2019 Employee Benefits Guide

The heart and science of medicine.
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**

<table>
<thead>
<tr>
<th><strong>BENEFITS DEPARTMENT</strong></th>
<th><strong>HUMAN RESOURCES DEPARTMENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHONE</strong></td>
<td><strong>1 SOUTH PROSPECT STREET</strong></td>
</tr>
<tr>
<td>(802) 847-2825 (option 2)</td>
<td>(ELEVATOR A TO 5TH FLOOR)</td>
</tr>
<tr>
<td><strong>EMAIL</strong></td>
<td><strong><a href="mailto:Benefits@UVMHealth.org">Benefits@UVMHealth.org</a></strong></td>
</tr>
<tr>
<td><strong>INTEROFFICE MAIL</strong></td>
<td><strong>MAIN CAMPUS (SMITH 2)</strong></td>
</tr>
<tr>
<td>1 South Prospect Street</td>
<td><strong>Employee and Labor</strong></td>
</tr>
<tr>
<td>Old Hall, 5th Floor</td>
<td><strong>Relations</strong></td>
</tr>
<tr>
<td><strong>US MAIL</strong></td>
<td><strong>Elevator A to 5th Floor</strong></td>
</tr>
<tr>
<td>1 South Prospect Street</td>
<td><strong>HRIS</strong></td>
</tr>
<tr>
<td>5th Floor</td>
<td></td>
</tr>
<tr>
<td><strong>INTRANET</strong></td>
<td><strong>VSP.com</strong></td>
</tr>
<tr>
<td>intranet.UVMMedCenter.org</td>
<td></td>
</tr>
</tbody>
</table>

**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.

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.
PARTICIPATION

All employees can participate in the 403(b) Retirement Plan immediately. Generally, accounts for new hires are established within the first week of employment. Part-time and full-time employees are eligible for employer 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

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.

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:
1. While using the UVMMC 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.

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.

EMPLOYEE CONTRIBUTIONS

Your Contributions
You can begin making personal contributions immediately by way of traditional pre-tax and/or Roth after-tax deductions.

In 2019, the IRS contribution limit is $19,000, or $25,000 if you are 50 or older.

BASIC CONTRIBUTION (EMPLOYER CONTRIBUTION)

After six months of service, the UVM Medical Center will begin making employer contributions to your account. Based on your age and years of service as of December 31, 2018, the percentage will vary from 3% to 10% of eligible earnings. It is not necessary to make personal contributions to receive this employer basic contribution.

Your Age + Years of Service (points) = Basic Contribution
<40 points = 3%
40–59 points = 5%
60–79 points = 7%
80+ points = 10%

MATCHING CONTRIBUTION (EMPLOYER CONTRIBUTION)

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.

If you contribute: UVM Medical Center will match an additional:
3% of pay 2%
2% of pay 1.33%
1% of pay 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

<table>
<thead>
<tr>
<th>INSURANCE PLAN</th>
<th>FULL-TIME EMPLOYEE (72 – 80 HOURS)</th>
<th>PART-TIME EMPLOYEE (60 – 71 HOURS)</th>
<th>PART-TIME EMPLOYEE (40 – 59 HOURS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SINGLE</td>
<td>2 PERSON</td>
<td>FAMILY</td>
</tr>
<tr>
<td>PREMIER ACCESS MEDICAL PLAN</td>
<td>$63.60</td>
<td>$127.23</td>
<td>$168.57</td>
</tr>
<tr>
<td>DENTAL PLAN</td>
<td>$4.94</td>
<td>$9.10</td>
<td>$16.50</td>
</tr>
<tr>
<td>VISION PLAN</td>
<td>$4.22</td>
<td>$7.39</td>
<td>$10.56</td>
</tr>
</tbody>
</table>
## Premier Access Medical Coverage

You are eligible for coverage the first day of the month following your date of hire or benefits-eligibility date. Primary Care Physician (PCP) selection is required.

### ANNUAL DEDUCTIBLE
- **BCBSVT & BCBS NATIONAL PROVIDERS**
  - $250 per person, up to $750 for a family
  - Includes coinsurance
  - Does NOT include co-pays
- **OTHER BCBS PROVIDERS**
  - $1,500 per person, up to $4,500 for a family
  - Includes deductible
  - Includes coinsurance
  - Does NOT include co-pays
- **NON-PARTICIPATING BCBS PROVIDERS**
  - $500 per person, up to $1,500 for a family
  - Includes coinsurance
  - Does NOT include co-pays

### ANNUAL OUT-OF-POCKET MAXIMUM
- **BCBSVT & BCBS NATIONAL PROVIDERS**
  - $1,500 per person, up to $4,500 for a family
  - Includes deductible
  - Includes coinsurance
  - Does NOT include co-pays
- **OTHER BCBS PROVIDERS**
  - $2,000 per person, up to $6,000 for a family
  - Includes deductible
  - Includes coinsurance
  - Does NOT include co-pays
- **NON-PARTICIPATING BCBS PROVIDERS**
  - $2,000 per person, up to $6,000 for a family
  - 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
- **BCBSVT & BCBS NATIONAL PROVIDERS**
  - $0 co-pay
- **OTHER BCBS PROVIDERS**
  - $10 co-pay

### OFFICE VISIT: SPECIALIST CARE
- **BCBSVT & BCBS NATIONAL PROVIDERS**
  - $25 co-pay
- **OTHER BCBS PROVIDERS**
  - $25 co-pay

### CHIROPRACTIC CARE/ACUPUNCTURE (UP TO 12 COMBINED VISITS PER YEAR)
- **BCBSVT & BCBS NATIONAL PROVIDERS**
  - $25 co-pay
- **OTHER BCBS PROVIDERS**
  - $25 co-pay

### 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 CT/MRI/NUCLEAR SCANS
- (No deductible or coinsurance on inpatient physician fees.)

### HOSPITAL INPATIENT CARE INCLUDING MENTAL HEALTH & SUBSTANCE USE
- After the deductible is met, you pay 10% coinsurance on the remaining charges, up to the annual out-of-pocket maximum.

### HOSPICE
- Covered at 100%

### SUPPORTIVE CARE SERVICES
- After the deductible is met, you pay 10% coinsurance on the remaining charges, up to the annual out-of-pocket maximum.

### URGENCY 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**

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

**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 UVMMC, 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 x .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 UVMMC, CVMC or Porter Hospital. If your stay was at another BCBS provider, your 10% coinsurance would be $1,200.

**Northeast Delta Dental Coverage**

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

**Vision Service Plan Coverage**

<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>First day of month following hire date or benefits-eligibility date.</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETE EYE EXAM (ONE VISIT EVERY CALENDAR YEAR)</td>
<td>Covered at 100% after $10 co-pay</td>
</tr>
<tr>
<td>FRAMES (ONE VISIT EVERY CALENDAR YEAR)*</td>
<td>Covered up to $175 after $10 co-pay</td>
</tr>
<tr>
<td>LENSES (ONE VISIT EVERY CALENDAR YEAR)*</td>
<td>Covered at 100% (up to plan allowance)</td>
</tr>
<tr>
<td>CONTACT LENSES (ONE VISIT EVERY CALENDAR YEAR)*</td>
<td>Covered up to $175</td>
</tr>
</tbody>
</table>

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

The Talent Strategies Department provides free courses for all staff and leaders to support their ongoing professional development. Topics include leadership development, emotional intelligence, diversity & inclusion, Inside Out Coaching®, and Crucial Conversations®.

Tuition assistance for college courses is also available to full- and part-time employees after six months with the organization (ranging from $2,600 to $3,950).

UVM Medical Center partners with up to 20 colleges and universities to provide employees reduced tuition, deferred payment, and scholarships. For more information please call (802) 847-9800 or email learning@UVMHealth.org.

### Disability Coverage

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

| FULL-TIME EMPLOYEES (72–80 HOURS PER PAY PERIOD) | Eligibility begins after six months of employment. Benefits begin after 7 calendar days of disability. Benefit pays 60% of bi-weekly base earnings for up to six months. |
| PART-TIME EMPLOYEES (40–71 HOURS PER PAY PERIOD) | Eligibility begins after one year of employment. Benefits begin after 14 calendar days of disability. Benefit pays 45% of bi-weekly base earnings for employees with up to 3 years of service and 60% for employees with 3 or more years of service. Benefit coverage provides a maximum of six months of coverage. |

**LONG-TERM DISABILITY (LTD)**

| BASIC LTD (UVM MEDICAL CENTER-PAID) | Basic LTD is fully paid for by UVM Medical Center. Benefits begin after a six month waiting period. Benefit equals 60% of pre-disability earnings up to a maximum benefit of $10,000 per month. Long-term Disability coverage has a pre-existing condition limitation. |
| ADDITIONAL LTD (EMPLOYEE-PAID) | You may purchase an additional 6 2/3% benefit to bring your coverage level to 66 2/3% of pre-disability earnings. Employee-paid premium is based on age and annual salary, see below for calculation. Additional Long-term Disability coverage has a pre-existing condition limitation. (See rates in chart below.) |

**ELIGIBILITY DATE**

First day of month following hire date or benefits-eligibility date.

### Rates: Additional Long-Term Disability Coverage

| BI-WEEKLY RATE PER $100 OF COVERAGE | RATES: ADDITIONAL LONG-TERM DISABILITY COVERAGE |
| AGE 19 AND UNDER | $0.0185 |
| AGE 20–24 | $0.0185 |
| AGE 25–29 | $0.0217 |
| AGE 30–34 | $0.0254 |
| AGE 35–39 | $0.0323 |
| AGE 40–44 | $0.0434 |
| AGE 45–49 | $0.0646 |
| AGE 50–54 | $0.0826 |
| AGE 55–59 | $0.0969 |
| AGE 60–64 | $0.1112 |
| AGE 65–69 | $0.1075 |
| AGE 70–74 | $0.1075 |
| AGE 75 AND OVER | $0.1075 |

**EXAMPLE OF LTD INCOME REPLACEMENT AND PREMIUM CALCULATION**

A 46 year old employee has a salary of $2,500 per month ($30,000/year). The basic LTD benefit of 60% would be $1,500/month ($18,000/year).

If the employee buys the Additional LTD Coverage, the benefit would be 66 2/3%, or $1,650 per month ($19,800/year).

The cost of the 6 2/3% Additional LTD Coverage would be $1.62 per pay period ($2,500 salary per month / 100 x $0.0646 = $1.62).
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
First day of month following hire date 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 of 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 or 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

<table>
<thead>
<tr>
<th>BI-WEEKLY RATES ARE PER $1,000 OF COVERAGE</th>
<th>EMPLOYEE Term Policy with AD&amp;D Coverage</th>
<th>SPOUSE/CIVIL UNION PARTNER Term Policy</th>
<th>CHILD Term Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE 29 AND UNDER</td>
<td>$0.02630</td>
<td>$0.01861</td>
<td>$10,000 benefit.</td>
</tr>
<tr>
<td>AGE 30–34</td>
<td>$0.03140</td>
<td>$0.02393</td>
<td>Cost $0.13 per pay period.</td>
</tr>
<tr>
<td>AGE 35–39</td>
<td>$0.03420</td>
<td>$0.02658</td>
<td></td>
</tr>
<tr>
<td>AGE 40–44</td>
<td>$0.03920</td>
<td>$0.03190</td>
<td></td>
</tr>
<tr>
<td>AGE 45–49</td>
<td>$0.05400</td>
<td>$0.04785</td>
<td></td>
</tr>
<tr>
<td>AGE 50–54</td>
<td>$0.08720</td>
<td>$0.08241</td>
<td></td>
</tr>
<tr>
<td>AGE 55–59</td>
<td>$0.13750</td>
<td>$0.13558</td>
<td></td>
</tr>
<tr>
<td>AGE 60–64</td>
<td>$0.22850</td>
<td>$0.23129</td>
<td></td>
</tr>
<tr>
<td>AGE 65–69</td>
<td>$0.43570</td>
<td>$0.44928</td>
<td></td>
</tr>
<tr>
<td>AGE 70–74</td>
<td>$0.82430</td>
<td>$0.8587</td>
<td></td>
</tr>
<tr>
<td>AGE 75 AND OVER</td>
<td>$1.47370</td>
<td>$1.5419</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BI-WEEKLY RATES ARE PER $1,000 OF BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE 24 AND UNDER</td>
</tr>
<tr>
<td>AGE 25–29</td>
</tr>
<tr>
<td>AGE 30–34</td>
</tr>
<tr>
<td>AGE 35–39</td>
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<tr>
<td>AGE 40–44</td>
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</tr>
<tr>
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</tr>
<tr>
<td>AGE 65–69</td>
</tr>
<tr>
<td>AGE 70 AND OVER</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>TWO KINDS OF FSAs AND THEIR ELIGIBLE EXPENSES</th>
<th>HOW TO USE YOUR FUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Care FSA</strong></td>
<td><strong>Dependent Care FSA</strong></td>
</tr>
<tr>
<td>• For eligible health care services and items for you, your spouse, and dependents</td>
<td>• For eligible child and adult dependent care expenses</td>
</tr>
<tr>
<td>• Prescriptions</td>
<td>• Eligible children are dependents who are under age 13 when the care is provided</td>
</tr>
<tr>
<td>• Over-the-counter items and medicines*</td>
<td>• Before- and after-school programs</td>
</tr>
<tr>
<td>• Co-payments</td>
<td>• Day care and nursery schools</td>
</tr>
<tr>
<td>• Dental care, orthodontia</td>
<td>• Preschool</td>
</tr>
<tr>
<td>• Vision care, eye surgery</td>
<td>• Dependent adult day care</td>
</tr>
<tr>
<td>• Therapies</td>
<td>• Transportation provided by care provider</td>
</tr>
</tbody>
</table>

These are just a few of the many services and items. Complete lists of eligible expenses are provided on WageWorks.com.

*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.

**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).

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.

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

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.
Time Off Options

COMBINED TIME OFF (CTO)

CTO ELIGIBILITY
All full-time, part-time, and regularly scheduled special employees participate in the CTO program.

CTO DETAILS
UVM Medical Center offers a Combined Time Off (CTO) program that groups all vacation time, holidays, sick time, and personal days into one account to give you great flexibility and control in the management of your paid time off.

You begin to accumulate time off from the start of your employment or immediately upon becoming eligible. CTO is earned on each hour you work, up to 80 hours in a pay period. The rate at which you accumulate CTO is based on your position and your length of service at UVM Medical Center. (See the chart below for more detail.)

Your CTO “bank” is shown on your paycheck. Your hours rollover from year-to-year, but there is a limit to how much you can have in your bank. That limit is equal to one and a half times your annual accrual amount.

CTO is one of your most valuable benefits. We recommend you manage your time so that you will be prepared in the event of an illness or accident. As your time accumulates, you’ll have opportunities during the annual Open Enrollment process to convert unused time into cash.

LEVELS OF CTO ACCRUAL

<table>
<thead>
<tr>
<th>LEVELS OF CTO ACCRUAL</th>
<th>Hourly Accrual Rate</th>
<th>Who accrues at this rate?</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.099726</td>
<td>Hourly employees with less than 5 years of service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.118904</td>
<td>Salaried employees and supervisors with less than 5 years of service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.138084</td>
<td>Salaried employees and supervisors with 5 or more years of service</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leadership positions manager-level and higher</td>
<td></td>
</tr>
</tbody>
</table>

CONVERTING TIME-OFF INTO CASH

These options are available only during the annual Open Enrollment event that occurs each November.

CTO Sell: Any full- or part-time employee can sell up to 40 hours of time. If you choose to sell time, the hours will be deducted from your CTO bank and then multiplied by your base hourly rate to determine the total value. That value is then paid to you in equal amounts through the following year’s 26 paychecks. The dollars flow into your paycheck as additional income. Many employees do this to help offset the premiums they pay for benefits. The only requirement to sell CTO is that you must have at least 40 hours of CTO remaining after the sold hours have been deducted from your bank.

CTO Cash-in: Cashing-in CTO time is another way to convert unused hours into take-home pay. This option provides you with a lump sum payment. Any full-time, part-time or regularly scheduled employee may cash-in CTO. During Open Enrollment, you decide how many hours to cash-in (up to your authorized bi-weekly hours) and when in the following calendar year you would like to receive your cash. Taxes are withheld at the supplemental rate. The only requirement to cash-in CTO is that you must have at least 40 hours of CTO remaining after the cashed-in hours have been deducted from your bank.

ADDITIONAL INFORMATION


Additional information on the CTO program is available on our intranet at intranet.UVMMedCenter.org. On the Combined Time Off page you will find the Combined Time Off Policy (HR-C-02), the Holiday Policy (HR-B-07), holiday schedules for the current year, and a detailed CTO Accrual Chart that includes maximum allowed balances.

FLEX-TIME OFF (FTO)

FTO DETAILS
Based on length of service, all full-time employees receive extra time off at the beginning of each year. A full-time employee with less than 10 years of service receives 8 hours of Flex-Time Off (FTO). An employee with 10 or more years of service receives 16 hours.

FTO can be taken as paid time off or it can be converted into cash like CTO (see CTO Sell above).

Note: If you take FTO as paid time off, it will automatically be deducted from your FTO bank before any CTO is used in the following calendar year. When you use FTO as paid time off, you do not accrue CTO on those 8 or 16 hours of FTO. Also, FTO earnings are not 403(b)-eligible, meaning neither you nor UVM Medical Center makes retirement contributions on those earnings.

Service Credits Allowance

Service Credits Allowances are designed to reward long-term service. An employee with 10 or more years of service as of December 31 will receive a Service Credit Allowance the following year. The benefit ranges from $200 to $500 per year for full-time employees and is pro-rated for part-time employees. Service Credits Allowances are paid out through the course of the year in equal per-pay-period amounts.

<table>
<thead>
<tr>
<th>YEARS OF SERVICE</th>
<th>FULL-TIME (72-80 HRS)</th>
<th>PART-TIME (60-71 HRS)</th>
<th>PART-TIME (40-59 HRS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>$7.70 ($200 per year)</td>
<td>$5.77 ($150 per year)</td>
<td>$3.85 ($100 per year)</td>
</tr>
<tr>
<td>15-19</td>
<td>$11.54 ($300 per year)</td>
<td>$8.65 ($225 per year)</td>
<td>$5.77 ($150 per year)</td>
</tr>
<tr>
<td>20-24</td>
<td>$15.39 ($400 per year)</td>
<td>$11.54 ($300 per year)</td>
<td>$7.70 ($200 per year)</td>
</tr>
<tr>
<td>25+</td>
<td>$19.23 ($500 per year)</td>
<td>$14.43 ($375 per year)</td>
<td>$9.62 ($250 per year)</td>
</tr>
</tbody>
</table>
Take It to the Next Level in 2019—Earn up to $175

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 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. Join over 5,000 employees who engaged with Employee Wellness and completed their incentives in 2018.

2019 EMPLOYEE WELLNESS PROGRAM DETAILS

Visit the Employee Wellness website to track completion of wellbeing activities. Visit HR Central on the UVM Medical Center intranet and click on the Employee Wellness icon. The website will have important dates for challenges, incentive payment information and updated Employee Wellness information during the year. Be sure to check back frequently for updates.

Biometric Screening: Earn $25 (Instant Gift Card)
Work with an Employee Wellness Health Coach to know your numbers. This 15-minute encounter will provide you with your numbers (including Blood Pressure, Cholesterol and Glucose). Your Health Coach can help you to develop actionable steps you can take toward wellbeing.

Online Health Assessment: Earn $30
Evaluate your current health with a quick 10-minute Health Assessment and earn $30. Visit the Employee Wellness website to complete your health assessment today.

Know Your Score: Earn $10
The Know Your Score tool is a quick and easy way to learn about strengths in your wellbeing. Use the updated survey tool to identify key areas and build on your individual strengths.

Preventive Health: Earn $35
Use your health benefits to take it to the next level. Take proactive steps to live your best life today and for years to come.

Building Resilience: Earn $25
Find ways to reduce your stress and increase your resiliency to ever-changing demands at home and work. Choose from several options to help you manage stress and adapt to changes in your life.

Choose A Wellbeing Activity: Earn $50
Take it to the next level in 2019—try something new or include your friends, co-workers or family members in your wellbeing. Choose an activity from any of the five Dimensions of Wellbeing to support healthy habits and work/life balance.

The five Dimensions of Wellbeing include:
- Physical
- Emotional/Social
- Community
- Financial
- Career

To learn more about Employee Wellness offerings, visit the Employee Wellness intranet page (under the Employee Resource dropdown) or sign up for the Employee Wellness Facebook group.

The Employee and Family Assistance Program (EFAP)

PROFESSIONAL COUNSELING HELP FOR EMPLOYEES AND THEIR FAMILIES

The University of Vermont Medical Center EFAP provides confidential mental health counseling for you and the members of your household at no cost. We are here to help—our professional staff can help you resolve a problem early, before it interferes with your home or work life. EFAP can help you and your family in many ways:

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

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

Work-Life
- Financial Problems
- Elder Care Resources
- Child Care Resources
- Veteran Support
- Educational Material
- 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.
**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 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 31 days 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 to your benefits following your “qualifying event.”

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**Summary Plan Descriptions (SPD)**

**WHAT IS A SUMMARY PLAN DESCRIPTION?**
In easily understood language, a SPD explains all aspects of the plan, including who can be covered, what the benefits are, how to submit a claim, and how the appeal process works.

**HOW DO I GET SUMMARY PLAN DESCRIPTIONS?**
The SPDs for medical, dental, life insurance, disability coverage, flexible spending accounts, and the 403(b) retirement plan are all on our intranet site. You may also request a printed copy of any Summary Plan Description by calling the Benefits Department at (802) 847-2825 (option 2) or by emailing Benefits@UVMHealth.org.

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**Leaving The University of Vermont Medical Center?**

**WONDERING WHAT HAPPENS TO YOUR BENEFITS?**
Employees leaving The University of Vermont Medical Center to relocate or retire often have questions about what happens to the various benefits they’ve had while working here. Here are a few highlights for employees planning for a change:

Medical, dental, and vision insurance can be continued through COBRA for 18 to 36 months, depending on the circumstance. Under COBRA, you pay the full premium amount to continue the coverage. You will receive information from our COBRA administrator EBPA, following your end of employment. For more information, including the current COBRA rates, please visit the Benefits intranet page and look for the Continuation of Benefits section. There you will also find the Benefits Summary for Terminating Employees.

Your health care flexible spending account can be continued for the remainder of the calendar year through COBRA. Your unused CTO time will be paid out to you with your final paycheck.

There are several options for your balance in our 403(b) plan. You can rollover the balance to another plan or into an IRA, you can take a distribution, or you can keep the balance in our plan.

Your group life and long-term disability policies can be changed to personal policies within 31 days of your termination. The Benefits team can provide you with an application to continue your coverage with The Hartford.

For more details please see the Benefits page on the intranet.
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 (802) 879-8790 or visit NEFCU.com.

**EMPLOYEE REFERRAL PROGRAM**

Current employees can earn $500, $1,000 or $2,000 by formally referring a stand-out candidate to join the team at UVM Medical Center! The Employee Referral Bonus Program provides an incentive award to a current employee who refers quality candidates who are subsequently hired for designated open positions. Encourage your friends and colleagues to apply today, and let them know they must indicate your name on their online application. Each successfully-hired referral may lead to a big reward. For more information, visit the Employee Resources section on the intranet, or call (802) 847-2825, option 3.

**HEALTH ASSISTANCE PROGRAM**

HAP provides short-term, non-emergent case management of medical care cost needs for individuals meeting income criteria.

HAP can:
- Screen for eligibility and financial assistance
- Provide assistance with enrollment in State and Federal programs
- Assistance with enrollment in health insurance through the Vermont Health Connect Exchange
- Connect individuals to hospital programs that provide health care at reduced cost or free
- Provide individuals with resources to help pay for medications and/or medical supplies
- Link individuals to additional community resources and health information

In order to be eligible, individuals must apply and complete an intake form, provide income information and engage with a member of the HAP case management team. HAP attempts to serve as many people who have needs and meet criteria. For more information, call (802) 847-6984 or email at HealthAssistanceProgram@UVMHealth.org.

**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 CATAMVTOrg and for more information, call (802) 881-0283 or email info@catmavt.org.

**TRANSPORTATION DISCOUNTS**

UVM Medical Center offers a discount on CCTA LINK commuter passes and a discount on local bus passes. UVM Medical Center also offers a discount on ferry tickets for employees who live in New York. Carpool incentives are available to employees at the Main Campus, 1 South Prospect Street, and Fanny Allen who have two or more employees who commute to work together. To purchase passes or to register a carpool group, stop by the Security Office at the Main Campus. For more information, visit the intranet under Internal Services.

**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 (802) 863-3367 or visit ChildCareResource.org.

**FRYMOYER COMMUNITY HEALTH RESOURCE CENTER**

The Frymoyer Center is a consumer health education library at the Main Campus that can help research health and wellness topics. The Center can also locate resources on healthcare, social services, and support groups in the area. Employees may borrow from the collection of health books and search online resources. The Center also hosts Employee Wellness events. Frymoyer is open Monday-Friday, 8:30 am to 5 pm. Call (802) 847-8821 or email resourcecenter@UVMHealth.org.

**HEALTHSOURCE CLASSES**

HealthSource education programs and healthy lifestyle classes are offered by Community Health Improvement at the University of Vermont Medical Center. These programs are free, unless otherwise noted, and open to employees and the community. Classes are held in the winter, spring, and fall and are on a variety of health and wellbeing topics including nutrition, specific health conditions, mental health, integrative health, cooking classes, and more. To view classes in the current series please visit UVMHealth.org/MedCenterHealthSource. Registration is required. Call (802) 847-7222 if you have questions.

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.doil.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.