New Professional Orientation

William & 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.
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
PROFESSIONAL/FACULTY ORIENTATION CHECKLIST

BENEFIT

_____ Welcome Letter from John Poma – Online Cornerstone

_____ Code of Ethics & Mandatory Reporting - Online Cornerstone

_____ Virginia Drug Policy Acknowledgement - Online Cornerstone

_____ Clearance Deduction Policy Acknowledgement - Online Cornerstone

_____ Health Insurance Deadline Notice - Online Cornerstone

_____ Direct Deposit Online Banner Self Service

_____ VRS Beneficiary Designation Form (VRS-2) Paper in folder

_____ Health Benefits Enrollment Waiver Form & FSA Paper in folder

Enrollment (Medical and Dependent Care) 30 DAYS

_____ Election to Participate Form (VRS-65) Paper in folder 60 DAYS

_____ IF CHOOSING Optional Retirement Plan (ORF)

ONLINE Retirement & Work Fund selection 1st pay after election

_____ IF CHOOSING VRS: Sick and disability Election Form 60 DAYS

_____ IF CHOOSING VRS AND COLLEGE’S DISABILITY PLAN:

Virginia Sickness & Disability Program (VSDP-2) Opt Out Form 60 DAYS

_____ Opt Out of Auto Enrollment to Deferred Compensation (457)

if not wanted – ORP Enrollee Only - ICMA, 1-877-927-5261 90 DAYS

OPTIONAL

_____ Legal Resources 31 DAYS

_____ Optional Life Insurance 31 DAYS

_____ 457b or 403b & Cash Match ANY TIME
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\(^{st}\) and 16\(^{th}\) of each month
- Pay periods:
  - 10\(^{th}\)-24\(^{th}\) paid on the 1\(^{st}\)
  - 25\(^{th}\)-9\(^{th}\) paid on the 16\(^{th}\)
- Pay checks must be direct deposited
  - Information is on Banner Self Service
- Direct deposit and tax forms available
- Only open your timesheet and enter exception time if you are taking leave. NEVER ENTER ZEROS
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 (93#)
- Enter leave taken
- Enter Direct Deposit information
- View elected benefits and deductions
- View pay history and check stubs
- View your tax information
- View your leave balances
- Opt into electronic W-2s (You need to opt out if you leave the University.)
- Enter emergency contact 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 setting up or changing your W-4 or VA-4, contact the Payroll Office at payofc@wm.edu or by calling 221-2848.
- To “OPT IN” to receive electronic W-2’s use Banner Self-Service.
Annual Leave

- Applies to Professionals, Professional Faculty on 12-month contracts; NOT applicable to instructional faculty on 9-month contracts, grant funded employees or post-doctoral employees.

- 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.

- 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 only; NOT applicable to other employee classifications.

- 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 (Lee-Jackson Day, George Washington Day, Columbus Day, Veteran’s Day) normally taken during the winter break
Community Service Leave

- Applies to Professionals, Professional Faculty on 12-month contracts only; NOT applicable to other classifications of employees.

- 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
Policy on Alcohol and Other Drugs

- Please review policy acknowledge receipt in Cornerstone
- You are acknowledging receipt of the policy
- Your acknowledgement does not indicate agreement or disagreement with the policy
- This must be completed in Cornerstone
Employee Clearance
Deduction Authorization

• The policy and acknowledgement must be completed in Cornerstone

• You agree that the University will deduct from your final check any balances owed or the cost of any unreturned University material upon your separation of employment.
Notice of Health Insurance Election Deadline

- This must be completed in Cornerstone

- 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 or a qualifying mid-year event.
Choosing Your Retirement Plan

William and Mary Retirement Plan
Comparison Guide
for Faculty and Eligible Professionals

This publication is for employees of William and Mary who are:

- hired or rehired January 1, 2018 or later, and are
- eligible to choose between the William and Mary (W&M) Optional Retirement Plan (ORP), a defined contribution retirement plan; and the Virginia Retirement System (VRS), a Hybrid Retirement Plan.

June 2018

Please review the retirement plan comparison to assist you in making your retirement election in your packet.
**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
Retirement Election Form

This VRS 65 Form must be returned first before you can enroll on Retirement @ Work enrollment platform.

Employer Codes:
- 30204 for W&M
- 30268 for VIMS
- 70204 for Valors
VRS Designation of Beneficiary
Life Insurance Contact your Retirement Vendor for Vendor Specific Beneficiary Forms

DESIGNATION OF BENEFICIARY

PART A. MEMBER/RETIREE INFORMATION
1. Name (First, Middle Initial, Last)
2. Address (Street, City, State and Zip)
3. Are you retired? (Yes/No)
4. Date of Birth

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

Check One:
- I revoke any previous designations and elect payment of VRS basic and optional group life insurance benefits to be made by order of precedence established by law. If you check this box, do not complete the beneficiary information below. Continue to Part C. (Order of precedence is explained in the form instructions.)
- I revoke any previous designations and elect payment of VRS basic and optional group life insurance benefits to the beneficiaries designated below. If you check this box, complete the beneficiary information below.

- Beneficiary Type (Check one):
  - Primary
  - Contingent

- Relationship
- Social Security Number
- Address (Street, City, State and Zip)
- Date of Birth

Are additional beneficiaries for Part B listed on a VRS-24 continuation form?
- Yes
- No

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

Check One:
- I revoke any previous designations and elect payment of VRS retirement contributions/benefits to be made by order of precedence established by law. If you check this box, do not complete the beneficiary information below. Continue to Part D. (Order of precedence is explained in the form instructions.)
- I revoke any previous designations and elect payment of VRS retirement contributions/benefits to the beneficiaries designated below. If you check this box, complete the beneficiary information below.

- Beneficiary Type (Check one):
  - Primary
  - Contingent

- Relationship
- Social Security Number
- Address (Street, City, State and Zip)
- Date of Birth

Name of Trust Corporation
- Date of Trust

Are additional beneficiaries for Part C listed on a VRS-24 continuation form?
- Yes
- No

PART D. CERTIFICATION

Member Certification: I hereby revoke all previous designations of primary and contingent beneficiaries. I name and designate the beneficiaries as indicated on this form to receive the proceeds of the basic and optional group life insurance payable under these plans, and to receive the retirement contributions/benefits to my credit in VRS at the time of my death. I do hereby direct that I should survive all of the above-named primary and contingent beneficiaries, any amount(s) which otherwise would have been payable to each beneficiary(ies) shall be paid in the order of precedence established by law and as listed in the instructions of this form or such other beneficiary(ies). As to debit balances on account with VRS, in accordance with its procedures. I do hereby agree to execute an assignment of my right to any proceeds payable under this plan on a form provided by VRS.

Member Signature
Date
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 with VSDP disability ***
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:

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

Eligible for the defined benefit retirement at normal Social Security retirement age

or

when age + service = 90 (e.g., age 60 with 30 years of service)
Cash Match for VRS-Hybrid Plan

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>
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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>
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<tr>
<td>2.00%</td>
<td>1.50%</td>
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<td>2.50%</td>
<td>1.75%</td>
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<tr>
<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>
DC Component for the Hybrid Plan

The Defined Contribution Component Offers Two Plans: Hybrid 401(a) Cash Match and Hybrid 401(a) Deferred Compensation.

Hybrid 401(a) Cash Match Plan
- You contribute a mandatory 1 percent of your creditable compensation each month to your 401(a) account. Your employer contributes a mandatory 1 percent.
- Your employer must match the first 1 percent of your voluntary contribution with a corresponding contribution of 1 percent of your creditable compensation. Each of your additional 0.5 percent increases will be matched by your employer with a 0.25 percent contribution.
- Employer 401(a) Cash Match contributions vest as follows:
  - 1 year - 0%
  - 2 years - 25%
  - 4 years - 100%

Hybrid 401(a) Deferred Compensation Plan
- Allows you to accumulate additional voluntary contributions on a tax-deferred basis until you leave employment or withdraw the money from your plan.
- Your mandatory and voluntary contributions are always 100% vested.

Benefits of making voluntary contributions to your hybrid account:
- Your employer will match a portion of your contributions (see Contribution Table).
- You may select from a variety of available investment options.
- Your investments could generate compounded earnings, and further generate compounded earnings on those compounded earnings.

Contribution Table

<table>
<thead>
<tr>
<th>Defined Benefit (DB) Plan Contributions</th>
<th>Employer</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory</td>
<td>4.00%</td>
<td>4.00%</td>
</tr>
<tr>
<td>Voluntary</td>
<td>2.50%</td>
<td>2.50%</td>
</tr>
<tr>
<td>Mandatory (DB)</td>
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<td>1.00%</td>
</tr>
<tr>
<td>Voluntary Hybrid 401(a)</td>
<td>0.50%</td>
<td>0.50%</td>
</tr>
<tr>
<td>Voluntary Hybrid 401(a)</td>
<td>1.00%</td>
<td>1.00%</td>
</tr>
<tr>
<td>Voluntary Hybrid 401(a)</td>
<td>2.00%</td>
<td>2.00%</td>
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<tr>
<td>Voluntary Hybrid 401(a)</td>
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<td>3.00%</td>
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<tr>
<td>Voluntary Hybrid 401(a)</td>
<td>4.00%</td>
<td>4.00%</td>
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</tbody>
</table>

Why Make Voluntary Contributions?

Meet Will: This chart demonstrates how much more he could save by making voluntary contributions to the Hybrid Retirement Plan.

Will could save $102,448 more by making a 2 percent before-tax voluntary contribution to the Hybrid Retirement Plan.

For illustrative purposes only and based on a monthly income of $3,000, assumes semi-monthly employer contribution made on 15th and 30th of each month and a 6 percent average annual return after 10 years. The final account balance does not account for plan fees or expenses, which would affect the net return. Investment return and principal value will fluctuate, so when shares are redeemed they may be worth more or less than the original cost.
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.
## Commonwealth of Virginia Defined Contribution Plans
### Investment Option Performance
As of June 30, 2018

<table>
<thead>
<tr>
<th>Investment Options</th>
<th>Inception Date</th>
<th>1 Mo</th>
<th>3 Mo</th>
<th>YTD</th>
<th>1 Year</th>
<th>5 Years</th>
<th>10 Years</th>
<th>Since Inception</th>
<th>10 Years</th>
<th>Total Annual Operating Expenses** As a %</th>
<th>Per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do-It-For-Me: Target Date Portfolios</td>
<td></td>
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<tr>
<td>Asset Allocation</td>
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<td>Retirement Portfolio</td>
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<td>-0.20</td>
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<td>4.83</td>
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<td>5.11</td>
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<td>0.08%</td>
<td>0.80</td>
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<tr>
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<td>-0.21</td>
<td>0.76</td>
<td>-0.39</td>
<td>4.77</td>
<td>4.45</td>
<td>5.08</td>
<td>5.18</td>
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<td>Target Date 2020 Portfolio</td>
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<td>0.79</td>
<td>-0.22</td>
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<td>5.03</td>
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<td>-0.25</td>
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<td>5.86</td>
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<tr>
<td>Target Date 2025 Portfolio</td>
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<td>1.00</td>
<td>-0.06</td>
<td>6.85</td>
<td>5.82</td>
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<td>5.73</td>
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<td>1.03</td>
<td>-0.10</td>
<td>6.77</td>
<td>5.75</td>
<td>6.63</td>
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<td>-0.08</td>
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<td>6.52</td>
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<td>-0.03</td>
<td>7.85</td>
<td>6.41</td>
<td>7.29</td>
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<tr>
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<td>-0.21</td>
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<td>-0.25</td>
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<td>9.06</td>
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<td>Target Date 2055 Portfolio</td>
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<td>1.65</td>
<td>-0.39</td>
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<td>9.33</td>
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<td>0.08%</td>
<td>0.80</td>
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<tr>
<td>Custom Benchmark</td>
<td>-0.23</td>
<td>1.71</td>
<td>-0.34</td>
<td>10.65</td>
<td>8.06</td>
<td>9.18</td>
<td>10.19</td>
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<td>Target Date 2060 Portfolio</td>
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<td>-0.39</td>
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<td>0.08%</td>
<td>0.80</td>
<td></td>
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<tr>
<td>Custom Benchmark</td>
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<td>1.71</td>
<td>-0.34</td>
<td>10.65</td>
<td>8.06</td>
<td>N/A</td>
<td>7.20</td>
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<tr>
<td>Help-Me-Do-It: Individual Options</td>
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<td>Capital Preservation</td>
<td>11/01/99</td>
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<td>0.52</td>
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<td>Money Market Fund</td>
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<td>0.69</td>
<td>0.44</td>
<td>0.38</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloomberg Barclays U.S. 3-Month Treasury Bill Index</td>
<td>0.16</td>
<td>0.45</td>
<td>0.81</td>
<td>1.37</td>
<td>0.69</td>
<td>0.44</td>
<td>0.38</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stable Value Fund</td>
<td>02/01/95</td>
<td>0.18</td>
<td>0.52</td>
<td>1.02</td>
<td>2.01</td>
<td>1.78</td>
<td>1.67</td>
<td>2.29</td>
<td>0.26%</td>
<td>2.50</td>
<td></td>
</tr>
<tr>
<td>Custom Benchmark</td>
<td>0.18</td>
<td>0.52</td>
<td>1.02</td>
<td>2.01</td>
<td>1.78</td>
<td>1.67</td>
<td>2.29</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bond Fund</td>
<td>11/01/99</td>
<td>-0.11</td>
<td>-0.14</td>
<td>-1.61</td>
<td>-5.56</td>
<td>-1.77</td>
<td>2.35</td>
<td>5.79</td>
<td>0.04%</td>
<td>0.40</td>
<td></td>
</tr>
<tr>
<td>Bloomberg Barclays U.S. Aggregate Bond Index</td>
<td>-0.12</td>
<td>-0.16</td>
<td>-1.62</td>
<td>-5.40</td>
<td>-1.72</td>
<td>2.27</td>
<td>5.72</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

### VRS and ORP

<table>
<thead>
<tr>
<th>Vesting</th>
<th>VRS</th>
<th>ORP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defined Benefit</td>
<td>Defined Benefit: 5 years</td>
<td>Immediate</td>
</tr>
<tr>
<td>Defined Contribution</td>
<td>Defined Contribution: Immediate (employer match based on years of service)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contribution</th>
<th>VRS</th>
<th>ORP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee: 5%</td>
<td>Employee: 5%</td>
<td></td>
</tr>
<tr>
<td>Employer: Depends on voluntary contributions Up to 3.5%</td>
<td>Employer: 8.5%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Portability</th>
<th>VRS</th>
<th>ORP</th>
</tr>
</thead>
<tbody>
<tr>
<td>May withdraw, roll-over funds into a qualifying account, or leave funds until retirement. You receive defined benefit only if you are vested.</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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Retirement Benefit</th>
<th>VRS</th>
<th>ORP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guaranteed benefit or “pension” plan and benefit based on account balance at retirement, or if</td>
<td>Based on account balance at retirement; investment risk applies</td>
<td></td>
</tr>
</tbody>
</table>
# The University of William and Mary

## ORP Fund Line-Up

<table>
<thead>
<tr>
<th>Allocation Tier</th>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation Tier</td>
<td>50% to 70% Equity</td>
<td>CREF Social Choice R3</td>
<td></td>
</tr>
<tr>
<td>Target-Date</td>
<td>Retirement</td>
<td>TIAA-CREF Lifecycle Index Ret Income Retire</td>
<td>TRCIX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2015</td>
<td>TIAA-CREF Lifecycle Index 2015 Retire</td>
<td>TRCIX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2020</td>
<td>TIAA-CREF Lifecycle Index 2020 Retire</td>
<td>TLWRX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2025</td>
<td>TIAA-CREF Lifecycle Index 2025 Retire</td>
<td>TLWRX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2030</td>
<td>TIAA-CREF Lifecycle Index 2030 Retire</td>
<td>TLYRX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2035</td>
<td>TIAA-CREF Lifecycle Index 2035 Retire</td>
<td>TLYRX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2040</td>
<td>TIAA-CREF Lifecycle Index 2040 Retire</td>
<td>TLYRX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2050</td>
<td>TIAA-CREF Lifecycle Index 2050 Retire</td>
<td>TLYRX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2055</td>
<td>TIAA-CREF Lifecycle Index 2055 Retire</td>
<td>TTIRX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2060</td>
<td>TIAA-CREF Lifecycle Index 2060 Retire</td>
<td>TVITX</td>
</tr>
</tbody>
</table>

## 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>
<td>Vanguard Total Bond Market Index Admiral</td>
<td>VBTIX</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>VTIAx</td>
</tr>
</tbody>
</table>

## Active Tier

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money Market</td>
<td>TIAA-CREF Money Market Premier</td>
<td>TPPXX</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>MWTIX</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>TRPGX</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>REREX</td>
</tr>
<tr>
<td>Small Value</td>
<td>Victory Integrity Small-Cap Value Y</td>
<td>VSIXX</td>
</tr>
<tr>
<td>Small Growth</td>
<td>T. Rowe Price QM US Small-Cap Growth Equity</td>
<td>PRDSX</td>
</tr>
<tr>
<td>Diversified Emerging Markets</td>
<td>DFA Emerging Markets core Equity I</td>
<td>DFCEX</td>
</tr>
<tr>
<td>Real Estate</td>
<td>TIAA Real Estate</td>
<td></td>
</tr>
</tbody>
</table>

## Other

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Directed Brokerage Accounts</td>
<td>TIAA Self-Directed Brokerage Account</td>
<td></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 Supplemental Savings 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.
Roth & Deferred Compensation and Tax Sheltered Savings Plans

You may enroll in either or both a 457 (b) and Roth DCP and/or a 403 (b) TIAA plan and you may contribute up to the IRS maximum annual limits in each. In 2019, maximum contribution is $19,000, and for individuals who are under age 50 or $25,000 over age 50. The 457(b) and Roth limits are combined if you participate in both.

- Call TIAA to enroll in the 403(b) or enroll via Retirement@Work,
  - 800-410-6497
- Call ICMA to enroll in the 457 (b) or Roth DCP or enroll via varetire.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 University’s Sick/Disability/Leave Plan

- VRS participants have a choice between the University’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>
<th>University Sick Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 to 59</td>
<td>0</td>
<td>0</td>
<td>125</td>
<td></td>
<td>vs 120 Calendar days at 100% Eligible Day 1</td>
</tr>
<tr>
<td>60 to 119</td>
<td>25</td>
<td>25</td>
<td>75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>120 to 179</td>
<td>25</td>
<td>50</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>180+</td>
<td>25</td>
<td>75</td>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 12 month Professional classification

## VSDP & University Sick Plan Comparison

### Medical Disability/Sick Leave and Family Personal Comparison

<table>
<thead>
<tr>
<th>Benefit</th>
<th>College of William and Mary Plan</th>
<th>Virginia Sick and Disability Plan (VSDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Leave</td>
<td>See STD rules with FMLA Certification</td>
<td>Eight weeks after one year of service if FMLA eligible and have VSDP</td>
</tr>
<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>
</tbody>
</table>
| Family and Personal Leave           | Personal Leave-None
Family Leave-Certain kinds of dependent care leave may qualify for paid disability leave subject to the time limitations provided in the university plan. | Four to five days per year based on length of state service.                                             |
| Leave Documentation                 | Sick Leave hours must be reported in Banner Self-Service.             | Sick or Family Personal Hours of leave used must be reported in Banner Self-Service.                     |
| Short-term Disability (STD)         | 100% of pay for a maximum of 120 calendar days. If used, employees accrue back 30 days per year up to a maximum of 120 calendar days. | “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: [http://www.varetire.org/pdf/publications/vsdp-handbook.pdf](http://www.varetire.org/pdf/publications/vsdp-handbook.pdf) |
## 12 month Professional classification
### VSDP & University Sick Plan Comparison

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term Disability (LTD)</td>
<td>After a 180-calendar day elimination period, you may qualify for 60% income replacement to a maximum of $6,000 per month, paid until normal retirement age. Employees must satisfy a one-year waiting period to be eligible for long-term disability.</td>
</tr>
<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>
<tr>
<td></td>
<td>A basic benefit of $96 a day for nursing home care, assisted living facility or home health care, up to a two-year lifetime maximum benefit of $70,080. The plan pays 50 percent of the maximum daily benefit amount or $48 a day for care by a registered nurse or licensed professional. Employees must satisfy a one year waiting period to be eligible for short-term and long-term disability, as well as long-term care.</td>
</tr>
</tbody>
</table>

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

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

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

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

\[
\text{Salary} \times 12 \text{ months} = 50,000 \text{ dollars} = 4,166.67 \text{ dollars per month} \\
0.171\% \times 4,166.67 \text{ dollars} = 7.13 \text{ dollars} \rightarrow \text{Total Premium}
\]

\[
60\% \times 7.13 \text{ dollars} = 4.28 \text{ dollars} \rightarrow \text{Employer Premium} \\
40\% \times 7.13 \text{ dollars} = 2.85 \text{ dollars} \rightarrow \text{Employee Premium or } 1.43 \text{ per paycheck}
\]
Other Differences

- **VSDP STD** eligible 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
  - Employees with VSDP may use Parental Leave after birth/placement or adoption after a year of service, in a solid block of time if FMLA eligible for bonding

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

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

- 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

Eligible after a year of service.
Election is irrevocable.
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.*

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

Please note: Get a Premium Reward if you are enrolled in COVA Care or COVA Healthware. You or your enrolled spouse must complete a health assessment to save $77 a month or $947 when both of you meet the requirement. See page 2.

<table>
<thead>
<tr>
<th>HEALTH CARE PLANS</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Only</td>
<td>You Plus One</td>
<td>You Plus Two</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Premium</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee Pays</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>State Pays</strong></td>
<td>$271</td>
<td>$287</td>
<td>$321</td>
<td>$357</td>
<td>$393</td>
</tr>
<tr>
<td><strong>Total Premium</strong></td>
<td>$779</td>
<td>$1,410</td>
<td>$1,969</td>
<td>$2,526</td>
<td>$3,083</td>
</tr>
<tr>
<td><strong>Premium with Rewards</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee Pays</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>State Pays</strong></td>
<td>$224</td>
<td>$240</td>
<td>$272</td>
<td>$308</td>
<td>$344</td>
</tr>
<tr>
<td><strong>Total Premium</strong></td>
<td>$679</td>
<td>$1,308</td>
<td>$1,850</td>
<td>$2,400</td>
<td>$2,950</td>
</tr>
</tbody>
</table>
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 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.
All Plans Include...

**Basic Dental**

Maximum annual benefit per member (excluding Orthodontic) - $2,000

- Diagnostic & Preventive
  - $0, no deductible

**Expanded Dental Optional Buy-Up:**

  Deductible: $50 (single)/$100 (dual)/$150 (family)

- Primary Care
  - Includes: fillings, tooth extractions, and root canals
  - 20% after deductible

- Complex Restorative – Plan pays 50% after deductible
  - Includes: inlays, on lays, crowns, dentures, bridgework

- Orthodontic – Plan pays 50%, no deductible, $2,000 lifetime maximum
COVA Care

**Copayments**

**Primary Care**: $25

**Specialty Care**: $40

**Inpatient Hospital**: $300 per stay

**Outpatient Hospital**
- Facility: $125
- PCP: $25
- Specialist: $40

**Emergency Room**: $150 facility
- PCP: $25
- Specialist: $40

Copayment = fixed amount you pay and the plan pays the rest
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.

**Plan Year Out-of-Pocket Limit**

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Things to Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500 per member</td>
<td>- Once you reach out-of-pocket, the plan pays 100% of allowable charge</td>
</tr>
<tr>
<td>Not more than $3,000 per family</td>
<td>- Applies: medical, behavioral health, prescription drug and pediatric routine vision eye exam copayments, deductible &amp; coinsurance</td>
</tr>
<tr>
<td></td>
<td>- Does Not Apply: dental services, adult routine vision</td>
</tr>
</tbody>
</table>

**Medical & Behavioral Health**
Care when traveling internationally

The Blue Cross Blue Shield Global Core program assists Anthem members traveling or living outside of the United States, Puerto Rico and the U.S. Virgin Islands in obtaining medical care services.

- Access to preferred provider for inpatient, outpatient and professional services
- A single point of contact for medical assistance services 24 hours a day, 7 days a week, 365 days a year

Care when traveling domestically

BlueCard PPO Program

- Includes approximately 92% of doctors and 96% of hospitals in the U.S.
- Use the Find a Doctor tool on anthem.com or the Anthem Anywhere app to search for a BlueCard PPO Program doctor or hospital
- Members will pay their usual out-of-pocket amounts (such as deductible or copay) when they see provider in the program
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

Out-of-Network Benefits

- Covered services received outside of the network are paid a the in-network level less a 25% reduction in the amount paid by the plan.
- The 25% reduction does not count toward your Out-of-Pocket expense limit.
- Claims payments are made directly to you, rather than to the provider.
- Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.
Routine Vision (Basic) – Blue View Vision

- Benefit is available once every Plan Year
- Routine Vision exam copayment: $15
- Discount towards your choice of complete pair of eyeglasses or contact lenses
- Your choice of independent optometrists and doctors, popular retail locations and online retail.
  - 33,000 providers
  - 26,000 locations
Vision & Hearing Optional Buy-Up

Optional Routine Hearing
- Routine Hearing Exam (once per plan year) - $40 copayment
- Hearing aids and other hearing aid related services (every 48 months)
  Balance after plan pays maximum of $1,200

Expanded Routine Vision
Blue View Vision

<table>
<thead>
<tr>
<th>FRAMEs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Allowance</td>
<td>$100 allowance towards frames + 20% discount after allowance</td>
</tr>
<tr>
<td>Retail vs. Wholesale</td>
<td>BVV benefits based on retail</td>
</tr>
<tr>
<td>Non-Discounted Frames</td>
<td>6 brands not covered: Bulgari, Chanel, Maui Jim, Carter, Gold &amp; Wood, Pro Design</td>
</tr>
<tr>
<td>Discounts Beyond Your Allowance</td>
<td>Extra pair of eyeglasses: 40% discount; 20% off accessories</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LENSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Copayment</td>
<td>$20, then covered in full</td>
</tr>
<tr>
<td>Covered Lenses</td>
<td>Basic plastic lens, CR39 in single vision, bifocal and trifocal lenses</td>
</tr>
<tr>
<td>Impact Resistant</td>
<td>Covered for kids until age 19, $40 for standard polycarbonate for adults</td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>$65 for standard progressives</td>
</tr>
<tr>
<td>Lens Treatments</td>
<td>Fixed discount pricing for the most popular treatments</td>
</tr>
</tbody>
</table>
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 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**
Employee Assistance Program (EAP)

Employees and household members get confidential telephone assistance and in-person referrals:

- Unlimited 24/7 toll-free access
- 4 free in-person visits for employees
- Sessions are applied per incident per year so members can use the EAP for multiple reasons and receive the full benefit each time
- List of EAP providers is available by calling 855.223.9277 and/or by using the provider search at www.anthemEAP.com
Maximize your COVACare Health Benefits

LiveHealth Online

See a doctor 24/7 from your smartphone, tablet or computer

- No copayment or coinsurance!
- Choice board-certified providers
- Accessibility anytime, anywhere
- Prescriptions called in to network pharmacy of your choice
- LiveHealth Online Psychology – licensed behavioral health professionals
- LiveHealth Online Psychiatry – can prescribe medication, if necessary after evaluation
- LiveHealth Online EAP – four free EAP counseling sessions

Anthem Anywhere Mobile App

Health care you can carry in your pocket

- View your ID card
- Refill a prescription
- Check your prescription claims
- Search for providers
- Estimate your cost
- Personal Health Record (WebMD)
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)

<table>
<thead>
<tr>
<th>Enrollment or Status Change Effective Date</th>
<th>Proration Percentage</th>
<th>HRA adjustment per Employee and/or Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1st</td>
<td>100%</td>
<td>$600.00</td>
</tr>
<tr>
<td>August 1st</td>
<td>92%</td>
<td>$552.00</td>
</tr>
<tr>
<td>September 1st</td>
<td>83%</td>
<td>$498.00</td>
</tr>
<tr>
<td>October 1st</td>
<td>75%</td>
<td>$450.00</td>
</tr>
<tr>
<td>November 1st</td>
<td>67%</td>
<td>$402.00</td>
</tr>
<tr>
<td>December 1st</td>
<td>58%</td>
<td>$348.00</td>
</tr>
<tr>
<td>January 1st</td>
<td>50%</td>
<td>$300.00</td>
</tr>
<tr>
<td>February 1st</td>
<td>42%</td>
<td>$252.00</td>
</tr>
<tr>
<td>March 1st</td>
<td>33%</td>
<td>$198.00</td>
</tr>
<tr>
<td>April 1st</td>
<td>25%</td>
<td>$150.00</td>
</tr>
<tr>
<td>May 1st</td>
<td>17%</td>
<td>$102.00</td>
</tr>
<tr>
<td>June 1st</td>
<td>8%</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
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 University.

May also contribute to a Flexible Spending Account.
Local and National

A large national network has you covered wherever you go!
Local coverage with over 20,000 providers and 750 facilities in Virginia!
**Benefits at a glance**

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HRA Contribution</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee/Retiree only</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td>Employee/Retiree + Spouse</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Do Right HRA Incentives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee/Retiree only</td>
<td>Earn up to $150</td>
<td></td>
</tr>
<tr>
<td>Employee/Retiree + Spouse</td>
<td>Earn up to $300</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One person</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td>Two or more persons</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One person</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>Two or more persons</td>
<td>$6,000</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>
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)

Pharmacy

Integrated with the medical plan

- Single annual deductible and out-of-pocket limit
- Member responsibility based on contracted rates
- HRA covers pharmacy expenses

Retail and Mail Order (up to 90 day supply)

Free generic and preferred brand drugs and supplies if you participate in ActiveHealth Management’s programs for Diabetes, Hypertension, and Asthma/COPD
Dental and Vision

Routine services included in the basic medical plan and covered at 100%:

- Diagnostic and preventive dental exams and x-rays
- Annual routine vision exam

Optional expanded benefits for an additional premium:

- Dental - primary, complex and orthodontic
- Vision - glasses and contacts

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COVA HealthAware (cont’d)

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.
COVA HealthAware EAP

EAP

Employee Assistance Program offers short term counseling for all aspects of life

- 4 counseling sessions per incident per plan year at no cost to you
- Covers you, members of your household, and dependent children

Face-to-face, telephonic and web resources
Additional services such as financial, legal, and retirement guidance

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Maximize your **COVA HealthAware**

**Teladoc**

*Talk to a Doctor anytime, anywhere and save money!*

- 24/7/365 access to a doctor by phone or online
- Diagnose, treat, and prescribe medications
- Less than a traditional doctor's visit
  - $40 per consultation
  - ($8 after deductible)

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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 at all
- [ ] No change to my current health care selection and family membership level
- [ ] If you check either box above, proceed to Section 5

A. Health Plan Selection – Check the box that applies

- [ ] No change to my current health care plan

STATEWIDE HEALTH PLANS

- [ ] CWA Care (with prescription drug) (CWS)
- [ ] CWA Care - Out of Network (AC2)
- [ ] CWA Care - Expanded Dental (AC2)
- [ ] CWA Care - Out of Network/Expanded Dental (AC2)
- [ ] CWA Care - Expanded Dental - Vision & Hearing (AC2)
- [ ] CWA Care - Out of Network - Expanded Dental - Vision & Hearing (AC2)
- [ ] CWA (Medicare Supplement) (TRJ)
- [ ] CWA (Medicare Supplement) (TRJ) (EDES #, if required)

REGIONAL HEALTH PLANS

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

- [ ] Kaiser Permanente 880 – available in Northern Virginia, Central Virginia and Northern Rock designated zip codes (KY)

B. Family Members – Check the box that applies

- [ ] No change to my existing covered family members
- [ ] I do wish to cover any additional 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>RELATIONSHIP CODE</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</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>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Relationship codes: SU-spouse, MA-mother, FA-father, S-sister, D-daughter, U-uncle, N-niece, 2-son, 2-daughter, OK-other female, OX-male or other male child

Section 5: Employee Certification and Authorization

I certify that I have read and understand the State Health Benefits Program eligibility and enrollment information and I agree to abide by all participation requirements. I certify that all information provided is complete and accurate to the best of my knowledge. I understand that I am solely responsible for ensuring that all information is considered voluntary and assessable 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 for by HIPAA. I understand that participating in a Flexible Spending Account (FSA) is completely voluntary, that contributions to the FSA are not independent of the ERS regulations and that payments from the FSA are independently reviewed for compliance with IRS regulations. I further understand that the IRS requires me to submit the Form 1099-G for any employer, amnesty or excess reimbursement amount that I do not receive within the timeframe required by the Plan. In accordance with §401.10901 of the Code of Virginia, by signing on an IRS Form 1099-G, I hereby authorize and assign the Commonwealth of Virginia to withhold from my paycheck on a payroll basis such amounts as are necessary to replenish my FSA for any mismatch, erroneous or excess reimbursement.

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

Sign Here: __________________________ Date: __________

Section 6: Agency Verification and Approval

Data Received: __________________________ Data Keyed: __________________________ DDS Effective Date: __________________________

Print Contact Name: __________________________ Phone: __________________________ Agency/Group Number: / __________________________

Important: The Agency Transaction Form and this 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.

320906 Eligibility and Enrollment Information for Employees Page 2
## Eligibility Definitions

<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 &quot;Spouse.&quot; 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 &quot;Spouse.&quot; NOTE: All financial information and Social Security Numbers can be redacted.</td>
</tr>
<tr>
<td>Other Female or Male Child</td>
<td>An unmarried child in which a court has ordered the employee (and/or the employee’s legal spouse) to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if:&lt;br&gt;• the principal place of residence is with the employee;&lt;br&gt;• they are a member of the employee’s household;&lt;br&gt;• they receive over one-half of their support from the employee and&lt;br&gt;• the custody was awarded prior to the child’s 18th birthday.</td>
<td>• Photocopy of the Final Court Order granting permanent custody with presiding judge’s signature.</td>
</tr>
</tbody>
</table>
Making Changes

When may I make changes to my health benefits plan?

- **During Open Enrollment**
  - Usually 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

Example: 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. 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 for more information and for a list of approved charities
- Elections are made through https://eDirect.Virginia.gov
Flexible Spending Accounts

Save Cash with an FSA!

More About FSAs

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
- 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

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.
- 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

### 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>1</td>
<td>1 x your compensation</td>
<td>½ x your compensation</td>
<td>$10,000</td>
</tr>
<tr>
<td>2</td>
<td>2 x your compensation</td>
<td>1 x your compensation</td>
<td>$10,000</td>
</tr>
<tr>
<td>3</td>
<td>3 x your compensation</td>
<td>1 ½ x your compensation</td>
<td>$20,000</td>
</tr>
<tr>
<td>4</td>
<td>4 x your compensation</td>
<td>2 x 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
EMPLOYEE DISCOUNTS

As a state employee you are eligible for employee discount offerings. Check out the following at http://www.dhrm.virginia.gov/employeediscounts
Questions? Need more information?

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
Professional Benefit Links

Retirement
You have the choice between: [https://www.varetire.org/Pdf/Publications/orpchoosepa-hybrid.pdf](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 University 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](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](http://www.dhrm.virginia.gov/resources/benefitsadmin/handbooksamendments.html).

†Participants who transfer into the University 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
- **Professional Presentation:** [http://www.wm.edu/offices/hr/newemployees/yourbenefitoriention/Professional%20Orientation%20June%20202017%20updated.pdf](http://www.wm.edu/offices/hr/newemployees/yourbenefitoriention/Professional%20Orientation%20June%20202017%20updated.pdf)

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