

# BENEFITS SUMMARY

Here at the KSU Foundation, we value our employees and all things that support you being the best YOU! KSUF realizes investing in our staff has a monumental impact on them and their families as well as the K-State Community.



## HEALTH INSURANCE

Health, Dental, Vision, and more is available to start the 1st of the month after you start employment.



## RETIREMENT

Immediate mandatory participation in our 403(b) retirement program.

- Employees contribute **5.5%**
- KSU Foundation contributes **10%**
- Voluntary pre-tax or roth option



## PAID TIME OFF AND LEAVE

- 6 hrs of vacation accrued per check
- 4 hrs of wellness accrued per check
- 10 paid holidays per year
- 6 weeks of paid parental leave
- 8 hours of personal leave
- 8 hours of volunteer leave



## LIFE INSURANCE

Immediate coverage with voluntary options.

- KSU Foundation provides life insurance equal to **1.5x** your annual salary
- Voluntary life insurance coverage for yourself, spouse, and child(ren)



## OTHER BENEFITS AND PERKS

- KSU foundation provides long-term disability insurance
- \$1500 tuition reimbursement
- \$300 wellness reimbursement
- Professional development
- 24/7 on-site fitness center

## WE CARE ABOUT YOUR WELLBEING

Our employees and their immediate family members have 24/7 access to our **Employee Assistance Program**. Services are provided at no cost or heavily discounted rates.

- Comprehensive benefits include:
  - Family clinical services
  - Counseling options
  - Legal Services
  - Financial Services
  - Family/Work/Life services



# KANSAS STATE UNIVERSITY FOUNDATION

## HEALTH INSURANCE - BLUE CROSS BLUE SHIELD

	OPTION A	OPTION B	OPTION C
<b>Deductible</b>	<b>\$2,500</b> Individual <b>\$5,000</b> Family (two or more)	<b>\$3,500</b> Individual <b>\$7,000</b> Family (two or more)	<b>\$5,000</b> Individual <b>\$10,000</b> Family (two or more)
<b>Coinsurance</b>	20%	20%	-
<b>Out-of-pocket maximum</b> <small>Includes deductible, coinsurance, copay and Rx</small>	<b>\$6,350</b> Individual <b>\$12,700</b> Family		
<b>Preventative care</b>	100% Covered		
<b>Telemedicine Visits</b>	100% Covered		
<b>Office Visits and Urgent Care</b>	Primary Care: <b>\$35</b> copay Specialist: <b>\$70</b> copay		<b>Deductible then \$0</b>
<b>Inpatient Surgery</b>	Deductible/Coinsurance		
<b>Outpatient Surgery</b>	Deductible/Coinsurance		
<b>Outpatient Lab and Imaging</b>	100% allowable charges paid up to \$300 per person, then deductible/coinsurance		
<b>Emergency Room</b>	<b>\$250</b> copay + deductible/coinsurance		
<b>Prescriptions</b>	Copay per 30-day supply:		Cost per 30-day supply:
Generic drugs:	<b>\$15</b>		Deductible then <b>\$15</b>
Preferred brand drugs:	<b>\$50</b>		Deductible then <b>\$50</b>
Non-preferred brand drugs:	<b>\$75</b>		Deductible then <b>\$75</b>
Specialty drugs:	<b>\$150</b>		Deductible then <b>\$150</b>
<b>Employee Only:</b>	<b>\$73.49</b> per check	<b>\$54.06</b> per check	<b>\$0.00</b> per check
<b>Employee + Spouse:</b>	<b>\$157.82</b> per check	<b>\$116.09</b> per check	<b>\$49.49</b> per check
<b>Employee + Child(ren):</b>	<b>\$148.75</b> per check	<b>\$109.42</b> per check	<b>\$46.65</b> per check
<b>Employee + Family:</b>	<b>\$233.08</b> per check	<b>\$171.45</b> per check	<b>\$73.09</b> per check
<b>Spending account options:</b>	Flexible Spending Account – Employee funded only	Flexible Spending Account – Employee funded only	Health Savings Account: employer & employee funded <b>KSUF - EE only: \$3,000 annually</b> <b>KSUF – Family: \$5,000 annually</b>
	Dependent Care Flexible Spending Account – Employee funded		

## DENTAL INSURANCE - BLUE CROSS BLUE SHIELD

DENTAL AND ORTHODONTIA	
<b>Maximum annual benefit</b>	<b>\$1,500</b> per Individual
<b>Deductible</b>	<b>\$25</b> individual / <b>\$75</b> Family
<b>Diagnostic and Preventative</b>	100% Covered (unlimited cleanings)
<b>Basic/Major/Orthodontic</b>	50% Covered (up to annual max)
<b>Orthodontic Lifetime Benefit</b>	100%: <b>\$1,500</b> 3-year max
<b>Employee Only:</b>	<b>\$3.35</b> per check
<b>Employee + Spouse:</b>	<b>\$13.65</b> per check
<b>Employee + Child(ren):</b>	<b>\$13.92</b> per check
<b>Employee + Family:</b>	<b>\$21.13</b> per check

## VISION INSURANCE - VSP

DETAILS	OPTION A	OPTION B
<b>Vision Exam</b>	<b>\$10</b> copay	
<b>Prescription Glasses</b>	<b>\$25</b> copay	
<b>Frames</b>	<b>\$150</b> allowance Every 24 months	<b>\$200</b> allowance Every 12 months
<b>Lenses</b>	Included	
<b>Options: - Progressive</b>	<b>\$55</b> copay	
<b>Premium Progressive</b>	<b>\$95 - 105</b> copay	
<b>Custom Progressive</b>	<b>\$150 - 175</b> copay	
<b>Contacts</b>	<b>\$130</b> allowance	<b>\$150</b> allowance
<small>*Coverage is for glasses OR contacts, not both in the same calendar year</small>		
<b>Employee Only:</b>	<b>\$5.18</b> per check	<b>\$8.19</b> per check
<b>Employee + Spouse:</b>	<b>\$8.28</b> per check	<b>\$13.10</b> per check
<b>Employee + Child(ren):</b>	<b>\$8.45</b> per check	<b>\$13.38</b> per check
<b>Employee + Family:</b>	<b>\$13.63</b> per check	<b>\$21.56</b> per check

If more information is needed or if you have questions, please reach out to Brooke Nicholson at [brooken@ksufoundation.org](mailto:brooken@ksufoundation.org) or (785) 410-2564.