



**2017 Benefit Summary  
for**

**Postdoctoral Research Associate, Research Associate,  
Sr. Research Associate, Fellow, and Teaching Scholar**

| <b>BENEFIT</b>                                  | <b>WHO PAYS</b>  | <b>EFFECTIVE</b>  | <b>DESCRIPTION</b>  |  |                   |                            |                         |              |            |                          |          |              |         |          |          |               |         |          |          |
|---|--|---|---|--|-------------------|----------------------------|-------------------------|--------------|------------|--------------------------|----------|--------------|---------|----------|----------|---------------|---------|----------|----------|
| <b>Medical Insurance</b>                        | <i>University/Employee</i><br><br>The University pays the major portion of the monthly premium; the employee portion is paid with before-tax dollars through payroll deductions. | The first day of the month following your date of eligibility.                          | <p>There are three medical plans available.</p> <ul style="list-style-type: none"> <li>• Meritain PPO (choice of Select or CHA network)</li> <li>• Meritain HMO (choice of Select or CHA network)</li> <li>• Meritain HDHP (choice of Select or CHA network)</li> </ul> <p>Monthly premiums are as follows:</p> <table border="1"> <thead> <tr> <th></th> <th><b>Individual</b></th> <th><b>Individual+1</b></th> <th><b>Family</b></th> </tr> </thead> <tbody> <tr> <td>Meritain PPO</td> <td>\$73.00</td> <td>\$190.00</td> <td>\$252.00</td> </tr> <tr> <td>Meritain HMO</td> <td>\$97.00</td> <td>\$239.00</td> <td>\$325.00</td> </tr> <tr> <td>Meritain HDHP</td> <td>\$29.00</td> <td>\$101.00</td> <td>\$118.00</td> </tr> </tbody> </table> <p>*HDHP does not meet medical plan requirements for J1 visas.</p> |  | <b>Individual</b> | <b>Individual+1</b>        | <b>Family</b>           | Meritain PPO | \$73.00    | \$190.00                 | \$252.00 | Meritain HMO | \$97.00 | \$239.00 | \$325.00 | Meritain HDHP | \$29.00 | \$101.00 | \$118.00 |
|   | <b>Individual</b>  | <b>Individual+1</b>   | <b>Family</b>   |  |                   |                            |                         |              |            |                          |          |              |         |          |          |               |         |          |          |
| Meritain PPO                                    | \$73.00  | \$190.00  | \$252.00  |  |                   |                            |                         |              |            |                          |          |              |         |          |          |               |         |          |          |
| Meritain HMO                                    | \$97.00  | \$239.00  | \$325.00  |  |                   |                            |                         |              |            |                          |          |              |         |          |          |               |         |          |          |
| Meritain HDHP                                   | \$29.00  | \$101.00  | \$118.00  |  |                   |                            |                         |              |            |                          |          |              |         |          |          |               |         |          |          |
| <b>HDHP –Health Reimbursement Account (HRA)</b> | <i>University</i>  | The same date as the start of your high deductible health plan (if you elect the HDHP). | <p>For faculty and staff who enroll in the University’s High Deductible Health Plan, the University will fund a HRA to help with medical expenses applied to the deductible. The amounts are as follows:</p> <table border="1"> <thead> <tr> <th></th> <th><b>Individual</b></th> <th><b>Individual+1/Family</b></th> </tr> </thead> <tbody> <tr> <td>Eligible January - June</td> <td>\$500.00</td> <td>\$1,000.00</td> </tr> <tr> <td>Eligible July - December</td> <td>\$250.00</td> <td>\$500.00</td> </tr> </tbody> </table>   |  | <b>Individual</b> | <b>Individual+1/Family</b> | Eligible January - June | \$500.00     | \$1,000.00 | Eligible July - December | \$250.00 | \$500.00     |         |          |          |               |         |          |          |
|   | <b>Individual</b>  | <b>Individual+1/Family</b>  |   |  |                   |                            |                         |              |            |                          |          |              |         |          |          |               |         |          |          |
| Eligible January - June                         | \$500.00   | \$1,000.00  |   |  |                   |                            |                         |              |            |                          |          |              |         |          |          |               |         |          |          |
| Eligible July - December                        | \$250.00   | \$500.00  |   |  |                   |                            |                         |              |            |                          |          |              |         |          |          |               |         |          |          |
| <b>HDHP – Accident Insurance</b>                | <i>University</i>  | The same date as the start of your high deductible health plan (if you elect the HDHP). | <p>For faculty and staff who enroll in the University's High Deductible Health Plan, the University provides Accident insurance individual coverage at no cost to the faculty or staff member. Administered by MetLife. Faculty and staff can purchase additional Accident insurance on themselves, their spouse or dependents. See "Accident Insurance".</p>   |  |                   |                            |                         |              |            |                          |          |              |         |          |          |               |         |          |          |

| BENEFIT                                  | WHO PAYS   | EFFECTIVE  | DESCRIPTION  |  |                   |                     |               |           |         |         |         |                |         |         |         |
|--|--|--|--|--|-------------------|---------------------|---------------|-----------|---------|---------|---------|----------------|---------|---------|---------|
| <b>HDHP – Critical Illness Insurance</b> | <i>University</i>  | The same date as the start date of your high deductible health plan (if you elect the HDHP). | For faculty and staff who enroll in the University's High Deductible Health Plan, the University provides Critical Illness insurance individual coverage at no cost to the faculty or staff member. Administered by MetLife. Faculty and staff can purchase additional Critical Illness insurance on themselves, their spouse or dependents. See "Critical Illness Insurance".   |  |                   |                     |               |           |         |         |         |                |         |         |         |
| <b>Notre Dame Wellness Center</b>        | <i>Employee</i><br>Copayments associated with prescription medications, allergy injections, provider office or physical therapy visits. If participating in a University medical plan, the office visit copay is \$15. If you participate in another medical plan, the copays, fees, deductibles, coinsurance, and out-of-pocket costs are dependent on that plan. | The first day of the month following your date of eligibility.                               | <p>Onsite medical facility operated by Premise Health. The scope of services include routine primary care, immediate care, pediatric care, physical exams, lab services, vaccinations, allergy management, physical therapy, chronic condition management, referral to specialists when needed, occupational health services, specialty pharmacy infusion program, and a full-service pharmacy with a drive-thru for prescription and over the counter medications.</p> <p>The facility is also available to those not participating in the University's medical plans. In this case, please check with your health plan prior to your employment to ensure that it is an in-network facility. The Notre Dame Wellness Center will file your insurance, collect any applicable copayment and process your claim per your plan.</p> |  |                   |                     |               |           |         |         |         |                |         |         |         |
| <b>Dental Insurance</b>                  | <i>Employee</i><br>Paid with before-tax dollars through payroll deductions.  | The first day of the month following your date of eligibility.                               | <p>The dental plans and associated monthly premiums are as follows:</p> <table border="1" data-bbox="1123 998 1837 1104"> <thead> <tr> <th></th> <th><b>Individual</b></th> <th><b>Individual+1</b></th> <th><b>Family</b></th> </tr> </thead> <tbody> <tr> <td>Delta PPO</td> <td>\$16.74</td> <td>\$31.88</td> <td>\$56.78</td> </tr> <tr> <td>Delta PPO, POS</td> <td>\$20.50</td> <td>\$38.84</td> <td>\$71.48</td> </tr> </tbody> </table> <p>Participation is optional.</p> <p><i>(Two-year enrollment in Dental is required.)</i></p>   |  | <b>Individual</b> | <b>Individual+1</b> | <b>Family</b> | Delta PPO | \$16.74 | \$31.88 | \$56.78 | Delta PPO, POS | \$20.50 | \$38.84 | \$71.48 |
|  | <b>Individual</b>  | <b>Individual+1</b>  | <b>Family</b>  |  |                   |                     |               |           |         |         |         |                |         |         |         |
| Delta PPO                                | \$16.74  | \$31.88  | \$56.78  |  |                   |                     |               |           |         |         |         |                |         |         |         |
| Delta PPO, POS                           | \$20.50  | \$38.84  | \$71.48  |  |                   |                     |               |           |         |         |         |                |         |         |         |

| BENEFIT                            | WHO PAYS   | EFFECTIVE  | DESCRIPTION  |                |            |              |                |                   |                |                    |                  |               |
|------------------------------------|--|--|--|----------------|------------|--------------|----------------|-------------------|----------------|--------------------|------------------|---------------|
| <b>Vision Plan</b>                 | <i>Employee</i><br>Paid with before-tax dollars through payroll deductions.                | The first day of the month following your date of eligibility. | The University's vision care program is provided through EyeMed. The monthly premiums are as follows:<br><br><table> <thead> <tr> <th></th> <th>Individual</th> <th>Individual+1</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>EyeMed</td> <td>\$8.56</td> <td>\$16.16</td> <td>\$23.68</td> </tr> </tbody> </table> Participation is optional.   |                | Individual | Individual+1 | Family         | EyeMed            | \$8.56         | \$16.16            | \$23.68          |               |
|                                    | Individual   | Individual+1   | Family   |                |            |              |                |                   |                |                    |                  |               |
| EyeMed                             | \$8.56   | \$16.16  | \$23.68  |                |            |              |                |                   |                |                    |                  |               |
| <b>Base Life Insurance</b>         | <i>University</i>  | The first day of the month following your date of eligibility. | Group term policy of \$25,000. Administered by Minnesota Life Insurance Company. No cost to participant.   |                |            |              |                |                   |                |                    |                  |               |
| <b>Supplemental Life Insurance</b> | <i>Employee</i><br>Premiums paid with after-tax dollars through payroll deductions.        | The first day of the month following your date of eligibility. | Supplemental life insurance is available at group rates in increments of one to ten times your salary up to a maximum of \$1,500,000. Administered by Minnesota Life Insurance Company.  |                |            |              |                |                   |                |                    |                  |               |
| <b>Dependent Life Insurance</b>    | <i>Employee</i><br><i>Premiums paid with after-tax dollars through payroll deductions.</i> | The first day of the month following your date of eligibility. | Options of coverage. Administered by Securian. Monthly premiums are as follows:<br><br><table> <thead> <tr> <th></th> <th>Option</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>Spouse Benefit</td> <td>\$12,500/\$25,000</td> <td>\$5.64/\$11.30</td> </tr> <tr> <td>Child(ren) Benefit</td> <td>\$5,000/\$10,000</td> <td>\$0.76/\$1.52</td> </tr> </tbody> </table>                         |                | Option     | Cost         | Spouse Benefit | \$12,500/\$25,000 | \$5.64/\$11.30 | Child(ren) Benefit | \$5,000/\$10,000 | \$0.76/\$1.52 |
|                                    | Option   | Cost   |  |                |            |              |                |                   |                |                    |                  |               |
| Spouse Benefit                     | \$12,500/\$25,000  | \$5.64/\$11.30   |  |                |            |              |                |                   |                |                    |                  |               |
| Child(ren) Benefit                 | \$5,000/\$10,000   | \$0.76/\$1.52  |  |                |            |              |                |                   |                |                    |                  |               |
| <b>Accident Insurance</b>          | <i>Employee</i><br>Premiums paid with after-tax dollars through payroll deductions.        | The first day of the month following your date of eligibility. | Accident Insurance is available at group rates. Administered by MetLife. The monthly premiums are as follows:<br><br><table> <thead> <tr> <th>Coverage Level</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$6.88</td> </tr> <tr> <td>Individual + 1</td> <td>\$12.04</td> </tr> <tr> <td>Family</td> <td>\$16.46</td> </tr> </tbody> </table> Participation is optional. | Coverage Level | Rate       | Individual   | \$6.88         | Individual + 1    | \$12.04        | Family             | \$16.46          |               |
| Coverage Level                     | Rate   |  |  |                |            |              |                |                   |                |                    |                  |               |
| Individual                         | \$6.88   |  |  |                |            |              |                |                   |                |                    |                  |               |
| Individual + 1                     | \$12.04  |  |  |                |            |              |                |                   |                |                    |                  |               |
| Family                             | \$16.46  |  |  |                |            |              |                |                   |                |                    |                  |               |
| <b>Critical Illness Insurance</b>  | <i>Employee</i><br>Premiums paid with after-tax dollars through payroll deductions.        | The first day of the month following your date of eligibility. | Critical Illness Insurance is available at group rates based upon age of faculty/staff member. Administered by MetLife. Participation is optional. Options for purchase are as follows: Employee Benefit \$10,000; Spouse Benefit \$5,000; Child(ren) Benefit; \$5,000. Rates for Critical Illness are available at hr.nd.edu. Participation is optional.  |                |            |              |                |                   |                |                    |                  |               |

| BENEFIT  | WHO PAYS   | EFFECTIVE   | DESCRIPTION  |
|--|--|---|--|
| <b>Travel/Accident Insurance</b>   | <i>University</i>  | Upon employment.  | Provides \$500,000 of coverage in the event of accidental death or dismemberment resulting from injuries you sustain while traveling on University business. Your spouse is eligible for \$100,000 coverage in the event of accidental death or dismemberment resulting from injuries sustained if traveling with you on University business. Please refer to the Travel and Entertainment Policies and Procedures handbook on the website <a href="http://controller.nd.edu">http://controller.nd.edu</a> for specific guidelines pertaining to this benefit. Administered by AIG Life Insurance Company. |
| <b>UND 403(b) Retirement Plan (Voluntary Contributions)</b>                  | <i>Employee</i><br>The amount of contributions permitted is determined by IRS regulations. Contributions are made by employee through payroll deduction. | Eligible to participate at the time you are employed (or any other time during your active employment). | Fidelity Investments is the provider of recordkeeping services. There are 24 investment options including Target Date Funds, core and specialty funds. Contributions can be made on a pre-tax or Roth post-tax basis.<br><br>Participation is voluntary but encouraged as an opportunity to save for retirement.   |
| <b>Educational Benefits: Employee/Spouse at the University of Notre Dame</b> | <i>University/Employee</i><br>Undergraduate Course:<br>90% University<br>10% employee<br>Graduate Course:<br>100% University                             | Upon employment.  | You and your spouse are entitled to one three credit hour undergraduate course each semester and summer session or one three credit hour graduate course each semester and summer session. Educational benefits received may be taxable.   |
| <b>Holidays</b>  | <i>University</i>  | Upon employment.  | Holiday pay for the following days/time not worked: Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Celebration, and New Year's Day Celebration (Annual total of twelve to fifteen days).  |
| <b>Short Term Income Replacement (STIR)</b>                                  | <i>University</i>  | Upon employment.  | You will be paid your full salary for up to six months in the event of an extended absence due to a non-work related qualifying personal illness or injury. Ten days per calendar year may be used for the illness, medical and/or dental appointments of a child, stepchild, spouse and/or parent or up to two days for personal business.  |

| <b>BENEFIT</b>                             | <b>WHO PAYS</b>   | <b>EFFECTIVE</b>  | <b>DESCRIPTION</b>   |
|--|-------------------|---|--|
| <b>Vacation</b>                            | <i>University</i> | 90 day waiting period before using.   | Two weeks per year granted at time of appointment (not accrued) and may be used after 90 days. All vacation time is to be used before the end of the appointment. If being reappointed for another year, one week can move forward. Any unused vacation time will be forfeited at the end of appointment and no payment for unused vacation time will be made. |
| <b>Leave of Absence</b>                    | <i>Employee</i>   | Defined by policy.  | Leave of absences may be extended for the following University policies:<br><ul style="list-style-type: none"> <li>- Family and Medical Leave (FMLA)</li> <li>- Personal</li> <li>- Military</li> </ul>  |
| <b>Athletic Tickets and Parking</b>        | <i>University</i> | Upon employment. Your employment must begin prior to the season and continue through December 31. | Season tickets may be purchased for home football, basketball, and hockey games subject to availability. Free parking at all athletic and Joyce Center events.   |
| <b>Availability of Athletic Facilities</b> | <i>University</i> | Upon employment.  | These include handball, squash, basketball and tennis courts, running track, swimming pool, fitness and weight rooms.  |
| <b>Bright Horizons Care Advantage</b>      | <i>University</i> | Upon employment.  | Program includes short-term, back-up care for unexpected child or elder care needs, and an online provider directory for on-going family care solutions. Effective 7/1/16.   |
| <b>Health Advocate</b>                     | <i>University</i> | Upon employment.  | The program provides assistance navigating healthcare and insurance issues for you, your spouse, dependent children, parents, and parents-in-law. Please contact Health Advocate at 1-866-695-8633.  |

| <b>BENEFIT</b>   | <b>WHO PAYS</b>   | <b>EFFECTIVE</b> | <b>DESCRIPTION</b>   |
|--|-------------------|------------------|--|
| <b>LifeWorks Employee Assistance Program</b>                   | University        | Upon employment. | The program offers confidential short-term counseling for employees and their families on issues concerning marriage and family, chemical dependency/substance abuse, financial matters and others. For assistance, please contact LifeWorks at 1-888-267-8126.  |
| <b>Bookstore, Joyce Center Varsity Shop, and Golf Pro Shop</b> | <i>University</i> | Upon employment. | Discount (20%) on most items.  |
| <b>Golf Courses</b>  | University        | Upon employment. | Discount on greens fees.   |
| <b>University Libraries</b>                                    | <i>University</i> | Upon employment. | Books and materials may be borrowed upon presentation of your University identification card.  |
| <b>Parking</b>   | <i>University</i> | Upon employment. | Free parking is available to all University employees. A parking pass may be obtained at University Parking Services located in Hammes Mowbray Hall.   |
| <b>Automobile Discount Program</b>                             | <i>Employee</i>   | Upon employment  | Ford Motor Company and General Motors Corporation have extended their supplier discount program to University faculty, administrators, and staff who reside in the United States. With the supplier discount, you pay a small percentage over the price paid by GM and Ford Motor employees for most new and unused GM and Ford vehicles. You may lease or purchase up to two eligible GM or Ford vehicles per year. |
| <b>Auto &amp; Homeowners Insurance Discount Program</b>        | <i>Employee</i>   | Upon employment  | As an employee or retiree of the University, you may save up to 10% on auto and home insurance through Liberty Mutual's Group Savings Plus program. You may also receive: <ul style="list-style-type: none"> <li>• Competitive rates, guaranteed for 12 months</li> <li>• Convenient payment plans</li> <li>• Round-the-clock claims service</li> <li>• 24-Hour Emergency Roadside Assistance</li> </ul>             |

| <b>BENEFIT</b>                   | <b>WHO PAYS</b>     | <b>EFFECTIVE</b> | <b>DESCRIPTION</b>   |
|----------------------------------|---------------------|------------------|--|
| <b>Social Security Benefits</b>  | University/Employee | Upon employment. | Social Security coverage provides you with retirement benefits and medical insurance (Medicare) benefits. The University contributes 6.2% of your pay up to IRS compensation limits for Social Security and 1.45% of your pay for Medicare. Employees with income over \$200,000 pay an additional .9% Medicare tax. |
| <b>Workers Compensation</b>      | <i>University</i>   | Upon employment. | All employees are covered under the Workers Compensation Act and the Occupational Disease Act providing protection from loss of income attributable to job-related injury. All incidents must be immediately reported to the supervisor.   |
| <b>Unemployment Compensation</b> | <i>University</i>   | Upon employment. | Employees are covered under the Federal Unemployment Tax Act and Indiana laws.   |

Note: Questions pertaining to taxes or tax treaties can be referred to Becky Laskowski, Assistant Tax Director, by telephone at (574) 631-7051 or by email at Laskowski.7@nd.edu.

This is a general summary of benefits. Specific information may be obtained from the Office of Human Resources or by visiting our website at [hr.nd.edu](http://hr.nd.edu)