



# **BENEFITS GUIDE**

## **2025-2026**

***Classified Employees***

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*Please Note: This benefit guide provides a summary of the benefits available. Should there be a discrepancy between this handbook and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.*

# Welcome!

Welcome from the VMI Human Resources Office! We are committed to providing first-rate services to support you. We strive to promote excellence, equity, a sense of community, diversity, access, and to provide a high quality of work life for all employees. We are here to help you on a range of issues. Please see the information below to familiarize yourself with our office and to figure out who to contact for help.

### Address:

305 Letcher Avenue  
Lexington, VA 24450  
(540) 464-7322

**Fax:** (540) 464-7299

**Office Hours:** Monday – Friday, 8:30am – 4:30pm

### Staff

#### **Ms. Valarie Roane Stores, Human Resources Director**

Contact for: employee relations, mediation, training inquiries, policy guidance, ADA accommodations

#### **Ms. Christina A Fargiano, Human Resources Generalist**

#### **Ms. Sharon H Dudley, HR Receptionist & Administrative Assistant**

Contact for: Employee onboarding, employee verification, FOYA reports, organizational charts, Post Peddler, Visa

#### **Ms. Sandra Campbell, Human Resources Specialist**

Contact for: classified employee leave, full-time timesheets, short term disability, worker's compensation, performance planning and evaluations

#### **Ms. Terry Wilhelm, Benefits Administrator**

Contact for: all benefits enrollment & changes, retirement, supplemental plan options, short term disability/parental leave for Teaching Faculty and A/P Faculty

#### **Ms. Tamara Wade, HR Talent & Acquisitions**

Contact for: Recruitment PageUp and onboarding of new employee hires

#### **Ms. Tracey Lackey, Training and Development**

Contact For: Employee Orientation and employee development training; PageUp Performance management

# Enrollment Deadlines

As part of your initial benefits enrollment package, you will be provided a number of forms that must be completed and returned to the HR Office within a specified timeframe. Use this checklist to help you make your benefits selections in a timely manner.

- ☐ **Health Insurance Enrollment Form**—This form must be returned to the Human Resources Office within **30 days** from your date of hire.
  - ☐ **Supporting Documentation**—Required if you wish to cover your spouse or other eligible dependents. Examples are:
    - ◇ Marriage Certificate—spouse
    - ◇ Certification of Tax Dependent Status—all dependents
    - ◇ Birth certificate—children
    - ◇ Adoption certificate—children
- ☐ **Group Life Insurance Beneficiary Designation Form (VRS 2)**
- ☐ **Hybrid Defined Contribution Plans Designation of Beneficiary Form—**
- ☐ **Reliance Standard Long Term Disability Coverage Form** —Only complete if you wish to pay for Long-Term Disability Coverage; proof of good health not required if enrolled within first 30 days of employment.
- ☐ **Required Training**—Must be completed within first 30 days of employment.
  - ◇ **Civility in the Workplace**
  - ◇ **Alcohol and Other Drugs**
  - ◇ **Working Together for Virginia**





# Retirement Plans

As a new full-time, classified employee you are covered under the pension plan administered by the Virginia Retirement System (VRS). VMI makes a monthly contribution on your behalf to VRS. Your matching monthly contribution is **five percent of your monthly gross salary**. Supplemental retirement plans, with pre-tax contributions through employee payroll deduction, are available through tax-sheltered annuities.

## The Virginia Retirement System Hybrid Plan (VRS)

This plan is a combination of a defined benefit and a defined contribution plan. Your retirement benefit is determined by both the number of years of service accumulated in VRS covered positions, your age at retirement, the average of your five highest consecutive years of salary, and the gains and losses in your defined contribution account. In general, the defined benefit portion of the plan tends to produce a larger benefit for those employees who have long service with employers covered through VRS. Your contributions range from a minimum of five percent to a maximum of nine percent (if you choose voluntary contributions) of your gross salary, based on the distributions below.

If you do not choose an investment option for your Defined Contribution component, your funds will be placed in a Target Portfolio that coincides with your estimated retirement date.

### VRS Hybrid Defined Contribution Component Overview

Employee Contributions	Employer Matching Contributions
1.0%*	1.0%*
1.5%	1.5%
2.0%	2.0%
2.5%	2.25%
3.0%	2.5%
3.5%	2.75%
4.0%	3.0%
4.5%	3.25%
5%	3.5%

\*Mandatory minimum contributions

### Defined Benefit

- **Contributions:** You contribute four percent of your monthly gross salary. The benefit is guaranteed by VRS and VRS assumes all investment risk.
- **Vesting:** You must accumulate at least five years of service to be vested in the defined benefit portion of the Hybrid Plan (vested means you are eligible to receive lifetime benefits).
- **Portability:** If you leave state service, you may leave your contributions in the retirement system, withdraw the contributions, or you may roll over the taxable portion of your refund to another qualified plan or IRA. Withdrawing the funds from the retirement system forfeits your right to any accrued retirement benefits.

### Defined Contribution

- **Contributions:** You contribute a minimum of one percent of your monthly gross salary, with VMI matching the one percent contribution. You can add voluntary contributions with VMI matching a portion of your contributions. (see chart to the left)
- **Vesting:** You are immediately vested for your contributions. You will be 100% vested for the employer contributions after four years.
- **Portability:** If you leave state service, you may leave your contributions in the retirement system, withdraw the contributions in your individual account plus interest, or you may roll over the taxable portion of your refund to another qualified plan or IRA.



# Voluntary Retirement Plans

**VRS Hybrid Plan members must make the maximum 4% voluntary contribution to the Hybrid in order to receive cash-match on their contributions to this plan.**

2025 Contribution Limits	
Limit under age 50	\$23,500
Age 50+ Catch-Up Limit	+ \$7,500 (\$31,000 total)
Super Catch-Up Age 60 to 63	+\$11,250 (\$34,750 max)

**If you make voluntary contributions to the VRS Hybrid Plan, the deferrals will count towards the 457 contribution limits.**

## Supplemental Retirement Annuities (SRAs)

VMI offers optional supplemental retirement annuity plans (covered under IRS code 403b) for employees who wish to take advantage of the tax savings and tax deferral benefits of these plans. The 403(b) providers are: TIAA, VALIC and AXA/Equitable. Contributions to an SRA are set aside from the rest of your income before your taxes are calculated and you pay no taxes on your SRA earnings until you receive them as income. An SRA plan is entirely optional and, subject to federal rules and the rules of the company you select for your SRA, you may enroll or discontinue participation at any time. You may contribute as little as \$10 per pay period (\$20 per month). When you enroll in a 403b plan, you are eligible to participate in the “Cash Match Program” where VMI will provide a 50% match of your monthly contribution to a participating provider up to a maximum of a \$40 match per month (to receive the full \$40 monthly match you will have to contribute \$80 per month to your account).

## Deferred Compensation Plan (DCP)

The Commonwealth also offers a Deferred Compensation Plan through Voya/MissionSquare Retirement (covered under IRS code 457). Participants have the option of contributing **pre-tax or after-tax earnings** (Roth option) to the plan. Deferred Compensation Plan participants are also eligible for the “Cash Match Program” where VMI will provide a 50% match of your monthly contribution to a participating provider up to a maximum of a \$40 match per month.

### **Roth Option**

Roth contributions occur on an **after-tax basis**. You will pay taxes on the contributions now, rather than later, meaning that withdrawal of Roth assets, which includes both their Roth contributions and any associated earnings, occur on a tax-free basis, as long as certain criteria are met. Participants may make both types of contributions, as long as their total contributions don't exceed the annual contribution limits set by the IRS (see left)

**Although you can contribute to each plan concurrently, you are only allowed to receive cash match with one provider**

# Health Insurance

Eligible employees have the choice of three medical plans: COVA Care, COVA Health Aware, and COVA HDHP.



## COVA Care

The COVA Care health insurance plan is administered through Anthem Blue Cross Blue Shield of Virginia.

**Services in basic plan:** Wellness and preventive services, mental health and substance abuse benefits, prescription drug benefits, and dental benefits

**Out-of Network** (other than emergency): No coverage (unless you select the out-of-network buy-up option).

**Additional coverage options** (for an additional premium): Out-of-network services, expanded dental services, and vision and hearing benefits.

## COVA HealthAware

The COVA HealthAware health insurance plan is administered through Aetna and includes a Health Reimbursement Arrangement (HRA). (see right)

**Services in basic plan:** Wellness and preventive services, mental health and substance abuse benefits, prescription drug benefits, and dental benefits

**Out-of-Network** (other than emergency): Additional deductible out-of-pocket limits apply. 40% coinsurance after deductible. The provider may balance bill for any amount above the allowable charge.

**Additional coverage options** (for an additional premium): Expanded dental services and vision benefits.

## COVA High Deductible Health Plan (HDHP)

COVA HDHP provides benefits through the Blue Cross HealthKeepers HMO provider network worldwide, including Anthem providers and others in all 50 states. Plan includes Out-of-Network Coverage

**Services in basic plan:** Wellness and preventive services, mental health and substance abuse benefits, prescription drug benefits, and dental benefits

**Additional coverage options** (for an additional premium): Expanded dental

### COVA HealthAware Health Reimbursement Arrangement

With the COVA HealthAware Health Reimbursement Arrangement (HRA), the state will fund an HRA of \$600 for single employees or \$1,200 for employees and enrolled spouses annually that can be used to offset family out-of-pocket costs. The employee can also earn an additional \$150 in the HRA by completing “do rights.” Any unused contributions in the HRA will be rolled over to the next year, when the state will add an additional \$600 or \$1,200.

## Changes in Health Insurance Coverage

After you begin employment, changes in your health insurance coverage may be made only during the annual Open Enrollment period each May, unless you have a “qualifying event”

## Is the COVA Care Out-of-Network Optional Benefit Right for You?

BlueCard PPO and BlueCard Worldwide are included in your basic COVA Care plan. The Out-of-Network option is of value only if you want to see a provider who is not in the Anthem PPO or BlueCard PPO network for care within the United States.

For more information on BlueCard PPO and BlueCard Worldwide, visit [www.bcbs.com](http://www.bcbs.com)

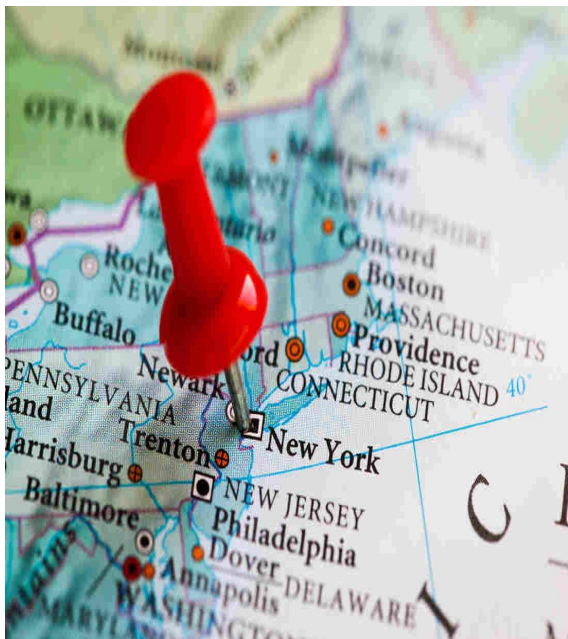
# Out-of-Network

## COVA Care

Out-of-network coverage is an optional benefit. Covered services received outside of the network are paid at the in-network level less a 25% reduction in the amount paid by your plan. The 25% reduction does not count toward your Out-of-Pocket expense limit.

## COVA HealthAware

Out-of-network coverage is included in the basic plan but has higher annual deductibles (\$3,000 one person/\$6,000 two or more persons) and higher out of pocket maximums (\$6,000 one person/\$12,000 two or more persons). The plan pays 60% after your annual deductible is met.



### COVA Care/COVA Connect Plans and COVA HDHP Benefits At-A-Glance Effective 1 July 2014

In-Network Benefits	COVA Care You Pay	COVA HealthAware You Pay	COVA HDHP You Pay
<b>Out-of-Network</b>	<b>Optional Benefit *</b> Plan payment reduced by 25%. Provider may balance bill for amount above allowable charge	Additional deductible out-of- pocket limits apply. 40% coin- surance after deductible. Provid- er may balance bill for amount	Not available



## Benefits-at-a-Glance

In-Network Benefits	COVA Care You Pay	COVA HealthAware You Pay	COVA HDHP You Pay
<b>Plan Year Deductible</b> (July 1 – June 30)	\$300 one person; \$600 two or more persons	\$1,500 one person; \$3,000 two or more persons	\$1,750 one person; \$3,500 two or more persons
<b>Out-of- Pocket Expense Limit</b> (Pharmacy expenses count toward out-of-pocket limit)	\$1,500 one member \$3,000 two or more persons	\$3,000 per member \$6,000 two or more persons	\$5,000 per member \$10,000 two or more persons
<b>Dr. Visits (in person &amp; online)</b> Primary Care Office Visit Primary Care Online Visit  Specialist Ofc. Visit	<ul style="list-style-type: none"> <li>\$25</li> <li>\$0</li> </ul> <a href="http://www.livehealthonline.com">www.livehealthonline.com</a> <ul style="list-style-type: none"> <li>\$40</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> <li>20% after deductible</li> </ul> <a href="http://www.teledoc.com/aetna">www.teledoc.com/aetna</a> <ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> <li>20% after deductible</li> </ul> <a href="http://www.livehealthonline.com">www.livehealthonline.com</a> <ul style="list-style-type: none"> <li>20% after deductible</li> </ul>
<b>Hospital Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	<ul style="list-style-type: none"> <li>\$300 per stay</li> <li>\$125 per visit</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> <li>20% after deductible</li> </ul>
<b>Emergency Room visits</b>	<ul style="list-style-type: none"> <li>\$300 per visit (waived if admitted)</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>
<b>Outpatient diagnostic laboratory,</b>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>
<b>Ambulance Travel</b>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>
<b>Infusion Services</b> (includes IV or injected chemo)	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>
<b>Outpatient therapy visits</b> <ul style="list-style-type: none"> <li>Occupational &amp; speech therapy</li> <li>Physical therapy</li> <li>Chiropractic (up to 30 visit plan year limit per member)</li> </ul>	<ul style="list-style-type: none"> <li>\$25 PCP/\$35 Specialist</li> <li>\$15</li> <li>\$25 PCP/\$35 Specialist</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>
<b>Applied Behavior Analysis for autism spectrum disorder – ages</b>	<ul style="list-style-type: none"> <li>\$25 per service</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>
<b>Behavioral Health</b> <ul style="list-style-type: none"> <li>Medical &amp; non-medical professional visits</li> <li>Inpatient residential care</li> <li>Intensive outpatient care</li> </ul>	<ul style="list-style-type: none"> <li>\$25</li> <li>\$300 per i/p stay</li> <li>\$125 per o/p episode of care</li> <li><b>Certain treatment—children/adolescents avail in-home.</b></li> </ul>	All services 20% after deductible	All services 20% after deductible <ul style="list-style-type: none"> <li>Certain treatment—children/adolescents avail in-home.</li> </ul>
<b>Employee Assistance Program</b>	\$0 - 4 visit max/incident	\$0 - 4 visit max/incident	\$0 - 4 visit max/incident
<b>Prescription Drugs – Mandatory generic</b> <ul style="list-style-type: none"> <li>Retail Pharmacy (up to 34 day supply)</li> <li>Home Delivery Pharmacy (up to 90-day supply)</li> </ul>	<ul style="list-style-type: none"> <li>\$15/\$30/\$45/\$55</li> <li>\$30/\$60/\$90/\$110</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> </ul>



## Benefits-at-a-Glance

In-Network Benefits	COVA Care You Pay	COVA HealthAware You Pay	COVA HDHP You Pay
<b>Wellness &amp; Preventive Services</b>			
Office visits at specified intervals immunizations, lab and x-rays	\$0	\$0	\$0
Annual checkup visit (primary care Physician or specialist), immunizations, lab and x-rays	\$0	\$0	\$0
Routine gynecological exam, Pap test, mammography screening, prostate exam, prostate specific antigen (PSA) test, and colorectal cancer screening.	\$0	\$0	\$0
<b><u>Routine Vision Benefits</u></b> <b>(thru Blue View Vision Providers)</b>	<b>Eye Exam \$15</b> Frames 80% off retail or 65% Off if purchased as complete pair of glasses Lenses single vision-\$50 copay Lenses bifocal—\$70 copay Lenses trifocal—\$105 copay Regular Contacts-15% off retail	<b>Eye Exam \$0</b> Frames 65% off retail Lenses single vision \$40 copay Lenses Bifocal \$60 copay Lenses Trifocal \$80 copay Regular Contacts 85% off retail	<b>\$15</b> Frames 80% off retail or 65% off if purchased as complete pair of glasses Lenses single vision-\$50 copay Lenses bifocal—\$70 co- pay Lenses trifocal—\$105 copay RegularContacts-15%off retail
<b>Expanded Vision (Added Premium)</b>	<b>Optional Benefit*</b>	<b>Optional Benefit*</b>	<b>Not Available</b>
Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not Available
Lenses (standard, plastic,single, bifocal or trifocal) (OR)	\$20 copay	\$20 copay	Not Available
Contact Lenses  Conventional  Disposable	85% after plan pays \$100 Balance after plan pays \$100 Balance after plan pays \$250	85% after plan pays \$100 Balance after plan pays \$100 Balance after plan pays \$250	Not Available
<b><u>Annual Routine Hearing Exam</u></b> • Hearing Aids and other hearing related devices • Benefit Maximum	<b>OPTIONAL BENEFIT*, \$40</b> Balance after plan pays \$1,200 (once every 48 months) Maximum \$1,200	Included in Basic Plan \$0  Not Available  Not Available	Not Available  Not Available  Not Available
<b><u>Basic Dental Services</u></b> • Diagnostic and Preventive	\$0	\$0	\$0
<b>Expanded Dental (Added Premium)</b>	<b>Optional Benefit*</b>	<b>Optional Benefit*</b>	<b>Optional Benefit*</b>
Maximum Benefit—per Member	\$2,000	\$2,000	\$2,000
Deductible	<b>\$50/\$100/\$150</b>	<b>\$50/\$100/\$150</b>	<b>\$50/\$100/\$150</b>
Primary (basic) care	20% after Deductible	20% after Deductible	20% after Deductible
Complex restorative (inlays, onlays, crowns, dentures,,bridgework)	50% after Deductible	50% after Deductible	50% after Deductible
Orthodontic— Lifetime Maximum Benefit	50%, no Deductible \$2,000	50%, no Deductible \$2,000	50%,no Deductible \$2,000

# Health Plans Monthly Premiums

Effective 1 July 2024—June 30, 2025

*Employee, Employee on Military Leave, VSDP Short-Term Disability: Pays the Employee amount.*

*Retiree Group Not Eligible for Medicare (Retirees, Survivors, VSDP Long-Term Disability): Pays the total premium (VRS-administered health insurance credit may apply).*

Health Care Plan	Employee Only	Employee + One	Employee + Two or More
<b>COVA Care With Basic Dental</b>			
Employee Pays	\$108	\$ 248	\$ 340
State Pays	\$830	\$1,488	\$2,179
Total Premium	\$938	\$1,736	\$2,607
<b>COVA Care Plus Expanded Dental</b>			
Employee Pays	\$141	\$ 308	\$ 428
State Pays	\$830	\$1,488	\$2,179
Total Premium	\$971	\$1,796	\$2,607
<b>COVA Care Plus Expanded Dental, Vision and Hearing</b>			
Employee Pays	\$161	\$ 345	\$ 482
State Pays	\$830	\$1,488	\$2,179
Total Premium	\$991	\$1,833	\$2,661
<b>COVA Care Plus Out-of-Network</b>			
Employee Pays	\$131	\$ 291	\$ 402
State Pays	\$830	\$1,488	\$2,179
Total Premium	\$961	\$1,779	\$2,581
<b>COVA Care Plus Out-of-Network Plus Expanded Dental</b>			
Employee Pays	\$164	\$ 351	\$ 490
State Pays	\$830	\$1,488	\$2,179
Total Premium	\$994	\$1,839	\$2,669
<b>COVA Care Plus Out-of-Network Plus Expanded Dental, Vision and Hearing</b>			
Employee Pays	\$184	\$ 388	\$ 544
State Pays	\$830	\$1,488	\$2,179
Total Premium	\$1,014	\$1,876	\$2,723
<b>COVA HealthAware</b>			
Employee Pays	\$ 19	\$ 87	\$ 106
State Pays	\$830	\$1,488	\$2,179
Total Premium	\$849	\$1,575	\$2,285
<b>COVA Health Aware Plus Expanded Dental</b>			
Employee Pays	\$ 52	\$ 147	\$ 194
State Pays	\$830	\$1,488	\$2,179
Total Premium	\$882	\$1,635	\$2,373
<b>COVA HealthAware Plus Expanded Dental and Vision</b>			
Employee Pays	\$ 62	\$ 167	\$ 222
State Pays	\$830	\$1,488	\$2,179
Total Premium	\$892	\$1,655	\$2,401
<b>COVA HDHP</b>			
Employee Pays	\$ 0	\$ 0	\$ 0
State Pays	\$739	\$1,366	\$1,998
Total Premium	\$739	\$1,366	\$1,998
<b>COVA HDHP Plus Expanded Dental</b>			
Employee Pays	\$ 33	\$ 60	\$ 88
State Pays	\$739	\$1,366	\$1,998
Total Premium	\$772	\$1,426	\$2,086
<b>TRICARE Voluntary Supplement (TRICARE is a health insurance program for members of the U. S. Armed Forces)</b>			
Total Premium	\$61	\$120	\$161

## **EMPLOYEE ASSISTANCE PROGRAM**

### **IF YOU ARE ENROLLED IN:**

#### **COVA Care and COVA HDHP**

##### **Call:**

#### **Anthem Blue Cross and Blue Shield**

##### **Member Services:**

**1-855-223-9277**

**[www.anthemaeap.com](http://www.anthemaeap.com)**

All health plans offered to state employees and their dependents have employee assistance programs (EAPs). Included are up to four sessions at no charge for such services as mental health, alcohol or drug abuse assessment, child or elder care, grief counseling and legal or financial services. EAP counselors are available to assist employees with problems related to:

- Alcohol
- Drugs
- Family
- Health
- Legal
- Financial
- Housing
- Mental health
- Child care
- Elder care
- Grief
- Spousal/child/parent abuse
- Workplace
- Career planning
- Retirement

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### **IF YOU ARE ENROLLED IN:**

#### **COVA HealthAware**

##### **Call:**

#### **Aetna**

##### **Member Services:**

**1-888-238-6232**

**[www.covahealthaware.com](http://www.covahealthaware.com)**

In general, care must be authorized in advance. You or your eligible dependent will speak to an EAP specialist who will assess your problem and coordinate assistance. Should your problem require mental health or substance abuse care, you will be referred to a provider, under your mental health and substance abuse benefit. Your EAP specialist or care manager will arrange a referral according to your specific needs. Contact your plan's Member Services department for more information.

# Hearing Aid Benefit for Children



Hearing aids and related services for minor children, 18 and younger, are included plan coverage. Coverage includes the cost of one hearing aid, per hearing-impaired ear every 24 month up to \$1,500.

**Cova HealthAware** - The \$1,500 benefit for a minor will not be subject to the deductible and paid at \$0 coinsurance every 24 months.

**Cova HDHP** - The \$1,500 benefit for a minor will be subject to the deductible and paid at \$0 coinsurance every 24 months.

**Cova Care without Optional Vision & Hearing Benefit** - The \$1,500 benefit for a minor will pay every 24 months and there is no additional benefit.

**Cova Care with Optional Vision & Hearing Benefit** - The \$1,500 benefit will pay first for a minor every 24 months, if the benefit doesn't cover the hearing aid, the minor can utilize the optional benefit of \$1,200 every 48 months.

**Adults only have the optional benefit of \$1,200 every 48 months.**





# Flexible Reimbursement Accounts

## Medical Reimbursement Account

**Minimum annual deposit**  
\$10 per pay period

**Maximum annual deposit**  
\$3,300 per plan year

## Dependent Care Reimbursement Account

**Minimum annual deposit**  
\$10 per pay period

**Maximum annual deposit**  
Annual limit set by IRS,  
\$5,000

Flexible Reimbursement Accounts allow you to set aside part of your salary each pay period on a pre-tax basis for out-of-pocket medical expenses not covered by your health benefits plan and eligible dependent expenses for your child, disabled spouse, elderly parent or other dependent incapable of self-care.

These are separate accounts – you cannot pay for medical expenses from a dependent care account, nor can you pay dependent care expenses from a medical reimbursement account.

You may participate in the medical and/or dependent care flexible reimbursement account plan within **31 days** following the date of your employment. The monthly administrative fee (deducted from your pay on a pre-tax basis) is \$2.10 per account. The account plan year is on a fiscal year basis.

**When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully. The money you contribute to an FSA does not rollover; it is considered “use it or lose it.”**





# Life Insurance

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental Death & Dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech or your limbs in an accident.

## Group Life Insurance

The group life insurance benefit for natural death is twice your annual salary. The natural death benefit is doubled for accidental death. The group policy also includes benefits for accidental dismemberment and accidental loss of sight. This coverage is at no cost to you. VMI pays the full premium for your group life insurance.

## Optional Group Life Insurance

You may purchase additional coverage for yourself through the Optional Group Life Insurance Program. If you elect optional group life insurance coverage, you also may cover your spouse and dependent children. Optional group life insurance provides benefits for natural and accidental death or dismemberment. You pay the premiums through payroll deduction. Proof of good health is not required in you enroll in Optional Group Life Insurance within 31 days of your employment date or a qualifying event, such as marriage or the birth or adoption of a child.

### Employee

- Elect coverage up to eight times your compensation, not to exceed \$800,000

### Spouse

- Elect coverage up to two times your compensation, not to exceed \$400,000

### Dependent Children

- Elect coverage for \$10,000, \$20,000 or \$30,000
- Coverage for dependent children ends when your coverage ends or your child marries, becomes self-supporting, reaches age 21 or reaches age 25 as a dependent attending college full time.

### Optional Group Life Insurance Member and Spouse Premium Rates

Age of Member/ Spouse	Monthly Cost per \$1,000 of Cover- age
Under 30	\$0.05
30 to 34	\$0.05
35 to 39	\$0.06
40 to 44	\$0.08
45 to 49	\$0.12
50 to 54	\$0.20
55 to 59	\$0.31
60 to 64	\$0.54
65 to 69	\$1.02
70 to 74	\$2.06
Over 74	\$2.06

### Optional Group Life Insurance Children Rates

Coverage Amount	Cost of Coverage
\$10,000	\$0.80
\$20,000	\$1.60
\$30,000	\$2.40



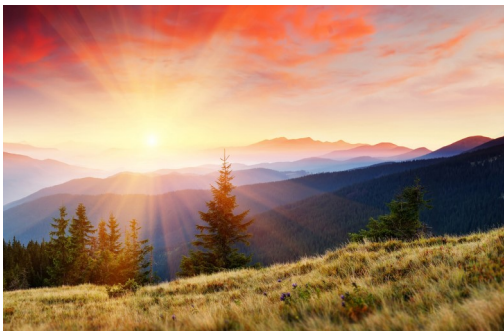
# Disability Insurance

VMI offers a group long-term disability insurance program. You may select 50 percent or 60 percent replacement of salary, which begins after a waiting period of 90 days of disability. Your premium is based on age and salary. You pay the full premium for this optional coverage. You are guaranteed coverage if you enroll when you are first employed.



## Virginia Sickness and Disability Program

As a classified employee, you will be covered by the Virginia Sickness and Disability Program (VSDP) through VRS after one year of full-time employment. VSDP provides income protection if you can't work because of a non-work related or work-related illness, injury or other condition, such as surgery, pregnancy, complications from pregnancy or a catastrophic or major chronic condition. Coverage in non-work related short-term disability coverage begins after one year of full-time employment.



## Group-Long Term Disability Insurance

VMI offers a group long-term disability insurance program through Reliance Standard Life Insurance Company (see below). You may select 50% or 60% replacement of salary. Salary replacement begins after a waiting period of 90 days of disability. Your premium is based on age and salary. You pay the full premium for this optional coverage. You are guaranteed coverage if you enroll when you are first employed. As a classified employee, you may decide to enroll during your first year of employment, before you qualify for disability coverage with VSDP.

## Reliance Standard Life Insurance Company

Telephone: (800)351-7500

[www.reliancestandard.com](http://www.reliancestandard.com)

## Virginia Military Institute Group Policy Number

**120456**

# Additional Benefits



## Employee Wellness Benefits

The VMI Employee Wellness Program educates, supports, and empowers employees to improve and maintain their overall health and well-being through healthy lifestyle choices and participation in free fitness programs.

Our studio offers free fitness classes to all employees and their spouses at lunch times and after work hours. Class offerings include Zumba, Total Body Training, Tai Chi, Yoga and Self-defense.

VMI has a Weight Watchers Group that meets once a week on post. For more details, please call the Human Resources office. Discounts are available for dependents and dues reimbursement is available to employees who participate.



Annual Leave		
Years of Service	Hours Earned per Pay Period	Maximum carryover at end of year
Up to 5	4 hours	192 hours
5 years	5 hours	240 hours
10 years	6 hours	288 hours
15 years	7 hours	336 hours
20 years	8 hours	384 hours
25 years	9 hours	432 hours

# Leave

## Annual Leave

Full-time classified employees earn paid annual leave each pay period which can be taken for any purpose. The rate at which annual leave is earned depends on the employee's length of service with the Commonwealth. Employees may accumulate annual leave, but only a limited amount may be carried over from year to year, based on years of service.

Sick Leave (New Employees)	
Date of Employment	Number of Hours
1 January — 30 June	64 (8 work days)
1 July—31 December	40 (5 work days)

## Sick Leave & Family/Personal Leave

New Employees hired on or after 1 January will receive an annual amount of Sick Leave and Family/Personal leave based on their first date of employment. This leave cannot be carried over from year to year.

On 10 January of each year, after your first year of employment, you will receive an amount of Sick Leave and Family/Personal leave based on your months of state service.

You will be covered for non-work related disabilities after one year of continuous full-time employment under the Virginia Sickness and Disability Program.

Family/Personal Leave (New Employees)	
Date of Employment	Number of Hours
1 January — 30 June	32 (4 work days)
1 July—31 December	16 (2 work days)

## Holiday Schedule

Due to the academic calendar, VMI observes an alternate holiday schedule. VMI observes the following holidays:

- New Year's Day
- Memorial Day
- Juneteenth
- 4th of July
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day

Sick Leave Accrual on January 10 (No Carryover)	
Months of State Service	Number of Hours
Fewer than 60	64 (8 work days)
60—119	72 (9 work days)
120 or more	80 (10 work days)

Family/Personal Leave Accrual on January 10 (No Carryover)	
Months of State Service	Number of Hours
Fewer than 120	32 (4 work days)
120 or more	40 (5 work days)

Six paid holidays are observed during the Christmas/New Year's holiday break. In addition, other workdays may be designated as holidays by the Governor or by the President

**Be sure to request leave in advance!**

# Training

All new VMI employees must complete online, mandatory training within the **first 30 days of hire**. All mandatory training is available on the VMI Human Resources Website.

## Civility in the Workplace

The goal of this training is to foster a culture that demonstrates the principles of civility, diversity, inclusion, and equity. All employees should be trained to recognize, prevent, and report behaviors that constitute harassment, sexual harassment, bullying, cyber-bullying, and threats or violence related to the workplace.

## Alcohol and Other Drugs

This training is edited and monitored by the VMI Institute Alcohol and Other Drug Committee (IAOD) in order to stress the importance of your knowledge of alcohol and drug related policies at VMI.

In this training, employees learn about:

- Specific alcohol and other drug (AOD) policies and standards of conduct
- Links to specific sanctions for violating federal, state, or local law and campus policy
- Information regarding the health risks associated with AOD use
- Campus and area resources for treatment and support

## Working Together for Virginia

- This overview of Diversity, Equitable Opportunity, and Inclusion was developed to comply with

**Contact the HR Office with suggestions for training topics, inclusion in a focus or pilot group, department specific training, or if you'd like to present a topic yourself**

