New Faculty 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.
NEW HIRE CURRICULUM

Use search term “Newbie” to find required training information.

https://cornerstone.wm.edu
## ORIENTATION CHECKLIST

### PROFESSIONAL/FACULTY ORIENTATION CHECKLIST

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Deadline*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Deposit ONLINE BANNER SELF SERV</td>
<td>TODAY</td>
</tr>
<tr>
<td>VRS Beneficiary Designation Form (VRS-2)</td>
<td></td>
</tr>
<tr>
<td>ORP = Complete sect. A, B &amp; D; VRS = Complete all sections</td>
<td></td>
</tr>
<tr>
<td>Virginia Drug &amp; Clearance Deduction Policy Acknowledgement</td>
<td></td>
</tr>
<tr>
<td>Health Insurance and Flexible Spending Deadline Notice</td>
<td></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) ONLINE</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>Retirement @ Work Fund selection</td>
<td></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>
</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>
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 form is on Banner Self Service
- Tax forms are available in 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.

- Enter Direct Deposit information
- Banner ID number is your W&M/VIMS employee ID number (93#)
- View elected benefits and deduction
- View pay history and check stubs
- View your tax information
Direct Deposit Information

- Effective June 1, 2018, enrollment and changes to Direct Deposit information are to be completed in Banner Self Service. For security, enrollment and changes should be made via an on-campus computer.
- If you wish to change your Direct Deposit, you must contact the Payroll Office to confirm the request before it will be activated.
- For additional information, visit “What You Should Know” on the Payroll web page or call the payroll office at 757-221-2848.
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.
Holidays


- Four remaining holidays normally taken during the winter break (Lee-Jackson Day, George Washington Day, Columbus Day, Veteran’s Day)
Homework

Forms you need to complete
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
- The acknowledgement form is combined with the Employee Clearance Deduction Authorization Form.
Employee Clearance Deduction Authorization

• The form must be completed TODAY
• You agree that the College will deduct from your final check any balances owed or the cost of any unreturned College material upon your separation of employment.
• The acknowledgement form is combined with the Drug Policy Acknowledgement.
Notice of Health Insurance Election Deadline

- The form must be completed TODAY
- You are acknowledging that you have been informed that you have 30 days from your date of hire to return to Health Insurance Enrollment Form
- If you do not return the enrollment form within the 30 days, you will “waive” health insurance and will need to wait until open enrollment.
Choosing Your Retirement Plan

Please review the retirement plan comparison to assist you in making your retirement election by visiting varetire.org:

Choosing Your Retirement Plan Link:
https://www.varetire.org/Pdf/Publications/orpchoosepa-hybrid.pdf
Election Dates

Retirement Election is due 60 days from hire date:
If electing ORP - complete the VRS 65 within 60 days then elect funds on the RETIREMENT@WORK website located on the HR web page after your first pay check is processed.

- Retirement Election Form (VRS 65 Form) must be completed first before electing funds online through Retirement @ Work for ORP Plan within 60 days or the default is the VRS Hybrid Plan.

If electing HYBRID – complete the VRS 65 and the Sick and Disability Form indicating whether you are selecting the University Sick and Disability or the VRS VSDP Sick and Disability Plan.

- If electing HYBRID – complete the VRS 65, and the VSDP Opt-Out Form if you select VRS Hybrid Plan and if you elect University Sick and Disability Plan.

When completing the Designation of Beneficiary Form, complete parts A, B & C if electing the Hybrid Plan. If electing the ORP Plan, complete parts A & B and contact TIAA 800-842-2776 to complete a beneficiary form for the ORP Plan.

Health Insurance Form is due 30 days from hire date:
- Health Benefits/Flex Enrollment Form
- Optional Life Enrollment Form if you select additional life insurance
This VRS 65 Form must be returned first before you can enroll on Retirement @ Work enrollment platform.
Retirement @ Work online access

Employee starts from W&M site and clicks on Retirement@Work.

Register or log in and be taken to the Retirement@Work landing page.

Here you can enroll with TIAA to elect the funds you want your contributions going to and also elect a supplemental 403b retirement plan (if you wish to do so).
Retirement Plan Eligibility

- 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

***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:

- \((\text{Average final compensation} \times 1\% \times \text{years of service})/12\)
- Vesting period is 5 years of service to be eligible for the DB component
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

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.

AUTO ESCALATION EVERY 3 YEARS BY .50%. Can opt-out by calling ICMA.

<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 (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 administrator is TIAA CREF
- 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 Between 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 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, roll-over funds into a qualifying account, or leave funds until retirement</td>
<td>May consolidate funds into another ORP account with same or different vendor, withdraw or roll-over funds into qualifying account, or leave funds until retirement</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>TIAA-CREF Lifecycle Index Ret Income Retire</td>
<td>CREF Social Choice R3</td>
</tr>
<tr>
<td>Target-Date Retirement</td>
<td>TIAA-CREF Lifecycle Index 2015 Retire</td>
<td>TIAA-CREF Lifecycle Index 2015 Retire</td>
</tr>
<tr>
<td>Target-Date 2020</td>
<td>TIAA-CREF Lifecycle Index 2020 Retire</td>
<td>TIAA-CREF Lifecycle Index 2020 Retire</td>
</tr>
<tr>
<td>Target-Date 2025</td>
<td>TIAA-CREF Lifecycle Index 2025 Retire</td>
<td>TIAA-CREF Lifecycle Index 2025 Retire</td>
</tr>
<tr>
<td>Target-Date 2030</td>
<td>TIAA-CREF Lifecycle Index 2030 Retire</td>
<td>TIAA-CREF Lifecycle Index 2030 Retire</td>
</tr>
<tr>
<td>Target-Date 2035</td>
<td>TIAA-CREF Lifecycle Index 2035 Retire</td>
<td>TIAA-CREF Lifecycle Index 2035 Retire</td>
</tr>
<tr>
<td>Target-Date 2040</td>
<td>TIAA-CREF Lifecycle Index 2040 Retire</td>
<td>TIAA-CREF Lifecycle Index 2040 Retire</td>
</tr>
<tr>
<td>Target-Date 2045</td>
<td>TIAA-CREF Lifecycle Index 2045 Retire</td>
<td>TIAA-CREF Lifecycle Index 2045 Retire</td>
</tr>
<tr>
<td>Target-Date 2050</td>
<td>TIAA-CREF Lifecycle Index 2050 Retire</td>
<td>TIAA-CREF Lifecycle Index 2050 Retire</td>
</tr>
<tr>
<td>Target-Date 2055</td>
<td>TIAA-CREF Lifecycle Index 2055 Retire</td>
<td>TIAA-CREF Lifecycle Index 2055 Retire</td>
</tr>
<tr>
<td>Target-Date 2060</td>
<td>TIAA-CREF Lifecycle Index 2060 Retire</td>
<td>TIAA-CREF Lifecycle Index 2060 Retire</td>
</tr>
<tr>
<td>Passive Tier</td>
<td>Intermediate-Term Bond</td>
<td>Vanguard Total Bond Market Index Admiral</td>
</tr>
<tr>
<td>Large Blend</td>
<td>Vanguard 500 Index Admiral</td>
<td>VFIAX</td>
</tr>
<tr>
<td>Mid-Cap Blend</td>
<td>Vanguard Extended Market Index Admiral</td>
<td>VEXAX</td>
</tr>
<tr>
<td>Foreign Large Blend</td>
<td>Vanguard Total International Stock Index Admiral</td>
<td>VTIAIX</td>
</tr>
<tr>
<td>Active Tier</td>
<td>Money Market</td>
<td>TIAA-CREF Money Market Premier</td>
</tr>
<tr>
<td>Stable Value</td>
<td>TIAA Traditional</td>
<td>-</td>
</tr>
<tr>
<td>Intermediate-Term Bond</td>
<td>Metropolitan West Total Return Bond I</td>
<td>-</td>
</tr>
<tr>
<td>Large Value</td>
<td>JPMorgan Value Advantage R5</td>
<td>JVARX</td>
</tr>
<tr>
<td>Large Blend</td>
<td>CREF Stock R3</td>
<td>-</td>
</tr>
<tr>
<td>Large Growth</td>
<td>TIAA-CREF Growth &amp; Income Premier</td>
<td>-</td>
</tr>
<tr>
<td>Mid-Cap Value</td>
<td>MFS Mid Cap Value R4</td>
<td>MVCJX</td>
</tr>
<tr>
<td>Mid-Cap Growth</td>
<td>Eagle Mid Cap Growth R5</td>
<td>HARSX</td>
</tr>
<tr>
<td>Foreign Large Growth</td>
<td>American Funds Europacific Growth R4</td>
<td>-</td>
</tr>
<tr>
<td>Small Value</td>
<td>Victory Integrity Small-Cap Value Y</td>
<td>-</td>
</tr>
<tr>
<td>Small Growth</td>
<td>T. Rowe Price QM US Small-Cap Growth Equity</td>
<td>-</td>
</tr>
<tr>
<td>Diversified Emerging Markets</td>
<td>DFA Emerging Markets core Equity I</td>
<td>-</td>
</tr>
<tr>
<td>Real Estate</td>
<td>TIAA Real Estate</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>Self-Directed Brokerage Accounts</td>
<td>TIAA Self-Directed Brokerage Account</td>
</tr>
</tbody>
</table>

**Investments No Longer Available for New Contributions after 1/1/2018**

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money Market</td>
<td>CREF Money Market R3</td>
<td>-</td>
</tr>
<tr>
<td>Intermediate-Term Bond</td>
<td>CREF Bond Market R3</td>
<td>-</td>
</tr>
<tr>
<td>Inflation-Protected Bond</td>
<td>CREF Inflation-Linked Bond R3</td>
<td>-</td>
</tr>
<tr>
<td>Large Blend</td>
<td>CREF Equity Index R3</td>
<td>-</td>
</tr>
<tr>
<td>Large Growth</td>
<td>CREF Growth R3</td>
<td>-</td>
</tr>
<tr>
<td>World Stock</td>
<td>CREF Global Equities R3</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 choose between VRS or ORP, notify HR and complete the VRS 65 form.
- 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. Make your election early to avoid potential loss from fund growth.
Participation in DCP & TSP with Cash Match

- ORP participants – are automatically enrolled in the 457(b) Deferred Compensation Plan
  - Call ICMA-RC to opt-out within 90 days of hire. Default amount is $20 per pay period

- 403(b) Tax Sheltered Saving Plan
  - Call TIAA or enroll online at Retirement@work
  - Minimum contribution for cash match is $10.00/pay.

NOTE: 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(b) plans.
Deferred Compensation and Tax Sheltered Savings Plans

You may enroll in either or both a 457 (b) DCP or a 403 (b) TSP plan and you may contribute up to the IRS maximum annual limits:

- Call TIAA to enroll in the 403(b) TSP or enroll via Retirement@Work,
  - 800-410-6497
- Call ICMA to enroll in the 457 (b) DCP or enroll via varestire.org:
  - 1-877-327-5261

A cash match of $20 per pay period to one plan is available if you are contributing $40 per pay period. Minimum contribution to receive cash match is $10 per pay period. ***Hybrid participants must contribute the maximum to receive the cash match.**

Only one match is available
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

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

<table>
<thead>
<tr>
<th>University Sick Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>vs 120 Calendar days at 100% Eligible Day 1</td>
</tr>
</tbody>
</table>
## Medical Disability/Sick Leave and Family Personal Comparison

<table>
<thead>
<tr>
<th>Benefit</th>
<th>&quot;College of William and Mary Plan&quot;</th>
<th>&quot;Virginia Sickness and Disability Plan (VSDP) Plan&quot;</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/">http://www.varetire.org/pdf/publications/</a> vsdp_handbook.pdf](<a href="http://www.varetire.org/pdf/publications/">http://www.varetire.org/pdf/publications/</a> vsdp_handbook.pdf)</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/">http://www.varetire.org/pdf/publications/</a> vsdp_handbook.pdf](<a href="http://www.varetire.org/pdf/publications/">http://www.varetire.org/pdf/publications/</a> vsdp_handbook.pdf)</td>
</tr>
</tbody>
</table>
FP Classification Employees
VSDP & University Sick Plan

| Long-term Disability (LTD) | 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. | 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. |
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|
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% of pre-disability salary - no max</td>
</tr>
<tr>
<td><strong>LTD Premium</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Long term care</strong></td>
<td>$96/day up to 2-year life time max of $70,080 for nursing home/assisted living.</td>
</tr>
<tr>
<td><strong>Nursing Care</strong></td>
<td>Up to 50% or $48/day for care by RN or licensed professional</td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
<td>1-year</td>
</tr>
<tr>
<td><strong>Insurer</strong></td>
<td>VRS</td>
</tr>
</tbody>
</table>

Current premium is 0.171% 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 only if you select the VRS Hybrid plan AND you want to select the W& M leave plan.
Group 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
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
Medical Plan Options

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

**COVA Care 80/20**

www.anthem.com/cova

**COVA HDHP**

**COVA HealthAware**

www.covahealthaware.com

**Kaiser Permanente (Northern VA)**

my.kp.org/commonwealthofvirginia
## Monthly Health Insurance Rates

### Employee Monthly Premiums for July 1, 2018 – June 30, 2019

*Premiums and plan benefits may change subject to final state budget approval.*

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: If you are enrolled in COVIA Care or COVIA HealthShare, you or your enrolled spouse must complete a health assessment to avoid HIP monthly or premium when both of you meet the requirement. See page 2.

#### Health Care Plans

<table>
<thead>
<tr>
<th>Health Care Plan</th>
<th>Year-End, Year-End Plus</th>
<th>Year-End Plus</th>
<th>Year-End Plus</th>
<th>Year-End Plus</th>
<th>Year-End Plus</th>
<th>Year-End Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Only</td>
<td>Max Pay</td>
<td>Only</td>
<td>Max Pay</td>
<td>Only</td>
<td>Max Pay</td>
</tr>
<tr>
<td></td>
<td>Employee Pays</td>
<td>Employee Pays</td>
<td>Employee Pays</td>
<td>Employee Pays</td>
<td>Employee Pays</td>
<td>Employee Pays</td>
</tr>
<tr>
<td>COVIA Care</td>
<td>$792</td>
<td>$211</td>
<td>$287</td>
<td>$175</td>
<td>$177</td>
<td>$239</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
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<td>$1,449</td>
<td>$2,069</td>
<td>$792</td>
<td>$3,212</td>
</tr>
<tr>
<td>COVIA Care + Out-of-Network</td>
<td>$1,160</td>
<td>$331</td>
<td>$421</td>
<td>$239</td>
<td>$286</td>
<td>$367</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$1,148</td>
<td>$2,069</td>
<td>$2,691</td>
<td>$952</td>
<td>$3,564</td>
</tr>
<tr>
<td>COVIA Care + Expanded Dental</td>
<td>$812</td>
<td>$274</td>
<td>$366</td>
<td>$190</td>
<td>$287</td>
<td>$367</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$797</td>
<td>$1,449</td>
<td>$2,069</td>
<td>$952</td>
<td>$3,564</td>
</tr>
<tr>
<td>COVIA Care + Vision &amp; Hearing</td>
<td>$1,160</td>
<td>$427</td>
<td>$527</td>
<td>$299</td>
<td>$373</td>
<td>$454</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$1,148</td>
<td>$2,069</td>
<td>$2,691</td>
<td>$952</td>
<td>$3,564</td>
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<tr>
<td>COVIA HealthShare</td>
<td>$849</td>
<td>$292</td>
<td>$463</td>
<td>$234</td>
<td>$286</td>
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<td>Total Premium</td>
<td>$832</td>
<td>$1,449</td>
<td>$2,069</td>
<td>$952</td>
<td>$3,564</td>
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<tr>
<td>COVIA HealthShare + Expanded Dental</td>
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<td>$427</td>
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<td>$952</td>
<td>$3,564</td>
</tr>
</tbody>
</table>

**Washington State Residents contact Office of Health Benefits for Washington State maintained VHCARE premium amount.**

**Employee pays may vary based on plan benefits and personalization.**

**Total Premium: Employee Pays + State Pay.**

**Employee Pays:** Employee contribution for health insurance.

**State Pay:** Employers contribution for health insurance.

**Employee Pays + State Pay:** Total contribution for health insurance.

**Employee Pays + State Pay + Voluntary:** Total contribution for health insurance with voluntary supplement.

**Employee Pays + State Pay + Voluntary Supplement:** Total contribution for health insurance with voluntary supplement and premium.
Health Benefit Plans

- 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 an online health assessment. Other screenings may be required depending on assessment.

*visit: www.myactivehealth.com * for details
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, on lays, crowns, dentures, bridgework
  - Orthodontic – Plan pays 50%, no deductible, $2,000 lifetime maximum

All Plans Include...
COVA Care

- **Doctors Visits**
  - $25 Primary Care Physician (PCP) Co-pay
  - $40 Specialist Co-pay
- **Urgent Care Visits**
  - $25 per visit
- **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
• **Outpatient therapy visits**
  o Occupational & Speech Therapy $35
  o Physical Therapy $15
  o Chiropractic (30-visit plan year limit) $35

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

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

• **Prescriptions-mandatory generic**
  o Retail Pharmacy/34-day supply
    • $15/$30/$45/$55 specialty drugs
  o Home Delivery Pharmacy/90-day supply
    • $30/$60/$90/$110 specialty drugs
COVA Care Example

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

After his exam, his doctor refers him to a specialist. At the specialist’s office, 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 - $15

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 added discount)
- Non-Elective Contact Lenses: $250 allowance (no added discount)
Routine Vision Care Services (continued)

Contact lens fitting and follow-up

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

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

Hearing Benefits

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

Hearing aids and other hearing aid services and supplies $0 except disposable hearing aids (up to $1,200 during 48 months)
COVA 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)
COVA HDHP

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

- **Out-of-pocket maximum 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

Vision:
- Routine Annual routine eye exam only $15 at participating Blue View Vision provider

Out of Network: Not Available

Hearing: Not Available
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)
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

May also contribute to a Flexible Spending Account
COVA Health Aware (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.
Health Benefits Enrollment Form

To Enroll:
Complete Sections 1-5

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

Section 4: Health Care Coverage Election

☐ I do not wish to participate in health care coverage (N)
☐ No change to my current health plan level and family membership level

A. Health Plan Selection – Check the box that applies

☐ No change to my current health care plan

STATEWIDE HEALTH PLANS

- [Box] Claims with provider details (ACOS)
- [Box] Claim with out-of-network (ACOS)
- [Box] Claim with expanded dental (ACOS)
- [Box] Claim with out-of-network expanded dental (ACOS)
- [Box] Claim with out-of-network dental (ACOS)
- [Box] Claim with out-of-network vision & hearing (ACOS)
- [Box] Claim with out-of-network dental vision & hearing (ACOS)
- [Box] Claim with high deductible plan (with provider details) (HD)
- [Box] Claim with high deductible plan (with expanded dental) (HD)

REGIONAL HEALTH PLANS

Administered by Assurant Health

- [Box] Assurant Health (with provider details) (CHI)
- [Box] Assurant Health with expanded dental (CHI)
- [Box] Assurant Health with expanded dental & vision (CHI)

Administered by Travelers & Company

- [Box] Travelers Supplemental (TRI)

B. Family Members – Check the box that applies

☐ No change to my existing covered family members
☐ I do not wish to cover any family members
☐ I wish to cover the eligible family members listed below. (Note: you will be required to submit documentation when adding family members to your coverage.)

<table>
<thead>
<tr>
<th>FAMILY MEMBER</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>[Field]</td>
<td>[Field]</td>
<td>[Field]</td>
<td>[Field]</td>
<td>[Field]</td>
<td>[Field]</td>
</tr>
</tbody>
</table>

*Fields: [Box] includes male, [Box] includes female
S. - son, D. - daughter, O. - other child
M. - other male
F. - other female

Section 5: Employee Certification and Authorization

I certify that I have reviewed and understand the 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 information I have provided on this form is complete and accurate to the best of my knowledge. I understand that inaccuracies in this information is considered policy and is enforceable to the fullest extent of the law. I understand that the health care and its business associates have the right to use protected health information in connection with the treatment, payment and health care operations allowed by HIPAA. I understand that participating in a Flexible Spending Account (FSA) is completely voluntary, and that contributions from my TSA are independently reviewed for compliance with IRS regulations. I further understand that the IRS requires me to contribute the FSA for any unreported, erroneous or excess reimbursement amount that I do not receive within the timeframe provided by the Plan. In accordance with §41.105(c1) of the Code of Virginia, by signing an FSA I hereby authorize the Commonwealth of Virginia to withhold from my paycheck on a fixed dollar basis such amounts as are necessary to reimburse my FSA for any unreported, erroneous or excess reimbursement.

Print Your Name ___________________________ Assigned ID or Social Security Number ___________________________

Sign Here: ___________________________ Date: ___________________________

Section 6: Agency Verification and Approval

Date Received ___________________________ Date Hayden ___________________________ DED Effective Date ___________________________

Print Contact Name ___________________________ Phone ___________________________ Agency/Group Number ______

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

32016 Eligibility and Enrollment Information for Employers Page 2
### Eligibility Definitions and Required Documentation

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Eligibility Definition</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>The marriage must be recognized as legal in the Commonwealth of Virginia. Note: Ex-spouses will not be eligible, even with a court order.</td>
<td>• Photocopy of marriage certificate, and&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.” NOTE: All financial information and Social Security Numbers can be redacted.</td>
</tr>
<tr>
<td>Natural or Adopted Son/ Daughter</td>
<td>A son or daughter may be covered to the end of the year in which he or she turns age 26.</td>
<td>• Photocopy of birth certificate or legal adoptive agreement showing employee’s name. (Note: if this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.)</td>
</tr>
<tr>
<td>Stepson or 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; and&lt;br&gt;• Photocopy of marriage certificate showing the employee and dependent parent’s name and&lt;br&gt;• Photocopy of the most recent Federal Tax Return that shows the dependent’s parent listed as “Spouse.” NOTE: All financial information and Social Security Numbers can be redacted.</td>
</tr>
</tbody>
</table>
| Other Female or Male Child        | An unmarried child in which a court has ordered the employee (and/or the employee’s legal spouse) to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if:  
  - the principal place of residence is with the employee;  
  - they are a member of the employee’s household;  
  - they receive one-half of their support from the employee and  
  - the custody was awarded prior to the child’s 18th birthday. | • Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.                                                             |
Making Changes

When may I make changes to my health benefits plan?

- **During Open Enrollment**
  - Usually occurs in May; effective July 1st

- **Qualifying Mid-Year Event**
  - Within 60 days of the event with appropriate documentation
Making Changes

QUALIFYING STATUS CHANGES INCLUDE

- Marriage or Divorce (failure to remove a former spouse may result in your being terminated from the healthcare plan for up to 3 years and you will be invoiced for payments made for treatment from the date of the 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**

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. To download forms go to HR, Forms, Workers’ Comp webpage.
- **Forms must be** submitted to the Office of Human Resources within 24 hours of the incident.
- Employee must respond to all investigations from MCI.
- Once a panel doctor is chosen by the employee, all Treatment must be with that doctor or a referral from that doctor.
Voluntary Benefit Programs

These are optional programs that the university makes available to you.
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)
Flexible Spending Accounts (FSAs)

Save Cash with an FSA!

Need more funds in your bank account? Breezing in an FSA is a great way to save money on out-of-pocket expenses for health or dependent care.

- You can contribute to one or both FSAs if you are eligible for health benefits, even if you are not enrolled in a qualified health plan. Remember, you must enroll each year to have an FSA. Complete Section 3 of the enrollment form to enroll. See page 1.

What Expenses Are Eligible?

- **Health FSA**: use your pre-tax dollars to pay for eligible health care expenses, such as:
  - Copays, coinsurance and deductibles.
  - Other out-of-pocket eligible medical expenses.

- **Dependent Care FSA**: use your pre-tax dollars for eligible two-working parents' dependent care expenses, including:
  - Care for your child under the age of 13.
  - Care for your qualifying child, spouse or relative who is physically or mentally incapable of self-care and lives in your home more than half of the year.

More About FSAs

- **Maximum FSA Contributions**:
  - Health FSA: up to $2,000 per plan year
  - Dependent Care FSA: up to $5,000 per plan year depending on your tax-filing status

- **Minimum FSA Contribution**:
  - $10 per pay period

Administrative Fee

- 0.6% deducted monthly on a pre-tax basis for one or both FSAs.

Use It or Lose It!

- Submit claims for reimbursement by your filing deadline (runout period) or you will forfeit any remaining FSA funds.
- If your account is in full payment of this plan year, you may file FSA claims up to three months after your coverage period ends.
- If your account ends on June 30, 2019, you have until Sept. 30, 2019, to file for reimbursement.

If you enroll in CONA HealthAware

- Plus carefully for a health FSA. The health reimbursement arrangement (HRA) pays for certain eligible medical expenses.

Resources

- Visit www.benefitadminolutions.com/anthem for further details on any remaining FSAs.
- Call 877-431-7364.

Pay Right Away With Your Health FSA Card

- You'll receive an EIX Visa® Benefit Card in the mail after you enroll for the first time in a Health FSA. Once activated, it gives you instant access to your Health FSA funds. You will receive a new card automatically the month before your current card's expiration date. Separate cards for dependents will be issued at the same time.
- You may pay for eligible health care expenses at any merchant where Visa is accepted.
- Be sure to pay special attention to the Health FSA card's transactions that require after-the-fact validation.
- Resolve all card transactions by the end of your runout period.

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
- [benefitadminolutions.com/anthem](benefitadminolutions.com/anthem)
- If you separate employment, you only have 3 months from the last day to file your expenses.

Minimum and Maximum for both:

- $10 minimum
- $2,600 maximum for Medical FSA IRS MAXIMUM
- $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 IRS MAXIMUM
Medical Spending Account

Use for co-payments and deductibles

- Ambulance service
- Dental fees
- Prescriptions
- Eyeglasses/contacts

“Use it or lose it”

- Be conservative when estimating your medical expenses
  - No carry over
  - No return

***After employment separation you have only 3 months to submit eligible expenses incurred before your coverage ended***
Dependent Care Spending Account

- Use for Dependent care expenses
  - Provides reimbursements for dependents (child up to 13 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 within 31 days of hire
  - www.legalresources.com
    - Company code: 1242
    - Password: nhlegal
- Or enroll during open enrollment in November
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

Call Bradford Klavan: 757-652-0912
Optional Life Insurance

- Employees may purchase additional life insurance for self & family members

- Option of 1, 2, 3 or 4 times your annual salary

- Employee pays a premium based on age, salary, and coverage level selected

- Premiums are paid through payroll deduction
Optional Life Insurance

- If you apply within 31 days of your date of hire:
  - Employee coverage is guaranteed at up to 4 times annual salary rounded to next $1,000.
  - Spouse’s coverage is guaranteed for half of employee’s salary under option 1 only; Evidence of Insurability required for options 2 – 4.
  - Children’s coverage will be based on the level the employee elects.

- Maximum employee coverage is $750,000.

- You may apply at a later time:
  - With a completed Application & Evidence of Insurability.
Optional Life Insurance

Coverage for Yourself

You can select one of the following coverage options to cover yourself, up to a maximum of $750,000.

<table>
<thead>
<tr>
<th>Option</th>
<th>Your Insurance Amount</th>
<th>Spouse Insurance Amount</th>
<th>Insurance Amount per Dependent Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select one of the following</td>
<td>Not to exceed $750,000</td>
<td>Not to exceed $375,000</td>
<td>At age 15 days</td>
</tr>
<tr>
<td>1</td>
<td>$1 \times \text{your compensation}$</td>
<td>$\frac{1}{2} \times \text{your compensation}$</td>
<td>$10,000$</td>
</tr>
<tr>
<td>2</td>
<td>$2 \times \text{your compensation}$</td>
<td>$\text{your compensation}$</td>
<td>$10,000$</td>
</tr>
<tr>
<td>3</td>
<td>$3 \times \text{your compensation}$</td>
<td>$1 \frac{1}{2} \times \text{your compensation}$</td>
<td>$20,000$</td>
</tr>
<tr>
<td>4</td>
<td>$4 \times \text{your compensation}$</td>
<td>$2 \times \text{your compensation}$</td>
<td>$30,000$</td>
</tr>
</tbody>
</table>
Optional Life Insurance Form

- Complete this section
- Specify coverage
- Sign here for coverage
- Sign here to Waive optional life coverage
As a state employee you are eligible for employee discount offerings. Check out the following at http://www.dhram.virginia.gov/employeediscounts
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
Faculty Benefit Links

Retirement
You have the choice between: https://www.varetire.org/Pdf/Publications/orpchoosepa-hybrid.pdf
- a) the Virginia Retirement System (VRS) Hybrid Plan† or
- b) the Optional Retirement Plan (ORP).

ELECTION DEADLINE: You have 60 days from the date of hire to complete a VRS 65 Form. You may elect either the ORP or Hybrid Retirement Plan. Failure to submit a VRS 65 Form will result in a default election into the VRS Hybrid Retirement and the State Sick and Disability Plans (VSDP).

If you elect ORP, you must enroll with TIAA if you were hired after 01/01/2018.
- As of January 30, 2018, you can go to the HR web page at the college website and click on the Retirement@Work web link. Enrollment is online. For assistance, contact TIAA with questions.

TIAA: 1-800-842-2252
TIAA WEBSITE: https://www.tiaa.org/public/index.html

Health Insurance and Flexible Spending Accounts
- ELECTION DEADLINE: You have 30 days from the date of hire to select your health plan. Failure to submit a form will result in a waiver of coverage until the next open enrollment period.
- Health plan member handbooks and the current flexible spending sourcebook can be found by visiting http://www.dhrm.virginia.gov/resources/benefitsadmin/handbooksamendments.html.

†Participants who transfer into the college with prior state un-refunded VRS service may be eligible to participant in either the VRS Plan 1 or Plan 2 instead of the Hybrid Plan.
- Transferring employees may not be eligible to make benefit elections dependent on their employment break in service for either retirement or healthcare.

Benefits Orientation Presentations
Faculty Presentation:
http://www.wm.edu/offices/hr/newemployees/yourbenefitorientation/JMP%20Revised%20Faculty%20Professional%20Orientation%20June%202017%20updated.pdf

Workers’ Compensation Accident Reporting
- WC Link for forms: http://www.wm.edu/offices/hr/announcements/img-Y09112446-0001.pdf