



***University of Massachusetts  
Medical School***

***BENEFITS SUMMARY FOR  
STAFF  
INSTRUCTORS  
POST DOCS***

**For Benefits Effective On/After July 1, 2017**

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## INTRODUCTION

***Staff members must be hired to work twenty (20) hours or more weekly to be eligible for benefits.***

***The following information is intended for use only as a summary of the benefit plans available to you as a staff member. Details are contained in the legal plan documents and individual plan details can be found on the Group Insurance Commission website at: [www.mass.gov/gic](http://www.mass.gov/gic).***

***Details pertaining to Sick Leave Bank, Tuition, Holidays, Personal Time, Sick and Vacation Time can be found on the Human Resources Policy Intranet website or in the University of Massachusetts Medical School Policy and Procedure Manual.***

***In the event that there is any inconsistency between this summary and any legal printed documents, the legal documents govern. Copies of plan summaries are available in the Benefits Department or from the vendor(s).***

## **I. WHEN DOES COVERAGE BEGIN?**

For new employees coverage begins on the first day of the month following 60 calendar days of employment, or two calendar months, whichever occurs first.

### **Effective Coverage Dates for New Employees**

#### Date of hire:

January 2 to February 1  
 February 2 to March 2  
 March 3 to April 2  
 April 3 to May 2  
 May 3 to June 2  
 June 3 to July 3  
 July 4 to August 2  
 August 3 to September 2  
 September 3 to October 2  
 October 3 to November 2  
 November 3 to December 3  
 December 4 to January 1

#### Coverage begins on:

April 1  
 May 1  
 June 1  
 July 1  
 August 1  
 September 1  
 October 1  
 November 1  
 December 1  
 January 1  
 February 1  
 March 1

Employees who do not enroll in a health insurance plan when first eligible, may enroll during annual Open Enrollment. Coverage will begin July 1 following annual Open Enrollment.

## **II. HEALTH INSURANCE**

The University is committed to providing our employees the very best in health plan choices available. All plans provide comprehensive coverage and the flexibility to make the right choice for you and your family. Choices include Indemnity Plans, POS (Point of Service) plans, HMO (Health Maintenance Organizations) plans and an EPO (Exclusive Provider Organization) plan. The GIC (Group Insurance Commission) is the authoritative state agency that administers the health insurance plans.

***Coverage is effective on the first of the month following 60 days of employment.***

The plans currently offered include:

<b>INDEMNITY</b>	<b>POS</b>
<ul style="list-style-type: none"> <li>• UniCare State Indemnity Plan with CIC</li> <li>• UniCare State Indemnity Plan without CIC</li> <li>• UniCare State Indemnity Plan Plus (PPO-Type)</li> <li>• UniCare State Indemnity Community Choice (PPO-Type)</li> </ul>	<ul style="list-style-type: none"> <li>• Navigator by Tufts Health Plan <b>(Closed to New Members)</b></li> <li>• Harvard Pilgrim Independence Plan <b>(Closed to New Members)</b></li> </ul>
<b>HMO</b>	<b>EPO</b>
<ul style="list-style-type: none"> <li>• Fallon Select <b>(Closed to New Members)</b></li> <li>• Fallon Direct</li> <li>• Harvard Pilgrim Primary Choice</li> <li>• Health New England</li> <li>• NHP Prime (Neighborhood Health Plan)</li> </ul>	<ul style="list-style-type: none"> <li>• Tufts Health Plan Spirit</li> </ul>

For complete plan details, go to: [www.mass.gov/gic](http://www.mass.gov/gic). A GIC Benefit Guide can be obtained in the HR Service Center or accessed online on the Benefits website. To view a Summary of Benefits and Coverage, please go to [www.mass.gov/gic/sbc](http://www.mass.gov/gic/sbc).

### ENROLLMENT INFORMATION

- **When to enroll** - Benefits enrollment forms must be submitted to Benefits by fax, email, interoffice mail or US postal mail within 10 days of hire, otherwise, you may enroll during the open enrollment period held annually every April/May. **NOTE:** *Certain life change events (marriage, divorce, birth of child, adoption) may enable you to enroll other than as a new hire or during open enrollment. Check the Benefits website (Life Events section) for more information.*
- Available to employees, spouses and dependent children up to the age of 26. A GIC Dependents Age 19-26 Application for Coverage form is required to cover dependents in this age bracket. **You must provide a copy of your marriage certificate if covering a spouse and/or birth certificates if covering any children.**

**NOTE:** *If you have health insurance coverage provided to you by another source, it is recommended you enroll in the Basic Life Insurance plan only. Enrollment in this plan will enable you to enroll at a later date under certain specific circumstances.*

### EMPLOYEE SHARE OF GIC HEALTH INSURANCE PREMIUMS

HEALTH INSURANCE RATES EFFECTIVE JULY 1, 2017 (Includes \$5,000 Basic Life Insurance)				
PLANS	INDIVIDUAL (25%)		FAMILY (25%)	
	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
Fallon Community Health Plan – <b>Direct Care</b>	\$69.90	\$139.81	\$166.63	\$333.27
Fallon Community Health Plan – <b>Select Care</b> (Closed to New Members)	\$92.62	\$185.25	\$221.15	\$442.31
Harvard Pilgrim Independence Plan (Closed to New Members)	\$103.48	\$206.97	\$251.32	\$502.65
Harvard Pilgrim Primary Choice	\$78.13	\$156.27	\$189.47	\$378.94
Health New England	\$69.09	\$138.19	\$170.09	\$340.19
NHP Prime (Neighborhood Health Plan)	\$69.83	\$139.66	\$183.70	\$367.41
Tufts Health Plan Navigator (Closed to New Members)	\$91.60	\$183.21	\$222.34	\$444.68
Tufts Health Plan Spirit	\$69.73	\$139.47	\$166.72	\$333.45
UniCare State Indemnity Plan Basic with CIC (Comprehensive)	\$147.78	\$295.56	\$344.31	\$688.63
UniCare State Indemnity Plan Basic without CIC (Non-Comprehensive)	\$124.36	\$248.72	\$289.99	\$579.99
UniCare State Indemnity Plan/Community Choice	\$65.66	\$131.32	\$156.45	\$312.91
UniCare State Indemnity Plan/PLUS	\$87.16	\$174.33	\$207.11	\$414.22

## **OPTIONS FOR INTERIM HEALTH INSURANCE COVERAGE DURING THE 60-DAY WAIT**

**COBRA**-If you were covered under a group health insurance plan through your previous employer, you may elect COBRA.

**B Waiver**-If a new employee, or his/her covered dependent, incurs unplanned and urgent medical expenses during his/her new hire waiting period, he/she may apply to buy GIC health coverage at the full cost premium for that period of time (60 or more days, depending on the date of hire). The total claims expenditure must exceed the full cost premium for the hiatus period. New employees who begin employment on the 16<sup>th</sup> of a month or later will not be charged premium for that month, new employees who begin employment on or before the 15<sup>th</sup> of a month shall be charged the full premium cost for the month. To apply for retroactive health insurance, the employee must write to the GIC's Director of Operations to request the coverage. If approved by the health plan, coverage shall become effective as of the employee's first day of active employment, subject to his or her timely payment of the full cost health insurance premium for the entire hiatus period.

**MA Health Connector Plans**-Several health insurance plans are available for purchase through the MA Health Connector during the waiting period to pay for on an after-tax basis. Please go to [www.mahealthconnector.org](http://www.mahealthconnector.org) or call 877-MA-ENROLL for information and to shop and compare plans.

## **III. OPTIONAL LIFE INSURANCE AND AD&D**

Optional Life Insurance is offered to you as a voluntary benefit through The Hartford. The cost is based on your age, salary and the amount of insurance coverage you elect. **Coverage is effective on the first of the month following 60 days of employment if you enroll as a new hire.**

In addition, you are also provided with \$5,000 of life insurance with your health insurance plan through the Group Insurance Commission.

### **PROVISIONS**

- May elect up to 8x annual salary (up to \$1.5M maximum) without evidence of insurability as a new hire
- Accidental death and dismemberment included
- Portable upon termination
- Option available to convert to permanent whole or universal life policy/plan

### **ENROLLMENT INFORMATION**

- **When to enroll** - You may enroll as a new hire during your first 10 days of employment without having to provide evidence of medical insurability. If you choose to enroll at a later date, you must prove evidence of medical insurability.

MONTHLY OPTIONAL LIFE INSURANCE RATES		
ACTIVE EMPLOYEE AGE	SMOKER RATE Per \$1,000 of coverage	NON-SMOKER RATE Per \$1,000 of coverage
Under 35	\$0.10	\$0.04
35-44	\$0.12	\$0.05
45-49	\$0.20	\$0.07
50-54	\$0.33	\$0.14
55-59	\$0.53	\$0.21
60-64	\$0.79	\$0.31
65-69	\$1.45	\$0.70
70 and over	\$2.57	\$1.16

*Rates include accidental death and dismemberment coverage.*

State employees who have a qualified family status change during the year may enroll in or increase their coverage without evidence of medical insurability in an amount up to 4x salary within 31 days of the qualifying event. Family status changes include: marriage, birth or adoption of a child, divorce and death of a spouse.

#### **IV. LONG-TERM DISABILITY INSURANCE**

Employees may choose to participate in a long-term disability program offered by Unum. The employee pays the entire cost of the plan. ***Coverage is effective on the first of the month following 60 days of employment.***

##### **BASIC FEATURES**

- A tax-free benefit of 55% of your gross monthly salary
- A benefit for mental health disabilities and for partial disabilities
- A rehabilitation and return-to-work assistance benefit
- A dependent care expense benefit

##### **ENROLLMENT INFORMATION**

- ***When to enroll*** - You may enroll as a new hire during your first 10 days of employment without having to provide evidence of medical insurability. If you choose to enroll at a later date, you must prove evidence of medical insurability.

LONG TERM DISABILITY RATES	
ACTIVE EMPLOYEE AGE	EMPLOYEE MONTHLY RATES Per \$100 of Monthly Earnings
Under Age 25	\$0.08
25-29	\$0.10
30-34	\$0.14
35-39	\$0.17
40-44	\$0.35
45-49	\$0.47
50-54	\$0.57
55-59	\$0.70
60-64	\$0.67
65-69	\$0.38
70 and over	\$0.22

## V. SICK LEAVE BANK

The *Sick Leave Bank (SLB)* is designed to assist staff members and continue their pay when they are out of work due to an injury, illness or maternity leave (for first 8 weeks only).

New employees may submit the Sick Leave Bank Enrollment Form as a new hire and the enrollment will be processed in the pay period following attainment of one work-week of sick time. Employees who do not enroll as a new hire may enroll during the spring open enrollment held in April-May.

In order to become a member, an employee must have the equivalent of a week's accrual of sick time (prorated based on percent of time) and contribute 16 hours of sick time to the Bank.

An employee must be a member of the SLB a minimum of six months before s/he can request time from the Bank. Once on an approved Family Medical Leave, all accrued vacation, personal, sick and compensatory time must be used and the employee must be absent without pay for one work-week before being eligible to draw from the Bank. For employees on approved maternity leave, Sick Leave Bank hours may be used during the first 8 weeks of the leave.

## VI. DENTAL INSURANCE

Dental insurance is offered to you through Cigna Dental. To enroll, you must complete an enrollment form. ***Coverage is effective on the first of the month following 60 days of employment. (AFSCME, MNA, NAGE and NEPBA union members are provided dental insurance through their unions. Union employees should contact their union representative for enrollment information).***

<b><u>Basic Plan</u></b>	<b><u>Plus Plan</u></b>
<ul style="list-style-type: none"> <li>• 100% Class I-preventive care</li> <li>• 50% Class II-basic restorative</li> <li>• 40% Class III-major restorative</li> <li>• \$750/person/year-progressive maximum</li> </ul> <p><b>UMMS pays the entire cost of the plan.</b></p>	<ul style="list-style-type: none"> <li>• 100% Class I-preventive care</li> <li>• 80% Class II-basic restorative</li> <li>• 60% Class III-major restorative</li> <li>• \$1,500/person/year-progressive maximum</li> <li>• \$1,500 lifetime orthodontia benefit for children up to age 19</li> <li>• Employees share the premium costs for the plan.</li> <li>• \$ 7.78 bi-weekly - individual</li> <li>• \$29.80 bi-weekly - family</li> </ul>

For complete plan details, view the Cigna Plan Summaries available on the Benefits website.

### **ENROLLMENT INFORMATION**

- **When to enroll** - You must enroll as a new hire during your first 10 days of employment, otherwise, you may enroll during the open enrollment period held annually every April/May. **NOTE:** Certain family status changes may enable you to enroll other than as a new hire or during open enrollment. Check the Benefits website (Life Events section) for more information.
- Available to employees, spouses and dependent children up to age 26.

## **VII. VISION INSURANCE**

Vision insurance is offered to you through Guardian. **Coverage is effective on the first of the month following 60 days of employment. (AFSCME, MNA, NAGE and NEPBA union employees are provided dental insurance through their unions. Employees should contact their union representative for enrollment information).**

- \$10 copay for eye exam in network
- \$25 copay for materials
- Copay waived for elective contact lenses

<b>BI-WEEKLY RATES</b>	<b>INDIVIDUAL PLAN</b>	<b>FAMILY PLAN</b>
	<b>\$2.85</b>	<b>\$7.86</b>

For complete plan details, view the Guardian Plan Summary available on the Benefits website or visit [www.guardiananytime.com](http://www.guardiananytime.com).



## ENROLLMENT INFORMATION

You must enroll as a new hire during your first 10 days of employment. Otherwise you may enroll during the open enrollment period held annually every April/May for a July 1 effective date.

## VIII. FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts allow you to pay eligible health care or dependent care expenses with pre-tax dollars. Your taxable income is reduced by the amount you contribute.

If you enroll in the Health Care Spending Account, you will receive a debit card from ASI Flex that may be used anywhere that accepts debit cards to purchase eligible expenses.

If you enroll in the Dependent Care Assistance Program, you must submit claims with evidence of payment to ASI Flex and you will be reimbursed via check or direct deposit (if you elect this option).

There is a monthly fee (deducted pre-tax) of \$2.50 for one or both plans. Plan year for both is July 1 through June 30.

<b>HEALTH CARE SPENDING ACCOUNT (HCSA)</b>	<b>DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)</b>
<ul style="list-style-type: none"><li>• <i>Effective first of the month following 60 days of employment</i></li><li>• <i>Defer \$250-\$2,600 per year pre-tax</i></li><li>• <i>Use for co-pays, deductibles, non-covered expenses</i></li><li>• <i>Examples of expenses include:</i><ul style="list-style-type: none"><li>• <i>Physician office visits</i></li><li>• <i>Prescription drug co-pays</i></li><li>• <i>Eyeglasses</i></li><li>• <i>Orthodontia and dental benefits not covered by your plan</i></li><li>• <i>Over the counter medications with physician certification</i></li></ul></li></ul>	<ul style="list-style-type: none"><li>• <i>Effective upon hire when you enroll</i></li><li>• <i>Defer up to \$5,000 per family per year pre-tax</i> <i>For purposes of the dependent care plan, an "eligible dependent" must be under age 13. However, if a dependent is mentally or physically handicapped, he or she will remain a qualified dependent for dependent care irrespective of age.</i></li><li>• <i>Examples of expenses include:</i><ul style="list-style-type: none"><li>• <i>Child care centers</i></li><li>• <i>Babysitters</i></li><li>• <i>Nursery schools</i></li><li>• <i>Day camp</i></li></ul></li></ul>

## ENROLLMENT INFORMATION

- **When to enroll** - You must enroll as a new hire during your first 10 days of employment, otherwise, you may enroll during the open enrollment period held annually every April/May for a July 1 effective date.
- **NOTE:** *Certain family status changes may enable you to enroll other than as a new hire or during open enrollment – contact the Benefits Service Center for information.*

**NOTE:** *The IRS requires that any unused funds at plan year end be forfeited. You should estimate your contributions carefully.*

## **IX. MA STATE EMPLOYEE RETIREMENT SYSTEM (MSERS) and OPTIONAL RETIREMENT PROGRAM (ORP)**

All regular full-time and regular part-time employees participate in the MSERS (MA State Employee Retirement System) which is a defined benefit plan. The State Board of Retirement manages the State Retirement Plan for all state employees.

Employees contribute 9% of their income plus an additional 2% for salary over \$30,000 per year. Contributions are withheld from employee's base salaries. These contributions are tax deferred and ***in lieu of the Federal Social Security Program***.

The Plan provides for a monthly retirement benefit and is designed to reward long service employees. Actual benefits are based on years of service (minimum of 10 full-time years), pension-eligible pay and age at retirement.

Contact the HR/Benefits Service Center or the State Board of Retirement for details.  
Telephone: 617-367-7770; 800-392-6014 (In MA only)  
State Board of Retirement website: <http://www.mass.gov/treasury/retirement/>

Professional employees (non-unit professionals and NAGE professionals) are also eligible for the ORP (Optional Retirement Program) as an alternative to the MSERS. The ORP is a defined contribution plan. Eligible employees will receive a **Notice of Eligibility** and information on the plan at time of hire. Employees contribute 9% of their income plus an additional 2% for salary over \$30,000 per year. Employees also receive an employer match of 4.3%. Employees have a choice of investment options through Fidelity, TIAA and VALIC. All contributions are 100% vested. Information on the Optional Retirement Program can also be found on the ORP website ([www.mass.edu/orpenrollment](http://www.mass.edu/orpenrollment)).

## **X. VOLUNTARY RETIREMENT SAVINGS PLANS**

***The University of Massachusetts offers two different voluntary retirement savings plans.***

### **403(b) Plans**

You may also defer some of your own income to a 403(b) plan, up to IRS limit of \$18,000 if you are under 50 years old or \$24,000 if you are 50 years old or over for calendar year 2017. The 403(b) companies are ***Fidelity, TIAA and VALIC***.

### **457(b) Plan**

If you meet eligibility requirements, you may also defer some of your own income to a 457(b) up to the IRS limit of \$18,000 if you are under 50 years old or \$24,000 if you are 50 years old or over for calendar year 2017. The 457(b) provider is ***Empower Retirement*** (formally known as *Great-West Retirement Services*).

Voluntary retirement plan information for the 403(b) and 457(b) is available by going to <http://www.massachusetts.edu/treasurer/403b.html>.

## ***XI. TUITION BENEFITS***

<b><i>TYPE</i></b>	<b><i>ELIGIBILITY</i></b>	<b><i>BENEFIT</i></b>
<p><b><u>Tuition Waiver</u></b></p> <p>University of Massachusetts Amherst, Boston, Dartmouth, Lowell, and Worcester</p>	<p>Regular full-time employee, spouse or domestic partner and dependent children up to age 25 of both employees and their domestic partners; regular part-time employees; and employees on sabbatical, health leave or approved leave of absence.</p> <p><b>Waiting Period</b> Available upon hire</p>	<p>Up to full tuition may be waived for undergraduate or graduate courses at any University of Massachusetts campus. (Excluded from this policy are continuing education courses and the medical doctoral program at the University of Massachusetts Medical School) for regular full-time employee and/or eligible family members. A regular part-time employee or family member may be granted up to seven tuition-free credits for courses. <i>Graduate courses taken by a spouse, domestic partner or dependent child are taxable.</i></p>
<p><b><u>Tuition Remission</u></b></p> <p>Massachusetts State or Community College</p>	<p>Regular full-time employees and their spouses, domestic partners and dependent children up to age 25 of both employees and their domestic partners; regular part-time employees; and employees on work related illness or injury leave of absence and employees on an approved unpaid leave of absence enrolled at any Massachusetts State Community College, State College or University pursuing an undergraduate or graduate degree, excluding the health doctoral program at the University of Massachusetts Medical School.</p> <p><b>Waiting Period</b> Available after six months of full-time employment or twelve month of part-time service as of the enrollment date.</p>	<p>A regular full-time employee and their spouse, domestic partner and dependent children up to age 25 are eligible for full tuition remission when enrolled in a full-time day program. A regular full-time employee and family member are eligible for 50% tuition remission when enrolled in an evening education program. A regular part-time employee and family member is eligible for 50% tuition remission when enrolled in a full-time day program and; a regular part-time employee and family member is eligible for 25% tuition remission when enrolled in an evening education program. <i>Graduate courses taken by a spouse, domestic partner or dependent child are taxable.</i></p>
<p><b><u>Tuition Assistance</u></b></p> <p>Any Accredited School or College</p>	<p>For full-time benefited employees who attend an accredited college or institution. Course must be related to present position and employee must receive a grade of "C" or better. Employee must maintain full-time status for the duration of course. GED or CLEP exams are eligible. This benefit can be used in conjunction with the Tuition Remission or Tuition Waiver.</p> <p><b>Waiting Period</b> Available after six months of full-time employment prior to start of course.</p>	<p>A regular full-time employee may receive up to \$200 per semester up to a maximum of \$400 each academic year.</p>

***NOTE: All tuition forms must be requested, completed and submitted to Human Resources prior to enrolling in a class and submitted to the college/university upon registration.***

## ***XII. PAID TIME OFF***

### **Holiday Time**

Holidays will be observed on the calendar day on which each falls except holidays occurring on a Saturday or Sunday, which will be observed on Friday or Monday as designated by UMMS. The following holidays are observed for all non-union, SHARE and NEPBA employees:

New Year's Day	Columbus Day
Martin Luther King Day	Veteran's Day
President's Day	Thanksgiving Day
Patriot's Day	Day after Thanksgiving Day
Memorial Day	Day before Christmas Day
Independence Day	Christmas Day
Labor Day	

### **Sick Time**

Sick time is provided for personal and/or family illness. Sick time is accrued each pay period based on straight time paid up to the maximum of the employee's regularly scheduled hours. A regular full-time employee is eligible to accrue a total of 120 hours per year. Regular part-time employees accrue sick time on a pro-rated basis.

### **Vacation Time**

Vacation time is accrued each pay period based on paid straight time up to a maximum of an employee's regularly scheduled hours.

A regular full-time **non-exempt** and SHARE employee is eligible to accrue vacation in accordance with the following schedule:

<b>LENGTH OF ACCRUAL SERVICE (months)</b>	<b>ACCRUED BI-WEEKLY (hours)</b>	<b>ACCRUED ANNUALLY (hours)</b>
<b>0 - 53</b>	<b>3.07</b>	<b>80</b>
<b>54 - 113</b>	<b>4.61</b>	<b>120</b>
<b>114 - 233</b>	<b>6.15</b>	<b>160</b>
<b>234 +</b>	<b>7.69</b>	<b>200</b>

A part-time employee is eligible to accrue a pro-rata number of hours of vacation in accordance with the schedule and his/her percentage of scheduled hours

A regular full-time **exempt** employee is eligible to accrue vacation in accordance with the following schedule:

LENGTH OF ACCRUAL SERVICE (months)	ACCRUED BI-WEEKLY (hours)	ACCRUED ANNUALLY (hours)
0 – 59	6.15	160
60 – 119	6.46	168
120 – 239	6.76	176
240+	7.07	184

A part-time employee is eligible to accrue a pro-rata number of hours of vacation in accordance with the schedule and his/her percentage of scheduled hours

### **Personal Time**

Personal time is awarded for personal business during the calendar year. If an employee is scheduled to work during one of his/her religious festivals or observances, preference will be given for personal time. Personal time not used by the end of the payroll year will be forfeited.

A full time employee employed before the start of a calendar year will be credited with 16 hours of personal time of the first day of the calendar year. Regular part-time employees employed before the start of the calendar year will be credited with a pro-rated award for personal time based on his/her percentage of time when personal time was awarded.

A full-time employee employed after the start of a calendar year, will be credited with personal time in accordance with the following schedule:

DATE OF HIRE OR PROMOTION INTO UNIT	NUMBER OF PAID PERSONAL LEAVE DAYS UPON HIRE
January 1 – April 30	2 days
May 1 – August 31	1 days
September 1 – December 31	0 days

A regular part-time employee employed after the start of a calendar year shall be credited with a pro-rated award based on the Personal Time Schedule above.

## **Vacation, Sick and Personal Time for Post Docs**

Full-time Post Docs will accrue vacation time at a rate of 120 hours per year (4.61 hours per pay period) and can accrue an unlimited number of vacation hours. However, the last full pay period of each fiscal year, vacation hours are capped at 240 hours. Full-time Post Docs will accrue 120 hours of sick time per year and can accrue a maximum of 960 hours of sick time. Personal time is awarded based on hire date. Full-time Post Docs hired on July 1 will receive 8 hours of personal time. Personal time does not carry over to the following year. Each January, Post Docs will be awarded 16 hours of personal time.

## **VI. OPEN ENROLLMENT DATES**

As a new hire you may enroll in any plan during the first 10 days of employment. If you do not enroll as a new hire, you must wait until the open enrollment periods noted:

**April/May** (*effective July 1*)

Health Insurance  
Health Insurance Buyout  
Dental Insurance  
Vision Insurance  
Sick Leave Bank  
Child Care Assistance  
Program  
Flexible Spending Accounts

**October/November** (*effective January 1*)

Health Insurance Buyout  
MetLaw

**NOTE:** *Certain family status changes may enable you to enroll other than as a new hire or during open enrollment. Please go to the Benefits website (Life Events section) for more information.*

## **Contacts**

[Benefits.umms@umassmed.edu](mailto:Benefits.umms@umassmed.edu)  
<http://www.umassmed.edu/hr/benefits/>

**Benefits Service Center**  
**Benefits Fax Number**

**(508) 856-5260, Option 1**  
**(508) 856-4049**

Other Information		
GIC-Health/Life Insurance/LTD	1-617-727-2310	<a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
UNUM -LTD Plan	1-877-226-8620	
State Retirement Board	1-617-367-7770	<a href="http://www.mass.gov/treasury/retirement/">http://www.mass.gov/treasury/retirement/</a>
UMMS Policies		<a href="http://inside.umassmed.edu/hr/policies">http://inside.umassmed.edu/hr/policies</a>
CIGNA Dental	1-800-244-6224	<a href="http://www.cigna.com">www.cigna.com</a>
Guardian Vision Plan	1-888-600-1600	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Credit Union-UMass5	1-800-852-5886	<a href="http://www.umassfive.org">www.umassfive.org</a>
Metropolitan Life/MetPay	1-800-438-6381	Group Discount Code: 05T
MetLaw	1-800-438-6388	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
ASI Flex-FSA Vendor	1-800-659-3035	<a href="http://www.asiflex.com/gic">www.asiflex.com/gic</a>
UFUND-529 College Savings	1-800-FIDELITY	<a href="http://www.fidelity.com/ufund">www.fidelity.com/ufund</a>
Employee Discount Plans		<a href="http://inside.umassmed.edu/purch/">http://inside.umassmed.edu/purch/</a>
Social Security	1-800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>

## ***VII.SUBMISSION OF BENEFITS PAPERWORK***

Completed benefits enrollment forms must be submitted to the Benefits Service Center within 10 days of hire date and absolutely no later than 21 days of hire.

Submission of late forms will result in delay of benefits and possible out-of-pocket expenses for the employee.

Paperwork can be submitted in the following ways:

- Via Email to [Benefits.UMMS@umassmed.edu](mailto:Benefits.UMMS@umassmed.edu)
- Via Fax to 508-856-4049