

# New Faculty Benefits Information Session

# Employee Benefits at UVM

- Medical insurance
- Dental insurance
- Vision insurance
- Life insurance
- Long-Term Disability insurance
- 403(b) Retirement savings
- Retirement Health Savings
- Flexible Spending accounts

# Medical Insurance

Coverage begins on your date of hire

Eligible Dependents:

- Spouse
- Domestic Partner
- Children up to the age of 26

# Medical Insurance BCBS PPO 1:

## In-Network coverage overview:

- No medical deductible
- 100% covered in-network preventative care
- Prescription drug coverage through Optum Rx
- Access to UVM Cares

## Premium Information:

- The premium portion you pay is adjusted based on your salary

## Summary of Benefits and Coverage

| Coverage type                       | In-Network Costs                    |
|-------------------------------------|-------------------------------------|
| <b>Deductible</b>                   | \$0 EE-Only /<br>\$0 family         |
| <b>Copay</b>                        | Flat dollar amount<br>copay         |
| <b>Coinsurance</b>                  | \$0                                 |
| <b>Rx Deductible</b>                | \$100 EE-Only /<br>\$300 family     |
| <b>Rx Copay (Retail)</b>            | \$5/\$20/\$40                       |
| <b>Rx Out of Pocket<br/>Maximum</b> | \$1,300 EE-Only /<br>\$2,600 family |
| <b>Out-of-Pocket<br/>Maximum</b>    | \$2,500 EE-Only /<br>\$5,000 family |

# 2025 Monthly UA Employee Costs for Medical Insurance – PPO 1

| Base Salary                                 | Employee Cost-Share | Employee          | Employee plus Spouse | Employee plus Children | Employee plus Family |
|---------------------------------------------|---------------------|-------------------|----------------------|------------------------|----------------------|
| less than \$15,000                          | 4.80%               | \$66.25           | \$132.50             | \$137.70               | \$191.13             |
| \$15,001 to \$20,000                        | 7.20%               | \$99.37           | \$198.75             | \$206.55               | \$286.70             |
| \$20,001 to \$30,000                        | 9.60%               | \$132.50          | \$265.00             | \$275.40               | \$382.26             |
| \$30,001 to \$40,000                        | 12.00%              | \$165.62          | \$331.25             | \$344.25               | \$477.83             |
| \$40,001 to \$50,000                        | 14.40%              | \$198.75          | \$397.50             | \$413.10               | \$573.40             |
| \$50,001 to \$60,000                        | 16.80%              | \$231.87          | \$463.75             | \$481.96               | \$668.96             |
| \$60,001 to \$70,000                        | 19.20%              | \$265.00          | \$530.00             | \$550.81               | \$764.53             |
| \$70,001 to \$80,000                        | 21.60%              | \$298.12          | \$596.25             | \$619.66               | \$860.09             |
| \$80,001 to \$90,000                        | 24.00%              | \$331.25          | \$662.50             | \$688.51               | \$955.66             |
| \$90,001 to \$100,000                       | 26.40%              | \$364.37          | \$728.75             | \$757.36               | \$1,051.22           |
| \$100,001 - \$110,000                       | 28.80%              | \$397.49          | \$795.00             | \$826.21               | \$1,146.79           |
| \$110,001 - \$120,000                       | 31.20%              | \$430.62          | \$861.24             | \$895.06               | \$1,242.36           |
| \$120,001 - \$130,000                       | 32.40%              | \$447.18          | \$894.37             | \$929.48               | \$1,290.14           |
| \$130,001 - \$140,000                       | 33.60%              | \$463.74          | \$927.49             | \$963.91               | \$1,337.92           |
| \$140,001 - \$150,000                       | 34.80%              | \$480.31          | \$960.62             | \$998.34               | \$1,385.70           |
| \$150,001 - \$999,999+                      | 36.00%              | \$496.87          | \$993.74             | \$1,032.76             | \$1,433.49           |
| <b>Employer + Employee monthly premium:</b> |                     | <b>\$1,380.19</b> | <b>\$2,760.40</b>    | <b>\$2,868.78</b>      | <b>\$3,981.91</b>    |



## Personal Health Care Guidance with UVM Health Network

UVM Cares provides personalized care navigation and support to all University of Vermont employees and families covered under UVM's medical insurance.

### Care Navigation

#### Access care, schedule visits and maximize health benefits

Enroll with a primary care provider

Set up MyChart, UVM Health's online patient portal

Schedule appointments, referrals and preventive visits

Support employees in using their health benefits effectively

### Transitions of Care

#### Ensure a smooth recovery after an emergency visit or hospital stay

Review post-hospital instructions

Schedule follow-up visits and coordinate ongoing care

Medications – review for safety, and support patients with education and adherence

Identify and support potential recovery barriers such as transportation or home care needs

### Chronic Condition Management

#### Manage ongoing health needs

Create and adjust care plans for chronic conditions like diabetes and heart disease

Support routine care, preventive screenings and medication management

Connect to self-management tools and community resources

Collaborate with providers to support evolving health care needs

### Preventing Avoidable ER Visits

#### Reduce emergency visits with proactive care

Identify patterns in ER visits and assess underlying health concerns

Manage ongoing health needs with personalized care plans

Navigate care options, linking to clinical, community and long-term support services

### Employees with Complex Needs

#### Manage multiple providers, treatments and resources

Provide health evaluations for personalized care plans

Act as a central point of contact, coordinating referrals and follow-ups to prevent delays

Ensure employees understand and follow treatment and medication plans

Assist with disability, Family Medical Leave Act and return-to-work planning

# Baby Steps

Pregnancy and Postpartum Support  
for UVM Employees Through *UVM Cares*

## Support for Every Step of the Journey

**Baby Steps** is part of your UVM medical insurance benefits, offering personalized support during pregnancy and the early months after your baby's arrival—whether you're giving birth or welcoming an infant (up to age one) through adoption.

Enroll in Baby Steps by week 32 of pregnancy to access the full range of support and reimbursement benefits.

## Baby Steps Program Benefits:

- Personalized support during pregnancy and postpartum
- Direct access to UVM Cares care coordination and referrals
- Free breast pump
- Up to \$350 in reimbursements for:
  - Childbirth classes
  - Doula services
  - Car seats, fitness support or in-home help
  - Books and other supplies



# UVM Cares

Personalized Health Care Guidance  
with UVM Health Network

**(802) 542-2400**

[UVMCares@uvmhealth.org](mailto:UVMCares@uvmhealth.org)

[UVMHealth.org/UVMCares](https://uvmhealth.org/UVMCares)

1 South Prospect St., Burlington  
Mon - Fri | 8 am - 4:30 pm



THE  
University of Vermont  
HEALTH NETWORK

# Find a Doctor

- Find Doctors and Hospitals in the Vermont Service Area
  - Check boxes:
    - PCP
    - Accepting New Patients
  - Enter your zip code
- National BCBS Doctor and Hospital Finder
  - Enter your zip code
  - UVM Plan prefix = ZIU



# Medical Insurance Waiver

You may be eligible to receive **\$1,000 annually** in lieu of medical insurance coverage. You will be paid on a prorated basis each pay period.

## You are not eligible for the \$1,000 waiver if:

- You are already a covered spouse/dependent on UVM Medical Plan.
- You are employed by and have medical coverage through UVM Medical Center or Health Network.
- You or your dependents have COBRA.
- United Academic members in the first two consecutive semesters.

# Dental Insurance

- Coverage begins 6 months from your Date Of Hire
- Eligible Dependents: Spouse and Children up to the age of 26.
- TWO Plan Options:
  - **Base Plan** is FREE!
  - **High Option Plan** has a cost-share



# Dental Insurance Plan Options

| Coverage Highlights              | Base Option           | High Option                                   |
|----------------------------------|-----------------------|-----------------------------------------------|
| Annual Deductible/Person         | \$25 (all procedures) | \$25<br>(does not apply to preventative care) |
| Annual Limit                     | \$750                 | \$2,000                                       |
| Preventative (Cleanings)         | 100%                  | 100%                                          |
| Restorative (Fillings)           | 80%                   | 80%                                           |
| Major Restoratives (Implant)     | 50%                   | 60%                                           |
| Ortho (lifetime limit)           | \$500                 | \$1,500                                       |
| Employee MONTHLY Dental Premiums |                       |                                               |
| Employee Only                    | Free                  | \$10.75                                       |
| Employee + Spouse                | Free                  | \$21.29                                       |
| Employee + Child(ren)            | Free                  | \$23.31                                       |
| Family                           | Free                  | \$34.55                                       |

# Voluntary Vision Insurance

- Coverage begins on Your Date Of Hire.
- Eligible dependents: Spouse and Children up to the age of 26.
- No card required.
- Member ID will be: 99 + UVM employee ID



| Benefit                               | Copay                                   | Description                                                                                                                                             |
|---------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vision Exam<br>(once every plan year) | \$0                                     | Covered in Full                                                                                                                                         |
| Prescription Glasses:                 |                                         |                                                                                                                                                         |
| Lenses (every plan year)              | \$20 copay                              | Single vision, bifocal, lined trifocal or lenticular lenses and standard progressive are covered in full.                                               |
| Frame (every other plan year)         |                                         | \$150 allowance for wide selection of frames, \$200 allowance for featured frame brands and 20% off the amount over the allowance.                      |
| Contacts (instead of glasses)         |                                         |                                                                                                                                                         |
| Contact Lenses (every plan year)      | \$60 max copay (fitting and evaluation) | \$150 allowance for contacts. When contact lenses are obtained, the covered person shall not be eligible for lenses and frames again for one plan year. |

| Employee MONTHLY Pre-tax Premiums |         |
|-----------------------------------|---------|
| Employee Only                     | \$7.26  |
| Employee + Spouse                 | \$14.51 |
| Employee + Child(ren)             | \$13.68 |
| Family                            | \$22.77 |

[VSP Benefits Summary Link](#)

# Life Insurance

| Employee Options      |                                                                    |                                     |
|-----------------------|--------------------------------------------------------------------|-------------------------------------|
| Amount of Coverage    | Premium Cost-Share                                                 | Medical History Statement Required? |
| Basic Coverage        |                                                                    |                                     |
| \$10,000              | Free                                                               | No                                  |
| \$50,000              | Cost-share is based on salary and amount of coverage selected      | No, if you enroll today             |
| 2X base salary        |                                                                    | No, if you enroll today             |
| Supplemental Coverage |                                                                    |                                     |
| 3X – 7X base salary   | Cost-share is based on age, salary and amount of coverage selected | Yes                                 |

| Dependent Options                     |                                                                   |                                              |
|---------------------------------------|-------------------------------------------------------------------|----------------------------------------------|
| (Employee Election Must Be \$50,000+) |                                                                   |                                              |
| Amount of Coverage                    | Premium Cost-Share                                                | Medical History Statement Required?          |
| Spousal Coverage                      |                                                                   |                                              |
| \$20,000                              | Cost-share is based on spouse age and amount of coverage selected | No, if you enroll today                      |
| ½ of Employee's Coverage              |                                                                   | Yes, if the coverage amount is over \$50,000 |
| Child Coverage                        |                                                                   |                                              |
| \$10,000 per child                    | Yes                                                               | No, if you enroll today                      |

[Life Insurance Highlights Link](#)

[Medical History Statement Link](#)

# Long-Term Disability Insurance



- Coverage begins after 1 year
- 60% or 70% of your Salary
- Retirement Protection
- Premium Pre-Tax or Post-Tax

| Long Term Disability Rates                              |                                                 |                                                 |                                              |                                              |                                              |                                           |
|---------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|-------------------------------------------|
| Cost Per Paycheck                                       |                                                 |                                                 |                                              |                                              |                                              |                                           |
| SEMI-MONTHLY PAY<br>12-month positions<br>Annual Salary | 60% Benefit<br>Without Retirement<br>Protection | 70% Benefit<br>Without Retirement<br>Protection | 60% Benefit<br>With Retirement<br>Protection | 70% Benefit<br>With Retirement<br>Protection | UVM Cost<br>Without Retirement<br>Protection | UVM Cost<br>With Retirement<br>Protection |
| \$15,000-20,000                                         | \$ 1.48                                         | \$ 3.07                                         | \$ 1.96                                      | \$ 3.55                                      | \$ 3.45                                      | \$ 4.56                                   |
| \$20,001-30,000                                         | \$ 2.11                                         | \$ 4.38                                         | \$ 2.79                                      | \$ 5.06                                      | \$ 4.92                                      | \$ 6.52                                   |
| \$30,001-40,000                                         | \$ 2.95                                         | \$ 6.13                                         | \$ 3.91                                      | \$ 7.09                                      | \$ 6.89                                      | \$ 9.13                                   |
| \$40,001-50,000                                         | \$ 3.80                                         | \$ 7.88                                         | \$ 5.03                                      | \$ 9.12                                      | \$ 8.86                                      | \$ 11.73                                  |
| \$50,001-60,000                                         | \$ 4.64                                         | \$ 9.64                                         | \$ 6.15                                      | \$ 11.14                                     | \$ 10.83                                     | \$ 14.34                                  |
| \$60,001-70,000                                         | \$ 5.48                                         | \$ 11.39                                        | \$ 7.26                                      | \$ 13.17                                     | \$ 12.80                                     | \$ 16.95                                  |
| \$70,001-80,000                                         | \$ 6.33                                         | \$ 13.14                                        | \$ 8.38                                      | \$ 15.19                                     | \$ 14.77                                     | \$ 19.56                                  |
| \$80,001-90,000                                         | \$ 7.17                                         | \$ 14.89                                        | \$ 9.50                                      | \$ 17.22                                     | \$ 16.73                                     | \$ 22.16                                  |
| \$90,001-100,000                                        | \$ 8.02                                         | \$ 16.64                                        | \$ 10.62                                     | \$ 19.25                                     | \$ 18.70                                     | \$ 24.77                                  |
| \$100,001-110,000                                       | \$ 8.86                                         | \$ 18.40                                        | \$ 11.73                                     | \$ 21.27                                     | \$ 20.67                                     | \$ 27.38                                  |
| \$110,001-120,000                                       | \$ 9.70                                         | \$ 20.15                                        | \$ 12.85                                     | \$ 23.30                                     | \$ 22.64                                     | \$ 29.99                                  |
| \$120,001-130,000                                       | \$ 10.55                                        | \$ 21.90                                        | \$ 13.97                                     | \$ 25.32                                     | \$ 24.61                                     | \$ 32.59                                  |
| \$130,001-140,000                                       | \$ 11.39                                        | \$ 23.65                                        | \$ 15.09                                     | \$ 27.35                                     | \$ 26.58                                     | \$ 35.20                                  |
| \$140,001-150,000                                       | \$ 12.23                                        | \$ 25.41                                        | \$ 16.20                                     | \$ 29.37                                     | \$ 28.55                                     | \$ 37.81                                  |
| \$150,001-160,000                                       | \$ 13.08                                        | \$ 27.16                                        | \$ 17.32                                     | \$ 31.40                                     | \$ 30.52                                     | \$ 40.42                                  |
| \$160,001-170,000                                       | \$ 13.92                                        | \$ 28.91                                        | \$ 18.44                                     | \$ 33.43                                     | \$ 32.48                                     | \$ 43.02                                  |
| \$170,001-180,000                                       | \$ 14.77                                        | \$ 30.66                                        | \$ 19.56                                     | \$ 35.45                                     | \$ 34.45                                     | \$ 45.63                                  |
| \$180,001-190,000                                       | \$ 15.61                                        | \$ 32.41                                        | \$ 20.67                                     | \$ 37.48                                     | \$ 36.42                                     | \$ 48.24                                  |
| \$190,001-200,000                                       | \$ 16.45                                        | \$ 34.17                                        | \$ 21.79                                     | \$ 39.50                                     | \$ 38.39                                     | \$ 50.85                                  |
| \$200,001 and over                                      | \$ 16.88                                        | \$ 35.04                                        | \$ 22.35                                     | \$ 40.52                                     | \$ 39.38                                     | \$ 52.15                                  |

# Long-Term Disability Insurance

## Waiver of Waiting Period:

- Rehires who meet the “3 and 2” rule.
- New employees insured within 3 months of UVM employment, under a similar LTD policy.
- Proof of previous coverage required for waiver:
  - Former employer paystub
  - Email from past employer
  - Individual Policy Document



# 403(b) Retirement Savings Plan

- Employees can participate in this benefit at any time
- Maximum contributions for 2025: \$23,500 (age 50+ Catch up, \$7,500 or age 60-63, \$11,250)

| FACULTY               |                                 |
|-----------------------|---------------------------------|
| Minimum Contribution  | 3% pre-tax salary               |
| Employer Contribution | 10%                             |
| Waiting Period        | 2 years/4 consecutive semesters |

- Exceptions to waiting period:
  - Proof of active retirement account from immediate prior non-profit or government employer (typically a 403(b) account, or similar) Please note proof must include your name, your immediate previous employer's name and that you have an active balance as of today.
  - Title of Assistant Professor, Associate Professor or Full Professor
  - "3 and 2" Rule

# 403(b) Retirement Savings Plan

## Step 1

Visit the UVM Retirement Savings Plans Website at [www.netbenefits.com/UVM](http://www.netbenefits.com/UVM)

**IMPORTANT:** You will not be able to access NetBenefits until next week)



## Step 2

Select "Start Now" from the home page



## Step 3

Choose your deferral amount and vendor (Fidelity or TIAA)

# Vendor Representatives to UVM

## Fidelity Investments: Paul Bolles

*Workplace Planning and Guidance Consultant*

To schedule an appointment, choose one of the options below:

- Go to: <http://getguidance.fidelity.com>
- Or call (800) 642-7131
- UVM Plan #52744

## TIAA: Hajira Buttar

*Financial Consultant*

To schedule an appointment, choose one of the options below:

- Go to: <http://www.tiaa.org/uvm>
- Or call (800) 732-8353
- UVM Plan #150984

# Retirement HEALTH Savings Plan



- UVM contributions after one year of full-time service
  - \$1,550/year
- Enrollment is automatic
  - Qualified healthcare expenses at retirement age
  - Employees may contribute after-tax funds
- Employer contributions are vested after 15 years of service

[Retirement Health Savings Plan Overview Link](#)





# Flexible Spending Accounts

| Quick Q&A                                                                  | Health Care FSA                                   | Dependent Care FSA                                                    |
|----------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------|
| How much can I contribute for 2025?                                        | \$3,300                                           | \$5,000 (or \$2,500 if married and filing taxes separately)           |
| What can I use FSA dollars for?                                            | Medical, Dental, or Vision out-of-pocket expenses | Day care, day camp or before/after school care for children under 13. |
| How much of my FSA election can I use on the first day of the plan year?   | Full amount elected                               | Only the amount contributed to paycheck to date                       |
| At the end of a plan year what balance may be rolled to the next year?     | \$660                                             | \$0                                                                   |
| How long do I have to spend FSA dollars on services?                       | Date of Hire – December 31, 2025                  |                                                                       |
| How long do I have to submit paperwork for reimbursement of 2025 expenses? | March 31, 2026                                    |                                                                       |

[Flexible Spending Brochure Link](#)

# Health Care FSA: Priya is hired on 7/31/2025 with 10 payrolls remaining in 2025

## Example

- Priya pledges \$1,000 for a Health Care FSA account. \$100 will be withheld pretax from each check.
- They would have access to the full pledge amount of \$1,000 for claims dated between 7/31 to 12/31.
- If Priya has \$400 in eligible health expenses in 2025:
  - $\$1,000 - \$400 = \$600$  (\$600 would rollover into 2026)
- If Priya only has \$100 in eligible health expenses in 2025:
  - $\$1,000 - \$100 = \$900$  (\$660 would rollover into 2026 and \$240 would be forfeited)
- FSA funds may also be used for eligible expenses for your spouse or dependents.



# Dependent Care FSA: Max is hired on 7/31/2025 with 10 payrolls remaining in 2025

- Max pledges \$3,000 for a Dependent Care FSA account. \$300 will be withheld pretax from each check.
- Max would have access to \$300 each payroll until the pledge is fulfilled.
- Claims between 7/31 to 12/31 would be eligible.
- No rollover for Dependent Care Accounts.
- No payment for services that haven't been incurred.

Example



# Benefits Elections:

**Complete Qualtrics Benefit Enrollment Form by end of day Tuesday**

- Form will be emailed to you from [onboarding-hr@uvm.edu](mailto:onboarding-hr@uvm.edu)

**After this week, you may change benefits:**

Annual Benefits Open Enrollment (effective 1/1)

Qualified Life Events (Marriage, Divorce, Birth, Adoption, Change in Spouse's employment status, etc.) Proof must be submitted within 20 days of qualified life event.