UVM BENEFITS
OPEN ENROLLMENT
for calendar year 2018

New for 2018:

1. **Expanded coverage for your dependent children**: Effective January 1, 2018 your dependent children will be eligible for dental and life insurance coverage until the end of the month of their 26th birthday. Review “Qualified Dependent Children” on page 2.

2. **Premiums for medical and high option dental insurance rates will increase**; Details on page 4.

3. For the first time, **Flexible Spending Account (FSA) participants will receive debit cards** to pay for qualified health expenses with increased ease.

### Understanding Open Enrollment

Open Enrollment (OE) is the annual opportunity for UVM employees to change their benefits elections and to enroll in a flexible spending account for the next calendar year. Some common questions:

**Q:** Do I need to take action during OE?

**A:** No, not unless you wish to elect a benefit, change current coverage, enroll in a 2018 flexible spending account, or enroll an eligible dependent who is not currently covered.

**Q:** What do I have for current benefits elections?

**A:** Log in to PeopleSoft HR and navigate to Self Service >Benefits >Benefits Summary.

**Q:** What is required to change or enroll in a benefit?

**A:** Obtain the required benefit enrollment form online, in HR, or at the Benefits Fair. Submit your completed form to HRS by November 22 at 4:30pm.

**Q:** If I make a change during OE, when does it take effect?

**A:** All changes during OE take effect January 1, 2018.

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**Quick Reference:**
- Qualified Dependents, p.2
- Medical Insurance, p.2
- Waiver of Medical Coverage, p.3
- Medical & Dental Rate Changes, p.4
- Dental Insurance, p.5
- Group Life and Disability, p.6
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Qualified Dependent Children:

Great news for employees with dependent children under age 26! Effective January 1, 2018, you may enroll your dependent children in UVM medical, dental and life insurance coverage through the end of the month of their 26th birthday.

To enroll your dependent child (including those who have previously “aged off” UVM dental and life coverage,) complete enrollment form(s) and submit to HRS no later than November 22 at 4:30pm. This opportunity is only available during annual benefits Open Enrollment or a qualifying life event.

NOTE: You must continue to comply with current certification requirements for dependent children, ages 19 – 24 for dental and life insurance, through December 31, 2017. If your dependent is due to “age-off” during the remainder of 2017, you must enroll them during Open Enrollment for January 1, 2018 dental and/or life coverage; it will not automatically occur. Evidence of insurability is required when adding a dependent to life insurance.

For dependents covered by COBRA, please submit a cancellation of COBRA with your enrollment form(s.)

Medical Insurance Coverage

BCBS Vermont Health Partnership (VHP) Plan

The VHP Open Access Plan is a “point of service,” or POS, plan. Participants in Vermont and western New Hampshire must select a Primary Care Provider (PCP). Visits to your PCP are only a $10 copay. Referrals are not required to seek specialty care within the BCBS network of providers; specialty care is a $20 copay.

Highlights of this comprehensive plan include:

- Adult preventative and well-baby and well-child visits at no copay
- Diagnostic services (such as imaging and blood work) at no copay
- Low copays for primary care physicians, specialists and cross-covering physicians
- Outpatient surgical benefits with $100 copay
- Outpatient mental health services at no copay
- Ambulance services with a $50 copay; prior approval is required for non-emergency transport.
- Emergency Department care is a $50 copay per visit

A general practitioner, family practitioner, pediatrician, internal medicine practitioner, naturopath or osteopath who is a member of the BCBS network qualifies as your PCP. Find a network PCP at http://www.bcbsvt.com/find-a-doctor.

Participants outside of Vermont and western New Hampshire are not required to select a PCP, but all participants must use the Blue Card PPO Network.

With prior BCBSVT approval, you may choose an out-of-network provider or hospital. However, you will incur a $500 per person deductible ($1,000 family maximum), after which you will pay 30% of the allowed cost until you have met a $2,500 out-of-pocket maximum ($5,000 family maximum), after which are reimbursable at 100%.

The VHP Open Access Plan covers many in-network evidence-based preventive services at no cost to members such as cancer screening and adult immunizations. Learn more about preventive benefits.
Medical procedures requiring prior-approval:

- Early childhood development disorders, including autism
- Plastic or cosmetic surgery (e.g., abdominoplasty, lipectomy, blepharoplasty, breast reconstruction, otoplasty, panniculectomy, rhinoplasty or septorhinoplasty)
- Dental surgery (oral surgery, trauma, orthognathic surgery)
- Chiropractic care after initial 12 visits in a calendar year
- Special radiological procedures (MRI, MRA, MRS, PET scans)
- UPPP/somnoplasty
- Continuous Passive Motion (CPM) equipment
- Durable Medical Equipment with a purchase price over $1,000
- Orthotics/prosthetics
- Polysomnography (sleep studies)
- Chondrocyte transplants
- Home infusion therapy
- Private duty nursing
- Transplants
- TENS units/neuromuscular stimulators
- Rehabilitation (cardiac/pulmonary/inpatient rehabilitation facility) services by any out-of-network provider

Prescription Drug Coverage includes a $100 annual deductible, per person, per year with no more than $300 per year per family. Participants then pay $5 per generic prescription, $20 per preferred prescription, or $40 per non-preferred prescription ($5/20/40). Prescription drug coverage has a maximum out-of-pocket expense of $1,250 for individuals and $2,500 for a family. Mail order prescription drug services are available for maintenance drugs through Express Scripts, which provides a 90-day supply at a cost equal to two copays (i.e., $10/40/80), with no deductible required. See the full preferred prescription drug list online.

Step Therapy encourages members to try lower cost, generic medication before newer, more expensive alternatives. Visit the BCBSVT online Prescription Center for information.

In-network pharmacy vendors and Express Scripts mail order services file claims to BCBS automatically. You must submit out-of-network claims directly to BCBS via a prescription claim form.

Waiver of Medical Coverage

UVM offers an annual $1,000 payment for employees who waive UVM coverage and can demonstrate medical coverage elsewhere. The waiver is available to any full-time employee who certifies that they and, if applicable, their dependents are covered by non-UVM or non-UVM/UVMMC medical group benefits.

This payment is not available to the following: employees whose spouse or parent (if the parent is providing their insurance coverage) also works at UVM; UVM retirees from with post-retirement benefits; or UVMMG employees and their dependents of who have healthcare coverage through UVMMC.

Important Annual Reminder:

If you elect to waive medical insurance coverage, you are required to complete an annual written certification form during Open Enrollment, demonstrating your coverage elsewhere.

Complete and return the Waiver of Medical Coverage form to Human Resource Services, 228 Waterman or hrsinfo@uvm.edu.
Medicaid/Children’s Health Insurance Program (CHIP)

If you are eligible for health insurance coverage through UVM but are unable to afford the premiums, some states (including Vermont) have **premiums assistance programs** that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents enroll in Medicaid or CHIP and you live in a state that provides assistance, contact your state Medicaid or CHIP office to find out if you qualify.

If you or your dependents are not currently enrolled in Medicaid or CHIP and you think that you or any of your dependents might be eligible for either program, contact your state Medicaid or CHIP office: 1-877-KIDS-NOW or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can determine whether your state has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan must permit you and your dependents to enroll in the plan—as long as you and they are eligible, but not already enrolled in the plan. This is a “special enrollment” opportunity and you must request coverage within 60 days of being determined eligible for premium assistance.

Check [www.insurekidsnow.gov/state/index.html](http://www.insurekidsnow.gov/state/index.html) for more information on the states that participate. (Dr. Dynasaur is the CHIP plan for the state of Vermont.)

Medical and Dental Insurance Premium Rates

Subject to Board of Trustees approval, the BCBS VHP medical insurance plan rates will increase by 5.8% and the Northeast Delta Dental High Option plan will increase by 3% for calendar year 2018. Base dental plan remains at no cost.

Medical insurance premium rates and comparison charts are on the HRS website. The salary used for determine your cost-share is your base salary on **January 1** of each year. Salary changes during the year will not impact your cost-share, unless you have a job or FTE change. For **College of Medicine faculty**, base salary includes the combined salary paid under the common paymaster.

Employees with **9, 10 or 11-month appointments** pay their share of annual premiums in keeping with how they receive their pay. For example, a 9-month faculty member who gets paid over 9 months will pay for their 12-month coverage over the 9-month term (18 paychecks).

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

**Part-Time 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.

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**Medical and dental insurance premium costs:**

**Employee/Employer Premium Costs as of January 1 through December 31, 2018:**

- All UVM BCBSVT Medical Plans ........................................ 5.8% increase
- Delta Dental **High Option Plan** ....................................... 3.0% increase
- Delta Dental **Base Plan** ............................................... 0.0% increase
- Standard Life Insurance ............................................... 0.0% increase
- Standard LTD Insurance ................................................ 0.0% increase

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

- Employee Only .................................................. $7.21 per month
- Employee and Spouse ........................................... $14.42 per month
- Employee and Child (ren) ........................................ $14.94 per month
- Employee and Family ............................................... $22.15 per month
Dental Insurance Coverage

Northeast Delta Dental Insurance

UVM offers two levels of dental coverage through Northeast Delta Dental: the Base plan and the High Option plan.

Full-time employees are eligible for dental coverage after a six-month waiting period. UVM pays the full Base plan premium for full-time employees and dependents. If you select the High Option plan, you pay the difference in premium cost between the Base and High Option plans. Open Enrollment allows you to switch plan coverage.

Dental coverage for part-time employees is available after one year of service for staff and after twenty-four months 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, plus any base premium share.

Delta Dental offers participants two options for provider networks. Premier network participants are able to select dentists who are part of the Delta Dental PPO network. Delta Dental PPO network dentists often accept lower fees for services, which may mean savings for patients.

Delta Dental offers an oral wellness program that can support your oral health needs – and, ultimately - your overall health goals.

Collaborate with your dental provider to make oral health assessments and set dental care goals. Visit the Delta Dental website for guidance.

Dental plan features:

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

Out-of-pocket maximums through Northeast Delta Dental run through the calendar year, not the fiscal year.

Retiree Health Savings Plan

UVM established the Retiree Health Savings Plan (RHSP) to help individuals pay for qualified healthcare expenses during retirement. UVM will make regular tax-free contributions to the plan for benefits-eligible faculty and staff hired on or after January 1, 2012. Although the plan is intended for those hired on or after January 1, 2012, all active benefits-eligible faculty and staff, regardless of hire date, may establish an RHSP and make regular, voluntary after-tax contributions.

For eligible faculty and staff hired after January 1, 2012, UVM contributions are automatic. Those hired on or after January 1, 2012 who wish to make personal contributions, and those hired before January 1, 2012 who wish to establish a Retiree Health Savings Plan, must complete the RHSP Election Form. For more information, see the RHSP web page.
Term Life Insurance

There are no changes in rates or plan design for term life insurance for calendar year 2018.

You may increase your life insurance coverage during Open Enrollment or within 20 days of a qualifying event. UVM offers the opportunity to purchase up to seven times your UVM base salary ($1,000,000 maximum) in life insurance for yourself, spousal life coverage of up to one-half the employee covered amount ($200,000 maximum,) and child life insurance coverage of $10,000 for each covered child. Evidence of insurability is required when adding or increasing coverage; please refer to the life insurance forms and complete the Medical History Form if necessary.

Long-Term Disability (LTD) Insurance

The Standard Long-Term Disability Plan provides long-term disability coverage. 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, 10 or 11-month basis. You must enroll within 20 days of your initial eligibility date, or provide proof of insurability to enroll during Open Enrollment.

You may check PeopleSoft HR Self-Service (Benefits > Benefits Summary) to see whether you have purchased 60% or 70% LTD coverage. If there is no deduction for disability insurance on your paycheck, you are not covered.

Flexible Spending Account (FSA)

You may realize savings on your income tax through the careful use of a Flexible Spending Account (FSA) for health care and/or dependent care expenses. To participate in calendar year 2018, you must enroll by the November 22, 2017 deadline. If you enrolled for 2017, please note that you must submit new enrollment forms for 2018.

FSA allows you to set aside pre-tax dollars from your paycheck. You submit claims for specific health care and/or dependent care expenses tax-free. The University contracts with EBPA to administer employee FSA claims. For a list of qualified expenses, see the resources on the Flex Spending page.

Dependent care expenses may include:

- daycare, preschool tuition, before- and after-school care
- disabled spouse care and elder care

Health care expenses may include:

- medical and dental copays, deductibles, orthodontics, vision and hearing expenses
- approved over-the-counter medications with a doctor's prescription

Important Reminder: Be aware that Federal law requires you to forfeit any unused funds remaining in your account(s) at the end of the plan year. The exception to this rule: up to $500 of unused health care funds is transferrable to the next calendar year account. EBPA – not UVM – must receive your 2017 claim submissions by March 31, 2018.

NEW FOR 2018! FSA participants will receive debit cards to pay for qualified health expense with a swipe of the card at the time of purchase. Allowable transactions are those that not reimbursed or covered by another source. Over-the-counter (OTC) medications are only eligible for reimbursement if prescribed to the individual and they must present the prescription at the time of purchase. Insulin is the only OTC medication reimbursable without a prescription.
Typically, FSA debit cards are limited to providers who have merchant category codes (MCCs) related to health care (e.g., physician’s offices, hospitals, pharmacies) or at facilities who utilize the Inventory Information Approval System (IIASs). The IIAS software analyzes the purchase to determine if it is a qualified health care expense by comparing the purchase with a list of items that qualify as eligible health expenses under IRS Section 125 tax code. Keep your receipts should a claim need adjudication or if needed for IRS tax records. For more details, please visit the UVM Flexible Spending Account website.

UVM Retirement Savings Plans

Participants in the UVM Retirement Savings Plan may contribute up to 100% of their compensation, minus their benefit costs (i.e., FICA and Medicare taxes, health and dental deductions) to the limits established by the IRS for a tax year. Your total employee contributions, made through all sources during the tax year, are included in this limit. Therefore, the sum of all such contributions cannot exceed the limit of $18,000 in 2017 if you are 49 years of age or younger, or $24,000 in 2017 if you are 50 years of age or older. (The amounts are subject to change annually by the IRS.) Participants who wish to contribute more than the maximum elected deferral amount listed above may be able to choose from one of two programs:

1. Special §402(g) Years of Service Catch-Up and/or
2. Age 50+ Catch-Up

Salary reduction forms for the catch-up options should be submitted annually (ideally in January) in order to spread out your contribution over the greatest number of payroll checks.

For each year you wish to use catch-up provisions, you must complete a Salary Reduction/Investment Agreement. You will find this agreement in the Forms area of the HRS website.

2017 Employee Contribution Limits

<table>
<thead>
<tr>
<th>Standard Limit</th>
<th>Special Service Catch-Up Limit</th>
<th>Age Catch-Up Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18,000</td>
<td>an additional $3,000</td>
<td>an additional $6,000</td>
</tr>
</tbody>
</table>

The overall employer plus employee Combined Contribution Limit (excluding any catch-up options) is $54,000 for 2017, not to exceed 100% of compensation and minus any benefit costs.

NOTE: 2018 limits were not yet available at the time of this publication.

Catch-up contributions:

15 Year Catch-Up Contribution is only available to those employees with 15 or more 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 §402(g) years of service catch-up, you would be eligible to make up to a $3,000 annual catch-up contribution ($15,000 lifetime maximum). The Special §402(g) years of service catch-up calculation form must accompany each reduction form.

Age 50+ Catch-Up Contribution requires that 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 §402(g) years of service catch-up. Age 50+ catch-up is limited to $6,000 for 2017.

Combining options: You can use both the Special §402(g) 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 the Special §402(g) years of service rule first, then apply any excess contributions to Age 50+ catch-up.

Roth contributions:

The University accepts §403(b) Roth contributions, or after-tax contributions, to your retirement savings account(s). Instead of having all of your contributions deducted from your paycheck before taxes, you may decide to make additional contributions to a Roth account on an after-tax basis. Later, if you meet certain requirements, the Roth money you withdraw at retirement may be “qualified,” meaning it will be free of any federal income tax.
Reminders:

Changes to benefits are limited to two occasions: Open Enrollment and within 20 days of a qualifying event.

**QUALIFYING EVENTS:**

A life-changing event - such as marriage, birth, adoption, or loss of insurance elsewhere - qualifies you to adjust your UVM benefits elections outside the Open Enrollment period.

UVM benefits forms are available [here](#).

You must complete and submit enrollment forms within 20 days of a qualifying event; otherwise, you will need to wait until the next OE period.

Descriptions of the various benefit plans are available at the [HRS website](#) under Benefits > Benefit Plans.

Detailed health insurance benefit information is available in a summarized document of health benefits and coverage. The [Summary of Benefits and Coverage](#) (SBC) is a document that communicates details about a healthcare plan in a standardized format so that one can more easily compare plans.

Open Enrollment ends November 22, 2017.

Complete and submit all benefits enrollment/change forms before Wednesday, November 22 at 4:30pm. Human Resource Services is located in 228 Waterman Building. Contact us by phone 802.656.3150, via fax 802.656.3476, and through email hrsinfo@uvm.edu.

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Are you making the most of your valuable UVM benefits?
Find out at the 2017 UVM Benefits Fair.
Meet our vendors, UVM benefits staff, and community partners.
Refreshments courtesy of HRDMA. Raffles and giveaways!

Wednesday, November 1
Memorial Lounge, Waterman
7:30am – 4pm

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This document is not comprehensive of all of your benefit details. This information summarizes the features and premiums changes affecting University benefits during the past 12 months—or that will take effect on January 1, 2018.

Always consult the benefits plan documents or subscriber certificates as well as your [Non-Represented Faculty Handbook](#), the [University and University Officers’ Manual](#), or the UVM [Staff Handbook](#). Before making changes to coverage, employees are encouraged to familiarize themselves with their insurance benefits at the links above.

This document outlines benefits for faculty and staff not represented by unions; collective bargaining agreements outline your benefits. Represented employees must contact their union representatives with their questions and comments regarding changes in benefits.

All employees may contact their supervisors or the [HRS Information Center](#) for clarification. Employees are responsible for monitoring payroll deductions. Ensure that deductions from your pay are appropriate. Report any discrepancy immediately.