



# Open Enrollment 2020

A GUIDE TO UNIVERSITY OF VERMONT  
EMPLOYEE BENEFITS FOR 2020



## What's New for 2020?

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This Open Enrollment Guide is produced by Human Resource Services. For more information about Benefits, please visit our website at [www.uvm.edu/hrs](http://www.uvm.edu/hrs).

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# UNDERSTANDING OPEN ENROLLMENT

## Benefits Basics:

You have the opportunity to enroll in UVM benefits when you first begin employment in a benefits-eligible position, during the annual open enrollment, and when you experience a qualified life event. Once you enroll in your UVM benefits options, your elections remain in effect unless you experience a qualified life event described in the FAQ section below (changes must be made within 20 calendar days of the event) or when you make a change during a future open enrollment.

UVM Human Resource Services (HRS) encourages everyone to review all of their benefits annually and make any changes during Open Enrollment as needed.

## Frequently Asked Questions:

### **Q: What is the open enrollment period?**

**A:** Monday, October 28 through Friday, November 22.

### **Q: Do I need to do anything during Open Enrollment if I'm happy with my current benefits elections?**

**A:** No, not unless you wish to make a change to an existing benefit, sign up for a new benefit, enroll in a 2020 Flexible Spending Account, or add/subtract a dependent.

### **Q: What benefits did I sign up for?**

**A:** To view your current benefits, log in to PeopleSoft HR and navigate to Self Service > Benefits > Benefits Summary.

### **Q: What do I need to do to change or enroll in a benefit?**

**A:** You can obtain the required benefit enrollment forms at <https://www.uvm.edu/hrs/forms>, in the HRS Office (228 Waterman) or at the October 30<sup>th</sup> Benefits Fair. Submit your completed forms to [HRSinfo@uvm.edu](mailto:HRSinfo@uvm.edu) no later than November 22<sup>nd</sup> at 4:30pm.

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

**A:** All changes take effect January 1, 2020. Note: Life insurance and Long-Term Disability changes are effective upon approval.

### **Q: What is a Qualifying Life Event?**

**A:** A Qualifying Life Event is a change in marital status, eligible number of dependents (birth/adoption of a child), gain/loss of insurance coverage (spouse's employer coverage), and changes due to a judgment, decree or court order.

# Health and Welfare Benefit Insurance Premium Rate Increases

EMPLOYEE PREMIUM COSTS JANUARY 1 THROUGH DECEMBER 31, 2020:	
All UVM BCBSVT Medical Plans	6.5% increase
Delta Dental Base Option	No Change
Delta Dental High Option #1	5.4% increase
Delta Dental High Option #2	Average 13.6% increase
VSP Vision Insurance	<b>NEW Voluntary Benefit</b>
Standard Life Insurance	18% decrease*
Standard LTD Insurance	8% decrease*
Standard VSTD Insurance	No Change

\* Employee rate reductions are approximate. Employee rates are *decreasing* due to the successful result of contract renegotiations with The Standard Insurance Company.



# MEDICAL INSURANCE COVERAGE

Medical insurance is critical protection for you and your family in the event of illness or injury. UVM's plan provides extensive coverage with low co-payments and deductibles.

UVM is self-insured and pays all medical claims. Your efforts to stay healthy and use medical services wisely will help contain future cost increases.

 <b>BlueCross BlueShield of Vermont</b> <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small> <a href="http://www.bcbsvt.com">www.bcbsvt.com</a>		
<b>VHP POS Open Access Plan</b>		
	<b>In-Network</b>	<b>Out-of-Network</b> (Prior BCBSVT approval Required)
<b>Deductible</b>	\$0 individual/ \$0 family	\$500 individual/ \$1,000 family
<b>Out-of-Pocket Maximum</b>	\$2,500 individual/ \$5,000 family	\$2,500 individual/ \$5,000 family
<b>Office Visits</b>	\$10 PCP/\$20 Specialist	30% coinsurance
<b>Emergency Room</b>	\$50	\$50
<b>Urgent Care</b>	\$20	\$20
<b>Inpatient Hospital Stay</b>	\$250 per admission	30% coinsurance
<b>NEW FOR 2020 Acupuncture Benefit</b>	\$20 copay up to 12 visits/year	30% coinsurance

Participants in Vermont and western New Hampshire must select a Primary Care Provider (PCP). A PCP is a general practitioner, family practitioner, pediatrician, internal medicine practitioner, nurse practitioner, naturopath or osteopath who is a member of the BCBS network. You can find a network PCP by visiting the [BCBS website](#).

Participants outside of Vermont and western New Hampshire are not required to select a PCP and can use the Blue Card PPO Network for nationwide coverage.

[BCBS VHP Summary Plan Description](#)  
[2020 Calendar Year Costs](#)

# Prescription Drug Coverage

Prescription Drug Coverage includes a \$100 annual deductible, per person, per year with a maximum of \$300 per year per family. Participants then pay \$5 per generic prescription, \$20 per preferred prescription, or \$40 per non-preferred prescription. Prescription drug coverage has a maximum out-of-pocket expense of \$1,300 for individuals and \$2,600 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.

In-network pharmacies and Express Scripts mail order services file claims directly with Blue Cross Blue Shield (BCBS) automatically.

Prescription Drugs	In-Network
Deductible (Retail Only)	\$100 individual/ \$300 family
Rx Out-of-Pocket Maximum	\$1,300 individual/ \$2,600 family
Retail (30 day supply)	\$5/\$20/\$40 (generic/formulary/non-formulary)
Mail Order (90 day supply)	\$10/\$40/\$80 (generic/formulary/non-formulary)

## Questions?

Prescription Coverage or Plan Allowances	BCBS 877-493-1947
Pharmacy-Related Questions	Express Scripts 800-313-7879

Visit the BCBS online [Prescription Center](#) for information on Formulary / Drug Lists, Viewing your Pharmacy Benefits, and Ways to Fill Your Prescriptions.

## Waiving Medical Coverage in 2020?

Those waiving coverage may continue to do so by completing a new **Waiver of Medical Coverage** certification. If you waive UVM medical coverage and can demonstrate coverage elsewhere, UVM may provide you \$1,000 in annual compensation if eligible. You must complete a new certification annually in order to receive the \$1,000 waiver reimbursement.

Submit your completed waiver form to [hrrinfo@uvm.edu](mailto:hrrinfo@uvm.edu) no later than November 22<sup>nd</sup> at 4:30pm.

# Dental Insurance Coverage



UVM offers three levels of dental coverage through Northeast Delta Dental to all employees (Base Option, High Option, and High Option 2).

FOR UA, NON-REPRESENTED, AND TEAMSTER EMPLOYEES ONLY: You are eligible for the High Option 2 plan, which includes more orthodontic coverage and a higher calendar maximum per person than the previous High Option Plan.

Please Note: If you are a Teamster employee and currently enrolled in the High Option plan—you do not need to submit a form to continue coverage, as you will be automatically enrolled in the new High Option 2 Plan. If you are enrolled in the High Option plan, but would prefer to switch to the Base Option—you will need to submit a change form during open enrollment.

FOR UE REPRESENTED EMPLOYEES ONLY: The regular High Option plan remains unchanged.

DELTA DENTAL®	Base Option <i>NO CHANGE</i> from 2019	High Option <i>NO CHANGE</i> from 2019	High Option 2 IMPROVED
<b>Eligibility</b>	<b>Available to All Employees</b>	<b>UE</b>	<b>UA, Teamsters, and Non-Represented Faculty/Staff</b>
\$25 individual/\$75 family deductible	Applies to Coverage A, B, C, and D	Applies to Coverage B, C, and D	Applies to Coverage B, C, and D
Calendar Maximum Per Person	\$750	\$1,500	\$2,000
Coverage A (Preventative)	100%	100%	100%
Coverage B (Minor Restorative)	80%	80%	<b>80% NEW for 2020 Composite (White) Fillings are covered on all teeth</b>
Coverage C (Major Restorative)	50%	60%	60%
Coverage D (Orthodontics)	50% up to \$500	50% up to \$1,000	50% up to \$1,500
<b>2020 Employee Dental Monthly Premiums</b>			
Employee Only	Free	\$7.60	\$9.97
Employee + Spouse	Free	\$15.20	\$19.73
Employee + Child(ren)	Free	\$15.73	\$21.60
Employee + Family	Free	\$23.34	\$32.02

For more information, see [Dental Coverage Details and Comparison of Options 2020](#)



## NEW Voluntary Vision Insurance through VSP

UVM is excited to offer a new and highly requested vision program to all employees in Benefit Groups A, B and C, represented and non-represented. Please note, if you enroll during Open Enrollment—this coverage will begin January 1, 2020. While this voluntary benefit is fully employee-paid, UVM negotiated very competitive group rates which are far more affordable than the rates participants would find on their own. And these rates have been guaranteed not to change for the next four years! To find a VSP provider visit <https://www.vsp.com/eye-doctor>.

Below is a summary of vision benefits offered by this plan.

	Copay	In-Network Allowance	Out-of-Network Allowance
<b>Vision Exam (once every plan year)</b>	\$0	Covered in Full	Up to \$45 reimbursement, less any applicable co-payment
<b>Prescription Glasses:</b>	\$20 for Materials	Glass or plastic single vision, lined bifocal, lined trifocal or lenticular lenses are covered in full. Standard progressive lenses covered in full.	Up to \$30/\$50/\$65/\$100 reimbursement Single/Bifocal/Trifocal/Lenticular
<b>Lenses (once every plan year)</b>		\$150 allowance for a wide selection of frames. \$200 allowance for featured frame brands. 20% savings on the amount over the allowance. \$80 Walmart frame allowance.	Up to \$70 reimbursement, less any applicable co-payment.
<b>Frame (once every other plan year)</b>			
<b>Elective Contact Lenses (once every plan year)</b>	\$60 max. copay (Fitting and Evaluation)	\$150 (in lieu of all other lenses and frames). When contact lenses are obtained, the covered person shall not be eligible for lenses and frames again for one plan year.	Up to \$105 reimbursement
		<b>Employee MONTHLY Pre-tax Premiums</b>	
<b>Employee</b>			\$7.26
<b>Employee + Spouse</b>			\$14.51
<b>Employee + Children</b>			\$13.68
<b>Employee + Family</b>			\$22.77

### Other Vision Discounts through UVM Medical and Dental Plans

Please note that even if you choose not to participate in the VSP supplemental vision plan, if you are enrolled with BCBS health insurance, you already receive the following benefits if you use a Vision Service Plan (VSP) Network Provider:

- One examination per calendar year with a \$20 co-pay;
- 20% savings on a complete pair of prescription glasses and sunglasses from any VSP provider within 12 months from your last vision exam; and
- 15% savings on a contact lens fitting and evaluation.

To find a VSP provider visit <https://www.vsp.com/eye-doctor>, or call BCBS at 888.222.7886.

Additionally, Northeast Delta Dental offers a free Vision Discount Program through EyeMed if you present your Delta Dental member card to an EyeMed provider. It is free to all Northeast Delta Dental subscribers and their dependents, and provides a discount of up to 35% off eyewear. To learn more about the EyeMed Vision Discount Plan, visit <https://www.eyemedvisioncare.com/deltad/public/index.emvc> or call 866.246.9041.



## Term Life Insurance

GOOD NEWS – Employee premium rates have decreased 18% starting January 1, 2020! These rates are guaranteed to remain the same for the next three years. Look for reduced premiums beginning in your first January paycheck. Contact [HRSinfo@uvm.edu](mailto:HRSinfo@uvm.edu) if you would like a quote for the cost of coverage.

You may increase your term life insurance coverage during Open Enrollment or within 20 days of a qualified life event. Evidence of insurability is required—please complete the Medical History Form when submitting a request to increase coverage or add a dependent.

Employee Options	
Amount of Coverage	Premium Cost-Share
<b>Basic Life INCREASED from \$6,000 to \$10,000</b>	Free to employees. 100% paid by UVM
\$50,000	\$17,000 of chosen \$50,000 coverage level is University paid
2x–7x Base Salary (up to \$1 Million)	Cost-Share is based on age, salary and level of coverage selected (\$17,000 of chosen coverage level is University paid)

You may also enroll in term life insurance coverage for your spouse or children.

Dependent Options (allowed only if employee's option is over \$10,000 level)	
Amount of Coverage	Premium Cost-Share
<b>Spousal Coverage</b>	
\$20,000	Cost-Share is based on age, salary and level of coverage selected
½ of Employee's Coverage (up to \$200k)	
<b>Child Coverage</b>	
\$10,000 per child	\$0.26 / child per month



## Voluntary Short-Term Disability (VSTD) Insurance

Non-represented Staff and Teamsters are eligible for this coverage if employed as of October 1, 2019 and in Benefit Groups A, B, or C. If you elect it during Open Enrollment this fall, coverage will be effective January 1, 2020. The VSTD benefit is completely voluntary and 100% employee-paid. Payment is debited from a personal bank account as an Electronic Funds Transfer (EFT).

Voluntary Short-Term Disability (VSTD) replaces 70% of your salary if you are unable to work due to a medically qualified absence and run out of leave time (or want to preserve it). VSTD insurance begins income replacement after 30 days\* and up to a maximum of six months.

\* Please note: If you were a full time employee on October 1<sup>st</sup>, 2018, you were eligible to sign up for VSTD in Fall 2018 when it was initially offered. If you elected not to enroll, but decide to enroll for 2020—the 1<sup>st</sup> year that you are enrolled will carry a 60 day elimination period before benefits are paid if a claim is filed. In the second year of enrollment, it will reduce to a 30 day elimination period.

### Important highlights of the VSTD plan:

The VSTD benefit is a non-taxable income replacement equaling 70% of gross annual salary (which is approximately equivalent to 90-100% of an employee's after-tax salary) for up to six months of a medically qualified absence from work after an initial 30 or 60 day exclusion period. Insurance coverage is provided by the Standard Insurance Company (the same company that provides our long-term disability and life insurance plans).

### Employee Premiums

As a large employer, UVM negotiated group rates which are far more affordable than the rates participants would receive if they purchased this insurance on their own. The cost per individual employee is dependent on an employee's specific salary. For example, the MONTHLY premium is \$17.09 for an employee with a \$30,000 salary and \$39.86 for an employee with a \$70,000 salary.

*Employees who wish to participate in the VSTD plan must enroll online through the website below. If you are already enrolled and want to stay enrolled, no action is needed.*

[Enroll Here](#)

## Long-Term Disability (LTD) Insurance

GOOD NEWS – Employee premium rates have decreased 8% starting January 1, 2020! These rates are guaranteed to remain the same for the next three years. See [Long-Term Disability Rate Chart](#).

The Long-Term Disability plan provides income and benefit protections for employees who have elected coverage under the plan and are unable to work for a period of greater than six months. You are eligible for LTD insurance coverage if you have completed at least one year of service and are employed at least 0.75 FTE on a 12 month basis, or 1.0 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.

Employees have a choice of 60% or 70% income replacement, and the option to pay their LTD premium with pre- or post- tax dollars.



## Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars from your paycheck to pay for eligible out-of-pocket health and/or dependent care expenses. You submit claims for specific health and/or dependent care expenses tax-free. The University contracts with EBPA to administer employee FSA claims. For a full list of qualified expenses, see the resources on the [Flex Spending page](#).

**Healthcare Expenses** may include: medical/dental copays, deductibles, orthodontics, vision and hearing expenses, approved over-the-counter medications.

**Dependent Care Expenses** may include: daycare, preschool tuition, before/after school care, disabled spouse care and elder care.

**To participate in 2020—you must enroll by November 22, 2019. If you participated in 2019—you must submit a new enrollment form for 2020.**

**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, except up to \$500 of unused health funds can rollover to the next calendar year account. EBPA must receive 2019 claim reimbursement requests by March 31, 2020.

	2019 Limits	2020 Limits
Health FSA	\$2,700	(waiting for IRS announcement)
Dependent Care FSA	\$5,000	

## Retiree Health Savings Plan

UVM established the Retiree Health Savings Plan (RHSP) to help employees pay for qualified healthcare expenses during retirement. After one year of employment, UVM will make regular after-tax contributions to the plan for benefits-eligible faculty and staff hired on or after 1/1/2012. Employees must attain age 65 with a minimum of 15 years of service to receive this benefit.

All benefits eligible faculty and staff are allowed to contribute personal after-tax contributions to their RSHP regardless of hire date. For more information, see the [RHSP webpage](#).



## UVM Retirement Savings Plans

UVM offers a generous employer contribution to employee 403(b) accounts when eligible employees contribute the minimum pre-tax contribution of 2% or 3%. Employees can choose from a wide range of investment options with TIAA or Fidelity. Changes to employee contributions can be made at any time, but Open Enrollment is a good time to review this valuable benefit. See the [Retirement Resources page](#) for new enrollment and change form.

	Minimum Employee Contribution	Employer Contribution	Waiting Period
Faculty & Officers	3%	10%	2 years / 4 Consecutive Semesters
Staff	2%	10%	3 years

	2019 Contribution Limits	2020 Contribution Limits
Employee Limit	\$19,000	To be announced soon

Participants age 50 or older who wish to contribute more than the maximum elected deferral amount listed above may be able to elect one or both of the following options by completing the [calendar year catch-up election form](#). Note: If you elected the catch-up contribution in 2019 and want to continue in 2020—you must submit a [new election form](#) during Open Enrollment.

Age 50+ Catch-up	Are you turning 50 or older in 2020?	+ up to \$6,000
Special §402(g) Years of Service Catch-Up	Have you worked at UVM for 15+ years? Have you contributed less than \$5,000/year during your employment?	+ up to \$3,000



## IMPORTANT DATES TO REMEMBER...

<b>UVM Open Enrollment</b>	<b>October 28—November 22</b>
<b>UVM Benefits Fair</b>	<b>October 30 (Waterman Memorial Lounge)</b>
<b>UVM Enrollment/ Change Forms Due by:</b>	<b>November 22 no later than 4:30pm*</b>

\*For those jointly employed by UVM and UVMMC, please note that while the UVMMC deadline is November 29<sup>th</sup>, all UVM enrollment forms must be received by November 22<sup>th</sup>.

**Note:** All information contained in this benefit guide is intended to be a summary of the 2020 benefits for active employees. UVM reserves the right to change, amend, or terminate these benefits at any time. In the event of a discrepancy between what appears in this document, handbooks or collective bargaining agreements, and the individual insurance subscriber certificate, the insurance subscriber certificate of the benefit plan will govern. This includes health, dental, vision, life, and short-term & long-term disability insurance, Flexible Spending Accounts (FSA) and Retirement Savings.

