

The background of the entire page is a photograph of a family—a woman, a man, and a child—sitting on a grassy field. The woman is on the left, wearing a white dress, looking towards the man and child. The man is on the right, wearing a blue shirt and dark pants, laughing with his hands covering his eyes. The child is in the middle, wearing a white shirt and a yellow vest, also smiling. The scene is bathed in warm, golden light, suggesting late afternoon or early morning. A large, semi-transparent blue hexagonal shape is overlaid on the right side of the image, containing the text.

OPEN **FY18** ENROLLMENT BENEFITS GUIDE

Discover Your Total Rewards

What's Inside



FEDERAL GOVERNMENT-REQUIRED NOTICES AND CERTIFICATIONS

Click here to access the required notices (the Women's Health Notice, Health Care Reform Patient Protections, HIPAA Privacy Notice, Your Continuation Coverage Rights Under COBRA and Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP). Or, you may request a printed copy by calling the USP Benefits Call Center at **800-820-5090**.

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This benefits guide and the online benefits enrollment tool at hris.usp.org highlight the health and welfare benefit plan choices available to eligible employees and their dependents. This enrollment guide serves as a summary of material modification to the benefits described in the official summary plan descriptions. The benefits you receive are based upon the plan's official plan documents, not this guide or any other written or oral statement. If there is a conflict between this guide and the official plan documents, the official plan documents prevail in all cases. USP reserves the right at any time to change or terminate these plans.



YOUR USP TOTAL REWARDS

Each year, USP makes a significant investment in our Total Rewards. USP Total Rewards includes base pay, bonus and benefits.

USP is committed to providing you with a competitive Total Rewards package that is the same or better than similar organizations. During recent competitive benchmarking, key findings prompted some changes. To balance increased investment in the Success Sharing Plan (SSP) incentive pay targets, minor changes have been made to USP's medical plans to encourage smarter, more efficient use of key benefits which better aligns with current market practices. This includes adjustments to copay levels for various service providers.

WHAT YOU NEED TO KNOW FOR FY18

- **Everyone Must Enroll: June 1 – 16, 2017** – You must enroll this year even if you choose to keep your current elections. By taking an active role in understanding your historical and anticipated future healthcare insurance needs, and aligning that to current USP benefits offerings, you can ensure you and your family select the plan that is best for you. Starting June 1, you can enroll by logging on to: hris.usp.org. Remember, you cannot change your benefit elections during the year unless you have an IRS-qualified life event.
- **Silver Medical Plan Remains Unchanged** – The Silver Plan provides comprehensive coverage while effectively managing costs for employees and USP. As a result, there will be no benefit changes or increases to cost for coverage for the Silver Plan with UnitedHealthcare.
- **Changes to Gold and Platinum Medical Plans** – The Gold and Platinum Plans provide a generous level of benefits with UnitedHealthcare. For the Gold Plan, the specialist copay, in-network deductible, and prescription drug copay will increase. For the Platinum Plan, the out-of-network deductible, specialist copay, and prescription copay will increase.
- **Dental Plans Remain Unchanged** – There are no plan design changes or increases to biweekly premiums for the Dental Gold and Platinum Plans with Delta Dental.
- **Enhanced Vision Coverage** – The allowance for frames will increase from \$120 to \$150 and elective contact lenses from \$120 to \$130. This plan enhancement does not change your biweekly premiums.
- **New Health Care Flexible Spending Account Limit** – The IRS has increased the Health Care Flexible Spending Account limit from \$2,550 to \$2,600. A Flexible Spending Account allows you to contribute pre-tax money into an account you use to pay for certain IRS eligible out-of-pocket healthcare costs. The Dependent Care Flexible Spending Account limit remains at \$5,000. The maximum contribution amount is set by the IRS. As a reminder, contribution elections to Flexible Spending Accounts do not carry over from one plan year to the next, so you will need to make an active election to continue to fund these accounts in FY18.
- **Extended Coverage to Meet Staff Needs** – In support of USP's commitment to provide comprehensive benefits which meet the needs of our diverse community, we will extend the following:
 - **Coverage for Transgender Benefits** – Coverage cannot be denied based on sex, gender identity or sex stereotyping. Treatments must be consistent with gender identity and cannot be denied or limited for services ordinarily available to individuals based on services identified as belonging to another gender. Coverage is also expanded to include gender transformation surgery and other related surgeries.
 - **Coverage for Applied Behavioral Analysis** – Consistent with emerging trends and regulatory requirements, coverage will be expanded to include behavioral treatment for Autism Spectrum Disorder.

There are no plan changes to other benefit offerings for FY18.



YOUR BENEFITS AT-A-GLANCE

USP Total Rewards provides you with the benefits you need to protect yourself and your family today and tomorrow. From comprehensive healthcare options to retirement savings, you can have peace of mind that your personal and financial wellbeing are protected.

BENEFIT	COVERAGE
You and USP Share the Cost	
Medical (including prescription drug coverage)	You can choose from three medical plans: <ul style="list-style-type: none"> • Silver • Gold • Platinum
Dental	You can choose from two dental plans: <ul style="list-style-type: none"> • Gold • Platinum
Vision	You can elect comprehensive vision coverage through VSP.
Retirement (401(k) Savings Plan)	You can contribute pre-tax up to the IRS limits. USP contributes 10 percent for eligible employees.
Transportation Program	If you use public transportation to commute to and from work, USP will pay up to \$100 per month for eligible transportation expenses. You can also contribute up to \$155 per month on a before tax basis. If you bike to work on a regular basis, USP will reimburse you \$20 per month.
USP Provides at No Cost to You	
Short-Term Disability (STD)	You receive STD coverage as outlined in the plan schedule.
Long-Term Disability (LTD)	You receive LTD coverage equal to 60 percent of your base monthly earnings up to \$10,900/month.
Group Life Insurance	You receive life insurance equal to two times your base salary up to \$500,000.
Group Accidental Death & Dismemberment Insurance (AD&D)	You receive AD&D insurance equal to two times your base salary up to \$500,000.
Inova Employee Assistance Program (EAP)	You can access free, confidential short-term counseling for personal or work-related issues and dependent care referrals for you and your family.
You Pay the Full Cost	
Health Care Flexible Spending Account	You can contribute up to \$2,600 on a before-tax basis to pay for eligible healthcare expenses.
Dependent Care Flexible Spending Account	You can contribute up to \$5,000 on a before-tax basis to pay for eligible dependent care expenses.
Supplemental Life Insurance	You may purchase supplemental life insurance for you and your dependents.
529 College Savings Plans	USP sponsors the Virginia College Savings Plan, the D.C. College Savings Plan and the College Savings Plan of Maryland. USP will pay up to \$75 toward the application/enrollment fee for the first account you open.



ENROLLMENT OVERVIEW

All employees must enroll this year – even if you choose to keep your current elections. Open Enrollment for your FY18 (July 1, 2017 – June 30, 2018) benefits will be held June 1 – 16, 2017.

YOUR ELIGIBILITY

You are eligible to participate in USP's benefit program if you are a USP employee who is scheduled to work at least 20 hours per week.

YOUR DEPENDENTS' ELIGIBILITY

Eligible dependents include:

- Your legal spouse
- Your domestic partner* (opposite-sex or same-sex). Complete and submit the Affidavit for Domestic Partnership and provide the appropriate documentation listed on the certification prior to enrollment.
- Dependent child(ren) through the month of their 26th birthday. Your domestic partner must be enrolled in benefits for his/her dependent(s) to be eligible for coverage.
- An unmarried child age 26 or older who is or becomes incapable of self-support because of a certified mental or physical condition and is dependent upon you.
- An unmarried child for whom you, your spouse or domestic partner is required by qualified medical child support order to provide health coverage.

* For the purposes of this guide, wherever the term spouse appears it also applies to domestic partners.

COVERAGE LEVELS

For the medical, dental and vision plans, you can choose from four levels of coverage:

- Employee Only
- Employee + Child(ren)
- Employee + Spouse
- Employee + Family

HOW TO ENROLL OR MAKE CHANGES

During enrollment, you may: enroll, change or drop coverage, add or drop dependents, and elect to contribute to a Flexible Spending Account (FSA). If you do not make an active FSA election, your FY18 contributions will default to zero. Take these three simple steps to select the best coverage for you and your family:

- 1. Review your options** – Review this benefits guide; it includes information to help you select the coverage options that are best for you and your family.
- 2. Consider your needs** – Talk with your family about your healthcare needs for the upcoming year. Review your current healthcare usage and consider how that may change for the upcoming year.
- 3. Get ready...enroll** – To enroll, log on to hris.usp.org during the Open Enrollment period – June 1 – 16, 2017. Be sure to click submit after you have selected your FY18 benefits. If you do not click submit, your benefit selections will not be saved.

IT'S A ONCE A YEAR OPPORTUNITY

The elections you make will remain in place through June 30, 2018. You cannot change your benefit elections during the year, unless you have an IRS-qualified life event. For example, your marriage, divorce/legal separation or annulment, birth or adoption of a child, loss of coverage by a spouse or dependent and moving in or out of a network area. If you have a qualified life event and want to make changes, you must submit your request and supporting documentation to Human Resources within 30 days of the life event.

MEDICAL

USP offers you a choice of three medical plans through UnitedHealthcare:

- Silver – HMO Choice
- Gold – HMO Choice
- Platinum – POS Choice Plus

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 refer to the **Required Notices** for more details.

HOW THE MEDICAL PLANS ARE ALIKE

All of the USP medical plans provide:

- Comprehensive medical and prescription drug coverage
- Coverage for pre-existing conditions
- National network of providers (international coverage is only available for emergency care)
- Access to specialist care without referrals
- Protection with no lifetime benefit maximum
- Convenient claim filing (you are only responsible for filing out-of-network claims with the Platinum Plan)

CHOOSING A PROVIDER

With all of the medical plans, you are not required to select a Primary Care Physician (PCP). However, it is a good idea to rely on a PCP to provide routine checkups, treatment when you are ill and guidance on specialist care when necessary. With the Silver and Gold Plans, you must choose a provider who participates in the network. With the Platinum Plan, coverage is provided in- and out-of-network; but you will receive a higher level of benefits when you use in-network providers. To find a participating provider, visit www.myuhc.com.



WHICH PLAN IS BEST FOR ME?

Compare the Total Cost of Coverage

When comparing USP's medical plans, it is important to compare the total cost of coverage – your biweekly, pay period costs as well as your out-of-pocket expenses. With the Silver and Gold Plans, you will pay a lower premium but will be required to satisfy an annual deductible (for specific services) before the plan pays benefits. With the Platinum Plan, you will pay a higher premium but when you use in-network providers you do not need to pay an annual deductible before the plan pays benefits. Use the **Medical Benefits Summary** to compare the plans and determine your total cost for coverage.

MEDICAL BENEFITS SUMMARY

	SILVER	GOLD	PLATINUM	
YOUR BIWEEKLY COST				
Employee Only	\$20.20	\$42.80	\$58.07	
Employee + Child(ren)	\$47.57	\$100.80	\$136.73	
Employee + Spouse	\$36.37	\$77.05	\$104.52	
Family	\$63.73	\$135.05	\$183.19	
PLAN FEATURE	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible*				
Per Person	\$250	\$500	\$0	\$500
Family	\$500	\$1,000	\$0	\$1,000
Annual Out-of-Pocket Maximum				
Per Person	\$3,500	\$2,000	\$2,000	\$2,000
Family	\$7,000	\$4,000	\$4,000	\$4,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Office Visits				
Preventive Care	\$0	\$0	\$0	You pay 20% after deductible
Virtual Visit	\$20 copay	\$10 copay	\$10 copay	N/A
Primary Provider Visit	\$30 copay	\$20 copay	\$20 copay	You pay 20% after deductible
Specialist Visit	\$40 copay	\$35 copay	\$35 copay	You pay 20% after deductible
Urgent Care	\$35 copay	\$35 copay	\$35 copay	You pay 20% after deductible
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Hospitalization				
Inpatient/Outpatient	You pay 10% after deductible	100% after deductible	Covered in full	You pay 20% after deductible**
Outpatient Diagnostic Services				
X-ray	Covered in full	Covered in full	Covered in full	You pay 20% after deductible
Mammography	Covered in full			
CT Scan, Pet Scan and MRI	You pay 10% after deductible			
Prescription Drugs				
Tier 1 – Generic				
Retail Network	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Home Delivery (up to 90 day supply)	\$25 copay	\$25 copay	\$25 copay	N/A
Tier 2 – Preferred Brand				
Retail Network	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Home Delivery (up to 90 day supply)	\$75 copay	\$75 copay	\$75 copay	N/A
Tier 3 – Non-Preferred Brand				
Retail Network (30 days)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Home Delivery (up to 90 day supply)	\$125 copay	\$125 copay	\$125 copay	N/A

* Once an individual has reached the per person deductible, the plan will begin to pay benefits for that individual. If the family deductible is met, the plan will begin to pay benefits for all covered dependents.

** Prior notification is required for certain services.

DENTAL

USP offers you a choice of two dental plans through Delta Dental.

Both dental plans cover preventive, basic, and major services with the ability see the dental provider of your choice. However, you will receive a higher level of coverage when you use network providers.

The main difference between the plans is in how covered services are paid. In addition, orthodontia benefits are only available with the Platinum PPO plan.



WHICH PLAN IS BEST FOR ME?

Consider Your Dental Needs

Consider your family's dental care needs for the upcoming year. Estimate what your out-of-pocket expenses would be for each plan as well as the premiums.

	GOLD		PLATINUM	
YOUR BIWEEKLY COST				
Employee Only	\$1.20		\$9.61	
Employee + Child(ren)	\$2.15		\$25.14	
Employee + Spouse	\$2.55		\$18.98	
Family	\$3.51		\$34.67	
PLAN BENEFIT	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Annual Deductible**				
Per Person	\$50	\$100	\$50	\$50
Family	\$150	\$300	\$150	\$150
	(on basic and major services)	(on preventive, basic and major services)	(on basic and major services)	
Annual Maximum*** (does not apply to diagnostic, preventive and sealant services)	\$2,000		\$2,000	
Preventive and Diagnostic	100%	100%	100%	100%
Basic (Anesthesia, Simple Extractions, Oral Surgery, Fillings, Repair and Maintenance of Crowns, Bridges, and Dentures)	80%	60%	90%	80%
Major (Root Canal, Periodontic Surgery, Scaling and Root Planning, Complex Extractions, Bridges and Dentures, Single Crowns, Implants, Inlays and Onlays)	50%	30%	60%	50%
Orthodontia (for children up to age 19)	Not Covered		50%	50%
Orthodontic Lifetime Maximum	Not Covered		\$1,500	

* Reimbursement for out-of-network providers is based on the in-network fee schedule. If you see out-of-network provider, you are responsible for filing the claim.

** Once an individual has reached the per person deductible, the plan will begin to pay benefits for that individual. If the family deductible is met, the plan will begin to pay benefits for all covered dependents.

*** Delta Dental pays a maximum benefit for all services per individual in each calendar year. Once this maximum is reached, no further benefits are payable during the calendar year.

VISION

While USP's medical plans provide coverage for an eye exam every 24 months, USP also offers a nationwide vision care plan administered through VSP.

The vision care plan provides coverage for prescription lenses and frames, or contact lenses, and a complete annual eye exam for a low biweekly cost. You can participate in the vision plan without being enrolled in USP's medical plans.

You can visit an optometrist or ophthalmologist within the VSP network or you may choose to visit an out-of-network provider, which may result in higher out-of-pocket costs. If you visit an out-of-network provider, you must submit a claim to be reimbursed.

YOUR BIWEEKLY COST		
Employee Only		\$1.51
Employee + Child(ren)		\$2.50
Employee + Spouse		\$2.45
Family		\$4.03
PLAN BENEFIT	IN-NETWORK	OUT-OF-NETWORK*
Examinations		
WellVision Exam® (for exam and glasses)	\$10 copay	Up to \$50
Contact Lens (instead of glasses)	Up to \$60 copay	May apply allowance toward cost
Lenses		
Single	\$0 copay	Up to \$50
Lined Bifocal	\$0 copay	Up to \$75
Lined Trifocal	\$0 copay	Up to \$100
Lenticular	\$50 – \$160 copay	Up to \$125
Frames	Up to \$150 allowance	Up to \$70
Contact Lenses		
Elective	Up to \$130	Up to \$105
Necessary	Covered in full	Up to \$210
Frequency of Service		
Vision Examinations		12 months
Lenses		12 months
Frames		12 months
Contact Lenses*		12 months

* Examination and material copays still apply.

FLEXIBLE SPENDING ACCOUNTS



USP offers two Flexible Spending Accounts (FSAs) – the Health Care FSA and Dependent Care FSA. The money you contribute to these accounts is deducted from your paycheck before federal, state and Social Security taxes are calculated.

You can use the Health Care FSA to pay for eligible medical, dental and vision care expenses not covered by your insurance plan or elsewhere. The Dependent Care FSA can be used to save on eligible day care expenses. It's a smart, simple way to save money while keeping you and your family healthy and protected.

The FSA are administered by Wage Works. **To participate, you must enroll each year.**

TYPE OF ACCOUNT	CONTRIBUTION LIMITS	ELIGIBLE EXPENSES
Health Care Flexible Spending Account (FSA)	\$2,600* per year	Copays, deductibles, coinsurance, orthodontia, contact lenses and solutions, laser eye surgery, hearing aids, chiropractor visits, and other healthcare expenses that may not be fully covered by insurance. Important Note: You cannot use your Health Care FSA to purchase over-the-counter medications (such as allergy medicines, etc.), unless you have a prescription from your healthcare provider.**
Dependent Care Flexible Spending Account (FSA)	\$2,500* per year, if married and filing separate income tax returns \$5,000 per year, if single or married and filing joint income tax returns	Licensed day care, in-home care, elder care, day camp and nursery school (if expenses are for a dependent child, the child must be under age 13)

This is a partial list of eligible expenses. For a more complete list of eligible healthcare expenses, go to: www.irs.gov/publications/p502. For dependent care expenses, go to: www.irs.gov/publications/p503.

* 2017 limits, subject to change annually by the IRS.

** Reimbursement requests for prescribed over-the-counter medications must be processed using a paper claim form, accompanied by the physician prescription and a copy of the receipt.

Note: Domestic partners and their dependent children are not eligible for benefits coverage under the Flexible Spending Accounts.



IS A HEALTH CARE FSA RIGHT FOR ME?

Estimate Your Savings

A Health Care FSA can save you from 20 percent to more than 40 percent of the amount you would normally pay out-of-pocket for these eligible expenses. You may want to consider participating in a Health Care FSA if...

You have medical, dental, or vision expenses that are not covered by your insurance plans, such as deductibles, copays, coinsurance, or amounts in excess of usual and customary limits.

You have prescription drug expenses that are not covered by the medical plan or dental plan, such as deductibles or copays.

You plan to buy new eyeglasses or contact lenses, or are you considering laser vision correction.

You expect orthodontia expenses that are not covered by insurance.

To calculate your savings, use the **FSA Calculator.**

FSA REIMBURSEMENT

The WageWorks Card allows you to pay for many healthcare expenses at the point of sale. The debit card automatically deducts pre-tax money from your Health Care FSA for eligible purchases, including dental and some medical expenses. In addition to healthcare providers, the debit card can be used at certified pharmacies and retailers such as Wal-Mart, Walgreens, Target, CVS, and Harris Teeter for eligible expenses such as bandages, contact lenses cleaning supplies and reading glasses.

You do not need to submit your receipts for eligible healthcare expenses when using a certified pharmacy or retailer. However, it is recommended that you keep all receipts for IRS purposes. The debit card is also easy to use for mail-order prescriptions.

You can also submit a claim form to receive reimbursement via www.wageworks.com or the mobile application.

PLAN CAREFULLY: USE IT OR LOSE IT

Because of the tax advantages these accounts provide, IRS regulations require that unused money left in your Health Care FSA and/or Dependent Care FSA at the end of the plan year must be forfeited. **The plan year for USP's FSAs is 14½ months and runs from July 1 through September 15. Eligible expenses you incur during this time may be reimbursed from your FSA. All claims for reimbursement must be postmarked by September 30.**

INCOME SECURITY



GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

USP provides you with Group Life and AD&D Insurance equal to two times your base salary rounded to the highest \$1,000 up to a maximum of \$500,000. At age 65, the benefit is reduced to 65 percent and at age 70, the benefit is reduced to 50 percent.

Please note, employer-paid coverage amounts over \$50,000 are subject to imputed income.

SUPPLEMENTAL LIFE INSURANCE

You can purchase Supplemental Life Insurance for you and your dependents through Cigna. To participate or increase your coverage, you must complete a paper enrollment form. After your initial enrollment period and/or to elect coverage that exceeds the guaranteed issue limit, you will need to provide Evidence of Insurability before your coverage takes effect.

COVERAGE TYPE	COVERAGE AMOUNT	GUARANTEED ISSUE LIMIT*
Supplemental Employee Life	\$10,000 to \$500,000 in \$10,000 increments	\$150,000
Spousal/Domestic Partner Life Insurance	\$5,000 to \$100,000 in \$5,000 increments Up to 50% of your coverage amount	\$50,000
Children's Life Insurance (your and/or your domestic partner's dependent child(ren) under age 19 (or under age 25 if they are full-time students))	\$2,000 to \$10,000 in \$2,000 increments	N/A

* If you are a new hire within your initial eligibility period, you may elect coverage up to the guaranteed issue amount without being subject to medical underwriting. Late applicants and amounts exceeding the Guarantee Issue Limit are subject to medical underwriting.

SHORT-TERM DISABILITY (STD)

STD provides you with partial salary continuation in the event you are unable to work due to a medically certified, non-work related injury or illness. USP pays the entire cost of this coverage. If approved for coverage, you receive STD benefits after a seven-day waiting period. Accrued sick leave and/or vacation leave may be used during the waiting period until coverage begins.

STD benefits are paid according to the following schedule:

Week 1	No STD benefit (employees can use accrued leave or leave without pay if there are no accrued leave benefits available)
Weeks 2 – 3	100% of base salary
Weeks 4 – 7	75% of base salary
Weeks 8 – 13	66.67% of base salary

The maximum benefit period is 13 weeks. Benefits are taxable as regular income. Accrued sick time or vacation time may be used during the disability period to make up the difference between 66.67% of pay and 75% of pay to receive 100% of pay, if you choose to use accrued time off in that manner.

LONG-TERM DISABILITY (LTD)

USP provides you with LTD insurance at no cost to you. Coverage is administered through Cigna and provides a monthly benefit for disability caused by injury or illness. After a 90-day waiting period, LTD pays 60% of your base monthly earnings, up to a maximum monthly benefit of \$10,900.



WORK-LIFE

EMPLOYEE ASSISTANCE PROGRAM

The Inova Employee Assistance Program (EAP) is a confidential service that can help you and your family manage problems that impact your productivity, health, safety, or quality of life. The program is provided at no cost to you and offers short-term counseling for personal or work-related issues.

EAP counselors are available 24/7 to assist you in assessing problems and locating the right resources to help address issues both big and small. The EAP can help you better manage:

- Stress
- Marital and family problems
- Parenting, child development and adoption
- Grief, depression or anxiety
- Financial and legal issues
- Identity theft
- Elder care and child care
- Healthy living

The program also provides dependent care referrals and specialized resources for health and wellness, household maintenance, leisure and entertainment activities, and pet services. To access these resources online, visit www.inova.org/eap and enter “usp” for the username and password.

For more information or to talk with a counselor, call **800-346-0110** or **877-845-6465 (TDD)**.

529 COLLEGE SAVINGS PLAN

USP sponsors the Virginia College Savings Plan, the D.C. College Savings Plan and the College Savings Plan of Maryland. Maryland and Virginia offer both a prepaid college savings plan and an investment college savings plan. D.C. offers the investment college savings plan only. USP will pay up to \$75 toward the application/enrollment fee for the first account you open.

TRANSPORTATION PROGRAM

SmartBenefits®

If you use public transportation to commute to work on a daily basis, USP will reimburse you \$100 per month for commuting expenses. In addition, you may contribute up to \$155 per month on a pre-tax basis to pay for eligible commuting expenses.

The program is provided through the Washington Metropolitan Area Transit Authority’s (WMATA) SmartBenefits® program. SmartBenefits® is a web-based program that loads the dollar value of your commuter benefits electronically onto SmarTrip® cards. If you use MARC, VRE, or the MTA bus for any portion of your commute to work, you will receive SmartBenefits® vouchers.

To purchase and register your SmarTrip® card, visit www.wmata.com.

Bike to Work Reimbursement

If you bike to work on a regular basis, USP will reimburse you \$20 per month. This benefit may not be combined with SmartBenefits®.

To enroll in the Transportation Program, use the forms available on USP’s [HRIS homepage](#) under the Benefit Forms section.



401 (K) SAVINGS PLAN

The USP 401(k) Savings Plan administered through Transamerica Retirement Solutions can help you reach your long-term financial goals.

The 401(k) Savings Plan accepts both USP's contributions and employee contributions. You may contribute up to 100 percent of your salary on a pre-tax basis, up to the IRS limits. In 2017, the IRS limits (subject to change each year) are:

- \$18,000 for employees under age 50; and
- \$24,000 for employees age 50 and older.

You are eligible to receive an employer contribution when you reach age 21 and have worked a minimum of 1,000 hours in a 12-month period (after one year of service). Once you are eligible, USP will contribute 10 percent to your account each pay period. This contribution is based on your total compensation and deposited on a tax-deferred basis with immediate vesting.

The plan offers 25 investment options, including an array of target date retirement funds. Stable value, money market, bonds, equities, social choice, emerging markets, and real estate investment options are also available.

There is no waiting period to participate in the 401(k) Saving Plan. If you are a new hire and do not enroll in the Plan within 45 days, you will automatically be enrolled to make pre-tax salary contributions at a rate of 3 percent of your eligible compensation. At any time, you may change your contribution rate, as well as elect not to participate through the plan's opt-out process.

To enroll, change your contribution, or access information about the plan, visit usp.trsuretire.com or call **800-755-5801** to speak to a representative.



WHERE TO GO FOR HELP

The USP Benefits Call Center is available to help you enroll and answer questions about your USP benefits. Call **800-820-5090** Monday through Friday, from 8:30 a.m. – 5:00 p.m., Eastern or send an email to: pabenefits@cbiz.com. To enroll, log on to: hris.usp.org.

FOR QUESTIONS ABOUT...	CONTACT	PHONE	ONLINE
Medical	United Healthcare	888-350-5613	www.myuhc.com
Dental	Delta Dental	800-932-0783	www.deltadentalins.com
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts	WageWorks	877-924-3967	www.wageworks.com
401(k) Saving Plan	Transamerica Retirement Solutions	800-755-5801	usp.trsrretire.com
Employee Assistance Program	Inova	800-346-0110 877-845-6465 TTY	www.inova.org/eap
Life and Disability	Cigna	800-362-4462	www.cigna.com
529 College Savings Plan	District of Columbia Maryland Virginia	800-368-2745 888-463-4723 888-567-0540	www.dccollegesavings.com www.collegesavingsmd.com www.virginia529.com
Transportation Program	SmartBenefits	888-762-7874	www.wmata.com Email: smartrip@wmata.com
USP Total Rewards <ul style="list-style-type: none"> • Enrollment • Eligibility • General questions 	USP Benefits Call Center	800-820-5090	Email: pabenefits@cbiz.com

If you still need assistance, contact an HR representative:

Robin Martin
Manager, Benefits and Wellness
301-692-3334
rem@usp.org

Nisha Parekh
HR Coordinator
301-816-8268
nap@usp.org

