



2019 Resident Physician Benefits Guide

THE
University of Vermont
MEDICAL CENTER

The heart and science of medicine.

UVMHealth.org/MedCenter

A Guide to Your Total Rewards

UVM Medical Center appreciates what each team member brings to the organization and how everyone contributes to supporting our community and delivering an excellent patient care experience. Your Total Rewards encompasses more than pay and benefits — it includes UVM Medical Center’s investment in your career development and your personal wellbeing. Your Total Rewards package is designed to meet the diverse needs of our large employee population. UVM Medical Center wants every employee to maximize the value of what is available to them. If you need help understanding an insurance plan, the 403(b) retirement program, or any of our other benefits, please contact us.

Contact & Provider Network Directories

FIDELITY

1-800-343-0860
NetBenefits.com/
UVMMedCenter

BLUE CROSS BLUE SHIELD OF VERMONT

1-800-422-6668
BCBSVT.com

CIGNA PRESCRIPTION DRUG PLAN

1-800-622-5579
myCigna.com

UVM MEDICAL CENTER PHARMACY

(802) 847-2821

NORTHEAST DELTA DENTAL

1-800-832-5700
NEDelta.com

VISION SERVICE PLAN

1-800-877-7195
VSP.com

THE HARTFORD LIFE & DISABILITY

1-888-716-4549
thehartfordatwork.com

WAGeworks

877-WageWorks
(877-924-3967)
WageWorks.com

BENEFITS DEPARTMENT		HUMAN RESOURCES DEPARTMENT	
PHONE	(802) 847-2825 (option 2)	1 SOUTH PROSPECT STREET (ELEVATOR A TO 5TH FLOOR)	Benefits, Recruitment, Employee Relations, Talent Strategies, Compensation, HRIS
EMAIL	Benefits@UVMHealth.org		
INTEROFFICE MAIL	1 South Prospect Street Old Hall, 5th Floor		
US MAIL	1 South Prospect Street 5th Floor Burlington, VT 05401	MAIN CAMPUS (SMITH 2)	Employee and Labor Relations
INTRANET	intranet.UVMedCenter.org		

Why do we elect benefits only one time per year?

Our benefit plan allows employees to pay their medical, dental, and vision premiums on a pre-tax basis, and we contribute to flexible spending accounts with pre-tax dollars, too. In exchange for this pre-tax advantage, the IRS requires that your benefit elections be permanent for the plan year. Upon being hired, you have until the end of the month following your date of hire to make your elections.

Each November, during the annual Open Enrollment process, you will have the opportunity to change your benefits for the following calendar year. Once elected, you can only change your benefits if you have a “qualifying event” such as marriage, divorce, birth, adoption, death of dependent, loss/gain of coverage elsewhere, or a significant change to your work status. You have 31 days to make changes your benefits following your “qualifying event.”

Dependent Eligibility: Who can you cover on your benefit plans?

Medical, Dental, Vision & Dependent Life Insurance: You may cover your spouse or civil union partner on our medical, dental, vision, and life insurance plans. If your spouse or civil union partner is a benefit eligible employee at The University of Vermont Medical Center, you may not cover him/her under spouse life insurance. Your domestic partner or partner in common law marriage is not eligible for coverage.

A child may be covered through the end of the month in which he/she reaches age 26. Student status does not affect eligibility for coverage.

Flexible Spending Accounts: Claims incurred by you, your spouse, and qualifying child/children are reimbursable under an FSA.

Per federal tax law, claims incurred by an employee’s civil union partner or that partner’s children are not eligible for reimbursement through the employee’s health care or dependent care flexible spending accounts.

You must cover yourself on any plans that you wish to enroll a dependent(s) in. See the Summary Plan Descriptions for more information about dependents and their eligibility.

Dependent Verification Required

Documentation will be required to enroll a dependent in medical, dental or vision coverage. Verification of a dependent can range from a copy of a birth certificate, copy of a marriage license, or a copy of your most recent tax return proving the dependent relationship. More information on acceptable documentation can be found on HR Central.

Dependent documentation is required to be uploaded into Workday during the enrollment process.

403(b) Retirement Plan



PARTICIPATION	All resident physicians can participate in the 403(b) Retirement Plan immediately. Generally, accounts for new hires are established within the first week of employment. Residents are eligible for employer matching contributions after six months of service. Employer contributions are subject to a three year vesting period. You may change your contribution amount at any time.									
ENROLLMENT, AUTOMATIC ENROLLMENT & OPTING OUT	<p>You may begin contributing to the plan at any time during your first six months of employment. If you do not take any action, we will automatically enroll you into the 403(b) Retirement Plan after six months of service. If you are part-time or full-time, this will ensure you receive the full benefit of the matching contribution. The pre-tax contribution will be set at 3% of pay.</p> <p>To begin contributing, or to “opt-out” of automatic enrollment by setting your contribution to 0%, you will need to make that election with Fidelity. If you are a new Fidelity user, there are two ways to make an election:</p> <ol style="list-style-type: none"> 1. While using the UVMHC network, log on to NetBenefits at Fidelity.com/AtWork. Click Register as a New User and follow prompts to establish a user name and password. You will need a code that will be sent to your UVMHealth.org email account. 2. Call Fidelity at (800) 343-0860. <p>If you already have an account at Fidelity, use your existing username and password, then proceed to The University of Vermont Medical Center 403(b) Plan from your dashboard.</p>									
RESIDENT PHYSICIAN CONTRIBUTIONS	<p>Your Contributions</p> <p>You can begin making personal contributions immediately by way of traditional pre-tax and/or Roth after-tax deductions.</p>	<p>Age 50+ Catch-up Contribution</p> <p>If you will be 50 or older in 2019, you may make additional Catch-up contributions. For your convenience, if you meet the age requirement, your contribution limit will automatically be extended to the maximum allowed by law.</p>								
In 2019, the IRS contribution limit is \$19,000, or \$25,000 if you are 50 or older.										
MATCHING CONTRIBUTION (EMPLOYER CONTRIBUTION)	<p>After six months of service, if you contribute 3% or more of your eligible earnings, UVM Medical Center will make a matching contribution of 2%. If you contribute less than 3%, the matching contribution will be prorated.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Your Contribution</th> <th style="text-align: left; padding: 2px;">UVM Medical Center Contribution</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">3% or more</td> <td style="padding: 2px;">2%</td> </tr> <tr> <td style="padding: 2px;">2%</td> <td style="padding: 2px;">1.33%</td> </tr> <tr> <td style="padding: 2px;">1%</td> <td style="padding: 2px;">0.66%</td> </tr> </tbody> </table>		Your Contribution	UVM Medical Center Contribution	3% or more	2%	2%	1.33%	1%	0.66%
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3% or more	2%									
2%	1.33%									
1%	0.66%									
INVESTMENT OPTIONS	Our plan offers a wide range of investment options designed to meet your specific goals, time horizon and risk tolerance. There are mutual funds for stocks, bonds and short-term investments such as money markets and US Treasuries. This line-up includes age-based, target date mutual funds. Experienced investors may be interested in opening a self-directed Fidelity Brokerage Link account to access other mutual funds.									
EDUCATION & CONSULTATIONS	Fidelity hosts frequent on-site visits for one-on-one meetings. View the schedule and make an appointment online at Fidelity.com/AtWork/Reservations or call (800) 642-7131.									
LEARN MORE & MANAGE YOUR ACCOUNT	Once you activate your account on NetBenefits, you'll be able to select investments, view on-demand statements, designate a beneficiary, and access the many education and planning tools available.									

2019 Bi-weekly Insurance Premiums

INSURANCE PLAN	FULL-TIME EMPLOYEE (72 – 80 HOURS)		
	SINGLE	2 PERSON	FAMILY
PREMIER ACCESS MEDICAL PLAN	\$63.60	\$127.23	\$168.57
DENTAL PLAN	\$4.94	\$9.10	\$16.50
VISION PLAN	\$4.22	\$7.39	\$10.56

Disclaimer: This brochure provides only a brief summary of the benefits available under The University of Vermont Medical Center benefit programs. In the event of a discrepancy between this summary and the Plan Document, the Plan Document will prevail. The University of Vermont Medical Center retains the right to modify and/or eliminate these or any other benefits at any time for any reason.

Premier Access Medical Coverage



You are eligible for coverage on your date of hire or benefits-eligibility date. Primary Care Physician (PCP) selection is required.	BCBSVT & BCBS NATIONAL PROVIDERS		NON-PARTICIPATING BCBS PROVIDERS
	UVM MEDICAL CENTER, CENTRAL VERMONT MEDICAL CENTER & PORTER HOSPITAL	OTHER BCBS PROVIDERS	
ANNUAL DEDUCTIBLE	\$250 per person, up to \$750 for a family <ul style="list-style-type: none"> Includes coinsurance Does NOT include co-pays 		\$500 per person, up to \$1,500 for a family <ul style="list-style-type: none"> Includes coinsurance Does NOT include co-pays
ANNUAL OUT-OF-POCKET MAXIMUM	\$1,500 per person, up to \$4,500 for a family <ul style="list-style-type: none"> Includes deductible Includes coinsurance Does NOT include co-pays 		\$2,000 per person, up to \$6,000 for a family <ul style="list-style-type: none"> Includes deductible Includes coinsurance Does NOT include co-pays
LIFETIME MAXIMUM BENEFIT	Unlimited		
PRE-EXISTING CONDITION LIMIT	None		
PREVENTIVE CARE	Covered at 100%		
OFFICE VISIT: PRIMARY CARE			After the deductible is met, you pay 30% coinsurance on the remaining charges, up to the annual out-of-pocket maximum.
OUTPATIENT MENTAL HEALTH & SUBSTANCE USE VISITS	\$0 co-pay	\$10 co-pay	
X-RAY AND LABORATORY SERVICES (DIAGNOSTIC)	100% Covered	After the deductible is met, you pay 10% coinsurance on the remaining charges, up to the annual out-of-pocket maximum.	
OUTPATIENT PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY	\$0 co-pay	\$25 co-pay	
OFFICE VISIT: SPECIALIST CARE	\$25 co-pay		
OFFICE SURGERY (SPECIALIST)			
CHIROPRACTIC CARE/ ACUPUNCTURE (UP TO 12 COMBINED VISITS PER YEAR)			
MATERNITY: CONFIRM PREGNANCY PRENATAL/ POSTNATAL VISITS	\$10 or \$25 co-pay covers all visits. Any scans or sonograms will require deductible and coinsurance.		
PHYSICIAN AND FACILITY FEES	After the deductible is met, subject to 5% coinsurance, up to the annual out-of-pocket maximum.	After the deductible is met, subject to 10% coinsurance, up to the annual out-of-pocket maximum.	
OUTPATIENT SURGERY			
OUTPATIENT CT/MRI/NUCLEAR SCANS			
HOSPITAL INPATIENT CARE INCLUDING MENTAL HEALTH & SUBSTANCE USE	(No deductible or coinsurance on inpatient physician fees.)		
HOME HEALTH CARE	After the deductible is met, you pay 10% coinsurance on the remaining charges, up to the annual out-of-pocket maximum.		
EXTERNAL PROSTHETIC DEVICES	After the deductible is met, you pay 20% coinsurance on the remaining charges, up to the annual out-of-pocket maximum.		
DURABLE MEDICAL EQUIPMENT			
ROUTINE VISION EXAM (ONE VISIT EVERY TWO CALENDAR YEARS)	Covered at 100% at participating VSP provider		Not covered
HOSPICE	Covered at 100%		
SUPPORTIVE CARE SERVICES			
SKILLED NURSING FACILITY	After the deductible is met, you pay 10% coinsurance on the remaining charges, up to the annual out-of-pocket maximum.		
URGENT CARE	\$25 co-pay plus coinsurance, if applicable.		
EMERGENCY ROOM	\$50 co-pay (waived if admitted) plus coinsurance, if applicable for facility services.		
INFERTILITY TREATMENT: AI, IUI, IVF	50% coinsurance; \$15,000 Lifetime Maximum Benefit	Not covered	

BCBSVT & BCBS National Participating providers will:

- Bill BCBSVT directly for your services, so you don't have to submit a claim.
- Not ask for payment at the time of service, except for deductible, coinsurance, or co-payments.
- Accept BCBS Allowed Price as full payment (you do not have to pay the difference between their total charge and BCBS Allowed Price).

Non-participating BCBS providers may bill you for any balance remaining after BCBSVT pays the Allowed Price.

Cigna Prescription Drug Coverage



PHARMACY CO-PAY	30-DAY SUPPLY			90-DAY SUPPLY		
	GENERIC	PREFERRED	NON-PREFERRED	GENERIC	PREFERRED	NON-PREFERRED
UVM MEDICAL CENTER OUTPATIENT PHARMACIES	\$0	\$25	\$45	\$0	\$50	\$90
UVM MEDICAL CENTER MAIL ORDER PHARMACY	\$0	\$25	\$45	\$0	\$50	\$90
CIGNA RETAIL PHARMACY	\$10	\$30	\$50	\$30	\$90	\$150
CIGNA HOME DELIVERY PHARMACY	N/A	N/A	N/A	\$20	\$60	\$100
INFERTILITY	50% coinsurance up to annual benefit of \$2,000					
ANNUAL Rx CO-PAY OUT-OF-POCKET MAXIMUM	\$1,250 per person, up to \$2,500 for a family; Does not apply to infertility prescription coverage					

HOW THE DEDUCTIBLE AND COINSURANCE PROCESS WORKS

Example 1: You visit your primary care provider for your annual check-up which includes routine preventive lab work such as cholesterol screening. There is no co-pay for the office visit, and preventive lab work is covered at 100%.

Example 2: You have a diagnostic x-ray performed that costs \$1,750. If the x-ray is performed at UVMC, CVMC or Porter Hospital it is covered at 100% and is not subject to deductible or any coinsurance. If the x-ray is performed at another BCBS provider and you have not paid any deductible for the year, you will pay the first \$250 of charges to meet the deductible. Your coinsurance will then be 10% of the remaining charges ($\$1,500 \times .10 = \150). Your total cost is \$400 (\$250 deductible + \$150 coinsurance).

Example 3: You have an in-network inpatient hospital stay that costs \$12,000 and you have already paid your \$250 deductible for the year. You would be responsible for 5% of the charges (\$600) if your stay was at UVMC, CVMC or Porter Hospital. If your stay was at another BCBS provider, your 10% coinsurance would be \$1,200.

Northeast Delta Dental Coverage



ELIGIBILITY	Date of hire or benefits-eligibility date.
TYPE OF PLAN	Use network providers to receive highest level of benefits. Use PPO providers to save on expenses.
ANNUAL DEDUCTIBLE	\$25 per person, up to \$75 for a family.
ANNUAL MAXIMUM BENEFIT	\$1,500 per individual, plus carryover benefit, if applicable (all services except orthodontics, see below).
PREVENTIVE SERVICES (ORAL EXAMS, CLEANINGS, X-RAYS)	100% coverage, no deductible. Please note: Plan allows up to 4 cleanings per year and the cost applies towards your annual maximum benefit.
BASIC/RESTORATIVE SERVICES (FILLINGS, ROOT CANALS, SIMPLE EXTRACTIONS, PERIODONTICS)	80% coverage, after deductible.
MAJOR SERVICES (CROWNS, DENTURES, SURGICAL EXTRACTIONS)	50% coverage, after deductible.
ORTHODONTIA	50% coverage, no deductible. \$1,500 lifetime maximum per person.

Vision Service Plan Coverage



	IN-NETWORK	OUT-OF-NETWORK
ELIGIBILITY	Date of hire or benefits-eligibility date.	
COMPLETE EYE EXAM (ONE VISIT EVERY CALENDAR YEAR)	Covered at 100% after \$10 co-pay	Covered up to \$35
FRAMES (ONE VISIT EVERY CALENDAR YEAR)*	Covered up to \$175 after \$10 co-pay	Covered up to \$45
LENSES (ONE VISIT EVERY CALENDAR YEAR)*	Covered at 100% (up to plan allowance)	Covered up to: Single \$25; Bifocal \$40; Trifocal \$55; Lenticular \$80
CONTACT LENSES (ONE VISIT EVERY CALENDAR YEAR)*	Covered up to \$175	Covered up to \$105

*Note: You may receive glasses or contact lenses, but not both within the same calendar year.



Life Insurance

BASIC COVERAGE: UVM MEDICAL CENTER-PAID

BASIC TERM LIFE	Your annual base salary, rounded up to the nearest \$1,000, multiplied by two.
ELIGIBILITY DATE	Date of hire or benefits-eligibility date.
ADDITIONAL COVERAGE: EMPLOYEE-PAID	
EMPLOYEE LIFE/ ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE	You may purchase additional term life coverage with AD&D in \$25,000 increments at age-based rates. If elected within the first 30 days of employment, you may elect up to \$100,000 in additional coverage without showing medical proof of insurability. For amounts above \$100,000, or coverage elected after the first 30 days of employment, proof of medical insurability is required. The combination of basic term life and additional employee paid life insurance cannot exceed \$2 million dollars. (See rates in chart below.)
SPOUSE	Purchase up to \$250,000 of coverage in \$25,000 increments, not to exceed the employee's basic and additional coverage amount. If elected within the first 30 days of employment, individuals may elect up to \$50,000 in spouse coverage without showing proof of medical insurability. For amounts above \$50,000, or coverage elected after the first 30 days of employment, proof of medical insurability is required. If your spouse of civil union partner is a benefit eligible employee at UVM Medical Center, you may not cover him/her under spouse life insurance. (See rates in chart below.)
CHILD	\$10,000 of coverage for each child. Coverage is for dependent children up to 26 years of age. Cost is the same regardless of the number of children covered. (See rates in chart below.)

RATES: OPTIONAL LIFE INSURANCE

BI-WEEKLY RATES ARE PER \$1,000 OF COVERAGE	EMPLOYEE TERM POLICY WITH AD&D COVERAGE	SPOUSE/CIVIL UNION PARTNER TERM POLICY	CHILD TERM POLICY
AGE 29 AND UNDER	\$0.02630	\$0.01861	\$10,000 benefit.
AGE 30-34	\$0.03140	\$0.02393	Cost \$0.13 per pay period.
AGE 35-39	\$0.03420	\$0.02658	One premium covers all eligible children in the family.
AGE 40-44	\$0.03920	\$0.03190	
AGE 45-49	\$0.05400	\$0.04785	
AGE 50-54	\$0.08720	\$0.08241	
AGE 55-59	\$0.13750	\$0.13558	
AGE 60-64	\$0.22850	\$0.23129	
AGE 65-69	\$0.43570	\$0.44928	
AGE 70-74	\$0.82430	\$0.8587	
AGE 75 AND OVER	\$1.47370	\$1.5419	

EXAMPLE OF IMPUTED INCOME CALCULATION

The premium your employer pays for your life insurance coverage that exceeds \$50,000 must be treated as additional taxable income paid to you.

The following example shows how this imputed taxable income would be calculated for a 46 year old employee with an annual salary of \$30,000 and life insurance coverage of \$60,000 (2x annual salary). Example:

Insurance Coverage	\$60,000.00
Premium paid for this amount is tax-exempt	- \$50,000.00
Premium paid for this amount is taxable	\$10,000.00

The value of the premium paid on the \$10,000—the “imputed income”—is calculated using a table provided by the IRS. In this case, \$10,000 / 1000 x \$0.069 = \$0.69 per pay period.

The total annual imputed taxable income reported on the employee's W-2 would be \$17.94 (\$0.69 x 26 pay periods).

BI-WEEKLY IMPUTED INCOME RATE PER \$1,000 OF BENEFIT

AGE 24 AND UNDER	\$0.023
AGE 25-29	\$0.028
AGE 30-34	\$0.037
AGE 35-39	\$0.042
AGE 40-44	\$0.046
AGE 45-49	\$0.069
AGE 50-54	\$0.106
AGE 55-59	\$0.198
AGE 60-64	\$0.305
AGE 65-69	\$0.586
AGE 70 AND OVER	\$0.951

Disability Coverage



SHORT-TERM DISABILITY (STD): UVM MEDICAL CENTER-PAID

ELIGIBILITY	Date of hire or benefits-eligibility date.
INCOME REPLACEMENT	100% salary continuation of base monthly earnings for up to six months.
LONG-TERM DISABILITY (LTD): UVM MEDICAL CENTER-PAID	
ELIMINATION PERIOD	Must exhaust six months of short-term disability.
INCOME REPLACEMENT	66 2/3% of base monthly earnings up to a monthly benefit maximum of \$8,000.

Flexible Spending Accounts (FSA)

A FSA allows you to set aside a portion of your earnings — before you pay federal, state, and Social Security taxes — to use for eligible health care, child care, and elder care expenses. You elect how much you want to put into your account(s) and through the course of the plan year's paychecks, that amount will be deducted with no taxes withheld.

TWO KINDS OF FSAs AND THEIR ELIGIBLE EXPENSES		HOW TO USE YOUR FUNDS
<p>Health Care FSA</p> <ul style="list-style-type: none"> For eligible health care services and items for you, your spouse, and dependents Prescriptions Over-the-counter items and medicines* Co-payments Dental care, orthodontia Vision care, eye surgery Therapies <p>These are just a few of the many services and items. Complete lists of eligible expenses are provided on WageWorks.com.</p> <p><i>*A doctor's prescription is required for over-the-counter (OTC) drugs and medicines in order to be FSA-eligible. Over-the-counter items, such as bandages, do not require a prescription.</i></p>	<p>Dependent Care FSA</p> <ul style="list-style-type: none"> For eligible child and adult dependent care expenses Eligible children are dependents who are under age 13 when the care is provided Before- and after-school programs Day care and nursery schools Preschool Dependent adult day care Transportation provided by care provider 	<p>WageWorks® Health Care Card (for Health Care FSA only) Debit card preloaded with your annual election amount to be used just like a debit card.</p> <p>Pay Me Back (for Health Care FSA and Dependent Care FSA) Use out-of-pocket funds then request reimbursement from your FSA. File a claim online, by fax, email, or mail.</p> <p>Pay My Provider (for Health Care FSA and Dependent Care FSA) Payment is sent directly to your provider from your WageWorks account.</p> <p>EZ Receipts® Mobile Application (for Health Care FSA and Dependent Care FSA) Use the app to submit claims and upload receipts for unverified transactions from your smartphone.</p>

Carryover for Health Care: What happens to your FSA dollars if you don't use them by the end of the calendar year? You may carryover up to \$500 of unused funds into the next plan year. The carryover amount doesn't count towards your annual contribution maximum. Any unused funds greater than \$500 will be forfeited after the last day of the run-out period. The run-out period (January 1–May 31) provides you with additional time to submit claims for reimbursement that were incurred during the plan year.

Example: Let's say you have \$800 remaining at the end of the plan year (December 31, 2019). \$500 will carry over into the next plan year (2020) and can be used to pay for 2019 expenses during the run-out period (January 1–May 31), or expenses in the new plan year (2020). The remaining \$300 will not carry over.

Grace Period for Dependent Care: While there is no carryover for Dependent Care FSA, there is a grace period. The grace period is additional time for you to use the funds remaining in your account. You have until March 15, 2020 to incur expenses with funds remaining from the previous plan year.

Example: Let's say you have \$300 remaining at the end of the plan year (December 31, 2019). Those funds will remain available for you to use for eligible expenses until March 15, 2020.

Managing Your Account: You'll need to submit claims for reimbursement and review your online account to see if action is required on your part. For many debit card purchases, you'll need to submit documentation to WageWorks. The best documentation to submit is the Explanation of Benefits provided to you by your insurance carrier when a claim is processed.

FSAs	HEALTH CARE FSA	DEPENDENT CARE FSA
MAXIMUM CONTRIBUTION	\$2,700	\$5,000
PLAN YEAR	January 1, 2019 to December 31, 2019	January 1, 2019 to December 31, 2019
CARRYOVER BENEFIT MAXIMUM (FUNDS THAT CAN BE BROUGHT TO A NEW PLAN YEAR)	Up to \$500**	N/A
GRACE PERIOD (ADDITIONAL TIME TO INCUR EXPENSES)	N/A	January 1, 2020 to March 15, 2020**
CLAIM SUBMISSION DEADLINE	May 31, 2020	May 31, 2020

**To take advantage of the carryover or grace period you must be covered by the plan on the last day of the plan year (December 31, 2019).

For detailed information, please see the Summary Plan Description available in the Benefits section of the UVM Medical Center intranet site or contact Benefits@UVMHealth.org.

Take It to the Next Level in 2019

Employee Wellness has created challenges and incentives to help you lead an active and healthy lifestyle—both at home and at work. Find your starting point by participating and encouraging others to join in. Begin to connect with proven ways to challenge yourself toward improved health and wellness.

Earn \$25: Participate in a biometric screening (instant gift card)

Earn \$30: Complete the Online Health Assessment

Earn \$10: Complete the Know Your Score survey

Earn \$35: Complete a Preventive Health screening or activity

Earn \$50: Participate in a Wellbeing Activity from any of the five Dimensions of Wellbeing

Earn \$25: Build Resiliency through targeted stress reduction activities

The Employee and Family Assistance Program (EFAP)

PROFESSIONAL COUNSELING HELP FOR PHYSICIANS AND THEIR FAMILIES

The Employee and Family Assistance Program provides confidential mental health counseling for you and the members of your household. EFAP can help in many ways:

Personal

- Mental Health and Adjustment Issues
- Depression Screening
- Communication Difficulties
- Anger Management
- Alcohol and Substance Use
- Grief and Loss
- Marital and Relationship Difficulties
- Parenting Dynamics

Professional

- Critical Incident Response
- Return to Work Assistance
- Unit-based Educational Workshops
- Communications & Conflict Resolution
- Stress Management
- Co-worker or team conflict

Work-Life

- Financial Problems
- Elder and Child Care Resources
- Veteran Support
- Links to Internal and External Resources

To schedule an appointment with a counselor or to request information on work-life services, please contact the Employee and Family Assistance Program at (802) 847-2827 or EFAP@UVMHealth.org.

More Employee Benefits And Programs

EMPLOYEE DISCOUNTS	Many area companies and merchants offer discounts to our employees, including discounts on cell phone contracts, automotive repair, electronics, entertainment, meals and lodging, gym memberships, and many other services and products. To take advantage of many of these discounts you will need to show your UVM Medical Center ID badge. For more information, visit HR Central.
PAYING FOR MEALS WITH YOUR ID CARD	Our employee food outlets offer reasonably priced meal options that include fresh and organic local fare. You'll find locally-raised ground beef, many vegetarian choices and organic fair-trade coffee. Employees can use their ID badges to purchase food at the 1 South Prospect Street, Fanny Allen and Main campuses. The cost will be deducted from an upcoming paycheck.
ON-SITE BANKING AND FINANCIAL EDUCATION	UVM Medical Center employees can become a member of the New England Federal Credit Union (NEFCU), and enjoy free checking with all the perks, as well as low cost, convenient auto and home loans. NEFCU offers an array of seminars for everyone in your family. NEFCU is committed to being "your financial advocate." For more information, call 879-8790 or visit NEFCU.com .
TRANSPORTATION DISCOUNTS	UVM Medical Center offers a discount on CTA LINK commuter passes and on local bus passes. UVM Medical Center also offers a discount on ferry tickets for employees who live in New York. To purchase passes, stop by the Security Office at the Main Campus. For more information, visit the intranet under Internal Services.
CATMA	UVM Medical Center is a member of CATMA (Chittenden Area Transportation Management Association). Through this membership, employees are eligible to enroll in a variety of sustainable commuter programs, including earning \$15 gift cards for biking or walking to/from work, carpool matching and trip planning services, greenride bikeshare discounts, and emergency rides home. Simply enroll at CATAMVT.ORG and for more information, call (802) 881-0283 or email info@catmavt.org .
CHILD CARE REFERRALS	Child Care Resource has a child care provider database of over 460 Chittenden County programs that are licensed or registered through the State of Vermont. Child Care Resource provides information and referrals to quality child care programs that serve children from infancy to age 12. These services are offered to UVM Medical Center employees at no charge. For more information call 863-3367 or visit ChildCareResource.org .

The University of Vermont Medical Center believes the Premier Access Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, a grandfathered health plan must comply with certain other consumer protections in the Affordable Care Act, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status, can be directed to the Benefits Department at 847-2825 (option 2). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.