New Faculty Orientation

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

## PROFESSIONAL/ FACULTY 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>ORP = Complete sect. A, B &amp; D; VRS = Complete all sections</td>
<td>TODAY</td>
</tr>
<tr>
<td>Virginia Alcohol and Drug Policy</td>
<td>TODAY</td>
</tr>
<tr>
<td>Employee Clearance Deduction Authorization Form</td>
<td>TODAY</td>
</tr>
<tr>
<td>Health Benefits Enrollment/Waiver Form</td>
<td>30 DAYS</td>
</tr>
<tr>
<td>and Flexible Reimbursement Account</td>
<td></td>
</tr>
<tr>
<td>Enrollment (Medical and Dependent Care)</td>
<td></td>
</tr>
<tr>
<td>Election to Participate Form (VRS-65)</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>IF CHOOSING ORP: Optional Retirement Plan (ORP) Application (Fidelity, DCP or TIAA)</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>IF CHOOSING VRS AND COLLEGE’S DISABILITY PLAN: 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)</td>
<td>90 DAYS</td>
</tr>
<tr>
<td>if not wanted – ORP Enrollees Only - ICMA, 1-877-327-5261</td>
<td></td>
</tr>
</tbody>
</table>

## Optional

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Resources</td>
<td>31 DAYS</td>
</tr>
<tr>
<td>Optional Life Insurance</td>
<td>31 DAYS</td>
</tr>
<tr>
<td>403b &amp; Cash Match</td>
<td>ANY TIME</td>
</tr>
</tbody>
</table>
Code of Ethics and Mandatory Reporting

- 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 W&M/VIMS employee ID number (930)
- Enter leave taken
- View elected benefits and deductions
- View pay history and check stubs
- View your tax information
- View your leave balances
Annual Leave

- Applies to Professionals, Professional Faculty, 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.

- Effective 1/25/16, 12-month post-doctoral employees are awarded 10 days of ‘use or lose’ Paid Time Off (PTO).
Holidays

- Applies to Professionals, Professional Faculty, 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, Professional Faculty, 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
**Personal Data Form**

### Form Details

#### Personal Information
- Name
- Address
- City
- State
- Zip Code
- Home Phone
- Campus Phone
- Cell Phone
- Birth Date
- Email
- Department
- Building

#### Demographics

<table>
<thead>
<tr>
<th>Ethnicity Code</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Asian</td>
</tr>
<tr>
<td>A2</td>
<td>African American</td>
</tr>
<tr>
<td>M</td>
<td>Male</td>
</tr>
<tr>
<td>W</td>
<td>White</td>
</tr>
<tr>
<td>B</td>
<td>Black</td>
</tr>
<tr>
<td>N</td>
<td>Native American/Alaskan Native</td>
</tr>
</tbody>
</table>

#### Educational Degree

- Institution: [Space for institution name]
- Degree: [Options: Bachelor's, Master's, Doctorate]
- Field of Study: [Space for field of study]

#### Veteran's Status

- Special Disabled: [Check box]
- Active Duty Separation Date: [Space for date]
- Vietnam Era: [Check box]
- Recently Separated: [Check box]
- Armed Forces Service Medal recipient: [Check box]
- Other Protected: [Check box]

#### Prior State Service

- If you have served, [indicate agency name, term of service]

#### Signature

- Employee Signature: [Name]
- Date: [Date]
THE COLLEGE OF WILLIAM AND MARY / VIMS
PAYROLL DIRECT DEPOSIT AUTHORIZATION

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
   - Start a new direct deposit
   - Stop a current direct deposit
   - Payment type: Checking / Savings
   - Account with: 
     - Account number: ____________________________
     - Routing number: ____________________________

2. Deposit
   - Start a new direct deposit
   - Stop a current direct deposit
   - Payment type: Checking / Savings
   - Account with: 
     - Account number: ____________________________
     - Routing number: ____________________________

If depositing into a checking account, please attach a voided check.
   (It must include 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) or 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 (check(s)) and, if necessary, debit entries and adjustments for any credit entries made in error, to my account(s) listed above. To ensure proper distribution of my 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
Federal and Virginia Taxes

- Set up and make changes to your W-4 and VA-4 taxes using Banner Self-Service.
- For help with setting up or changing your W-4 or VA-4, 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)
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
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.
**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.
  - Childrens’ 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 Application and 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.
Choose a retirement plan **within 60 days** of your hire date
- For example, employees hired on August 10\textsuperscript{th}, the deadline will be October 8\textsuperscript{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>
</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>
</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, Fidelity and DCP
- 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 Defined Benefit: 5 years Defined Contribution: Immediate (employer match based on years of service)</td>
<td>Immediate</td>
</tr>
<tr>
<td><strong>Contribution</strong></td>
<td>Employee: 5% Employee: Depends on voluntary contributions</td>
<td>Employee: 5% 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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick Days</td>
<td>Ten days per year for full-time employees.</td>
<td>Eight to ten days per year for full-time employee based on length of state service. Information can be found at the following web site: <a href="http://www.varetire.org/pdf/publications/vsdp-handbook.pdf">http://www.varetire.org/pdf/publications/vsdp-handbook.pdf</a></td>
<td></td>
</tr>
<tr>
<td>Family and Personal Leave</td>
<td>Personal Leave-None Family Leave-None 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>
<td></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>
<td></td>
</tr>
<tr>
<td>Short-term Disability (STD)</td>
<td>100% of pay for a maximum of 120 calendar days.</td>
<td>“Eligibility” 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: <a href="http://www.varetire.org/pdf/publications/vsdp-handbook.pdf">http://www.varetire.org/pdf/publications/vsdp-handbook.pdf</a></td>
<td></td>
</tr>
</tbody>
</table>
## Disability and Sick Leave Comparison

<table>
<thead>
<tr>
<th>Long-term Disability (LTD)</th>
<th>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 for long-term disability.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTD Premium</td>
<td>Faculty member pays 40% of the LTD premium. See second page for example.</td>
</tr>
<tr>
<td>Long-term Care</td>
<td>None.</td>
</tr>
<tr>
<td></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 satisfy a one year waiting period to be eligible for short-term and long-term disability, as well as long-term care.</td>
</tr>
</tbody>
</table>

*ORP participants are automatically enrolled in the College’s Disability and Sick Leave Plan.*

**VRS participants have a choice of either the College’s Disability and Sick Leave Plan or the VSDP.**

*NOTE: Effective January 25, 2016, 12-month post-doctoral employees are awarded 10 days of ‘use or lose’ Paid Time Off (PTO).*

### COLLEGE OF WILLIAM AND MARY LONG-TERM DISABILITY INSURANCE

This plan is administered by The Standard and is provided by the College after you complete one year of permanent employment. Should you become disabled, benefits would begin after six months of disability. Benefits are paid at the rate of 60% of your monthly salary (not to exceed $6,000.00 per month) less the amount of benefits from other sources (such as Worker’s Compensation or Social Security Disability). The College picks up 60% of the premium and you would pay 40%. The current cost is .171% of your annual salary divided by 12. For example:

\[
\text{Salary} \times \text{.171\%} = \text{Total Premium}
\]

- \( $50,000 \times .171\% = $7.13 \)
- \( 60\% \times $7.13 = $4.28 \) Employer Premium
- \( 40\% \times $7.13 = $2.85 \) Employee Premium or $1.43 per paycheck

G-05, Benefits Orientation Forms/Sick and Disability Leave Comparison

Revised 01/2017
The 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 – Election to Participate

**ELECTION TO PARTICIPATE**

**OPTIONAL RETIREMENT PLAN FOR HIGHER EDUCATION**

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 (ORPA). Your election on this form is irrevocable and applies to VRS ORP or ORPHP unless you are covered by the ORPA or 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 6).

- **Employee Name**
  - First, M., Last

- **Social Security Number**

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

7. **Employee Statement and Election of Plan**
   - **Plan Election**
     - I elect to participate in the ORP for Higher Education because (Choose one):
       - I am a faculty new hire employed by a Virginia institution of higher education within the past 60 days.
       - I have been hired in a full-time or part-time permanent faculty position after a one-year break in service.
       - I have not been employed by a Virginia institution of higher education within the past 60 days.

   - **Plan Provider**
     - [ ] ORPA Plan 1
     - [ ] ORPHP Plan 2

   - **VRS Plan 1**
     - [ ] VRS Plan 2
     - [ ] Hybrid Plan, etc.

   - **Plan Election**
     - [ ] I elect to participate in the ORP and select my initial provider to be VRS.
     - [ ] I elect to participate in the ORP and select my initial provider to be ORPA.
     - [ ] I elect to participate in the ORP and select my initial provider to be ORPHP.

   - **Employee Signature**
     - Date

8. **Employee Certification**
   - This employee is eligible to participate in the ORP, VRS defined benefit plan or the Hybrid Retirement Plan in accordance with existing guidelines and is not currently receiving a benefit from any VRS administered or authorized plan. I certify the filing date or employment date above is correct. Contributions for this employee as of the employment date will be directed to the plan provider(s) on the employee's election above.

   - **Human Resources Name**
     - [ ] Human Resources Name
   - **Human Resources Signature**
     - Date
   - **Pension Officer Name**
     - [ ] Pension Officer Name
   - **Pension Officer Signature**
     - Date

**VRS-65 (Rev. 12/14)**
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, Last)
2. Address (Street, City, State and Zip)
3. Social Security Number
4. 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 basic and optional group life insurance benefits to be made by check of procedure established by law. If you check this box, do not complete the beneficiary information below.
- I revoke any previous designations and elect payment of VRS basic and optional group life insurance benefits to the beneficiaries designated below. If you check this box, complete the beneficiary information below.

- Beneficiary Type (Check one):
  - Primary
  - Contingent
- Full Name (First, Middle, Last)
- Address (Street, City, State and Zip)
- Social Security Number
- Date of Birth

- Beneficiary Type (Check one):
  - Primary
  - Contingent
- Full Name (First, Middle, Last)
- Address (Street, City, State and Zip)
- Social Security Number
- Date of Birth

Are additional beneficiaries for Part B listed on a VRS-DA continuation form?
- Yes
- No

PART D. CERTIFICATION

Member Certification: I do 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 payable under the VRS Basic and Optional Group Life Insurance Plans administered by VRS. If I have designated other persons, and to receive the applicable retirement contributions and benefits to my credit in VRS at the time of my death, I hereby direct that I should survive all of my above-named primary and contingent beneficiaries, any amount, if any, which otherwise would have been payable to such beneficiaries, shall be paid in the order of precedence established by law and as listed in the instructions of this form or in such other beneficiary(ies) as I shall designate by written designation that shall have been executed and acknowledged in accordance with its provisions. The right to change the beneficiary(ies) designation without the consent of any beneficiary(ies) is reserved. All information provided in this document is true and correct, and that any written designation in accordance with the applicable law and regulations may not be revoked by any member beneficiary designation unless the relevant documentation specifically grants the authority to do so. Any person not holding such documents may not make or change any member beneficiary designation unless the authority is to be endorsed by order of court.

Member Signature

Date
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 HealthAware. You or your enrolled spouse must complete certain healthy actions to earn $37 a month or $444 when both of you meet the requirements.

#### Health Care Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee Pays</th>
<th>State Pays</th>
<th>You Only</th>
<th>You Plus Your Spouse</th>
<th>You Only</th>
<th>You Plus Your Spouse</th>
<th>You Only</th>
<th>You Plus Your Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVA Care</td>
<td>$595</td>
<td>$3,516</td>
<td>$1,254</td>
<td>$1,817</td>
<td>$646</td>
<td>$1,237</td>
<td>$1,800</td>
<td>$1,703</td>
</tr>
<tr>
<td>+ Out-of-Network</td>
<td>$595</td>
<td>$3,516</td>
<td>$1,254</td>
<td>$1,817</td>
<td>$646</td>
<td>$1,237</td>
<td>$1,800</td>
<td>$1,703</td>
</tr>
<tr>
<td>COVA Care</td>
<td>$520</td>
<td>$3,466</td>
<td>$1,176</td>
<td>$1,743</td>
<td>$578</td>
<td>$1,207</td>
<td>$1,750</td>
<td>$1,653</td>
</tr>
<tr>
<td>+ Out-of-Network</td>
<td>$520</td>
<td>$3,466</td>
<td>$1,176</td>
<td>$1,743</td>
<td>$578</td>
<td>$1,207</td>
<td>$1,750</td>
<td>$1,653</td>
</tr>
<tr>
<td>COVA Care</td>
<td>$111</td>
<td>$3,466</td>
<td>$1,130</td>
<td>$1,702</td>
<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
</tr>
<tr>
<td>+ Expanded Dental</td>
<td>$990</td>
<td>$3,466</td>
<td>$1,130</td>
<td>$1,702</td>
<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
</tr>
<tr>
<td>COVA Care</td>
<td>$706</td>
<td>$3,466</td>
<td>$1,130</td>
<td>$1,702</td>
<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
</tr>
<tr>
<td>+ Vision &amp; Hearing</td>
<td>$706</td>
<td>$3,466</td>
<td>$1,130</td>
<td>$1,702</td>
<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
</tr>
<tr>
<td>COVA Care</td>
<td>$137</td>
<td>$3,466</td>
<td>$1,130</td>
<td>$1,702</td>
<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
</tr>
<tr>
<td>+ Vision &amp; Hearing</td>
<td>$137</td>
<td>$3,466</td>
<td>$1,130</td>
<td>$1,702</td>
<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
</tr>
<tr>
<td>COVA HealthAware</td>
<td>$164</td>
<td>$3,466</td>
<td>$1,130</td>
<td>$1,702</td>
<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
</tr>
<tr>
<td>+ Expanded Dental</td>
<td>$164</td>
<td>$3,466</td>
<td>$1,130</td>
<td>$1,702</td>
<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
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<tr>
<td>COVA HealthAware</td>
<td>$211</td>
<td>$3,466</td>
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<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
</tr>
<tr>
<td>+ Vision &amp; Hearing</td>
<td>$211</td>
<td>$3,466</td>
<td>$1,130</td>
<td>$1,702</td>
<td>$168</td>
<td>$1,187</td>
<td>$1,693</td>
<td>$1,606</td>
</tr>
<tr>
<td>Kaiser Permanente HMO</td>
<td>$238</td>
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<td>$1,254</td>
<td>$1,817</td>
<td>$646</td>
<td>$1,237</td>
<td>$1,800</td>
<td>$1,703</td>
</tr>
<tr>
<td>(available primarily in Northern Virginia)</td>
<td>$238</td>
<td>$3,516</td>
<td>$1,254</td>
<td>$1,817</td>
<td>$646</td>
<td>$1,237</td>
<td>$1,800</td>
<td>$1,703</td>
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<tr>
<td>TRICARE Voluntary Supplement</td>
<td>$50</td>
<td>$3,516</td>
<td>$1,254</td>
<td>$1,817</td>
<td>$646</td>
<td>$1,237</td>
<td>$1,800</td>
<td>$1,703</td>
</tr>
</tbody>
</table>

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.
All Plans Include…

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.
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, onlays, 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
  - Occupational & Speech Therapy $35
  - Physical Therapy $15
  - Chiropractic (30-visit plan year limit) $35

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

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

- Prescriptions-mandatory generic
  - Retail Pharmacy/34-day supply
    - $15/$30/$45/$55 specialty drugs
  - 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)
Vision & Hearing Optional Buy-Up

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)
  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

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 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
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

Select 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

- [ ] COVA Care (with preventive dental) (ACD)
- [ ] COVA Care + Dental (ACD2)
- [ ] COVA Care + Out of Network (ACO)
- [ ] COVA Care + Out of Network & Expanded Dental (ACO2)
- [ ] COVA Care + Dental & Vision & Hearing (ACO3)
- [ ] COVA HDP - High Deductible Plan (with preventive dental) (CHD)
- [ ] COVA HDP - High Deductible Plan + Dental (CHD1)

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

<table>
<thead>
<tr>
<th>RELATIONSHIP CODE</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
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</tbody>
</table>

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 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 the Plan to reimburse the FSA for any improper, erroneous or excess reimbursement amounts that I do not resolve within the timeframe provided by the Plan. In accordance with § 50.1-204(d) 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
FSA Effective Date: Month/Day/Year
Print Contact Name: ____________________________ Phone: ____________________________ Agency/Group Number: ____________________________

Important: The daily 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
<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. <strong>Note:</strong> Ex-spouses will not be eligible, even with a court order.</td>
<td>• Photocopy of marriage certificate, <strong>and</strong>&lt;br&gt;• 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.”<strong>Note:</strong> 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 Stepdaughter</td>
<td>A stepson or stepdaughter 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; <strong>and</strong>&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.”<strong>Note:</strong> 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 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 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 10\textsuperscript{th} hire date, due date of health form will be \textbf{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.
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