

Benefits for Non-Represented Staff

Updated 08/19/2020

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Eligibility for Benefits

For benefit eligibility, there is a difference between full-time and part-time employees.

For benefit eligibility purposes, a full-time staff member is employed in a regular capacity, of at least 75% of a 12-month work year of 37-1/2 or 40 hours per week (Groups A and C), or in a regular capacity of 100% of an academic year of 9, 10, or 11 months for 37-1/2 or 40 hours per week (Group B).

A part-time staff member is employed in a regular capacity of 50 - 74% of a 12-month work year of 37-1/2 or 40 hours per week (Group E) or 50 - 99% of an academic year of 9, 10, or 11 months for 37-1/2 or 40 hours per week (Groups D and F).

The following six groups of employees are eligible for UVM benefits:

Benefit Groups Defined		
	Months of Year Worked	Full-Time Equivalency (FTE)
Full-time		
Group A	12 months	100%
Group B	9, 10, 11 months (academic year)	100%
Group C	12 months	75 - 99%
Part-time		
Group D	9, 10, 11 months (academic year)	75 - 99%
Group E	12 months	50 - 74%
Group F	9, 10, 11 months (academic year)	50 - 74%

Dependent Eligibility

UVM employees may wish to apply for benefits for their dependent spouse, civil union partner, or dependent children. In order to qualify, dependents must meet the eligibility conditions of the University's health, dental, and life insurers. The following summarizes those conditions:

Dependents are considered qualified dependents if they are the spouse, civil union partner, or dependent child of the employee. The University reserves the right to request from the employee, at the employee's expense, an opinion from a qualified attorney attesting to the validity of the marriage or civil union. The University further reserves the right to seek an independent verification of validity. The University also reserves the right to require proof of legal responsibility for dependent children.

A qualified dependent child is under 26 years of age and:

- a natural child of an employee; or
- a legally adopted child of an employee; or
- a stepchild, foster child, or any other child for whom an employee has legal guardianship

Qualified dependent children are covered until the end of the month in which they turn 26. Eligibility may be extended to a child with a disability which renders the child incapable of self-support because of physical or mental disability, if approved by UVM's health insurer based on the following criteria:

- The dependent must have been eligible for and enrolled in benefits prior to their 26th birthday and such disability must occur or exist on the date eligibility would normally end.
- Proof of such disability must be provided to the plan administrator (The University) or the insurer prior to the child's 26th birthday, or in any event, no later than 20 calendar days following age 26. If approved, eligibility for such a child will be continued as long as the disability exists. Proof of continued disability may be periodically required.

Who Is Not Eligible?

The following are not eligible for benefits other than those legally mandated, such as Workers' Compensation, Unemployment Compensation, and Social Security. (Benefits for postdoctoral fellows, postdoctoral trainees and associates are not covered in this handbook.)

1. Regular faculty or staff members who work less than 50%
2. Temporary Employees
3. Graduate teaching fellows
4. Graduate teaching assistants

Summary of Benefits for Regular Active Staff

This is a summary of the benefits for active employees, groups A-F, organized by benefit groups. See Eligibility for Benefits section for definitions of groups. 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 and the individual insurance subscriber certificate, the insurance subscriber certificate of a fully insured plan will govern. This includes health, dental, life, and short-term & long-term disability insurance.

Groups	Health	Dental	Life Insurance	Long-Term Disability	Short-Term Disability	Retirement Plan 403(b)	Tuition Remission
A - C	Eligible Upon Hire Date	Eligible After 6 months of Employment	Eligible Upon Hire Date	Eligible 1 st of the Month After 1 year of Employment	Eligible to Enroll Upon First Benefit Open Enrollment Period Following Hire Date	Employee Contribution: Eligible to Participate Upon Hire Date UVM's Contribution: Eligible After 3 Years of Employment	Employee Eligible Upon Hire Date; See Tuition Remission Section for Dependent Eligibility
D	Eligible After 1 Year of Employment NOTE: May Participate in First Year, But Must Pay 100% of Premium	Eligible After 1 year of Employment	Eligible After 1 Year of Employment	Employee Not Eligible	Employee Not Eligible	Employee Contribution: Eligible to Participate Upon Hire Date UVM Contribution: Eligible After 3 Years of Employment	Reduced Benefit
E & F	Eligible After 1 Year of Employment	Eligible After 1 Year of Employment	Employee Not Eligible	Employee Not Eligible	Employee Not Eligible	Employee is Eligible to Participate with Own Contributions Upon Hire Date; No University Contribution	Reduced Benefit

Enrolling in Benefits

In order to enroll in UVM benefits, you must complete and sign the appropriate enrollment forms and submit them to Human Resource Services. Enrollment forms for all insurances, with the exception of the 403(b), must be completed and turned into Human Resource Services at New Employee Orientation.

Employees changing coverage due to a qualifying event have 20 days to submit proof of the qualifying event, along with the appropriate paperwork to Human Resource Services, to avoid delay in enrollment status. In the event you do not submit paperwork within 20 days of the qualifying event, you will have to wait until the next open enrollment period to make any changes to your benefits.

Outline of Benefits

Health Insurance

The health insurance options offered to Benefit Groups A-F (see Eligibility Chart for waiting periods) are as follows:

UVM Open Access Plan (through BlueCross BlueShield of Vermont):

- Participants who live in Vermont are required to select a Primary Care Physician (PCP) from a list of doctors who are in the Blue Card PPO network.
 - Each individual on the plan may select a different PCP.
- Participants who live outside of Vermont are not required to select a PCP, but they too must use the Blue Card PPO Network when seeking care.

Find a PPO Network physician at www.bcbsvt.com/member/MemberBenefits/FindADoctor.html

You have the option of seeking medical treatment from an in-network hospital or physician or from an out-of-network hospital or physician. Please refer to the [Summary Plan Description](#) and BCBS website for details of in-network and out-of-network providers.

One advantage of the BlueCross BlueShield 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 BlueCross BlueShield plan and the charges are above reasonable and customary, you must pay the difference.

Prescription drug coverage is provided through a pharmacy network managed by Express Scripts under contract with BCBSVT. An optional mail-order prescription drug program through Express Scripts is available for people who use maintenance drugs. You may call Express Scripts toll-free through BCBS Customer Care number at 888-222-7886. Press 1 to reach an available customer service agent who can help you with placing or re-filling your prescription, and have your member ID number ready.

For non-represented staff members and their [qualified dependents](#), health insurance coverage will begin the first day of employment in a benefits-eligible position (Groups A, B&C).

For groups D, E, and F there is a one-year waiting period to enroll in health insurance with employer cost-share; however, you have the option to enroll and pay 100% of the premium for the first year if you elect to do so upon hire. You should expect to receive your insurance cards within 2-3 weeks. If you do not receive Blue Cross health insurance cards in the mail within 3 weeks, please contact Human Resource Services.

To see the current UVM Open Access health plan coverage chart, click [here](#).

For more details on what your plan covers, read the [Summary Plan Description](#) of UVM Open Access Healthcare Plan.

Waiver of Health Coverage

UVM offers \$1,000 in lieu of choosing UVM health coverage. This option is available to any full-time employee who certifies that they and their [qualified dependents](#) are covered by non-UVM group health insurance and also do not fall into any of the categories below. Further, it is not available if you waive coverage for your eligible dependents but not for yourself.

The \$1,000 in lieu of health coverage option is not available if any of the following is true:

- You are covered as a dependent on a UVM Health Plan
- You or your dependents have Medicare or Medicaid
- You or your dependents are on [COBRA](#)
- You or your dependents have an individual plan
- You are employed by and have health coverage through the UVM Medical Center

The \$1,000 is subject to withholding taxes, and is spread throughout the year based on the number of paychecks you receive. If waived coverage is for less than a full year, your payment will be pro-rated based on the number paychecks for which coverage was waived.

If you elect to waive health insurance, you are required to complete an annual written [Waiver of Medical Coverage Form](#) attesting that you are covered by a non-UVM group health insurance plan. Failure to provide annual certification will make you ineligible for the waiver payment.

Dental Insurance

The University provides two dental insurance plans insured by [Northeast Delta Dental](#).

Dental Plan Options

Base Plan: The coverage selected for your dental benefits plan uses Delta Dental's PPO and Premier networks of Participating Dentists. This Delta Dental network plan allows you to go to any Dentist of your choice and receive a level of benefits for covered services, but you will generally receive the best value from your plan if you visit a network Dentist.

Maximum Benefits: See [Outline of Benefits](#) for the per-person, per benefit period maximum benefit, excluding Orthodontics. Orthodontic benefits have a separate lifetime maximum that can also be found in the Outline of Benefits. Pre-treatment authorizations may be required – see [Dental Plan Description](#) for details.

High Option Plan 2: The coverage selected for your dental benefits plan uses Delta Dental's PPO and Premier networks of Participating Dentists. This Delta Dental network plan allows you to go to any Dentist of your choice and receive a level of benefits for covered services, but you will generally receive the best value from your plan if you visit a network Dentist.

Maximum Benefits: See [Outline of Benefits](#) for the per person benefit period maximum benefit, excluding Orthodontics. Orthodontic benefits have a separate lifetime maximum that can also be found in the Outline of Benefits. Pre-treatment authorizations may be required – see [Dental Plan Description-Certificate of Insurance](#) for details.

For non-represented staff members and their [qualified dependents](#) in groups A, B, and C, eligibility for dental insurance coverage will begin six months following their first day of employment. Dental insurance is offered to employees in groups D, E, and F twelve months after the date of hire.

Review the Dental Outline of Coverage to evaluate the differences in the Base and High Option Plans. For more details, please see the [Dental Plan Description](#).

You can access your benefit and claim information, print additional identification cards, and read your Explanation of Benefits (EOB) online at the [Delta Dental website](#).

NOTE: UVM does not offer any payment to employees who waive dental coverage.

Flexible Spending Account (FSA)

Medical Flexible Spending Account (Medical FSA)

A Medical FSA allows you to reduce your take-home pay by an amount determined by you each year during Open Enrollment. The FSA will shelter these earnings from taxes in order to allow you to pay for approved medical care expenses tax-free. A yearly enrollment is required for an FSA.

There are restrictions to consider when setting up your medical FSA. Federal requirements state that medical care expenses must be allocated as such when you start your medical FSA. You cannot subsequently shift them to dependent care expenses or vice versa.

You must incur medical expenses for services rendered in the tax year in which your FSA is established. If expenses are not incurred, the money in your account cannot be reimbursed; however, the plan allows a rollover of up to \$550 into the next calendar year for a medical FSA only.

Dependent Care Flexible Spending Account (Dependent Care FSA)

A Dependent Care FSA allows you to reduce your take-home pay by an amount determined by you each year during Open Enrollment. The FSA will shelter these earnings from taxes in order to allow you to pay for approved dependent care expenses tax-free. Dependent Care FSA enrollments are separate from medical FSAs and you must enroll on a yearly basis.

There are restrictions to consider when setting up your FSA. Federal requirements state that dependent care expenses must be allocated as such when you start your FSA. You cannot subsequently shift them to medical expenses or vice versa. If you are considering an account for dependent care expenses, it may eliminate your ability to use the dependent care tax credit when you file your federal income tax return. In some cases, the tax credit could be more valuable than an FSA. It is a good idea to review and assess your options with your tax advisor before you enroll in a FSA.

You must incur your expenses for dependent care services rendered in the tax year in which your Dependent Care FSA is established. If expenses are not incurred, the money in your dependent care FSA will be forfeited.

Non-represented staff members (with an FTE of 50% or more) and their [qualified dependents](#) are eligible to enroll in Medical and Dependent Care Flexible Spending Accounts on their first day of benefits-eligible employment.

See [Flexible Spending Summary Plan Description](#) for more details.

Group Life Insurance

If you are employed in benefit groups A, B, C, or D, The University offers several options for group term life insurance coverage. If you are employed in benefit group D, there is a one-year waiting period before you are eligible for the coverage.

When you enroll in the life insurance program, you name a beneficiary who will receive the payments upon your death. This beneficiary is not affected by a last will or any changes in your marital status. Therefore, you should periodically review your beneficiary designation to be sure it is current.

All coverage for active employees includes Accidental Death and Dismemberment (AD&D) benefits as well as disability waiver of premium coverage. This coverage corresponds to the amount of coverage elected and is not optional.

For non-represented staff members and their [qualified dependents](#) in Groups A, B, or C, coverage will begin the first day of employment in a benefits-eligible position unless proof of insurability is required, in which case you must obtain the carrier's approval before your coverage can begin. As a new employee, anything in excess of 2x your annual salary requires proof of insurability. You will also need to provide proof of insurability to the insurance carrier for your spouse or civil union partner if you elect spousal coverage that will exceed \$50,000. If you are employed in benefit group D, you must wait one year before you are eligible for group term life insurance coverage.

See the Group Life Insurance Certificate to review coverage options (ranging from \$6,000 to seven times your annual base salary). Also, see exclusions and other details in the [Group Life Insurance Certificate](#).

Life insurance options are based on annual straight-time earnings. If you have chosen a level of insurance that is less than the maximum coverage allowed, you may apply to increase the amount of your coverage during a yearly benefit open enrollment period, or based on a qualifying event. The insurance company will require you to furnish proof of insurability if you change coverage at any time after 20 days of employment.

Contact Human Resource Services at hrsinfo@uvm.edu for current premium rates. These rates are subject to change.

Spouse or Civil Union Partner Coverage – Life Insurance

If you have elected more than \$6,000 in coverage, you may also elect to insure your spouse or civil union partner.

You must pay the full cost of this coverage based on the age rated schedule. Premium rates may be obtained by contacting the Human Resources Services (by emailing hrsinfo@uvm.edu or calling (802-656-3150). See more information in the [Plan Document](#).

NOTE: If you are eligible for coverage as an employee or retiree and your spouse or civil union partner is also eligible for UVM group life insurance, you cannot be covered as both an employee and a spouse or civil union partner.

Dependent Children Coverage – Life Insurance

If you have elected more than \$6,000 in coverage and you have [qualified dependent children](#), you may also insure your [qualified dependent children](#) for \$10,000 each. Coverage must be elected within 20 days of initial eligibility. Otherwise, you may apply during a future benefit open enrollment period and proof of insurability is required.

Life insurance for your dependents (including a newborn) will not take effect while they are admitted to a hospital or nursing home; coverage will begin the day after discharge. The minimum age of coverage for a newborn is 14 days of age, or the day after discharge from the hospital; whichever is later.

NOTE: Dependent children may only be covered under one UVM employee.

Active Employees Age 65+ Optional Life Insurance

If you are an active employee, reductions in optional insurance amounts will be made when you attain milestone birthdays (see chart below). If you reach an age shown below, the amount of Basic Life Insurance and Optional Life insurance and Basic Accidental Death And Dismemberment and Optional Accidental Death And Dismemberment Benefit will be the amount determined by your age, multiplied by the appropriate percentage below, and then rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000:

Attained Age on Last January 1	Percentage Payable
Less than 65	100 %
65 but less than 70	67 %
70 but less than 75	45 %
75 or over>	30 %

Imputed Income for optional life insurance

If you purchase optional life insurance through The University's group term life policy, you may be required to pay taxes on "imputed income" due to the favorable rates offered by the insurance carrier.

To comply with federal requirements, The University must calculate imputed income on group-term life insurance on a monthly basis and automatically withhold the required taxes for affected employees. Taxes are withheld once each month. Please consult your tax advisor to determine how this may affect you.

Long-Term Disability Insurance Benefits

Long-term coverage is a group disability policy, insured by The Standard Insurance Co. that provides benefits beginning six months after the date of total or partial disability. This plan does not cover disabilities lasting less than six months.

Long-term disability insurance coverage is available to you and you must pay a part of the insurance premium to receive it. This coverage provides you with a monthly income six months after you have been deemed totally disabled by the insurance company, or cannot perform essential duties of your normal University position due to illness, bodily injury, or other disabling circumstance. You may also qualify for partial disability payments when you are physically capable of working part-time. After 30 months of disability, you will continue to qualify for benefits only if you are unable to perform any occupation for which you are reasonably suited by education, training, or experience due to sickness, bodily injury or other disabling circumstance.

You may choose between two levels of benefits:

1. **Basic Coverage** - You may choose basic coverage for 60% of your base salary (see monthly maximum in the [Group Long-Term Disability Insurance Certificate](#)).
2. **Optional Coverage** - You may choose coverage for 70% of your base salary (see monthly maximum in the [Group Long-Term Disability Insurance Certificate](#)).

Under the plan, monthly disability payments will be reduced by the amounts paid by your Workers' Compensation and Social Security Disability Insurance (SSDI). The total amount of compensation from all sources will be 60%-70% of your monthly salary, depending on the option you select. Payments begin on the first of the month after you have been totally disabled for six months, as determined by The Standard. During a term of continuous disability until the following age or time limit subject to any applicable limitation or exclusion:

<u>Age When Disability Starts</u>	<u>Age or Time Limit</u>
Less than 60	to age 65
60 through 64	5 years
65 through 68	To age 70
69 or older	1 Year

A decision by The University to provide an employee with disability benefits should not be construed as a determination that the employee has a disability as defined by law, including, but not limited to, The Americans with Disabilities Act.

To participate, you must complete one year of regular UVM employment and be an employee in benefit group A, B, or C.

You may qualify for immediate (upon hire) participation in the UVM Group Long-Term Disability plan if:

- You are a new staff member and were insured within the 3 months prior to your UVM employment under a group long-term disability policy that provided income benefits for at least five years; or
- You are rehired within 2 years of the date your UVM employment ceased, and you completed 3 years of service in a benefits-eligible class prior to your rehiring. You will then become eligible for insurance on:
 - 1) The date of your re-entry into an eligible class, if you meet any required Work Test shown in the [Group LTD Insurance Certificate](#), and you were previously insured under the Group Policy; or
 - 2) The date you become eligible for insurance as set forth in the [Group LTD Insurance Certificate](#), if you were not previously insured under the Group Policy. All full months of service in an eligible class prior to the date employment ceases will be used in determining this date.

Disability insurance may require proof of good health and the carrier's approval before your coverage can begin. Please refer to the Group Long-Term Disability Insurance Certificate for instances in which proof of good health may be required.

Please review the [Plan Document](#) for further eligibility requirements.

Retirement Savings Plan – 403(b)

The University of Vermont helps you plan for a secure retirement by offering a program to save and invest through the 403(b) retirement savings plan. Enrollment in the UVM Retirement Savings Plan (“the Plan”) is voluntary.

Part-time and full-time staff are eligible to participate in the UVM 403(b) Retirement Plan with *their own* contributions immediately upon employment, by contributing the minimum amount required by the plan (at least 2% of your base UVM Salary for Staff and 3% for Faculty) and by choosing the kind of investment you would like to make.

To begin participating, you can sign up for an individual account with one of our [vendors](#) and complete a Salary Reduction 403(b) Retirement Plan Participation Agreement (which can be found in the HRS [Forms](#) section of our website, under “Retirement”) at any time. The Agreement must be accompanied by a confirmation that you have signed up for an account with one of our [vendors](#) and submitted to Human Resource Services. Deduction from your paycheck will begin on the next available payroll date after all documentation is received in the Human Resource Services office.

See [403\(b\) Retirement](#) section for more details on enrollment.

Staff must contribute a minimum of 2% of their base UVM salary to participate in the Plan. After a three-year waiting period, The University will contribute 10% of your base salary to the Plan as long as 1) you are contributing at least the minimum contribution, and 2) you are employed at 75% FTE or greater.

Faculty (non-represented) must contribute a minimum of 3% of their base UVM salary to participate in the Plan. After a two-year waiting period, The University will contribute 10% of your base salary to the Plan as long as 1) you are contributing at least the minimum contribution, and 2) you are employed at 75% FTE or greater.

- Your taxes will be deferred on your contributions.
- As soon as you begin making your contributions to the retirement plan, they are immediately vested. You own them and you have a non-forfeitable right to their current value, even if you decide to leave UVM before retirement.
- The three year waiting period for the UVM portion to be contributed to an employee’s 403(b) Plan **may be waived if**:
 - You submit proof to Human Resource Services that you have a vested interest in the retirement plan of your immediate past employer and that employer is a nonprofit or governmental employer.
 - It may also be waived if you are a former UVM employee who terminated with three or more years of continuous regular employment in benefit groups A, B, C, or D and are re-employed by UVM in a continuous regular position in one of these same benefit groups within two years after the original termination. (This does not apply if you were terminated for cause.)

Employees age 50 or over (in the current calendar year) or who have 15 or more years of benefit eligible service may have other options to contribute more than the IRS maximum yearly

amount. Please review the [Catch-Up Form](#) (on the Forms page, under “Retirement”) for more information on the options or consult with a benefits advisor by contacting hrrinfo@uvm.edu or calling 802-656-3150. Reduction forms for the catch-up options should be submitted annually (ideally in January) in order to obtain the maximum contribution.

When you come to The University from another organization and you enroll in the University's retirement plan upon employment, be aware that any contributions you made to a 403(b) or 401(k) plan with the other employer during the same calendar year will be combined with UVM's contributions when determining your IRS maximum contributions for that year. (Please see the [403\(b\) Contributions Limits on the IRS website](#) for maximum contributions allowed in the current calendar year).

If you are participating in the plan and voluntarily reduce your full-time equivalency so that you no longer qualify for benefits groups A, B, C, or D, you cease to be eligible for University contributions, but you may continue to make your own contributions to the plan, on a voluntary basis.

See the [Retirement Plan Document](#) for information on restrictions, loans, financial hardship and tax-deferral information.

From time to time UVM holds retirement savings plan information sessions for employees looking for more information about participating in UVM's 403(b) Plan. Reservations are required. For course session dates and registration - go to Self-Service>Learning and Development>Professional Training>Request Training Enrollment and enter the course code BEN016.

Retirement Savings Investment Options

The University offers a wide variety of investment options, which provide flexibility for risk, growth, or security. See links to investment group options and contact information [here](#).

Section 457(b) Voluntary Excess Retirement Savings Plan

The University also offers a 457(b) plan, a voluntary employee-funded Deferred Compensation Plan.

The investment options under the 457(b) plan are the same as those available under the 403(b) plan.

Tuition Remission

Employee Eligibility

Any employee in benefits group A, B, C, D, E, or F may be granted tuition remission for courses taken for credit or audit at The University of Vermont. Employees in benefits groups A, B, and C may take up to 15 credits of course work or thesis research per year beginning September 1 and ending August 31, tuition free.

Employees in benefits groups D, E, and F may take up to 6 credits in one year (beginning September 1 and ending August 31), tuition free.

While the University places no restrictions on the courses taken, the IRS has ruled that under some conditions, tuition remission for courses taken toward a graduate degree may be taxable. Contact Human Resource Services at hrrinfo@uvm.edu or 802-656-3150 with questions or for additional information.

Employees may use the tuition remission benefit without enrolling in a degree program. If a course is not available during the evening session, supervisors may authorize an employee to attend classes during the workday. However, time spent away from the job to attend classes must be made up by the employee or taken as vacation, personal days (if applicable), or unpaid leave. Supervisors are encouraged to allow employees flexibility to attend classes during the work day provided that doing so does not interfere with the University's business needs.

The University will pay the comprehensive fee and summer session registration fees associated with courses which receive tuition remission benefits.

To be covered by tuition remission for a given semester, the employee must begin employment before the close of the semester add/drop period. Tuition remission is available only to paid employees during active employment and to employees who retire after qualifying for post-retirement benefits. Course work begun under tuition remission during active employment may be covered by tuition remission after an employee becomes inactive (e.g., on unpaid leave or terminated) provided that the effective date of the employee's separation from active employment or the unpaid leave occurs after the end of the semester add/drop period.

Tuition remission benefits are automatically credited for eligible employees when they register for courses through Continuing Education or the Registrar's Office during the registration process.

Tuition Reimbursement for Employees Living and Working More Than 40 Miles from the University of Vermont Main Campus

UVM employees who live and work 40 or more miles from The University of Vermont main campus in Burlington may be eligible for tuition reimbursement for courses taken at any of the colleges for which tuition remission is now available to dependent children in the Vermont State College network. These are Northern Vermont University (formerly Johnson State and Lyndon State Colleges), Castleton University State, Community College of Vermont, and Vermont Technical College.

Where approved, tuition remission for UVM employees at these colleges is paid for by UVM as a direct expense and is not covered in the reciprocal agreement for tuition exchange between UVM and the Vermont State Colleges.

To qualify for tuition remission, the employee must complete the course.

Employees may apply for reimbursement in either of the following ways:

Method 1: Payment in Advance

After qualifying for tuition reimbursement by submitting an application to Human Resource Services, the employee may then pay for the course in advance. Upon completion of the course, the employee must submit proof of completion and evidence of tuition payment (detailed invoice and receipt of payment) to Human Resource Services. Reimbursement monies will be issued upon the HRS receipt and approval of required documentation.

Method 2: Direct Billing

An employee may find it difficult to pay for tuition in advance of taking a course. In this case, when applying for tuition remission, they may request that UVM authorize the College to bill UVM directly in advance of the course by completing a tuition remission application form and attaching a the course bill to it, with a written request for pre-payment. If the College cannot bill UVM directly, UVM will arrange to pay for the course in advance.

Once the course is completed, the employee will be required to provide proof of completion before applying for tuition remission for another course. If the employee does not provide proof of completion, payment for a subsequent course must be paid for in advance by the employee as in Method 1.

If the employee drops or withdraws from the course, any tuition paid by UVM or any credit due from payment of the employee's tuition will be refunded directly by the College where the course was taken to UVM. If direct refund to UVM is not possible, UVM will require reimbursement from the employee. UVM reserves the right to deduct the refunded amount from the employee's paycheck.

Residency

The University will pay for in-state tuition or out-of-state tuition dependent upon whether the employee or their dependents meet the criteria for state residency. It is the responsibility of the employee to correctly complete the necessary paperwork to confirm residency status upon enrollment.

Dependent Spouse or Civil Union Partner Eligibility

A certified spouse or civil union partner of an active employee in benefit groups A,B, or C may **audit** up to 15 hours of course work at UVM per academic year, beginning September 1 and ending August 31, tuition free. A certified spouse or civil union partner of an employee in groups D, E, or F may **audit** up to 6 hours of course work at UVM per academic year beginning September 1 and ending August 31, tuition free. Tuition remission is not available for dependent spouses or civil union partners for courses taken for credit.

For a spouse/civil union partner to audit any course for a given semester, the employee must begin employment before the close of the semester add/drop period.

Classes audited by spouses/civil union partners may be covered by tuition remission after an employee becomes inactive (e.g., on unpaid leave or terminated) provided that the effective date of the employee's separation of active employment or the unpaid leave occurs after the end of the semester add/drop period.

If a spouse or civil union partner takes courses for credit, their comprehensive fee and summer session fees will be covered under tuition remission.

In order to be considered for dependent spouse/civil union partner tuition remission employees MUST complete a request form. For specific details about this form, please see the [Tuition Remission User Guide](#).

Dependent Children of Employees Eligibility

The University of Vermont provides tuition remission to the certified dependent children of qualifying employees under the following terms and conditions:

- 1. The employee must complete one year of service in benefits group A, B or C prior to the end of the semester add/drop period.**
- 2. To qualify for dependent tuition remission, the dependent child must:**
 - a. have accepted admittance to an undergraduate degree or certificate program at the University of Vermont or a Vermont State College: Northern Vermont University (formerly Johnson State College and Lyndon State College), Castleton University, the Community College of Vermont, or Vermont Technical College;
 - b. be enrolled in at least 12 credit hours each semester. With the following exceptions:
 - i. the final semester if less than 12 credits are needed to graduate, or;
 - ii. in circumstances where the student's academic advisor or the UVM Center for Health and Wellbeing or the Student Counseling Center recommends less than a full-time academic load;
 - c. be certified as a dependent child via either:
 - i. Written certification indicating that the dependent is listed on the employee's tax return for the year enrolled, or;
 - ii. Evidence indicates the employee's responsibility for the dependent's education expenses including payment of tuition expenses.
 - Note:** Dependent children that are married are typically not eligible to be certified as a dependent.*
 - d. complete a University of Vermont or Vermont State College degree program within seven consecutive academic years or complete a degree program begun at UVM and finished at a Vermont State College or vice versa, within seven consecutive academic years.
 - e. not exceed 150 attempted or paid credit hours used toward tuition remission.

- 3. In no case will tuition remission be granted:**
 - a. before the first semester of matriculated enrollment at UVM or a Vermont State College, unless the dependent child is taking a full-time course load under the Guaranteed Admission Program (GAP).
 - b. if the dependent child already has a bachelor's degree;
 - c. for the pursuit of an advanced degree; or
 - d. if the dependent child has not begun his or her undergraduate degree program before age 21 (unless he or she had to defer a college education because of full-time service in the armed forces, in which case the age limit will be extended by the number of years of active service, not to exceed four years plus one additional year if the individual was serving during the additional year at the convenience of the government).

- 4. Dependent tuition remission will be withdrawn at the BEGINNING of the semester in which:**
 - a. the student's course load drops below 12 credit hours; or
 - i. An exception to this is when an academic advisor or the UVM Center for Health and Wellbeing or the UVM Counseling Center advises that the student's credit load be reduced for a semester
 - b. the employee terminates BEFORE the semester add/drop period ends.

- 5. Dependent tuition remission will be withdrawn following the END of the semester in which:**
 - a. the dependent child reaches age 28, unless education was deferred for service in the military, or
 - b. the child is no longer a dependent, or
 - c. the employee terminates AFTER the semester add/drop period.

- 6. Dependent tuition remission may apply to certain specific study abroad opportunities.**

- 7. Summer session courses** taken at UVM may be eligible for tuition remission if the dependent child includes a memo from a faculty advisor as part of their tuition remission request indicating that the credits taken will be applied to satisfy requirements of the degree which the student is pursuing.

***Note:** Dependent children who are undergraduate students at other institutions will qualify for this benefit (summer session courses at UVM) if they meet all of the qualifications as previously described.*

- 8.** A tuition credit of \$200 per semester is available for dependent children of staff who have completed one year of service in benefits group D, E, or F prior to the end of the semester add/drop period. In order to qualify, dependent children must meet the provisions outlined above.

9. Tuition remission as outlined above is granted to dependent children of:

- a. Eligible employees who retire after becoming eligible for retirement or disability benefits as described elsewhere in this handbook;
- b. active employees who die after having completed four years of continuous University employment; and
- c. employees who are on leave status from the University for not more than one year.

10. Military Studies personnel and Civil Service employees of the UVM Military Studies Department who are residents of the State of Vermont as defined by the University are eligible for dependent tuition remission benefits during the period of their contractual relationship, following one year of service.

11. If an employee with three or more years of at least half-time continuous regular service is re-employed by the University in another regular position of half-time service or more within two years of the original separation (except in cases of termination for cause), the one-year waiting period for eligibility of tuition remission for dependent children will be waived.

In order to be considered for dependent tuition remission employees MUST complete a tuition remission request form.

- Dependent children attending UVM tuition remission requests must be submitted for each academic year or each semester;
- Dependent children attending a Vermont State School, tuition remission requests must be submitted each semester.
- For more details see the [Tuition Remission User Guide](#).

Tuition Remission Exceptions

Requests for exceptions to the tuition remission benefit described above must be sent in writing to Human Resource Services at 228 Waterman or by email to hrsinfo@uvm.edu. Request for exceptions must include a detailed explanation as to why the exception is being requested. Requests will be approved or denied by the President of the University or their designee.

Re-Employment and Your Benefits

Three-Two Rule

Employees with three or more years' previous UVM service in a regular, non-temporary staff position with an FTE of 50% or more, who return to UVM employment in a regular, non-temporary staff position of at least 50% FTE within two years:

- Will be reinstated with an adjusted service date;
- Will have all benefits waiting periods waived;
- Will have medical/sick time that accrued but was not used at the time of termination reinstated;
- Will accumulate vacation time at a rate based on the benefits group and length of service credited at the time of re-employment.

For example, if an employee was originally hired on October 1, 2011 and terminated on December 1, 2017, after six years and two months' service, then returned to UVM on January 1, 2018 (within two years of termination), the benefit service date will be adjusted to account for the time away (in this case October 1, 2011).

Even if you did not have three years of service, but were involuntarily terminated (not for cause) due to University financial difficulty, reorganization, or loss of restricted funds, and return within two years, your former length of service will be credited toward your benefit waiting periods if you notify and provide appropriate documentation to Human Resource Services within 20 days of your reinstatement.

NOTE: The above protocols do not apply to retired staff or staff who were terminated for cause.

Cost of Benefit Coverage

Health Insurance Cost of Coverage

All full-time employees will be charged a percentage of the premium cost based on their base salary. Please go to the Benefits web page and click on “Medical” to get to the medical costs pdf for active non-represented employees.

Employees with 9, 10, or 11-month appointments will pay their share of year-round health insurance premiums through their regularly scheduled paychecks. For example, a 9-month staff member will pay for 12-month coverage by deductions from their 18 annual paychecks. A 10-month staff member will pay for 12-month coverage by deductions from their 20 annual paychecks.

For College of Medicine employees paid by the common UVM/UVMMC paymaster, base salary for determining premium payments will be defined as the combined salary under the common paymaster record.

Part-time staff in benefit groups D, E, and F are eligible to enroll, but must pay the full cost of coverage during the first year of employment. After one year of employment, cost of coverage is shared in inverse proportion to the employee’s FTE (example: an employee working at 60% FTE will pay 40% of the total cost of coverage).

Part-time staff who do not enroll during their first year of employment when they are not eligible for cost-share with UVM may still enroll upon completion of one year of service (groups D-F). It is the employee’s responsibility to submit group health care coverage paperwork to Human Resource Services within 20 days of their one-year anniversary if they wish to enroll.

Dental Insurance Cost of Coverage

Base Plan: UVM pays the entire cost of coverage of the base dental plan for you and your [qualified dependents](#) if you are employed in benefit groups A, B, or C. If you are employed in benefit groups D, E, or F, the cost of coverage is prorated between you and UVM with UVM's contribution inversely corresponding to your FTE.

High Option Plans: If you select a High Option Plan, you pay the cost difference between the Base and High Option Plan (Please go to the benefits web page and click on “Dental” to see the Dental [Cost Chart](#)). As permitted by Section 125 of the IRS code, all premium are paid in pretax dollars, except that premiums for coverage of civil union partners will be made in after-tax dollars.

Life Insurance Cost of Coverage

Employee Options		
Amount of Coverage	Premium Cost-Share	Medical History Form Required
Basic Coverage		
\$6,000	Free	No
\$50,000 (\$6,000 of basic coverage and \$44,000 optional coverage).	Cost-share is based on age, salary, and level of coverage selected. You may request an estimated cost from hrsinfo@uvm.edu.	No, if enroll upon hire date; Yes, if enroll any time other than hire date.
2X base salary		No, if enroll upon hire date; Yes, if enroll any time other than hire date.
Supplemental Coverage		
3X - 7X base salary	Cost-share is based on age, salary, and level of coverage selected. You may request an estimated cost from hrsinfo@uvm.edu.	Yes - no matter when you elect it.

Spouse, Civil Union Partner, or Dependent Child Options (available only if employee has chosen over \$6,000 coverage)		
Amount of Coverage	Premium Cost-Share	Medical History Form Required
Spousal or Civil Union Partner Coverage		
\$20,000	Cost-share is based on age, salary, and level of coverage selected. You may request an estimated cost from hrsinfo@uvm.edu.	No, if enroll upon hire date; Yes, if enroll any time other than hire date.
1/2 of Employee's Coverage		Yes, if the coverage amount is over \$50,000.
Child Coverage		
\$10,000 per child	Yes	No, if enroll upon hire date or birth/adoption date; Yes, if enroll any time other than hire date or birth/adoption date.

Long-Term Disability (LTD) Insurance Cost of Coverage

1. Basic Coverage is for 60% of your salary (see the [Group Insurance Certificate](#) for the maximum allowed monthly benefit). The University contributes 70%, and the employee contributes 30%, to the total cost of coverage.

2. Optional Coverage is for 70% of your salary (see the [Group Insurance Certificate](#) for maximum allowed monthly benefit). You will be required to pay the difference between this option and the cost of basic coverage in addition to the premium for Basic Coverage described above.

See [Long-Term Disability Rates](#) to find out the cost per paycheck.

Retirement from UVM and Your Benefits

UVM retains the right to amend, alter, or terminate post-retirement benefits at any time for prospective and existing retirees.

Important: Staff who are contemplating retirement should make an appointment with an HRS Benefits Advisor by calling 802-656-3150. Those who have retirement savings account(s) through the University should also [call their plan provider\(s\)](#) and set up a time to discuss their financial future.

UVM Retirement Eligibility & Post-Retirement Benefits			
Eligibility to retire is determined by: employee type and the rules in place at date of hire	Minimum Age to Retire:	PLUS Minimum Years of Service to Retire:	Rule of 75: Age + Years =75
Non-Represented Staff			
Tier 1: Benefit Service Date prior to 7/1/1992	55	10	No
Tier 2: Benefit Service Date 7/1/1992 - 6/30/1997	55	10	Yes
Tier 3: Benefit Service Date 7/1/1997 - 12/31/11	60	15	No
Tier 4: Benefit Service Date 1/1/2012 and later	65	15	No

Summary of Eligibility for Retirement Benefits by Benefit Service Date:

The University's current Retirement Health Benefits plan and cost share formulas are described below. **NOTE:** The current plan continues eligibility for coverage to spouses of eligible staff.

- **Non-Represented Staff who, by June 30, 2014, met the post-retirement health benefit eligibility criteria in place on their date of hire, but did NOT retire on or before June 30, 2014:**
 - Will be eligible to participate in the University's post-retirement health benefit when they do retire, and their premium contribution will be based on their age as follows: those with pre-65 coverage will pay the percentage of premium indicated in [Table 1](#); those with post-65 coverage (the University's Medicare Supplement Plan) will pay the percentage of premium indicated in [Table 2](#).

- **Non-Represented Staff who, by June 30, 2014, did NOT meet the post-retirement health benefit eligibility criteria in place on their date of hire, but had reached 15 years of benefits-eligible service:**
 - Will be eligible for the University's post-retirement health benefit when they reach age 62, and they will be responsible for 50% of the premium. At age 65, these individuals will become eligible for the University's Medicare Supplement Plan, and will pay the percentage of premium indicated in [Table 2](#).
- **Non-Represented Staff who were hired on or before December 31, 2011 who did NOT meet the post-retirement health benefit eligibility criteria in place on their date of hire by June 30, 2014:**
 - Will be eligible, when they reach age 65 and 15 years of benefits-eligible service, to participate in the University's Medicare Supplement Plan at the premium contribution rate indicated in [Table 2](#). Individuals in this category who choose to retire before age 65 will be eligible for pre-65 coverage, but they will be responsible for 100% of the premium. At age 65, these individuals will become eligible for the University's Medicare Supplement Plan, and they will still be responsible for 100% of the premium.

January 1, 2012 and after

Eligibility

Full-time non-represented employees will be able to participate in the University's Medicare Supplement Plan when they reach age 65 and 15 years of benefits-eligible service, but they will be responsible for 100% of the premium. These employees are also eligible for the Retiree Health Savings Plan (see below), which, after one year of service, will include an annual contribution from the University of \$1,150 per year.

Health Insurance upon an Eligible Retirement

- Active employees hired on or after January 1, 2012, who meet the eligibility requirements that are in place at their date of retirement:
 - Will, upon retirement at age 65, be able to participate in The University's post-retirement health benefits plan, but they will be individually responsible for the entire cost of the premium. (See [table 1](#) and/or [table 2](#) for costs). See [UVM Retirees 65+ J Plan Summary Plan Description](#) for Plan details. You must be insured at the time of retirement or wait until Open Enrollment to enroll for the following benefit year.
- Upon age 65 (or otherwise eligible for Medicare), you and your [eligible dependents](#) must enroll in Medicare Parts A and B. To continue with UVM health insurance as a Medicare Supplement, you must enroll in the appropriate UVM plan at that time and provide proof of enrollment in Medicare. The University will not reimburse you for the cost of Medicare Part B.

Dental Insurance upon an Eligible Retirement

Coverage and cost-shares are the same as for active employees. Both base and high-option plans are available to retirees and their [eligible dependents](#). You must be insured at the time of retirement or wait until Open Enrollment to enroll for the following benefit year.

Life Insurance Coverage upon Retirement

Upon eligible retirement at UVM, your active life insurance coverage will be affected by the following conditions:

- If you retire between ages 65-69, your life insurance coverage value will be reduced by 50% up to a maximum of \$25,000 and a minimum of \$6,000.
- Accidental death and dismemberment provision will terminate at retirement.
- All dependent coverage will end at retirement.
- When you reach age 70, all life insurance ends.

457(b) Upon an Eligible Retirement

If you have an active UVM 457(b) account, [contact your retirement vendor](#).

403(b) upon an Eligible Retirement

If you have an active UVM 403(b) account, [contact your retirement vendor](#).

Tuition Remission upon an Eligible Retirement

Retirees and their [qualified dependents](#) will retain the same tuition remission benefits as active employees.

Retiree Health Savings Plan (RHSP)

The University of Vermont (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 staff hired on or after January 1, 2012. For these individuals, the plan is considered a non-contributory plan (meaning that it does not require contributions from the employee in order to receive UVM contributions).

Find more information go to the Retirement Resources web page and click on “Savings” to get to the [Retiree Health Savings Plan](#) page and/or in the [Retiree Health Savings Plan Overview](#) (pdf) or the [RHSP Summary Plan Description](#) (pdf).

Eligibility of Part-Time Non-Represented Employees

To be eligible for part-time (0.5 FTE – 0.74 FTE) post-retirement benefits you must meet the requirements for your tier (see table below). You will qualify for continuation of health, dental and life insurance benefits if you were enrolled in them at the time of your retirement. Tuition remission continues as provided for active part-time employees.

Health and Dental Benefits for Part-Time Employees

The health and dental benefit is the same as for full-time employees except that premium cost-shares will be increased based on the inverse of your average FTE over the required years of service with the highest FTE.

Tier 1 and 2 Example: If you retire after 10 years of service, and you worked 7 years at 100% and 3 years at 50%, the average would be:

Therefore, you would pay an additional 15% to your health cost-share and 15% to any dental premium cost-share.

7 years x 100% =	700
3 years x 50% =	150
Total	850
850 divided by 10 =	85%

Tier 3 and 4 Example: If you retire after 15 years of service, and you worked 7 years at 100% and 8 years at 50%, the average would be:

Therefore, you would pay an additional 26.7% to your health cost-share and 15% to any dental premium cost-share.

7 years x 100% =	700
8 years x 50% =	400
Total	1,100
1100 divided by 15 =	73.3%

After June 30, 1997 but Before January 1, 2012

Eligibility

Full-time non-represented employees must be at least 60 with 15 years of continuous full-time employment to be eligible for full post-retirement benefits. You will qualify for continuation of health, dental and life insurance benefits if you were eligible for them at the time of your retirement. If you were not enrolled, you may do so at Open Enrollment. Tuition remission continues as provided for active full-time employees.

After June 30, 1992 but Before July 1, 1997

Eligibility

Full-time non-represented employees must be at least 55 with 10 years of continuous full-time employment to be eligible for full post-retirement benefits. Your age and years of service must equal age 75 to avoid additional surcharges to normal health and dental cost-share premiums; this is known as the Rule of 75.

The Rule of 75

Although you may choose to retire as early as age 55 with at least 10 years of continuous service, you will not be entitled to The University's maximum contribution toward health premiums, unless the sum of your age at retirement plus your total years of service is 75 or more.

You will qualify for continuation of health, dental and life insurance benefits if you were eligible for them at the time of your retirement. If you were not enrolled, you may do so at Open Enrollment. Tuition remission continues as provided for active full-time employees.

Health Insurance

Health insurance continues (under the same plan as active employees) until you and/or your dependents become eligible for Medicare.

Upon age 65, you and your [eligible dependents](#) must enroll in Medicare Parts A and B. To continue with UVM health insurance as a Medicare Supplement, you must enroll in the appropriate UVM plan at that time and provide proof of enrollment in Medicare.

Clarification: It should be understood that retired, non-represented staff who reach age 65 are no longer eligible for the Active Plan, but may be eligible for the University's post-65 Medicare Supplement Plan.

If at the time of your retirement the sum of your age and years of your service is less than 75, you will have to pay an ongoing additional percentage of The University's health and dental premium for coverage as shown in the following schedule:

Health and Dental Benefits Premium Cost After Retirement	
Age + Years of Continuous Full-Time Service	Retiree's Additional Cost-Share Amount
e.g. 55 + 10 years = 65	Add to PRMB cost-share:
65	50%
66	45%
67	40%
68	35%
69	30%
70	25%
71	20%
72	15%
73	10%
74	5%
75	0%

It is important to remember that regardless of your age at retirement, you will continue to pay your normal premium cost-shares as well as the surcharge noted above, if you do not retire with age plus years of service equal to or greater than 75.

Eligibility - Part-Time Non-Represented Employees

To be eligible for part-time (0.5 FTE – 0.74 FTE) post-retirement benefits you must meet the requirements for your tier (see table above). Your age and years of service must equal age 75 to avoid additional surcharges to normal health and dental cost-share premiums; this is known as the Rule of 75. You will qualify for continuation of health, dental and life insurance benefits if you were enrolled in them at the time of your retirement. Tuition remission continues as provided for active part-time employees.

Health and Dental Insurance:

The health and dental benefit is the same as for full-time employees except that premium cost-shares will be based on the inverse of your average FTE over the ten years with the highest FTE.

7 years x 100%	700
3 years x 50%	150
Total	850
850 divided by 10	85%

For example, if you retire after 15 years of service, and you worked 7 years at 100% and 8 years at 50%, the average would be:

Therefore, you would pay an additional 15% to your health cost-share as noted under PRMB and 15% to any dental premium cost-share. In addition, if you do not meet the Rule of 75, additional surcharges to premiums would apply.

Tuition remission benefits are the same as those for active part-time employees.

Before July 1, 1992

Eligibility - Full-Time Non-Represented Employees

You must be at least 55 with 10 years of continuous full-time employment to be eligible for full post-retirement benefits. You will qualify for continuation of health, dental and life insurance benefits if you were eligible for them at the time of your retirement. If you were not enrolled, you may do so at Open Enrollment. Tuition remission continues as provided for active full-time employees.

Currently retired employees will continue to be eligible to participate in the University's post-retirement health benefit under the cost-sharing formula in effect when they retired.

Change in Employment Status (Leaves)

Qualifying Life Events

A change in your situation – like getting married, having a baby, or losing health coverage can make you eligible for a Special Enrollment period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period.

In the event of a change in benefits eligibility due to a qualifying life event, employees have 20 days to submit proof of the event and appropriate paperwork to Human Resource Services to avoid delay in enrollment status.

Leaves

See [Leaves](#) section of the Non-Represented Staff Handbook for more information about applying for specific types of leave.

Paid Medical Leave

If you take a paid full or partial medical leave, and if you were covered by UVM insurances before taking leave, UVM will continue to contribute toward your coverage up to a maximum of 26 weeks. Coverage will continue during your medical leave as long as you contribute your portion of the cost. The University's contribution will be in the same proportion as it was before your medical leave.

Dependent Care FSA will end if your leave extends beyond 30 days.

Tuition remission is not available to employees during a leave of absence but will be available for qualified dependent children. More information on tuition remission can be found [here](#).

Unpaid Medical Leave

If you take an unpaid full medical leave, and if you were covered by UVM insurances before taking leave, UVM will continue to contribute toward your coverage up to a maximum of 26 weeks. Coverage will continue during medical leave as long as you contribute your portion of the cost (UVM will bill you for this). The University's contribution will be in the same proportion as it was before your medical leave. Flexible spending dependent care and Flexible spending medical will end if your leave extends beyond 30 days. If you have a 403b retirement savings account, your contributions and UVM's contributions will cease while you are on leave.

If a determination on your Long-Term Disability/Social Security Disability application is not made within the 26 weeks, your benefits will be continued under the same conditions as above, until a determination has been made, provided an application for Long-Term Disability/Social Security Disability has been submitted prior to your medical termination date.

Vacation and medical leave will cease to accrue. Tuition remission is not available to employees during a leave of absence but will be available for [qualified dependent](#) children. More information on tuition remission can be found [here](#).

Educational/Professional Development Leave with Benefits

If you are granted a paid leave for educational or professional development, there will be no change in any of your insurance coverages in place at the time you began your leave. Tuition remission is not available to employees during a leave of absence but will be available for qualified dependent children. More information on tuition remission can be found [here](#).

Personal Leave with Benefits

If you are granted a personal leave with benefits, and if you were covered by UVM insurances before taking leave, UVM will continue to contribute toward your coverage. Coverage will continue during a paid leave as long as you contribute your portion of the cost (you will be billed if on an *unpaid* leave). The University's contribution will be in the same proportion as it was before your medical leave. Flex dependent care will end if your leave extends beyond 30 days.

Tuition remission is not available to employees during a leave of absence but will be available for qualified dependent children. More information on tuition remission can be found [here](#).

Personal Leave without Benefits

If you are granted a personal leave without benefits, contributions to your benefits through the University will be discontinued and insurance will terminate, unless you request to continue your medical and dental benefits and pay 100% of the premium. All other benefits will be terminated as of the date you go on leave.

See [Leaves section](#) of the Non-Represented Staff Handbook for more information about specific types of leave.

Military Service Leave Paid with Benefits

If you are granted a military leave with benefits (see limitation of number of days in the [Leaves section](#)), and if you were covered by UVM insurances before taking leave, all insurances with UVM contributions will continue, along with all other fringe benefits for which you are eligible.

UVM will continue to contribute toward your medical coverage. Coverage will continue during a paid leave as long as you contribute your portion of the cost (you will be billed if you are on an *unpaid* leave). The University's contribution will be in the same proportion as it was before your medical leave. Flex dependent care will end if your leave extends beyond 30 days.

Tuition remission is not available to employees during a leave of absence but will be available for qualified dependent children. More information on tuition remission can be found [here](#).

Military Service Leave Unpaid without Benefits

If you are granted a military leave without benefits, contributions to your benefits through the University will be discontinued and insurance will terminate, unless you request to continue your medical and dental benefits through [COBRA](#). All other benefits will be terminated as of the date you go on leave.

Tuition remission is not available to employees during a military leave of absence but will be available for qualified dependent children. More information on tuition remission can be found [here](#).

Returning employees who return to UVM after leaving to fulfill their military service requirement as defined by the Veterans' Re-employment Rights Act, and who maintained their vested interest in their UVM Retirement Savings Plan during their absence may, after one year of re-employment, regain the amount of retirement money The University would have contributed on their behalf during their obligated military service.

After one year of re-employment, you must contribute the minimum required percentage of gross straight-time pay at the time of separation, for the period of obligated service as defined by the Veteran's Re-employment Rights Act. You will then receive UVM's contribution for the period of your absence, based on your pay at the time of separation. Eligibility requires that your absence and re-employment meet UVM's [military leave policy](#) and the provisions of the Veterans' Re-employment Rights Act.

Termination of Employment Due to Long-Term Disability

Health Insurance Benefits - Long-Term Disability

When you have been approved for Long-Term Disability or Social Security Disability, The University pays health and dental insurance at the same rate as for active employees in benefit groups A, B, or C during the time disability benefits are received. You will be required to pay a portion of the premium based on your base salary at time of disability just as active employees do. This premium requirement continues after qualification for Medicare.

If you are in benefit groups D, E, or F and covered by UVM's insurance plans, your premiums will be paid by UVM on the same cost-share basis as before the award of disability benefits. In order to qualify for benefits continuation, you must qualify for [Social Security](#) Disability Insurance. Coverage will continue under the same conditions as for part-time staff.

Health insurance continues until you and/or your dependents become eligible for Medicare. Coverage options will be the same options offered to retired employees. When you become eligible for Medicare while disabled, you must enroll in and pay for parts A and B, and UVM will provide the Medicare Carve-Out Plan as described for retirees. If one of your dependents becomes eligible for Medicare, they must enroll in [Medicare part A, and Medicare part B](#) (see Medicare.gov for more information). The University will not reimburse you for the cost of Medicare Part B.

If you die while receiving disability benefits, your spouse or civil union partner and [qualified dependent](#) children are covered by health and dental insurance plans for one additional month beyond death for every month of service prior to receipt of disability benefits, up to 24 months. UVM will continue its contribution of the coverage in the same proportion as before death. Your surviving spouse or civil union partner must continue to pay their share of the premiums in order to continue coverage.

If you were eligible to retire with benefits on the day of disability, your dependents will be treated as if you had actually retired. If death occurs within one year of your disability termination date and you did not qualify for retirement, your eligible dependents may qualify for an extension of their health and dental insurance by exercising their [COBRA](#) rights.

Group Life Insurance - Long-Term Disability

If you receive benefits for a permanent and total disability, your life insurance may be continued at the value in effect on the date of receipt of disability benefits if the vendor approves a waiver of premiums. Coverage will continue for life, or until your disability benefits cease.

At age 65, however, the value of your coverage is reduced as indicated in the chart below. Life insurance coverage will not be less than \$6,000.

Attained Age Previous January 1st	Face Value Reduced by	Percentage Payable
Less than 65	N/A	100 %
65 but less than 70	33%	67 %
70 but less than 75	55%	45 %
75 or over>	70%	30 %

If you had dependent coverage at the time of receipt of disability benefits, premiums will be waived for their coverage if your premiums are waived.

Accidental death and dismemberment insurance coverage ends when you terminate employment due to long-term disability.

You will be required to provide subsequent proof of disability every twelve months for the duration of your disability.

Tuition Remission - Long-Term Disability

If you receive disability benefits or die after four years of regular continuous employment at UVM, you and your [qualified dependents](#) will remain eligible for the same tuition remission benefits as before your disability, except that if you die, your surviving spouse or civil union partner may take unlimited courses at UVM for credit. Remarriage renders your surviving spouse or civil union partner ineligible for this benefit.

Flexible Spending Account - Long-Term Disability

You are not eligible for flexible spending upon termination, unless you elect to exercise [COBRA](#) rights as applied to flexible spending accounts.

If your employment terminates or your employment status changes and you are no longer contributing to your health reimbursement Flexible Spending Account, your account will be capped at the amount of your contributions and you will not be able to submit expenses, which are incurred after your date of termination.

Termination of Employment

If you are terminating your employment at UVM due to an approved Long-Term Disability, please see “*Termination of Employment Due to Long-Term Disability*” section.

If you are terminating your employment through retirement from UVM, please see [hyperlink].

For all other termination of employment, **the following sections apply only to the benefits for which you were enrolled on your termination date.**

Health and Dental – Termination of Coverage

Generally, coverage will end on the date you terminate employment. UVM is subject to the requirements of the Consolidated Omnibus Budget Reconciliation Act of 1985 ([COBRA](#)). This law allows qualified beneficiaries to continue health and dental insurance coverage if a qualifying event occurs. See [COBRA](#) section for more details.

Retirement Savings Plan 403(b) Contributions – Termination of Coverage

UVM's contributions stop upon your termination date. Please [contact your vendor](#) for information on the options available to you.

Flex Spending – Termination of Coverage

Flex Spending ceases on the date you terminate employment. When your employment terminates and you are no longer contributing to your medical and dependent care reimbursement Flexible Spending Account, your medical FSA account will be capped at the amount of your contributions and you will not be able to submit expenses that are incurred after your termination date.

Life Insurance – Termination of Coverage

Life insurance coverage ceases on the date you terminate employment or become ineligible for University benefits.

Disability (LTD and STD) Insurance – Termination of Coverage

Disability insurance coverage ceases on the date you terminate employment or become ineligible for University benefits.

Tuition Remission – Termination of Coverage

Tuition Remission ceases for you and your dependents on the date you terminate employment.

If you or a dependent is enrolled in a class when you terminate employment with the University:

- If your termination date is **before** the semester add/drop period ends, you and/or your dependent(s) will not be eligible for tuition remission.
- If your termination date is **after** the semester add/drop period, tuition remission will continue through that semester.

COBRA

See details of the Consolidated Omnibus Budget Reconciliation Act of 1985 ([COBRA](#)).

Death Benefits – Active Employees

If you die while an active employee at UVM, your insurances will be affected in the following ways:

Health Insurance – Death Benefits

The University will pay 100% of the cost for your qualified beneficiaries to continue on health insurance for a period of one month for each month of service, up to 24 months. When coverage ends through The University, your dependents will be offered [COBRA](#).

See [Disability Leave](#) for information about death benefits while on long-term disability.

Dental Insurance – Death Benefits

The University will continue to pay 100% of the cost for Base dental insurance on behalf of your qualified beneficiaries, for a period of one month for each month of service, up to 24 months. When coverage ends through The University, your qualified beneficiaries will be offered [COBRA](#).

If you have a High Option Dental Plan, your qualified beneficiaries may continue with this plan, but will be responsible for the cost difference in premium between the base and high option plan.

Death Benefit Payment

The University will pay your estate for accrued and unused vacation up to two times the annual accrual rate or 44 days, whichever is less. In addition, a payment equal to 10 workdays' pay will be made to your estate along with your regular compensation.

Life Insurance Payout upon Death

If you have active life insurance through UVM, your beneficiary should contact Human Resource Services as soon as possible. Contact: email hrsinfo@uvm.edu or call 802-656-3150.

Tuition Remission Death Benefit - Surviving Spouses or Civil Union Partners

If you are in benefit groups A, B, or C, your surviving spouse or civil union partner will be granted tuition remission at UVM for all courses taken for credit. There is no restriction on the number of courses taken or the degree pursued; however, tuition remission for courses applied toward a graduate degree may be considered taxable income by the IRS. If you have questions regarding the taxable status of your tuition remission benefits, check with Human Resource Services. Remarriage renders a person ineligible for this benefit.

Workers' Compensation

UVM insures you for accidental bodily injuries, occupational illnesses, and/or work time lost that result from performance of your assigned job duties. Workers' Compensation is governed by state law, which supersedes any University policies. Please read more on the UVM [Risk Management and Safety web page](#).

If you are enrolled in any UVM benefits, you are still responsible for your cost-share while out on Worker's Compensation leave.

Workers' Compensation Accident Reports

Any injury, no matter how insignificant, must be reported to your immediate supervisor. You and your supervisor will complete a [First Report of Injury](#) form or by contacting Risk Management at 802-656-3242. This form must be returned to Risk Management within 24 hours of the incident. Call Risk Management if you have any problem completing the form. All reports must be submitted by Risk Management to the State within 72 hours of the injury.

Workers' Compensation and Medical Expenses

If you must pay for medical expenses due to a job-related injury or illness, submit your bills and receipts to Risk Management. Medical expenses for compensable (accepted) job-related accidents should not be submitted to the health insurance plan.

Workers' Compensation and Temporary Disability Payments

If you lose work as a result of an injury or illness due to a job-related accident, you will receive payments according to a schedule set by state regulations.

Workers' Compensation payments will be paid at a rate equal to two-thirds of your average weekly earnings for the 26 weeks before the date of your disability, subject to the minimum and maximum amounts allowable by law. You will receive an additional amount, also defined by law, for each dependent under age 21.

Payments will be made for time lost in excess of three days. If you are disabled for four to ten consecutive days, you will receive payment calculated from the third day of disability. If your disability extends beyond ten days, you will receive payment calculated from the first day of disability.

When Workers' Compensation pays for time lost and a waiting period applies, you will be charged medical leave for the waiting period.

Workers' Compensation and Medical Leave

You may choose to either be paid from your accrued leave balances or to receive Workers' Compensation disability payments during absences caused by a work-related accident or illness. **Only one option may be chosen.** If you receive Workers' Compensation payments directly, you will not accrue additional vacation or medical leave from The University during your period of absence, nor will you receive UVM contributions to the retirement plan if enrolled. You are still responsible for paying for your normal benefit cost-share when on an unpaid status.

If you decide to be paid from your accrued medical leave balances, you will receive full pay for the period of available medical leave. Workers' Compensation insurance payments to you under this option must be endorsed to UVM and will be deposited to the appropriate departmental account. After deposit of the insurance check, your leave balances will be credited for 2/3 of the leave time that you used (this is because Worker's Compensation reimburses 2/3 of your salary).

Workers' Compensation Follow-Up Appointments

Once you have returned to work after an injury or illness that was covered by Workers' Compensation, any follow-up visits to a doctor required by that injury are not charged to your accumulated medical leave. Unless there is an emergency, you must notify your supervisor of any medical appointment as far in advance as possible.

Unemployment Compensation

UVM is a covered employer under the Vermont Unemployment Compensation Law. To draw unemployment compensation benefits, you must meet state eligibility requirements, including serving any disqualification periods.

Unemployment Compensation is governed by federal and state law, which supersedes any University policies. You can request further information and applications for benefits from The [Vermont Department of Employment and Training](#).

NOTE: UVM reserves the right to amend, modify, or terminate these benefits without prior notification.