GROUP HEALTH INSURANCE
Coverage begins on the first day of the first full month of employment. **Enrollment must take place within 15 days of the start date.**

**Employee Coverage Includes:** $25,000 Term Life Insurance, Medical, Dental, Vision and Long Term Disability which covers 60% of gross earnings capped at $7,500.00/month
**Dependent Coverage Includes:** Medical, Dental and Vision. Dependent coverage is paid 100% by EMPLOYEE.

### Health Insurance Options

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>State of Nevada Consumer Driven PPO High Deductible Health Plan (CD PPO HDHP)</th>
<th>Northern Nevada HMO Hometown Health Plan (HHP)</th>
<th>Southern Nevada HMO Health Plan of Nevada (HPN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (In-Network)</td>
<td>$1,500 Individual / $3,000 Family (2,600 Individual Family Member Deductible)</td>
<td>No Deductible</td>
<td>No Deductible</td>
</tr>
<tr>
<td>Co-Insurance (In-Network)</td>
<td>20% paid by participant after deductible</td>
<td>No Co-Insurance</td>
<td>No Co-Insurance</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>20% paid by participant after deductible</td>
<td>$25 co-pay</td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Specialty Physician</td>
<td>20% paid by participant after deductible</td>
<td>$45 co-pay</td>
<td>$25 co-pay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>20% paid by participant after deductible</td>
<td>$50 co-pay</td>
<td>$30 co-pay</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>20% paid by participant after deductible</td>
<td>$300 co-pay (waived if admitted to the hospital)</td>
<td>$150 co-pay</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>20% paid by participant after deductible</td>
<td>$500 co-pay per admit</td>
<td>$300 co-pay per admit</td>
</tr>
</tbody>
</table>

**Health Savings Account / Health Reimbursement Arrangement**
- **Employee Only:** $700 + $400* = $1,100
- **Dependents:** $200 + $100* = $300 for each dependent (up to 3 dependents)
  Contributions made by PEBP

*Plan Year 2016 one time additional contributions for participants enrolled as of 7/1/2015

| Out of Pocket Maximum               | $3,900 Individual / $7,800 Family | $6,200 Individual / $12,400 Family | $6,800 person |

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**The monthly employee insurance premium rates are for the Plan Year 2016 (07-01-15 through 6-30-16)**

<table>
<thead>
<tr>
<th></th>
<th>State of Nevada Consumer Driven PPO High Deductible Health Plan (CD PPO HDHP)</th>
<th>Statewide HMO Hometown Health and Health Plan of Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$41.91</td>
<td>$164.61</td>
</tr>
<tr>
<td>Employee + Spouse / Domestic Partner</td>
<td>$171.50</td>
<td>$458.21</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$92.72</td>
<td>$299.99</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$222.08</td>
<td>$593.60</td>
</tr>
</tbody>
</table>
RETIREMENT PLANS

MANDATORY RETIREMENT PLAN
Postdoctoral employees who are hired on a contract of at least 50% are provided with a mandatory defined contribution 403(b) retirement plan commencing on their date of hire.

Under the terms of the Retirement Plan employees must contribute 6.2% of their gross salary to the Plan. The employee contributions made to the Plan are before income taxes are calculated. The employer also makes a matching 6.2% contribution.

Both the employee and the employer contributions are invested into a 403(b) account. The employee selects the funding vehicles for investment of their retirement contributions from the fund sponsor TIAA CREF. The plan provides for immediate vesting. Additional information is available online at http://www.bcn-nshe.org/hr/benefits/medical/

SUPPLEMENTAL BENEFITS PLANS
Long term care, supplemental term life, auto/homeowners/renters, short-term disability, college 529 plan, and a legal plan are available through payroll deduction. Additional information is available at: http://www.bcn-nshe.org/hr/benefits/voluntary/

TUITION
Postdoctoral fellows and their qualifying family members will be considered in-state residents for tuition purposes. There is no fee waiver available. For additional information call UNR Human Resources at 784-6082.

STATE INCOME TAX
No state income tax in Nevada.

WORKERS’ COMPENSATION
Covers employees in the event of work-related injuries. It is important to know the procedures to follow to make sure claims are processed appropriately.

RECREATION FACILITIES
The Lombardi Center offers an annual or semester membership. For an additional charge you may also include family members. For

PRE-TAX SAVINGS ACCOUNTS
Health Savings Account (HSA) is a tax-exempt medical savings account for employees enrolled in a PPO plan. Contributions may be started and changed anytime, subject to IRS calendar maximum. Medical Flex Spending Account (FSA) is a tax-exempt medical account to be used for qualified medical expenses. Dependent care FSA allows employees to pay for dependent care expenses with pre-tax dollars. Additional information available online at http://www.bcn-nshe.org/hr/benefits/voluntary/

ANNUAL LEAVE
Accrued at the rate of 1 ¼ working days per month for full time continuous service or the equivalent of 15 days per year. Any unused annual leave may be carried forward from year to year. There is no payment for unused annual leave upon termination of employment.

SICK LEAVE
Will begin with 15 days upon hire. After 12 months from the hire date, will accrue at the rate of 1 ¼ working days per month, and will be added to any remaining balance of unused sick leave. The maximum amount of sick leave that can be accrued is 15 days. Any unused sick leave may be carried forward from year to year. There is no payment for unused sick leave upon termination of employment. Sick leave may not exceed 15 work days at the last day of each month

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Mandatory retirement plan,

Voluntary retirement plans,

State income tax,

Workers’ Compensation,

Recreational facilities,

Pre-tax savings accounts,

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Sick leave,

Supplemental benefits plans,

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