



2025

Team Member Benefit Guide

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. Refer to your Legal Notices for more details.



About Your Benefits

At UVA Community Health, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your UVA Community Health benefits. If you have any questions, feel free to reach out to HR at myuvachhr@uvahealth.org.



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Eligibility and Enrollment

You are eligible to participate in UVA Community Health’s benefits if you are working at least 20 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

Eligible Spouse Provision: Spouses are eligible for the UVA Community Health plan if:

- They are unemployed or are self-employed
- They are covered by Medicare or an individual policy
- They are employed but not eligible for medical benefits
- They are employed by UVACH but not eligible for medical benefits

You have 31 days from your hire date to log on to [Oracle Employee Self Service](#) and enroll. Your benefits begin on the first of the month following date of hire.

What Will It Cost?

UVA Community Health is committed to offering you comprehensive benefits at a fair cost. View the plan details pages for more information about your costs for coverage.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent’s eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent’s benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to complete your life event changes.

Please email myuvachhr@uvahealth.org to initiate your life event. Keep in mind, the changes you make must be directly related to the life event.



Retirement Program



UVA Community Health Retirement Plan Plan Highlights

Congratulations! You are eligible to participate in the UVA Community Health Retirement Plan (the “Plan” or the “403(b) Plan”)! It’s easy to get caught up in the present, but it’s also important to look ahead. Start investing in your future – and yourself – with help from the UVA Community Health Retirement Plan and Fidelity.

If you haven’t enrolled in the Plan, you can enroll on Fidelity NetBenefits® at www.netbenefits.com or by calling Fidelity at **800.343.0860**. Para español, llame al 800.587.5282.

Key Features of Your UVA Community Health Retirement Plan

Eligibility	You are immediately eligible to participate in the Plan and can enroll as soon as you receive your first paycheck. Enroll online at any time, or by calling the Fidelity Retirement Benefits Line at 800-343-0860.
Automatic Enrollment	<p>If you do not enroll in the Plan or elect to opt out after 35 days, you will be automatically enrolled at a 4% pretax contribution rate. Your contributions will be invested in the Plan’s default fund, State Street Target Retirement Fund Class K. Target Date Funds are an asset mix of stocks, bonds and other investments that automatically becomes more conservative as the fund approaches its target retirement date and beyond. Principal invested is not guaranteed.</p> <p>We encourage you to choose a contribution rate and investment options that are appropriate for you. If you don’t want to contribute to the Plan, you must change your contribution rate to 0%. You can change your contribution rate, select other available investment options, or opt out of the Plan at any time.</p>
Your Contributions	<p>You can contribute from 0% to 85% of your eligible base pay as a pre-tax or Roth contributions, or a combination of these, up to the annual IRS dollar limits.</p> <p>A pre-tax contribution helps lower your taxable income now but will be taxed at the time of distribution. A Roth contribution allows you to make after-tax contributions and take any associated earnings completely tax-free at retirement, as long as the distribution is a qualified one. A qualified distribution, in this case, is one that is taken at least five tax years after your first Roth 403(b) contribution and after you have attained age 59½, or become disabled or die.</p> <p>Additionally, you can contribute between 0% and 60% in after-tax savings. Your total contributions, including pre-tax, Roth, and after-tax contributions, cannot exceed 85% of your salary.</p>
Employer Contributions	The Plan helps your retirement savings grow by matching your contributions on the first pay period after you have been employed for one year. UVA Community Health will match 100% of each pretax or Roth dollars you contribute on the first 6% of pay that you contribute to the plan. All pretax contributions (matching and nonmatching) and associated earnings are subject to taxes upon withdrawal; Roth contributions must meet the qualified distribution eligibility.
Roth In-Plan Conversion	<p>Roth In-Plan Conversion options are available in the UVA Community Health Retirement Plan. This option provides you with the opportunity to convert all, or a portion of your non-Roth assets to Roth assets. The amount eligible for such direct rollovers shall include all of a participant’s vested assets, including without limitation, pretax savings, after-tax savings, company contributions, and retirement contributions, as well as related earnings thereon.</p> <p>Special tax rules apply to Roth In-Plan Conversion options and are an important consideration in determining whether to do such a conversion. For more information related to the tax consequence of a conversion, you should consult your tax or financial advisor before undertaking such a conversion. Please contact Fidelity at 800-343-0860 if you have any questions.</p>
Annual Increase Program	You can choose to increase your retirement savings plan contributions automatically each year through the Annual Increase Program. Choosing this option will help you maximize your retirement savings.



Retirement Program

Key Features of Your UVA Community Health Retirement Plan

Contribution Limits	Annual 403(b) plan contribution limits, including catch-up contribution limits, are available at www.irs.gov . If you have reached age 50 or will reach 50 during the calendar year January 1–December 31 and are making the maximum plan or IRS pretax and/or Roth contribution, you may make an additional “catch-up” contribution each pay period, subject to annual IRS dollar limits.
Investments	The Plan offers you a range of options to help you meet your investment goals. You can select a mix of investment options that best suits your goals, time horizon, and risk tolerance. Descriptions of the Plan’s investment options, and their performance are available online at www.netbenefits.com .
Vesting	You are always 100% vested in your own contributions to the UVA Community Health 403(b) Plan, as well as any earnings on them. You must complete 3 years of service and 1,000 hours of service in each calendar year to be vested in any contributions UVA Community Health makes to your plan account.
Loans	Although your Plan account is intended for the future, you may borrow from your account for any reason. Log on to NetBenefits for more details or to request a loan.
Withdrawals	Withdrawals from the Plan are generally permitted when you attain age 59½, terminate your employment, retire, become permanently disabled, or have severe financial hardship as defined by the Plan. Refer to the Summary Plan Description or call Fidelity for more details.
Rollovers	You are permitted to roll over eligible pretax and after-tax contributions from another 401(k) plan, Roth 401(k) plan, 401(a) plan, 403(b) plan, Roth 403(b) plan, a governmental 457(b) retirement plan, or a Roth 457(b) retirement plan account or eligible pretax contributions from conduit individual retirement accounts (IRAs). A conduit IRA is one that contains only money rolled over from an employer-sponsored retirement plan that has not been mixed with regular IRA contributions.
Online Beneficiary Designation	It’s important to designate a beneficiary for your Plan account. Log on to NetBenefits and select the Profile & Settings icon to designate your beneficiary online.
One-on-one consultations	Fidelity Workplace Financial Consultants are licensed professionals and can help with enrollment, asset allocation, retirement planning and other questions you have about the Plan. Call 800-642-7131 weekdays from 8 a.m. to 9 p.m. ET to speak with a consultant or schedule a complimentary appointment. You can also schedule appointments online at fidelity.com/schedule .

Accessing your account



Access your Plan account online at www.netbenefits.com. Download the [NetBenefits® app](#) to access your account on your mobile device. The NetBenefits app is available in Spanish—just update your language preferences in the app.



Fidelity is here to help! If you have questions, call **800-343-0860** Monday through Friday, 8:30 a.m. to 8:30 p.m. Eastern time (excluding most holidays).

Para español, llame al 800-587-5282.

Before investing in any mutual fund, consider the investment objectives, risks, charges, and expenses. Contact Fidelity for a prospectus or, if available, a summary prospectus containing this information. Read it carefully.



Retirement Program



Are you making the most of your Retirement Benefits?



Making time to contemplate the future can be difficult while meeting the day-to-day rigors of a demanding profession, especially when coupled with personal commitments. To help facilitate your path to becoming future ready, **UVA Community Health provides resources that can help you be better prepared for retirement.** You can schedule a meeting with your dedicated Fidelity Workplace Financial Consultants – at no cost to you.

Your Workplace Financial Consultants can help you:

- Review your overall retirement savings portfolio
- Evaluate your investment choices and asset allocation
- Discuss strategies to help protect your assets and future income
- Provide access to a broader spectrum of resources, including estate planning strategies, charitable giving, college planning, and more
- Be reached virtually or by phone for flexibility and convenience

Meet your Workplace Financial Consultants



Nate Dixon

Joel Wise

Schedule a Complimentary One-on-One Appointment

Please consider having relevant account statements and any paperwork handy to help address your questions and needs during your consultation. Spouses or partners are also invited to attend.

To schedule:

- Call **800-642-7131***
- Visit [fidelity.com/schedule](https://www.fidelity.com/schedule)**
- Text **TALK** to **343898**
- Scan the **QR code**



*Monday through Friday from 8 a.m. to midnight Eastern time.

**Enter "UVA Community Health" as your employer's name.

Other Ways to Get Help From Fidelity



Call **800-343-0860** Monday through Friday from 8 a.m. to midnight Eastern time to talk with a Fidelity representative



Log in to [your account](https://www.netbenefits.com) at [netbenefits.com](https://www.netbenefits.com)



Download Fidelity NetBenefits® [mobile app](#) from the App Store®, or Google Play™ store



Watch a [webcast](#) by visiting [fidelity.com/webcasts](https://www.fidelity.com/webcasts)



Try Fidelity's [Planning & Guidance Center](#) by visiting [fidelity.com/planningcenter](https://www.fidelity.com/planningcenter)

Investing involves risk, including risk of loss.

Message and data rates may apply. Get details at <https://digital.fidelityinvestments.com/smsec>.

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Required Documents for Dependent Coverage

See the chart below for a list of acceptable documentation for verifying dependent eligibility for Medical benefits. Recertification is required for dependent(s) that were not actively enrolled in the UVACH medical plan the prior calendar year.

Relationship	Acceptable Documentation
<p>Legal spouse</p>	<ul style="list-style-type: none"> • Social security card or Individual Taxpayer Identification Number (ITIN), AND • Marriage License
<p>Natural born child(ren) up to age 26 <i>*Newborn child(ren) under 3 months of age will not require a social security card</i></p>	<ul style="list-style-type: none"> • Social security card, AND • Government issued birth certificate for natural born children listing you as parent, OR • For children under 3 months of age – documentation on hospital letter head showing the birth date of the child and listing you as parent (only when a government issued birth certificate is not available)
<p>Legally adopted or foster child(ren) up to age 26 <i>Include child(ren) who are legally placed with you for foster care or adoption, pending final adoption.</i> <i>*Newborn child(ren) under 3 months of age will not require a social security card</i></p>	<ul style="list-style-type: none"> • Social security card, AND • Government issued birth certificate, OR • For children under 3 months of age – document on hospital letterhead showing the birth date of the child (only when a government issued birth certificate is not available) • AND Final legal adoption decree or placement letter from the court, showing you as the child’s adoption parent.
<p>Stepchild(ren) up to age 26 <i>You must be married to the child’s natural or adoptive parent (Your spouse as defined above)</i></p>	<ul style="list-style-type: none"> • Social security card, AND • Marriage license confirming your current marriage to the child’s parent (your spouse) AND • Government issued birth certificate listing your spouse as the child’s natural parent, OR • For child(ren) under 3 months of age – documentation on hospital letterhead showing the birth date of the child and listing your spouse as parent (<i>only when a government issued birth certificate is not available</i>), OR • Final legal adoption decree or placement letter from the court, showing your spouse as the child’s adoptive parent, along with the child’s government issued birth certificate



Required Documents for Dependent Coverage

See the chart below for a list of acceptable documentation for verifying dependent eligibility for Medical benefits.

Relationship	Acceptable Documentation
<p>Grandchild up to age 26 for whom you have legal Guardianship (such as a grandchild)</p> <p><i>If your child is under age 26, both your child and grandchild must reside in your household.</i></p> <p><i>If your child is over age 26, your grandchild must live with you.</i></p> <p><i>You must claim your grandchild as a dependent on your Federal income tax return</i></p>	<ul style="list-style-type: none">• Social security card, AND• Government issued birth certificate showing your child is the parent of the grandchild, OR• For children under 3 months of age – documentation on hospital letterhead indicating the birth date of your grandchild and showing your child as the parent (only when a government issued birth certificate is not available)• AND Copies of your Federal tax return showing that you claim the grandchild for income tax purposes, OR• Court papers signed by a Judge demonstrating your legal guardianship or custodianship for court appointed children
<p>Children up to age 26 for whom you are required to provide health care coverage through a court mandated Qualified Medical Child Support Order</p>	<ul style="list-style-type: none">• Social security card, AND• A copy of the order provided by the courts



Medical Terminology

Benefit Maximum

The maximum amount that will be paid on your behalf by the insurance plan.

Coinsurance

The shared cost between the medical plan and the member for a covered health care service, calculated as a percentage of the allowed amount for the service.

Copay

A set dollar amount you pay for a covered health care service, usually paid at the time the service is received. The amount can vary by the type of service.

Deductible

The amount you owe for covered services before your insurance plan begins to pay. The deductible may not apply to all services.

Eligible Expenses

Services that your health insurance or plan pays for or covers.

Evidence of Insurability (EOI)

Some benefits require you to show that you are in good health before the insurance carrier will agree to provide certain levels of coverage. This is called “evidence of insurability.” Coverage that requires evidence of insurability will not be in effect until you receive approval from the insurance company.



Health Reimbursement Account (HRA)

An HRA is an employer funded account that helps team members pay for qualified out-of-pocket medical expenses. An HRA uses a debit card that you can use for eligible medical, dental, and vision expenses.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-favored savings account where money can be contributed, saved and grown to pay for qualified medical, dental and vision expenses. HSAs are used in conjunction with qualified high deductible health plans, and have excellent financial incentives for participants. The funds can be used for qualified medical expenses today, or can be saved for future expenses.

High Deductible Health Plan (HDHP)

A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (your deductible). A high deductible plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

Out-of-Pocket Maximum

The most you pay before your insurance plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges, or health care your insurance plan doesn't cover.

Qualifying Life Event

A change-in-status of your family allowing you to have a special Open Enrollment for benefits. Also referred to as a change-in-status event.





Medical Coverage Summary



How the Plans Work

Both plans use the Anthem network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHP**, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

The **PPO plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

	HDHP	PPO Plan
Per-paycheck Cost for Coverage	Lowest	Highest
Annual Deductible	Highest	Lowest
Annual Out-of-pocket Maximum	Highest	Lowest
Using the Plan	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
Spending Account Options	Health savings account Dependent care FSA Limited Purpose FSA	Health care FSA Dependent care FSA Health care HRA





Medical Coverage



You have a choice of two medical plans through Anthem/Ameriben - the **PPO Plan with HRA** and the **HDHP Plan with HSA**. Review the chart below for the amount you will pay for the medical services listed for the PPO with HRA Plan and the HDHP Plan with HSA. You save the most money when you choose UVA Health doctors and facilities, or Anthem doctors, facilities and pharmacies. Log on to engage.ameriben.com or call 1.877.867.7602 to find providers in the Anthem network. **Please note Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross apply.**

PPO with HRA			
	Tier 1 UVA Health Providers and Facilities	Tier 2 In-Network	Tier 3 Non-Network
Annual Deductible (Individual/Family)	\$750 / \$1,500	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance	90%	80%	60%
Annual Out-of-Pocket Maximum (Individual/Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000
UVA Community Health Contribution to Health Reimbursement Account (HRA) Note: Amounts will be pro-rated if coverage does not begin on January 1, 2025	Individual: \$0 Employee + Child(ren): \$375 Employee + Spouse: \$450 Family: \$750		
Preventive Care	100%	100%	40% after deductible
Office Visits			
Primary Care	\$10 copay	\$25 copay	40% after deductible
Urgent Care	\$30 copay	\$30 copay	40% after deductible
Specialist	\$30 copay	\$75 copay	40% after deductible
Emergency Room	15% after deductible	15% after deductible	15% after deductible
HDHP with HSA			
	Tier 1 UVA Health Providers and Facilities	Tier 2 In-Network	Tier 3 Non-Network
Annual Deductible (Individual/Family)	\$1,650 / \$3,300	\$3,300 / \$6,600	\$6,600 / \$13,200
Coinsurance	90%	75%	50%
Annual Out-of-pocket Maximum (Individual/Family)	\$3,300 / \$6,600	\$6,600 / \$13,200	\$14,000 / \$24,000
UVA Community Health Contribution to Health Savings Account (HSA) Note: Amounts will be pro-rated if coverage does not begin on January 1, 2025	Individual: \$750 All Other Tiers: \$1,500		
Preventive Care	100%	100%	50% after deductible
Office Visits			
Primary Care	10% after deductible	25% after deductible	50% after deductible
Urgent Care	10% after deductible	25% after deductible	50% after deductible
Specialist	10% after deductible	25% after deductible	50% after deductible
Emergency Room	10% after deductible	10% after deductible	10% after deductible



Medical Coverage Costs



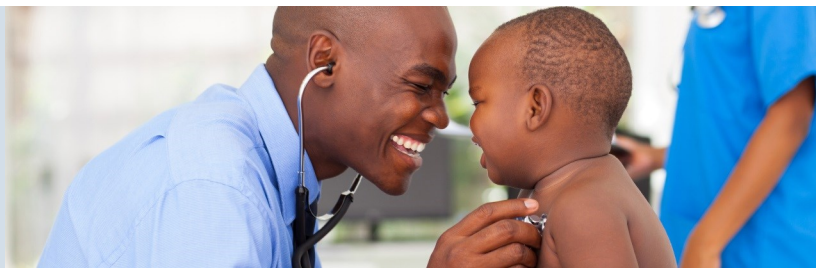
Below is an overview of your benefit coverage costs.

Bi-Weekly Cost for Medical

Coverage Tier	PPO with HRA	HDHP with HSA
Full-Time		
Employee Only	\$69.05	\$51.74
Employee + Spouse	\$230.22	\$172.49
Employee + Child(ren)	\$172.04	\$129.36
Family	\$301.70	\$241.47
Part-Time		
Employee Only	\$135.77	\$51.74
Employee + Spouse	\$310.31	\$275.97
Employee + Child(ren)	\$232.74	\$206.99
Family	\$434.44	\$386.36

Finding In-Network Providers

You save the most money when you choose UVA Health providers and facilities, or in-network Anthem doctors, facilities and pharmacies. Log on to engage.ameriben.com or call 1-877-867-7602 to find providers in the Anthem network.





Prescription Drug Coverage



Prescription drug coverage through CarelonRx is included with both medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	PPO with HRA		HDHP with HSA*	
	UVA Health's Preferred Specialty Pharmacy	Non-UVA Health Preferred Specialty Pharmacy	UVA Health's Preferred Specialty Pharmacy	Non-UVA Health Preferred Specialty Pharmacy
Retail (30-day Supply)				
Generic	\$2 copay	\$5 copay	\$12 copay after deductible	\$15 copay after deductible
Preferred Brand	\$22 copay	\$25 copay	\$27 copay after deductible	\$30 copay after deductible
Non Preferred Brand	\$42 copay	\$45 copay	\$57 copay after deductible	\$60 copay after deductible
Specialty	\$97 copay	\$100 copay	\$97 copay after deductible	\$100 copay after deductible
Out-of-Pocket Max Single/Family (Rx Only)	\$1,600/\$3,200	\$1,600/\$3,200	N/A	\$3,000/\$6,000 after deductible
Home Delivery (90-day Supply)				
Generic	\$9 copay	\$12 copay	\$35 copay after deductible	\$38 copay after deductible
Preferred Brand	\$72 copay	\$75 copay	\$72 copay after deductible	\$75 copay after deductible
Non Preferred Brand	\$132 copay	\$135 copay	\$147 copay after deductible	\$150 copay after deductible
Specialty	N/A	\$250 copay	\$247 copay after deductible	\$250 copay after deductible
Out-of-Pocket Max Single/Family (Rx Only)	\$1,600/\$3,200	\$1,600/\$3,200	N/A	\$3,000/\$6,000 after deductible

*HDHP Members must first meet the annual deductible before paying copays.

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. For PPO plan participants only, if you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

Anthem regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using UVA Health's Preferred **Specialty & Home Delivery Pharmacy** offering **free** Home Delivery. You can register for **UVA Specialty & Home Delivery Pharmacy** by calling 434-297-5500 or visiting <https://uvahealth.com/location/UVA-Specialty-Pharmacy-5597213>.

UVA Health Pharmacy Benefits

UVA Health offers an exclusive benefit to our team members to fill 90-day prescriptions in-person at the pharmacy or with FREE home delivery! This benefit is available for generic, preferred and specialty prescriptions (if applicable, based on plan design).

In addition, team members are eligible for a \$3 discount on all prescription co-pays when using a UVA Pharmacy!

UVA Specialty and Home Delivery Pharmacy:

Call 434-297-5500 or visit <https://uvahealth.com/locations/UVA-Specialty-Pharmacy-5597213>.

UVA In-Person Pharmacies: <https://uvahealth.com/locations#tab=Locations&f-services=Prescription%20Drop-off%20and%20Pick-up>





Spending Account Comparison



Paying for Health Care

UVA Community Health offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	Health Reimbursement Account (HRA)	Health Savings Account (HSA)
Account Overviews	An HRA is an employer-owned and employer-funded account designed to help members bridge the gap on eligible healthcare expenses. Common eligible expenses include deductibles, coinsurance and copays.	An HSA lets you use pre-tax money to pay for qualified expenses. HSAs require a qualified health plan in order to contribute. You can invest HSA dollars and grow tax-free earnings. Funds never expire - even if you change health plans, employers, or retire.
How can I participate?	Must be enrolled in PPO	Must be enrolled in HDHP
Who Owns the Account?	Employer	Employee
Who Contributes to the Account?	Employer	Employee and Employer Note: You do not need to contribute to the HSA to receive the employer contribution.
Can I make Changes to my Contributions?	Employer contributions only	Yes, anytime Note: You can log into Oracle Employee Self Service to change your elections anytime throughout the year.
Do Funds Expire?	Yes, see carryover below	No
Do Funds Carryover?	\$1,500 max carryover from 2025 to 2026	Yes
When can I use the funds?	All of the funds you elect for the year are available January 1	Funds are available as you contribute to the account
How do I pay for eligible expenses?	With your Flores debit card (you can also submit claims for reimbursement online at www.flores247.com)	With your Flores debit card (you can also submit claims for reimbursement online at www.flores247.com)
UVA Community Health Contribution Amounts Note: Amounts will be pro-rated if coverage doesn't begin on January 1, 2025	Single: \$0 Employee + Child(ren): \$375 Employee + Spouse: \$450 Family: \$750	Single: \$750 Employee + Child(ren): \$1,500 Employee + Spouse: \$1,500 Family: \$1,500
2025 Contribution Limits	Dependent on level of coverage selected	\$4,300 Individual \$8,550 Family
Accounts You Can Use to Save Money Towards Your Expenses	You can use the FSA (see page 10)	You can use the Limited Purpose FSA (see page 10)

Note: If you are enrolled in Medicare Part A or Part B, by law you or your employer are not allowed to contribute to an HSA.

What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31. Learn more at www.flores247.com.

- ⇒ When you enroll in the Health Savings Account our vendor, WealthCare Saver, requires information from you to set up your account just like your bank would if you set up a new savings account.
- ⇒ After enrolling, please look for an email from WealthCare Saver – the sender will be: hsaalerts@wealthcaresaver.com.
- ⇒ Please follow the email instructions as soon as possible, including providing documents to verify your identity, Social Security Number, and address.
- ⇒ If you do not complete the process for WealthCare Saver to open your account, you will not be able to receive your employee contributions from your paycheck or the employer-sponsored contributions.



Spending Account Comparison



Paying for Health Care

UVA Community Health offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	Flexible Spending Account (FSA)
Account Overviews	A Healthcare FSA similarly empowers members to set-aside pre-tax money to pay for eligible expenses. The difference is that members do not keep their unused FSA money and funds may be forfeited back to your employer. FSAs are generally paired with traditional health plans.
How can I participate?	PPO or if waiving medical coverage
Who Owns the Account?	Employer
Who Contributes to the Account?	Employee
Can I make Changes to my	Only during Open Enrollment or qualifying life events.
Do Funds Expire?	Yes
Do Funds Carryover?	No
When can I use the funds?	All of the funds you elect for the year are available January 1
How do I pay for eligible expenses?	With your Flores debit card (you can also submit claims for reimbursement online at www.flores247.com)
UVA Community Health Contribution Amounts Note: Amounts will be pro-rated if coverage doesn't begin on January 1, 2025	N/A
2024 Contribution Limits	\$3,050

	Limited Purpose Flexible Spending Account
What is it?	A Limited Purpose FSA is available to participants in the HDHP plan only, to reimburse you for eligible expenses that you or your eligible dependents incur that are not paid by your health, dental, or vision insurance plan.
What are eligible expenses?	<ul style="list-style-type: none"> •Vision expenses (including eye exams, eyeglasses, and contact lenses) <ul style="list-style-type: none"> •LASIK surgery •Dental expenses (excluding cosmetic procedures) <ul style="list-style-type: none"> •Orthodontia payments •Medical and prescription expenses*
How much can I contribute each year?	Up to \$2,850 in 2024

*Medical and prescription expenses can only be reimbursed after you have satisfied the federal minimum high-deductible for the applicable plan year. Please reference the Plan Limits Table in the Flores online Resource Library for limits that apply for your current plan year.



Spending Accounts



Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses. You do not have to be enrolled in a specific medical plan to contribute to this account.

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	You can submit claims for reimbursement online at www.flores247.com
How much can I contribute each year?	Up to \$5,000 in 2025



Important Note

Both the health care and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.



Dental Coverage



UVA Community Health offers one dental plan through Delta Dental. Review the chart below for a summary of coverage. You typically pay less for services when you use a dentist in the Delta Dental network. You can find an in-network dentist by visiting www.deltadentalva.com or calling 800.237.6060.

Delta Dental PPO Plus Premier™			
	In-Network		Out-of-Network
	Delta Dental PPO ¹	Delta Dental Premier ²	
Annual Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum* (Per Person) *Diagnostic and preventive services will not count against the annual maximum.	\$1,700	\$1,700	\$1,300
Diagnostic and Preventive Services (Oral exams, Periodontal/regular cleanings, Fluoride applications, Bitewing X-rays, Full mouth/panelpipse X-rays, Sealants, Space maintainers), Occlusal Guards	100%	100%	100%
Basic Services Fillings, Stainless steel crowns, Simple extractions, Endodontic services/root canal therapy, Periodontic services, Complex oral surgery, Denture repair and recementation of crowns, bridges and dentures, TMJ)	80% after deductible	80% after deductible	80% after deductible
Major Services (Crowns, Prosthodontics, removable and fixed, Implants)	50% after deductible	50% after deductible	50% after deductible
Orthodontic Services (Adults and Children up to age 26)	50%	50%	50%
Lifetime Orthodontic Maximum (Per Person)	\$1,500	\$1,500	\$1,500

¹ PPO stands for Preferred Provider Organization. With Delta Dental PPO you may visit any dentist in any network. However, your out-of-pocket costs will typically be lowest if you see a Delta Dental PPO dentist and highest if you choose an out-of-network dentist. Delta Dental PPO gives you a great opportunity for a low premium and big savings.

² With Delta Dental PPO Premier, you have the benefit of choosing a dentist from either the PPO or Premier network. A PPO dentist will typically offer you the lowest out-of-pocket costs on services. A Premier dentist will still give you discounted fees and the largest network of dentists from which to choose.

Dental Rates for Full-Time and Part-Time Team Members

Coverage Tier	Dental Bi-Weekly Rates
Employee Only	\$7.86
Employee + Spouse	\$25.29
Employee + Child(ren)	\$25.84
Family	\$34.23



Vision Coverage

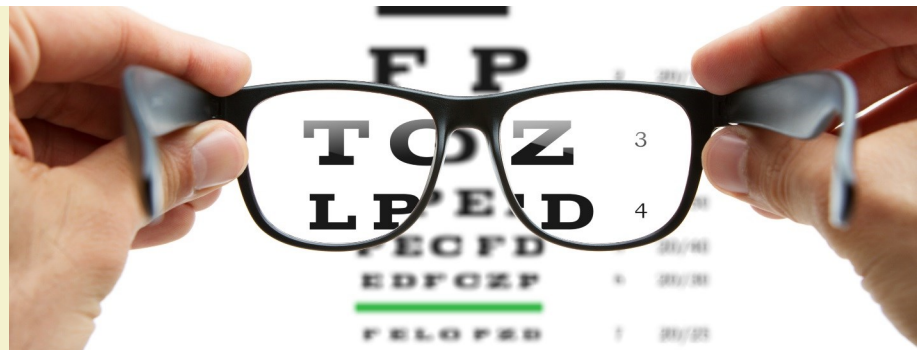
DeltaVision®
In partnership with VSP®

UVA Community Health’s vision plan through DeltaVision covers routine eye exams and helps you pay for glasses or contact lenses. This plan uses the VSP Choice Network. Review the chart below for the amount you will pay for the vision service listed.

DeltaVision 150 Plus		
	In-Network	Out-of-Network
Eye Exam (Once every 12 months)	\$10 copay	Up to \$45
Lenses (Once every 12 months)		
Single Vision	\$20 material copay	Up to \$30
Bifocal	\$20 material copay	Up to \$50
Trifocal	\$20 material copay	Up to \$65
Progressive	\$20 material copay	Up to \$50
Frames (Once every 12 months)	\$150 allowance; 20% off remaining balance	Up to \$70
Contact Lenses (Once every 12 months)		
Fitting	\$60 copay	Up to \$105
Elective	\$150 allowance	Up to \$105
Medically Necessary	Covered in full	Up to \$210

Finding In-network Providers

You can find an in-network VSP Choice Network Provider by visiting www.vsp.com or calling **800.877.7195**.



Vision Rates for Full-Time and Part-Time Team Members

Coverage Tier	Vision Bi-Weekly Rates
Employee Only	\$3.53
Employee + Spouse	\$5.54
Employee + Child(ren)	\$5.67
Family	\$9.11



Life and AD&D Insurance



Life and AD&D Insurance

UVA Community Health provides basic life and accidental death and dismemberment (AD&D) insurance through Unum at no cost to eligible team members. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates. Evidence of good health may be required for coverage above guaranteed issue.

	How it Works	Basic Life and AD&D ¹ (Company-paid benefit)	Voluntary Life and AD&D ¹ (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	1 times your annual salary up to \$1,000,000	You: 1x, 2x, 3x, or 4x your annual salary rounded up to the next highest \$1,000, up to a maximum of \$500,000 Your spouse²: 0.5x, 1x, or 1.5x the Employee's annual salary rounded to the next highest \$1,000, up to a maximum of \$200,000 Your child(ren)³: Birth to 6 months - \$1,000; 6 months to age 26 (regardless of student or dependent status) - choice of \$5,000 or \$10,000 in coverage
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	1 times your annual salary up to \$1,000,000	You: Choice of \$25,000, \$50,000, \$100,000, \$200,000, \$300,000, \$400,000, or \$500,000 in coverage Your spouse²: Choice of \$25,000, \$50,000, \$100,000, \$200,000, \$300,000, \$400,000, or \$500,000 in coverage Your child(ren)³: Birth to 6 months - \$1,000; 6 months to age 26 - choice of \$5,000 or \$10,000 in coverage

¹ Coverage reduces beginning at age 65

² Spouse coverage cannot exceed the amount the employee has elected for themselves

³ Child coverage cannot exceed the amount the employee has elected for themselves

How much Life and AD&D coverage can I get?

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.

(Choose the age you will be when your coverage becomes effective. To determine your spouse rate, choose the age the employee will be when coverage becomes effective.)

4. Enter your cost.

	1	2	3	4
Employee	\$____,000	÷ \$1,000 = \$____	X \$____	= \$____
Spouse	\$____,000	÷ \$1,000 = \$____	X \$____	= \$____
Child	\$____,000	÷ \$1,000 = \$____	X \$____	= \$____
Total cost				

Age	Employee bi-weekly rate	Spouse bi-weekly rate	Child bi-weekly rate
	Per \$1,000 of coverage Cost	Per \$1,000 of coverage Cost	\$0.091 per \$1,000 of coverage
15-24	\$0.013	\$0.036	
25-29	\$0.013	\$0.036	
30-34	\$0.015	\$0.036	
35-39	\$0.020	\$0.071	
40-44	\$0.029	\$0.089	
45-49	\$0.048	\$0.141	
50-54	\$0.078	\$0.230	
55-59	\$0.125	\$0.336	
60-64	\$0.190	\$0.494	
65-69	\$0.373	\$0.689	
70-74	\$0.625	\$1.130	
75+	\$0.625	\$1.130	

AD&D bi-weekly rates		
	Coverage amount	Rate
Employee	per \$1,000 of coverage	\$0.006
Spouse	per \$1,000 of coverage	\$0.014
Child	per \$1,000 of coverage	\$0.014



Disability Insurance



Disability Insurance

UVA Community Health also provides disability insurance through Unum. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
Short-Term Disability*	You receive 60% of your income up to \$1,500 per week. Benefits begin after 14 or 30 calendar days of absence from work for accidents and illnesses and continue for up to 9 or 11 weeks.	Employee-Paid
Short-Term Disability: Directors and Above	You receive 100% of your income up to \$5,000 per week. Benefits begin after the first calendar day of absence from work for accidents and illnesses and continue for up to 13 weeks.	UVA Community Health
Long-Term Disability	You receive 60% of your income up to \$15,000 per month. Benefits begin the later of 90 days or the end of your short-term disability payments. Benefits continue until you reach the Social Security Normal Retirement Age.	UVA Community Health

**If a team member does not enroll within 31 days from their hire date, they will be defaulted into the employee-paid 30-day Short-Term Disability (STD) plan.*

Calculate your cost

1. Follow the instructions on the worksheet on the right to determine your cost per paycheck.

Enter your rate amount for the elimination period choice you want.

Disability worksheet					
1 Calculate your weekly disability benefit.					
$\$ ____ \div 52 = \$ ____ \times 60\% =$	$\$ ____ \times$	$60\% =$	$\$ ____$		
Your annual earnings	Your weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of \$1,500, enter \$1,500.		
2 Calculate your cost per paycheck.					
$\$ ____ \div 10 = \$ ____ \times$	$\$ ____ =$	$\$ ____ \times$	$12 = \$ ____ \div$	$26 =$	$\$ ____$
Your weekly benefit amount	Your rate	Your monthly cost	Your annual cost	Number of paychecks per year	Your cost per paycheck

Employee-Paid Short-Term Disability Rates	
Options	
EP: 30/30 BD: 9 weeks	EP: 14/14 BD: 11 weeks
\$0.350	\$1.100



Keep Your Beneficiaries Up to Date

Log into [Oracle Employee Self Service](#) to designate or update a beneficiary for your life, AD&D and Unum voluntary insurance. Keep your beneficiary information up-to-date to ensure benefit payment accuracy.



Voluntary Benefits



Whole Life Insurance (Enrollment Only During Open Enrollment through the UNUM portal)

This benefit can pay money to your family if you pass away. It can help them with basic living expenses, final arrangements, tuition, and more. You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, and will not decrease as you get older.

Buying coverage now is more affordable, since you are younger. The cost is deducted directly from your paycheck.* Whole Life Insurance builds cash value at a guaranteed rate of 3.75%. This benefit also includes a "Living" Benefit and Long Term Care Rider, with details outlined in the benefit flyers available to you through www.myuvachbenefits.com. You may purchase this coverage in addition to any term life insurance you might have. Coverage is available for you, your spouse, your children, and your grandchildren at the below amounts:

You:	You can purchase \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000 of coverage for yourself.
Your spouse:	Available for your spouse between the ages of 15 to 80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase \$10,000 or \$25,000 of coverage for your spouse.
Your children:	Your children can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a benefit amount of \$10,000 or \$25,000 of coverage for each child.

Sample coverage amounts	Weekly Cost	Guaranteed cash value at 65
Lifetime Premium \$25,000 coverage	Age 25: \$5.24 Age 35: \$7.12 Age 45: \$11.39	\$9,660 \$8,623 \$6,994
Paid-up at 70 \$25,000 coverage	Age 25: \$5.56 Age 35: \$8.47 Age 45: \$14.62	\$11,104 \$10,678 \$9,879

Hospital Insurance

This benefit can pay benefits that help you with the costs of a covered hospital visit for a covered accident, illness, or childbirth. Hospital Insurance helps covered team members and their families cope with the financial impacts of a hospitalization. The money is paid directly to you and can also help pay the out-of-pocket expenses your medical plan may not cover. The cost is deducted directly from your paycheck.* You may take your coverage with you if you leave the company or retire.

Hospital Insurance				
	Basic Benefits		Enhanced Benefits	
Hospital Admission	Payable for a maximum of 1 day per year	\$750	Payable for a maximum of 1 day per year	\$1,500
Hospital Daily Stay	Payable per day up to 365 days	\$100	Payable per day up to 365 days	\$100
ICU Daily Stay	Payable per day up to 30 days	\$100	Payable per day up to 30 days	\$100
Who can get coverage?	You: If you're actively at work Your spouse: As long as you have purchased coverage for yourself Your children: Dependent children newborn until their 26th birthday, regardless of marital or student status			

Hospital Insurance Bi-Weekly Rates		
Coverage Tier	Basic	Enhanced
Employee Only	\$6.84	\$12.29
Employee + Spouse	\$12.07	\$21.38
Employee + Child(ren)	\$9.20	\$16.33
Family	\$14.43	\$25.43

*Please see benefit flyers for full details on premium amounts. Voluntary Benefit flyers are available through www.myuvachbenefits.com



Voluntary Benefits



Accident Insurance

This benefit can pay money for covered accidental injuries and their treatments. Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents on and off the job and includes a range of incidents, from common injuries to more serious events— all of which are outlined in the full benefit flyer. This coverage can help you with out-of-pocket costs that your medical plan doesn't cover. The cost is deducted directly from your paycheck.*

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

Your bi-weekly premium	Weekly Cost
You	\$3.09
You and your spouse	\$5.42
You and your children	\$7.77
Family	\$10.10

Critical Illness Insurance

This benefit can pay money directly to you when you are diagnosed with certain serious illnesses. If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment, and can use the money however you want. The money can help you pay out-of-pocket medical expenses, like copays and deductibles. You can use this coverage more than once! The cost is deducted directly from your paycheck.* Some of the covered illnesses included are critical illnesses like a heart attack or stroke, cancer conditions, progressive diseases, and other supplemental conditions. For more information on covered illnesses, please see the benefit flyer.

Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 100% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Bi-weekly costs					Bi-weekly costs					Bi-weekly costs				
Age	Employee coverage: \$10,000 Spouse coverage: \$10,000 Be Well benefit: \$50				Age	Employee coverage: \$20,000 Spouse coverage: \$20,000 Be Well benefit: \$50				Age	Employee coverage: \$30,000 Spouse coverage: \$30,000 Be Well benefit: \$50			
	Non-Tobacco		Tobacco			Non-Tobacco		Tobacco			Non-Tobacco		Tobacco	
	Employee	Spouse	Employee	Spouse		Employee	Spouse	Employee	Spouse		Employee	Spouse	Employee	Spouse
under 25	\$1.46	\$1.46	\$1.46	\$1.46	under 25	\$2.24	\$2.24	\$2.24	\$2.24	under 25	\$3.03	\$3.03	\$3.03	\$3.03
25 - 29	\$1.78	\$1.78	\$2.06	\$2.06	25 - 29	\$2.89	\$2.89	\$3.44	\$3.44	25 - 29	\$4.00	\$4.00	\$4.83	\$4.83
30 - 34	\$2.20	\$2.20	\$2.66	\$2.66	30 - 34	\$3.72	\$3.72	\$4.64	\$4.64	30 - 34	\$5.24	\$5.24	\$6.63	\$6.63
35 - 39	\$2.89	\$2.89	\$3.77	\$3.77	35 - 39	\$5.10	\$5.10	\$6.86	\$6.86	35 - 39	\$7.32	\$7.32	\$9.95	\$9.95
40 - 44	\$3.77	\$3.77	\$5.01	\$5.01	40 - 44	\$6.86	\$6.86	\$9.35	\$9.35	40 - 44	\$9.95	\$9.95	\$13.69	\$13.69
45 - 49	\$4.83	\$4.83	\$7.00	\$7.00	45 - 49	\$8.98	\$8.98	\$13.32	\$13.32	45 - 49	\$13.14	\$13.14	\$19.64	\$19.64
50 - 54	\$6.03	\$6.03	\$9.07	\$9.07	50 - 54	\$11.38	\$11.38	\$17.47	\$17.47	50 - 54	\$16.74	\$16.74	\$25.87	\$25.87
55 - 59	\$8.06	\$8.06	\$12.63	\$12.63	55 - 59	\$15.44	\$15.44	\$24.58	\$24.58	55 - 59	\$22.83	\$22.83	\$36.54	\$36.54
60 - 64	\$11.10	\$11.10	\$17.43	\$17.43	60 - 64	\$21.54	\$21.54	\$34.18	\$34.18	60 - 64	\$31.97	\$31.97	\$50.94	\$50.94
65 - 69	\$16.27	\$16.27	\$22.74	\$22.74	65 - 69	\$31.87	\$31.87	\$44.80	\$44.80	65 - 69	\$47.47	\$47.47	\$66.86	\$66.86
70 - 74	\$25.41	\$25.41	\$33.44	\$33.44	70 - 74	\$50.15	\$50.15	\$66.21	\$66.21	70 - 74	\$74.89	\$74.89	\$98.98	\$98.98
75 - 79	\$37.69	\$37.69	\$46.41	\$46.41	75 - 79	\$74.70	\$74.70	\$92.15	\$92.15	75 - 79	\$111.72	\$111.72	\$137.89	\$137.89
80 - 84	\$54.90	\$54.90	\$66.54	\$66.54	80 - 84	\$109.14	\$109.14	\$132.40	\$132.40	80 - 84	\$163.37	\$163.37	\$198.26	\$198.26
85+	\$88.60	\$88.60	\$104.66	\$104.66	85+	\$176.52	\$176.52	\$208.64	\$208.64	85+	\$264.44	\$264.44	\$312.63	\$312.63

*Please see benefit flyers for full details on premium amounts. Voluntary Benefit flyers are available through www.myuvachbenefits.com



Legal Plan



Product Overview

UVA Community Health



Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Legal experts on your side, whenever you need them

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly premium of **\$24.00 (\$11.08 biweekly)** conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.²

How to use the plan

1. Find an attorney

Create an account at members.legalplans.com to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.



Legal Plan

Helping you navigate life's planned and unplanned events.

For **\$24.00 a month (\$11.08 biweekly)**, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.³

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Management Services⁴ Identity Theft Defense 	<ul style="list-style-type: none"> Negotiations with Creditors Personal Bankruptcy Promissory Notes Tax Audit Representation 	<ul style="list-style-type: none"> Tax Collection Defense Triple Bureau Credit Monitoring⁴
Home & Real Estate	<ul style="list-style-type: none"> Boundary or Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Home Equity Loans Mortgages Property Tax Assessments Refinancing of Home 	<ul style="list-style-type: none"> Sale or Purchase of Home Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills 	<ul style="list-style-type: none"> Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Divorce (20 hours) Garnishment Defense Guardianship 	<ul style="list-style-type: none"> Immigration Assistance Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Protection 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for your parents: Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Vehicle & Driving	<ul style="list-style-type: none"> Defense of Traffic Tickets⁵ Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession



To learn more about your coverages and see our attorney network, create an account at legalplans.com or call 800.821.6400 Monday – Friday 8:00 am to 8:00 pm (ET).

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. Digital notary and signing is not available in all states.
3. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
4. These benefits provide the Participant with access to LifeStages Identity Management Services and FraudScout Triple Bureau Credit Monitoring Services provided by Cyberscout, LLC. Cyberscout is not a corporate affiliate of MetLife Legal Plans.
5. Does not cover DUI.

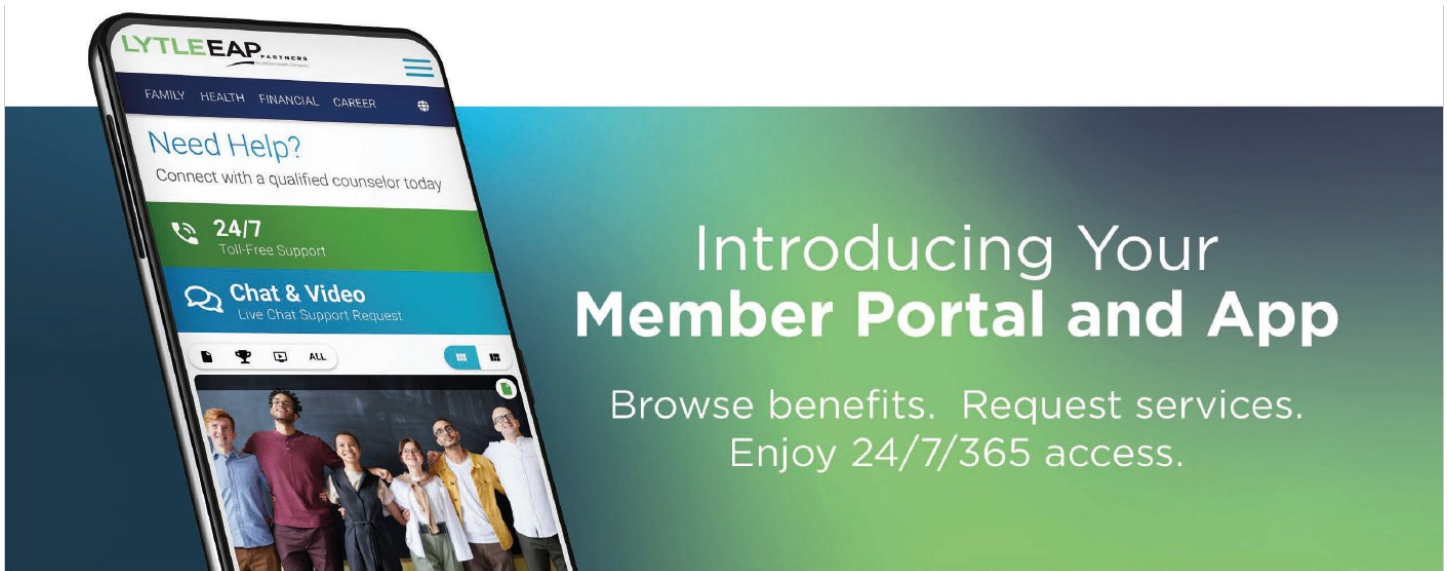
Group legal plans provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. MetLife® is a registered trademark of MetLife Services and Solutions, LLC, New York, NY. [MLP4w20hrsDivorce&CM]



MetLife Legal Plans | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114
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Employee Assistance Program



Introducing Your Member Portal and App

Browse benefits. Request services. Enjoy 24/7/365 access.

Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier—all easily accessible through your member portal.

Request a Mental Health Session

Request counseling by submitting an online form or live chat. Choose from in-person or virtual counseling options to meet your needs.

Request Referrals & Resources

Submit a request for family care and lifestyle support including childcare and eldercare referrals, legal referrals and financial consultation, personal assistant referrals and medical advocacy consultation.

Explore Thousands of Self-Care Articles & Resources

Health and lifestyle assessments, interactive checklists, soft skills courses, podcasts, resource locators, exclusive discounts, and expansive articles on whole health and well-being.

Visit Your Online Financial Center

Featuring worksheets, calculators, and a wide range of financial resources and tools to help reach personal goals and build financial wellness.

Getting Started Is Easy

1. Visit www.lytleeap.com and click on "Sign Up" below the login form
2. To create an account and sign in, enter your email address and company code: **uvach**
3. For login assistance, select "Email Support"

Contact Lytle EAP Partners

Call: **800-327-7272**

Visit: www.lytleeap.com

Code: **uvach**





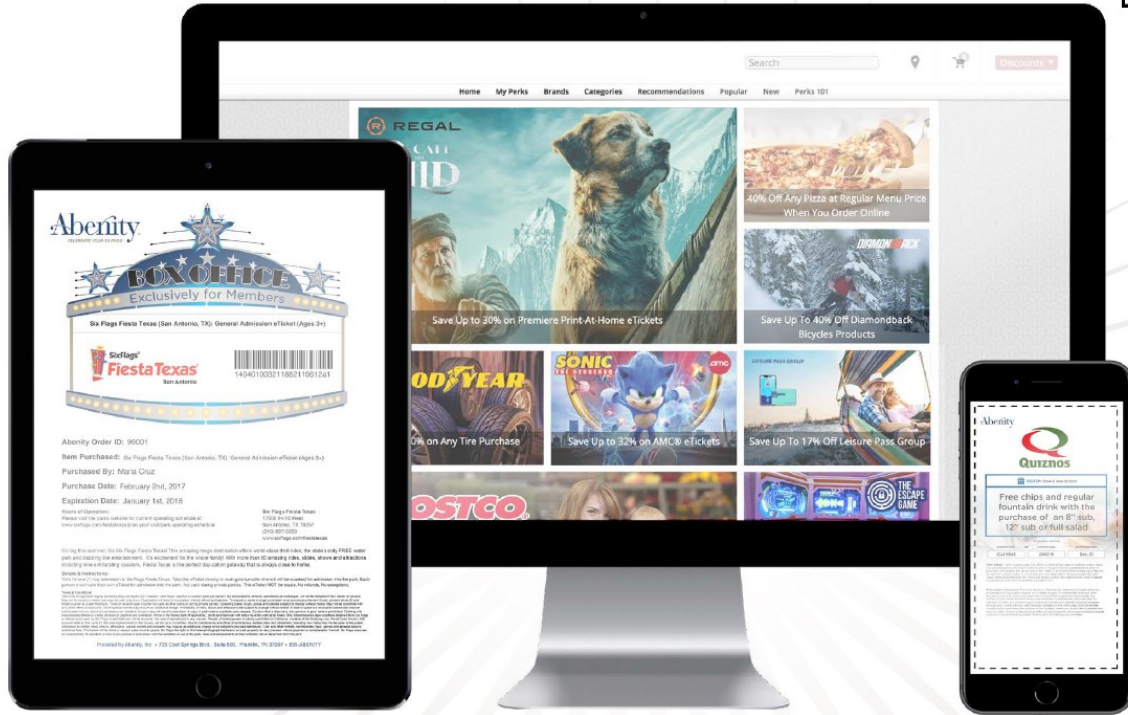
Perks and Discounts Program - Abenity



Team Member Perks

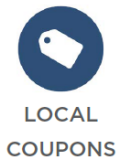
Visit <https://uvahealth.abenity.com/GO>

SCAN FOR SAVINGS



We've Cut Out the Middleman So Members Save More!

Enjoy private discounts and corporate rates on everything from pizza and the zoo, to movie tickets, oil changes, car rentals, and hotels. With thousands of discounts, \$4,500+ in per member savings, and over a million redemption locations, you'll always have a reason to Celebrate Your Savings!



LOCAL COUPONS



eTICKETS



MONTHLY GIVEAWAYS



MOBILE APPS



MOVIE SHOWTIMES



PERK ALERTS



HOLIDAY OFFERS



All discount offers are subject to change at any time without notice. Log in regularly to view the latest discounts available. Abenity, Inc. Copyright 2024.





CAPTRUST At Work

CAPTRUST

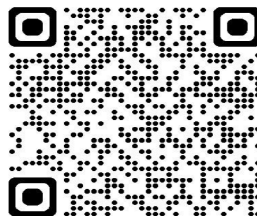
AT WORK

UVA Community Health has partnered with CAPTRUST At Work to provide team members with objective financial advice to help with financial wellbeing and planning for the future.

CAPTRUST advisors are available to provide individual guidance and develop personalized financial plans which include retirement savings, emergency savings, debt management, budgeting, college savings, and more.

Contact CAPTRUST at **800.967.9948**, visit www.captrustatwork.com/scheduler/ to schedule an appointment, or scan the QR code below to learn more.

Personalized, objective financial
guidance is at your fingertips



CAPTRUST | 4208 Six Forks Road, Suite 1700 | Raleigh, NC 27609
www.captrustatwork.com | www.captrust.com | Advice Desk 800.967.9948

CAPTRUST
AT WORK



Other Benefits

The UVA Community Health total rewards strategy is designed to attract, motivate and retain top talent while focusing on the individual needs of our team members. Our inclusive total rewards program expands beyond work – it is more than a paycheck.

Balance your busy life with paid time off, paid parental leave, paid holidays, advocacy programs and employee assistance programs.

Plan your financial future with generous retirement plans, tuition assistance, savings programs, legal plans, life insurance and will preparation.

Make your health and wellness a top priority and maximize the utilization of your insurance plans, health care spending or savings accounts, and wellness programs.

Reward yourself with referral bonuses, recognition programs, career development plans and performance incentives.





Contact Information

Benefit	Vendor	Phone	Website or Email
Human Resources	UVA Community Health	N/A	myuvachhr@uvahealth.org
Medical	Ameriben / Anthem	877.867.7602	engage.ameriben.com
Prescription Drug	CarelonRx	833.322.1192	http://www.anthem.com/pharmacyinformation/
Dental	Delta Dental of Virginia	800.237.6060	www.deltadentalva.com
Vision	DeltaVision	800.877.7195	www.vsp.com
Life	Unum	877.721.3196	www.unum.com
Disability and Leave Administration & Voluntary Benefits	Unum	DI: 866-868-6737 VB: 800-635-5597	portal.unum.com
Health Savings Account	Flores	800.532.3327	www.flores247.com
Flexible Spending Account	Flores	800.532.3327	www.flores247.com
Health Reimbursement Account	Flores	800.532.3327	www.flores247.com
Legal Plans	MetLife Legal Plan	800.821.6400	www.legalplans.com
Employee Assistance Program	Lytle EAP Partners	800.327.7272	www.lytleep.com
Perks and Discounts Program	Abenity	855.223.6489	https://uvahealth.abenity.com/GO
CAPTRUST At Work	CAPTRUST	800.967.9948	www.captrustatwork.com/scheduler/
Retirement Program	Fidelity Investments	800.343.0860	www.netbenefits.com/AtWork





Notes

The Fine Print

The information contained in this summary 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 brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment 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.

This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting