



## Benefits Overview

### University of Vermont Medical Center – Residents & Fellows

#### ✓ Who's Eligible?

- **Employees:** All Resident Physicians and Fellows
  - **Dependents:** Legal spouse and children up to age 26
  - **Start Date:** Benefits begin on your date of hire
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#### Health Insurance Options

##### Medical Insurance (via Cigna)

- Choose from 3 plans:
  - **1 PPO (Preferred Provider Organizations)** – Lower deductibles, higher premiums, more flexibility.
  - **2 HDHPs (High Deductible Health Plans)** – Lower premiums, higher deductibles, HSA-eligible.
- Preventive care (like annual checkups) is covered at 100% with in-network providers.
- All plans include prescription drug coverage through Navitus.

##### Dental Insurance (via Delta Dental)

- Choose from 3 plans, all covering:
  - 100% of preventive care (cleanings, exams)
  - Orthodontic care for children

##### Vision Insurance (via VSP - Vision Service Plan)

- Choose from 2 plans to help cover:
  - Glasses, contact lenses and eye exams
  - Coverage extends to spouses and dependent children

## Spending & Savings Accounts

### Flexible Spending Accounts (FSAs) – via HSA Bank

- Use pre-tax dollars to pay for eligible expenses.
- Options include:
  - **Health Care FSA** – General Purpose
  - **Health Care FSA** – Limited Purpose (for dental/vision only, if you have an HSA)
  - **Dependent Care FSA** (for child or elder care)

### Health Savings Account (HSA) – via HSA Bank

- Available if you enroll in a High Deductible Health Plan.
  - You can contribute pre-tax dollars, and the employer also contributes.
  - Funds roll over year to year and can be used for qualified medical expenses.
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## Life & Disability Insurance

- **Basic Life Insurance:** Free coverage equal to 2x your annual salary.
  - **Optional Life Insurance:** Buy extra coverage for yourself, spouse, or children.
  - **Short-Term & Long-Term Disability:** Provided at no cost; protects your income if you're unable to work.
  - **Maternity Leave:** Covered under short-term disability.
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## Additional Voluntary Benefits

- **Supplemental Medical Insurance (via Voya):** Helps cover costs from accidents, illness, or hospital stays
- **Identity Protection (via Allstate):** Credit monitoring + identity theft recovery
- **Pet Insurance (via Nationwide):** Reimbursement for vet bills, including accidents and illnesses
- **403(b) Retirement Plan:**
  - Available to all employees
  - Contribute pre-tax or Roth (after-tax)
  - Employer matching contribution available after meeting eligibility

## **Employee Wellbeing & Mental Health**

- Wellness Program: Free health coaching, events, and programs for physical, mental, and financial wellbeing
  - Headspace App: Free access to meditation and mindfulness tools for you + 5 guests
  - Mental Health Support:
    - Lyra: Confidential therapy and mental health services for employees and household family members
    - EFAP (Employee & Family Assistance Program): Free, confidential counseling (virtual, phone, or in-person)
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## **Paid Time Off (PTO)**

- Twenty (20) workdays of vacation time per academic year.
  - Five (5) sick or personal days per academic year.
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## **Tuition Assistance & Education Funds**

- After 1 Year of Employment: Eligible Full-Time employees are provided \$3,200 annually for education reimbursement, prorated for eligible Part-Time.
  - Annual education fund of \$1,800 for use on textbooks, journals, exam review materials and more.
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If you have additional questions about the Benefits offered, please contact the HR Solution Center by calling (844) 777-0886 or emailing [HRSolutionCenter@uvmhealth.org](mailto:HRSolutionCenter@uvmhealth.org)

## Medical Plan Comparison

	Preferred Provider Organization			High Deductible Health Plan					
	400 Plan			1700 Plan			3400 Plan		
	Tier 1/Domestic	In network	Out of network	Tier 1/Domestic	In network	Out of network	Tier 1/Domestic	In network	Out of network
General Medical									
Coinsurance	5%	10%	30%	10%	20%	30%	10%	20%	0%
Deductible	\$400/\$1,200		\$800/\$2,400	\$1,700/\$3,400		\$3,400/\$6,800	\$3,400/\$6,800		\$6,800/\$13,600
Out-of-Pocket Maximum	\$1,700/\$5,100		\$2,300/\$6,900	\$5,000/\$10,000			\$6,000/\$12,000		\$6,800/\$13,600
Preventive Care	No charge		30% after deductible	No charge		30% after deductible	No charge		0% after deductible
Primary Care	No charge	\$10		10% after deductible	20% after deductible		10% after deductible	20% after deductible	
Specialist	\$25								
HSA	Not eligible			HSA with \$567/\$1,134 UVM Health contribution			HSA with \$1,134/\$2,267 UVMH contribution		
Chiropractic Care (up to 20 visits)	\$25		30% after deductible	10% after deductible	20% after deductible	30% after deductible	10% after deductible	20% after deductible	0% after deductible
Acupuncture (up to 12 visits)									
Maternity Office Visit: Initial visit to confirm pregnancy	\$10 copay visit								
Outpatient Care									
Outpatient Behavioral Health Services or Substance Use Disorder Services	No charge	\$10	30% after deductible	10% after deductible	20% after deductible	30% after deductible	10% after deductible	20% after deductible	0% after deductible
Outpatient Therapy (Physical, Occupational, Speech)		\$25							
Outpatient Lab & X-rays									
Imaging (CT, MRI, PET Scans)	5% after deductible	10% after deductible	30% after deductible	10% after deductible	20% after deductible	30% after deductible	10% after deductible	20% after deductible	0% after deductible
Outpatient Surgery and Surgery Physician or Surgeon Fees									
Emergency Services									
Emergency Room (waived if admitted)	\$50 copay		10% after deductible						0% after deductible
Ambulance (Must meet emergency criteria)	No charge								
Urgent Care	\$25								
Inpatient									
Hospital Stay (Includes Maternity Delivery & Newborn Services, Labs, Scans and X-rays)	5% after deductible	10% after deductible	30% after deductible	10% after deductible	20% after deductible	30% after deductible	10% after deductible	20% after deductible	0% after deductible
Inpatient Services (Behavioral Health Substance Use Disorder)									

## Delta Dental Coverage Level Comparison

Benefit	Description	Basic	Core	Buy-Up
<b>Waiting Period</b>	There is no waiting period for services, benefits are available on the first day of coverage.			
<b>Network</b>	Two Networks <b>PPO:</b> Dentists who have agreed to accept reduced fees for covered services, which reduces your out-of-pocket expenses. <b>Premier:</b> Dentists under a fee-for-service arrangement, providing the largest network of dentists.	Delta Dental PPO Plus Premier		
<b>Deductible</b>	Applies to Coverage B & C noted below.	\$50 per person/\$150 per family	\$25 per person/\$75 per family	\$15 per person/\$45 per family
<b>Diagnostic &amp; Preventive Care (Coverage A)</b>	<b>Diagnostic:</b> Oral Evaluations and x-rays <b>Preventive:</b> Up to 4 cleanings per calendar year, fluoride for children up to age 19, Emergency Palliative Treatment	100%	100%	100%
<b>Basic (Coverage B)</b>	Fillings, routine extractions, root canal, treatment of gum disease, denture repair	80%	80%	80%
<b>Major (Coverage C)</b>	Crowns, dentures, implants, surgical extractions, removable and fixed partial dentures (bridge)	50%	50%	60%
<b>Annual Benefit Maximum (Per Person Enrolled)</b>	Calendar year maximum Delta Dental will pay towards coverage A, B, C per person covered under the plan.	\$1,000	\$1,500	\$1,500
<b>Double-Up Max Benefit</b>	During a calendar year, if you have less than \$500 in claims and receive an oral exam/cleaning, then \$250 will carry over and be available for use in future years.	N/A	Up to \$3,000	Up to \$3,000
<b>Orthodontia Coverage</b>	<b>Basic Plan:</b> Children to age 19 <b>Core &amp; Buy-Up Plans:</b> Adults & Children	50%	50%	65%
<b>Lifetime Maximum for Orthodontics</b>	Per person, see covered persons for each plan above	\$1,000	\$1,500	\$2,500

## VSP Coverage Level Comparison

Benefit	Core Plan You Pay	Buy-Up Plan You Pay
Exam	\$20 copay	\$10 copay
Frames	\$130 allowance \$150 allowance for featured frame brands 20% discount on any amount over allowance	\$175 allowance \$195 allowance for featured frame brands 20% discount on any amount over allowance \$95 Costco allowance
Lenses	Single Vision, Lined Bifocal, and Lined Trifocal Polycarbonate lenses for dependent children	Single Vision, Lined Bifocal, and Lined Trifocal Polycarbonate lenses for dependent children
Contacts Instead of Frames/Lenses	\$130 allowance for contacts and contact lens exam	\$175 allowance for contacts and contact lens exam
<b>Benefit Frequency</b>		
Exams	Every Calendar Year	Every Calendar Year
Lenses	Every Other Calendar Year	Every Calendar Year
Frames	Every Other Calendar Year	Every Calendar Year
Contacts	Every Calendar Year	Every Calendar Year
Progressive Lenses	\$0-\$160	\$0-\$160
Discounts on scratch resistance, anti-glare, and tinted lenses	35%-40%	35%-40%