not determined to be short term disability becomes a performance issue that may result in disciplinary action up to possible termination of employment. The policies for replacing faculty in the classroom due to illness or injury are detailed in the faculty manual.

**Vacation Days – Administrators only**

Administrators earn paid vacation time based on length of service and administrative rank (managerial level). Vacation time is earned and awarded monthly on the last day of each month and must be taken between September 1 and August 31 each year. Unused days may not be carried over to another year. Any days not used in this designated time are forfeited. The University will not pay cash for any unused vacation time, except in the instance of termination of employment. Exceptions to this policy must be requested in writing to the Vice President of Human Resources for approval. All vacation days must be taken in the form of time off. Administrators who leave the University before the end of the contract year will be entitled to a pro-rated number of vacation days for that year. Part-time administrators (20 hours per week or more) earn a pro-rated vacation benefit beginning on September 1 after 1 year of service.

Rank	Number of years of continuous full time service completed as of September 1											
	0 – 2		3 – 5		6 – 9		10 – 19		20 – 24		25 & over	
	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr
Administrative Council		23		25		27		30		31		32
Assistant Administrators	1 ½	18	1 7/12	19	1 5/6	22	2	24	2 1/12	25	2 1/6	26

## Leaves of Absence

### Sick Leave

- Eligibility: Full time faculty and administrators with at least six months and less than one year of full time service.
- Qualification: A minimum of 10 consecutive days of absence due to non-work related injury or illness including maternity. The short term disability administrator must qualify the sick leave.
- Maximum days: 90 days
- Type of Leave: Unpaid. The employee is responsible for paying the total premium for all fringe benefits in which s/he is enrolled.
- Additional Information: This is a “bridge” benefit for new employees not yet eligible for short term disability leave. It is not available to employees after STD eligibility is obtained.

### Family Medical Leave (FMLA)

- Eligibility: Full time employees with one year of service who worked 1,250 hours during the 12-month period preceding the request for leave.
- Qualified Reasons: Birth or adoption of a child; acceptance of a child for foster care; serious medical condition of the employee; or serious health condition of the employee’s spouse, child or parent.
- Maximum Time: Twelve weeks
- Type of leave: Unpaid. The employee is responsible for paying the total premium for all fringe benefits in which s/he is enrolled.
- Additional Information: FMLA may run concurrently with other paid or unpaid leaves that the employee may be entitled to request such as disability, maternity sick or personal.

### Maternity Leave

- Eligibility: Full time faculty and administrators with at least six months of full time continuous service
- Qualified Reasons: Birth or adoption of a child
- Maximum Time: Six months
- Type of Leave: Unpaid
- Additional Information: A portion of a maternity leave may be paid for employees meeting short term disability eligibility. All paid short term disability leave related to pregnancy runs concurrently with unpaid maternity leave. The University pays the usual benefits such as health insurance, group and collective life, disability, and retirement during the first four months of unpaid maternity leave. Fringe benefits during the additional two months, if used, may be continued on a reimbursement basis by the employee. A minimum of six months of work is required after returning from maternity leave or the employee must reimburse the University for paid fringe benefits during leave.

### Funeral (Bereavement) Leave

- Eligibility: The first of the month following date of hire
- Qualified Reasons: Death of family members, qualified domestic partner or a person with whom an employee lives
- Maximum Time: Four days for immediate family (spouse, qualified domestic partner, child, mother, father, sister, brother) AND  
Three days for extended family (grandparent, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, step-parent, step-child) or any person with whom the employee lives.
- Type of Leave: Paid
- Additional Information: These leave days will not be deducted from earned vacation days.

### Personal Leave

- Eligibility: Full time faculty and administrators with at least six months of full time continuous service
- Reasons: Any reasons excluding illness, disability or seeking employment outside of the University
- Maximum Time: One year
- Approval Required: Dean of College or administrative supervisor
- Type of Leave: Unpaid. The employee is responsible for paying the total premium for all fringe benefits in which s/he is enrolled.

Additional

Information: Request must be in writing. Additional information is available in the faculty manual.

Other Leaves of Absence

Jury Duty and Witness for Judicial Cases

Military Leave

Research and Professional Improvement Leave

Professional Faculty Exchange Leave - Faculty only

Details of these leaves are available upon request

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