

# May Is the Time to Make Changes to Your UVM Benefits

---

Take time now to review the benefits you receive as a UVM employee. (See PeopleSoft HR > Self Service > Benefits > Benefits Summary.)

The information that follows summarizes the adjustments you may wish to consider, along with the ways in which your coverage will change **beginning on July 1, 2009**.

You may make the following adjustments during the month of May:

- Enroll in medical and/or dental insurance plans
- Change/Update/Waive medical insurance coverage
- Change the level of your dental insurance coverage
- Add a dependent to your health or dental insurance
- Change the level of your life insurance coverage
- Change the level of your long-term disability coverage

The University's **Benefits Open Enrollment** period begins May 1 and ends on May 29. The month of May is the *only* time to make changes to the medical, dental, life and disability insurance components of your benefits package.

The following summary benefit information is designed to summarize new features that have been added to the benefits package during the past 12 months or that will be added on July 1, 2009. It is **not** intended to provide complete details for each benefit. Full descriptions of insurance benefits will be contained in appropriate plan documents or subscriber certificates (in conjunction with the UVM [Non-Represented Faculty Handbook](#), the [University and University Officers' Manual](#), or the UVM [Staff Handbook](#). (Before making changes, employees are encouraged to familiarize themselves with their insurance benefits at the above links.)

Information presented here is intended for faculty and staff who are **not** represented by unions. Collective bargaining unit employees are subject to the terms and conditions of employment outlined in union contracts.

For unionized employees, benefits are addressed through collective bargaining with union representatives. Represented employees must contact their union representatives with their questions and comments regarding changes in benefits. All employees, however, may contact their supervisors or the HRS Employee Information Center to seek clarification or ask questions regarding **existing** benefits programs.

## Important Notes

- ❖ **CHANGES to Benefits are highlighted in a red banner. Key reminders are highlighted in yellow. Please read thoroughly.**
- ❖ Contact the HRS [Employee Information Center](#) immediately with any family status change that occurs during the year (656-3150).
- ❖ Designation of **Cultural Holidays** and enrollment in **Flexible Spending Accounts** takes place in November.
- ❖ The coverage and rates highlighted in this publication begin **July 1, 2009** and end June 30, 2010.

## Quick Links to Information

[Medical Insurance Coverage](#)

[Blue Cross Blue Shield Plan](#)

[MVP Health Care Plan](#)

[Waiver of Medical Coverage](#)

[Medical Insurance Premium Payments](#)

[Medical and Dental Insurance Premiums](#)

[Dental Insurance Coverage](#)

[Long-Term Disability Insurance Coverage](#)

[UVM Retirement Savings Plan](#)

[Term Life Insurance](#)

[Flexible Spending Accounts](#)

[Questions and Answers](#)

[Action Steps](#)

## Medical Insurance Coverage

UVM employees have three choices for medical insurance coverage:

- (1) [Blue Cross Blue Shield of Vermont](#)
- (2) [MVP Health Plan](#)
- (3) [Waiver of Medical Coverage](#)

**MAY** is the only time of the year when you may change plans. Those waiving coverage may continue to do so (annual certification required) or enroll in a medical plan. [Detailed information](#) is on the web.

If you currently have medical insurance coverage and do not wish to make any changes, no action is necessary.

### *Blue Cross Blue Shield Plan*

The appropriate Blue Cross Blue Shield of Vermont (BCBSVT) plan for you depends on where you live. **If you live in Vermont or Western New Hampshire and select BCBSVT, you must be enrolled in the Vermont Health Partnership (VHP).** This plan requires the selection of a primary care physician. BCBSVT has eliminated the referral system, thus you may visit any network specialist as long as none of the following specific procedures is being performed:

1. Plastic or cosmetic surgery (e.g., abdominoplasty, lipectomy, blepharoplasty, breast reconstruction, otoplasty, panniculectomy, rhinoplasty or septorhinoplasty)
2. Dental surgery (oral surgery, trauma, orthognathic surgery)
3. Chiropractic care after initial 12 visits in a calendar year
4. Radiology special procedures (MRI, MRA, MRS, PET scans)
5. UPPP/somnoplasty
6. Continuous Passive Motion (CPM) equipment
7. Durable Medical Equipment with a purchase price over \$1,000
8. Orthotics/prosthetics
9. Polysomnography (sleep studies)
10. Chondrocyte transplants
11. Home infusion therapy
12. Private duty nursing
13. Transplants
14. TENS units/neuromuscular stimulators
15. Rehabilitation (cardiac/pulmonary/inpatient rehabilitation facility) services by any **out-of-network** provider

On the VHP plan, you pay \$10 to see your primary care physician (PCP) and \$20 to see a specialist. Emergency hospital care has a \$50 co-pay per visit that is waived if followed by hospitalization. There is a co-pay of \$250 for each hospitalization with a maximum of three co-pays per family per plan year. This co-pay is for an entire course of treatment; if one is readmitted to the same hospital for the same diagnosis or treatment within 21 days of being discharged, there is no additional co-pay. Outpatient surgical benefits have a co-pay of \$100 and ambulance services have a co-pay of \$50.

With prior BCBSVT approval, you may choose an out-of-network doctor or hospital. However, with this choice you will incur a \$500 per person deductible (\$1,000 family maximum), after which you will be reimbursed 70% of expenses. You will pay 30% until you have met a \$2,500 out-of-pocket maximum (\$5,000 family out-of-pocket maximum) after which you will be reimbursed 100%.

**If you live outside the network area and select BCBSVT, you must be enrolled in the Vermont Freedom Plan (VFP),** which does not require selection of a primary care physician. As long as you use a provider who participates in a **local** Blue Cross Blue Shield plan, in/outpatient services are reimbursed at 90% of reasonable and customary charges, after an individual deductible of \$100 (\$300 per family) has been met. Hospital admissions and surgery require prior authorization and are payable at 90% of reasonable and customary charges after an individual deductible of \$100 (\$300 per family) has been met. The out-of-pocket annual maximum is \$1,100 per person plus prescription drug co-payments and the plan pays 100% thereafter.

One advantage of the Blue Cross VFP plan is that you can go to any physician or acute care short-term general hospital worldwide. However, the plan will pay only reasonable and customary charges. If the provider does not participate in the local Blue Cross Blue Shield plan and the charges are above reasonable and customary, you must pay the difference.

Mental health and substance abuse benefits under both the VHP and the VFP must be pre-certified by Magellan Behavioral Health. Outpatient care for VHP has a co-pay of \$20. For VFP, you will be reimbursed at 90% of reasonable and customary charges after an individual deductible of \$100 (\$300 per family) has been met. For mental health or substance abuse services pre-approved by Magellan or UVM's Employee Assistance Program (EAP), benefits are payable at the same rate (co-pay of \$20) as PCP referrals under the medical portion of the plan.

**BCBSVT prescription drug coverage** is provided through a network of retail pharmacies that will be managed by Express Scripts as of July 1, 2009.

Under VHP and VFP, after you have met the \$100 deductible, you will pay \$5 per generic prescription, \$20 per preferred brand prescription, or \$40 per non-preferred brand (\$5/20/40). Prescription drug coverage has a maximum out-of-pocket of \$1,300 for an individual, \$2,600 for two people, and \$3,800 for a family. A voluntary mail order prescription drug plan is available for maintenance drugs through [Express Scripts](#). (Visit their website or call 888-222-7886.) Purchase a 90-day supply at a cost equal to two co-pays (i.e., \$10/40/80), with no deductible. See the complete BCBS preferred [prescription drug list](#) online.

**Step Therapy** encourages members to try lower cost, generic medication before newer, more expensive alternatives are used. Due to the success of this program in keeping costs down, **Blue Cross Blue Shield of Vermont has expanded the step therapy drug list. Effective April 1, 2009 the following drug classes were added:**

1. Anti-viral medications (*like Famvir*)
2. Hypnotics (*sleep agents like Lunesta*)
3. Statins (*cholesterol-lowering medications*)
4. Nasal steroids (*like Nasacort for allergies*)
5. Bisphosphonates (*like Boniva for osteoporosis*)

BCBSVT will not cover usage of targeted non-generic medications beyond April 1, 2009. However, they will allow one 30-day courtesy fill, subject to co-pay or coinsurance, after the implementation date. A complete list of drugs within each of the five new categories is available. Visit the BCBSVT online [Prescription Center](#) for information.

Prescription claims through network pharmacies or Express Script mail order are automatically filed with Blue Cross at the time of purchase. You must however submit non-network claims directly to BCBSVT.

### *MVP Health Plan*

MVP's Vermont CO-PLAN 15 is offered as an alternative to Blue Cross Blue Shield of Vermont. Under this plan, you must select a primary care physician. Typical office visits (including well baby, periodic physicals, OB/GYN, lab and testing services, outpatient surgery, mental health, physical therapy, chiropractic, etc.) are \$15 per visit, both for primary care and for specialists. You do not need a referral to see a specialist.

Under MVP, in-area emergency hospital care is \$50 per visit. The fee is waived if followed by hospitalization. There is no charge for out-of-area emergency hospital care.

There is a co-pay of \$240 for each hospitalization. This co-pay applies only to a member's first admission each calendar year. Outpatient surgery has a co-pay of 20% or \$100, whichever is less. After the \$240 co-pay, hospital care is covered at 100%.

Mental Health/Substance Abuse (MH/SA) benefits require prior approval from MVP's MH/SA unit before treatment. The co-payment is \$15 for outpatient treatment and \$240 for inpatient treatment.

Prescription drug coverage is provided through a \$5/20/40 formulary drug care program with a \$100 deductible. Once the deductible is met, you will pay \$5 per generic prescription, \$20 per preferred brand name drug if the prescribed medication is on the formulary, or \$40 per non-preferred brand. In order to determine where your prescription falls, you may use the Rx tools on the [MVP website](#) to review the MVP formulary. If your prescription requires prior authorization, your provider will work with MVP on the prior authorization process.

One feature of MVP which may be attractive to parents with college age students is **Expanded College Student Coverage** which provides up to \$2,500 per year for out-of-area care, including doctor's visits, lab work, physical therapy and emergencies.

### *Waiver of Medical Coverage*

UVM offers an annual \$1,000 payment in lieu of medical coverage. This waiver is reimbursed over the course of the fiscal year (July through June) and is subject to tax withholding.

The waiver is available to any full-time employee who certifies that s/he and, if applicable, his/her dependents are covered by non-UVM medical insurance. (A full-time employee is defined by UVM as anyone who is employed at 75% full-time equivalency [FTE] or more on a 12-month basis, or at 100% on a 9, 10 or 11-month basis.)

If you elect to waive medical insurance coverage, **you are required to complete an annual written certification** form attesting that you are covered with two-person or family coverage by your spouse or civil union partner. Certification must be returned to the **HRS Information Center, 228 Waterman Building**. Failure to provide the required annual certification will make you ineligible for the waiver payment.

The waiver of medical coverage is not available to an employee whose spouse also works at UVM, nor is it available to an employee formerly retired from UVM with post-retirement benefits. Further, it is not available if you waive coverage for your eligible dependents but not for yourself.

If you lose your non-UVM medical insurance by an event outside your control, you are eligible to enroll in a UVM medical plan within 30 days of the date of the event. If you waived coverage for yourself and your dependents, and your spouse loses employment, or if you lose coverage because of divorce or your spouse's death, you may enroll in the UVM plan within 30 days of the date of the event, as long as you provide appropriate documentation.

### Medical Insurance Premium Payments

Medical premiums and comparison charts are provided on the HRS website. The salary used for figuring cost is your base salary on January 1 of each year. It will not be affected by salary changes during the year, unless you have a job or FTE change.

To determine premium payments for medical school faculty, base salary includes the combined salary paid under the common paymaster.

Employees with 9, 10 or 11-month appointments will pay their share of annual premiums over the term of their appointment. For example, a 9-month employee will pay for their 12-month coverage over their 9-month term (18 paychecks).

Part-time non-represented faculty and staff employees are eligible to participate and receive UVM contributions if their full-time equivalency is at least 50%, and they have been employed for at least four consecutive semesters if faculty, or one year if staff.

Premiums are based on the employee's full-time equivalency. For example, an employee who works 60% FTE pays 40% of the cost of coverage. Part-time employees who are at least 50% FTE but do not meet the length of service requirement may enroll if they pay the full cost of coverage. Part-time represented faculty are eligible to participate in the high-deductible plan by paying the full premium.

### Medical and Dental Insurance Premiums

**Faculty and Staff premium payments will increase on July 1, 2009.**

Blue Cross Blue Shield VT Health Partnership.....	6.0% increase
Blue Cross Blue Shield VT Freedom Plan.....	14.5% increase
MVP Health Care .....	4.7% increase
Delta Dental .....	4.5% increase

### Dental Insurance Coverage

The University offers two dental plans through Northeast Delta Dental: the Base plan and the High Option plan.

Full-time employees are eligible for coverage after a six-month waiting period. UVM will pay the Base plan premium for full-time employees and dependents. If you select the High Option plan, you pay the difference in premium between the Base and High Option plans.

Key coverage amounts for the Base and High Option plans:

	Base Plan	High Option
Coverage A (Preventive).....	100%	100%
Coverage B (Minor Restorative).....	80%	80%
Coverage C (Major Restorative) .....	50%	60%
Deductible/Person/Calendar Year .....	\$25	\$25
Deductible/Family/Calendar Year .....	\$75	\$75
Deductible Applied to Coverage A .....	Yes	No
Maximum/Person/Calendar Year .....	\$750	\$1,500
Coverage D (Orthodontics) .....	50%	50%
Lifetime D Maximum/Person .....	\$500	\$1,000

Please Note:

**The high-option maximum per person coverage of \$1,500 runs through the calendar year, not the fiscal year.**

Dental coverage for part-time employees is optional after one year of service for staff and after four consecutive semesters for faculty. For the Base plan, UVM will contribute a percentage equal to the employee's FTE. For the High Option plan, the employee pays the difference in premium between the Base and High Option plans, in addition to his/her share of the Base plan premium.

If you currently have dental insurance coverage and do not wish to make any changes, no action is necessary. However, if you previously waived coverage, you may enroll during this Open Enrollment period. Coverage will be effective on July 1. For further information about dental coverage, visit the [Delta Dental](#) website.

**Employee's Monthly Cost for the High Option Dental Plan:**

Employee Only .....	\$6.65 per month
Employee and Spouse .....	\$13.24 per month
Employee and Child(ren).....	\$13.89 per month
Employee and Family.....	\$20.41 per month

**Long-Term Disability Insurance**

The Standard/TIAA Long-Term Disability Plan provides long-term disability coverage. There are no changes in rates or plan design.

You are eligible for disability insurance coverage if you have completed at least one year of service and are employed 75% FTE on a 12-month basis, or 100% FTE on a 9 or 10-month basis. **You must enroll within 31 days of your eligibility date, or provide proof of insurability to enroll during Open Enrollment in the month of May.**

You may request a change in coverage due to a major life event, (e.g., a marital status change, the addition or loss of a dependent, loss of spousal coverage, or termination of full-time employment). You may only request a change if you apply within 31 days of the life event.

To determine the amount of your disability coverage, visit [PeopleSoft](#) Employee Self-Service, where you can see whether you have elected to purchase either 60% or 70% coverage. If there is no deduction for disability insurance on your pay stub, you are **not** covered.

**UVM Retirement Savings Plan**

Participants in the **UVM Retirement Savings Plan** may contribute to the plan a dollar amount up to 100% of their compensation, minus their benefit costs (e.g., FICA and Medicare taxes, health and dental deductions, etc.) **to a limit of \$16,500 in calendar year 2009**. Reduction forms should be submitted annually (ideally in January) in order to obtain the maximum contribution over the greatest number of checks.

Participants who wish to contribute more than the maximum elected deferral amount (see above) have two programs they can use:

1. Special **§403 Years of Service** catch-up and
2. **Age 50+** catch-up.

Reduction forms for the catch-up options should also be submitted annually (ideally in January) in order to obtain the maximum contribution over the greatest number of checks.

The Special §403 years of service catch-up option is only available to those employees with 15 or more years-of-service with UVM. You must have fifteen years of full-time equivalent service with UVM and your elective deferrals cannot average more than \$5,000 per year of credited service. Under this Special §403 years of service catch-up you would be eligible for the least of the following: \$3,000 annual or \$15,000 lifetime catch-up amount. The Special §403 years of service catch-up calculation (the old MEA) must accompany each reduction form.

To be eligible for the Age 50+ catch-up contributions in a calendar year, you must be at least age 50 by December 31 of that year, must have elected to defer the maximum regular reductions as adjusted for cost-of-living, and must not be eligible for Special §403(b) years of service catch-up. **Age 50+ catch-up is limited to \$5,500 for 2009.**

You can use both the Special §403 years of service catch-up and the Age 50+ catch-up option during the same year, but you must use the ordering rule which requires that you apply all catch-up to Special §403 years of service rule first, then apply any excess contributions to Age 50+ catch-up.

**The overall employer-employee contribution** (including any catch-up options) **combined limit per year is \$49,000 for 2009**, not to exceed 100% of compensation, minus benefit costs.

If you come to UVM from another organization where you contributed to either a 403(b) plan or an IRA, those contributions must be added to your contributions to UVM's plan when determining your maximum contributions for that year. The sum of all such contributions cannot exceed \$16,500 in 2009 if you are 49 years of age or less, or \$22,000 in 2009 if you are 50 years of age or more. (These amounts are subject to change annually by the IRS.)

Participants aged 50 and over on December 31, 2009, may contribute an additional \$5,500 to the plan in calendar year 2009. If this is the year you turn 50, and if you wish to use the catch-up provision, please complete a Salary Reduction/Investment Agreement. You will find this [Agreement](#) in the Forms area of the HRS website.

### Term Life Insurance

No changes in rates or plan design.

UVM offers the opportunity to purchase up to seven times your UVM base salary in life insurance for yourself, up to one half the amount of your coverage for your spouse, and \$10,000 for each covered child. You may increase your coverage (up to the limits) or add a child if you haven't already elected to do so, as long as you provide proof of good health to The Standard Insurance Company. A change in life insurance coverage can only be made during Open Enrollment.

### Flexible Spending Account

No changes are made to Flexible Spending Accounts in May. **Enrollment for this annual calendar-year program is in November.**

### Questions and Answers

#### **What if I'm happy with the current status of my benefits?**

If you are waiving medical insurance, you must provide annual certification of coverage through your spouse or civil union partner. Otherwise, to maintain your current level of benefits, do nothing.

#### **How can I tell which insurance coverage I've elected?**

Log on to [PeopleSoft](#) HR and navigate to Self-Service > Benefits > Benefits Summary. You may also consult the Step-by-Step Guide to [Viewing Your Benefits](#).

#### **What if I don't change my benefits now? Can I make changes later in the year?**

**The open enrollment restriction applies to medical, dental, life and long-term disability insurance.** That makes May the ideal time to review all your benefits to ensure that you are taking advantage of the best benefits for you and your family.

Note: Changes to your **retirement plan** (contributions, vendor, allocations) can be made any time during the year.

#### **Where can I find a description of the various benefit plans?**

See the HRS website under Employee Information > [Benefit Plans](#).

#### **My dependent child is graduating from college this spring. When will her medical and dental coverage end?**

Your dependent child's medical and dental coverage will terminate at the end of the month following graduation. Please notify the [HRS Information Center](#) of your child's graduation. We will send their COBRA notification letter which will allow for continuation of coverage for up to 36 months if needed.

#### **Every year I receive a notice from my insurance company asking me to certify that my dependent child is a full-time student. After completing it, what should I do with the form?**

BCBSVT and MVP seek annually to ascertain the student status of children between ages 19 and 24. Please complete the [BCBSVT Student Waiver](#) form or the [MVP Student Waiver](#) form and mail it to the [HRS Information Center, 228 Waterman](#).

Delta Dental will seek the student status of your child between the ages of 18 and 24 when they process a claim for that child.

If your dependent is turning 19 and is not a full-time student, or if s/he will turn 24 this year, or will be graduating, please notify the [HRS Information Center](#).

#### **What's the most important thing to remember?**

**In order to make changes to your UVM benefits, be sure to complete the necessary paperwork during the Open Enrollment period in the month of May. The last business day during Open Enrollment is Friday, May 29.**

## What Do I Need To Do?

1. **Check what benefits you're enrolled in currently.** Consult [PeopleSoft](#) Human Resources > Self Service > Benefits > Benefits Summary.
2. **Review the available plans and any changes effective July 1.** See the [Open Enrollment](#) link on the [HRS](#) website.
3. **Choose the plan that works best for you.** If you are satisfied with your current provider and/or levels of coverage, coverage will continue without any action on your part. (Unless you are waiving medical coverage—then you should complete a waiver form.)
4. **If you wish to switch your plan or provider,** enroll in the plan of your choice **before May 29, 2009.**

For more information, see either the [Open Enrollment](#) link, or the [Employee Information](#) area of the HRS website for information about:

- ❖ Benefit Plans
- ❖ Benefit Eligibility
- ❖ Medical and Dental Premiums
- ❖ Long-Term Disability Rates
- ❖ Total Compensation
- ❖ **UVM Benefits Fair, April 30**

---

### Human Resource Services

85 So. Prospect Street, 228 Waterman Building  
Burlington, Vermont 05405  
Phone 802.656.3150 Fax 802.656.3476  
Online at [www.uvm.edu/hrs](http://www.uvm.edu/hrs)