Welcome to your 2014 Open Enrollment Benefits Guide

Please review this Open Enrollment Benefits Guide very carefully before making your benefit elections for the 2014 Plan Year.

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The University of South Alabama is committed to providing all benefits-eligible employees and eligible dependents with a quality health and dental plan at an affordable cost for employees.

In order to fulfill this commitment now and over the long term, the University of South Alabama must manage the employee benefits program in a smart, efficient manner. Medical inflation combined with the increased costs of new federal legislation make health care increasingly expensive each year for you and the University.

Like most health insurance plans nationally, medical and prescription costs to the USA Health & Dental Plan have been increasing rapidly each year. These expenses represent the largest cost to the University of South Alabama benefits program. Unfortunately, this trend is expected to continue in 2014. Also, as a result of a magnitude of mandates in Health Care Reform, our plan is subject to a number of direct and indirect changes that add to our costs. Blue Cross Blue Shield of Alabama has projected that the cost of insuring USA’s employees in the coming year will be greater than the premiums paid by the University and its employees during 2013.

There is no easy solution to address the issue of escalating health care costs. However, the University continues to evaluate ways and implement changes to keep the plan reasonably priced while controlling the costs for you and the University. The plan is self-funded, which means that the University and employees share the costs and responsibility to manage the plan efficiently.

With the University and its employees working together, the following steps will help sustain the plan and keep premium costs to a minimum:

1. Your USA Fringe Benefits Committee (FBC) recommended and Acting President John Smith approved premium changes that have been adopted for the 2014 plan year (see the changes listed on the right side of the page.)

2. To reduce overall costs, employees and dependents are strongly encouraged to consider the following:
   - Make healthier lifestyle choices (visit www.behealthy.com for more information).
   - Partner with your physicians to get appropriate preventive screenings.
   - Consider generic medications, when available, to decrease your copays.

3. As part of our commitment to control costs, an audit to identify ineligible dependents will be conducted in the near future. Employees are reminded that keeping ineligible dependents on the plan will result in the employee being required to reimburse the health plan for any claims incurred. Please review your list of benefits-eligible dependents and immediately remove any who may be ineligible. Contact your Human Resources office if you have questions about dependent eligibility.

During open enrollment, eligible faculty, staff, and administrative employees may enroll in the USA Health & Dental Plan and/or add eligible dependents with coverage to be effective January 1, 2014. If you are currently enrolled in the USA Health & Dental Plan and wish to make no change in coverage, no action is required on your part.

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* includes non-tobacco wellness incentive of $25
ANNUAL OPEN ENROLLMENT PERIOD

The open enrollment period is from November 1 through November 30, 2013.

During open enrollment, eligible faculty, staff, and administrative employees may enroll in the USA Health & Dental Plan, add eligible dependents to coverage, or remove dependents from coverage to be effective January 1, 2014. Open Enrollment is also your opportunity to make benefit selections for SouthFlex Flexible Spending Accounts for 2014. This also applies to employees of the USA HealthCare Management, LLC.

USA Health & Dental Plan enrollment forms are available online at an open enrollment link on the Human Resources website at www.southalabama.edu/hr beginning November 1, 2013.

If you are currently enrolled in the USA Health & Dental Plan, and wish to make no change in coverage, no action is required. Your current benefit elections will automatically continue for 2014.

SouthFlex information and enrollment forms are available online at an open enrollment link on the Human Resources website at www.southalabama.edu/hr beginning November 1, 2013. The enrollment form may be completed online. You may scan and e-mail your form to hrmaincampus@southalabama.edu. You may also fax the form to Human Resources at (251) 460-7483.

If you wish to participate in the SouthFlex Health Care and/or Dependent Care Flexible Spending Accounts for 2014, you must enroll (or re-enroll). Participation in the reimbursement accounts does not automatically continue from year to year.
If you have not already done so, now may be a good time for you to consider participating in SouthFlex, a plan designed to increase your disposable income by reducing the amount of taxes you pay. Enrollment in SouthFlex will allow you to be reimbursed for copays and deductibles on a pre-tax basis.

The annual enrollment and re-enrollment in the SouthFlex Health and Dependent Care Flexible Spending Accounts must be made during Open Enrollment to be effective January 1, 2014. The Health Care Reform Act reduced the annual limit on employee salary reduction contributions to the Health FSA from $5,000 to $2,500, effective January 1, 2013. Unused employee contributions to the Health FSA for the 2013 plan year that are carried over into the grace period for that plan year will not count toward the $2,500 limit for the 2014 plan year.

SouthFlex information and enrollment forms are available online at an open enrollment link on the Human Resources website at www.southalabama.edu/hr beginning November 1, 2013. The enrollment form may be completed online. You may scan and e-mail your form to hrmaincampus@southalabama.edu. You may also fax the form to Human Resources at (251) 460-7483.

Current participants: You must re-enroll during the 30-day Open Enrollment period beginning November 1, 2013, in order to participate during the 2014 benefit year.

Please note that over-the-counter drugs are no longer eligible for reimbursement without a doctor’s prescription. This was eliminated as a benefit under the Plan by the federal Health Care Reform Act.

There are no changes to the annual maximum employee salary reduction contribution for the Dependent Care FSA, which remains at $5,000, or $2,500 for married taxpayers filing separate returns.

Helpful Tips to MAXIMIZE YOUR BENEFITS and SAVE MONEY

- Enroll in the SouthFlex health care and/or dependent care flexible spending accounts. You can save 30 percent or more by paying for eligible out-of-pocket health care and day care expenses with tax-free dollars.

- Ask your doctor to prescribe generic drugs when available and appropriate. Generic prescriptions have lower co-pays.

- Use a USA Health System provider or a BCBS participating network physician, dentist or vision provider. In-network providers have agreed to lower contracted rates.

- Become familiar with your health and dental benefit plan design and review your explanation of benefits forms from Blue Cross Blue Shield of Alabama. Do not pay more for services than you should.

- Attend the annual Employee Benefits Fair to meet benefit representatives and ask questions about your benefits.

- Be a judicious user of health care. Go to the doctor only when it is appropriate to do so.
Easy Access To Preferred Blue Account Information Is At Your Fingertips...www.bcbsal.com Or Alabama Blue Mobile App!

At Blue Cross and Blue Shield of Alabama, your ability to access and manage your Preferred Blue Account is very important to us. That’s why, whether you need to file a request for reimbursement, submit receipt documentation, or just want to view your Preferred Blue Account history, we’ve made it easy for you on our website at www.bcbsal.com or with the Alabama Blue mobile app.

From our home page, select “Health Plans” on the menu bar. Then, choose “Preferred Blue Accounts” for general information including...

• How health Flexible Spending Accounts (FSA) work
• Which health FSA expenses are eligible for reimbursement
• How a health FSA can reduce your taxes
• Health FSA Tax Savings Calculator
• Preferred Blue Account forms and materials
• Frequently asked questions

Register and/or sign in at “myBlueCross Member Login” to access your personal Preferred Blue Account information. After signing in you can:

• File a request for reimbursement
• Submit receipts
• View a summary of your account to help track your account balance
• View your transaction history

Remember, we’re here to help answer any questions you may have about your Preferred Blue Account. Call 1-800-213-7930 and a Blue Cross and Blue Shield of Alabama representative will be happy to assist you.
USA Health & Dental Plan - GRANDFATHERED STATUS

The USA Health & Dental Plan now has two plans with eligibility based on the employee’s date of employment.

The USA Health & Dental **Base Plan (employed before January 1, 2013)** is a “grandfathered plan” under the Health Care Reform Act also known as the Patient Protection and Affordable Care Act (PPACA). As permitted by the Act, a grandfathered plan may preserve certain basic health coverage that was already in effect when that law was enacted. As a grandfathered plan, the USA Health & Dental Plan may not include certain consumer protections of the Act that apply to other plans; for example, the requirement for the provision of preventive health services without any cost sharing.

The USA Health & Dental **Standard Plan (employed on or after January 1, 2013)** is not a grandfathered plan under PPACA and must comply with all the Act’s provisions including expanded preventive wellness benefits, quality of care reporting, coverage for clinical trials, third-party appeal procedure, and cost sharing limitations.

Questions regarding which protections may or may not apply to a grandfathered health plan and what might cause a plan to change its status can be directed to the Human Resources Department.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at: 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

Is your **Beneficiary Information** Up-to-Date?

Have you had any life changes or updates to your beneficiary information since you began employment with the University? Each time there is a life change event such as a marriage, birth, divorce, death of a spouse or a designated beneficiary, you should update your information. To ensure your survivors receive the benefits to which they are eligible, we suggest that you periodically review and update your beneficiary information. All benefits-eligible employees should have designations of beneficiary information on file for their University Group Term Life Insurance, Teachers’ Retirement System benefits and TIAA-CREF Retirement Program, if applicable.

Please contact Human Resources for information and for the proper forms.
**EMPLOYEE RESPONSIBILITY for a Change in Dependent Status**

It is required that you notify the Human Resources Department if you have a change-in-status event such as:
- Marriage
- Divorce
- Death of a covered dependent
- Child reaching age 26 years
- Birth or adoption of a child

It is the employee’s responsibility to notify the Human Resources Department when a change occurs. Failure to provide notice within 30 days of the change will result in the employee becoming liable for claims paid by the USA Health & Dental Plan on behalf of an ineligible individual.

**ELIMINATION OF WAITING PERIOD for a Pre-existing Condition**

Beginning in 2014, the Patient Protection and Affordable Care Act (PPACA) prohibits pre-existing condition waiting periods. The USA Health & Dental Plan previously required new employees and dependents, age 19 and over, to serve a 270-day pre-existing condition waiting period before coverage became effective.

**Effective January 1, 2014, the USA Health & Dental Plan will no longer utilize a pre-existing condition waiting period.**

Departing employees and dependents no longer eligible will be provided a Certificate of Creditable Coverage from Blue Cross Blue Shield of Alabama that can be submitted to possibly offset the waiting period for coverage of pre-existing conditions under a new health plan which may not be subject to the PPACA mandates. Departing employees and dependents no longer eligible for coverage may be entitled to COBRA continuation coverage.

**WELLNESS INCENTIVE - January 1, 2014**

The USA Health & Dental Plan includes a Tobacco Cessation Program designed to help participants stop the use of tobacco products. This program includes a Wellness Incentive that reduces the employee cost sharing by $25 per month if both the employee and spouse are tobacco free.

To qualify for the Wellness Incentive, both the employee and spouse (if covered by the Plan) must declare that they do not use tobacco products (and have not for at least six months).

**Employees who have previously certified their tobacco-free status do not need to re-certify unless there has been a change in their status.**

An employee and spouse (if covered by the Plan), who have been tobacco free for six months, may file a new Tobacco Declaration Form and receive the $25 monthly Wellness Incentive toward the cost of the USA Health & Dental Plan.

- The Wellness Incentive will reduce the monthly cost of the **Base Plan** from $125 to $100 for single coverage and from $344 to $319 for family coverage.
- The Wellness Incentive will reduce the monthly cost of the **Standard Plan** from $145 to $120 for single coverage and from $408 to $383 for family coverage.

The Tobacco Declaration Form must be filed with the Human Resources office. The employee may only qualify for the Wellness Incentive if the Tobacco Declaration Form is filed and accepted by the Human Resources office.

There is only one $25 per month Wellness Incentive credit applied to each single or family contract. In order to receive the Wellness Incentive, the employee must complete the Tobacco Declaration Form and return it to the Human Resources office. The form is available online at an open enrollment link on the Human Resources website at www.southalabama.edu/hr.
The Quit for Life Program is a telephone-based tobacco cessation counseling program that helps guide USA Health & Dental Plan members and their covered spouses on a path to a tobacco-free life. This program can help keep employees and their spouses healthier and more productive. The Quit for Life Program is a clinically proven program that provides support to the participants to help them focus on their personal reasons for quitting tobacco use. There are two levels of benefits for this program, counseling only or counseling with nicotine replacement therapy.

**Counseling Program**

*Tobacco Treatment Telephone Counseling*

- 5 counseling sessions, self-help materials, and 12 months of unlimited inbound calls for members who currently use tobacco or who have recently quit and need additional support.

**Counseling plus Nicotine Replacement Therapy Program**

**Nicotine patches**
- 21 mg / 8 week supply
- 14 mg or 7 mg / 8 week supply

**Gum**
- 4 mg or 2 mg / 8 week supply

**Lozenges**
- 4 mg or 2 mg / 8 week supply

As an additional incentive, the USA Health & Dental Plan will cover tobacco cessation prescription drugs including waiving the co-pay for a two-month supply for the tobacco cessation drug Chantix.
**What is Baby Yourself?**

Baby Yourself is a prenatal wellness program which helps ensure you and your baby receive the best possible health care during pregnancy.

**What services are available?**

Baby Yourself is administered by registered nurses with experience in prenatal care, labor and delivery, and newborn care. You will receive special attention throughout your pregnancy, and can enjoy the fact that Baby Yourself nurses are available to answer questions and offer support. Useful gifts that educate and support healthy habits are provided as part of Baby Yourself. These gifts underscore the importance of proper prenatal care in simple, easy-to-understand terms, and help you understand the changes and challenges that accompany pregnancy. You will also receive educational materials to help prepare for the experiences associated with pregnancy and parenthood.

**How much does it cost to participate?**

As a Blue Cross customer, participation in Baby Yourself is available to you or your spouse as part of your health plan. There is no additional charge for participation in this special program.

For pregnancies that require a little extra attention, help is available. The Baby Yourself nurse will refer you to an obstetrical nurse case manager, who can:

- Work with the obstetrician in high-risk pregnancies.
- Arrange for at-home care and treatments rather than expensive and less comfortable hospital stays when indicated. The case manager can help arrange services such as home intravenous therapy and home monitoring for premature labor.
- Coordinate at-home visits to ensure the level of care you receive meets your needs.

**How can I enroll?**

Enroll online at [www.behealthy.com](http://www.behealthy.com) or call toll-free 1-800-222-4379.

*The Baby Yourself Prenatal Wellness program is provided through the For Your Health program by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.*
What you need to know about GENERIC DRUGS

Generics deliver safety, quality and savings

SAFETY
Generic drugs are proven safe and effective by the Food and Drug Administration (FDA). It’s not easy for drugs to be approved by the FDA. Generic manufacturers comply with the same strict standards as brand-name manufacturers. Generic and brand-name drugs sold in the United States are all FDA approved. That’s safety you can count on.

QUALITY
Generic drugs work the same way. When the FDA approves a generic drug, it means the generic drug works the same way that its brand-name counterpart does.

The FDA’s extensive review includes:
• Dosage
• Performance
• Strength
• Quality
• Safety
• Usage

SAVINGS
Generic drugs cost less. Manufacturers spend years and millions of dollars researching a brand-name drug and bringing it to market. When the patent expires on a brand-name drug, generic manufacturers may begin making and selling the drug as a generic, without these added expenses.

Generics can cost between 30 percent and 80 percent less than brand-name drugs. Lower prices mean more savings for you.

HELP CONTROL RISING HEALTHCARE COSTS AND INCREASING INSURANCE PREMIUMS
Generic drugs save consumers and the healthcare system more than $100 billion every year. Choosing generic drugs can be an effective cost-saving measure and an easy way to reduce your out-of-pocket healthcare expenses. If you take a generic drug, that’s more money in your pocket.

LEARN MORE
Most medical conditions have at least one generic drug treatment option available. And new generics come out every year. Your doctor will know which generics are available and which ones may work best for you. Find out if there is a generic equivalent or a generic therapeutic alternative that’s right for you.

Talk to your doctor or pharmacist. Taking a generic drug may give you the same results and cost less.

To find generic drug costs under your pharmacy benefit, go to www.bcbsal.com.

To view a free interactive module about generic drugs, go to www.bcbsal.com/pharmacy and click “Are generics right for you?” on the right sidebar.
Identity Theft Recovery Services:
Helping Reclaim Your Life

The Identity Theft Crisis
Identity Theft is the fastest growing crime in the United States. The statistics are staggering and getting worse. So far this year over 55 million people have had their identities stolen or made public, due to a corporate data breach, costing individuals and businesses billions of dollars*.

One out of every 14 adults…
…has fallen victim to identity theft*. It typically takes an individual over 500 hours and more than $3,000 to restore their identity, credit standing and good name. According to the U.S. Federal Trade Commission, First Data, and the Consumer Sentinel, over 41% of identity theft victims are still dealing with the crime more than two years after discovering it.

What can you do?
To protect you and your family from this devastating loss of time, money and security, Reliance Standard and your employer have provided you with a full service ID Recovery Program that will perform the recovery process for you should you or a member of your family fall victim to ID Theft.

ID Theft Recovery Services
Should you or anyone in your family fall victim to Identity Theft an “ID Recovery Kit™” is sent overnight, with all the necessary forms completely filled out and ready for signatures. You need only to follow the enclosed instructions, notarize the forms and obtain a police report.

Once received, National ID Recovery, LLC (NIDR) performs 100% of the recovery process for you. In the majority of cases their representatives can reduce the ID Recovery process down to hours, rather than six to nine months, or more, it will take to try to do this on your own.

One call is all it takes: Call toll-free: 888-345-7912 to speak to a Recovery Specialist.

*2008, NIDR
As part of our commitment to control health care costs, the University of South Alabama is taking steps to ensure that only eligible dependents are covered under the USA Health & Dental Plan. To accomplish this, USA has retained the services of BMI Audit Services, LLC to conduct a dependent verification program. This process is intended to ensure that each dependent enrolled in the Plan is accurately listed and eligible for coverage.

The initial phase of the program will take place during Open Enrollment. This phase allows each enrolled employee the opportunity to carefully review the definitions of an eligible dependent and remove any dependent(s) that do not meet eligibility criteria.

Further information on this program will be mailed to the home address of all enrolled employees with enrolled dependents.

Who is Eligible for Coverage?

Below are general definitions of eligible dependents for the USA Health & Dental Plan. For further details on these eligible dependents, please refer to the USA Health & Dental Plan Member Handbook which can be located at www.southalabama.edu/hr. Eligible dependents include:

- **Spouse** - Your legal spouse of the opposite sex.
- **Dependent Child** –
  - Your child under the age of 26
  - Your legally adopted child, including a legally adopted child living with you as the adopting parent during a period of probation.
  - Your stepchild.
  - A child who permanently resides in your home and over whom you have legal guardian status by court appointment.
  - A child for whom you are legally required to provide health insurance coverage pursuant to a Qualified Medical Child Support Order (QMCSO).
  - Your unmarried disabled child of any age, provided the disability commenced prior to age 19. Coverage under the Plan continues without interruption for the duration of the disability so long as the employee maintains dependent coverage.

The Section 125 Premium Conversion Plan allows you to pay your employee contribution for the USA Health & Dental Plan with pre-tax dollars through salary reduction rather than regular pay. The employee contribution is deducted from your paycheck before taxes are withheld. This allows you to increase your spendable income by reducing your taxes (your Social Security retirement benefit may be slightly reduced).

Eligible employees are automatically enrolled in the Section 125 Plan. You may change your election for pre-tax premiums for the coming year during Open Enrollment, or during the plan year if you incur a change-in-status event.
BlueCard Worldwide®
Healthcare coverage when you are traveling or living abroad.

When you are a Blue℠ member, you take your healthcare benefits with you when you are abroad. Through the BlueCard Worldwide Program, you have access to medical assistance services, doctors and hospitals around the world.

“What do I do if I need medical care in a foreign country?”
To take advantage of the BlueCard Worldwide Program, whether you are traveling or living abroad, please follow these steps:

1. Verify your international benefits with your Blue Plan before leaving the United States; benefits may be different outside the country.

2. Always carry your Blue identification card.

3. In an emergency, go directly to the nearest hospital. If hospitalized, call the BlueCard Worldwide Service Center.

4. For non-emergency inpatient medical care, you must call the BlueCard Worldwide Service Center to arrange cashless access to a BlueCard Worldwide hospital. The Service Center can also provide information on doctors.

   BlueCard Worldwide Service Center:
   1.800.810.2583 or collect: 1.804.673.1177.

5. Call your Blue Plan for precertification/preauthorization, if required. Refer to the phone number on the back of your Blue ID card.

To learn more about BlueCard Worldwide:

- Call your Blue Plan.
- Visit www.BCBS.com/bluecardworldwide.
- Call the BlueCard Worldwide Service Center at 1.800.810.2583 or collect at 1.804.673.1177
**Key Services of **

**MEDEX® Travel Assist**

- **Pre-trip Assistance** including passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements
- **Medical Assistance Services** including locating medical care providers and interpreter services
- **Travel Assistance Services** including emergency ticket, credit card and passport replacement assistance, funds transfer assistance and missing baggage assistance
- **Legal Assistance Services** including locating a local attorney, consular officer or bail bond services
- **Emergency Transportation Services** including arranging and paying for emergency evacuation to the nearest adequate medical facility and medically-necessary repatriation to the employee’s home
- **Personal Security Services** including evacuation and logistical arrangements in the event of political unrest, social instability, weather conditions, health or environmental hazards

MEDEX® Travel Assist helps you cope with emergencies when you travel more than 100 miles from home or internationally for trips of up to 180 days. MEDEX® Travel Assist can also help you with non-emergencies, such as planning your trip.

You do not have to enroll. As a participant in the University of South Alabama’s Group Life Insurance coverage from The Standard, you and your family members are automatically covered. All services are provided by MEDEX® Assistance Corporation and are available 24 hours a day, every day.

In the U.S., Canada, Puerto Rico, U.S. Virgin Islands, and Bermuda, call 800-527-0218. In other locations worldwide, call +1-410-453-6330 collect. You can also reach MEDEX® Travel Assist at operations@medexassist.com.

Emergency Transportation Services arranged and provided by MEDEX are covered up to a Combined Single Limit of $1,000,000. Related medical services, medical supplies and a medical escort are covered where applicable and necessary.
CHOOSING NOT TO PARTICIPATE IN OPEN ENROLLMENT?
MAKE NOTE OF THIS:

Sometimes, things change.
That is why you can change your USA Health & Dental Plan and SouthFlex Flexible Spending Account choices during the year if you have what is referred to as a “qualifying change-in-status event”.

What Are Qualifying Change-In-Status Events?
If you experience certain family or employment status events, you may be allowed to make specific benefit election changes during the year, even if you did not enroll for benefits during open enrollment. Qualifying life events are also required to cancel coverage outside of the annual open enrollment period.

You are required to notify the Human Resources office within 30 days (unless otherwise noted) of your qualifying change-in-status event. Failure to provide notice within 30 days of the change will result in the employee becoming liable for claims paid by the USA Health & Dental Plan on behalf of an ineligible individual. Qualifying family or employment status changes include:

1. A change in your marital status (marriage, divorce, legal separation or death of your spouse).
2. A change in the number of your dependents (birth or adoption of a child, death of a child, obtaining legal custody of a child, or obtaining legal guardianship of a child by court action).
3. A change in your employment status (starting/ending employment, changing from part-time to full-time or vice versa, taking or returning from an approved leave).
4. A change in your spouse’s employment status (starting/ending employment, changing from part-time to full-time or vice versa, a strike or lockout, or your spouse taking or returning from an unpaid leave or leave under the Family and Medical Leave Act or USERRA).
5. Exhaustion of your coverage period under a previous employer’s COBRA continuation.
6. A significant change in the costs of or coverage provided by your spouse’s employer-sponsored health plan.
7. A significant change in the costs of or coverage provided by this Plan.
8. A change in the eligibility status of a dependent child, such as the child reaching age 26 – the maximum age for coverage with the plan.
9. An end to the disability of a disabled child enrolled as your dependent under the Plan.
10. A change in your residence or work site, or that of a spouse or dependent, which affects ability to access benefits under this or another employer-sponsored health plan.
11. A required change due to a court order.
12. You or your dependent(s) becoming entitled to Medicare or Medicaid.
13. You or your dependent(s) loss of coverage under Medicaid or a State Children’s Health Insurance Plan (SCHIP) because of loss of eligibility. Enrollment request must be made within 60 days of the termination of coverage.
14. You or your dependent(s) become eligible for the premium assistance under Medicaid or SCHIP. Enrollment request must be made within 60 days of becoming eligible for the premium assistance.
Fewer concerns. More confidence.

With TIAA-CREF you have new online resources to help maximize your savings and investment planning. Now you can have the know-how you need to make smart financial decisions, right at your fingertips.

These new resources expand on the one-on-one consultations and seminars already available to TIAA-CREF plan participants at no additional cost. Take advantage of TIAA-CREF advice and guidance and help get your future on track today.

Do you have questions on your finances?

Your first stop is a visit to My TIAA-CREF, your personal site at tiaa-cref.org. Log in for an instant view of all your TIAA-CREF accounts, with a personal rate of return to show your progress toward your goals.

From there, visit the new Advice and Planning Center for personalized, easy-to-use tools and support. In-depth articles answer your questions on savings, investments, and building your financial future.

Is your investment plan on track?

Are your current investments aligned with your goals? Find out with Retirement Advisor, a new online tool that gives advice on your personal portfolio. In minutes, you’ll have a recommended list of investments from your plan’s investment menu that matches your needs for retirement, as well as an assessment of your current contribution level. Put your new plan into action in just a few clicks. It’s never been simpler to get on track.

What might retirement look like for you?

With the help of a TIAA-CREF consultant, you can enroll in the plans offered by the University of South Alabama or USA HealthCare Management, LLC; explore options for retirement income, including estimates of your income once you leave full-time employment; receive objective investment advice and much, much more.

To request your personal one-on-one advice session with either Allyson A. Ray, CFP – Financial Consultant or Bill Munson – Wealth Management Advisor, please contact your Human Resources office.

Now is the time to take advantage of the University of South Alabama’s Retirement Plans, build your retirement savings and take control of your future!
9 - 12 Months Prior to Retirement
• Contact your Human Resources Department to make an appointment for an overview of your benefits.
• Review your most recent statement of contributions to verify your service credit, contributions, and beneficiary information. If you have not received a statement within the past year, verify that your mailing address is correct, and make any necessary changes.
• If there has been prior service, withdrawn service, or military service you may want to purchase, contact Human Resources to provide the proper forms, certification of the service, and request an estimate of the cost to purchase the service time.
• Request an estimate of your monthly pension and insurance premiums in an effort to make an informed decision as to whether or not it is affordable to retire.
• If you have been contributing to a voluntary optional retirement plan such as the TIAA – CREF 403(b), 457(b) plan, or RSA-1, contact the financial consultant for an appointment to discuss your retirement distribution options.
• Review other benefits to which you may be eligible such as Social Security and Medicare Benefits.

5 - 8 Months Prior to Retirement
• Consider discussing your retirement plans with your Department Head to coordinate your retirement with the requirements of the Department.
• Coordinate any vacation/PTO time schedules, deadlines, and other requirements of the Department prior to determining the retirement date.
• Retirements are effective the first of the month and retirement applications must be submitted not more than 90 days nor less than 30 days of the retirement date.
• Continue to gather pertinent information on your retirement, insurance, and obtain updated required information.

3 - 4 Months Prior to Retirement
• Contact Human Resources to review your retirement benefits and acquire the necessary forms. Human Resources will provide a Retirement Packet including a direct deposit form. The USA life insurance will end upon your retirement and you will be notified of an option to maintain coverage for an additional year at the University’s rate. Keep in mind that after this one-year extension, you will have only 31 days from the end of coverage to apply for portability or conversion.
• The USA Health & Dental Plan will end at the time of retirement and the retiree has the option to elect coverage with the Public Education Employees’ Health Insurance Plan (PEEHIP). PEEHIP offers health/medical insurance, a supplemental plan, and optional coverage for dental, vision, cancer, and hospital indemnity. The optional coverage is subject to an additional cost for each option chosen.
• If the retiree plans to provide PEEHIP insurance coverage for his/her spouse and dependent children, gather proof of dependent eligibility documents such as a copy of the birth certificate for each child, a copy of your marriage license and a second document source for your spouse (i.e., joint tax return, mortgage or lease agreement, bank statement, etc.) to verify dependent eligibility for coverage.

2 Months Prior to Retirement
• Schedule a meeting with Human Resources to submit the completed retirement application, direct deposit form, and USA Health & Dental Plan insurance cancellation form.
• Human Resources will provide a second overview of your benefits, and provide information as to what to expect over the next few weeks.

1 Month Prior to Retirement
• Submit your Option election to the Retirement System.
• Submit the PEEHIP Insurance Election form and supporting documents if electing family coverage.
• Submit a written notification to your Department and follow up on the Personnel Action (PA) from the Department.
• If you should return to work for the University or any RSA employer, it is extremely important that you fully understand post-retirement employment restrictions. The retiree must not be employed full time, must have at least one pay period break in service, and the retiree is limited to $23,000 earnings. Post-employment with non-RSA agencies have no earnings restriction.
• If you are receiving Social Security Benefits, make sure you are clear on the earnings limitations, if any, from the Social Security Administration.
**IMPORTANT**

**TELEPHONE NUMBERS and WEBSITES**

University of South Alabama Human Resources  
650 Clinic Drive | TRP III, Suite 2200 | Mobile, AL 36688-0002  
Phone: (251) 460-6133 | Fax: (251) 460-7483  
E-mail: hrmaincampus@southalabama.edu

USA Medical Center Human Resources  
2451 Fillingim Street | Mobile, AL 36617-2293  
Phone: (251) 471-7325 | Fax: (251) 471-7075  
E-mail: hrusmc@southalabama.edu

USA Children’s & Women’s Hospital  
1700 Center Street | Mobile, AL 36604-3391  
Phone: (251) 415-1604 | Fax: (251) 415-1606  
E-mail: hrusacw@southalabama.edu

Human Resources Website  
http://www.southalabama.edu/hr

**USA Health & Dental Plan Enrollment/Change forms, SouthFlex enrollments and all other related forms must be received in Human Resources no later than 4:30 p.m. on Monday, December 2, 2013. Please contact your Human Resources office should you have any questions.**

**Forms Submission DEADLINE**

This Open Enrollment Guide provides information to you regarding important employee benefits. Benefits and an employee’s right to them are subject to certain laws and University regulations, individual plan documents and the appropriate duly recorded notice of employee benefits limitations election form. Additional information is provided in the individual plan booklets and brochures. The University reserves the right to either change, modify, or terminate these benefits at any time.
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