

Facts about LC State:

- ◆ LC State's original name was Lewiston Normal School
- ◆ Idaho legislature authorized LC State to award Bachelor's Degrees in the 1960s.
- ◆ Idaho legislature authorized LC State to award Master's Degrees in 2020.
- ◆ LC State's Center for Arts & History was once owned by Lewiston's first millionaire, John P. Vollmer.
- ◆ LC State's Expedition Hall was once used as a military barracks and headquarters for naval aviators.
- ◆ At one time, LC State housed a swimming pool in the basement of the building that stood where the Activity Center West is now.

Facts about Lewiston:

- ◆ Located on the confluence of the Snake and Clearwater Rivers
- ◆ Population: 35,554
- ◆ Elevation: 745 feet
- ◆ Average Snowfall: 12.7 inches
- ◆ Average Rainfall: 12.9 inches
- ◆ Average Household size: 2.3
- ◆ Median Age: 39.8
- ◆ Median Household Income: \$63,109
- ◆ Median Home Value: \$392,000
- ◆ Median Rental Rate: \$1,800
- ◆ Income Tax Rate: 7.4%
- ◆ Idaho Tax Rate: 6.0%



LC State Benefits Brochure



Human Resource Services

(208) 792-2269
hr@lcsc.edu

Retirement

Fidelity is the option available to **Exempt Staff**.

- Employee contribution rate is 6.97%
- Employer contribution rate is 9.3%

PERSI is the option available to **Classified Staff**.

- Employee contribution rate is 7.18%
- Employer contribution rate is 11.96%

Supplemental Retirement

Employees may also contribute to a supplemental retirement plan of their choice.

Sick Leave

All full-time employees accrue sick leave at approximately 1 day per month. (No cap on sick leave). These rates are based on hours worked per pay period. Full-time employees can be eligible for 8 weeks of paid parental leave.

Vacation Leave

Full-time **Professional Staff** accrue vacation at approximately 2 days per month. (Cap of 240 hours)
Full-time **Classified Staff** accrue vacation at approximately 1 day per month. (Cap depends on length of employment)

Short/Long Term Disability

The State pays the full monthly cost for your short-term and long-term disability coverages.

Basic Life Insurance

The State pays the premium for this coverage; there is no cost to you. Basic Life is 100% of your annual salary.

Dependent Life Insurance

The State pays the premium for this coverage; there is no cost to you. Dependent Life pays \$10,000 in the event of the death of a spouse and \$5,000 in the event of the death of a dependent child.

Voluntary Term Life Insurance

A term life policy that provides employees the option of purchasing up to 3x their annual salary (maximum of \$500,000) and allows for the purchase of spouse and dependent child(ren) coverages. Rates vary depending on age and salary.

Employee Assistance Program (EAP)

Your CompPsych GuidanceResources benefit provides you and your dependents 24/7 support, resources, and information to help with no-cost, confidential counseling and legal support, financial information, and personalized work-life resources. Each dependent receives 6 visits per issue, per benefit period with no copayment required.

Educational Privilege

Employees and spouses may take courses offered by Idaho's public institutions for a \$20 registration fee and \$5 per credit. *Some limitations do apply at other institutions.* Eligible dependent children can receive a 50% reduction in current resident and nonresident tuition and fees at LC State.

Pay Checks

Employees are paid biweekly through direct deposit. Employees who work full-time, but less than 12 months, will have their annual salary pro-rated and paid over 12 months.

Parking Permits

\$80 per year. They can be purchased online and picked up at the Public Safety Office.

WarriorOne Identification Card

Allows employees to attend LC State events and access the fitness center at no charge. Deposit WarriorBucks on your card to spend at vending machines, bookstore, coffee shops, food service, and more.

WarriorWear Bookstore

Employees receive a 20% discount (some limitations may apply).

More information available at www.lcsc.edu/hr/benefits

Regence BlueShield Medical Plan - effective 1st day of following month

Benefit	PPO In-Network	Traditional	High Deductible
Deductible	\$350 Individual \$950 Family	\$500 Individual \$1,400 Family	\$2,000 Individual \$4,000 Family
Office Visit	\$20 copay (office exam only)	Pays 70% after deductible	Pays 80% after deductible
Specialist Visit	\$40 copay	Pays 70% after deductible	Pays 80% after deductible
Co-Pay	80% / 20% of allowable charges	70% / 30% of allowable charges	80% / 20% of allowable charges
Out-of-Pocket Maximum	\$3,250 Individual \$6,750 Family (includes deductible)	\$4,350 Individual \$8,700 Family (includes deductible)	\$5,000 Individual \$10,000 Family (includes deductible)
Preventive Care / Screening / Immunization	No copay (deductible does not apply)	100% covered (deductible does not apply)	100% covered (deductible does not apply)
Diagnostic Test (x-ray, blood work)	Pays 80% after deductible	Pays 70% after deductible	Pays 80% after deductible
Hospital Services	Pays 80% of allowable charges after deductible	Pays 70% of allowable charges after deductible	Pays 80% of allowable charges after deductible

Blue Cross Dental Plan - effective 1st day of following month

Benefit	PPO In-Network	Out-Of-Network
Annual Maximum	\$1,500 per insured, per benefit period	
Deductible	Insured pays \$50 per benefit period	
Preventive Dental Services	Plan pays 100%	You pay 30% after Deductible
Basic Dental Services	You pay 20% after Deductible	You pay 50% after Deductible
Major Dental Services / Crowns / Bridge (per tooth) / Complete Upper or Lower Denture / Dental Implants	You pay 50% after Deductible	
Orthodontic Services (for eligible dependent children up to age 19 if the treatment has begun by age 17)	You pay 50%	
Orthodontia Lifetime Limit	\$1,000 per insured	

Monthly Premiums

In Household	PPO	Traditional	High Deductible	Dental
Employee Only	\$65.00	\$90.00	\$0.00	\$11.82
Employee & Spouse	\$197.60	\$279.00	\$47.94	\$37.88
Employee & Child	\$112.00	\$155.18	\$16.54	\$36.76
Employee & Children	\$177.02	\$249.68	\$40.50	\$73.16
Employee, Spouse & Child	\$242.18	\$342.56	\$64.06	\$62.80
Employee, Spouse & Children	\$324.48	\$459.84	\$93.82	\$107.04

Part-Time Tier (20 - 29.9 hours per week)

In Household	PPO	Traditional	High Deductible	Dental
Employee Only	\$150.26	\$208.06	\$33.54	\$13.48
Employee & Spouse	\$456.80	\$644.98	\$144.36	\$43.20
Employee & Child	\$258.90	\$358.72	\$71.78	\$41.92
Employee & Children	\$409.22	\$577.18	\$127.16	\$83.44
Employee, Spouse & Child	\$559.84	\$791.90	\$181.62	\$71.62
Employee, Spouse & Children	\$750.10	\$1,063.00	\$250.42	\$122.08

Prescription Drug Benefit

Regence RX Tier	Regence Copay
Tier 1 - Preferred Generics	\$10
Tier 2 - Generics and some lower-cost brand products	
Tier 3 - Preferred brand-name drugs that are typically less costly	\$30
Tier 4 - Typically, high-cost brand-name drugs	\$60
Tier 5 - Preferred specialty medications; may include lower-cost brand or generic specialty medication	
Tier 6 - Higher-cost specialty medications; may include higher-cost brand or generic specialty medications	\$100

Vision Service Plan (VSP)

Plan Feature	In-Network	Out-of-Network	Limitations
Eye Exam	\$20 copay	up to \$50	1 every 12 months
Frame	up to \$130	up to \$50	1 every 24 months
Lenses, pair:	up to \$50 up to \$80 up to \$95 up to \$125		1 pair every 12 months
Single Bifocal Trifocal Lenticular			
Elective Contacts, pair			
Pediatric Vision (under age 19)	100% covered	50% co-insurance	1 every 12 months

Flexible Spending Account (FSA)

Account	Max Contribution
Medical Reimbursement	\$3,200
Dependent Care Account	\$5,000