New Operational Employee Benefits Orientation

The College of William and Mary
Office of Human Resources
Code of Ethics & Mandatory Reporting

*Integrity is one the core values of William & Mary.* Thus, we are committed to lawful and ethical behavior in all of the university’s activities.

This code of Ethics was adopted by the Board of Visitors of William & Mary on April 17, 2009 and can be found at:

http://www.wm.edu/about/administration/senioradmin/financeadministration/codeofethics/index.php
Payroll Information

- Pay dates: 1\textsuperscript{st} and 16\textsuperscript{th} of each month

- Pay periods:
  * 10\textsuperscript{th} - 24\textsuperscript{th} ~ paid on the 1\textsuperscript{st}
  * 25\textsuperscript{th} - 9\textsuperscript{th} ~ paid on the 16\textsuperscript{th}

- William & Mary workweek (Sun. through Sat.)
- VIMS/Athletics workweek (Sat. through Fri.)

- Pay checks must be direct deposited
Overtime Eligibility & Election Form

- What is FLSA? Fair Labor Standards Act
  - Non-exempt employees are compensated for overtime when worked in excess of 40 hours in a work week
  - May request pay in lieu of leave (auto default leave)
  - Overtime leave hours in excess of 240 hours will be paid

*****ALL New Non-Exempt Operational Employees MUST complete the Overtime Election Form with their supervisor’s signature and return to HR within 7 business days of hire date.*****
Overtime Election Form

(Information and form details not captured in text format)
Banner Self Service

Banner is our integrated information system. Via Banner Self Service, you can...

- Enter leave taken
- View elected benefits and deductions
- View pay history and check stubs
- View your W2 and W4 information
- View your leave balances and leave history
- Update your personal information (address, emergency contact and ENS not
Change of Name/Address

- Change of residence/address
  - Use Banner Self-Service

- Change of name
  - Copy of new social security card required to be seen by HR along with a Change of Name form which is available on HR website
Personnel File

Your official employment file is maintained in the Human Resources Office

Please schedule an appointment if you wish to view your file.
Separations

- Provide resignation letter to supervisor and a copy to HR, this will ensure that you paid according to your last date of employment.

- Employee must work or be on paid leave the last day of employment.

**Leave Payoff**

- Unused annual, compensatory and overtime leave will be paid off in a lump sum following the separation of employment.

- Unused community service, sick and family/personal leave will not be paid off.
Separations...continued

- Transferring to another State Agency within 30 days?
  - Unused annual, sick and family/personal leave is transferred
  - Unused compensatory and overtime leave paid off in a lump sum

- Clearance Form must be completed, to initiate the Leave Payoff process and must be approved prior to annual leave payout.
Inclement Weather

Agency closings will be broadcast on local radio and television stations, and via the W&M Emergency Notification System.

For information call
- W&M (757) 221-1766
- VIMS (804) 684-7000

OR

You can also set up a request in banner to receive text alerts for emergencies.
Inclement Weather

▶ “Essential” employees must report to work

▶ Your department will be able to inform you if you are an essential employee

▶ Compensatory leave will be given for each hour worked to “essential” employees, who report to work.
Workers’ Compensation

- It is CRITICAL to report all injuries or illnesses no matter how minor.
- Supervisors & employees must submit to HR a “First Report of Accident” and the signed Physician Selection Forms within 24 hours.
- If you are injured and need medical attention, you MUST visit:
  - Riverside Extended Care & Family Practice
  - First Med of Williamsburg
  - Med Express
- Contact HR at 221-3769 to speak with your HR Benefits Specialist.
Holidays

William & Mary observes the following eight holidays:

- New Year’s Day
- MLK Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day
Holidays

- Although the state observes *Lee-Jackson Day, George Washington Day, Columbus Day and Veterans Day*, the university does not. The university will be open on these days. In lieu of these holidays, the university utilizes four days between Christmas and New Year’s Day.

- “Essential” employees must report to work
  - Department will inform employee if he/she is essential
  - Compensatory leave will be given for each hour worked to employees who must report to work
Holidays

I want to be paid for the holiday...

* Employee must work or be on paid leave the day before and the day after a holiday.

You will not be paid for the holiday if you are on leave without pay the day before or after a holiday.
Leave

As an operational employee of The College of William & Mary or VIMS, you are entitled to leave. What types of leave are available?

- Annual Leave
- VSDP Sick Leave
- VSDP Personal Leave
- Community Service Leave
Annual Leave

- Accrued each semi-monthly pay period
- Generally posted on the 10th and 25th of each month
- Accrual rate based on length of state service
- Leave can carry over from year to year
  - Maximum carried over balance is based on length of state service
### Annual leave Accrual Rate

**Accrual rate per pay period**

- Less than 5 years: 4 hours
- 5 - 9 years: 5 hours
- 10 - 14 years: 6 hours
- 15 - 19 years: 7 hours
- 20 - 24 years: 8 hours
- 25 + years: 9 hours
Annual Leave Carry Over Limits

Maximum accumulation on January 10th (separation)

- Less than 5 years 192.00 hours (same)
- 5 - 9 years 240.00 hours (same)
- 10 - 14 years 288.00 hours (same)
- 15 - 19 years 336.00 hours (288)
- 20 - 24 years 384.00 hours (336)
- 25 + years 432.00 hours (336)
Annual Leave Uses

- Vacation
- Personal purposes
- To cover other kinds of leave for which you have a zero balance

* NO Annual Leave accrual will be given for any period in which an employee is on leave without pay.
Virginia Sickness and Disability Program (VSDP)

- Provides income security if employee is unable to perform job duties due to illness or injury

- Administered by the Virginia Retirement System and Reed Group, a third party administrator
The program includes upon hire:
- Sick leave
- Family and personal leave
- Long-Term Care

After a one-year waiting period:
- Short-term disability (non-work related)
- Long-term disability
VSDP Family & Personal Leave

<table>
<thead>
<tr>
<th>Months of Ser.</th>
<th>SICK (FT)</th>
<th>Fam./Per (FT)</th>
<th>SICK (PT)</th>
<th>Fam./Per (PT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 60</td>
<td>64 hours</td>
<td>32 hours</td>
<td>32 hours</td>
<td>32 hours</td>
</tr>
<tr>
<td>60 to 119</td>
<td>72 hours</td>
<td>32 hours</td>
<td>32 hours</td>
<td>32 hours</td>
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<tr>
<td>120+</td>
<td>80 hours</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
</tr>
</tbody>
</table>

** Employees hired after July 9th will receive a pro-rated amount of sick and family/personal leave.
VSDP

- **Sick Leave and Family and Personal Leave**
  - Initially credited on first day of employment
  - Leave does not carry over from year to year
  - In subsequent years, credited on January 10th according to months of state service
VSDP Sick Leave

Sick Leave for new Part-Time employees

- Employment begins January 10 - July 9
  - 32 hours

- Employment begins July 10 - January 9
  - 20 hours
VSDP Sick Leave (continued)

- Sick Leave for new Full-Time employees or Quasi Full-Time employees
  - Employment begins January 10 - July 9
    - 64 hours
  - Employment begins July 10 - January 9
    - 40 hours
VSDP Sick Leave (continued)

Use of Sick Leave

- Employee’s illness or injury
- Employee's medical appointment
VSDP Family & Personal Leave

- Family and Personal Leave for Full-Time & Part-Time employees
  - Employment begins January 10 - July 9
    - 32 hours
  - Employment begins July 10 - January 9
    - 16 hours
VSDP Family and Personal Leave

Use of Family and Personal Leave

- Family illness or medical appointments
- Personal illness or medical appointments
- Vacation
- Any reason
VSDP Short-Term Disability (non-work related)

- Must satisfy a one year waiting period
- Eligible for benefit after missing work for more than 7 calendar days due to illness or injury
- Must call our third party administrator Reed Group at 1-877-928-7021 to initiate the benefit.
- Must schedule a consultation with your Benefits Specialist
VSDP Short Term Disability (continued)

- Employee is responsible for 7 calendar day waiting period
  * Use available leave to cover waiting period
- Disability income begins on the 8th calendar day
- Disability income is paid at 60% for the first 5 years of continuous employment
- Job is protected

<table>
<thead>
<tr>
<th>Months of State Service</th>
<th>Days at 100% Pay</th>
<th>Days at 80% Pay</th>
<th>Days at 60% Pay</th>
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<tr>
<td>0-12</td>
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</tr>
<tr>
<td>13-59</td>
<td>0</td>
<td>0</td>
<td>125</td>
</tr>
<tr>
<td>60-119</td>
<td>25</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>120-179</td>
<td>25</td>
<td>50</td>
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</tr>
<tr>
<td>180+</td>
<td>25</td>
<td>75</td>
<td>25</td>
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</tbody>
</table>
VSDP Long-Term Disability

- Begins at the conclusion of short term disability
- Removed from W&M’s payroll
- Paid directly by VRS
- Disability income is 60%, increased to 80% for catastrophic conditions
- Job is no longer protected.
VSDP Long Term Care

- Covered for up to $96 a day for licensed nursing home, assisted living facility care, at home services and community based home care

- Lifetime maximum benefit of $70,080
Compensatory Leave

Who is eligible?

- Exempt employees *
- Non-exempt employees - when hours worked in a workweek are 40 hours or less
Compensatory Leave

What can I earn this leave?

- Additional hours, in which holiday or leave has been taken
- University holiday*
- Official closing (inclement weather)*

Leave is earned hour for hour when required to work, and must be used within 12 months of the date earned, or it lapses.
Administrative Leave

- Must provide appropriate documentation as required
  - To serve on a jury
  - Appear as a witness under subpoena
  - Accompany a minor to court
  - Attempt resolution of work-related problems
  - Attend work related hearings
  - Interview for state positions
  - Serve on state council or board
Administrative Leave

Compensation for Jury Duty

- **Keep the money**
  - Can not use Administrative Leave
  - Must use other Leave

- **Surrender Jury Duty Check**
  - Submit your receipt from Bursar’s Office to your supervisor
  - Can use Administrative Leave

If serving as a juror in a Virginia Circuit Court, you do not need to surrender your check.
Community Service Leave

- 16 hours available each Leave Year
  - School assistance (attend PTA meetings, other functions)
  - Volunteer member of a community service organization

Hours increase to 24 for volunteer firefighter or rescue
Leave to Donate Bone Marrow or Organs

- Non-probationary employees ONLY
- 30 additional days of paid leave

Employee must have a consultation with their respective Benefits Specialist, in Human Resources
Military Leave

- Military training
- Up to 15 workdays in a federal fiscal year
- Copy of orders must be submitted to HR
Family Medical Leave Act

- Provides up to 12 weeks of unpaid job protected leave for:
  - birth/adoption of a child
  - serious health condition of child, spouse or parent
  - serious health condition of employee

- Provides up to 26 weeks of unpaid job protected leave to care for a covered service member with a serious injury
  - employee must be the spouse, son, daughter, parent or next of kin of the service member

- May substitute paid leave
- Runs concurrently with VSDP
- Must have worked at William & Mary for at least one year and have worked 1,250 hours within last calendar year
New Employee Benefits Orientation
Part II

Health - Retirement - Life
Flexible Spending Accounts
# Orientation Checklist

## COLLEGE ORIENTATION CHECKLIST

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DEADLINE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Deposit (Mandatory)</td>
<td>TODAY</td>
</tr>
<tr>
<td>VRS Beneficiary Designation Form (VRS-2)</td>
<td>TODAY</td>
</tr>
<tr>
<td>Virginia Alcohol and Drug Policy</td>
<td>TODAY</td>
</tr>
<tr>
<td>VRS New Member Enrollment Form</td>
<td>TODAY</td>
</tr>
<tr>
<td>Health Insurance and Flexible Spending Deadline Notice</td>
<td>TODAY</td>
</tr>
<tr>
<td>Health Benefits Enrollment/Waiver Form and</td>
<td>30 DAYS</td>
</tr>
<tr>
<td>Flexible Reimbursement Accounts (Dependent, and Medical)</td>
<td></td>
</tr>
</tbody>
</table>
Virginia College Savings Plans

- Virginia Prepaid Education Program:
  - 529 pre-paid tuition plan
  - Guaranteed in-state tuition & fees

- Virginia Education Savings Trust:
  - 529 savings plan
  - May be used for tuition/fees, room/board, textbooks & supplies
  - No guarantee - investments subject to market conditions
Legal Resources

- Provides legal services through a network of attorneys
- Premium $8.25 per pay period
- Enrollees must maintain membership for 12 months
- Simple wills, living wills
- Court representation
- Simple house closings
- Online enrollment within 31 days of hire at www.legalresources.com
  - Company code: 1242
  - Password: nhlegal
American Family Life Assurance Company (AFLAC)

- Accident
- Short-Term Disability
- Cancer/Specific-Disease
- Hospital Confinement Indemnity
- Specified Health Event
- Hospital Intensive Care
- Hospital Confinement Sickness Indemnity

Please call Bradford Klavan at 757-652-0912 or email him at bradford_klavan@us.aflac.com to review your options.
Travel Counsellors, Inc.

Please visit the HR website for complete details.
Tuition Waiver

The Employee Tuition Waiver Program is available to all full-time employees.

Eligible employees may take up to two classes each term, but not more than 4 classes per academic year (Fall, Spring, Summer).

A course may not exceed 4 credit hours.

Spouse of instructional faculty may audit a course.
Minnesota Life Insurance

- No cost to all full-time & Part-time employees
- No medical examination required
- Effective first day of eligible employment
- Is term life insurance

- **Natural death coverage** -
  2 times salary rounded to next $1,000

- **Accidental death coverage** -
  4 times salary rounded to next $1,000
Optional Group Life Insurance

- Employees may purchase additional life insurance for self and family members
- Employees and employee’s children are guaranteed issue up to Option 4 ONLY if you elect to participate in the plan within the 1st 31 days of hire.
  - Spouse is guaranteed issue at Option 1
  - Family members must also be added within the 31 days in order to qualify for the guarantee issue.
- Employee pays a premium based on age, salary, and coverage level selected
  - Spouse premiums are based on employee’s salary, spouse age, and coverage level
Optional Group Life Insurance (cont’d)

- Four Options to choose from; one, two, three, or four times your annual salary....up to $750,000
- Evidence of Insurability (EOI) is required for:
  - Enrollment after 31 days from hire
  - Amounts in excess of $375,000
  - Spouse coverage above the guaranteed amount of Option 1 to a max of $375,000
- May add new spouse or children within 31 days of marriage or birth
- May cancel or reduce coverage at any time
  - May also increase but must complete EOI for higher coverage
Optional Group Life Insurance Form

Must return form within 31 days of hire whether enrolling in or waiving coverage.
Virginia Retirement System
Hybrid Benefit Plan

For employees hired on or after January 1, 2014
with no prior State service or refunded State service.

The VRS Hybrid Plan is a combination of a “defined benefit” plan and a
“defined contribution” plan. Your monthly retirement benefit will be based
on (A) your age, years of service, and average of 60 highest months of salary,
and on (B) contributions made to the defined contribution plan and the
investment performance of those contributions.

Member Contribution

State employees contribute 5% of their compensation to their member
contribution accounts each month on a pre-tax salary reduction basis:

4% to the defined benefit plan
1% to the defined contribution plan
Virginia Retirement System
Hybrid Benefit Plan

*Defined Benefit vs. Defined Contribution*

- **Defined Benefit** - pension or monthly benefit you receive for the rest of your life following retirement.
- **Defined Contribution** - investment of your contributions into a fund(s); benefit you receive in retirement is based on how your investments performed.
Virginia Retirement System
Hybrid Benefit Plan

Voluntary Contribution and Employer Match Schedule

<table>
<thead>
<tr>
<th>Voluntary 457 Contribution</th>
<th>Employer Match Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.50%</td>
<td>0.50%</td>
</tr>
<tr>
<td>1.00%</td>
<td>1.00%</td>
</tr>
<tr>
<td>1.50%</td>
<td>1.25%</td>
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<td>2.50%</td>
<td>1.75%</td>
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<td>3.00%</td>
<td>2.00%</td>
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<tr>
<td>3.50%</td>
<td>2.25%</td>
</tr>
<tr>
<td>4.00%</td>
<td>2.50%</td>
</tr>
</tbody>
</table>
Changing your voluntary contribution amount:

- You may change your voluntary contribution percentage once each quarter.
- The percentage on file on the 15th of the last month of a quarter is what will take effect for the following quarter.
- Changes can be made by calling ICMA-RC at 877-327-5261
Virginia Retirement System
Hybrid Benefit Plan

Vesting

Vesting is immediate for your member contribution.

• Must have 5 years to be vested for the defined benefit. This is the minimum length of service needed to qualify for future retirement benefits under the defined benefit plan.

• Vesting for employer contributions to the defined contribution plan is:
  • 2 years of service = 50% vested
  • 3 years of service = 75% vested
  • 4+ years of service = 100% vested

Refunds

Vested members are eligible for a full refund of their member contribution account balance including interest. Non-vested members are eligible for a refund of their contributions but not interest.
Virginia Retirement System
Hybrid Benefit Plan

Purchasing Prior Service

If you are an active member

You may be eligible to purchase time spent in previous public employment or on an eligible leave of absence as service credit in your plan. Prior service credit counts toward the five years needed to become vested.

There is a one-year eligibility period to purchase eligible prior service. During this period, the purchase cost is based on an approximate normal cost rate as a percentage of compensation, or, whichever is higher, depending on the payment method you choose. Normal cost is the average cost of one year of VRS service credit.
VRS Hybrid Benefit Plan

Purchasing Prior Service (cont’d)

If you purchase service after your eligibility period, your cost will be based on an actuarial equivalent rate.

The exceptions to the one-year eligibility period and cost basis are VRS refunded service and no-cost military leave.
Virginia Retirement System
Hybrid Benefit Plan

Employees may retire with full benefits

- Normal Social Security retirement age with 5 years
  - Born 1960 or later - age 67

- When age and service credits equals 90
  - Age 60 with 30 years of service credits

Earliest reduced retirement eligibility

- Age 60 with at least five years of service credit.

Defined Contribution distributions

- Upon leaving employment, subject to restrictions
Virginia Retirement System
Defined Benefit Plan

For VaLORS (Police Officers) and those with un-refunded VRS service prior to January 1, 2014.

The VRS is a “defined benefit” plan. Your monthly retirement benefit will be based on your years of service, age at retirement, and your average salary paid during the highest 60 consecutive months of credited service. These three factors determine the amount of a monthly benefit that will be paid to you during retirement for the duration of your lifetime.

Member Contribution

State employees contribute 5% of their compensation to their member contribution accounts each month on a pre-tax salary reduction basis.
Virginia Retirement System
Defined Benefit Plan (VaLORs)

Vesting

Vesting is immediate for your member contribution.

- Must have 5 years to be vested for the lifetime benefit
- Vesting is the minimum length of service needed to qualify for future retirement benefits.

Refunds

Vested members are eligible for a full refund of their member contribution account balance including interest. Non-vested members are eligible for a refund of their contributions but not interest.
Virginia Retirement System
Defined Benefit Plan (VaLORs)

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Virginia Retirement System
Defined Benefit Plan (VaLORS)

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If you purchase service after your eligibility period, your cost will be based on an actuarial equivalent rate.

The exceptions to the one-year eligibility period and cost basis are VRS refunded service and no-cost military leave.
Virginia Retirement System
New Employee Enrollment

**The College of William and Mary**

**VRS New Member Enrollment Form**

<table>
<thead>
<tr>
<th>Name (First)</th>
<th>Last Name</th>
<th>Hire Date</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (City or House)</th>
<th>City, State &amp; Zip</th>
<th>Telephone Number (Include Area Code)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Date of Birth</th>
<th>Employment Code</th>
</tr>
</thead>
</table>

**Employee Statement of Certification**

1. Are you hired as a police officer with the William & Mary Police Department?  
   - [ ] Yes  
   - [ ] No

2. Were you previously employed in a VRS-covered position and did not take a refund of your contributions?  
   - [ ] Yes  
   - [ ] No

*If you checked yes to the Question #2 you must provide one of the following:

- If you were a member of VRS, submit a copy of your current Account Summary page from myVRS showing your member contribution account balance.
- If you were an CRP plan participant, submit a copy of the most recent quarter’s statement or a current online statement showing the balance in your account. Depending on your CRP participation, this statement may be from one of the following: TIAA-CREF, Fidelity Investments, VALIC, T. Rowe Price, Great West, MetLife or NVS.

Please complete VRS Beneficiary (VK-2) form to designate beneficiaries for your retirement and life insurance.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Employer Statement of Certification**

**For Office Use Only**

<table>
<thead>
<tr>
<th>Membership Date</th>
<th>Retirement</th>
<th>Social Security</th>
</tr>
</thead>
</table>

- [ ] VRS Plan 1
- [ ] VRS Plan 2
- [ ] VRS Hybrid Plan (VHD, VHM, & VMW)

I certify the statements made herein are true and correct, as disclosed by the records of this office, and that the Social Security number is correct as entered.

<table>
<thead>
<tr>
<th>Employer Representative Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Retirement & Life Insurance
Designation of Beneficiaries (VR2 form)

- Employer Codes (Item 2):
  - W&M = 30204
  - VIMS = 30268
  - Police Officers = 70204

- Two choices for listing your beneficiaries: following Order of Precedence (OP) or listing each person’s information.
  - OP: Spouse → Child(ren) → Your Parents → Your Estate → Next of Kin (if no estate is established)

- Your beneficiaries can be different in Sections B and C; be sure to sign and date Section D.

- If you experience a life event that would change this information, you should complete a new form ASAP.
  - You can submit a new form as often as you’d like
Tax Sheltered Annuity (TSA) and 457 Deferred Compensation Program (DCP)

What is a Taxed Sheltered Annuity & Deferred Compensation?

- Tax sheltered annuities and deferred compensation programs permit employees to contribute tax-free dollars to an annuity program.
- Contributing to a TSA or DCP retirement account reduces your gross income.
- If you are contributing the full amount (9%) to your retirement plans you will qualify for the Cash Match Program
- Contribution will be matched at 50% up to a maximum of $20 per pay period to a 401(a) account.
- Maximum contribution for 2017 is $18,000, and for individuals who are under age 50 or $24,000 over age 50.
457 Deferred Compensation Program (DCP)  
Automatic Enrollment

- Only for VaLORS members and those hired before January 1, 2014
  - Enrollment in DCP is automatic after 90 days of employment.
  - DCP is administered by ICMA-RC.
  - **To opt-out, you must contact ICMA-RC at 877-327-5261 within 90 days**
  - If you do not opt-out, the DCP contribution will begin automatically with a deduction amount of $20 (with a $10 match if you do not already have the match with a 403b)
  - Contribution will be matched at 50% up to a maximum of $20 per pay period to a 401(a) account.
  - Maximum contribution for 2017 is $18,000, and for individuals who are under age 50 or $24,000 over age 50.
Roth 457 Program

What is a Roth 457?

- The Roth 457 program permits employees to contribute post-tax dollars to an annuity program.
- At retirement, employees do not pay taxes on their distributions.
- If you are contributing the full amount (9%) to your retirement plans you will qualify for the Cash Match Program
- Contribution will be matched at 50% up to a maximum of $20 per pay period to a 401(a) account.
- Maximum contribution for 2017 is $18,000, and for individuals who are under age 50 or $24,000 over age 50.
  - This is a combined limit with the pre-tax 457 plan, so if you contribute to the 457 plan and the Roth 457, you cannot exceed these limits between the two plans.

Contact ICMA-RC to take advantage of the Roth 457
Health Insurance Plan Options

COVA Care & COVA HDHP

COVA HealthAware

Kaiser Permanente (Northern VA Only)
Health Benefits Plan

The basic plan includes:

- Medical
- Basic dental coverage
- Prescription drug coverage
- Behavioral Health & Employee Assistance Program (EAP)
- Wellness visits
Health Benefits

- The forms MUST BE completed and returned within **30** days of hire:
  - Coverage is effective on the first of the month following the date of hire.
  - Exception: Coverage is effective on the hire date if the hire date is the first (1st) day of the month.
  - Enrollment form must be returned even if waiving coverage.
  - Plan year is July 1 - June 30.
Terms to Know

- **Deductible**
The amount you pay each year before your plan starts to pay on certain services

- **Co-pay**
A flat fee you pay for covered services like doctor visits

- **Co-insurance**
Your share of health plan costs (a percentage of total cost) after meeting your deductible

- **Out-of-pocket maximum**
The most you have to pay out-of-pocket each year for in-network health care services

- **Premium**
The amount you pay to belong to a health plan
Health Benefits Deadline

HEALTH INSURANCE AND FLEXIBLE SPENDING NOTICE OF ENROLLMENT DEADLINE

Employees who are newly eligible for health care coverage and flexible spending accounts must enroll in or elect to waive coverage within 30 calendar days of the date of hire or of becoming eligible. The date of hire or first eligibility counts as day one (1). When adding dependents to coverage, supporting documentation must also be submitted to serve as proof of eligibility.

I understand that I must make my health care election or waiver within 30 calendar days of my hire date or first date of eligibility. I understand that if I fail to do so, my coverage will be waived and I will not have health insurance or access to flexible spending accounts. I also understand that I will not be able to enroll in a health care plan or flexible spending account until Open Enrollment or unless I experience a Qualifying Mid-Year Event.

Print Name

Banner ID Number

Signature

Date
Affordable Care Act and the Health Insurance Marketplace

- Health Insurance Marketplace Notice
  - Discusses what the Marketplace is
  - Give you information on the health coverage offered by the Commonwealth of Virginia, which meets the minimum value standard
  - Since you are offered coverage under the Commonwealth’s health insurance plans, you are not eligible for a tax credit through the Marketplace
High Deductible Health Plan (HDHP)

- Deductible - per plan year
  - One person $1,750
  - Two or more persons $3,500

- Out-of-pocket expense - per plan year
  - One person $5,000
  - Two or more persons $10,000
HDHP Example

Craig makes an appointment with his doctor because he’s ill. When he arrives at the doctor’s office, he pays the entire cost of the visit.

After his exam, his doctor refers him to a specialist. At the specialist’s office, he pays the entire cost of the visit.

The specialist orders a CT scan to aid in the diagnosis of Craig’s illness, a bill that totals $1,000. Once Craig has met his deductible ($1,750), he is then responsible for paying a 20% co-insurance for the remaining balance.

Once Craig pays $5,000 out-of-pocket, he will not have to pay any further allowable charges for the remainder of the plan year (until June 30th).
HDHP (cont’d)

*AFTER DEDUCTIBLE IS MET, YOU PAY 20% OF BALANCE FOR:*

- Doctor’s Visits
- Hospital services
- E R visits
- Outpatient diagnostic laboratory, tests, shots & x-rays
- Infusion Services
- Behavioral Health Visits
  - Medical or non-medical professional
  - Inpatient residential treatment
- Outpatient Therapy Visits
  - Occupational, Physical, and Speech Therapies
  - Chiropractic visits (limit 30 per plan year)
HDHP (cont’d)

AFTER DEDUCTIBLE IS MET, YOU PAY 20% OF BALANCE FOR:

- Applied Behavioral Analysis (ABA) for autism spectrum disorder (ages 2-10)
- Employee Assistance Program (EAP)
  - Up to 4 visits per incident at no charge (not subject to deductible)
  - Can address emotional well-being issues, financial issues, legal concerns and more.
- Prescription Drugs (Retail Pharmacy)
- Prescription Drugs (Home Delivery Pharmacy)
HDHP (cont’d)

Wellness & Preventive Services

- **Through age 6**
  - $0 for office visits

- **Age 7 and older**
  - $0 for annual checkup

- **Adult**
  - $0 for routine gynecological exam, Pap test, mammography screening, prostate exam, and colorectal screening.
HDHP (cont’d)

Basic Dental:
- Diagnostic & Preventive
  $0, no deductible
Expanded Dental Buy-Up Option Available:
Deductible: $50 (one)/ $100 (two)/ $150 (family)
- Primary (basic) Care
  Plan pays 80% after deductible
  Includes fillings, tooth extractions, and root canals
- Complex Restorative - Plan pays 50% after deductible
  Includes: inlays, onlays, crowns, dentures, bridgework
- Orthodontic - Plan pays 50%, no deductible, $2,000 lifetime max.

Out-of-Network / Not Available
Vision & Hearing / Not Available
COVA HealthAware Plan

- Consumer-driven health plan administered by Aetna
- Includes a Health Reimbursement Arrangement (HRA) fund of $600 for an employee and $1,200 for an employee and his/her spouse (does not include dependent children)
  - Example #1: Craig goes to his primary care physician; he has not been to the doctor yet this plan year. The office visit fee plus the lab test done cost $150. This amount is debited from the HRA, and Craig pays nothing. Craig now has an HRA balance of $450.
- Unused HRA funds roll over to the next plan year
- Additional HRA funds ($150/employee, spouse) available by doing healthy activities called “do rights”. Do Rights include:
  - Routine annual physical exam
  - Routine dental exam
  - Routine vision exam
  - Annual flu shot
  - MyActiveHealth Health Tracker usage
  - MyActiveHealth Coaching module completion
If the effective date of your health coverage is after July 1st, the amount of your Health Reimbursement Arrangement (HRA) will be prorated.

<table>
<thead>
<tr>
<th>Enrollment or Status Change Effective Date</th>
<th>Proration Percentage</th>
<th>HRA adjustment per Employee and/or Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1st</td>
<td>100%</td>
<td>$600.00</td>
</tr>
<tr>
<td>August 1st</td>
<td>92%</td>
<td>$552.00</td>
</tr>
<tr>
<td>September 1st</td>
<td>83%</td>
<td>$498.00</td>
</tr>
<tr>
<td>October 1st</td>
<td>75%</td>
<td>$450.00</td>
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<tr>
<td>November 1st</td>
<td>67%</td>
<td>$402.00</td>
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<tr>
<td>December 1st</td>
<td>58%</td>
<td>$348.00</td>
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<tr>
<td>January 1st</td>
<td>50%</td>
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<tr>
<td>February 1st</td>
<td>42%</td>
<td>$252.00</td>
</tr>
<tr>
<td>March 1st</td>
<td>33%</td>
<td>$198.00</td>
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<tr>
<td>April 1st</td>
<td>25%</td>
<td>$150.00</td>
</tr>
<tr>
<td>May 1st</td>
<td>17%</td>
<td>$102.00</td>
</tr>
<tr>
<td>June 1st</td>
<td>8%</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
COVA HealthAware (cont’d)

- **Deductible - per plan year**
  - One person $1,500
  - Two or more persons $3,000

- **Out-of-pocket expense - per plan year**
  - One person $3,000
  - Two or more persons $6,000
COVA HealthAware Example

Craig makes an appointment with his doctor because he’s ill. When he arrives at the doctor’s office, he doesn’t pay anything since the cost of the visit is charged to his Health Reimbursement Account (HRA).

After his exam, his doctor refers him to a specialist. At the specialist’s office, he pays the entire cost of the visit if he has used all of his HRA funds.

The specialist orders a CT scan to aid in the diagnosis of Craig’s illness, a bill that totals $1,000. Once Craig must meet his deductible ($1,500), he is then responsible for paying a 20% co-insurance for the remaining balance.

Once Craig pays $3,000 out-of-pocket, he will not have to pay any further allowable charges for the remainder of the plan year (until June 30th).
COVA HealthAware (cont’d)

AFTER DEDUCTIBLE IS MET, YOU PAY 20% OF BALANCE FOR:

- Doctor’s Visits
- Hospital services
- E R visits
- Outpatient diagnostic laboratory, tests, shots & x-rays
- Infusion Services
- Behavioral Health Visits
  - Medical or non-medical professional
  - Inpatient residential treatment
- Outpatient Therapy Visits
  - Occupational, Physical, and Speech Therapies
  - Chiropractic visits (limit 30 per plan year)
COVA HealthAware (cont’d)

AFTER DEDUCTIBLE IS MET, YOU PAY 20% OF BALANCE FOR:

- Applied Behavioral Analysis (ABA) for autism spectrum disorder (ages 2-10)
- Employee Assistance Program (EAP)
  - Up to 4 visits per incident at no charge (not subject to deductible)
  - Can address emotional well-being issues, financial issues, legal concerns and more.
- Prescription Drugs (Retail Pharmacy)
- Prescription Drugs (Home Delivery Pharmacy)
COVA HealthAware (cont’d)

Wellness & Preventive Services

- **Through age 6**
  - $0 for office visits

- **Age 7 and older**
  - $0 for annual checkup

- **Adult**
  - $0 for routine gynecological exam, Pap test, mammography screening, prostate exam, and colorectal screening.
Basic Dental:
- Diagnostic & Preventive
  $0, no deductible

Expanded Dental Buy-Up Option Available:
- Deductible: $50 (one)/ $100 (two)/ $150 (family)
- Primary (basic) Care
  Plan pays 80% after deductible
  Includes fillings, tooth extractions, and root canals
- Complex Restorative - Plan pays 50% after deductible
  Includes: inlays, onlays, crowns, dentures, bridgework
- Orthodontic - Plan pays 50%, no deductible, $2,000 lifetime max.
COVA HealthAware (cont’d)

Routine Vision

Routine Eye Exam *(once every 12 mos.)* No cost

Vision Buy-Up Required For:

**Eyeglass frames**

Once every 12 months you may select any eyeglass frame and receive the following allowance toward the purchase price:

- $100 allowance then 20% off remaining balance

**Lenses**

- Standard plastic; single, bifocal or trifocal $20 co-pay

  OR

  - Elective** conventional or disposable $100 allowance then 15% off remaining balance

  - Non-elective** $250 allowance

Contact lenses

- Elective** conventional or disposable $100 allowance then 15% off remaining balance

- Non-elective**
COVA HealthAware (cont’d)

Routine Hearing

(once every 12 months)

• Routine hearing exam  No cost

Out-of-Network Coverage

• Plan will pay 40% of allowable charges once deductible is met.
• Provider may charge more than the allowable charge for which you will be responsible for paying.
COVA Care Plan

- Deductible - per plan year
  - One person $300
  - Two or more persons $600

  This deductible is for diagnostic laboratory tests, x-rays, shots, ambulance travel and durable medical equipment.

- Out-of-pocket expense - per plan year
  - One person $1,500
  - Two or more persons $3,000
COVA Care Example

Craig makes an appointment with his doctor because he’s ill. When he arrives at the doctor’s office, he pays the $25 co-pay.

After his exam, his doctor refers him to a specialist. At the specialist’s office, he pays a $40 co-pay to see the doctor.

The specialist orders a CT scan to aid in the diagnosis of his illness, a bill that totals $1,000. Craig must meet his deductible ($300) and then is responsible for paying a 20% co-insurance ($140) for the remaining balance.

Once Craig pays $1,500 out-of-pocket, he will not have to pay any further allowable charges for the remainder of the plan year (until June 30th).
COVA Care (cont’d)

- Doctor’s Visits
  - $25 PCP Co-pay
  - $40 Specialist Co-pay
- Hospital services
  - Inpatient - $300 per stay
  - Outpatient - $125 per visit
- E R visits
  - $150 per visit (waived if admitted)
- Outpatient diagnostic laboratory, tests, shots & x-rays
  - 20% after deductible
- Infusion Services
  - 20% after deductible
COVA Care (cont’d)

• Outpatient therapy visits
  o Occupational and Speech Therapy $35
  o Physical Therapy $15
  o Chiropractic $35

Applied Behavior Analysis (ABA) $25 per service
  ▶ For autism spectrum disorder (ages 2-10)

• Behavioral Health Visits
  o Non-medical or medical professional $25
  o Inpatient residential treatment $300 per stay

• Employee Assistance Program (EAP)
  o Up to 4 visits per incident $0

• Prescriptions-mandatory generic
  o Retail Pharmacy / 34-day supply
    ▪ $15/$30/$45/$55 specialty drugs
  o Home Delivery Pharmacy / 90-day supply
    ▪ $30/$60/$90/$110 specialty drugs
COVA Care (cont’d)

Wellness & Preventive Services

Through age 6
$0 for office visits

Age 7 and older
$0 for annual checkup

Adult
$0 for routine gynecological exam, Pap test, mammography screening, prostate exam, and colorectal screening
Basic Dental
  - Diagnostic & Preventive
    $0, no deductible

Expanded Dental  Buy-Up Option Available:
  - Deductible: $50 (one)/ $100 (two)/ $150 (family)

Primary (basic) Care
  - Plan pays 80% after deductible
    - Includes fillings, tooth extractions, and root canals
  - Complex Restorative - Plan pays 50% after deductible
    - Includes: inlays, on lays, crowns, dentures, bridgework
  - Orthodontic - Plan pays 50%, no deductible, $2,000 lifetime max.
COVA Care (cont’d)

Routine Vision & Hearing Buy-Up Option

Routine Eye Exam (once every 12 mos.)
Eyeglass frames
Once every 12 months you may select any eyeglass frame and receive the following allowance toward the purchase price

Lenses
- Standard plastic; single, bifocal or trifocal

OR

Contact lenses
- Elective** conventional or disposable
- Non-elective**

$40

$100 allowance then 20% off remaining balance

$20 co-pay

$100 allowance then 15% off remaining balance

$250 allowance
COVA Care (cont’d)

Hearing
Available for additional premium

• Routine hearing exam (every 12 months) $40

• Hearing aids and other hearing-related services Plan pays up to $1,200 in 48 mos.

• Benefit maximum 48 mos. $1,200 during
COVA Care (cont’d)

Out-of-Network Optional Buy-Up

Available for additional premium

- Plan payment is reduced by 25%.

- Provider may charge more than the allowable charge for which you will be responsible for paying.
Flexible Reimbursement Accounts

Flexible Reimbursement Accounts is a pre-tax benefit

- Set aside part of your salary each pay period on a pre-tax basis to cover eligible medical or dependent care expenses

- Medical provides reimbursement for eligible out-of-pocket expense

- Dependent care provides reimbursement for eligible dependent care expenses for qualifying individuals
Medical Reimbursement Accounts

- Use for Copayments and deductibles
  - Eligible reimbursements
    - Ambulance service
    - Dental fees
    - Eyeglasses
  - “Use it or lose it”
    - Be conservative when estimating your medical expenses
      - No carry over
      - No return
Dependent Care Reimbursement Accounts

- Use for Dependent care expenses
  - Allows you to set aside part of your salary each pay period on a pre tax basis
  - Provides reimbursements for dependents (child or elder)
- Some eligible reimbursements include:
  - After school care
  - Baby-sitting fees
  - Nursery and preschool
- “Use it or lose it”
  - Be conservative when estimating your dependent care expenses
    - No carry over
    - No return
Flexible Reimbursement Accounts cont.

- $10 minimum contribution
- Dependent Care: $5,000 maximum per household if filing jointly* for the 2017-18 plan year
- Medical Care: $2,600 maximum per person for the 2017-18 plan
- Monthly administrative fee $3.65

*If married but filing separately, maximum is $2,500
Health Insurance Monthly Premiums

Employee Monthly Premiums for July 1, 2017 – June 30, 2018

Total salary employees working 30 or more hours a week pay the “Employee Only” amount. Colored employees working less than 30 hours a week pay the Total Premium.

Please note: See a Premium Vacator if you are enrolled in 2016 Care or CIGNA HealthAware. You or your employer may request complete enrollment Healthy Notice to your $7 a month for all. When both of you meet the requirements. See page 1.

<table>
<thead>
<tr>
<th>HEALTH CARE PLANS</th>
<th>Single</th>
<th>Family</th>
<th>Employee Only</th>
<th>Employee Only</th>
<th>Employee Only</th>
<th>Employee Only</th>
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<td>$979</td>
<td>$111</td>
<td>$997</td>
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<td>$2,579</td>
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<td>CIGNA Care + Out-of-Network</td>
<td>$156</td>
<td>$371</td>
<td>$937</td>
<td>$168</td>
<td>$191</td>
<td>$350</td>
<td>$394</td>
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<tr>
<td>Total Premium</td>
<td>$778</td>
<td>$1,834</td>
<td>$2,534</td>
<td>$373</td>
<td>$1,567</td>
<td>$1,110</td>
<td>$1,207</td>
<td>$1,270</td>
</tr>
<tr>
<td>CIGNA Care + Expanded Dental</td>
<td>$151</td>
<td>$361</td>
<td>$934</td>
<td>$168</td>
<td>$191</td>
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<tr>
<td>CIGNA HealthAware</td>
<td>$150</td>
<td>$357</td>
<td>$933</td>
<td>$167</td>
<td>$190</td>
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<td>$393</td>
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<td>$1,270</td>
</tr>
</tbody>
</table>

Healthcare Ten Blue-care. Medical treatment by otherwise listed plan must be paid by the patient.
Premium Rewards

- Earn $17 off your monthly premiums ($34 for employee and spouse).
- Complete biometric screening with your doctor and an online health assessment.
- See the back of your rate sheet for details.

*visit: myactivehealth.com*
Healthcare Benefits Enrollment Form

Want to elect coverage?

- Complete sections 1 through 5
- Provide required documentation for each eligible dependent
- Dependent eligibility listed on page 2

Want to waive health coverage?

- Complete sections 1, 2, 3, 4, and 5
- In section 4, make sure you check “I do not wish to participate in health care coverage (W)”
## Eligibility for adding Dependents & Documentation Required

### Eligibility Definitions and Required Documentation

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Eligibility Definition</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>The marriage must be recognized as legal in the Commonwealth of Virginia.</td>
<td>photocopy of marriage certificate, and&lt;br&gt;photocopy of the top portion of the employee’s most recent Federal Tax Return that shows the dependent listed as “Spouse.” NOTE: All financial information and Social Security Numbers can be redacted.</td>
</tr>
<tr>
<td>Natural or Adopted Son/ Daughter</td>
<td>A son or daughter may be covered to the end of the year in which he or she turns age 26.</td>
<td>photocopy of birth certificate or legal adoptive agreement showing employee’s name. (Note: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.)</td>
</tr>
<tr>
<td>Stepson or Steppdaughter</td>
<td>A stepson or steppdaughter may be covered to the end of the year in which he or she turns age 26.</td>
<td>photocopy of birth certificate (or adoption agreement) showing the name of the employee’s spouse, and&lt;br&gt;photocopy of marriage certificate showing the employee and dependent parent’s name and&lt;br&gt;photocopy of the most recent Federal Tax Return that shows the dependent’s parent listed as “Spouse.” NOTE: All financial information and Social Security Numbers can be redacted.</td>
</tr>
<tr>
<td>Other Female or Male Child</td>
<td>An unmarried child in which a court has ordered the employee and/or the employee’s legal spouse to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if: &lt;br&gt;- the principal place of residence is with the employee; &lt;br&gt;- they are a member of the employee’s household; &lt;br&gt;- they receive over one-half of their support from the employee and&lt;br&gt;- the custody was awarded prior to the child’s 18th birthday.</td>
<td>photocopy of the Final Court Order granting permanent custody with presiding judge’s signature.</td>
</tr>
</tbody>
</table>
Making Changes

- When may I make changes to my health benefits plan?
  - During Open Enrollment
    - Usually around May each year; changes effective July 1st
  - Qualifying Mid-Year Event
    - Within 60 days of the event with appropriate documentation
Making Changes

QUALIFYING STATUS CHANGES

- Marriage or divorce
- Death of spouse or dependent
- Birth or adoption of child
- Loss of dependent eligibility
- Employment begin/end for spouse
- Employee or spouse change to/from part-time/full-time employment
- Loss of other employer plan
- Eligibility for or loss of government health care
- Dept. of Social Services Health Care Coverage Order
Employee Clearance Deduction Authorization

The form must be completed **TODAY**

You agree that William & Mary will deduct from your final check and/or your leave payoff check any balances owed or the cost of any unreturned university material upon your separation of employment.
Questions  ??????

Contact your designated HR Service Team Benefit Analyst directly

**Team Griffin - David Sherman**  drsherman@wm.edu

**Team Osprey - Mary Connolly**  mconnolly@wm.edu

**Team Wren - CherylAnn Menkins**  cmenkins@wm.edu