

# 2024 Benefits Guide

For Physicians employed by VCU Health as well as faculty employed by both the University and MCV Associated Physicians (MCVP)



# 2024 Benefits

We are proud to offer you and your family comprehensive, high-quality benefits. Each year, we review our benefit offerings to ensure we are providing benefits that embody our values, meet team members' needs and enable you to prioritize your health and well-being. As part of that review, we also consider inflation, other macro-economic factors as well as VCU Health's financial position and overall affordability. For 2024, we continue to provide you with meaningful benefits to help you care for yourself and those who matter most. As part of our commitment to supporting all members of our VCU Health System family, we are:

- Adding domestic partner coverage (same sex or opposite sex) for medical, dental, vision and life insurance coverage
- Enhancing fertility benefits — removing the definition of infertility and providing coverage for freezing all cycles under the VCU Health medical plan, with a \$75,000 lifetime benefit maximum.
- Enhancing dental coverage for members with special needs when you enroll in Delta Dental (see page 9).

However, to better manage the increase to team members' medical premiums we are discontinuing the ChoiceCARE Incentive Rewards program for 2024. Unfortunately, even with this change your paycheck deductions for medical coverage will increase slightly for 2024. Your paycheck deductions for all other benefits coverage will stay flat for 2024.

**Note:** Optima Health is changing its company name to Sentara Health Plans effective January 1, 2024. Services and benefits will not change; however, members will receive new ID cards with the Sentara Health Plans logo in late 2023.

As your coverage needs change and health care evolves, it's important to review your benefit options to ensure you select the best options for yourself and your family. Take a moment to review this guide and the additional resources to make the most of your VCU Health System benefits.

*The information provided in this guide is a summary of benefits for Physicians employed by VCU Health as well as faculty employed by both the University and MCV Associated Physicians (MCVP).*

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The information contained in this guide should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this guide and the actual plan documents or policies, the documents or policies will always govern. Complete details about your benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office.

This Benefits Decision Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description. VCU Health System is an EEO/AA employer. Women, minorities and persons with disabilities are encouraged to apply. If you need reasonable accommodations to take advantage of enrollment opportunities, please contact Pete Peterson.

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage (see page 36).

# When Coverage Begins

## Eligibility and Participation

Any active, benefits-eligible full-time or part-time team member may take advantage of the benefits described in this guide. You may add the following dependents to your plan:

- Legally married spouse (same sex or opposite sex)
- Domestic partner (same sex or opposite sex) effective January 1, 2024
- Children up to age of 26 (can turn 26 within the plan year, up to Dec. 31, 2024), including those who are natural, stepchildren, legally adopted, placed for adoption and children with proven legal guardianship (including your domestic partner's children)
- Unmarried dependent children who are mentally or physically incapable of earning their own living due to permanent, chronic or total disability (including your domestic partner's children)

Your basic life and retirement benefits begin the first day of your pay period. Your medical, dental, voluntary life insurance and disability benefits begin the first day of the month following your date of hire or life event.

## New Hires and Newly Benefits-Eligible Team Members

You are required to complete enrollment **within 31 days** of your date of hire or life event. If you do not complete enrollment, you will automatically receive:

- Single medical coverage (physicians only)
- Basic life insurance
- Basic short-term and long-term disability insurance
- Fidelity as your vendor for a Retirement Plan

You will not be able to make any changes until the next open enrollment period unless you have a life event.

## Life Events

Although the benefits you select typically remain in effect throughout the plan year, you may adjust your selections if you have a qualifying life event. Examples of life events include:

- A change in your marital status (marriage or divorce)
- Domestic partner union or dissolution
- The addition of a dependent (birth, adoption, marriage or death)
- The loss of your spouse/domestic partner or child(ren)'s eligibility for coverage under another plan
- Termination of your spouse's/domestic partner's coverage
- Spouse's/domestic partner's open enrollment

You must request the change and provide accompanying documentation **within 60 days** of the qualifying life event. You can make changes in Workday. Any changes you make must be consistent with the life event and require appropriate documentation.



### Through Workday you can:

- View paychecks, W-2, benefits
- Update beneficiaries
- Change personal information
- Enroll for your benefits

### Dependent Documentation

Team members who cover dependents must provide proof of dependent eligibility. The chart below explains the definition of each type of dependent and the corresponding required documentation.

Dependent	Eligibility Definition	Required Documentation
<b>Spouse</b>	<ul style="list-style-type: none"> <li>• Legally married spouse (same or opposite sex)</li> </ul> <p><b>Note:</b> Ex-spouses are not eligible, even with a court order</p>	<ul style="list-style-type: none"> <li>• Copy of marriage certificate and ONE of the following:               <ul style="list-style-type: none"> <li>– Copy of top portion of the first page of the team member’s most recent Federal Tax Return that shows the dependent listed as “spouse”</li> <li>– A document dated within the last 60 days showing current relationship status, such as a monthly household bill or statement of account</li> </ul> </li> </ul>
<b>Domestic Partner</b>	<p>You and your domestic partner (same or opposite sex):</p> <ul style="list-style-type: none"> <li>• Are in a committed relationship of mutual support and are jointly responsible for each other’s common welfare; and</li> <li>• Are both unmarried; and</li> <li>• Have resided together for at least six consecutive months and intend to continue to reside together; and</li> <li>• Are not related by blood, are not legally married to anyone, and are the sole partners of each other; and</li> <li>• Are both 18 years of age or older and are mentally competent to consent to contract.</li> </ul>	<ul style="list-style-type: none"> <li>• Notarized Affidavit of Domestic Partnership Form               <ul style="list-style-type: none"> <li>– Please contact HR4U at <b>804-628-HR4U (4748)</b> or <a href="mailto:HR4U@vcuhealth.org">HR4U@vcuhealth.org</a> to request a form.</li> </ul> </li> <li>• Copy of a document dated within the last 60 days showing current relationship status, such as a joint monthly household bill or statement of account</li> </ul>
<b>Natural or Adopted Child(ren)*</b>	<ul style="list-style-type: none"> <li>• A son or daughter may be covered to the end of the year in which he or she turns 26 years old</li> <li>• Disabled son or daughter</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of birth certificate or legal adoption agreement showing team member’s or domestic partner’s name</li> <li>• If disabled, must provide proof of disability</li> </ul>
<b>Stepchild(ren)*</b>	<ul style="list-style-type: none"> <li>• A stepson or stepdaughter may be covered to the end of the year in which they turn 26 years old</li> <li>• A disabled stepson or stepdaughter</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of birth certificate or legal adoption agreement showing team member spouses’ name AND</li> <li>• Copy of marriage certificate AND</li> <li>• Copy of top portion of the first page of the team member’s most recent Federal Tax Return that shows the dependent’s parent listed as “spouse”</li> <li>• If disabled, must provide proof of disability</li> </ul>
<b>Other Child(ren)*</b>	<ul style="list-style-type: none"> <li>• Unmarried child(ren) in which a court has ordered the team member and/or legal spouse to assume sole permanent custody may be covered until the end of the year in which she or he turns 26 years old IF:               <ul style="list-style-type: none"> <li>– The principal place of residence is with the team member;</li> <li>– They are a member of the team member’s household;</li> <li>– They receive over one-half of their support from the team member and</li> <li>– The custody was awarded prior to the child’s 18th birthday</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Copy of birth certificate AND</li> <li>• Copy of the final court order granting permanent custody with presiding judge’s signature</li> </ul>

\*Including your domestic partner’s children.

You must upload dependent documentation to Workday. For your convenience, take a photo of each document with your mobile device or scan them to your computer, then upload. Dependents are not enrolled until documentation is received.

# Enrolling in Benefits

Your benefit elections are your responsibility, so please take time to read this information carefully and print a copy of your elections confirmation on Workday.

## Your Cost Per Pay Period

View your rates on pages 21 - 29 of this guide, or use the cost worksheet to calculate your premiums for 2024. This will be your cost each pay period. The worksheet lets you calculate how much you will contribute each pay period based on your elections for coverage for medical, dental, life and disability benefits.



## New Hires and Newly Benefits-Eligible Team Members

Enroll for your benefits online through Workday **within 31 days of hire** by following the instructions below:

- You will access Workday from the Okta Single Sign On (SSO) **[launchpad](#)**.
- You will receive an email to activate your Okta account and will need to activate your Okta account prior to logging in to Workday.
- On your first day of work, you will receive a Change Benefits task in your Workday inbox to enroll in benefits.
- You must complete all Onboarding tasks first before the Change Benefits task will appear in your Workday inbox.
- Please refer to the New Hire Benefits Enrollment Job Aid for detailed instructions on how to enroll in benefits.
- To access the job aid, click the Learning icon from your Workday landing page. Click “browse learning” and type New Hire Benefits Enrollment to locate the job aid.

**Please note:** You have 31 days to enroll in your benefits, but enrolling early will ensure that your benefits premiums are deducted from your first paycheck with VCUHS. Any missed premiums will be calculated by Workday and taken from your next scheduled paycheck. To avoid any unnecessary financial hardship, please enroll within the first week of employment.

Once you have submitted your elections, you will not be able to change them online. If you want to change an election, please contact HR4U at **804-628-HR4U** (4748) or **[HR4U@vcuhealth.org](mailto:HR4U@vcuhealth.org)**.

# Medical

The VCU Health System medical plan is self-insured, which means that each team member’s claims are paid for by VCU Health System. This helps VCU Health System save millions of dollars each year. You can help yourself and VCU Health System by choosing the VCU Health System Network as your providers.

## For MCVP team members

If you are a faculty member employed by both the University and MCV Associated Physicians (MCVP), please refer to <https://hr.vcu.edu/current-employees/benefits/clinical-faculty-benefits/> for information on your medical, prescription drug, dental and vision coverage options available through the Commonwealth’s benefits program.

The **VCU Health System ChoiceCARE medical plan** is administered by Optima Health, and you will receive one ID card to use for your medical and prescription drug needs. When scheduling your appointment, you will choose from three network options. You can choose a different network each time you make a new appointment. Review the chart below to compare the networks based on services offered.

Medical Services	VCU Health System Network	Optima Health Network	Out-of-Network
<b>Eligible Physicians, Facilities and Pharmacies</b>	VCU Health System	Optima Health	All Others
<b>Cost of Services</b>	\$	\$ \$	\$ \$ \$
<b>Preventive and Wellness Coverage</b>	Covered at 100%	Covered at 100%	Not Covered
<b>Office Visit Copay</b> Primary Care/Specialist	\$25/\$40	\$25/\$75	40% after deductible
<b>Inpatient Hospitalization Copay</b>	\$100	\$1,000 + 30% after deductible	\$2,000 + 40% after deductible
<b>Emergency Care Copay</b>	\$200	\$200	\$200
<b>Annual Deductible</b> Individual/Family	\$0/\$0	\$750/\$1,500	\$2,000/\$4,000
<b>Annual Medical Out-of-Pocket Maximum</b> Individual/Family	\$2,000/\$4,000	\$6,350/\$12,700	\$7,500/\$15,000

## Using Your HRA Dollars

We are discontinuing the ChoiceCARE Incentive Rewards program for 2024. You can use a Health Equity debit card to easily access your HRA funds. The funds in your HRA can be used to pay for qualified medical, prescription drug, dental and vision expenses that you would otherwise pay for out of pocket, such as copays, amounts that apply toward your deductible and coinsurance. You can also use HRA dollars for any family member’s medical expenses as long as they are covered under the VCU Health System health plan. **You cannot use HRA dollars to reimburse expenses for your domestic partner or their dependents.**

**Any HRA dollars not used by June 30, 2024, will be forfeited.**

## Prescription Coverage

When you enroll in the VCU Health System ChoiceCARE medical plan option, your prescription drug benefits are provided and administered by Express Scripts (ESI).

	Prescription Tier	Cost Level	Prescription Type	VCU Health System Network	ESI Network
<b>Up to 30-day Supply</b>	Tier 1	\$	Generic	\$0	\$15
	Tier 2	\$ \$	Preferred Brand Name	\$17	\$45
	Tier 3	\$ \$ \$	Brand Name	\$25	\$75
<b>Up to 90-day Supply</b>	Tier 1	\$	Generic	\$0	\$38
	Tier 2	\$ \$	Preferred Brand Name	\$34	\$100
	Tier 3	\$ \$ \$	Brand Name	\$50	\$150
<b>Annual Prescription Out-of-Pocket Maximum</b> Individual/Family	N/A	N/A	N/A	\$250/\$500	\$500/\$1,000

**You'll save money when you fill your prescriptions at a VCU Health System network pharmacy. VCUHS pharmacy locations include:**

Pharmacy Name	Address	Hours of Operation	Phone Number
<b>VCU Health System Employee Pharmacy</b>	B-116, Main Hospital Basement 1250 E Marshall St. Richmond, VA 23298	Monday – Friday 7:00 am – 5:30 pm	804-828-8853
<b>Ambulatory Care Center (ACC) Pharmacy</b>	417 N. 11th St. ACC 1st Floor Richmond, VA 2329	Monday – Friday 8:00 am – 7:00 pm Saturday – Sunday & Holidays 9:00 am – 5:30 pm	804-828-8329
<b>Ambulatory Outpatient Pavilion (AOP) Pharmacy</b>	1001 East Leigh St. AOP 1st Floor Richmond, VA 23219	Monday – Friday 7:00 am – 5:30 pm	804-628-6895
<b>Children's Hospital of Richmond (CHoR) Ambulatory Pharmacy</b>	CHoR Pavilion Ground Floor 1000 E. Broad Street Richmond, VA 23219	Monday – Friday 9:00 am – 5:00 pm	804-828-6293
<b>Hayes E. Willis Health Center Pharmacy</b>	4730 Southside Plaza Richmond, VA 23224	Monday – Friday 8:30 am – 5:00 pm	804-828-8641
<b>Short Pump Pavilion Pharmacy</b>	11958 West Broad St. 2nd Floor Pharmacy Henrico, VA 23233	Monday – Friday 7:30 am – 4:00 pm	804-828-9977
<b>Specialty Pharmacy</b> (specialty medications)	1030 Wilmer Ave, Suite 300 Richmond, VA 23227	Monday – Friday 7:00 am – 4:30 pm	877-814-3475
<b>Stony Point Pharmacy</b>	9000 Stony Point Parkway Richmond, VA 23235	Monday – Friday 8:30 am – 5:00 pm	804-828-8659

## Optima Health Resources for the ChoiceCARE Medical Plan

Optima Health provides additional programs and benefits to help you meet your health goals and manage your health care spending.

- **Optima Health Website:** Register today at [optimahealth.com/vcuhs](https://optimahealth.com/vcuhs) to access your claims, find a doctor, and manage and track your health information all in one convenient place.
- **Health Coaches:** Talk with a coach for personal assistance, expertise and guidance about your health concerns, managing your prescriptions and available treatment options. Call **866-503-2730** to enroll.
- **Lifestyle Management and Chronic Conditions Support Programs:** Whether you're looking for help with weight loss, tobacco cessation or stress management, these free programs can help. Call Optima Health at **866-503-2730**.
- **Maternity Benefit:** Optima Health provides a free and voluntary program to help you have a healthy pregnancy. Call **866-239-0618** and select option #1 to register, or for more information visit [optimahealth.com/mylifemyplan](https://optimahealth.com/mylifemyplan) or email: [pregnancypartner@optimahealth.com](mailto:pregnancypartner@optimahealth.com).

## VCU Health System Medical Resources

VCU Health System provides high-quality care for the lowest cost, even if you don't participate in our medical plan.

- **VCU Health System Employee and Family Practice (804-828-5883):** Our family medicine practice in the Nelson Clinic on the seventh floor is available for you and your family.
- **Children's Hospital of Richmond at VCU (804-828-CHOR [2467]):** Provides consistent, comprehensive and accessible pediatric care for your children, including preventive and primary care, and diagnosis and treatment of acute illness.





# Dental

## Delta Dental

Healthy teeth and gums are important to your overall health. That's why it's important to have regular dental checkups and maintain good oral hygiene. Delta Dental is an external dental plan with a variety of providers. Delta Dental will mail ID cards to your home, or you can visit [deltadentalva.com](http://deltadentalva.com) to print your ID cards. You can also visit the website to find a dentist near you or check your claim status.

Beginning January 1, 2024, the **Special Health Care Needs** benefit will provide extra exam benefits, up to four cleanings annually and treatment delivery modifications for members with special needs.

Dental Services	Delta Dental		Out-of-Network
	PPO Network	Premier Network	
<b>Preventive Services</b> Biannual Cleanings, Annual X-rays	100%	100%	80%
<b>Basic Services</b> Simple Extractions, Periodontics	80%	80%	60%
<b>Major Services</b> Crowns, Dentures	50%	50%	50%
<b>Orthodontics</b>	50%	50%	50%
<b>Annual Dental Deductible</b> Individual/Family	\$25/\$75	\$25/\$75	\$25/\$75
<b>Annual Dental Maximum Paid by Plan</b> Per Person Per Year	\$1,500	\$1,500	\$1,500
<b>Lifetime Orthodontia Maximum Paid by Plan</b> Per Person	\$1,500	\$1,500	\$1,500

## Direct Dental

The Direct Dental Plan works exclusively with VCU Dental Care. If you enroll in this plan, you must get all your dental services by either the Faculty Practice or the Advanced Education Practice. There is no benefit outside of VCU Dental Care.

Delta Dental administers claims for the Direct Dental Plan and will mail your ID cards to your home address or you can visit [deltadentalva.com](http://deltadentalva.com) to print your ID cards.

	Direct Dental
<b>Dental Services</b>	100% of first \$500, then 50%
<b>Orthodontics</b>	50%
<b>Annual Dental Maximum Paid by Plan</b> Per Person Per Year	\$1,500
<b>Lifetime Orthodontia Maximum Paid by Plan</b> Per Person	\$1,500

### For MCVP team members

If you are a faculty member employed by both the University and MCV Associated Physicians (MCVP), please refer to <https://hr.vcu.edu/current-employees/benefits/clinical-faculty-benefits/> for information on your dental coverage options available through the Commonwealth's benefits program.



### VCU Health System Direct Dental Contacts

When making an appointment, state that you are a VCU Health System team member with Direct Dental.

- Faculty Practice (804-828-3368)
- Advanced Education (804-828-3601)
- Pediatrics (804-828-9095)
- Oral Surgery (804-828-6637)

# Vision

Having an annual eye exam is one of the best ways to make sure you're keeping your eyes healthy. Eye exams can help prevent and treat easily correctable vision problems, which can cause permanent vision impairment. You can enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses. You have a choice of two vision plans administered by VSP. The chart below provides in-network coverage details for each plan option, and all services are reimbursed once every calendar year.

		Base Plan	Buy Up Plan
<b>Well Vision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>		\$10 copay
<b>Prescription Glasses</b>			\$25 copay
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® and Walmart frame allowance</li> </ul>		Included in Prescription Glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>		Included in Prescription Glasses
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Tints</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> </ul> Average savings of 20-25% on other lens enhancements		\$0 copay \$0 copay \$95 - \$105 copay \$150 - \$175 copay
<b>Contacts</b> (Instead of Glasses)	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contacts lens exam (fitting and evaluation)</li> </ul>	\$60 copay (applies to fitting only)	Up to \$60 copay N/A
<b>Primary Eyecare<sup>SM</sup></b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>		\$0 copay \$20 copay per exam
<b>VSP EasyOptions</b> (choose one of these upgrades)	<ul style="list-style-type: none"> <li>An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance</li> </ul>	N/A	Every calendar year

To find a network provider, go to [vsp.com](https://vsp.com) and choose "Find a doctor," then select the VSP Advantage Network.

**Note:** There are no VSP ID cards. Just tell your VSP network provider that you have VSP.

## For MCVP team members

If you are a faculty member employed by both the University and MCV Associated Physicians (MCVP), please refer to <https://hr.vcu.edu/current-employees/benefits/clinical-faculty-benefits/> for information on your vision coverage options available through the Commonwealth's benefits program.

# Flexible Spending Accounts

VCU Health System offers two types of flexible spending accounts (FSAs) — a dependent care FSA and a health care FSA. Both FSAs are administered by HealthHub, which is powered by PayFlex. Register online at [mypayflex.com](https://mypayflex.com) to see your balance, file claims and learn more about your accounts.



## Health Care Flexible Spending Account

The health care FSA allows you to contribute up to \$3,050 pretax to your account. These funds can be used to pay for eligible medical, prescription drug, dental and vision expenses using a PayFlex debit card. Examples of eligible expenses include:

- Annual deductibles
- Copays
- Coinsurance amounts
- Health care expenses (approved by the IRS) that are not covered by your health care plan

**Note:** Expenses for your domestic partner and their children are only eligible for reimbursement from a health care FSA if they are considered your tax dependents under the internal revenue code.



## Dependent Care Flexible Spending Account

The dependent care FSA allows you to put pretax dollars aside, up to \$5,000 per year\*, to pay for eligible dependent care expenses for a child under 13 years of age and/or a disabled dependent adult. These expenses must be necessary to allow you and, if applicable, your spouse, to work (full- or part-time) or attend school on a full-time basis. Examples of eligible expenses include:

- Day care
- Summer camps
- Before and after school care
- Preschool/nursery school
- Adult day care

*\*If you are married and file a separate return from your spouse, your maximum contribution to a dependent care FSA is \$2,500.*



## Important Reminders about Flexible Spending Accounts

- FSA plans have a “use-it-or-lose-it” rule, which means that if you have any funds left in your account at the end of the plan year you will lose them. Keep this in mind when you are deciding your contribution amount. All FSA expenses incurred by December 31, 2024 must be submitted by March 31, 2025 for reimbursement.
- If you participate in a FSA, you must re-enroll each year.

# Life and Disability

## Life and AD&D Insurance

VCU Health System provides you with basic life and accidental death and dismemberment (AD&D) insurance through Unum at no cost to you. You may also purchase voluntary life insurance for yourself, your spouse/domestic partner or your children. The guaranteed issue amount for your spouse's/domestic partner's voluntary life insurance is the lesser of \$25,000 or 50% of your total life coverage. When you purchase voluntary life insurance for yourself, you automatically receive voluntary AD&D insurance in an equal amount. Review the chart below for more information.

	Basic Life	Voluntary Life			Basic AD&D
	Team Member <sup>2</sup>	Team Member <sup>2</sup>	Spouse/ Domestic Partner <sup>1,3</sup>	Children <sup>4</sup>	Team Member <sup>2</sup>
Coverage Amount	2x annual base pay up to \$1 million	Increments of \$50,000, not to exceed \$700,000	Lesser of \$100,000 or 50% of team member's total life coverage	\$10,000 or \$15,000	2x annual base pay up to \$1 million

<sup>1</sup>Not eligible after age 70. <sup>2</sup>Coverage reduces at ages 65, 70 and 75. <sup>3</sup>Spouse/domestic partner cannot be disabled at time of enrollment. <sup>4</sup>Dependent children covered to age 19 or 23 if full-time student.

**Note:** You are automatically the beneficiary of any dependent life coverage you elect. Note also that for life insurance coverage, your annual base pay is rounded to the next highest \$1,000. If you do not enroll in voluntary team member life insurance when you are first eligible or if you increase your coverage amount, you will be required to provide proof of good health.



## Disability

### Basic Short-Term Disability (STD) Insurance

VCU Health System provides STD insurance with a benefit of 50% of your base salary (up to \$1,000 per week) if you become disabled and are unable to work. STD payments begin on day 15 and may continue up to day 89 of a disability (11 weeks maximum).

### Voluntary Short-Term Disability (STD) Insurance

You can purchase voluntary STD insurance to increase your benefit to 60% of your base salary (up to \$1,904 per week). If you do not enroll in voluntary STD when you are first eligible, you will be required to provide proof of good health and will be subject to pre-existing condition limitations.

### Long-Term Disability (LTD) Insurance

VCU Health System provides LTD insurance with a benefit of 60% of your base salary (up to \$15,000 per month) if you become disabled for 90 days or more. LTD benefits begin on day 90 of your disability and usually continue as long as you remain disabled until you reach retirement (age 65) or you return to work.

This benefit will continue as long as you are unable to perform your current specialty of medicine or until you reach age 65, whichever comes first.

As a physician, your paid time off (PTO), STD and LTD are designed to work together based on the amount of time you are on leave:

- Days one to three: Paid time off (review PTO on page 20)
- Days four to 14: Paid time off or sick time
- Days 15 to 89: Short-term disability
- Days 90+ (until you are no longer disabled or age 65): Long-term disability



To file a disability claim, contact Unum at **866-786-9321**.



# Voluntary Benefits

## Allstate Critical Illness Program

The program helps cover out-of-pocket expenses associated with a critical illness, including groceries, car payments, rent or mortgage and child care costs. This benefit covers certain medical conditions, including: heart attack, stroke, coronary artery bypass surgery, major organ transplant and end-stage renal failure. You can choose coverage of \$15,000 or \$20,000, and the premiums are based on your age at the time of enrollment and do not increase as your age increases. You can cover your legal spouse and dependent children under this policy up to \$7,500.

## Allstate Accident Program

Accident insurance is a way to stay ahead of the medical and out-of-pocket expenses that can quickly add up after an accidental injury. It's not just for emergency treatment, hospital stays and medical exams, but for other expenses you may face, such as transportation and lodging needs. This benefit provides cash benefits to help treatment of injuries or any way you choose, which helps you and your family focus on healing. There are no overall annual or lifetime limits and your benefits begin immediately.

## Allstate Cancer Program

The program gives you financial support while you are undergoing treatment for cancer or other diseases, including:

- Continuous hospital confinement, private duty nursing services, nursing homes or extended care facilities
- Radiation/chemotherapy for cancer
- Blood, plasma and platelets
- Surgery, anesthesia, bone marrow or stem cell transplant
- Ambulance, outpatient lodging, physical or speech therapy
- Hair prosthesis, prosthesis, nonsurgical external breast prosthesis

## Legal Resources

You can sign up for legal resources and receive the most often needed legal services for free. Coverage for you, your legal spouse and children up to age 19 (or up to age 26 if a full-time student) is available for \$17 per month. Free legal services include traffic court representation, will preparation, credit/warranty disputes, tenant disputes with landlords and uncontested divorce.



# Retirement Accounts

The goal of retirement can mean different things to different people. From spending more time with our families and traveling to new places to starting a second career, it's important to start planning — and saving — now. VCU Health System wants to help you start (or continue) saving toward your retirement goals by offering you three plans for retirement — the 401(a) Retirement Plan, 403(b) Salary Reduction Plan and the 457(b) Savings Plan.

## **401(a) Retirement Plan**

The Physicians 401(a) Retirement Plan is a 401(a) defined contribution plans provided to all full-time and part-time benefits-eligible team members. A defined contribution plan is a type of retirement plan where the amount of the contribution is defined by the plan and benefits are based on the value of that contribution, including any investment gains or losses. As a VCUHS physician, 8.5% of your salary will be contributed to your account on your behalf. This plan also includes Social Security Integration for any income in excess of the social security limit, not to exceed the annual compensation limit. All contributions are 100% vested from day one. You have the option to invest your retirement savings with Fidelity or TIAA. You can select your investment options on the individual company's website after you create an account.

## **403(b) Salary Reduction Plan**

In addition to the employer contribution made on your behalf as a participant in the 401(a) Profit Sharing Plan, you have the option to supplement your retirement by contributing a percentage of your gross pay for a supplemental retirement annuity. Contributions to the plan may be made as pretax or Roth payroll deductions. The maximum annual contribution is \$23,000 per year, with an additional \$7,500 if over age 50 (actual deferrable amount must be individually calculated). Your annual contribution must be offset by the amount already deferred, if any, as part of the VCU 403(b) plan. The plan year is January 1 through December 31.

Contributions are 100% vested from day one. Separation from service, disability, retirement and/or death are triggering events. See the summary plan description for flexible distribution options. You have the option to invest with Fidelity or TIAA. Contributions are deposited each pay period. The IRS allows you to change your salary reduction percentage as often as needed during the plan year. Elections must be made before salary is actually earned.

## **457(b) Savings Plan**

The VCU Health System Savings Plan is a 457(b) Deferred Compensation Plan open to all full-time and part-time team members. Contributions to the plan may be made as pretax or Roth payroll deductions. You can defer up to \$23,000 per year or 85% of your salary, whichever is less. If you are older than 50, you can defer an additional \$7,500 per year. Your contributions are fully vested in this account.

Fidelity Investments is the primary provider of recordkeeping services for VCU Health System's retirement accounts. Both Fidelity and TIAA are available as investment providers. Enrollment, changes to salary deferrals and investment provider selections will be made in Fidelity NetBenefits at [netbenefits.com/mcv](https://netbenefits.com/mcv) or by calling the Fidelity Retirement Service Center at **800-343-0860**.

All team members must register to create a username and password to access their account online or when calling the Retirement Service Center. **Follow the steps below to create your account online:**

**1**

**Register to create a username and password:**

- Go to [netbenefits.com/mcv](https://netbenefits.com/mcv).
- Click the **Register** link at the top center of the site and follow the prompts to establish your username and password.
- After registering for the site, enter your username and password to access your account.

Do not change the **Your Account** drop-down option from Fidelity to TIAA. Keep the option listed as Fidelity.

**2**

**To enroll in the 457(b) Plan:**

- Go to [netbenefits.com/mcv](https://netbenefits.com/mcv).
- Enter your username and password to log in to your account.
- Click **Enroll** and follow the prompts to enroll in the Plan.

**3**

**To view or change your salary deferral:**

- Go to [netbenefits.com/mcv](https://netbenefits.com/mcv).
- Enter your username and password to log in to your account.
- On the NetBenefits home page, choose **Contribution Amount** from the quick links menu.
- Choose **Deferral Elections** and follow the steps to view or update your salary deferral amount.

**4**

**To view or change your investment provider:**

- Go to [netbenefits.com/mcv](https://netbenefits.com/mcv).
- Enter your username and password to log in to your account.
- On the NetBenefits home page, choose **Contribution Amount** from the quick links menu.
- Choose **Retirement Providers** and follow the steps to view or update your investment provider elections.



# Additional Benefits



## Employee Assistance Program (EAP)

The HelpLink EAP offers confidential free services for many personal problems, including stress management, marriage/relationships, parenting and family coping, work/life balance, legal/financial needs, work/career issues and alcohol and substance abuse. There is no cost for up to five visits for you and your eligible family members. If a different problem arises at a later date, an additional five visits are available.



Call **804-828-4327** or **800-232-0901**, or email [helpinkeap@vcuhealth.org](mailto:helpinkeap@vcuhealth.org) for assistance.

**Note:** Dually Employed MCVP team members are covered by the EAP program available through the Commonwealth benefits program.



## Travel Assistance Coverage

VCU Health System provides all benefits-eligible team members with emergency travel assistance through Unum/Assist America if you are traveling more than 100 miles from home (domestic or international) and need help in the event of an accident or illness. Use this program while traveling on vacation or business.



Contact Unum/Assist America at **800-872-1414** (domestic), **609-986-1234** (international), or [medservices@assistamerica.com](mailto:medservices@assistamerica.com). Use reference number 01-AA-UN-762490.



## VCU Health System Rainbow Society

The Rainbow Society allows team members to help coworkers who may be in financial distress during a crisis. Anyone can donate, and a team member who has been working at VCU Health System for more than a year can apply. To apply, mail an application and supporting documentation to P.O. Box 980510, Richmond, VA 23298-0510, ATTN: Rainbow Society Committee.



## Livongo

(available to ChoiceCARE medical plan participants)

Having a chronic condition can be difficult, but it shouldn't stop you from living your life. Livongo provides the support to make managing diabetes and/or hypertension a bit easier and more cost effective.

Participants in either program will receive a Welcome Kit and unlimited support from a Livongo coach. As part of the Welcome Kit:

- Hypertension management program participants will receive an advanced blood pressure monitor that automatically connects to the Livongo app and provides reports that participants can share with a doctor and/or coach.
- Diabetes management program participants will receive an advanced glucose meter that automatically uploads readings to a secure online account, as well as unlimited strips and lancets (at no cost) shipped right to their door.

Please note, if eligible for both programs, individuals may participate in both programs and will receive support from the same coach for streamlined care.



Get started or log in at [get.livongo.com/VCUHS](https://get.livongo.com/VCUHS) (Registration Code: VCUHS) or call **800-945-4355**.

## Work/Life Balance Resources

VCU Health System offers a variety of programs to help you have a more productive work/life balance. These programs are voluntary and some are free of charge.

### Education Assistance

**Team Members:** Full-time and part-time team members receive a flat amount per year based on degree level and will receive all covered costs paid until the yearly limit is reached. Can only seek one degree at the Associate, Bachelor, Masters and Doctorate level. You must have worked for three consecutive months in a benefits-eligible position to earn this benefit. You must work one year from the end of any class in a benefits-eligible position or you will need to repay any classes that have ended within the year prior to your termination date.

**Dependents:** After you have worked full-time at VCU Health System in a benefits-eligible position for three consecutive years, your dependent children up to age 23 may receive up to 12 VCU credits free. Dependents of part-time team members who have worked in a benefits-eligible position for three consecutive years can receive up to six free credits at VCU.

Note: Yearly limits for education assistance are subject to change.



### Family

**Adoption Assistance:** VCU Health System will pay up to a total of \$5,000 per adopted child and up to \$7,000 for a special needs adopted child.

**Bright Horizons:** Whether you need help with child care/back-up care or extra academic support, expert advice from a college coach, or guidance with elder care issues, Bright Horizons can help. Call **877-242-2737** ([clients.brighthouse.com/vcuhs](https://clients.brighthouse.com/vcuhs)).

**Sittercity:** Online service to find help with childcare, pet sitting and house cleaning ([sittercity.com/vcuhs](https://sittercity.com/vcuhs)).

**Child Care Center:** There are two daycare centers. They are N. Deck Center (6 a.m. - 8 p.m.) and Northside Center (7 a.m. - 6 p.m.).

The cost can be deducted from your paycheck. Note: A waiting list is currently in place for all centers. Call **804-828-6291** for more information.

**Learning Care Group (LCG):** We know taking care of your children is a top priority. VCU Health provides essential child care resources through LCG, including funded child care and your first year registration fee waived. With a nationwide network of more than 1,050 schools, LCG offers early education and child care programs for infants to school-age students. They're proud to serve their communities by preparing each child for kindergarten—and helping elementary school students stay on track. For more details go to <https://mylearningcaregroup.com/vcuhealth/>.



## Credit Union

The Virginia Credit Union offers a variety of accounts, savings clubs and loans. Call **800-285-6609**.



## WeightWatchers

Join and get stay-on-track guidance from WW Coaches and support from fellow members through in-person and Virtual Workshops. Visit [www.weightwatchers.com/us/vcuhealth](http://www.weightwatchers.com/us/vcuhealth) to get started on your wellness journey.



## Flu Vaccine

Flu vaccines are provided free of charge.



## Home & Auto Insurance

**Farmers:** Get home and auto insurance coverage through Farmers at a discounted payroll deduction rate. Contact your Virginia agent Josh Poling at [josh@polingagency.com](mailto:josh@polingagency.com) or **804-915-7671**.

**Allstate:** Get home and auto insurance coverage through Allstate by calling **804-968-4500**.



## Nationwide Pet Insurance

Nationwide offers special pricing on industry-leading pet health insurance for dogs, cats, birds and exotic pets. Get a quote by calling **877-738-7874**.



## Team Member Discounts

Take advantage of discounts offered on goods and services through the Plum Benefits program and the MYLife program.

Details for both of these team member discount programs are available on the HR4U portal.



# Time Off

## **Paid Time Off (PTO) and Sick Time Bank (STB)**

You will accrue PTO each time you work your entire work schedule during a pay period. PTO can be used as sick days, vacation days and holidays, but you must get approval from your department manager in advance.

PTO is based on your scheduled hours and years of benefits-eligible service. The longer you work for VCU Health System, the more PTO you accrue during a pay period, and accrual rates are pro-rated based on your full-time equivalent. The first pay period in October is our annual PTO rollover period where you are allowed to retain one year’s worth of PTO in your PTO bank. Any amount over the limit will be removed and placed into a separate STB. You cannot have more than 720 hours in your STB. The chart below shows PTO accrual and rollover limits based on a full-time team member working 40 hours a week, 80 hours a pay period.

**If you are a faculty member employed by both the University and MCV Associated Physicians (MCVP), you do not accrue Paid Time Off (PTO) under this plan. Access <https://hr.vcu.edu/current-employees/leave/> for details about your annual Vacation and Sick Time programs.**

Years of Benefits-Eligible Service	PTO Accrued Full Year	MCV Physicians PTO Accrued Each Pay Period	CMH Physicians PTO Accrued Each Pay Period
<b>Zero to Five</b>	216 hours	18 hours	8.31 hours
<b>Five to 10</b>	240 hours	20 hours	9.23 hours
<b>10 to 20</b>	264 hours	22 hours	10.15 hours
<b>20+</b>	288 hours	24 hours	11.10 hours

## **Family and Medical Leave Act (FMLA)**

FMLA grants up to 12 work weeks (480 hours) of family and medical leave without pay per year to eligible team members. To be eligible for FMLA, you must be employed by the VCU Health System for at least 12 months and have worked at least 1,250 hours.

You may request FMLA for the following reasons: prenatal care, the birth of a child, and/or to care for a newborn child; the placement of a child for adoption or foster care; to care for your spouse, child, or parent who has a serious health condition, or a serious health condition that makes you unable to work. Contact Unum at **866-786-9321** to request FMLA.

## **Military Leave**

VCU Health System grants paid and non-paid military leave to full-time and part-time, benefits-eligible team members who are currently members of the U.S. Armed Services, Reserve Forces, Commonwealth Militia, or the National Defense Executive Reserve. For eligible military leave, VCU Health System grants up to 15 days (120 hours) of paid military leave per year and longer periods of non-paid military leave.

# Benefits Costs

## Medical and Dental Rates

*These rates only apply to physicians, and not MCVP team members.*

If you enroll in the VCU Health System medical plan, you are required to sign a non-tobacco affidavit each year certifying that you and/or any covered family member are either using tobacco products, not using tobacco products, or enrolled in a tobacco-cessation program. Your honest answer may make you eligible for a tobacco free discount on your medical premium per pay period.

### Spouse/Domestic Partner Coverage Certification Requirement

If you enroll your spouse/domestic partner in a VCU Health System medical plan, you will be required to certify each year if your spouse/domestic partner is eligible for medical coverage through their employer. If you do not complete this certification when you enroll as a new hire or during Open Enrollment or you cover a spouse/domestic partner under a VCU Health System medical plan who is eligible for benefits through their own employer, you will be assessed a \$100 monthly surcharge (\$46.15 biweekly) through payroll deduction.

At any time during the year, **if your spouse/domestic partner is no longer eligible for medical coverage through their own employer**, you will be required to complete a Life Event and submit the required documentation to update your spouse/domestic partner coverage certification. The surcharge will be removed beginning with the first payroll following the date you provide the required documentation.

At any time during the year, **if your spouse/domestic partner becomes eligible for medical coverage through their own employer**, you will be required to complete a Life Event and submit the required documentation to update your spouse/domestic partner coverage certification. If your spouse/domestic partner continues to be enrolled in a VCU Health System medical plan, you will be assessed the spouse/domestic partner surcharge beginning with the first payroll following the date you submit the Life Event.

The spouse/domestic partner surcharge will not apply if you and your spouse/domestic partner are both team members at VCU Health System and are enrolled in a VCU Health System medical plan.

**Note:** The biweekly medical paycheck contributions in the chart on the following pages **do not** reflect the surcharge if you enroll a spouse/domestic partner who is eligible for medical coverage through their employer in a VCU Health System medical plan for 2024.



## Tax Implications for Domestic Partner Coverage

According to federal tax law, your taxes may be affected when you enroll your domestic partner in VCU Health System benefits coverage.

**If your domestic partner and his or her children qualify as tax dependents**, your contributions for their medical, dental and/or vision coverage will be deducted from your pay before taxes are withheld, and there are no tax implications for you. Since the requirements are complex, consult your tax adviser for information on how domestic partnership benefits will affect your taxes and those of your partner. Generally, a member of your household qualifies as your tax dependent if:

- You provide more than 50% of his or her financial support;
- He or she lives with you for the entire year; and
- He or she is a citizen or legal resident of the United States.

You may, but are not required to, certify whether your domestic partner and his or her dependent children qualify as dependents under Section 152 of the internal revenue code. If no certification is on file with VCU Health, benefits are considered taxable.

**If your domestic partner and their children do not qualify as a dependent for tax purposes**, the value of their medical, dental and vision benefits coverage is considered taxable income to you. This additional income, known as “imputed income,” will be shown on your W-2 form for the year in which coverage was effective. You will be required to pay taxes on this additional income, as required by the code.

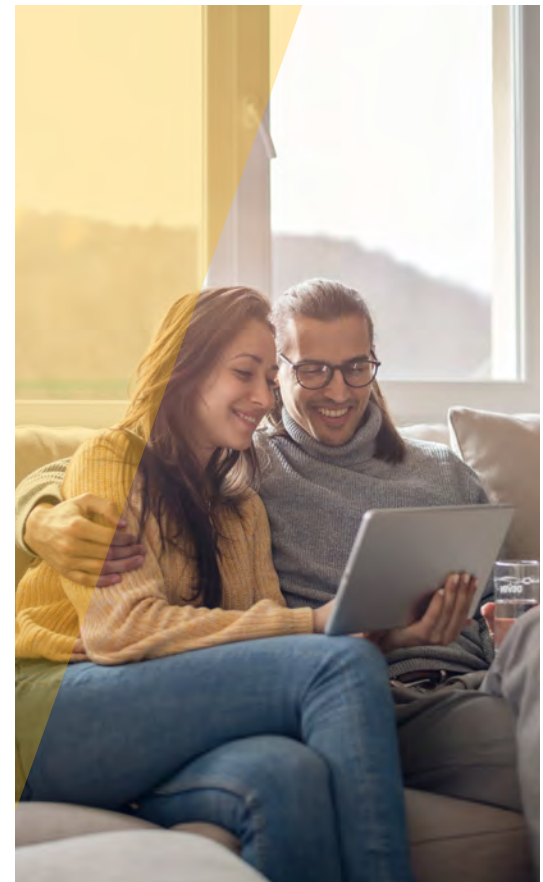


Review the charts below for your health care paycheck deductions if you are paid biweekly. See pages 26 and 27 for domestic partner rates.

	ChoiceCARE Medical Plan – Biweekly Rates			
	With Non-Tobacco Rebate		Without Non-Tobacco Rebate	
	Full-Time	Part-Time	Full-Time	Part-Time
Team Member Only	\$31.11	\$31.11	\$65.73	\$65.73
Team Member + Spouse	\$195.08	\$341.76	\$229.69	\$376.38
Team Member + Child	\$127.34	\$233.13	\$161.96	\$267.75
Team Member + Children	\$146.63	\$267.97	\$181.25	\$302.59
Team Member + Family	\$258.06	\$431.41	\$292.68	\$466.03

	Dental – Biweekly Rates	
	Full-Time	Part-Time
Team Member Only	\$8.69	\$9.66
Team Member + Spouse	\$12.55	\$14.97
Team Member + Child	\$12.55	\$14.97
Team Member + Children	\$20.76	\$23.91
Team Member + Family	\$20.76	\$23.91

	Vision – Biweekly Rates	
	Base Plan	Buy Up Plan
Team Member Only	\$1.95	\$3.23
Team Member + Spouse/ Domestic Partner	\$4.09	\$6.78
Team Member + Child*	\$4.48	\$7.43
Team Member + Children*	\$4.67	\$7.75
Team Member + Family**	\$6.66	\$11.04



\*Includes domestic partner's child(ren), if any

\*\*Includes domestic partner and their child(ren), if any

Review the charts below for your health care paycheck deductions if you are paid monthly. See pages 28 and 29 for domestic partner rates.

	<b>ChoiceCARE Medical Plan – Monthly Rates</b>			
	<b>With Non-Tobacco Rebate</b>		<b>Without Non-Tobacco Rebate</b>	
	<b>Full-Time</b>	<b>Part-Time</b>	<b>Full-Time</b>	<b>Part-Time</b>
<b>Team Member Only</b>	\$67.41	\$67.41	\$142.41	\$142.41
<b>Team Member + Spouse</b>	\$422.67	\$740.48	\$497.67	\$815.48
<b>Team Member + Child</b>	\$275.91	\$505.12	\$350.91	\$580.12
<b>Team Member + Children</b>	\$317.70	\$580.61	\$392.70	\$655.61
<b>Team Member + Family</b>	\$559.13	\$934.73	\$634.13	\$1,009.73

	<b>Dental – Monthly Rates</b>	
	<b>Full-Time</b>	<b>Part-Time</b>
<b>Team Member Only</b>	\$18.83	\$20.92
<b>Team Member + Spouse</b>	\$27.20	\$32.43
<b>Team Member + Child</b>	\$27.20	\$32.43
<b>Team Member + Children</b>	\$44.99	\$51.80
<b>Team Member + Family</b>	\$44.99	\$51.80

	<b>Vision – Monthly Rates</b>	
	<b>Base Plan</b>	<b>Buy Up Plan</b>
<b>Team Member Only</b>	\$4.22	\$6.99
<b>Team Member + Spouse/ Domestic Partner</b>	\$8.86	\$14.69
<b>Team Member + Child*</b>	\$9.70	\$16.09
<b>Team Member + Children*</b>	\$10.12	\$16.79
<b>Team Member + Family**</b>	\$14.43	\$23.93

\*Includes domestic partner's child(ren), if any

\*\*Includes domestic partner and their child(ren), if any



## Flexible Spending Accounts

Your flexible spending account (FSA) deductions will be applied in equal amounts over 26 pay periods. For example, if you choose to save \$2,000 in your health care FSA, the deduction per pay period would be \$76.92 biweekly or \$166.67 monthly. Remember, the maximum you can save in your health care FSA in 2024 is \$3,050. You can save up to \$5,000 in your dependent care FSA.



## Voluntary Life Insurance Rates – Monthly

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>Team Member Rate</b>	\$0.087	\$0.107	\$0.137	\$0.147	\$0.157	\$0.237	\$0.357	\$0.647	\$0.987	\$1.887	\$3.057
<b>Spouse/ Domestic Partner Rate</b>	\$0.07	\$0.09	\$0.12	\$0.13	\$0.14	\$0.22	\$0.34	\$0.63	\$0.97	\$1.87	N/A

## How to Calculate Voluntary Short-Term Disability and Life

Fill in the columns to the right of the calculation to determine your biweekly cost.

Voluntary Short-Term Disability <sup>1</sup>	
Calculation	Your Number
<b>Your Annual Salary</b>	
Divide by 1,352 if paid biweekly or 520 if paid monthly	
Multiply by .13608 if paid biweekly or .1134 if paid monthly	
<b>Your Cost</b>	

Team Member Voluntary Life <sup>2</sup>	
Calculation	Your Number
<b>The Amount of Coverage Elected</b>	
Divide by 2	
Divide by 1,000	
<b>Multiply by age rate in table above – this is your monthly cost</b>	
Multiply by 12	
<b>Divide by 26 – this is your biweekly cost</b>	

Spouse/Domestic Partner Voluntary Life <sup>3</sup>	
Calculation	Your Number
<b>The Amount of Coverage Elected</b>	
Divide by 1,000	
<b>Multiply by age rate in table above – this is your monthly cost</b>	
Multiply by 12	
<b>Divide by 26 – this is your biweekly cost</b>	

<sup>1</sup>If your annual salary exceeds \$165,014, use \$165,014 for the above short-term disability cost calculation.

<sup>2</sup>The team member's voluntary life amount cannot exceed five times your salary or \$300,000.

<sup>3</sup>Your spouse's/domestic partner's voluntary life insurance amount cannot exceed 50% of the team member's life insurance amount (basic + voluntary) or \$100,000.

Review the chart below for your biweekly rate and the corresponding imputed income amount for the benefits listed when you enroll a domestic partner and/or their child(ren).

### ChoiceCARE Medical Plan

Full-Time			
Coverage Tier	Non-tax Dependents Being Covered	Team Member Contribution – Biweekly	Imputed Income to Team Member – Biweekly
<b>Team Member + Partner</b>	Domestic Partner	\$195.08 (\$31.11 before-tax + \$163.97 after-tax)	\$290.81
<b>Team Member + Child</b>	Partner's Child	\$127.34 (\$31.11 before-tax + \$96.23 after-tax)	\$193.17
<b>Team Member + Children</b>	Partner's Child	\$146.63 (\$50.40 before-tax + \$96.23 after-tax)	\$193.17
	Partner's Children	\$146.63 (\$31.11 before-tax + \$115.52 after-tax)	\$277.24
<b>Team Member + Family</b>	Partner + Partner's Child	\$258.06 (\$127.34 before-tax + \$130.72 after-tax)	\$448.08
	Partner + Partner's Children	\$258.06 (\$31.11 before-tax + \$226.95 after-tax)	\$641.25
	Domestic Partner	\$258.06 (\$94.09 before-tax + \$163.97 after-tax)	\$290.81
	Partner's Child	\$258.06 (\$161.83 before-tax + \$96.23 after-tax)	\$193.17
	Partner's Children	\$258.06 (\$142.54 before-tax + \$115.52 after-tax)	\$277.24

Part-Time			
Coverage Tier	Non-tax Dependents Being Covered	Team Member Contribution – Biweekly	Imputed Income to Team Member – Biweekly
<b>Team Member + Partner</b>	Domestic Partner	\$341.76 (\$31.11 before-tax + \$310.65 after-tax)	\$144.12
<b>Team Member + Child</b>	Partner's Child	\$233.13 (\$31.11 before-tax + \$202.02 after-tax)	\$87.38
<b>Team Member + Children</b>	Partner's Child	\$267.97 (\$65.95 before-tax + \$202.02 after-tax)	\$87.38
	Partner's Children	\$267.97 (\$31.11 before-tax + \$236.86 after-tax)	\$155.89
<b>Team Member + Family</b>	Partner + Partner's Child	\$431.41 (\$233.13 before-tax + \$198.28 after-tax)	\$380.52
	Partner + Partner's Children	\$431.42 (\$31.11 before-tax + \$400.31 after-tax)	\$467.89
	Domestic Partner	\$431.42 (\$120.77 before-tax + \$310.65 after-tax)	\$144.12
	Partner's Child	\$431.41 (\$229.39 before-tax + \$202.02 after-tax)	\$87.38
	Partner's Children	\$431.41 (\$194.55 before-tax + \$236.86 after-tax)	\$155.89

## Dental

Full-Time			
Coverage Tier	Non-tax Dependents Being Covered	Team Member Contribution – Biweekly	Imputed Income to Team Member – Biweekly
<b>Team Member + Partner</b>	Domestic Partner	\$12.55 (\$8.69 before-tax + \$3.86 after-tax)	\$2.41
<b>Team Member + Child</b>	Partner's Child	\$12.55 (\$8.69 before-tax + \$3.86 after-tax)	\$2.41
<b>Team Member + Children</b>	Partner's Child	\$20.76 (\$16.90 before-tax + \$3.86 after-tax)	\$2.41
	Partner's Children	\$20.76 (\$8.69 before-tax + \$12.07 after-tax)	\$9.66
<b>Team Member + Family</b>	Partner + Partner's Child	\$20.76 (\$12.55 before-tax + \$8.21 after-tax)	\$7.24
	Partner + Partner's Children	\$20.76 (\$8.69 before-tax + \$12.07 after-tax)	\$9.66
	Domestic Partner	\$20.76 (\$16.90 before-tax + \$3.86 after-tax)	\$2.41
	Partner's Child	\$20.76 (\$16.90 before-tax + \$3.86 after-tax)	\$2.41
	Partner's Children	\$20.76 (\$8.69 before-tax + \$12.07 after-tax)	\$9.66

Part-Time			
Coverage Tier	Non-tax Dependents Being Covered	Team Member Contribution – Biweekly	Imputed Income to Team Member – Biweekly
<b>Team Member + Partner</b>	Domestic Partner	\$14.97 (\$9.66 before-tax + \$5.31 after-tax)	\$ .96
<b>Team Member + Child</b>	Partner's Child	\$14.97 (\$9.66 before-tax + \$5.31 after-tax)	\$ .96
<b>Team Member + Children</b>	Partner's Child	\$23.91 (\$18.60 before-tax + \$5.31 after-tax)	\$ .96
	Partner's Children	\$23.91 (\$9.66 before-tax + \$14.25 after-tax)	\$7.48
<b>Team Member + Family</b>	Partner + Partner's Child	\$23.91 (\$14.97 before-tax + \$8.94 after-tax)	\$6.51
	Partner + Partner's Children	\$23.91 (\$9.66 before-tax + \$14.25 after-tax)	\$7.48
	Domestic Partner	\$23.91 (\$18.60 before-tax + \$5.31 after-tax)	\$ .96
	Partner's Child	\$47.82 (\$18.60 before-tax + \$5.31 after-tax)	\$ .96
	Partner's Children	\$23.91 (\$9.66 before-tax + \$14.25 after-tax)	\$7.48

Review the chart below for your monthly rate and the corresponding imputed income amount for the benefits listed when you enroll a domestic partner and/or their child(ren).

### ChoiceCARE Medical Plan

Full-Time			
Coverage Tier	Non-tax Dependents Being Covered	Team Member Contribution – Monthly	Imputed Income to Team Member – Monthly
<b>Team Member + Partner</b>	Domestic Partner	\$422.67 (\$67.41 before-tax + \$355.26 after-tax)	\$630.08
<b>Team Member + Child</b>	Partner's Child	\$275.91 (\$67.41 before-tax + \$208.50 after-tax)	\$418.53
<b>Team Member + Children</b>	Partner's Child	\$317.70 (\$109.20 before-tax + \$208.50 after-tax)	\$418.53
	Partner's Children	\$317.70 (\$67.41 before-tax + \$250.29 after-tax)	\$600.68
<b>Team Member + Family</b>	Partner + Partner's Child	\$559.13 (\$275.91 before-tax + \$283.22 after-tax)	\$970.84
	Partner + Partner's Children	\$559.13 (\$67.41 before-tax + \$491.72 after-tax)	\$1,389.37
	Domestic Partner	\$559.13 (\$203.87 before-tax + \$355.26 after-tax)	\$630.08
	Partner's Child	\$559.13 (\$350.63 before-tax + \$208.50 after-tax)	\$418.53
	Partner's Children	\$559.13 (\$308.84 before-tax + \$250.29 after-tax)	\$600.68

Part-Time			
Coverage Tier	Non-tax Dependents Being Covered	Team Member Contribution – Monthly	Imputed Income to Team Member – Monthly
<b>Team Member + Partner</b>	Domestic Partner	\$740.48 (\$67.41 before-tax + \$673.07 after-tax)	\$312.26
<b>Team Member + Child</b>	Partner's Child	\$505.12 (\$67.41 before-tax + \$437.71 after-tax)	\$189.32
<b>Team Member + Children</b>	Partner's Child	\$580.61 (\$142.90 before-tax + \$437.71 after-tax)	\$189.32
	Partner's Children	\$580.61 (\$67.41 before-tax + \$513.20 after-tax)	\$337.77
<b>Team Member + Family</b>	Partner + Partner's Child	\$934.73 (\$505.12 before-tax + \$429.61 after-tax)	\$824.45
	Partner + Partner's Children	\$934.74 (\$67.41 before-tax + \$867.33 after-tax)	\$1,013.77
	Domestic Partner	\$934.73 (\$261.66 before-tax + \$673.07 after-tax)	\$312.26
	Partner's Child	\$934.73 (\$497.02 before-tax + \$437.71 after-tax)	\$189.32
	Partner's Children	\$934.73 (\$421.53 before-tax + \$513.20 after-tax)	\$337.77

## Dental

Full-Time			
Coverage Tier	Non-tax Dependents Being Covered	Team Member Contribution – Monthly	Imputed Income to Team Member – Monthly
<b>Team Member + Partner</b>	Domestic Partner	\$27.20 (\$18.83 before-tax + \$8.37 after-tax)	\$5.23
<b>Team Member + Child</b>	Partner's Child	\$27.20 (\$18.83 before-tax + \$8.37 after-tax)	\$5.23
<b>Team Member + Children</b>	Partner's Child	\$44.99 (\$36.62 before-tax + \$8.37 after-tax)	\$5.23
	Partner's Children	\$44.99 (\$18.83 before-tax + \$26.16 after-tax)	\$20.92
<b>Team Member + Family</b>	Partner + Partner's Child	\$44.99 (\$27.20 before-tax + \$17.79 after-tax)	\$15.69
	Partner + Partner's Children	\$44.99 (\$18.83 before-tax + \$26.16 after-tax)	\$20.92
	Domestic Partner	\$44.99 (\$36.62 before-tax + \$8.37 after-tax)	\$5.23
	Partner's Child	\$44.99 (\$36.62 before-tax + \$8.37 after-tax)	\$5.23
	Partner's Children	\$44.99 (\$18.83 before-tax + \$26.16 after-tax)	\$20.92

Part-Time			
Coverage Tier	Non-tax Dependents Being Covered	Team Member Contribution – Monthly	Imputed Income to Team Member – Monthly
<b>Team Member + Partner</b>	Domestic Partner	\$32.43 (\$20.92 before-tax + \$11.51 after-tax)	\$2.09
<b>Team Member + Child</b>	Partner's Child	\$32.43 (\$20.92 before-tax + \$11.51 after-tax)	\$2.09
<b>Team Member + Children</b>	Partner's Child	\$51.80 (\$40.29 before-tax + \$11.51 after-tax)	\$2.09
	Partner's Children	\$51.79 (\$20.92 before-tax + \$30.87 after-tax)	\$16.21
<b>Team Member + Family</b>	Partner + Partner's Child	\$51.80 (\$32.43 before-tax + \$19.37 after-tax)	\$14.11
	Partner + Partner's Children	\$51.79 (\$20.92 before-tax + \$30.87 after-tax)	\$16.21
	Domestic Partner	\$51.80 (\$40.29 before-tax + \$11.51 after-tax)	\$2.09
	Partner's Child	\$51.80 (\$40.29 before-tax + \$11.51 after-tax)	\$2.09
	Partner's Children	\$51.80 (\$20.92 before-tax + \$30.87 after-tax)	\$16.21

# Contact Information

**One phone. One email. One website.** HR4U is your one-stop resource for all your VCU Health System benefits questions. A solutions center specialist is standing by to answer your questions, Monday -Friday, 7 a.m. -7 p.m. ET.

## HR4U Contact Information



### PHONE

804-628-HR4U (4748)  
Toll-Free: 844-989-HR4U (4748)



### EMAIL

[HR4U@vcuhealth.org](mailto:HR4U@vcuhealth.org)



### WEBSITE

<https://vcuhealth.service-now.com/hrsp>

	Phone Number	Email or Website
Optima Health Medical	800-229-1199	<a href="https://optimahealth.com/vcuhs">optimahealth.com/vcuhs</a>
OptumRx Pharmacy	800-229-1199	<a href="https://optimahealth.com/vcuhs">optimahealth.com/vcuhs</a>
VSP Vision	800-877-7195	<a href="https://vsp.com">vsp.com</a>
Delta Dental	800-237-6060	<a href="https://deltadentalva.com">deltadentalva.com</a>
PayFlex (FSA)	800-284-4885	<a href="https://mypayflex.com">mypayflex.com</a>
Unum FMLA, STD and LTD	866-786-9321	<a href="https://unum.com/claims">unum.com/claims</a>
Legal Resources	800-728-5768	<a href="https://legalresources.com">legalresources.com</a>
HelpLink EAP	804-828-4327	<a href="mailto:helplinkeap@vcuhealth.org">helplinkeap@vcuhealth.org</a>
Allstate Critical Illness	804-322-3331	<a href="https://allstatevoluntary.com/vcuhealth/">allstatevoluntary.com/vcuhealth/</a>
Farmers Home and Auto	804-915-7671	<a href="https://farmers.com">farmers.com</a>
Unum Assist America	800-872-1414	<a href="mailto:medservices@assistamerica.com">medservices@assistamerica.com</a>
Fidelity Investments	800-343-0860	<a href="https://netbenefits.com/mcv">netbenefits.com/mcv</a>
TIAA	800-732-8353	<a href="https://tiaa.org">tiaa.org</a>
EdAssist	800-222-6884	<a href="mailto:vcuhealth@edassist.com">vcuhealth@edassist.com</a>
The Rainbow Society	N/A	<a href="#">HR4U</a>

# Legal Notices

## **Newborn's and Mother's Health Protection Act of 1996**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **Women's Health & Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

## **HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in VCU Health System's group health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan — your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

- **Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- **Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

- New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact the VP, Total Rewards at **804-922-4093**.

### **HIPAA Notice of Privacy Practices**

VCU Health System is committed to the privacy of your health information. The administrators of VCU Health System's health plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The plan's policies protecting your privacy rights and your rights under the law are described in the plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting the VP, Total Rewards at **804-922-4093**.

### **Michelle's Law**

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under VCU Health System's group health plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if, on the day before the medically necessary leave of absence begins, your child is covered under VCU Health System's group health plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan. The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan — for example, by reaching age 26. If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact the VP, Total Rewards at **804-922-4093**.



## **Family and Medical Leave Act (FMLA)**

The Family and Medical Leave Act (FMLA) grants up to 12 work weeks (480 hours) of family and medical leave without pay per year to eligible team members. To be eligible for FMLA, you must be employed by the VCU Health System for at least 12 months and you must have worked at least 1,250 hours during the 12 months of your employment immediately prior to your request for FMLA. You may request FMLA for the following reasons: prenatal care, the birth of a child, and/or to care for a newborn child; the placement of a child for adoption or foster care; to care for your spouse, child, or parent who has a serious health condition, or a serious health condition that makes you unable to work.

## **Military Leave**

The VCU Health System grants paid and non-paid military leave to full-time and part-time, benefits-eligible team members who are currently members of the: U.S. Armed Services (former and current members), Reserve Forces, Commonwealth Militia, or the National Defense Executive Reserve. For eligible military leave, VCU Health System grants up to 15 days (120 hours) of paid military leave per year and longer periods of non-paid military leave.

## **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [insurekidsnow.gov](https://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.gov](https://www.askebsa.gov) or call **866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

**ALABAMA – Medicaid**

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

**ARKANSAS – Medicaid**

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

**ALASKA – Medicaid**

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

**CALIFORNIA – Medicaid**

Health Insurance Premium Payment (HIPP)  
Program Website: <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

**COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)**

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

**FLORIDA – Medicaid**

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

**INDIANA – Medicaid**

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone: 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website:  
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

**KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

**LOUISIANA – Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or  
1-855-618-5488 (LaHIPP)

**MAINE – Medicaid**

Enrollment Website:  
[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHSHIPPProgram@mt.gov](mailto:HSHSHIPPProgram@mt.gov)

**NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

**NEVADA – Medicaid**

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website:  
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP**

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
Phone: 1-800-692-7462  
CHIP Website: **Children’s Health Insurance Program (CHIP) (pa.gov)**  
CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: **Health Insurance Premium Payment (HIPP) Program | Texas**  
Health and Human Services  
Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

**VERMONT– Medicaid**

Website: **Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access**  
Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON – Medicaid**

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid and CHIP**

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1 (866) 444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1 (877) 267-2323, Menu Option 4, Ext. 61565

## **Important Notice from VCU Health System about Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with VCU Health System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- VCU Health System has determined that the prescription drug coverage offered by VCU Health System's health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 – Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current coverage from VCU Health System will not be affected. If you do decide to join a Medicare drug plan and drop your current VCU Health System coverage, be aware that you and your dependents will be able to get this coverage back.

### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with VCU Health System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice or Your Current Prescription Drug Coverage,**

contact the VP, Total Rewards at 804-922-4093 for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through VCU Health System changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage:**

Review the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

**For more information about Medicare prescription drug coverage,** visit [medicare.gov](https://www.medicare.gov), call your state health insurance assistance program or call **800-MEDICARE (800-633-4227)**. TTY users should call **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit [socialsecurity.gov](https://www.socialsecurity.gov) or call **800-772-1213** (TTY **800-325-0778**).

**Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 10/1/2023

Name of Entity/Sender: VCU Health System  
Contact: Pete Peterson, VP, Total Rewards, 7818 E. Parham Road, Richmond, VA 23294, **804-922-4093**

### **Important Notice Regarding Continuation of Coverage**

#### **To: Team member, Spouse and/or Dependent Children**

A federal law (Public Law 99-272), Title X) known as COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985 as amended) requires that most employers sponsoring group health plans offer team members and their families the opportunity for a temporary extension of health coverage called (“continuation coverage”) at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the

law. Both you and your spouse (if applicable) should review this summary of rights and retain it with other benefit documents to refer to in the event that any action is required on your part.

#### **Your COBRA Rights**

If you are a team member of the VCU Health System (the employer) and covered by its group health plan, you have a right to choose this continuation of coverage if you lose your group health coverage because of a reduction in your hours of employment or termination of your employment (for reasons other than gross misconduct on your part).

If you are the covered spouse of a team member, you have the right to choose continuation of coverage for yourself if you lose group coverage under the plan for any of the following four reasons:

- Death of the team member;
- Termination of team member’s employment (for reasons other than gross misconduct) or a reduction in the team member’s hours of employment;
- Divorce or legal separation from the team member; or
- Team member becomes entitled to Medicare. In the case of a covered dependent child of a team member, they have the right to continuation of coverage if the group health coverage is lost for any of the following five reasons:
  - Death of the team member;
  - Termination of team member’s employment (for reasons other than gross misconduct) or a reduction in the team member’s hours of employment;
  - Parent’s divorce or legal separation;
  - Team member becomes entitled to Medicare;
  - Dependent ceases to be a “dependent child” eligible for coverage under the terms of the group health plan.

You also have a right to elect continuation of coverage if you are covered under the plan as a retiree or spouse or child of a retiree, and lose coverage within one year before or after the commencement of proceedings under Title II (bankruptcy), United States Code. Email us at [vcuhsbenefits@mcvh-vcu.edu](mailto:vcuhsbenefits@mcvh-vcu.edu) for questions.

## Your COBRA Obligations

Under the law, the team member or a family member has the responsibility to inform the Employer of a divorce, a legal separation, or a child losing dependent status under the plan. This notification must be made within 60 days of the date of the qualifying event, which would cause a loss of coverage. This notice must be in writing and sent to the Benefits Service Center of the VCU Health System, 701 E. Franklin Street, P.O. Box 980066, Richmond, Va. 23298. If you have questions, call 804-628-3724.

When VCU Health System is notified that one of these events has happened, we will in turn notify you that you have the right to choose continuation of coverage. Under the law, you have 60 days from the later of the date you would lose coverage or from the date of the notice to elect continuation of coverage. If and when you make this election, coverage will become effective on the day after coverage would otherwise be terminated. If you do not choose continuation of coverage, your group health insurance coverage will terminate in accordance with the provisions outlined in your benefits handbook or other applicable plan documents.

If you choose continuation of coverage, your coverage will be identical to the coverage provided under the plan to similarly situated team members and/or family members. The law requires that you be afforded the opportunity to maintain continuation of coverage for 36 months unless you lost group health coverage

because of a termination of employment or reduction of hours. In that case, the required continuation of coverage period is 18 months (an extension to 29 months is available under certain circumstances to disabled persons\*). However, the law also provides that your continuation of coverage may be terminated for any of the following reasons:

- The Employer/former Employer no longer provides group health coverage to any of its team members;
- The premium for your continuation of coverage is not paid in a timely manner;
- You first become, after electing COBRA continuation of coverage, covered under any other group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition;
- You first become, after electing COBRA continuation of coverage, entitled to Medicare.

## COBRA Premium and Conversion Privilege

You do not have to show that you are insurable to choose COBRA. However, you will have to pay the group rate premium plus a 2% administrative fee for your continuation of coverage. The law also requires that, at the end of the 18 month, 29 month, or 36 month COBRA coverage period, you must be allowed to enroll in an individual conversion health plan provided under the current group health plan, if the plan provides such a privilege.

*\*Note: A qualified beneficiary (i.e., team member or covered family member) who is determined under Title II or XVI of the Social Security Act, to have been disabled as of the date of termination of employment or reduction of hours, or within 60 days of COBRA coverage, may be eligible to continue coverage for an additional 11 months (29 months total). You must notify your employer within 60 days of the determination of disability by the Social Security Administration and prior to the end of the 18-month continuation period. Your employer can charge up to 150% of the applicable premium during the 11-month extension. The disabled individual must notify their employer within 30 days of any final determination that he or she is no longer disabled. If the coverage is extended to a total of 29 months, extended coverage will cease upon a final determination that the qualified beneficiary is no longer disabled.*