



Human
Resources



2026 **Benefits Guide** For University of Richmond Employees

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Visit hr.richmond.edu/benefits for more information.

If you (and/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. Please see page 41 for more details.

This Benefit Guide gives you a summary of your benefit offerings for the new year. It's sourced from summary plan descriptions and benefit details, but keep in mind that there might be some differences. If there's any confusion, the actual plan documents are the final word.





Welcome

Welcome!

Colleagues

At the University, we recognize the vital role our employees play in our success, and we are committed to supporting your well-being through a comprehensive and competitive benefits package.


This guide is designed to help you make informed decisions about the benefits available to you. We encourage you to review the options carefully, discuss them with your household members, and choose the plans that best align with your personal goals and priorities.

Your health, happiness, and success matter to us. We're here to support you—today and into the future.

Sincerely,

Laura Dietrick
Director of Benefits and Employee Well-Being
University of Richmond

How to Use This Guide

When you see a...	You can...
QR Code	Easily click on or scan the QR code to access additional resources.
Term you're unfamiliar with or the light bulb 	Head to the glossary on page 38 to gain a deeper understanding of important terms and phrases related to your benefits. The light bulb icon signifies key terms or phrases that are crucial for you to know to make more informed decisions about your benefits.

Benefit Highlights & Resources

Check out the important highlights for the 2026 plan year

<p>Medical & Pharmacy</p>	<ul style="list-style-type: none"> • The University conducted a Request for Proposal (RFP) for medical and pharmacy plans to ensure competitive pricing and sustainable coverage options. • After careful review and input from the University Benefits Committee, we have selected Anthem as our new medical and pharmacy plan provider for 2026. • While there will be an increase in medical premiums, this change helped us significantly reduce the increase we would have faced had we stayed with Cigna. • We continue to offer three medical plan options, and there are no changes to the plan designs for 2026. <p>Anthem Benefits – For additional information, please see page 15.</p> <ul style="list-style-type: none"> • Anthem's pharmacy is called CarelonRx • Dedicated Family Advocate • Download Anthem's mobile App or create a user ID on the Anthem new mobile app/create new user ID for Sydney • New Virtual provider – LiveHealth Online via the Anthem Sydney App • Watch your mail for your new Anthem ID cards
<p>Workday Enrollment for 2026</p>	<p>All benefit elections will be submitted through Workday.</p> <p>Action Required: All employees must log in to Workday to review and submit their 2026 benefit elections – even if no changes are being made.</p> <p>Important: After submitting your elections, Workday may prompt you to complete additional steps based on your selections. These may be:</p> <ul style="list-style-type: none"> • Verifying a dependent(s) • Completing the annual spousal attestation • Completing the annual Health Savings Account (HSA) attestation • Completing the annual waiver attestation • Submitting Evidence of Insurability (EOI) if you elect more than the Guaranteed Issue (GI) amount for voluntary life insurance <p>All steps must be completed by the deadline: Friday, November 7, 2025 for Open Enrollment and within 30 days of hire date or qualified life event. If you do not complete all required tasks in Workday, you may not receive the coverage you intend to elect.</p>
<p>Health Savings Account (HSA)</p>	<p>Employees enrolled in the Base HDHP are now eligible for the additional University contribution if their salary is \$50,000 or less (previously \$40,000). For additional information, including employer contributions, please see page 23.</p>
<p>Dependent Care FSA (Flexible Spending Account)</p>	<ul style="list-style-type: none"> • New! Annual maximum will increase from \$5,000 to \$7,500 for 2026. • You can enroll in a Dependent Care FSA even if you are not enrolled in one of the medical plans. <p>Please see page 26 of the guide for more information.</p>

Medical FSA (Flexible Spending Account)	If an employee switches to a Health Savings Account (HSA) plan for 2026, the University will not carry over any unused Medical FSA funds from 2025 . IRS rules do not allow individuals enrolled in the HSA plan to also participate in a Medical FSA.
Dental	Dental coverage will remain with our current carrier, Delta Dental. <ul style="list-style-type: none"> • Please note the new premiums on page 24. • There will be a few plan design changes for 2026 indicated in red on page 24.
Voluntary Life Insurance	Open Enrollment (for 2026 only – not available every year): If you haven't previously enrolled in voluntary life insurance or if you wish to increase your coverage, you may elect up to the Guaranteed Issue (GI) amount without a medical questionnaire (Evidence of Insurability). New Hires: You have 30 days from your hire date to enroll in voluntary life insurance coverage up to the Guaranteed Issue (GI) amount without submitting a medical questionnaire (Evidence of Insurability).
Bi-Weekly Employees	There will be 27 pay periods in 2026 instead of the usual 26. All annual premiums will be evenly divided across the 26 paychecks. There will be no benefit premiums deducted from the last bi-weekly paycheck on 12/31/2026.

Have Questions?

If you have any questions about the employee benefits described herein or would like more information, please refer to your plan documents and insurance booklets hr.richmond.edu/benefits.

Workday

workday.richmond.edu/get-help/#hr

Anthem Member Hotline

- 844-614-3102

Download the Anthem Sydney app

- In the App Store for both Apple and Android phones



Anthem.com

You can register to use Anthem's site and create an account.

www.anthem.com/register

Delta Dental Customer Hotline

- 800-237-6060

URHR

- URHR@richmond.edu
- 804-289-8747

Benefits Video

Our benefits video provides an overview of the benefits we offer and includes plan details, enrollment instructions and more!

Watch our benefits video on our website.

<https://www.brainshark.com/1/player/mmanational?custom=2026uofrbenefitspresentation>



Click or scan the code to watch our benefits video!

Eligibility & Enrollment

Who is Eligible

If you are a regular full-time employee, regularly scheduled to work 1511 or more hours per calendar year, you are eligible to enroll in the benefits described in this guide. Eligible dependents may enroll in some coverages.

Eligible dependents include:

- Legally married spouse
- Natural or adopted children*
- Children under your legal guardianship*
- Stepchildren*
- Children under a qualified medical child support order*
- Disabled children 19 years or older*
- Children placed in your physical custody for adoption*
- Foster children*

*See specific plan document for age details.

Ineligible Dependents:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Required Documents

Adding a Dependent

If you are adding a dependent not previously verified during Benefits Open Enrollment, documentation proving eligibility is required. Your enrollment in insurance plans will not be processed without the necessary documentation.

Please note:

- International documents must include an official English translation. Documents without translations will not be accepted.
- All documentation for Open Enrollment must be submitted no later than Friday, November 7, 2025.
- For New Hires or those experiencing a qualified life event, documentation must be submitted within 30 days of the event.

Refer below for a list of acceptable documentation for dependent verification.

Relationship	Eligibility Requirement	Documentation to Submit
Legal Spouse	Legal spouse of the Employee	The following document: <ul style="list-style-type: none"> Employee's previous two years of filed federal income tax return Form 1040 – the first page only (social security numbers and financial information should be blacked out).
Children UNDER age 26	<ul style="list-style-type: none"> Biological child(ren); Stepchild(ren); Legally adopted child(ren) or child(ren) placed in your home for final adoption; Foster child(ren); Child(ren) under legal guardianship; Child(ren) covered under a Qualified Medical Child Support Order. 	ONE of the following documents: <ul style="list-style-type: none"> Birth certificate listing parents or adoption paperwork; issued by a State or County; or Employee's previous two years of filed federal income tax return Form 1040 – the first page only listing the dependent children (social security numbers and financial information should be blacked out); or Qualified Medical Child Support Order (QMCSO) which requires child support for benefit coverage; or Court paperwork for legal guardianship.
Disabled Children OVER age 26	An unmarried child who became disabled before reaching age 26 and is incapable of self-sustaining employment by reason of mental or physical handicap.	BOTH of the following documents: <ul style="list-style-type: none"> The required documentation for a child UNDER age 26 listed above; AND Any documentation verifying a permanent disability that began before the child attained age 26.

Qualified Life Event Changes:

Qualifying Life Events allow you to make mid-year changes to your benefits outside of the annual open enrollment period within 30 days of the event. See page 12 for more information.

Spousal Surcharge

Annually, if you are covering a spouse, you will be asked to complete the Annual Spousal Surcharge Affirmation in Workday.

Open Enrollment Information

When do I enroll?

The annual open enrollment period is **October 27, 2025 through November 7, 2025**. The deadline for submitting your elections and completing any required tasks is **Friday, November 7, 2025**.

The benefits you elect during open enrollment will be effective from January 1, 2026 through December 31, 2026.

OPEN ENROLLMENT EVENTS

Details about all Open Enrollment events can be found on our website at hr.richmond.edu/benefits/open-enrollment.

Information Sessions

Please join us for an Open Enrollment Information Session. We will provide a brief overview of your 2026 University benefits. We will hold one in-person session and one virtual session.

- **In Person:** Thursday, October 16, 9–10:30 a.m. in Weinstein Hall, Brown-Alley Room
- **Virtual:** Friday, October 17, 9:30–11:00 a.m., Zoom link: urichmond.zoom.us/j/87954123400 Passcode: 848821

Open Enrollment Benefits Fairs

Meet with HR and your benefits carriers to ask questions and find out more about your benefits. You can even get your flu shot, too! See the Open Enrollment website for important details: hr.richmond.edu/benefits/open-enrollment.

- Tuesday, October 28, 9 a.m.–4 p.m., Tyler Haynes Commons, Alice Haynes Room
- Wednesday, November 5, 9 a.m.–4 p.m., Heilman Dining Center, Richmond Room
- Friday, November 7, 9 a.m.–4 p.m., Well-being Center

Open Enrollment Labs

HR will provide Workday enrollment assistance. We encourage you to bring your own laptop or cell phone. Loaner computers will be available onsite, but using your own computer may help reduce wait times at both the Benefit Fairs and Lab sessions.

- Wednesday, **October 29**, 2:30–3:30 p.m., Heilman Dining Center, Lower-Level conference room
- Thursday, **November 6**, Noon–2:00 p.m., Weinstein Hall, Room 221
- Thursday, **November 6**, 2:30–3:30 p.m., Heilman Dining Center, Lower-Level conference room

How do I enroll?

Workday

Visit workday.richmond.edu/get-help/#hr to review the job aid for open enrollment.

New Hire Information

When do I enroll?

As a newly eligible employee, you must enroll within **30 days** of your hire date. Remember, this is your only opportunity to make elections until Benefits Open Enrollment, unless you or your family members experience an eligible "change in status" or a qualifying life event (QLE).

The benefits you select will be effective through December 31, 2026.

Beginning of Benefits

	Medical Plan Dental Plan Voluntary Vision Plan	Life/AD&D Insurance LTD Plan EAP STD Plan	Voluntary Life Insurance Program Flex Plan (HSAs and FSAs) Legal Resources	Voluntary Accident Insurance Voluntary Hospital Insurance
Newly hired employees	First day of the month following Hire Date unless Hire Date is the first day of the month, then benefits will begin on that date.			
Employees who switch from part-time to full-time	First day of the month following date you submit your election as long as the election is within 30 days of the status change.			
Current Employees after Open Enrollment (usually late fall)	January 1 of the following year	N/A	January 1 of the following year	January 1 of the following year

How do I enroll?

Workday

Visit workday.richmond.edu/get-help/#hr to review the job aid for new hires.

NOTE: Benefits begin on the first day of the month following enrollment (not event) as long as you enroll within 30 days of the event with the exception of birth and adoption. Birth and adoption are effective on the date of the event.

Mid-Year Qualifying Life Event Changes

Am I able to change my benefits mid-year if my family experiences a change?

Outside of the annual open enrollment period, employees may make changes to their benefits only if they experience a qualifying life event (QLE). Qualifying life events include, but are not limited to, marriage or divorce, birth or adoption of a child, loss or gain of other coverage, or a change in employment status.

If I experience a QLE, how do I make a change to my benefits?

Benefit changes must be submitted in Workday within 30 days of the qualifying event. If you experience a Qualifying Life Event change, log into Workday workday.richmond.edu. Documentation will be required to process changes. See below for examples. Elections made outside this timeframe cannot be accepted until the next open enrollment period.

When will my coverage be effective?

Benefits begin on the first day of the month following enrollment (not event) as long as you enroll within 30 days of the event with the exception of birth and adoption. Birth and adoption are effective on the date of the event.

Required Documentation

Qualifying Life Event	Description	Acceptable Documentation
Marriage	Legal marriage affecting eligibility or coverage	Marriage certificate joint tax return
Divorce	Legal dissolution affecting benefits	Divorce decree
Birth / Adoption / Placement for Adoption / Foster Placement	Adding a dependent	Birth certificate adoption paperwork hospital record foster care placement paperwork or court order
Death of Dependent/Spouse	Loss of coverage eligibility	Death certificate or obituary
Loss of Other Coverage	Loss of health insurance (medical, dental and/or vision) outside University's plan	Letter from previous insurer COBRA notice termination statement
Gain of Other Coverage	Coverage gained through spouse/parent/employer plan	Proof of coverage letter benefits statement – must include effective date of new coverage plans enrolled in and covered individuals
Change in Employment Status	Full-time ↔ part-time, leave of absence	HR/payroll verification letter employment contract amendment
Change in Residence / Relocation	Moving to a new area which affects eligibility	Utility bill, lease agreement government-issued address change
Dependent Eligibility Change	Child ages out, disability status changes	Medical documentation government ID
Court Order / Qualified Medical Child Support Orders (QMCSO)	Requirement to add/remove dependent	Court order or legal documentation

Quick Checklist

PREPARE	
<input type="checkbox"/>	Log into Workday. If you are unsure of your University netID and password, contact the Help Desk at 804-287-6400 or helpdesk@richmond.edu to ensure you can log in.
<input type="checkbox"/>	Review the Open Enrollment, New Hire, or Change Benefit job aid found at workday.richmond.edu/get-help/#hr .
<input type="checkbox"/>	Visit hr.richmond.edu/benefits to learn more about your benefit options.
<input type="checkbox"/>	Important documents and notices regarding the University of Richmond Employee Welfare Benefits Plan (the "Plan") are available in the guide and at hr.richmond.edu/benefits . The documents and notices provide information about your enrollment opportunities, benefits coverage, rights, and obligations under the Plan. Because the documents are in PDF format, you may need to download Adobe Reader to read the documents. You have the right to request a paper copy of the documents, free of charge, by contacting urhr@richmond.edu .
DECIDE	
<input type="checkbox"/>	Review the three Anthem Medical plans and the Health Saving Account, which is available if you choose a High-Deductible Health Plan (HDHP).
<input type="checkbox"/>	Visit PLANselect to utilize our plan decision support tool https://flimpdecisions.net/welcome/68decb55754b2 .
<input type="checkbox"/>	If you are on the Base or Value High-Deductible plan, consider contributing to a HSA.
<input type="checkbox"/>	Review your Delta Dental and Anthem Blue View Vision coverage options.
<input type="checkbox"/>	Evaluate your Voluntary Life needs. Open Enrollment: If you haven't enrolled previously in voluntary life insurance or you want to increase your coverage, you can enroll up to the Guaranteed Issue amount for 2026 without Evidence of Insurability (EOI) or a medical questionnaire. New Hires: You have 30 days to enroll up to the Guaranteed Issue amount without a medical questionnaire.
<input type="checkbox"/>	Consider supplemental Cigna Accident and/or Hospital Insurance coverage.
<input type="checkbox"/>	If you are enrolled in the Choice Open Access plan, consider contributing to the Health Care Flexible Spending Account.
<input type="checkbox"/>	If you have childcare expenses, consider enrolling in the Dependent Care Flexible Spending Account. The amount you can contribute has increased to \$7,500 for 2026.
<input type="checkbox"/>	Consider enrolling in the Legal Services Plan through Legal Resources. More information can be found on page 32.
ACT	
<input type="checkbox"/>	Enroll in/confirm your benefits in Workday. Log in with your University netID and password.
<input type="checkbox"/>	After submitting your elections, Workday may prompt you to complete additional steps based on your selections. These may include <ul style="list-style-type: none"> • Verifying a dependent(s) • Completing the annual spousal attestation • Completing the annual Health Savings Account (HSA) attestation • Completing the annual waiver attestation • Submitting Evidence of Insurability (EOI) if you elect more than the Guaranteed Issue (GI) amount for voluntary life insurance. <p>If you do not complete all required tasks in Workday by the deadline, you may not receive the coverage you intend to elect.</p>



Core Benefits

Medical Plans



Below outlines your plan options through Anthem HealthKeepers. Networks frequently change, so it is always a good idea to confirm your provider's participation is in-network to avoid additional costs. See page 19 for instructions on finding a provider. Please refer to your plan document for specific details.

Anthem HealthKeepers	Base High-Deductible	Value High-Deductible	Choice Open Access
Services	In-Network	In-Network	In-Network
Deductible	Embedded*	Non-Embedded**	Embedded*
Individual / Family	\$4,000 / \$8,000	\$2,500 / \$4,500	\$1,000 / \$2,000
Coinsurance			
Plan Pays / You Pay	80% / 20%	80% / 20%	70% / 30%
Out-of-Pocket Max			
Individual / Family	\$6,000 / \$12,000	\$5,000 / \$10,000	\$4,000 / \$8,000
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care	20% after deductible	20% after deductible	\$30 Copay
Specialist Visit	20% after deductible	20% after deductible	\$60 Copay
Anthem Telemedicine	20% after deductible; \$55 average cost per visit	20% after deductible; \$55 average cost per visit	\$25 Copay
Urgent Care	20% after deductible	20% after deductible	\$60 Copay
Emergency Room	20% after deductible	20% after deductible	30% after deductible
Inpatient Hospital	20% after deductible	20% after deductible	30% after deductible
Outpatient Facility	20% after deductible	20% after deductible	30% after deductible
Services	Out-of-Network	Out-of-Network	Out-of-Network
Deductible	Embedded	Non - Embedded	Embedded
Individual / Family	\$5,000 / \$10,000	\$4,000 / \$8,000	\$2,000 / \$4,000
Coinsurance			
Plan Pays / You Pay	60% / 40%	60% / 40%	50% / 50%
Out-of-Pocket Max			
Individual / Family	\$10,000 / \$20,000	\$8,000 / \$16,000	\$6,500 / \$13,000

*Embedded Deductible – In an embedded deductible plan, after each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan.

**Non-Embedded Deductible – In a non-embedded deductible plan, all family members contribute towards the family plan deductible. Once the family deductible has been met in full, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.

Plan Summaries

Summaries of the Base High Deductible plan, Value High Deductible plan, and Choice Open Access plan are available on our website at hr.richmond.edu/benefits/open-enrollment.

Pharmacy Information



Enrolling in medical coverage provides prescription drug coverage through Anthem CarelonRx. Below highlights information about the prescription drug plan offered.

Formulary: https://fm.formularynavigator.com/FBO/143/VA_National_Direct_PREFERRED_3_Tier_BVA.pdf

Searchable Drug Lists: <https://client.formularynavigator.com/Search.aspx?siteCode=2314101492>

Anthem HealthKeepers	Base High-Deductible		Value High-Deductible		Choice Open Access	
Rx Deductible	Combined with medical		Combined with medical		\$200 Individual \$400 Family (excludes Tier 1 drugs)	
Rx Out-of-Pocket Max	Combined with medical		Combined with medical		\$3,100 Individual \$6,200 Family	
	30-Day Retail	90-Day Retail	30-Day Retail	90-Day Retail	30-Day Retail	90-Day Retail
	After plan deductible		After plan deductible		After Rx deductible	
Tier 1 Generic	\$15	\$30	\$15	\$30	\$15	\$30
Tier 2 Preferred Brand	\$50	\$100	\$50	\$100	\$50	\$100
Tier 3 Non-Formulary Brand	20%, after deductible (\$80 min & \$400 max)	20%, after deductible (\$160 min & \$800 max)	20%, after deductible (\$80 min & \$400 max)	20%, after deductible (\$160 min & \$800 max)	20%, after deductible (\$80 min & \$400 max)	20%, after deductible (\$160 min & \$800 max)

Your Prescription Drug Benefits – Anthem CarelonRx

Prescription Drug Benefits offered through Anthem CarelonRx encourages the use of formulary medications. You can access your plan's Rx formulary by logging in to the Anthem website www.anthem.com or using the Sydney mobile app. Use the Price of Medication tool to see the medications your plan covers and specific coverage requirements. If your medication is not listed, ask your doctor about an equivalent medication that is listed on the formulary. Connect with your Family Advocate (see page 20) if you have questions.

Certain preventive medications are available at no cost to you. The list of preventive medications includes both prescription and over-the-counter (OTC) medications. For the plan to cover these medications, you will need a prescription from your doctor, even for the OTC products that are typically available without a prescription. Medications include aspirin, contraceptives, smoking cessation products, and vaccines among others. Log onto the Anthem Sydney app or Anthem site to see the full list.

Cost Relief

Certain specialty medications are eligible for the Anthem CarelonRx Cost Relief program. There's no cost to participate! If you choose to participate, you'll pay \$0 for your medication. Cost Relief is available on all medical/pharmacy plans offered by the University.

Conditions supported by Cost Relief include, but are not limited to:

- Hepatitis C
- Multiple Sclerosis
- Psoriasis
- Inflammatory Bowel Disease
- Rheumatoid Arthritis
- Oncology

Pharmacy Home Delivery

Have your medication delivered to your home or other location with CarelonRx (Anthem's pharmacy). You can manage your prescriptions on the Sydney app or www.anthem.com.

You'll be able to track your order, set up reminders, and get auto-refills. Shipping is always free with CarelonRx. Your medication will be delivered via discreet packaging that is tamperproof, waterproof, and temperature controlled, as needed.

Many medications will cost less when you fill a 90-day supply.

Retail Pharmacy Discount Programs

Pharmacies offer generic medication programs for 30 and 90-day supplies for less than \$10. Several popular maintenance medications are offered through these generic programs. To take advantage of these programs, take your prescription to one of the participating pharmacies and present it to the pharmacist. You will not need to show your Provider ID card. It's that easy to start saving money!

EnsureRx Pharmacy Discount Program

Maximize your prescription savings with your Anthem/CarelonRx coverage. CarelonRx has programs in place that automatically compare discount cards and coupons to ensure that you are receiving the lowest available cost on your medications. These discounts will be available to you when you check out at the pharmacy.

You can log onto www.anthem.com or use the Sydney mobile app to compare drug costs, locate the best in-network prices for your medications, and find discounts on drugs. You can also set up home delivery for your maintenance medications.

Your Cost

Your payroll deductions are shown below.

Base High-Deductible Plan

Coverage Tier	Employee Monthly Cost	Employee Per Pay Cost (26 Pays)
Employee Only	\$45.07	\$20.80
Employee/Child	\$153.15	\$70.68
Employee/Spouse	\$224.14	\$103.45
Employee/Spouse w/surcharge*	\$324.14	\$149.60
Employee/Children	\$227.85	\$105.16
Employee/Family	\$395.45	\$182.52
Employee/Family w/surcharge*	\$495.45	\$228.67

Value High-Deductible Plan

Coverage Tier	Employee Monthly Cost	Employee Per Pay Cost (26 Pays)
Employee Only	\$114.74	\$52.96
Employee/Child	\$215.32	\$99.38
Employee/Spouse	\$330.78	\$152.67
Employee/Spouse w/surcharge*	\$430.78	\$198.82
Employee/Children	\$362.91	\$167.50
Employee/Family	\$608.20	\$280.71
Employee/Family w/surcharge*	\$708.20	\$326.86

Choice Open Access

Coverage Tier	Employee Monthly Cost	Employee Per Pay Cost (26 Pays)
Employee Only	\$123.02	\$56.78
Employee/Child	\$269.83	\$124.54
Employee/Spouse	\$445.73	\$205.72
Employee/Spouse w/surcharge*	\$545.73	\$251.88
Employee/Children	\$466.95	\$215.52
Employee/Family	\$702.04	\$324.02
Employee/Family w/surcharge*	\$802.04	\$370.17

NOTE:

Waiver: An employee may choose to waive their enrollment in the University's health insurance plans if they have coverage elsewhere and receive five vacation days (staff only) or a \$500 taxable cash benefit. These amounts are annual benefits, which will be pro-rated over the year. Maximum vacation accrual limits apply. Employees must indicate waiver in Workday and complete the attestation that they have medical coverage elsewhere during initial enrollment and annually during Open Enrollment.

***Spousal Surcharge:** UR charges a \$100 per month surcharge to employees who elect to cover spouses who are eligible for group medical coverage through their own employers, or for spouses who are retired and have access to a health plan through their previous employers or retirement plans. More information about the spousal surcharge is available here: hr.richmond.edu/benefits/insurance/medical-plans/spousal-surcharge.html.

Missed Paycheck: If you do not receive a paycheck and premiums should have been deducted, your premiums will go into arrears and be deducted from your paycheck once you return.

Anthem Resources

Anthem is a trusted and reputable healthcare provider, committed to delivering exceptional medical services and prioritizing the well-being of its members. With your medical plan, you gain access to a wide range of valuable resources, ensuring comprehensive care for you and your family.

Anthem Network – HealthKeepers

The University's Anthem network is HealthKeepers. Anthem HealthKeepers is a robust network within the state of Virginia. If you are traveling in another state, you are covered by Anthem's national network.

Find Care Tool

The Find Care tool brings together details about doctors, dentists, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours.

You can start using Find Care by downloading the Sydney Health app to your mobile device or logging in to www.anthem.com/find-care. You can log in or search using your Member ID. Enter the code "Z4U" to identify the University's plans, and from there you can search via zip code, provider name, procedure, or provider type.

Anthem Sydney App

The Sydney Health app by Anthem is a powerful tool that puts your health insurance information right at your fingertips.

With this free app, you can easily:

- Manage your benefits
- Access virtual care visits
- View digital ID cards
- Track claims
- Find in-network care providers
- Estimate cost of care



With the Sydney Health app, managing your health and wellness has never been easier. Download it today and take control of your healthcare journey.

You can scan the QR code to download the Sydney Health™ app today.

Anthem Family Advocate

Anthem Family Advocates are dedicated professionals who are available to assist you in navigating the healthcare system. With their expertise, they aim to simplify your healthcare experience and provide valuable support.

Each member is assigned a Family Advocate who can help you and your covered family members with everyday health needs and more complex conditions. The Family Advocate is a dedicated contact that you can connect with when you need them most. They have access to your full picture of health with up-to-date information in a single record.

Here's how Anthem Family Advocates can help:

- Answer your medical plan and health questions
- Find a provider
- Schedule appointments
- Advocate for your health
- Work closely with health care professionals
- Navigate pre-authorizations
- Help you get the most out of your plan
- Close gaps in care
- Reduce costs

To get started with your Anthem Family Advocate, simply call the number on your Anthem ID Card. They will be ready to assist you and provide the support you need throughout your healthcare journey. You can also connect to your assigned Family Advocate via the Sydney mobile app.

Anthem Virtual Care

Virtual care is a convenient and accessible way to receive medical treatment without having to visit a doctor's office in person. With virtual care, you can consult with a healthcare professional through video calls or phone calls, allowing you to receive diagnosis, treatment, and advice for a wide range of common health issues such as cold and flu symptoms, respiratory infections, skin irritations, and urinary tract infections. It's like having a doctor's appointment from the comfort of your own home!

With 24/7 availability, you can access quality care anytime, anywhere, without the need for appointments or long wait times. Telehealth services offer a wide range of benefits, including cost savings, reduced travel time, and increased convenience. Experience the future of healthcare with Anthem's Telehealth Services and receive the care you need when you need it.

Get started with virtual care today through the Sydney Health app.

What can Anthem's Telehealth services help with?	
Preventive, Urgent Care, and Dermatology	Behavioral and Mental Health
Sore throat	Depression
Allergies	Grief/Loss
Headache	Parenting issues
Sinus and ear infections	Life changes
Skin conditions	Stress

Getting Started with Telehealth

Accessing telehealth services is easy. Log onto www.anthem.com or set up your Sydney mobile app on your phone.

See plan details for more information and specific costs.

Know Where To Go

If you need immediate medical attention, your first thought may be to go to the Emergency Room. However, if your condition is not serious or life threatening, you may have a less expensive choice. Use the chart below to identify where you should go for care!

Plan	Cost	When to Use
Primary Care	\$	Routine, Primary, Preventive Care Regular Health Screenings Non-urgent treatment Chronic disease management
Virtual Visits	\$	Cold, flu, fever, sore throat, diarrhea, rash, pink eye, sinus infections, cough, headache, stomachache or earache
Convenience Care Clinic	\$\$	Common infections (ear, pink eye, strep, bronchitis), flu shots, vaccines, rashes, screenings <i>CVS Minute Clinic</i>
Urgent Care	\$\$\$	Sprains, small cuts, strains, sore throats, minor infections, mild asthma, back pain or strain, vomiting, flu, fever, sports injuries <i>After-hours care & no appointments necessary</i>
Emergency Room	\$\$\$\$	Heavy bleeding, large open wounds, chest pain, spinal injuries, difficulty breathing, major burns, severe head injuries, seizures, unconsciousness, poisoning <i>Life threatening emergency</i>

If you believe you are experiencing a medical emergency, go to your nearest emergency room or call 911, even if your symptoms are not as described here.



[Click here to watch a video about Knowing Where To Go: flimp.live/MMA_Where_To_Go.](https://flimp.live/MMA_Where_To_Go)

Vera

Vera is a new primary care concept, serving Anthem members exclusively. Vera offers primary care and urgent care visits, along with virtual visits. You can schedule same- or next-day appointments, fill a prescription after you meet with a provider, get lab work done with the on-site lab, and more.

Vera is located in Scott's Addition, with additional locations around Richmond opening soon.

3810 West Broad Street, Suite 104
Richmond, VA 23230

Call 804-917-0037 to schedule your appointment.

Anthem Resources

Anthem's Building Healthy Families

Every family grows in its own way. That's part of what makes each one unique. Anthem's Building Healthy Families program is available at no extra cost to you and can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Building Healthy Families offers personalized, digital support through the SydneySM Health mobile app or on [anthem.com](https://www.anthem.com). This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

Where do you start?

Sign up for this program designed to help you and your baby stay healthy during your pregnancy and in the days and weeks after your baby's birth.

You'll have access to track ovulation, monitor prenatal health risks, and get updates on your baby's development during pregnancy. You can log feedings, diaper changes, and developmental milestones within the app. Explore the digital library and find articles and videos on a variety of family-building topics.

Find support

- Tell us about you and your pregnancy so we can meet your needs.
- Ask us anything – we have nurses here to support you during your whole pregnancy.
- Chat with a Family Care coach in the app for general questions.
- Get lactation support postpartum.
- Connect with your assigned Family Advocate.

Get rewarded for enrolling in the program

Anthem's Building Healthy Families is part of the University's Smart Rewards Incentive Program. When you take part and finish the program, you'll be eligible for up to \$250 in rewards if you complete all four stages of the program.

- \$50 gift card – Complete the Member Profile.
- \$50 gift card – Complete the Pregnancy Screener.
- \$50 – Complete the "Before Baby" Questionnaire at least one day before delivery.
- \$100 – Complete the "After Baby" Questionnaire within 56 days of baby's arrival.

Fertility

The journey to parenthood is not always easy. If you are struggling to conceive, WINFertility is here to help. University of Richmond families enrolled in the Anthem medical plan have benefits toward fertility treatments. WINFertility is there to support you in every step of your fertility journey.

How to contact WINFertility for details and eligibility: 877-434-7063 or managed.winfertility.com/Richmond.

Health Savings Account



Health Savings Account (HSA)

New for 2026: Employees enrolled in the Base HDHP are now eligible for the additional University contribution if their salary is **\$50,000 or less** (previously \$40,000).

If you enroll in one of the High-Deductible Health Plans, you can open a Health Savings Account (HSA) to help pay for eligible medical expenses. Money is deposited in your HSA on a pre-tax basis. You must enroll and complete the eligibility attestation in Workday to receive the employer contribution. If you are a new hire, you will receive a pro-rated lump sum employer contribution based on your benefit effective date. You may receive notifications from Health Equity requesting additional information required to establish your account. **You must enroll and attest you are eligible to participate in the HSA every year to contribute and receive the University's contribution.**

How does an HSA work?

- You can make tax-free contributions via payroll deduction
- You can use HSA funds to pay eligible out-of-pocket medical, vision, and dental expenses for yourself and your eligible dependents

University of Richmond Contributions to Employee HSAs

		Base High-Deductible Health Plan			
Base Salary	Employee only	Employee + child(ren)	Employee + spouse	Employee + family	
> \$50,000	\$1,000	\$1,500	\$1,500	\$2,000	
≤ \$50,000	\$1,500	\$2,500	\$2,500	\$3,000	
		Value High-Deductible Health Plan			
Base Salary	Employee only	Employee + child(ren)	Employee + spouse	Employee + family	
> \$50,000	\$500	\$750	\$750	\$1,000	
≤ \$50,000	\$500	\$750	\$750	\$1,000	

Maximum HSA Contributions*

2026

\$4,400

Individual Maximum

\$8,750

Family Maximum

\$1,000

Catch-Up Contribution if age 55 or older

**Includes employer contribution*

Are you eligible for an HSA?

- You cannot be covered under a non-HDHP plan (yours or your spouse's)
- You cannot be enrolled in Medicare Part A and/or Part B
- You do not receive health benefits under TRICARE
- You cannot have received medical benefits from Veteran's Administration (VA) for any non-service-connected disabilities at any time during the previous three months
- You cannot be claimed as a dependent on another person's tax return
- You are not covered by a general-purpose health care flexible spending account (FSA)

Advantages of a Health Savings Account

- You decide how much to set aside for health care costs
- You control how to spend the money
- You receive tax benefits, including maximizing your tax savings and carrying over your money tax-free each year
- Any unused money stays in your account
- The account balance rolls over from year to year
- You own the account, and the money is yours even if you change jobs
- You can grow your money by saving or investing

Qualified Medical Expenses

- The IRS maintains a list of all eligible expenses, common qualified expenses include acupuncture, ambulance services, dental treatment, contact lenses, doctor's fees and hearing aids.
- View the complete list of qualified expenses at irs.gov/publications/p502/index.html.

Voluntary Dental



Below is an overview of your available dental plans. Using an in-network provider will offer you the lowest service pricing. Visit deltadentalva.com for a list of dentists near you. Age and frequency limits may apply to some services. Please refer to your plan document for specific details and note that out-of-network providers can balance bill you the difference between what they charge and the carrier's **reasonable and customary amount**. See Delta Dental detailed benefits sheets for additional information: hr.richmond.edu/benefits.



Benefits	Base Plan	Enhanced Plan
	In-Network	In-Network
Calendar Year Deductible Individual / Family	\$75 / \$225	\$50 / \$150
Calendar Year Benefit Maximum	\$1,000	\$2,000
Preventive Services	Covered at 100% Deductible waived	Covered at 100% Deductible waived
Basic Services	20% after deductible	20% after deductible
Major Services	Not Covered	50% after deductible
Orthodontia Adults & dependent children up to age 26	Not Covered	50% after deductible
Orthodontia Lifetime Maximum	Not Applicable	\$2,000

Your Cost

2026 Dental Coverage Tier	Employee Monthly Cost	Employee Per Pay Cost (26 Pays)	Employee Monthly Cost	Employee Per Pay Cost (26 Pays)
	Base Plan		Enhanced Plan	
Employee Only	\$25.92	\$11.96	\$38.30	\$17.68
Employee & Spouse	\$46.96	\$21.67	\$69.39	\$32.03
Employee & Child*	\$46.96	\$21.67	\$69.39	\$32.03
Employee & Children*	\$80.40	\$37.11	\$118.80	\$54.83
Family	\$80.40	\$37.11	\$118.80	\$54.83

*Employee & Child is the employee plus one child. Employee & Children is the employee with more than one child.

Voluntary Vision



Below is an overview of your available vision plan. Using an in-network provider will offer you the lowest service pricing. Frequency limits may apply to some services. Please refer to your plan document for specific details and note that out-of-network providers can balance bill you the difference between what they charge and the carrier's reasonable and customary amount. See the Anthem detailed benefits at <https://sl.richmond.edu/EL>.

Visit www.anthem.com for a list of eye doctors near you.

Benefits	Blue View Vision Plan	
	In-Network*	Out-of-Network Reimbursement
Exam	\$15	Up to \$35
Frames/Lenses	\$150 allowance plus 20% off remaining balance	Up to \$45
Lenses	\$25	Single: Up to \$25, Bifocal: Up to \$40, Trifocal: Up to \$55
Contact Lens Fitting	Up to \$55	N/A
Elective Contacts	\$150 allowance	Up to \$105
Frequency of Services		
Exams	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Lenses or Contacts	Once every 12 Months	Once every 12 Months

* Using a provider that is out of the network shown above, you may experience higher costs.

Your Cost

	Employee Monthly Cost	Employee Per Pay Cost (26 Pays)
2026 Vision Coverage Tier		
Employee Only	\$4.83	\$2.23
Employee & Spouse Employee & Child	\$8.45	\$3.90
Employee & Children	\$9.66	\$4.46
Family	\$14.06	\$6.49

Flexible Spending Accounts (FSA)

FSAs provide you with an important tax advantage that can help you pay for expenses on a pre-tax basis. By anticipating your family's costs for the next year, you can lower your taxable income.

You must enroll in your FSA every year to contribute. Your FSA plan options are shown below.

Medical FSA

- Allows employees who are **not** enrolled in an HDHP or contributing to an HSA to pay for certain IRS-approved medical care expenses with pre-tax dollars.
- The annual maximum contribution of \$3,400 can be used for eligible health care related expenses, including medical, dental and vision expenses.
- There is a \$660 carryover from 2025 into 2026, and a \$680 carryover from 2026 into 2027.
 - Carryover funds will not be available to use until the run-out period has ended for the prior year's plan claim submission deadline of March 31.
 - Carryover funds will only be available for use through December 31 of the following year.
 - If you enroll in an HSA, any remaining FSA balance will be forfeited, and carryover will not apply.
- Services must be incurred between January 1 and December 31, 2026.
- All claims must be submitted by March 31, 2027.

Dependent Care FSA – New: Annual maximum will increase from \$5,000 to \$7,500 for 2026

- Allows employees to use pre-tax dollars toward qualified dependent care such as caring for children **under age 13** or caring for elders.
 - **The annual contribution maximum is \$7,500 (or \$3,750 if married and filing separately).**
 - **Funds are only available after they are deducted from your paycheck. Funds are not eligible for carryover.**
-

Supplemental Health Benefits



The supplemental health benefit options below can be used to customize your coverage to complement your medical plan options. If you select any of the voluntary options below, you will be responsible for the cost of the benefit. The full list of covered services is outlined in the Cigna Summary at hr.richmond.edu/benefits/insurance.

Accident Insurance

Accident Insurance pays a lump-sum benefit directly to you based on the type of injury sustained and treatment needed. This policy includes a Wellness Benefit of \$50 for you and your dependents.

Accident coverage can help to reimburse you for expenses like:

- ✓ Ambulance transportation
- ✓ Coverage for medical expenses, hospital stays, and surgeries
- ✓ Therapy charges and rehabilitation costs
- ✓ Income protection in the event of temporary or permanent disability
- ✓ No medical exam required for quick and easy coverage

Wellness Benefit
\$50

Accident Insurance		
2026 Coverage Tier	Employee Monthly Rates	Employee Per Pay Rates (26 Pays)
Employee	\$10.29	\$4.75
Employee/Spouse	\$16.32	\$7.53
Employee/Child(ren)	\$20.28	\$9.36
Family	\$26.31	\$12.14

Hospital Indemnity Insurance

This plan works as a supplemental insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. This plan pays cash directly to you to cover out-of-pocket expenses. The payments can be used for any purpose including medical copays, deductibles, or regular expenses (food, rent, utilities).

Wellness Benefit
\$50

Hospital Indemnity Insurance		
2026 Coverage Tier	Employee Monthly Rates	Employee Per Pay Rates (26 Pays)
Employee	\$18.91	\$8.73
Employee/Spouse	\$38.52	\$17.78
Employee/Child(ren)	\$30.96	\$14.29
Family	\$50.57	\$23.34

Health & Wellbeing Programs

Behavioral Health

Behavioral health is the promotion of mental health, resilience, and well-being, as well as the support of those who experience depression, anxiety, family or relationship issues, or substance abuse disorders. URWELL Employee, a partnership between Human Resources and Health Promotion, provides a behavioral health program that supports our employees' full mental and emotional well-being. Access your University Wellbeing resources: hr.richmond.edu/benefits/employee-wellbeing/.

Get more information here: hr.richmond.edu/benefits.

Employee Assistance Program (EAP)

Our EAP can offer valuable support by providing confidential counseling and resources to help you with personal and work-related issues. The EAP is available for free to **ALL** employees and anyone living in your household. Visit our Employee Wellbeing website to see all that we offer at hr.richmond.edu/benefits/employee-wellbeing.

EAP services include up to 4 in-person consultations, referrals, and resources.

EAPs can help with issues such as:

- marital and family concerns
- depression
- substance abuse
- grief and loss
- financial entanglements
- finding daycares
- legal guidance and other personal issues

Studies show that employees who used EAP services reported higher levels of work-life balance and lower levels of work-family conflict. *

** Journal of Occupational Health Psychology*



Reach out to Anthem 24/7; counselors are available by calling 855-873-4932 or visiting the website at Anthem.com/eap. Log in using company name: University of Richmond.

The University of Richmond is committed to your well-being and understands the challenge of balancing work and life obligations. Employees can take advantage of this resource with full confidence that all information discussed with Anthem will be kept confidential.

Onsite Behavioral Health Counselor

Short-term, onsite counseling is available to all employees for no additional charge. The onsite behavioral health counselor will assist employees in maneuvering through the Employee Assistance Program (EAP) and deliver a deeper level of engagement. They can also provide management consultation and training support.

Your appointments are confidential and private.

Contact our counselor directly for appointments:

Shauna Christian

Shauna.christian@richmond.edu

804-396-4197

calendly.com/shauna1

Health Advocate

Health Advocate is a valuable resource that empowers you to take control of your health and well-being. As an employee, you have access to a wide range of personalized services and support through Health Advocate. Whether you need assistance navigating the complex healthcare system, finding the right doctors or specialists, understanding your medical bills, or managing a chronic condition, Health Advocate is here to help. Their team of experts can provide guidance, answer your questions, and advocate on your behalf to ensure you receive the best possible care.

With Health Advocate, you can save time, reduce stress, and make more informed decisions about your health. Take advantage of this valuable benefit and let Health Advocate be your trusted partner in achieving and maintaining your optimal health. Health Advocate is a free service available to all full-time employees, their spouses, dependent children, parents, and parents-in-law. To take advantage of this service, call Health Advocate directly at 866-695-8622 or visit healthadvocate.com/uofrichmond.

University Wellbeing Resources

Care.com

The University provides Care.com membership for all full-time employees. Care.com can help you find short- and long-term care for children, seniors, pets, and more. Visit the Child and Adult Care page to learn more: hr.richmond.edu/benefits/employee-wellbeing/child-adult-care.html.

Elder Care Resources

The University has partnered with Long Term Care Consultants Inc. to provide employees with long-term care and Medicare resources. The consultants can review policies, explain how Medicare and long-term care work, help with questions about caring for seniors, and more! Learn more at hr.richmond.edu/benefits/employee-wellbeing/long-term-care.html.

Dori Abell – dori@ltccinc.com

Jared Williams – jared@ltccinc.com

Don Vaught – don@ltccinc.com

Other University Benefits

For more employee perks, such as summer day camps for employee dependents, flexible work arrangements, and employee appreciation events, follow the link: hr.richmond.edu/benefits/employee-wellbeing/.

URWELL EMPLOYEE INCENTIVE PROGRAM – Anthem Smart Rewards

Anthem's Smart Rewards (formerly MotivateMe) is an incentive program that helps improve your health while rewarding you for the healthy actions you take.

ALL full-time employees may participate in programs and activities to reach your goals and earn up to **\$200 annually in gift cards** to a wide range of stores.

- A list of available healthy actions and goals
- Details on how to get started
- Instructions on how to earn and redeem rewards

For more information, visit hr.richmond.edu/benefits, call Anthem at 844-614-3102, navigate to www.anthem.com or log into the Anthem Sydney App.

Sample of Smart Rewards Activities:

Category	Description	Gift Card \$ Earned Anthem Enrolled Employees	Gift Card \$ Earned Non-Anthem Enrolled Employees
Health Assessment	Complete the health risk assessment located in the Sydney app or www.anthem.com . You must complete before you are eligible to earn any of the dollars listed below.	Required	Required
Annual Preventive Exam for Anthem Members	<ul style="list-style-type: none"> - Annual Physical Exam - OB/GYN Well Woman Exam - Cervical Cancer Screening Exam - PSA/Prostate Screening Exam - Preventive Mammogram Exam - Preventive Colon Cancer Screening Exam 	\$50 (cap of 2, max of \$100)	\$50 (cap of 2, max of \$100)
Well-being Coaching Mission	Make progress toward a goal to overcome a health problem by working with an Anthem coach. Connect via the Sydney app to begin.	\$25 (cap of 1)	N/A
COVID-19 Vaccine	Get a preventive COVID-19 vaccine and self-report the activity.	\$25 (cap of 1)	\$25 (cap of 1)
Flu Vaccine	Get a preventive flu vaccine and self-report the activity.	\$25 (cap of 1)	\$25 (cap of 1)
Dimensions of Wellness	Physical, Intellectual, Financial, Occupational, Emotional, Social and/or Spiritual/Environmental Goal(s)	\$10 for 1 of each type of Wellness Dimension	\$10 for 1 of each type of Wellness Dimension
The Maximum Dollars an Employee is Eligible to Earn Annually		\$200 max	\$200 max

Life & Disability





New York Life Basic Life and AD&D Insurance

Full-time employees receive employer-paid group life and accidental death and dismemberment (AD&D) insurance in the amount of 2X your base salary rounded to the next higher \$1,000 if not already a multiple, to a maximum of \$100,000. Benefits will reduce to 65% at age 65, 45% at age 70, 30% at age 75, and 20% at age 80. Don't forget to keep your beneficiaries up to date.

New York Life Voluntary Life Insurance

You have the option to purchase voluntary life insurance in the increments listed below through the convenience of payroll deduction. Employee benefits begin to reduce at age 65; spouse coverage ends at age 70. Employees must be enrolled in coverage to enroll dependents.

Voluntary Life Insurance	
 Evidence of Insurability	If you purchase coverage above the guaranteed issue amount for you or your spouse, you will not be eligible or charged for that coverage until approved by New York Life. You must complete the Evidence of Insurability (EOI) form within 30 days of applying for coverage. More information and the form can be found here: hr.richmond.edu/benefits/insurance/life/voluntary.html
 Guaranteed Issue	Employee: \$200,000
Employee Coverage	Increments of \$10,000 Up to a max of 5X salary or \$500,000, whichever is the lesser
Spouse Coverage	Increments of \$10,000 up to \$50,000 Coverage ends at age 70
Child Coverage	Increments of \$2,000 to \$10,000 Max Dependent Under 6 Months: \$500 Max

Additional coverage may be purchased above the guaranteed amount up to the lesser of 5 times the employee's base salary or \$500,000. Coverage above the guaranteed amount will be subject to medical review.

NOTE: If both spouses are employed full time at the University only one may cover a dependent child and they may not purchase voluntary life insurance for the spouse. Please work with your spouse to ensure that this information is correct in the system.

Life & Disability



New York Life Disability

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided by the University. Visit hr.richmond.edu/benefits.

	Short-Term Disability	Long-Term Disability
Premium Paid By	University of Richmond	University of Richmond
Percentage of Income Replaced	Staff: 66 2/3% of covered earnings Faculty: 100% of covered earnings	66 2/3% of covered earnings Up to a maximum benefit of \$10,000/month
If approved, benefits begin	After 14 days of disability and approval from New York Life	After 180 days of disability and approval from New York Life
Benefits Duration	Up to the end of the 24th week benefit period, or until you no longer qualify for benefits, whichever occurs first	Age 68.5 or under = The Employee's 70th birthday Age 68.5 or older = The date the 12th Monthly Benefit is payable

Legal Resources



Legal support is essential for individuals to navigate the complexities of the legal system and protect their rights. Whether it's understanding legal documents, seeking advice on legal issues, or accessing resources for self-representation, having access to legal resources ensures that individuals can make informed decisions and effectively address their legal needs.

Legal Resources provides a variety of legal services to University of Richmond full-time employees with the cost of the attorney fees fully covered by the employee's monthly premium.

The cost is \$18.00 per month for you, your spouse, and children up to age 26 for a 12-month commitment. There are no additional fees for the following basic covered services:

- Identity theft
- Unlimited consultation and advice
- Wills and estate planning
- Traffic court
- Real estate
- Family law
- Elder law

For more information, go to hr.richmond.edu/benefits.

Retirement



403(b) University Retirement Plan - TIAA

Saving for retirement offers significant advantages, including financial security, tax benefits, and the potential for compound interest growth. By diligently saving for retirement, individuals can ensure a comfortable and worry-free lifestyle during their post-work years. Additionally, employer contributions can provide a substantial boost to retirement savings, further enhancing one's financial well-being.

The University of Richmond Retirement Plan is a 403(b) defined contribution plan.

Employee Contributions

All employees, except for student employees, may make pre-and/or post-tax (Roth) contributions to the retirement plan as soon as they become an employee and set up their contribution in Workday. To learn how to update your retirement contribution, visit workday.richmond.edu/get-help/.

Employer Contributions

All employees who have completed one year of service (worked 1,000 hours during a 12-month period) and have reached age 18 are eligible to participate in the employer contribution portion of the Plan. Once employees have satisfied these eligibility requirements, they must complete the online enrollment process to participate in this portion of the Plan. If employees do not enroll, an account will be established for them and the University will make the 5% contribution into the Target Date Funds closest to the date of their retirement.

The year of service requirement will be waived if a new employee has been employed at an institution of higher education for the full 12 months immediately preceding their date of hire. In the case of a faculty member, the year of service requirement will be waived if they were employed at an institution of higher education for the full academic year immediately preceding their employment with the University.

All employee and employer contributions are vested immediately. For more information, visit: hr.richmond.edu/benefits/retirement or for the job aid, visit workday.richmond.edu/get-help/#hr.

Education Benefits

Tuition Remission & Tuition Exchange

As an institution of higher learning, the University of Richmond offers a unique and valuable benefit to employees and dependents, tuition remission. The tuition remission benefit covers both credit and non-credit classes offered at the University of Richmond, with stipulations for both full-time and part-time employees.

The University of Richmond also participates in tuition exchange programs with other colleges and universities, making it possible for a full-time employee's dependent children to attend participating colleges or universities through a competitive scholarship process.

Full-time employees, their spouses, and their dependent children are also eligible, as per the tuition eligibility guidelines, to take Executive Education courses at the University.

Please note: The employee, spouse, or dependent children must be academically qualified and must go through regular admission and registration procedures.

Details about our tuition remission, tuition exchange, and eligibility can be found on our website at hr.richmond.edu/benefits/education/.

Absence & Time Off

Leave Benefits

University of Richmond employees enjoy generous leave benefits, including fifteen paid holidays and two floating holidays annually. New staff members accrue fifteen vacation days and twelve sick days in their first year. All time off is pro-rated based on an employee's hire date and work schedule. In addition, the University offers a variety of leave options to accommodate individual needs, including parental leave, bereavement leave, and more.

Information about all leave benefits can be found on our website at hr.richmond.edu/benefits/leave.

Holidays

The University observes fifteen holidays annually:

Holiday	2026 Dates Observed
New Year's Day (or Monday after)	Thursday, 1/1/2026
Martin Luther King, Jr. Day	Monday, 1/19/2026
Memorial Day	Monday, 5/25/2026
Juneteenth	Friday, 6/19/2026
Independence Day	Friday, 7/3/2026
Labor Day	Monday, 9/7/2026
Thanksgiving Holiday (3 days; dates vary annually)	Wednesday, 11/25–Friday, 11/27/2026
Winter Break (6 days; dates vary annually)	Thursday, 12/24–Thursday, 12/31/2026
Two Floating Holidays Employees will receive two floating holidays each calendar year. Eligible New Hires will receive: <ul style="list-style-type: none"> • 2 floating holidays if hired prior to July 1st • 1 floating holiday if hired between July 1st and October 31st 	

Vacation

Length of Continuous Service	Monthly Accrual	Yearly Accrual	Maximum Accrual*
1 month - 9 years	1.25 days	15 days	30 days
9 years and 1 month - 14 years	1.5 days	18 days	36 days
14 years and 1 month or more	1.67 days	20 days	40 days

*Staff who are regularly scheduled to work at least 1,000 hours per year (base schedule is at least 1,000 hours or more) will earn vacation.

Hourly employees will earn vacation based on the number of hours paid each pay period, new exempt employees who work, at least one day of the month will receive their full accrual for that month.

*Part-time employees accrue vacation time on a pro-rated basis based on the hours paid in the pay period.

*10 and 11-month staff accrue during the pay periods they work. They do not accrue during the months they aren't working and do not receive a pay check or are receiving their deferred payout (if applicable).

Sick

Eligible employees accrue one day of sick leave* for each month of continuous employment up to a maximum of 65 work days.

*Staff who are regularly scheduled to work at least 1,000 hours per year (base schedule is at least 1,000 hours or more) will earn sick.

*10 and 11-month staff accrue during the pay periods they work. They do not accrue during the months they aren't working and do not receive a pay check or are receiving their deferred payout (if applicable).

*Hourly employees will earn sick leave based on the number of hours paid each pay period, new exempt employees who work at least one day of the month will receive their full accrual for that month.

*Part-time employees accrue sick time on a pro-rated basis.

Other Types of Leave

Family Medical Leave hr.richmond.edu/benefits/leave/fmla.html

Parental hr.richmond.edu/benefits/leave/parental/

Short-Term Disability hr.richmond.edu/benefits/insurance/disability/short-term.html

Military hr.richmond.edu/benefits/leave/military.html

Bereavement hr.richmond.edu/benefits/leave/bereavement.html

Jury hr.richmond.edu/benefits/leave/jury.html

Voting hr.richmond.edu/benefits/leave/voting.html



Things to know



Important Terms

Actively at Work	Being physically present at your place of employment and actively performing the duties of one's occupation on a full-time basis, often a qualifying factor in coverage.
Coinsurance	A percentage of a health care cost that the covered employee pays after meeting the deductible.
Copayment (Copay)	A fixed dollar amount for each doctor visit that the covered employee pays for a health care service, usually when the service is received. For example, a primary care doctor may charge a nominal copay per visit.
Deductible	A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits for individual and other coverage tiers.
Embedded vs. Non-Embedded Deductibles	An embedded deductible refers to a deductible that applies to each individual within a family plan, while a non-embedded deductible applies to the entire family as a whole.
Explanation of Benefits (EOB)	A record of a person's past and current health events. A "detailed receipt." Ask for this whenever you have a medical service performed for your records. FSAs, HSAs, and HRAs will sometimes need this additional verification.
Evidence of Insurability (EOI)	Is a record of a person's past and current health events. It is used by insurance companies to verify whether a person meets the definition of good health.
Guaranteed Issue (GI)	A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Except in some states, GI doesn't limit how much you can be charged if you enroll.
In-Network	Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
Out-of-Network	A health plan will cover treatment for doctors, clinics, hospitals, and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than in-network providers.
Out-of-Pocket Maximum	The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
Preventive Care	Most health plans must cover a set of preventive services – like shots and screening tests – at no cost to you. Visit https://www.healthcare.gov/coverage/preventive-care-benefits/ to view free preventive services for all adults, women, and children.
Premium	The amount the employee pays for health insurance.
Reasonable and Customary	Refers to the standard charges for medical services or treatments that are considered reasonable and customary within a specific area and are used as a basis for determining the amount of coverage provided by an insurance policy.

Key Contacts



Benefit	Vendor	Phone Number	Email or Website
Workday			Workday.richmond.edu
Medical & Pharmacy	Anthem/CarelonRx	+1-844-614-3102	www.anthem.com
Dental	Delta Dental	+1-800-237-6060	www.deltadentalva.com
Vision	Anthem	+1-844-614-3102	www.anthem.com
Health Savings Account	Health Equity	+1-866-346-5800	www.healthequity.com
Flexible Spending Accounts	Health Equity	+1-866-346-5800	www.healthequity.com
Group Life and AD&D Voluntary Life Short-Term Disability Long-Term Disability	New York Life	+1-800-362-4462	www.mynylgbs.com
Voluntary Accident Voluntary Hospital	Cigna	+1-800-754-3207	www.cigna.com
Employee Assistance Program	Anthem	+1-855-873-4932	Anthem.com/EAP Log in using: University of Richmond
Health Advocate	Health Advocate	+1-866-695-8622	www.healthadvocate.com
Fertility	WINFertility	+1-877-434-7063	Managed.winfertility.com/Richmond
Legal Services Plan	Legal Resources	+1-800-728-5768	www.legalresources.com
403(b) Retirement Plan	TIAA	+1-800-842-2776	https://www.tiaa.org/public/tcm/richmond
HR Solutions Center	University of Richmond	+1-804-289-8747	urhr@richmond.edu hr.richmond.edu

University of Richmond Health and Welfare Benefits Annual Notices

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law for the 2026 plan year.

Enclosures:

- Medicare Part D Creditable Coverage Notice
- HIPAA Special Enrollment Rights Notice
- Women's Health Cancer Rights Act (WHCRA) Notice
- Newborns' Mothers Health Protection Act (NMHPA) Notice
- HIPAA Notice of Privacy Practices
- HIPAA Wellness Program Reasonable Alternative Standards (RAS) Notice
- EEOC Wellness Program Notice
- Children's Health Insurance Program (CHIP) Notice

University of Richmond herein be referred to as "Employer"

Anthem will herein be referred to as "Medical Plan(s)"

Laura Dietrick will herein be referred to as "Plan Administrator"

You can contact your Plan Administrator at ldietric@richmond.edu.

IMPORTANT NOTICES

MEDICARE PART D CREDITABLE COVERAGE NOTICE

Important Notice From Your Employer About Your Prescription Drug Coverage And Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan while enrolled in the Employer's coverage as an active employee, please note that your Employer coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced.

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Medicare will usually pay primary for your prescription drug benefits if you participate in your Employer's coverage as a former employee.

You may also choose to drop your Employer's coverage. If you do decide to join a Medicare drug plan and drop your current Employer's coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your Employer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call +1-800-MEDICARE (+1800-633-4227). TTY users should call +1877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at +1800-772-1213 (TTY +1800-325-0778).

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

Date:	10/1/2025
Name of Entity/Sender:	University of Richmond
Contact--Position/Office:	Director of Benefits and Employee Well-Being
Address:	Human Resources, 231 Richmond Way, University of Richmond, 23173
Phone Number:	+1-804-289-8747

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment in your Employer's group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact your plan administrator.

WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) NOTICE

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA) NOTICE

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

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction

Effective April 14, 2004, many health plans become subject to new federal privacy regulations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The HIPAA privacy regulations do not, as a general matter, regulate employers or non-health benefit plans such as workers compensation, disability, life insurance, dependent care, financial planning, business travel, or other non-health benefits plans. However, employers can be subject to certain requirements of the HIPAA privacy rules, as described in greater detail below.

You can find the HIPAA privacy regulations at 45 Code of Federal Regulations, Parts 160 and 164.

This notice applies to you if you are covered as an employee, former employee or dependent under a group health plan sponsored by the University of Richmond (the "University"). It is the policy of the group health plans sponsored by the University to maintain the privacy of your health information in accordance with the HIPAA privacy rules. The group health plans covered by this notice include the University's group health plan, dental plan, health flexible spending account plan and the employee assistance program plan. The group health plans sponsored by the University are considered an organized health care arrangement under the HIPAA privacy rules, which permits them to jointly issue this Notice of Privacy Practices. Thus, this notice will refer to the University's various group health plans as the "Plan."

The state in which you live may also impose restrictions on the use or disclosure of your health information that are more stringent than the HIPAA privacy rules. While these state laws generally do not apply to employer-sponsored group health plans, they often apply to doctors, hospitals, health insurance companies, and HMOs. The Health Privacy Project of the Institute for Health Care Research and Policy maintains information on state health privacy laws at its website, www.healthprivacy.org, which you may find helpful in protecting the privacy of your health information and in gaining access to your health records.

Protected Health Information

The HIPAA privacy rules regulate the use and disclosure by the Plan of "protected health information" (commonly referred to as "PHI"). PHI is any "individually identifiable health information" maintained or transmitted by the Plan (in any form or medium). Individually identifiable health information is health information that identifies you or creates a reasonable basis to believe that it could be used to identify you, including information relating to your health condition or receipt of health care. In addition, health information that is merely in summary form and that does not identify you as its subject is not PHI and may be used or disclosed

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by the Plan without restriction under the HIPAA privacy rules. For example, the University may use aggregated data regarding claims paid for all Plan participants to help project benefit costs for the next year. With respect to PHI, however, the HIPAA privacy rules prevent the Plan from using your PHI or disclosing it to the University or anyone else except as permitted by the HIPAA privacy rules, as authorized by you, or as required by law.

The Plan is required to notify affected individuals in the event of a breach of unsecured PHI.

Uses and Disclosure of Protected Health Information for Treatment, Payment, and Health Care Operations

The HIPAA privacy rules permit the Plan to use or disclose your PHI without your authorization for purposes of treatment, payment, and health care operations. This is necessary in order to provide you with quality health care. The Plan's business associates may also use or disclose your PHI for treatment, payment, or health care operations on the Plan's behalf. Business associates include the Plan's third party administrators, as well as brokers, service providers, lawyers, accountants, consultants, and other appropriate persons who help to ensure that the Plan is run properly and that you receive any benefits to which you are entitled. PHI may also be shared among the University's various group health plans that make up the Plan for purposes of treatment, payment, or health care operations. The terms "treatment," "payment," and "health care operations" are explained below:

- "Treatment" means generally the provision, coordination, or management of health care and related services by one or more health care providers. For example, the Plan may disclose your PHI to your doctor and his staff, the Plan's third party administrators and their staffs, and other appropriate persons to help provide you with proper medical treatment.
- "Payment" means any action undertaken by the Plan to obtain premiums, to determine responsibility for providing coverage, or to obtain or provide reimbursement for the health care services you receive. This includes, but is not limited to, eligibility and coverage determinations, billing, claims management and processing, plan

reimbursement, reviews for medical necessity, utilization review, and pre-authorization for treatment. For example, the Plan may disclose to your doctor and her staff, the Plan's third party administrators and their staffs, and other appropriate persons information concerning a particular medical procedure that you have had performed to determine whether the procedure is covered by the Plan.

- "Health care operations" means all the activities involved in the administration of the Plan. This includes, but is not limited to, quality assessment and improvement, evaluating providers, underwriting and other activities relating to obtaining or amending insurance contracts, disease management, cost management, and other general administrative activities. For example, the Plan may use PHI about you to refer you to a disease management program, to evaluate the quality of care you are receiving from your providers, or to project benefit costs and determine premiums.

Other Uses and Disclosures Permitted Without Authorization

The Plan may disclose the Plan's enrollment and disenrollment information to the University without your authorization. This information merely indicates whether you are enrolled in the Plan and shows your specific Plan benefit options. The University requires such information for payroll withholding and other purposes. The Plan may also disclose your PHI to the University or its business associates without your authorization so that the University may obtain bids for services or make decisions about modifying or terminating the Plan. Information provided to the University for these purposes will be in summary form. This means that the information will be limited to claims history, claims expenses, or types of claims experienced, with your name and certain types of other identifying information removed. The Plan may use or disclose your PHI at any time without your authorization as required by the HIPAA privacy rules or other applicable law.

In addition, the HIPAA privacy rules permit the Plan to use or disclose your PHI without your authorization to the following: (1) a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; (2) a public health or other governmental authority authorized by law to receive reports of child abuse or neglect; (3) a person subject to the jurisdiction of the Food and Drug Administration with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity; (4) a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, if the plan is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; (5) a health oversight agency for certain purposes (e.g., audits, investigations, disciplinary actions, government benefit eligibility, civil rights law compliance); (6) a court or other party in connection with a judicial or administrative proceeding; (7) law enforcement officials for law enforcement

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purposes; (8) coroners and medical examiners for the purpose of identifying a deceased person, determining cause of death, or other duties authorized by law; (9) funeral directors, as necessary to carry out their duties with respect to a decedent (consistent with applicable law); (10) organ procurement organizations (and related organizations); (11) a researcher or research organization, subject to detailed requirements; (12) a person or other entity to avert a serious threat to the health or safety of a person or the public; (13) an appropriate military authority in connection with military and veterans activities; (14) federal officials in connection with certain national security activities; (15) correctional institutions and other law enforcement custodial situations in relation to an inmate; and (16) an individual or other entity as authorized by, and to the extent necessary to comply with, laws related to workers' compensation and other similar programs established by law that provide benefits for work-related injuries or illnesses without regard to fault. It is generally the policy of the Plan to disclose PHI under these circumstances only as required by the HIPAA privacy rules or other applicable law.

Disclosure of Your PHI to University Personnel Without Authorization

In connection with the disclosures described in the previous two sections of this notice, the Plan may disclose your PHI to University personnel who are involved in the administration of the Plan. These disclosures will be made in connection with the University's role as the sponsor of the Plan, and will be made to enable University personnel to carry out their duties in administering the Plan. In many circumstances, it will be appropriate for such personnel to share your PHI with the Plan's business associates outside of the University. The University has amended the Plan documents to protect your PHI as required by the HIPAA privacy rules. In addition, the University has instituted policies and procedures to help ensure that your PHI is made available only to those individuals who need it to perform important Plan functions. Such individuals have received training in the proper handling of PHI and have been informed of the sensitivity of this information. It is the policy of the University that PHI received from the Plan is not to be used for employment-related purposes or other purposes not related to the University's sponsorship or administration of the Plan.

Uses and Disclosures Requiring That You Receive an Opportunity to Agree or Object

Certain circumstances might arise where the Plan needs to disclose your PHI to family members and other appropriate persons in order to ensure that you are receiving appropriate care and to notify certain persons of your medical condition or your location. The Plan will make such disclosures only if you have agreed (or have not objected) to the disclosure. Specifically, the Plan may disclose your PHI to your family member, relative, close personal friend, or another person designated by you, but only to the extent the information is directly relevant to the family member's or friend's involvement with your care or payment for care. The Plan may also disclose your PHI to notify or assist in notifying your family member, personal representative, or other person responsible for your care of details regarding your location, your general condition or your death. In such cases, you will be given an opportunity to agree or object to the disclosure, and the disclosure will be made only if you either affirmatively agree or you do not object to the disclosure when given the opportunity. If you are unavailable or you are incapacitated, the Plan may disclose your PHI to such individuals without providing you with an opportunity to agree or object, if the Plan determines that to do so is in your best interests under the circumstances.

Uses and Disclosures Requiring Your Written Authorization

Where use or disclosure is not otherwise permitted under the HIPAA privacy rules, the Plan is required to obtain your written authorization before using or disclosing your PHI. In addition, the Plan is generally required to ask for your written authorization before using or disclosing notes about you obtained from your psychotherapist. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop future uses and disclosures, except to the extent the Plan has acted in reliance upon your authorization. In some cases, the Plan (including University personnel and business associates acting on behalf of the Plan) may ask you to sign a written authorization regarding the use and disclosure of your PHI even when one is not clearly required under the HIPAA privacy rules. This is to protect your privacy rights and to ensure that representatives of the University, the Plan, and its business associates are fully authorized to communicate with each other regarding your situation in order to provide you with the best possible health care benefits.

Genetic Information

The Plan is not allowed to use or disclose your PHI that is genetic information for underwriting purposes.

Incidental Uses and Disclosures

The HIPAA privacy rules permit incidental uses and disclosures that occur as a by-product of a permissible or required use or disclosure. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the HIPAA privacy rules. The Plan has

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instituted reasonable safeguards to protect against uses and disclosures not permitted by the HIPAA privacy rules and to limit incidental uses or disclosures. However, those safeguards cannot totally guarantee the privacy of your PHI. In implementing safeguards, the Plan has considered the nature of the PHI held, the potential risks to privacy, the potential effects on patient care, and the financial and administrative burden of particular safeguards. The Plan is not required to obtain your authorization or notify you if an incidental disclosure occurs.

Reservation of the Plan's and University's Rights

Generally, it is the Plan's policy to avoid the use and disclosure of your PHI whenever possible. Therefore, the Plan will not normally use or disclose your PHI, except when necessary for treatment, payment, or health care operations or to comply with the HIPAA privacy rules or other applicable law. However, the Plan reserves the right to use or disclose your PHI in any manner permitted by the HIPAA privacy rules. The University is also committed to the protection of your PHI and generally seeks to avoid the use and disclosure of your PHI whenever possible. However, the University reserves the right to use or disclose your PHI received from the Plan in any manner permitted by the HIPAA privacy rules. Please remember that health information maintained by the University as part of your employment records or through a benefit plan of the University that is not part of the Plan, such as a short- or long-term disability plan, is not subject to the HIPAA privacy rules and may be used or disclosed in accordance with the University's standard policies (subject to applicable law).

Your Rights

You have the right to review and receive copies of your PHI maintained by the Plan in a designated record set or used by the Plan to make decisions about your coverage or benefits. The term "designated record set" means the enrollment, payment, claims adjudication, and case or medical management records maintained by the Plan. If you request copies of this information, you may be charged a reasonable, cost-based fee for the copies. Your request should be made in writing to the address listed at the end of this notice, and the Plan will comply with the request within 30 days of your request (60 days if the information is maintained offsite), subject to a possible 30-day extension. If your request is denied, you will receive a written explanation of the reasons for the denial. Please remember that the Plan is only responsible for providing you with information contained in its records. Hospital records and other records not maintained by the Plan must be procured directly from the individual or institution that maintains those records.

You have the right to receive a list of instances where the Plan or the University disclosed your PHI to third parties after the effective date of this notice for reasons other than treatment, payment, or health care operations, except in cases where you have authorized the disclosure, the disclosure was merely incidental to a disclosure that is otherwise permitted under this privacy policy, or the disclosure was required for law enforcement or national security purposes. You may request one such accounting at no charge every 12 months. For any additional requests, you may be charged a reasonable, cost-based fee for the copies.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that the Plan correct existing information or add missing information. Your request should be made in writing to the address listed at the end of this notice and should state reasons supporting your request for a correction or addition. The Plan has 60 days to respond to your request, subject to a possible 30-day extension. If your request is denied, you will receive a written explanation of the reasons for the denial.

You have the right under HIPAA to request restrictions on the Plan's use or disclosure of your PHI for treatment, payment and health care operations. You may also request restrictions on disclosures to your family members or other individuals who are involved in your care or payment for your care. The Plan will consider your request, but is not required to agree to such restrictions. Any restriction agreed to by the Plan will not apply if the use or disclosure is necessary to provide you with emergency treatment or if the disclosure is required by law. If you wish to request a restriction on disclosures of your PHI, you should send your request in writing to the address listed at the end of this notice. If the Plan accepts your request, you will receive written notification that your request has been accepted. The Plan will also accommodate reasonable requests for you to receive communications of your PHI at alternate locations or by alternate methods, if the normal method of communication could endanger you.

You may exercise your rights through a personal representative, provided that such individual produces evidence of his or her authority to act on your behalf. The Plan will only accept the following as evidence of such authority: (1) a power of attorney for health care purposes notarized by a notary public; (2) a court order appointing the individual as your conservator or guardian; or (3) proof that such individual is your parent (if you are a minor). Your personal representative will be treated as you would with respect to access to your PHI and your other rights under the HIPAA privacy rules. However, the Plan retains the discretion to

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deny your personal representative access to your PHI if the Plan finds evidence that such denial is necessary to protect you from abuse or neglect.

You may request a paper copy of this notice at any time by contacting the person or office listed at the end of this notice.

Substance Use Disorder (SUD) Treatment Privacy

If we receive or maintain treatment records about you from a SUD program, subject to 42 CFR part 2, or testimony about records, we will not use or disclose it in any civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or we receive a court order, after notice and an opportunity to be heard is provided to you or the record holder. Additionally, any court order for use or disclosure must come with a subpoena or identify applicable legal authority.

Redisclosure

PHI that is disclosed for any reason may be redisclosed by the recipient and is no longer protected by HIPAA or state law.

The Plan's Legal Duties

The HIPAA privacy rules require the Plan to maintain the privacy of your PHI, to provide this notice about its information practices, and to follow the practices described in this notice. The Plan may change its privacy policies at any time, and changes may apply to all PHI held by the Plan at the time of the change. When the Plan makes a significant change in policy, a revised Notice of Privacy Practices will be distributed to all current Plan participants within 60 days of the effective date of the change.

This notice and the privacy policies of the Plan and the University do not create any legal rights, contractual or otherwise, under state or federal law, but simply give you notice of the Plan's obligations, and your rights, under the HIPAA privacy rules.

Complaints

If you are concerned that the Plan has violated your rights under the HIPAA privacy rules, or if you disagree with a decision made about access to or amendment of your health records, you may contact the person or office listed below. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201, or you may file your complaint with the appropriate regional office listed at <http://www.hhs.gov/ocr/privacyhowtofile.htm>. Neither the Plan nor the University will retaliate against you in any way for exercising your right to file a complaint.

HIPAA WELLNESS PROGRAM REASONABLE ALTERNATIVE STANDARDS NOTICE

Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your Plan Administrator and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC WELLNESS PROGRAM NOTICE

Notice Regarding Wellness Program

URWell will herein be referred to as "Wellness Program"

Your Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive a Wellness incentive. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the Wellness Incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes

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required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting your Plan Administrator.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure Of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and University of Richmond may use aggregate information it collects to design a program based on identified health risks in the workplace, Your Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse, a doctor, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your Plan Administrator.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **+1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: +1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/

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	<p>Phone: +1-866-25+1-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
<p>Website: http://myarhipp.com/ Phone: +1-855-MyARHIPP (855-692-7447)</p>	<p>Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: +1-800-22+1-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: +1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: +1-855-692-6442</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: +1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/df/ Family and Social Services Administration Phone: +1-800-403-0864 Member Services Phone: +1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: +1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: +1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: +1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: +1-800-792-4884 HIPP Phone: +1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: +1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: +1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: +1-888-342-6207 (Medicaid hotline) or +1-855-618-5488 (LaHIPP)</p>

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<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: +1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: +1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: +1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: +1-800-657-3672</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: +1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: +1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: +1-800-992-0900</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: +1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: +1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: +1-800-701-0710 (TTY: 711)</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: +1-800-541-2831</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: +1-844-854-4825</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: +1-888-365-3742</p>	<p>OREGON – Medicaid and CHIP</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: +1-800-699-9075</p>
<p>PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: +1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: +1-800-986-KIDS (5437)</p>	<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: +1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: +1-888-549-0820</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: +1-888-828-0059</p>

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<p>TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPPP) Program Texas Health and Human Services Phone: +1-800-440-0493</p>	<p>UTAH – Medicaid and CHIP</p> <p>Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: +1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
<p>VERMONT – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPPP) Program Department of Vermont Health Access Phone: +1-800-250-8427</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: +1-800-432-5924</p>
<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: +1-800-562-3022</p>	<p>WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: +1-855-MyWVHIPP (+1-855-699-8447)</p>
<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: +1-800-362-3002</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: +1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 +1-877-267-2323, Menu Option 4, Ext. 61565



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