UVA Medical Center Benefits Worksheet

Print this worksheet and fill it out as you review your benefits information. Bring the form to your orientation where you will have the opportunity to enroll in your benefits or discuss any questions you have with a benefits counselor.

If you are transferring from a UVA academic position or a Virginia state agency or have a spouse who is a state employee, you may be eligible to retain your Virginia Retirement System (VRS) benefits. Contact the HR Customer Service Center at 434.243.3344 or <u>HRInfo@virginia.edu</u>.

Benefits with a blue header are paid for by your employer.

Benefits with a green header can be purchased at an additional expense.

1a. Medical/Prescription/Vision Discount							
Choice Value Basic Waive Coverage							
1b. Vision (Optional Purchase)							
Yes No							
1c. Dental (Optional Purchase)							
Basic Enhanced Decline							
2. Flexible Spending Accounts							
\$ Full FSA can be selected if choosing Value or Choice Plan							
\$ Limited FSA can be selected if choosing Basic Plan and you participate in the HAS. Can be used for vision and dental expenses.							
\$Child/Elder Daycare Reimbursement							
3. Basic Life Insurance (No Cost)							
X Life Insurance Coverage - \$25,000							
3a. Supplemental Life Insurance – Before Tax (Optional Purchase)							
Fee is deducted BEFORE payroll taxes are calculated. This option must be selected if you plan on purchasing other supplemental life insurance.							
Supplemental Coverage							
3b. Supplemental Life Insurance – After Tax (Optional Purchase)							
Fee is deducted AFTER payroll taxes are calculated. Use the formula below to determine the amount of coverage available to you. To purchase without having to answer health questions, use the formula below. Annual salary X 2 = Round up to next \$50,000 =							

_____ Cost of supplemental coverage (i.e. 37 year-old with \$175,000 coverage pays \$4.99 for coverage)

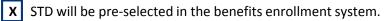
\$

3c.	Supplemental	Life Insurance	- Spouse Coverage	(Optional	Purchase)
------------	---------------------	----------------	-------------------	-----------	-----------

Coverage cannot exceed 50% of your combined Basic Life and Optional Life plans. Amounts above \$25,000 require an Evidence of Insurability (EOI).

\$12,500	\$25,000	\$50,000	\$75,000	\$100,000					
3d. Supplemental Life Insurance – Child Coverage (Optional Purchase)									
One premium rate covers ALL eligible children									
\$5,000	\$10,000								
3d. Supplemental Life Insurance – Child Coverage (Optional Purchase)									
One premium rate covers ALL eligible children									
\$5,000	\$10,000								
4. Accidental Death & Dismemberment (Optional Purchase)									
Coverage cannot exceed 10 times your annual salary.									
To calculate: Annual salary	X 10 =		_						
Employee only Employee & Famil	y 55	5,000 0,000 00,000 50,000	 \$200,000 \$250,000 \$300,000 \$350,000 	 \$400,000 \$450,000 \$500,000 					
5a. Disability Insurance (No Short and Long-term (ST									

- STD: 60% income replacement (weekly maximum = \$1,100) beginning the 15th day of continuous disability, expires after 6 months.
- LTD: 60% income replacement up to a maximum of \$10,000 per month, beginning after 6 months of STD benefits expire.

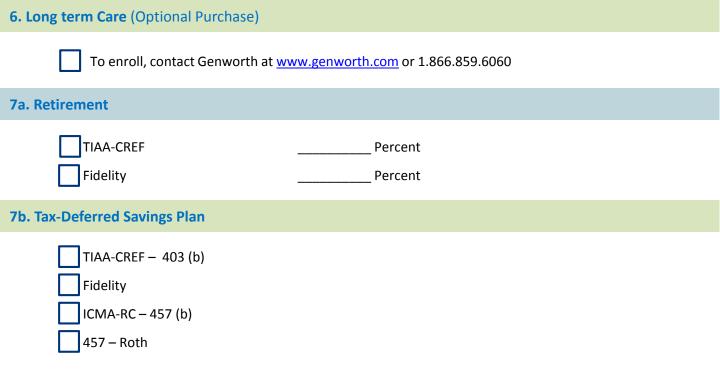


X LTD will be pre-selected in the benefits enrollment system.

5b. Disability Insurance - Long-Term Disability (Optional Purchase)

Provides additional 6 & 2/3% of salary (in addition to LTD) up to a monthly maximum of \$10,000.

Optional LTD



Once you have entered your vendor preference, you must go to the vendor's website to complete your designations.