New Faculty Orientation

The College of William and Mary
Office of Human Resources
## ORIENTATION CHECKLIST

**CONTRACT EMPLOYEE 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>Tax Forms: Federal W-4 and State VA-4</td>
<td>TODAY</td>
</tr>
<tr>
<td>VRS Beneficiary Designation Form (VRS-2)</td>
<td>TODAY</td>
</tr>
<tr>
<td><strong>ORP = Complete sect. A, B &amp; D, VRS = Complete all sections</strong></td>
<td>TODAY</td>
</tr>
<tr>
<td>Virginia Alcohol and Drug Policy</td>
<td>TODAY</td>
</tr>
<tr>
<td>Health Benefits Enrollment/Waiver Form</td>
<td>30 DAYS</td>
</tr>
<tr>
<td>Flexible Reimbursement Account-Dependent</td>
<td>30 DAYS</td>
</tr>
<tr>
<td>Flexible Reimbursement Account-Medical</td>
<td>30 DAYS</td>
</tr>
<tr>
<td>Optional Retirement Plan (ORP) Application</td>
<td>60 DAYS</td>
</tr>
<tr>
<td><em>(Fidelity or TIAA-CREF)</em></td>
<td>60 DAYS</td>
</tr>
<tr>
<td>Election to Participate in ORP (VRS-65)</td>
<td>60 DAYS</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
</tr>
<tr>
<td>Virginia Retirement System (VRS) Election Form</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>Virginia Sickness &amp; Disability Program (VSDP-2) Opt Out Form</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>Opt Out of Auto Enrollment to Deferred Compensation (457) if not wanted</td>
<td>90 DAYS</td>
</tr>
<tr>
<td>OPTIONAL</td>
<td></td>
</tr>
<tr>
<td>Legal Resources</td>
<td>31 DAYS</td>
</tr>
<tr>
<td>Optional Life Insurance</td>
<td>31 DAYS</td>
</tr>
<tr>
<td>Long Term Care Insurance</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>403b &amp; Cash Match</td>
<td>ANY TIME</td>
</tr>
</tbody>
</table>

* = Within ___ Days of Hire Date
The Code of Ethics was adopted by the Board of Visitors of the College on April 17, 2009.

The purpose is to guide the behavior of the Board members, employees, students and volunteers.

Please review and become familiar with the Code of Ethics.

Please also review the Reporting Obligations on the reverse of the form.
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}
- Pay checks must be direct deposited
- Direct deposit and tax forms available
Banner Self-Service

- Banner is our integrated information system
- Banner ID number is your employee ID number
- 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 transaction history
Annual Leave

- Applies to Professionals, Instructional Faculty on 12-month contracts; **NOT** applicable to instructional faculty on 9-month contracts.

- Annual leave accrues at the rate of 2.00 days per month of full-time employment (24 days per year). Leave may be accumulated up to 30 days (240 hours) per calendar year.
Holidays

- Applies to Professionals, Instructional Faculty on 12-month contracts; **NOT** applicable to instructional faculty on 9-month contracts.

- Twelve paid holidays:
  New Year’s Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, and Christmas Day

- Four remaining holidays normally taken during the winter break
Community Service Leave

- Applies to Professionals, Instructional Faculty on 12-month contracts; **NOT** applicable to instructional faculty on 9-month contracts.

- May use 16 hours each leave calendar year for services within your community:
  - school-related meetings or assistance
  - volunteer member of a community service organization
THE COLLEGE OF WILLIAM AND MARY / VIMS
PAYROLL DIRECT DEPOSIT AUTHORIZATION

Employee Name:

Employee ID:

Home Address:

City, State, Zip:

Phone:

E-mail:

Please indicate the department and location where your Direct Deposit stub should be mailed each pay period:

Department:

Location:

Please indicate the type of transaction you are requesting:

☐ New Direct Deposit
☐ Change account(s) / amount(s)
☐ Change department / location
☐ Terminate authorization

You may have a total of two Direct Deposits.

1. Deposit

Type of Direct Deposit:

Account Type:

Account Number:

2. Deposit

Type of Direct Deposit:

Account Type:

Account Number:

If depositing into a checking account, please attach a voided check.

(If including your pre-printed name and address)

If depositing to a Credit Union or into a savings account, please attach one of the following:

A completed direct deposit sign-up form 1199-a (available from your financial institution)

Correspondence from your financial institution listing your account and their routing number

Note: The information requested is necessary to identify your account and your financial institution’s routing number.

I hereby authorize the College of William and Mary to initiate direct deposits (and, if necessary, debit entries) to my account(s) listed above. To ensure proper distribution of any pay, I agree to immediately notify the Payroll department of any changes to this information. This direct deposit request will remain in effect until I notify, in writing, the Payroll department to terminate it, or until my employment with the College is terminated.

Signature:

Date:

Return this form to:

The College of William and Mary
Payroll Office
P.O. Box 8755
Williamsburg, VA 23187-8755
Virginia & Federal Tax (VA-4 & W-4)

- Set up and make changes to your both W4 & VA4 using Banner Self-Service.
- Instructions are included in your orientation packet.
- For help with setting up or changing your tax exemptions, contact the Payroll Office at payofc@wm.edu or by calling 221-2848.
Commonwealth of Virginia Campaign

- Allows you to make contributions to over 1,000 approved charities through deduction from your paycheck
- Is NOT a pre-tax payroll deduction
- Visit [http://www.cvc.virginia.gov](http://www.cvc.virginia.gov) for more information and for a list of approved charities
- Elections are made through [https://eDirect.Virginia.gov](https://eDirect.Virginia.gov)
Parking Services

- Decal or permit required to park on college property
- Decal fee based on annual income
- Decal fee may be paid through a pre-tax payroll deduction
- Visit Parking Services at 201 Ukrop Way (next to the parking garage)
Colonial Williamsburg’s Good Neighbor Program

- Complimentary card available to all full-time and part-time faculty, staff and their immediate family
- Provides admission to all exhibitions and museums, special discounts, and other benefits
Campus Recreation
Department Privileges

- All William and Mary and VIMS employees may use the Recreational Sports Center by showing a faculty/staff ID
- Spouse of an employee may use the Center by purchasing a privilege card for $125.00 per year
- Children under the age of 18 may use the facility only on certain designated “Family Days”
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.
Workers’ Compensation

- Report all injuries or illnesses, no matter how minor
- Supervisor & employee must file a “First Report of Accident” form
- Form must be submitted to the Office of Human Resources within 24 hours of the incident
Policy on Alcohol and Other Drugs

- Please review policy and sign the certificate of receipt
- By signing, you are acknowledging receipt of the policy
- Your signature does not indicate agreement or disagreement with the policy
Acceptable Use Policy

- Read and familiarize yourself with the policy
- Link to policy can be found at:
  http://www.wm.edu/offices/it/security/acceptableuse-facstaff/index.php
Travel Counsellors, Inc.

Please visit the HR website for complete details
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 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
Life Insurance

- Provided to all full-time employees at no cost to you
- No medical examination required
- Effective first day of eligible employment
- Natural death coverage - 2 times salary rounded to next $1,000
- Accidental death coverage - 4 times salary rounded to next $1,000
Optional Life Insurance

- Employees may purchase additional life insurance for self & family members
- Option of 1, 2, 3 or 4 times your annual salary
- Employee pays a premium based on age, salary, and coverage level selected
- Premiums are paid through payroll deduction
Optional Life Insurance

- If you apply within 31 days of your date of hire:
  - Employee coverage is guaranteed at up to 4 times annual salary rounded to next $1,000.
  - Spouse’s coverage is guaranteed for half of employee’s salary under option 1 only; Evidence of Insurability required for options 2 – 4.
  - Children’s coverage will be the same level as the employee’s.
- Maximum employee coverage is $750,000.
- You may apply at a later time with a completed Evidence of Insurability.
Optional Life Insurance Form

Complete this section

Specify coverage

Sign here for coverage

Sign here to waive optional life coverage
Choosing Your Retirement Plan

Please review the retirement plan comparison to assist you in making your retirement election.
Virginia Retirement System & Optional Retirement Plan

- Choose a retirement plan **within 60 days** of your hire date
  - For example, employees hired on August 10\(^{th}\), the deadline will be October 8\(^{th}\)
- Virginia Retirement System (VRS) – Hybrid Plan, a combination of a defined benefit plan and a defined contribution plan
- Optional Retirement Plan (ORP) – Plan 2, a defined contribution plan
- If you do not select the ORP within 60 days of employment, **you will default into the VRS Hybrid Plan**
Virginia Retirement System - Hybrid Plan

- Each pay period, you contribute a total of 5% of your gross pay on a pre-tax basis to a retirement plan:
  - 4% to the defined benefit (DB) component
  - 1% to the defined contribution (DC) component

- Defined benefit at retirement is based on formula:
  - \((\text{Average final compensation} \times 1\% \times \text{years of service})/12\)
  - Vesting period is 5 years of service to be eligible for the DB component
Virginia Retirement System – Hybrid Plan

- Eligible for the defined benefit retirement at normal Social Security retirement age or when age + service = 90 (e.g., age 60 with 30 years of service)
Cash Match for VRS-Hybrid

- After the first quarter of participation, you may increase your contribution to the DC component to a maximum of an additional 4% and receive an employer match on your contributions.

<table>
<thead>
<tr>
<th>Voluntary 457 Contribution</th>
<th>Employer Match Amount</th>
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</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>
</tr>
<tr>
<td>2.00%</td>
<td>1.50%</td>
</tr>
<tr>
<td>2.50%</td>
<td>1.75%</td>
</tr>
<tr>
<td>3.00%</td>
<td>2.00%</td>
</tr>
<tr>
<td>3.50%</td>
<td>2.25%</td>
</tr>
<tr>
<td>4.00%</td>
<td>2.50%</td>
</tr>
</tbody>
</table>
Virginia Retirement System - Hybrid Plan

- Vesting period for the defined contribution employer match is:
  - 2 years of service = 50% vested
  - 3 years of service = 75% vested
  - 4+ years of service = 100% vested
- Following separation of employment (prior to retirement), you can either withdraw the funds you contributed (less penalty and tax), or roll your funds over into another qualifying account (no fee or taxes).
Optional Retirement Plan

- Benefit at retirement is based on contributions, net investment earnings, and age
- Each pay period, you contribute 5% of your gross pay on a pre-tax basis, and W & M makes an additional 8.5% contribution
- Vesting is immediate for the account balance, including the employer contributions
- Plan providers are TIAA and Fidelity
- Open enrollment of October 1-31 to change your plan provider
- Following separation of employment (prior to retirement), you can either withdraw all funds (less penalty and tax), or roll funds over into another qualifying account (no fee or taxes).
# Comparison Point Highlights

<table>
<thead>
<tr>
<th></th>
<th>VRS</th>
<th>ORP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vesting</strong></td>
<td>Defined Benefit: 5 years</td>
<td>Immediate</td>
</tr>
<tr>
<td></td>
<td>Defined Contribution: Immediate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(employer match based on years of service)</td>
<td></td>
</tr>
<tr>
<td><strong>Contribution</strong></td>
<td>Employee: 5%</td>
<td>Employee: 5%</td>
</tr>
<tr>
<td></td>
<td>Employer: Depends on voluntary contributions</td>
<td>Employer: 8.5%</td>
</tr>
<tr>
<td><strong>Portability</strong></td>
<td>May withdraw or roll-over funds into a qualifying account</td>
<td>May consolidate funds into another ORP account with same or different vendor or withdraw or roll-over funds into qualifying account</td>
</tr>
<tr>
<td><strong>Retirement Benefit</strong></td>
<td>Guaranteed benefit or “pension” plan and benefit based on account balance at retirement</td>
<td>Based on account balance at retirement; investment risk applies</td>
</tr>
</tbody>
</table>
Selecting a Plan

• Your selection of a retirement plan is irrevocable
• You have 60 days from your date of hire to make a choice, notify HR and turn in the necessary enrollment forms
• Until you make your selection, 5% of each pay check will be held in escrow and will be allocated to the plan of your choice after selection is made
Medical Disability/Sick Leave and Family Personal Leave

- ORP participants are covered by the College’s Disability/Leave Plan
- VRS participants have a choice between the College’s Disability Leave Plan or the Virginia Sickness and Disability Program (VSDP); this choice is irrevocable
# Disability and Sick Leave Comparison

## Medical Disability/Sick Leave and Family Personal Comparison

<table>
<thead>
<tr>
<th>Benefit</th>
<th>*College of William and Mary Plan</th>
<th>**Virginia Sickness and Disability Plan (VSDP) Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick Days</td>
<td>Ten days per year for full-time employees. Information can be found at the following web site:</td>
<td>Eight to ten days per year for full-time employees based on length of state service. Information can be found at the following web site:</td>
</tr>
<tr>
<td>Family and Personal Leave</td>
<td>Personal Leave-None Family Leave-Certain kinds of dependent care leave may qualify for paid disability leave subject to the time limitations provided in Paid Disability Leave.</td>
<td>Four to five days per year based on length of state service.</td>
</tr>
<tr>
<td>Leave Documentation</td>
<td>Sick Leave hours must be reported in Banner Self-Service.</td>
<td>Hours of leave used must be reported in Banner Self-Service.</td>
</tr>
<tr>
<td>Short-term Disability (STD)</td>
<td>100% of pay for a maximum of 120 calendar days. Information can be found at the following web site:</td>
<td>&quot;Eligibility&quot; for non-work related disability benefits will begin after a one-year waiting period. Once met, there is also a seven-day elimination period for short-term disability. Sick and personal leave (if available) may be used to cover the elimination period. VSDP income replacement will be at 60% for the first 5 years of employment. After your first 5 years, your income replacement depends on your length of state service. Short-term disability ranges from five to twenty-five workdays at 100 percent income replacement, and reducing to 80 percent and to 60 percent of pre-disability income for a maximum of 180 calendar days. Refer to page 17 in the VSDP Handbook found at the following website:</td>
</tr>
<tr>
<td>Long-term Disability (LTD)</td>
<td>After a 180-calendar day elimination period, you may qualify for 60% income replacement to a maximum of $6,000 per month, paid until normal retirement age. Employees must satisfy a one-year waiting period to be eligible</td>
<td>After the 180 calendar days, long-term disability goes into effect at the rate of 60 percent of your pre-disability salary until return to work or until retirement or death. Return to your pre-disability position is not guaranteed after you begin LTD. May be required to participate in a rehabilitation program. Disability retirement option is waived in VSDP. Employees must</td>
</tr>
</tbody>
</table>
Group Long Term Disability Insurance - The Standard

- Not available to those on a restricted appointment
- Cost is .171% of annual salary
- Example:
  $50,000/12 = $4,166.67/mo.
  $4,166.67 x .171% = $7.13
  60% x $7.13 = $4.28 Employer pays
  40% x $7.13 = $2.85 Employee pays
  Total paid per paycheck = $1.43
Form VRS-65 – Elect ORP

**ELECTION TO PARTICIPATE**

**OPTIONAL RETIREMENT PLAN FOR HIGHER EDUCATION**

**Virginia Retirement System**

P.O. Box 2800 • Richmond, Virginia 23218-2500

Toll Free 1-888-VARRETIR (827-7367)

www.varsi.org

Complete this form within 60 days from the date you are first employed in a position eligible for the Optional Retirement Plan for Higher Education (ORPHE). Your election on this form is irrevocable and notifies VRS of your choice to be covered by the ORPHE or by the Virginia Retirement System (VRS). See “Completing the Election to Participate” for more information. If we do not receive this form within 60 days of the date you are first employed, you are covered by the VRS Hybrid Retirement Plan unless you have prior service (see box 9). Note: Submit only a signed, original form to VRS. Fax copies cannot be accepted.

<table>
<thead>
<tr>
<th>Employee Code</th>
<th>Employee Name</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

8. If you have prior service with VRS or an ORP authorized by VRS, list the time periods you were covered and provide supporting documentation described in the instructions. This assures your coverage in the correct plan is based on the election you make in box 7.

9. First Date of Employment in ORP Eligible Position with this Institution

10. Employee Statement (Please read the following statement carefully before signing):

   a. I am eligible to participate in the ORP for higher education because (Choose one):
      - I am a faculty member at a college or university whose employment is less than 50% full-time.
      - I have been on a full-time or part-time faculty position after a bona fide break in service.
      - I have met the current requirements for participation in the ORP as described in the ORP Guidebook.
   
   b. I understand and agree to the following conditions of this election as stated in the “Understanding the Plan Provisions” section of the instructions:
      - I understand that participation in the ORP is irrevocable.
      - I understand that contributions will be credited to my account.
      - I understand that I must comply with the enrollment requirements of the ORP as described in the instructions.

11. Employee Signature

12. Employer Certification: This employee is eligible to participate in the ORP in accordance with existing guidelines and does not have any prior service with VRS or an authorized plan that is covered by a recognized plan.

**VRS-65 (Nov. 2014)**
Complete only if you select the VRS Hybrid plan and prefer to be on the W& M leave plan.
Designation of Beneficiary

DESIGNATION OF BENEFICIARY

PART A. MEMBER/RETIREE INFORMATION

1. Name (First, Middle Initial, Last)
2. Address (Street, City, State and Zip)
3. Date of Birth

PART B. BENEFICIARIES FOR VRS BASIC AND OPTIONAL GROUP LIFE INSURANCE

- Check one: I revoke any previous designations and elect payment of VRS retirement contributions/benefits to be made by direct or proceeds established by law.
- If you check this box, do not complete the beneficiary information below.
- If you check the box, complete the beneficiary information below.

For each beneficiary, provide the following information:

- Full Name (Person or Estate) (First, Middle Initial, Last)
- Address (Street, City, State and Zip)
- Beneficiary Type (check one):
  - Primary
  - Contingent
- Share %
- Relationship
- Birth Date

PART C. BENEFICIARIES FOR VRS MEMBER ACCOUNT RETIREMENT CONTRIBUTIONS/BENEFITS

Check one:
- I revoke any previous designations and elect payment of VRS retirement contributions/benefits to be made by direct or proceeds established by law.
- If you check this box, do not complete the beneficiary information below.
- If you check the box, complete the beneficiary information below.

For each beneficiary, provide the following information:

- Full Name (Person or Estate) (First, Middle Initial, Last)
- Address (Street, City, State and Zip)
- Beneficiary Type (check one):
  - Primary
  - Contingent
- Share %
- Relationship
- Birth Date

PART D. CERTIFICATION

Member Certification: I hereby revoke all previous designations of primary and contingent beneficiaries, if any, and designate the beneficiaries as indicated on this form to receive the proceeds of the basic and optional group life insurance benefits to be paid in the order of precedence established by law.

Date: __________________________

Member Signature

Are additional beneficiaries for Part B listed on a VRS-DA continuation form?
- Yes
- No
Deferred Compensation and Cash Match

- May enroll in a tax sheltered annuity:
  - TIAA or Fidelity – 403(b), and/or
  - 457 deferred compensation plan:
    - Roth after-tax option available
    - ICMA-RC phone 1-877-327-5261

- Cash match of $20 per pay period to one plan if you are contributing $40 per pay period
Participation in Deferred Compensation and Cash Match

- ORP participants - automatically enrolled in the 457 plan
  - Call ICMA-RC to opt-out within 90 days of hire. Default amount for those on 9-month contracts is $26.67 per pay period; for 12-month contracts, it is $20 per pay period.

- VRS Hybrid plan participants - must be contributing the maximum of 9% to the plan in order to be eligible for the cash match program with the 403(b) or 457 plan
  - TIAA-CREF codes: 101851 and 101852
  - Fidelity codes: 51756 and 57893
Benefits At A Glance

State self-insured health plans are administered by the Department of Human Resources (DHRM) and include:

**COVA Care/COVA HDHP**
www.anthem.com/cova

**COVA HealthAware**
www.covahealthaware.com

**Kaiser Permanente (Northern VA Only)**
my.kp.org/commonwealthofvirginia
## Monthly Health Insurance Rates

### Commonwealth of Virginia State Benefits Program

#### Employee Monthly Premiums for July 1, 2016 – June 30, 2017

Full-time employees pay the “Employee Pays” amount. Part-time salaried employees pay the Total Premium.

Please note: Get a Premium Reward if you are enrolled in COVA Care or COVA HealthShare. You or your enrolled spouse must complete certain health actions to save $15 a month or $184 when both of you meet the requirements.

<table>
<thead>
<tr>
<th>HEALTH CARE PLANS</th>
<th>Premium Only</th>
<th>Premium with Rewards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Only</td>
<td>You Plus Spouse</td>
</tr>
<tr>
<td></td>
<td>You Only</td>
<td>You Plus Spouse</td>
</tr>
<tr>
<td></td>
<td>Employees</td>
<td>Employees</td>
</tr>
<tr>
<td></td>
<td>State Pays</td>
<td>State Pays</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>Total Premium</td>
</tr>
<tr>
<td>COVA Care</td>
<td>$92</td>
<td>$198</td>
</tr>
<tr>
<td>+ Out-of-Network</td>
<td>$945</td>
<td>$3,466</td>
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<td>$1,254</td>
<td>$1,817</td>
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<td>$646</td>
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<td>$1,400</td>
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<td></td>
<td>$1,703</td>
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<tr>
<td>COVA Care</td>
<td>$96</td>
<td>$243</td>
</tr>
<tr>
<td>+ Out-of-Network</td>
<td>$955</td>
<td>$3,466</td>
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<tr>
<td></td>
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<td>$1,817</td>
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Premiums and plan benefits may change subject to final state budget approval.
Health Benefit Plan

- The basic plan includes:
  - Medical - Anthem or Aetna
  - Dental coverage - Delta Dental or Aetna
  - Prescription drug coverage – Express Scripts or Aetna
  - Behavioral Health & Employee Assistance Program (EAP) – Anthem or Aetna
- Plan year is July 1 – June 30
Terms to Know

- **Premium**
The cost - withheld from your paycheck - to belong to a health care plan.

- **Co-pay**
A flat fee you pay for covered services, such as doctor visits.

- **Deductible**
The amount you pay each plan year - July 1 through June 30 - for certain services before your plan starts to pay.

- **Co-insurance**
Your share of health care costs for certain services - a percentage of the total cost - after meeting your deductible.

- **Out-of-pocket maximum**
The most you have to pay out-of-pocket each plan year for in-network health care services.
Wellness & Preventive Services
Immunizations, lab and x-rays

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.
All Plans Include…

Basic Dental
Maximum annual benefit per member (excluding Orthodontic) - $2,000
  - Diagnostic & Preventive
    $0, no deductible
Expanded Dental Optional Buy-Up:
  Deductible: $50 (single)/$100 (dual)/$150 (family)
  - Primary Care
    Includes: fillings, tooth extractions, and root canals
    20% after deductible
  - Complex Restorative – Plan pays 50% after deductible
    • Includes: inlays, on lays, crowns, dentures, bridgework
  - Orthodontic – Plan pays 50%, no deductible, $2,000 lifetime maximum
COVA Care

- Doctors Visits
  - $25 Primary Care Physician (PCP) Co-pay
  - $40 Specialist Co-pay
- Hospital services
  - Inpatient - $300 per stay
  - Outpatient - $125 per visit
- Emergency Room visits
  - $150 per visit (waived if admitted)
- Outpatient diagnostic laboratory, tests, shots & x-rays
  - 20% after deductible

Infusion Services
  - 20% after deductible
COVA Care

- Deductible – per plan year
  - One person $300.00
  - Two or more persons $600.00

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

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

• Outpatient therapy visits
  o Occupational & Speech Therapy $35
  o Physical Therapy $15
  o Chiropractic (30-visit plan year limit) $35

• Behavioral Health Visits
  o Non-medical or medical professional $25
  o Inpatient residential treatment, per stay $300
  o Intensive outpatient treatment (IOP), per episode of care $125

• 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
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, Craig 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).
Out-of-Network Option

- Provides coverage for physicians and facilities not in the network
- Plan payment is reduced by 25%
- Provider may balance bill for amount above allowable charge
Vision & Hearing Optional Buy-Up

VISION BENEFITS

Routine eye exam every 12 months - $40

Eyeglass frames

Once every 12 months you may select any eyeglass frame $100 allowance then 20% off the remaining balance

Eyeglass lenses

- Standard plastic single lens  $20 co-pay; then covered in full (1 pair)
- Standard plastic bifocal lens  $20 co-pay; then covered in full (1 pair)
- Standard plastic trifocal lens  $20 co-pay; then covered in full (1 pair)

OR

Contact lenses

- Elective Conventional Lenses  $100 allowance, 15% off balance
- Elective Disposable Lenses  $100 allowance (no additional discount)
- Non-Elective Contact Lenses  $250 allowance (no additional discount)
Routine Vision Care Services (continued)

Contact lens fitting and follow-up

A contact lens fitting, and up to two follow-up visits are available to you once comprehensive eye exam has been completed

- Standard contact fitting  You pay up to $55
- Premium contact lens fitting  10% off retail price

Hearing Benefits

- Routine hearing exam (once every 12 months)  $40 per visit

Hearing aids and other hearing aid services and supplies  $0 except disposable hearing aids

(up to $1,200 during 48 months)
High Deductible Health Plan

- **You pay 20% after deductible for:**
  - Doctor’s Visits
  - Hospital services
  - Emergency Room visits
  - Outpatient diagnostic laboratory, tests, shots & x-rays
  - Infusion Services
  - Outpatient therapy visits
    - Occupational, Physical, and Speech Therapy
    - Chiropractic
  - Behavioral Health Visits
    - Medical or non-medical professional
    - Inpatient residential or intensive outpatient treatment
    - Applied Behavior Analysis (ABA) for autism spectrum disorder (ages 2-6; $35,000 annual limit)
High Deductible Health Plan

- **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
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, Craig 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).
High Deductible Health Plan

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

Prescriptions - mandatory generic
  - Retail Pharmacy / 34-day supply
    - 20% after deductible
  - Home Delivery Pharmacy / 90-day supply
    - 20% after deductible

Out of Network: Not Available

Vision and Hearing: Not Available
COVA HealthAware

- Consumer-driven health plan administered by Aetna
- Includes a Health Reimbursement Account (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.
- Additional HRA funds (up to $150/employee, spouse) available by doing healthy activities called “do rights.” You will receive $50/each in your HRA for completing three of the following Do Rights:
  - Routine annual physical
  - Routine dental exam
  - Routine vision exam
  - Annual flu shot
  - Use MyActiveHealth Tracker
  - Complete MyActiveHealth Coaching Module
- Unused HRA funds roll over to the next plan year
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
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, Craig 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 has met his deductible ($1,500), he is then responsible for paying a 20% co-insurance for the remaining balance.

Once Craig’s 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)

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

Prescriptions-mandatory generic
  o Retail Pharmacy / 34-day supply
    • 20% after deductible
  o Home Delivery Pharmacy / 90-day supply
    • 20% after deductible
COVA HealthAware (cont’d)

Routine Vision

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

Optional Vision Buy-Up

**Eyeglass frames**
- Once every 12 months you may select any eyeglass frame $100 allowance then 20% off the remaining balance

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

**Contact lenses**
- Elective conventional or disposable  $100 allowance then 15% off the remaining balance
- Non-elective  $250 allowance
Hearing Benefits
(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.
Flexible Spending Accounts are a pre-tax benefit
- Set aside part of your salary each pay period on a pre-tax basis
- Monthly administrative fee of $3.65
- benefitadminsolutions.com/anthem

Minimum and Maximum for both:
- $10 minimum
- $2,550 maximum for Medical FSA
- $5,000 maximum for Dependent FSA. If you are married and file a joint tax return, your combined maximum election amount is $5,000. If you are married but filing separate tax returns, the maximum amount is $2,500.
Medical Spending Account

- Use for co-payments and deductibles
  - Types of eligible reimbursements
    - Ambulance service
    - Dental fees
    - Prescriptions
    - Eyeglasses/contacts
  - “Use it or lose it”
    - Be conservative when estimating your medical expenses
      - No carry over
      - No return
Dependent Care Spending Account

- **Use for Dependent care expenses**
  - Provides reimbursements for dependents (child or elder)

- **Eligible reimbursements**
  - Before- and after-school care, preschool or nursery school
  - Services of an au pair, nanny, babysitter
  - Elder day care for qualifying individual

- **“Use it or lose it”**
  - Be conservative when estimating your dependent care expenses
    - No carry over
    - No return
Health Benefits Enrollment Form

To Enroll:
Complete Sections 1-5

To Waive:
Complete Sections 1, 3, 4 and 5
Health Benefits Enrollment Form

Section 4: Health Care Coverage Election

Check the box that applies. The letters in parentheses are for agency use.

- [ ] I do not wish to participate in health care coverage (W)
- [ ] No change to my current plan year election for health care coverage

STATEWIDE HEALTH PLANS

- [ ] CDVA Care (with preventive dental) (CDCO)
- [ ] CDVA Care + Out of Network (ACCO)
- [ ] CDVA Care + Expanded Dental (ACCE)
- [ ] CDVA Care + Out of Network + Expanded Dental (ACCOE)
- [ ] CDVA Care + Expanded Dental + Vision (ACCEV)
- [ ] CDVA Care + Out of Network + Expanded Dental + Vision (ACCOEV)
- [ ] CDVA HMO - High Deductible Plan (with preventive dental) (CHDP)
- [ ] CDVA HMO - High Deductible Plan + Expanded Dental (CDEPD)

REGIONAL HEALTH PLAN

Administered by Kaiser Permanente of the Mid-Atlantic States, Inc.
- [ ] Kaiser Permanente HMO - available in Northern Virginia, Central Virginia and Northern Neck designated zip codes (KP)

Check the box that applies.

- [ ] I wish to cover the following eligible family members listed below. You will be required to submit documentation when adding family members to your coverage. Any family member not listed will not be covered.
- [ ] I do not wish to cover any family members.

Relationship Codes: SM - spouse male, SF - spouse female, S - son, D - daughter, SS - stepson, SD - stepdaughter, OF - other female child, OM - other male child

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<tr>
<th>RELATIONSHIP CODE</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>DATE OF BIRTH MM/DD/YYYY</th>
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Section 5: Employee Certification and Authorization

I certify that I have reviewed and understand the State Health Benefits Program eligibility and enrollment information and I agree to abide by all participation requirements. I certify that all dependents listed meet the eligibility requirements of the program and that the information I have provided on this form is complete and accurate to the best of my knowledge. I understand that intentionally giving incorrect information is considered perjury and punishable to the fullest extent of the law. I understand that the health plan and its business associates have the right to use protected health information in connection with the treatment, payment and health plan operations allowed for by HIPAA. I understand that participating in a Flexible Spending Account (FSA) is completely voluntary, and that payments from my FSA are independently reviewed for compliance with IRS regulations. I further understand that the IRS requires me to reimburse the Plan for any improper, erroneous or excess reimbursement amount that I do not resolve within the timeframe provided by the Plan. In accordance with § 401-1.203(C) of the Code of Virginia, by enrolling in an FSA I specifically authorize the Commonwealth of Virginia to withhold from my paycheck a post-tax basis such amounts as are necessary to replenish my FSA for any improper, erroneous or excess reimbursement.

Print Your Name ____________________________ Assigned ID or Social Security Number ____________________________

Sign Here ____________________________ Date ____________________________

Section 6: Agency Verification and Approval

Data Received Month/Day/Year
data Keyed Month/Day/Year
data Keyed Month/Day/Year

Print Contact Name ____________________________ Phone ____________________________ Agency/Group Number ____________________________

Important: The Agency Transaction Turnaround document is the official record of this change. It is your responsibility to review and confirm this document to ensure that changes made are accurate.

3/2015 Eligibility and Enrollment Information For Employees
# Eligibility Definitions

## Eligibility Definitions and Required Documentation

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<thead>
<tr>
<th>Dependents</th>
<th>Eligibility Definition</th>
<th>Documentation Required</th>
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| Spouse                            | The marriage must be recognized as legal in the Commonwealth of Virginia.  
**Note:** Ex-spouses will not be eligible, even with a court order.                                                                                           | • Photocopy of marriage certificate, **and**  
• Photocopy of the top portion of the first page 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.                                           |
| Natural or Adopted Son/ Daughter  | A son or daughter may be covered to the end of the year in which he or she turns age 26.                                                                                                                              | • 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.) |
| Stepson or Stepdaughter            | A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26.                                                                                                                       | • Photocopy of birth certificate (or adoption agreement) showing the name of the employee’s spouse; **and**  
• Photocopy of marriage certificate showing the employee and dependent parent’s name and  
• 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.                                           |
| Other Female or Male Child        | 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:  
• the principal place of residence is with the employee;  
• they are a member of the employee’s household;  
• they receive one-half of their support from the employee and  
• the custody was awarded prior to the child’s 18th birthday.                                                                 | • Photocopy of the Final Court Order granting permanent custody with presiding judge’s signature.      |
Making Changes

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

QUALIFYING STATUS CHANGES INCLUDE:

- 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
Health Benefits

If the forms are completed and returned within 30 days of hire:
  ◦ the coverage is effective on the first of the month following the date of hire
  ◦ failure to submit a form within 30 days of hire will result in an automatic waiver of coverage
  ◦ for August 10th hire date, due date of health form will be **September 8th**
CommonHealth

- CommonHealth offers quarterly programs cover a variety of health and wellness subjects and are presented in a variety of formats - including onsite programs and video presentations – that make it easy to participate.

- CommonHealth offers these additional wellness programs:

  - On site health checks every two years
    - Future Moms - prenatal program, 1-800-828-5891
    - Tobacco cessation program including free patches and gum to help you quit.
    - Quit for Life, 1-866-Quit 4 Life (1-866-784-8454)
    - Weight Watchers reimbursement
    - The monthly Compass newsletter

- Employees across the state have improved the quality of their lives through CommonHealth and you can too! See your agency CommonHealth coordinator or visit www.commonhealth.virginia.gov for more information.
Employee Clearance Deduction Authorization

• The form must be completed TODAY

• You agree that the College will deduct from your final check and/or your leave payoff check any balances owed or the cost of any unreturned College material upon your separation of employment.
College Orientation

• Has your supervisor registered you for College Orientation?

• It is held the third Wednesday of each month.

• If not, he or she can register you for College Orientation by visiting /forms.wm.edu/12650

• Registration is required to ensure that a space is reserved for you.

• Each orientation includes a variety of speakers, guided tours of the Wren Building and Swem Library, and lunch is provided.
Questions? Need more information?

The College of William & Mary
Office of Human Resources
Bell Hall
109 Cary Street

Phone: (757) 221-3769