New Professional Orientation

The College of William and Mary
Office of Human Resources
VISION

Workplace Excellence

The Department of Human Resources strives to create and cultivate a campus community where William & Mary is recognized both as a great university and a great place to work.
Customer Service

Develop a model for HR Service delivery that aligns with the mission of the university to support faculty and staff performance. We do so with an emphasis on customer service based on strategic thinking and expert advice in consultation and collaboration with the campus community.
Code of Ethics and Mandatory Reporting

- Honor Code – foundation of student life
- Code of Ethics – foundation of employee life
  - The Code of Ethics was adopted by the Board of Visitors of the College on April 17, 2009.
  - Defines core values that are important to as a community.
  - Provides framework for how we conduct ourselves as Board members, employees, students and volunteers.
  - Please also review the Reporting Obligations on the reverse of the form.
# ORIENTATION CHECKLIST

## 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) 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 and Flexible Reimbursement Account Enrollment (Medical and Dependent Care)</td>
<td>30 DAYS</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>SICK AND DISABILITY ELECTION FORM</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) if not wanted – ORP Enrollees Only - ICMA, 1-877-327-5261</td>
<td>90 DAYS</td>
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</table>

<table>
<thead>
<tr>
<th>OPTIONAL</th>
<th></th>
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</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>
Decisions to be made:

- Choose a **medical plan**
- Choose between the **Optional Retirement Plan** or the **VRS Hybrid Plan**
  - If you choose the **ORP** – you are automatically enrolled in the University Sick and Disability Plan
  - If you choose the **VRS Hybrid Plan** – there is a choice between (1) the University Sick or (2) the Virginia Sick and Disability Plans.
    
    *You will need to complete **VRS Opt-Out and Sick and Disability Forms** if you elect the Hybrid Plan.*

- Choose **voluntary benefit plans**
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. To access Banner Self-Service, go to the MyWM website and login in using your user computer name and password.
- 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 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 on 12-month contracts; NOT applicable to instructional faculty on 9-month contracts.

- Observed 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 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
Homework

Forms you need to complete
# Personal Data Form

**Personal Data Form**

<table>
<thead>
<tr>
<th>Name ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (Mailing Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Campus Phone</th>
<th>Cell Phone</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Department</th>
<th>Building</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Demographics**

- **Ethnic Coding**
  - Asian
  - Hispanic
  - Other
  - Unspecified

- **Race**
  - White
  - Black
  - Native American/Alaska Native
  - Other

**Educational Degree**

- **Institution Awarding Degree**

- **Doctorate**
  - Bachelor's

- **Master's**
  - No degree

**Veteran's Status**

- **Service/Disability**
  - Active Duty Separation Date

- **Veteran Era**
  - Other Protected

- **Recently Separated**
  - Armed Forces Service Medal recipient

**Prior State Service**

- **Have you ever served in a Virginia State Agency?**

<table>
<thead>
<tr>
<th>If yes, provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Employee Signature**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Rev 10/06
THE COLLEGE OF WILLIAM AND MARY / VIMS
PAYROLL DIRECT DEPOSIT AUTHORIZATION

[Form Level]

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

[Form Level]

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
   [Form Level]
   [Form Level]

   [Form Level]
   [Form Level]

   [Form Level]
   [Form Level]

   [Form Level]
   [Form Level]

2. Deposit
   [Form Level]
   [Form Level]

   [Form Level]
   [Form Level]

   [Form Level]
   [Form Level]

   [Form Level]
   [Form Level]

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 credit entries (deposits) 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 8975
Williamsburg, VA 23187-8795
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)
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
- The form must be completed TODAY
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.
Benefit Forms

Forms due 60 days from hire date:

- VRS 65 Form – Election to Participate in the ORP
- VSDP Opt-Out Form – Complete if you select VRS Hybrid Plan and if you elect University Sick and Disability Plan
- Sick and Disability Form – Complete if you select VRS Hybrid Plan indicating whether you select the University Sick and Disability or the VRS VSDP Sick and Disability Plan
- Life Insurance Designation of Beneficiary Form

Forms due 30 days from hire date:

- Health Benefits/Flex Enrollment Form
- Optional Life Enrollment Form if you select additional life insurance
Choosing Your Retirement Plan

Please review the retirement plan comparison to assist you in making your retirement election.

A comparison guide to help you select the best plan for your needs.
Retirement Plan Membership Dates

- If membership date is prior to July 1, 2010, and you were vested with VRS:
  - Optional Retirement Plan (ORP) Plan 1
  - Virginia Retirement System (VRS) Plan 1
  - If you were not vested in Plan 1 by July 1, 2010, then you became a member of Plan 2.
- If membership date is July 1, 2010, to December 31, 2013:
  - Optional Retirement Plan (ORP) Plan 2
  - Virginia Retirement System (VRS) Plan 2
- If membership date is January 1, 2014, or later:
  - Optional Retirement Plan (ORP) Plan 2
  - Virginia Retirement System (VRS) Hybrid Plan
Choose a retirement plan within 60 days of your hire date
  ◦ For example, employees hired on August 10th, the deadline will be October 8th

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 will 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:

- (Average final compensation x 1% x 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)
You are eligible to participate if you elect to increase your contribution to the DC component by the 15th of the month prior to the beginning of any quarter. To maximize employer contributions, you may contribute up to an additional 4% and receive the 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>
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<tr>
<td>1.00%</td>
<td>1.00%</td>
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<tr>
<td>1.50%</td>
<td>1.25%</td>
</tr>
<tr>
<td>2.00%</td>
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<tr>
<td>2.50%</td>
<td>1.75%</td>
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<td>3.00%</td>
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<tr>
<td>3.50%</td>
<td>2.25%</td>
</tr>
<tr>
<td>4.00%</td>
<td>2.50%</td>
</tr>
</tbody>
</table>
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 (1) withdraw the funds you contributed (less penalty and tax), (2) roll your funds over into another qualifying account (no fee or taxes), or (3) leave the funds in the plan until you retire.
Optional Retirement Plan - ORP

- 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
- Following separation of employment (prior to retirement), you can (1) withdraw all funds (less penalty and tax), (2) roll funds over into another qualifying account (no fee or taxes), or (3) leave the funds in the plan until you retire.
# Comparison Point Highlights VRS and ORP

<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 Contribution: Immediate (employer match based on years of service)</td>
<td>Immediate</td>
</tr>
<tr>
<td><strong>Contribution</strong></td>
<td>Employee: 5% Employer: 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>
<tr>
<td>Allocation Tier</td>
<td>Asset Class</td>
<td>Investment Allocation</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Allocation Tier - 50% to 70% Equity</td>
<td>CREF Social Choice R3</td>
<td>-</td>
</tr>
<tr>
<td>Target-Date Retirement</td>
<td>TIAA-CREF Lifecycle Index Ret Income Retire</td>
<td>TRCIX</td>
</tr>
<tr>
<td>Target-Date 2015</td>
<td>TIAA-CREF Lifecycle Index 2015 Retire</td>
<td>TLGRX</td>
</tr>
<tr>
<td>Target-Date 2020</td>
<td>TIAA-CREF Lifecycle Index 2020 Retire</td>
<td>TLWRX</td>
</tr>
<tr>
<td>Target-Date 2025</td>
<td>TIAA-CREF Lifecycle Index 2025 Retire</td>
<td>TLGRX</td>
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<tr>
<td>Target-Date 2030</td>
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<td>TLHRX</td>
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<td>TIAA-CREF Lifecycle Index 2045 Retire</td>
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<td>Target-Date 2050</td>
<td>TIAA-CREF Lifecycle Index 2050 Retire</td>
<td>TLLRX</td>
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<tr>
<td>Target-Date 2055</td>
<td>TIAA-CREF Lifecycle Index 2055 Retire</td>
<td>TITRX</td>
</tr>
<tr>
<td>Target-Date 2060</td>
<td>TIAA-CREF Lifecycle Index 2060 Retire</td>
<td>TVITX</td>
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<table>
<thead>
<tr>
<th>Passive Tier</th>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate-Term Bond</td>
<td>Vanguard Total Bond Market Index Admiral</td>
<td>VBTLMX</td>
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<tr>
<td>Large Blend</td>
<td>Vanguard 500 Index Admiral</td>
<td>VFIAX</td>
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<tr>
<td>Mid-Cap Blend</td>
<td>Vanguard Extended Market Index Admiral</td>
<td>VEAX</td>
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<tr>
<td>Foreign Large Blend</td>
<td>Vanguard Total International Stock Index Admiral</td>
<td>VTIAX</td>
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<td>Money Market</td>
<td>TIAA-CREF Money Market Premier</td>
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<td>Stable Value</td>
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<td>Intermediate-Term Bond</td>
<td>Metropolitan West Total Return Bond I</td>
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<td>Large Value</td>
<td>JPMorgan Value Advantage R5</td>
<td>JVARX</td>
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<td>Large Blend</td>
<td>CREF Stock R3</td>
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<tr>
<td>Large Growth</td>
<td>TIAA-CREF Growth &amp; Income Premier</td>
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<td>Mid-Cap Value</td>
<td>MFS Mid Cap Value R4</td>
<td>MVCJX</td>
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<td>Mid-Cap Growth</td>
<td>Eagle Mid Cap Growth R5</td>
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<td>Foreign Large Growth</td>
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<td>Small Value</td>
<td>Victory Integrity Small-Cap Value Y</td>
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<td>Small Growth</td>
<td>T. Rowe Price QM US Small-Cap Growth Equity</td>
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<td>Diversified Emerging Markets</td>
<td>DFA Emerging Markets core Equity I</td>
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<tr>
<td>Real Estate</td>
<td>TIAA Real Estate</td>
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<table>
<thead>
<tr>
<th>Other</th>
<th>Asset Class</th>
<th>Investment Allocation</th>
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</thead>
<tbody>
<tr>
<td>Self-Directed Brokerage Accounts</td>
<td>TIAA Self-Directed Brokerage Account</td>
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<table>
<thead>
<tr>
<th>Investments No Longer Available for New Contributions after 1/1/2018</th>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
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<tbody>
<tr>
<td>Money Market</td>
<td>CREF Money Market R3</td>
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<tr>
<td>Intermediate-Term Bond</td>
<td>CREF Bond Market R3</td>
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<tr>
<td>Inflation-Protected Bond</td>
<td>CREF Inflation-Linked Bond R3</td>
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<td></td>
</tr>
<tr>
<td>Large Blend</td>
<td>CREF Equity Index R3</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Large Growth</td>
<td>CREF Growth R3</td>
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<tr>
<td>World Stock</td>
<td>CREF Global Equities R3</td>
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### Allocation Tier

<table>
<thead>
<tr>
<th>Asset Class</th>
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<tbody>
<tr>
<td>Target-Date Retirement</td>
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<td>FFKAX</td>
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<tr>
<td>Target-Date 2000-2010</td>
<td>Fidelity Freedom 2005 K</td>
<td>FFKVX</td>
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<tr>
<td>Target-Date 2000-2010</td>
<td>Fidelity Freedom 2010 K</td>
<td>FFKCX</td>
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<td>Fidelity Freedom 2015 K</td>
<td>FKVFX</td>
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<tr>
<td>Target-Date 2020</td>
<td>Fidelity Freedom 2020 K</td>
<td>FFKDX</td>
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<td>Target-Date 2025</td>
<td>Fidelity Freedom 2025 K</td>
<td>FKTWX</td>
</tr>
<tr>
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<td>Fidelity Freedom 2030 K</td>
<td>FFKEX</td>
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<tr>
<td>Target-Date 2035</td>
<td>Fidelity Freedom 2035 K</td>
<td>FKTHX</td>
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<tr>
<td>Target-Date 2040</td>
<td>Fidelity Freedom 2040 K</td>
<td>FFKFX</td>
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<tr>
<td>Target-Date 2055</td>
<td>Fidelity Freedom 2055 K</td>
<td>FDKNX</td>
</tr>
<tr>
<td>Target-Date 2060</td>
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### Passive Tier

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate-Term Bond</td>
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<tr>
<td>Mid-Cap Blend</td>
<td>Fidelity Extended Market Index Prem</td>
<td>FSEVX</td>
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### Active Tier

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
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</tr>
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<tbody>
<tr>
<td>Stable Value</td>
<td>Stable Value</td>
<td></td>
</tr>
<tr>
<td>Money Market</td>
<td>Fidelity Money Market Trust Gvt MM Port</td>
<td>FGMXX</td>
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<tr>
<td>Inflation-Protected Bond</td>
<td>Fidelity Inflation-Protected Bond</td>
<td>FINPX</td>
</tr>
<tr>
<td>High Yield Bond</td>
<td>Fidelity High Income Fund</td>
<td>SPHIX</td>
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<tr>
<td>Large Blend</td>
<td>Fidelity Dividend Growth K</td>
<td>FDGKX</td>
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<tr>
<td>Mid-Cap Value</td>
<td>Fidelity Low-Priced Stock K</td>
<td>FLPKX</td>
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<td>World Large Stock</td>
<td>Fidelity Worldwide Fund</td>
<td>FWWFX</td>
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<tr>
<td>Foreign Large Growth</td>
<td>Fidelity Diversified International K</td>
<td>FDIKX</td>
</tr>
<tr>
<td>Real Estate</td>
<td>Fidelity Real Estate Investment Port</td>
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### Other

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
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</thead>
<tbody>
<tr>
<td>Self- Directed Brokerage Accounts</td>
<td>Fidelity BrokerageLink</td>
<td></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
Form VRS 65 – Election to Participate

ELECTION TO PARTICIPATE
OPTIONAL RETIREMENT PLAN FOR HIGHER EDUCATION

Virginia Retirement System
P.O. Box 2583 - Richmond, Virginia 23218-1500
Tel: 804-282-3847
Fax: 804-282-3944

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 no VRS or CIE, you are covered by the ORPHE or by the Virginia Retirement System (VRS). (See “Completing the Election to Participate” for more information.) If you do not receive this form within 60 days of the date you are first employed, you are automatically covered by the VRS hybrid Retirement Plan unless you have prior service (see box 5).

Employer Codes:
- 30204 for W&M
- 30268 for VIMS
- 70204 for Valors

For more information visit:
- http://www.orphe.varetire.org/
- Fidelity Investments
  PLAN: 89755
  1-800-343-0860
  Enroll online: https://enrollonline.fidelity.com
  TIAA
  PLAN: 500964
  1-800-842-2252
  Enroll online: https://www.tiaa.org/public/tcm/vrs
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 is $20 per pay period
  - Must enroll in either TIAA or Fidelity funds
    - **TIAA-CREF codes:** 101851 and 101852
    - **Fidelity codes:** 51756 and 57893
- 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
Deferred Compensation and Cash Match

- May enroll in a tax sheltered savings plan:
  - 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
Medical Disability/Sick Leave and Family Personal Leave

- ORP participants are covered by the College’s Sick/Disability/Leave Plan

- VRS participants have a choice between the College’s Sick/Disability/Leave Plan or the Virginia Sick and Disability Program (VSDP)

YOUR CHOICE is IRREVOCABLE
## Differences between VSDP & University Sick Plan

### 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.</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: <a href="http://www.varetire.org/pdf/publications/vsdp_handbook.pdf">http://www.varetire.org/pdf/publications/vsdp_handbook.pdf</a></td>
</tr>
<tr>
<td>Family and Personal Leave</td>
<td>Personal Leave-None</td>
<td>Four to five days per year based on length of state service.</td>
</tr>
<tr>
<td></td>
<td>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></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.</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>
</tr>
</tbody>
</table>
# Differences between VSDP & University Sick Plan

<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 1.71% of your annual salary divided by 12.  

For example:

\[
\text{Salary} \times \text{Premium} = \text{Total Premium} \\
$50,000 / 12 = $4,166.67 \times 0.0171 = $71.13 \text{ (Total Premium)} \\
0.60 \times $71.13 = $42.68 \text{ Employer Premium} \\
0.40 \times $71.13 = $28.45 \text{ Employee Premium or $1.43 per paycheck}
\]
Other Differences

- VSDP STD leave cannot be used to care for a family member or dependent
  - May only be taken for the employee’s own illness
  - Limited to 40 hours of family and personal leave to care for others

- University Plan permits employees to use 120 calendar days of qualifying FMLA for family members or dependents or for an employee’s own illness
# LTD Differences

<table>
<thead>
<tr>
<th>VSDP LTD</th>
<th>University LTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit</strong></td>
<td>60% up to max of $6,000/month</td>
</tr>
<tr>
<td>60% of pre-disability salary - no max</td>
<td></td>
</tr>
<tr>
<td><strong>LTD Premium</strong></td>
<td>Faculty member pays 40%*</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Long term care</strong></td>
<td>None</td>
</tr>
<tr>
<td>$96/day up to 2-year life time max of $70,080 for nursing home/assisted living.</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Care</strong></td>
<td>None</td>
</tr>
<tr>
<td>Up to 50% or $48/day for care by RN or licensed professional</td>
<td></td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
<td>1-year</td>
</tr>
<tr>
<td>1-year</td>
<td>1-year</td>
</tr>
<tr>
<td><strong>Insurer</strong></td>
<td>VRS</td>
</tr>
<tr>
<td>The Standard</td>
<td></td>
</tr>
</tbody>
</table>

Current premium is .171% of annual salary, divided by 24. Employee pays 40% of premium. So, for example, someone earning $80,000 would pay $2.28 per pay check.
SICK AND DISABILITY ELECTION FORM

COMPLETE THIS ELECTION FORM ONLY IF YOU HAVE SELECTED THE VIRGINIA RETIREMENT SYSTEM HYBRID PLAN AS YOUR CHOICE OF RETIREMENT PLANS.

PROGRAM ELECTION

(Fill in one box only)

This choice is available only to faculty who have chosen the Virginia Retirement System HYBRID as their pension plan.

☐ I wish to participate in the Commonwealth of Virginia Sickness and Disability Program (VSDP).

☐ I wish to participate in the University Sick and Disability plan offered by my university. You must also complete the VRS 2 College and University Faculty OPT-OUT Virginia Sickness and Disability Program.

Employee Certification:
I understand that my election is **Irrevocable**.

________________________________________

**Name**  

________________________________________

**Banner ID Number**  

________________________________________

**Date**  

Please return this form to the Office of Human Resources, Bell Hall.

HUMAN RESOURCES ONLY:

*Keyed in Banner*
Complete this form if you wish to opt out of the Virginia Sickness and Disability Program (VSDP). If you have been newly hired or appointed to your position and you selected the Virginia Retirement System as your retirement plan, you have 90 days from the time you start your new duties to opt out of the VSDP. If you prefer to be covered by a disability plan sponsored by your employer, submit your completed form to your Human Resources department for certification. Your employer will forward the form to VRS.

PART A. MEMBER INFORMATION

1. Name
2. Social Security Number
3. Employer Code

Address (Street, City, State and Zip)

Home Phone Number

Daytime Phone Number

I hereby elect to opt out of the Commonwealth of Virginia Sickness and Disability Program (VSDP) and have chosen to be covered by the employer-sponsored plan in which I am eligible to participate. I understand this election is irrevocable.

Member Signature

Date

PART B. EMPLOYER CERTIFICATION

7. Employer’s date of employment (mm/dd/yyyy)

Employer Certification

I certify that this VRS member is covered by an employer-sponsored plan.

Authorized Signature

Date

VRS-2 Rev 03/01/11
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
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 Coverage also available
Designation of Beneficiary

**PART A. MEMBER/RETIREE INFORMATION**

1. Name
   - Given Name
   - Middle Name
   - Last Name
2. Address
   - Street
   - City
   - State
   - Zip Code
3. Date of Birth
4. Are you retired?
   - Yes
   - No

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

1. Check one:
   - I revoke any previous designations and elect to pay my VRS basic and optional group life insurance benefits to be made by order of precedence established by law. (If you check this box, do not complete the beneficiary information below).
   - I revoke any previous designations and elect to pay my VRS basic and optional group life insurance benefits to the beneficiaries designated below. (If you check this box, complete the beneficiary information below).
2. Beneficiary Name
   - Given Name
   - Middle Name
   - Last Name
3. Address
   - Street
   - City
   - State
   - Zip Code
4. Relationship
5. Birth Date
6. Social Security Number

**PART C. BENEFICIARIES FOR VRS MEMBER ACCOUNT RETIREMENT CONTRIBUTIONS/Benefits**

1. Check one:
   - I revoke any previous designations and elect to pay my VRS retirement contributions/benefits to be made by order of precedence established by law. (If you check this box, do not complete the beneficiary information below).
   - I revoke any previous designations and elect to pay my VRS retirement contributions/benefits to the beneficiaries designated below. (If you check this box, complete the beneficiary information below).
2. Beneficiary Name
   - Given Name
   - Middle Name
   - Last Name
3. Address
   - Street
   - City
   - State
   - Zip Code
4. Relationship
5. Birth Date
6. Social Security Number

**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 and retirement benefits as indicated in the instructions of this form or to such other beneficiary/beneficiaries as indicated below.

Member Signature

Date
Medical Plan Options

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

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

Salaried employees working 30 or more hours a week pay the “Employee Pays” amount. Salaried employees working less than 30 hours a week pay the Total Premium.

Please note: Get a Premium Reward if you are enrolled in COWA Care or COWA HealthAware. You or your enrolled spouse must complete certain healthy actions to save $17 a month or $214 when both of you meet the requirements. See page 2.

#### HEALTH CARE PLANS

<table>
<thead>
<tr>
<th>Health Care Plans</th>
<th>You Only</th>
<th>You Plus One</th>
<th>You Plus Two or More</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>State Pay</td>
<td>Total Premium</td>
</tr>
<tr>
<td>COWA Care</td>
<td>$383</td>
<td>$211</td>
<td>$223</td>
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<tr>
<td></td>
<td>$347</td>
<td>$200</td>
<td>$210</td>
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<td>$305</td>
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<td></td>
<td>$725</td>
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<td>$1,054</td>
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<tr>
<td>COWA Care + Expanded Dental</td>
<td>$319</td>
<td>$246</td>
<td>$264</td>
</tr>
<tr>
<td></td>
<td>$283</td>
<td>$190</td>
<td>$198</td>
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<tr>
<td></td>
<td>$247</td>
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<td>$576</td>
<td>$1,419</td>
<td>$2,025</td>
</tr>
<tr>
<td>COWA Care + Out-of-Network</td>
<td>$319</td>
<td>$246</td>
<td>$264</td>
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<td></td>
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<td>$2,025</td>
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<tr>
<td>COWA Care + Vision &amp; Hearing</td>
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<td>$264</td>
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<td>$1,419</td>
<td>$2,025</td>
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</table>

#### Premium with Rewards

<table>
<thead>
<tr>
<th>Premium with Rewards</th>
<th>You Only</th>
<th>You Plus One</th>
<th>You Plus Two or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$383</td>
<td>$211</td>
<td>$223</td>
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<tr>
<td>State Pay</td>
<td>$347</td>
<td>$200</td>
<td>$210</td>
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<tr>
<td>Total Premium</td>
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</tr>
<tr>
<td>$61</td>
<td>$156</td>
<td>$256</td>
<td>$256</td>
</tr>
</tbody>
</table>

Note: Premiums effective as of July 1, 2017 and subject to change.

**COWA HealthAware**

- **Employee Pays**: $319, State Pay: $283, Total Premium: $576
- **Premium with Rewards**: You Only: $111, State Pay: $111, Total Premium: $111

**COWA HealthAware + Expanded Dental**

- **Employee Pays**: $319, State Pay: $283, Total Premium: $576
- **Premium with Rewards**: You Only: $111, State Pay: $111, Total Premium: $111

**COWA HealthAware + Expanded Dental & Vision**

- **Employee Pays**: $319, State Pay: $283, Total Premium: $576
- **Premium with Rewards**: You Only: $111, State Pay: $111, Total Premium: $111

**COWA NEHIP**

- **Employee Pays**: $383, State Pay: $347, Total Premium: $531
- **Premium with Rewards**: You Only: $111, State Pay: $111, Total Premium: $111

**COWA NEHIP + Expanded Dental**

- **Employee Pays**: $383, State Pay: $347, Total Premium: $531
- **Premium with Rewards**: You Only: $111, State Pay: $111, Total Premium: $111

**Voluntary Supplement**

- **Total Premium**: $383

*Premiums are effective as of July 1, 2017 and subject to change.*
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
Premium Rewards

-Earn $17 off your monthly premiums ($34 for employee and spouse enrolled in Cova Care and Cova Health Aware plans).

-Complete biometric screening with your doctor and an online health assessment.

-See the back of your rate sheet for details.

*visit: myactivehealth.com*
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.
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, 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 Continued

• 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 Continued

- **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)
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)
COVA HDHP

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

- **Out-of-pocket expense – per plan year**
  - One person $5,000
  - Two or more persons $10,000
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).
COVA HDHP

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

A consumer-driven health plan administered by Aetna

- Includes a Health Reimbursement Account (HRA) fund of up to $600 (prorated based on hire date) for an employee and up to $1,200 for an employee and his/her spouse (does not include dependent children)
COVA HealthAware (cont’d)

- 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 as long as you work at the College
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
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.
Health Benefits Enrollment Form

To Enroll:
Complete Sections 1-5

To Waive:
Complete Sections 1, 3, 4 and 5
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**

Administered by Anthem Blue Cross Blue Shield

☐ ConsumerCare - (CC3)
☐ ConsumerCare - Silver (CC3)
☐ ConsumerCare - Gold (CC3)
☐ ConsumerCare - Platinum (CC3)

Administered by CIGNA

☐ CIGNA HealthCare (CHP)
☐ CIGNA HealthCare - (CHP)

Administered by Delta Dental

☐ Delta Dental

**REGIONAL HEALTH PLAN**

Administered by Kaiser Permanente of the Mid-Atlantic States, Inc.

☐ Kaiser Permanente HMO, available in Northern Virginia, Central Virginia and Northern Florida, designated zip codes (HP)

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.

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>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>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Relationship Codes: BM—beneficiary; DF—spouse; FD—father; DO—daughter; CB—spouse; CD—stepchild; OT—other family child; CM—other child

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 a felony 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 any FSA are independently reviewed for compliance with IRS regulations. I further understand that the IRS requires me to reimburse the Plan for any improper, unauthorized, or excess reimbursement amount that I do not receive within the timeframe provided by the Plan. I waive any right to receive any reimbursement from the Commonwealth of Virginia if withheld from my paycheck on a pretax basis such amounts that are necessary to reimburse my FSA for any improper, unauthorized, or excess reimbursement.

Print Your Name: __________________________ Assigned ID or Social Security Number: __________________________

Sign Here: __________________________ Date: __________________________

Section 6: Agency Verification and Approval

Date Received: __________________________ Date Keyed: __________________________

<table>
<thead>
<tr>
<th>Print Contact Name</th>
<th>Phone</th>
<th>Agency/Group Number</th>
</tr>
</thead>
</table>

Important: The daily Agency Transaction Transaction 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.
## Eligibility Definitions

### Eligibility Definitions and Required Documentation

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Eligibility Definition</th>
<th>Documentation Required</th>
</tr>
</thead>
</table>
| 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-adoption 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 over 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

Forms must be completed and returned to HR 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 offers quarterly programs covering 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](http://www.commonhealth.virginia.gov) for more information.
Workers’ Compensation

What happens if you are injured at work?

- Report **ALL** injuries or illnesses, no matter how minor
- Supervisors & employees must file both a “First Report of Accident” & a “Physician Selection” form with HR along with doctor notes if any
- Forms must be submitted to the Office of Human Resources within 24 hours of the incident
Voluntary Benefit Programs

These are optional programs that the university makes available to you
Flexible Spending Accounts

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
  - $2,600 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
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
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 & Evidence of Insurability.
Optional Life Insurance Form

Complete this section

Specify coverage

Sign here for coverage

Sign here to Waive optional life coverage
Questions? Need more information?

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

Main HR Phone Number: (757) 221-3169
Main HR Fax Number: (757) 221-3156
HR Email: ASKHR@WM.EDU