



Volume 15, Issue 3  
November 2005



University of South Alabama

HR Update

## CHECK YOUR MAILBOX FOR

# IMPORTANT NEW OPEN ENROLLMENT INFORMATION

### USA Health Plan

- ✓ Health Benefits increased
- ✓ Dental Benefits added
- ✓ Dependent age increased from 23 to 25 for full-time students

See page 2 for more information

### SOUTHFLEX

- ✓ New filing deadline for all SouthFlex accounts
- ✓ Grace Period for Health FSA (SouthFlex)
- ✓ Adjust your SouthFlex deduction for 2006 based on dental benefits being offered

See page 4 for more information

## LIFE INSURANCE (ONE TIME ONLY)

—Guaranteed Issue—

Additional Life Insurance and Dependent Life Insurance  
now offered during open enrollment

See page 4 for more information

## BENEFITS FAIR

Come to the Benefits Fair to learn about these exciting new benefits offered during Open Enrollment. HR representatives will be there to answer your questions and for you to submit your benefits applications.

Free refreshments offered by Coca Cola and Blue Cross Blue Shield of Alabama

HUMAN RESOURCES

Main Campus 460-6133 • USAMC 471-7325 • USACW 415-1604 • USAKH 660-5400 • Payroll 460-6471

# USA HEALTH PLAN

## Benefits Enhancements

### DENTAL BENEFITS ADDED

There is no pre-existing condition exclusion period or waiting period for any covered dental procedure.

### ELIGIBILITY

The eligibility rule for the USA Health & Dental Plan remains unchanged.

### ENROLLMENT - AUTOMATIC

If you are currently enrolled in the USA Health Plan you will be eligible for the dental benefits. **NO ACTION IS REQUIRED ON YOUR PART.**

### ORTHODONTIA NOT COVERED

### PREFERRED DENTIST

A list of preferred dentists will be mailed to your home in the open enrollment packet.

Administered by Blue Cross and Blue Shield of Alabama as a part of the existing USA Health Plan.

## COSTS

The improvements to the Health Plan and the new dental benefit will be supported by an increase in both the University and Employee cost sharing amounts. The monthly Employee cost share will increase by \$10/single coverage and \$30/family coverage. The following provides the cost sharing amounts effective January 1, 2006, which will be reflected in December 2005 paychecks:

January 1, 2006	Single	Family
Employee	\$ 67.00	\$230.00
University's	+297.00	+535.00
<b>Total Cost</b>	<b>\$364.00</b>	<b>\$765.00</b>

..... see page 3

The dependent child maximum age will increase from age 23 to age 25 for a full-time student.

There is currently a \$10 co-pay for office visits to **USA Health System** physicians. This co-pay will now be waived when the office visit is for **Preventive Care**, such as routine newborn and well-child care and routine adult annual examinations. These services for which the co-pay is waived are described in more detail on page 15 of the USA Health Plan Handbook. The regular \$10 co-pay for office visits with USA physicians will continue to apply for all other medical services.

The annual, per year or calendar year limit for Preventive Benefits will be changed. The member may receive one (1) service during a calendar year regardless of whether a 12-month period has elapsed.

The \$250,000 lifetime max for inpatient/outpatient hospital expenses in connection with an organ transplant will be removed.

The organ/tissue transplant benefit will be enhanced adding coverage for heart-valve, small bowel and stem cell transplants.

Hospice care will be a stand-alone benefit with no dollar maximum. (180 day max)

Occupational, physical and speech therapy will increase from 45 to 60 sessions.

Orthopedic devices will become a covered expense with the following benefit language:

Orthotic devices placed inside or attached to a shoe for the purpose of supporting, realigning or changing gait function, or to treat a varus or valgus deformity, calcaneal apophysitis, plantar fasciitis or calcaneal periostitis, including only gait plates, heel stabilizers, Whitman plates, Roberts plates, biomedical functional orthotics and Schaefer orthotics, and molded shoes (space shoes) when made to treat deformed or severely maligned or neuropathic sensitive feet, such as in diabetics. Orthotic devices are covered under Durable Medical Equipment benefits, limited to a Max Benefit of two pair each in a 12 consecutive month period.

Coverage will be enhanced adding:

Colorectal cancer screening – ages 50 and over:

Double-contrast barium enema once every five calendar years

- Colonoscopy once every 10 calendar years
- Flexible Sigmoidoscopy once every three (3) calendar years
- Routine endoscopy will be included

<b>USA HEALTH &amp; DENTAL PLAN - DENTAL BENEFITS EFFECTIVE JANUARY 1, 2006</b>		
<b>Annual Maximum Benefit Per Person</b>	<b>\$1,000.00</b>	
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>	<b>Preferred</b>	<b>Non-Preferred</b>
Dental exams up to twice per Calendar Year	Plan pays <b>100%</b> of the Preferred Dental Fee Schedule, <b>no deductible</b>	Plan pays <b>100%</b> of the Preferred Dentist negotiated fee (The Member is responsible for any charges over the amount paid by the Dental Plan)
Full mouth X-rays, one set during any 36 consecutive months		
Bitewing X-rays up to twice per Year		
Other dental X-rays used to diagnose a specific condition		
Routine cleanings, twice per Year		
Fluoride treatment for children through age 18 twice per Year		
Space maintainers (not of precious metals) to replace prematurely lost teeth for children through age 18		
Tooth sealants on teeth numbers 3, 14, 19 and 30 limited to one application per tooth each 48 months and limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13		
<b>Calendar Year Deductible</b>	<b>\$25 per member; \$75 family maximum</b>	
<b>RESTORATIVE, SUPPLEMENTAL &amp; ENDODONTIC SERVICES</b>		
Fillings of silver amalgam and synthetic tooth color materials	Plan pays <b>80%</b> of the Preferred Dental Fee Schedule, subject to the <b>\$25</b> Calendar Year Deductible Per Person	Plan pays <b>80%</b> of the Preferred Dentist negotiated fee, subject to the <b>\$25</b> Calendar Year Dental Deductible (The Member is responsible for any charges over the amount paid by the Dental Plan)
Simple tooth extractions		
Repairs to removable dentures		
Emergency treatment for relief of dental pain		
Oral surgery to treat fractures and dislocations of the jaw, to diagnose and treat mouth cysts and abscesses, and for tooth extractions and impacted teeth		
General anesthesia in connection with surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious (but not analgesics), drugs given by local infiltration, or nitrous oxide		
Endodontic treatment: direct pulp capping, removal of pulp and root canal treatment, treatment of the root tip of the tooth including its removal		
<b>PROSTHETIC &amp; PERIODONTIC SERVICES</b>		
Full or partial dentures Fixed or removable bridges Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate Periodontic exams twice each Year Removal of diseased gum tissue and reconstructing gums Removal of diseased bone Reconstruction of gums and mucous membranes by surgery Removing plaque and calculus below the gum line	Plan pays <b>50%</b> subject to the <b>\$25</b> Calendar Year Dental Deductible	Plan pays 50% subject to the <b>\$25</b> Calendar Year Dental Deductible  (Non-Preferred Provider Differential Applies)
<b>PRESCRIPTION DRUGS</b>	Prescription drugs for antibiotics or pain medications will be covered under the <b>Health Plan's</b> benefits for prescription drugs	
<b>ORTHODONTICS</b>	Not Covered	

This is not a contract and the benefits are subject to the terms of the benefit plan.

## SOUTHFLEX OPEN ENROLLMENT November 1st - 30th

### Health Flexible Spending Accounts (FSA)

#### Grace Period

Allows money remaining in an Health FSA at the end of a plan year to be carried over and used to cover eligible expenses incurred through the 15th day of the third month after the plan year ends.

This does not eliminate the “use it or lose it rule” completely. Any unused amounts from the prior plan year that are not used by the end of the grace period remain subject to the “use it or lose it rule”.

#### How does this affect my Health FSA?

Your plan year runs from January 1 - December 31. Under the old rule, any money remaining in your Health FSA at the end of the plan year on December 31 would be lost. Under the new rule, you now have a grace period from January 1 until March 15 of the new plan year to incur eligible expenses. You will be reimbursed for these expenses from money remaining in your Health FSA from the immediately preceding plan year ending on December 31.

#### Grace Period only applies to Health FSA

#### REMINDER:

- Claims for Health FSA expenses incurred during the regular plan year or during the grace period must be filed by April 15 of the following year.
- Claims for Dependent Care Account expenses incurred during the regular plan year must be filed by April 15 of the following year.

## The Standard Life Insurance Company Open Enrollment

The Standard Life Insurance Company became the University’s carrier for the group term life insurance program on July 1st 2005. During open enrollment only, Standard is excited to offer to current benefits eligible employees additional coverage in the amount of one (1) times your basic amount, without proof of good health. Employees may apply for two (2) or three (3) times your Basic Life Insurance coverage with medical under-writing required. This is in addition to the Basic Life Insurance the University provides to you at no cost.

Standard is also offering dependent life insurance with a guaranteed issue during open enrollment. Coverage for your spouse is available in the amount of \$25,000. The premium for a dependent spouse is \$6.40/month. This is in addition to the \$5,000 dependent spouse coverage the University provides to you at no cost.

You may also elect \$10,000 of dependent child coverage for your eligible dependent children. The premium for dependent child coverage is \$3.00 per contract, regardless of the number of dependents. This is in addition to the \$5,000 dependent coverage the University provides to you at no cost.

If elected, this benefit will become effective January 1, 2006. Premiums will be deducted from the December 1st payday for monthly paid employees and the second December payday for bi-weekly paid employees.

#### DEPENDENT LIFE INSURANCE RATES

	Coverage Amount	Cost
Spouse	\$25,000	\$6.40/month
Dependent Child	\$10,000	\$3.00/month

**APPLICATIONS MUST BE SUBMITTED TO HR BY NOVEMBER 30TH.**

## Mark Your Calendars

HUMAN RESOURCES IS HOSTING ITS  
FIRST EVER BENEFITS FAIR!!

**NOVEMBER 3RD and NOVEMBER 4TH**

Blue Cross Blue Shield  
Of Alabama

Teachers' Retirement  
System of Alabama

TIAA-CREF

The Standard Life Insurance Company

— *Vendor Sponsored Giveaways* —

### USA Children's and Women's Hospital

Thursday, November 3rd, the Atlantis Room, 8:00am-11:30am

### USA Medical Center

Thursday, November 3rd, Ninth Floor, 1:30pm-5:00pm

### USA Main Campus

Friday, November 4th, Student Center Ballroom, 8:00am-2:00pm

## UNIVERSITY OF SOUTH ALABAMA FRINGE BENEFITS COMMITTEE

Mr. M. Wayne Davis (Chair)  
Vice President  
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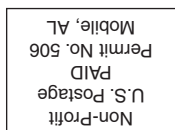
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