UNIVERSITY OF SOUTH ALABAMA
EMPLOYEE BENEFITS & WELLNESS
OPEN ENROLLMENT
Your Comprehensive Guide

2021 Open Enrollment
November 1 - November 30, 2020
Welcome to your
2021 Benefits & Wellness Open
Enrollment Guide

Please review this Benefits & Wellness Open
Enrollment Guide very carefully before making your
benefits elections for the 2021 Plan Year.

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Note: All references to the University of South Alabama also
apply to the USA HealthCare Management, LLC, and University
of South Alabama Health Care Authority.
What’s New For 2021?

EMPLOYEE/EMPLOYER COST SHARING INCREASES
Following a year of continued escalating health care costs, the USA Health & Dental Plan will have an increase in employer and employee cost sharing for the 2021 plan year. To learn more, visit page 2.

INTRODUCTION OF USA SELECT HEALTH & DENTAL PLAN
Starting January 1, 2021, the USA VIVA Health & Dental Plan, administered by VIVA Health, will terminate and be replaced with the new USA Select Health & Dental Plan, administered by Blue Cross Blue Shield of Alabama. The USA Select Plan will offer the same great benefits at the lowest monthly cost-sharing amount for employees. For more information, visit page 9 and 10.

PACK HEALTH
Pack Health is a digital health coaching service that helps members with chronic conditions build healthy habits, access the right care and develop the self-management skills to achieve better health and well-being. Additional conditions, such as knee pain management, chronic pain, migraine, rheumatoid arthritis, nutrition, etc., have been added for coverage beginning in 2021. To learn more and how to enroll, visit page 6.

USA HEALTH & DENTAL PLAN (BASE & STANDARD) - BENEFIT CHANGES EFFECTIVE JANUARY 1, 2021
The following benefit changes will apply to the Base and Standard Plans:
• Eliminate the $10 copay for the USA physician office visit – copay is now $0!
• Increase the non-USA hospital inpatient deductible from $750 to $1,000.
• Increase the non-USA outpatient facility copay from $250 to $350.
• Increase the non-USA physician office visit copay to $40.
• Eliminate the $10 copay for Teladoc – copay is now $0!
• Addition of expanded Dietitian coverage – covered at 100% with no member copay.
• Hemodialysis, IV Therapy, Chemotherapy and Radiation therapy copay for non-USA facility increasing from $25 to $40.
• Outpatient Mental Health non-USA Physician office visit copay increasing from $25 to $40.

OUR COMMITMENT TO YOU
The University of South Alabama is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health and dental coverage, as well as financial security to our employees and their families. This Open Enrollment guide provides a general overview of your benefit choices and enrollment information to help you select or make a change in coverage that is right for you.

OPEN ENROLLMENT SUPPORT
VIRTUAL APPOINTMENTS

IN-PERSON APPOINTMENTS
The Benefits services team will not be able to accept walk-ins for face-to-face meetings due to social distancing guidelines related to COVID-19.

VIRTUAL APPOINTMENTS
We are accepting requests for virtual personal appointments via Zoom virtual meeting (first choice), a phone call (second option) or an alternate method for assisting you. To request an appointment, email employeebenefitshr@southalabama.edu to schedule a virtual or phone appointment. Please include your name, your J number, a brief description of the topic(s) you would like to discuss, and your preferred method of contact (email or phone).

You may also call Campus Human Resources at (251) 460-6133 or USA Health Human Resources at (251) 415-1604 for further assistance.
Your USA Fringe Benefits Committee (FBC) recommended, and President Tony G. Waldrop approved, an employee premium increase of $7 per month for single coverage and $27 per month for family coverage for employees enrolled in the USA Health & Dental Plan (Base & Standard) for the 2021 plan year.

The University of South Alabama is committed to providing all benefits-eligible employees and their eligible dependents with quality health and dental plan benefits at an affordable cost. Like most health insurance plans nationally, medical and prescription drug costs to the USA Health & Dental Plan (BCBS) have been increasing rapidly each year. Unfortunately, this trend is expected to continue in 2021. Blue Cross Blue Shield of Alabama has projected that the cost of insuring USA’s employees and their dependents in 2021 will be greater than the premiums paid by the University and its employees during 2020.

The total cost of the plan in 2021 is projected to be approximately $68.7 million compared to $55 million in 2020. The University will pay on average $10,808 per year on behalf of each covered employee. This is a plan cost increase of 9% over projected 2020 costs. The Plan is self-funded, which means that the University and employees share the costs and responsibility to manage the Plan efficiently. There is no easy solution to address the issue of mounting health care costs. However, the University continues to evaluate ways to keep our Plan reasonably priced, while controlling the costs for you and the University.

Beginning January 1, 2021, the University of South Alabama will offer employees the opportunity to participate in an alternate plan, the USA Select Health & Dental Plan, with claims administered by Blue Cross Blue Shield of Alabama. USA Select will replace the current USA VIVA Plan. The USA Select Health & Dental Plan will offer value to employees and their dependents with a low-cost benefit plan that provides access to medical providers within USA Health but also provides the option of accessing the BCBS PPO network. Enrollment in USA Select Health & Dental Plan will be on a voluntary basis to all benefits-eligible employees.

The employee cost sharing for USA Select Health & Dental Plan will be the lowest of the plans offered by the University - $90.00 per month for single coverage and $300.00 per month for family coverage. Annualized, this will save employees $576 for single coverage and $1,896 for family coverage, as compared to the USA Health & Dental Plan’s Standard Plan. In addition, the benefits offered include no deductibles or copays for hospital and physician services, as well as several other services within USA Health. The pharmacy benefit will be administered by Prime Therapeutics; the dental benefit will be administered by Blue Cross Blue Shield of Alabama; and the health and dependent care flexible spending accounts will be administered by HealthEquity. The pharmacy and dental plan benefits are the same as those provided with the USA Health & Dental Plan’s Standard Plan.

HealthEquity, Inc. will provide claims administration for SouthFlex Flexible Spending Accounts in 2021. We will also offer the HealthEquity Visa® Reimbursement Account Debit Card. More information is available online at www.healthequity.com, and during the USA Virtual Benefits & Wellness Expo.

During open enrollment, eligible employees may enroll in the USA Health & Dental Plan or USA Select Health & Dental Plan and/or add eligible dependents with coverage to be effective January 1, 2021.

If you are currently enrolled in the USA Health & Dental Plan and do not wish to make a change in coverage, no action is required on your part.
OPEN ENROLLMENT

THINGS TO NOTE

• Open enrollment begins Sunday, November 1, 2020.
• All forms must be completed and submitted to Human Resources no later than 4:30 p.m. on Monday, November 30, 2020.
• You may download forms at www.southalabama.edu/hr, pick up forms from your local Human Resources office or call to request a form.
• Completed forms may be hand delivered to your Human Resources office or emailed to: employeebenefitshr@southalabama.edu. Faxed forms will not be accepted.
• You must enroll in SouthFlex if you wish to participate in 2021. Enrollment forms may be obtained on the special Open Enrollment link on the Human Resources website at www.southalabama.edu/hr beginning November 1, 2020.
• If you do not want to make any changes to your existing USA Health & Dental Plan coverage, no action is required.
• The USA Select Plan will replace the USA VIVA Plan beginning January 1, 2021. Employees currently enrolled in the USA VIVA Plan will be automatically enrolled in the new plan. More information on the USA Select Plan can be found within this guidebook.
• Current USA Health & Dental Plan participants may enroll in the USA Select Plan during Open Enrollment. New enrollments for the USA Select Plan will also be accepted.
• All enrollment changes will take effect January 1, 2021.
• Because insurance premiums are deducted one month in advance, premiums for 2021 will take effect during the month of December 2020 for bi-weekly paid employees and on January 1, 2021, for monthly paid employees.
• Outside of the open enrollment period, you must notify Human Resources within 30 days of a qualifying life event if you want to make changes to your benefits coverage.

BENEFITS OPEN ENROLLMENT INFORMATION

The open enrollment period is from November 1 through November 30, 2020.

During open enrollment, eligible faculty, staff, and administrative employees may enroll in the USA Health & Dental Plan or USA Select Health & Dental Plan, add eligible dependents to coverage, or remove dependents from coverage to be effective January 1, 2021. The USA Select Health & Dental Plan will replace the USA VIVA Health & Dental Plan beginning January 1, 2021. Employees currently enrolled in the USA VIVA Plan will be automatically enrolled in the new plan. Eligible employees may enroll in the USA Select Health & Dental Plan during Open Enrollment.

The USA Health & Dental Plan and USA Select Health & Dental Plan enrollment form is available online at an open enrollment link on the Human Resources website at www.southalabama.edu/hr and in the Human Resources offices. Completed forms may be hand delivered to your Human Resources office. Scanned copies may be emailed to employeebenefitshr@southalabama.edu. If you send forms by email, it is not necessary to send the original. Faxed forms will not be accepted.

If you are currently enrolled in the USA Health & Dental Plan or USA VIVA Health & Dental Plan, and wish to make no change in coverage, no action is required on your part. Your current benefits elections will automatically continue for 2021.

As an eligible faculty, staff, or administrative employee, if you voluntarily elect not to enroll in the USA Health & Dental Plan or USA Select Health & Dental Plan, you will automatically default to a waiver of coverage for Affordable Care Act reporting purposes.

Open Enrollment is also your opportunity to make benefits selections for SouthFlex Flexible Spending Accounts for 2021. SouthFlex information and the enrollment form is available online at an open enrollment link on the Human Resources website at www.southalabama.edu/hr beginning November 1, 2020. The enrollment form may be completed online. You may scan and email your form to employeebenefitshr@southalabama.edu. Completed forms may be hand delivered to your Human Resources office. Faxed forms will not be accepted.

If you wish to participate in the SouthFlex Health Care and/or Dependent Care Flexible Spending Accounts for 2021, you must enroll (or re-enroll). Participation in the reimbursement accounts do not automatically continue from year to year. Open Enrollment applies to employees of the USA HealthCare Management, LLC and University of South Alabama Health Care Authority.
You are invited to participate in the UNIVERSITY OF SOUTH ALABAMA BENEFITS & WELLNESS EXPO

THE BENEFITS & WELLNESS EXPO WILL BE A FULL WEEK THIS YEAR!
Monday, November 2, 2020 through Friday, November 6, 2020
8:00 a.m. - 5:00 p.m. CDT

PARTICIPATE TO WIN!

FEATURING
- Live Zoom Sessions with our Benefits Vendor Representatives and HR Benefits Consultants
- Live Q & A
- On-demand videos for viewing at your convenience
- Employees choose which sessions to attend, with supervisory approval, during normal work hours
- Go to www.southalabama.edu/hr to view the sessions schedule

PARTICIPANT PRIZES

Vendors will sponsor participant prizes which will be randomly selected from the participant pool based on attendance in live sessions. The more you participate, the better your chances are to win a door prize!
Quality health care
when and where you need it

Teladoc® gives you access to a national network of U.S. board-certified doctors by phone or video who are available anywhere, 24/7/365 to treat many of your medical issues.

YOU CAN USE TELADOC

It is a convenient and affordable option for quality care.

• When you need care now

• If you’re considering the ER or urgent care center for a non-emergency issue

• On vacation, on a business trip, or away from home

• For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

• Cold & flu symptoms

• Allergies

• Sinus problems

• Sore throat

• Respiratory infection

• Skin problems

• And more!

Talk to a doctor anytime for $0!

Teladoc.com/Alabama
1-855-477-4549
The USA Health & Dental Plan and USA Select Health & Dental Plan covers health coaching through Pack Health for employees and spouses with the following diagnoses:

- Type 2 Diabetes
- Diabetes Prevention
- High Blood Pressure
- Weight Management
- Musculoskeletal Pain
- Cancer
- Hyperlipidemia
- Hip Pain Management
- Knee Pain Management
- Joint Pain Management
- Chronic Pain

- Migraine
- Congestive Heart Failure
- Rheumatoid Arthritis
- Irritable Bowel Syndrome/Irritable Bowel Disease
- Crohns/Colitis
- Multiple Sclerosis
- Psoriasis
- Chronic Kidney Disease
- Nutrition
- Cancer: symptom management, survivorship

“I love talking with my Health Advisor, Jennifer. She is extremely helpful without putting pressure on me to take specific actions. I feel like we develop my goals and actions together. I had heart bypass surgery three years ago. I remember how good I felt when I recovered from the surgery. I want to sustain that feeling as long as possible. Having a coach to support me in healthy eating and exercise is a real bonus. The biggest thing I’ve accomplished while working with Jennifer is eating more vegetables. I love fruits but struggle to get enough veggies in my diet. She helped me develop small steps toward my goal to eat more veggies. I have tried other programs with online support. I never imagined the value that would be added with phone contact. I would tell someone who is thinking of signing up to do it - there is no pressure and the information and support will help you achieve your goals! ” - USA Employee

Enroll online or give us a call:

www.packhealth.com/usa | (855) 255 - 2362
Pack Health pairs you with your own dedicated Health Advisor, who will help you regain control of your health.

How it works:

Weekly Coaching Calls
To answer questions, keep you motivated, and help you set achievable weekly goals.

Personalized Resources
Such as medication discounts, meal and exercise plans, grocery delivery services, and more!

Lasting Results
On average, our members gain confidence, lose weight, and save money with Pack Health.

Interested?

Getting started is easy.
When you enroll, you’ll select your program and choose the time of the week that works best for you! Your needs, your schedule.

Keep an eye on your mail.
You’ll receive a Welcome Pack in the next few days - it’s full of resources to help you get started achieving your goals.

Get ready for your first call.
Your Health Advisor will be reaching out from a (205) area code.

Enroll today! Go online or give us a call.
www.packhealth.com/usa
(855) 255 - 2362
The University of South Alabama offers a new narrow network plan option during open enrollment for coverage effective January 1, 2021. USA Select Health & Dental Plan will be offered as a second option to the existing plans offered by the University.

Narrow network health plans provide the best benefits to specific hospitals, physicians and other medical providers. A narrow network design offers value to consumers through a lower premium, enhanced benefits and access to select medical providers concentrating on improved medical outcomes and preventive health.

The plan is administered by Blue Cross Blue Shield of Alabama.

USA Select Health & Dental Plan is a narrow network design based on USA Health medical providers and providers from the BCBS PPO network. To supplement primary care, a Telehealth program is included, providing telephone and internet access to a physician for minor medical concerns, resulting in less cost for the employee, time saved, and convenience. The employee monthly cost sharing will be the lowest of the plans offered:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Base Plan</td>
<td>$118</td>
<td>$394</td>
</tr>
<tr>
<td>USA Standard Plan</td>
<td>$138</td>
<td>$458</td>
</tr>
<tr>
<td>USA Select</td>
<td>$90</td>
<td>$300   ← Lowest Cost</td>
</tr>
</tbody>
</table>

USA Select Health & Dental Plan will save the employee $576 for single and $1,896 for family coverage annually as compared to the Standard Plan.

In addition, the USA Select benefit design has no deductibles or copay amounts required when you use a USA Health network provider. Other BCBS PPO providers are covered at 70%. By using a USA Health provider, this will ensure that you receive the very best benefit possible. The pharmacy benefit is paid 100% after the applicable copay. This is the same benefit as offered in the Standard Plan. The dental benefit is also the same as offered in the Standard Plan.

Enrollment in the USA Select Health & Dental Plan is available on a voluntary basis to all benefits-eligible employees.

- Lowest cost program for the employee
- Enhanced benefit design with no deductible or copays for hospital and physician services as long as services are within the USA Health network
- Select providers concentrating on better medical outcomes
- Preventive health for early detection and treatment of illness and chronic conditions
- Telehealth to improve access and convenience for treatment of minor medical conditions
- A voluntary offering for those employees who elect to participate

THE USA SELECT HEALTH & DENTAL PLAN IS NOT FOR EVERYONE:

a) The employee and covered dependents should reside in the state of Alabama.

b) The employee needs to understand the narrow network design.

c) The employee should be satisfied with the medical providers offered by this Plan.

d) Employees who select this Plan during open enrollment for the 2021 benefit year will be required to remain in the Plan until the next benefits year.

e) Employees who join the USA Select Health & Dental Plan and then later elect to change plans may only change to the Standard Plan even if previously enrolled in the Base Plan.
FREQUENTLY ASKED QUESTIONS

May I join any of the three plans offered by the University: Base Plan, Standard Plan, USA Select Health & Dental Plan?
The USA Select Health & Dental Plan is available for enrollment on a voluntary basis by all benefits-eligible employees. Employees hired on or after January 1, 2013, are eligible for the Standard Plan. Employees hired before January 1, 2013, are eligible for the Base Plan.

Does the USA Select Health & Dental Plan offer dental benefits?
Yes, the USA Select Health & Dental Plan has the exact same dental benefits offered in both the Base and Standard Plans. The dental benefits are administered by Blue Cross Blue Shield of Alabama.

If I join the USA Select Health & Dental Plan, may I switch back to the Base Plan or Standard Plan?
No, you may only switch back to the Standard Plan and then only during the open enrollment month for coverage starting January 1st of the following benefit year. You may not switch coverage during the year unless you have a change in your residence and you reside outside the state of Alabama. If you decide to change from the USA Select Health & Dental Plan, you may only enroll in the Standard Plan; you may not enroll in the Base Plan even if you were previously in the Base Plan.

Will my doctor be covered under the USA Select Health & Dental Plan?
All medical providers which are Blue Cross Blue Shield network providers are covered by USA Select. Providers affiliated with the University of South Alabama referred to as USA Health network providers have the highest level of benefits.

What should I consider when deciding whether or not to join the USA Select Health & Dental Plan?
The highest benefit level (100%) is provided for USA Health network providers with other Blue Cross Blue Shield providers paid at 70%. If you do not use a USA Health network provider, you will pay more. The pharmacy benefit and dental benefit are the same as the Standard Plan Benefit.

Why are the benefits better and the cost less for the USA Select Health & Dental Plan?
This is due to the fact that the medical providers have agreed to accept a lower fee. It is also due to medical providers working to achieve better medical outcomes through quality of care thereby reducing the cost of complications. The USA Select Health & Dental Plan benefits are better for medical services; and the pharmacy and dental benefits are the same as the Standard Plan benefit.
USA HEALTH EXPANDS TO MEET USA AND USA HEALTH EMPLOYEES HEALTHCARE NEEDS

Four significant USA Health projects – three of which are scheduled to be completed in about 18 months – will position the health system to better serve USA and USA Health employees and their families.

“As the only academic health system in the Upper Gulf Coast region, USA Health holds the unique position of providing the most advanced medical care,” said John V. Marymont, M.D., M.B.A., vice president for medical affairs and dean of the University of South Alabama College of Medicine. “Each level of service has an appropriate setting and we are proud to provide USA employees access to leading-edge care from our healthcare experts.”

Fanny Meisler Trauma Center

The Fanny Meisler Trauma Center at University Hospital will nearly triple the current size of the emergency department and Trauma Center to 27,000 square feet and nearly double the number of examination rooms to 41. This will enhance the hospital’s ability to accommodate patients with medical emergencies and traumatic injuries. A $5 million gift from local businessman and philanthropist Bert Meisler and a $4 million economic development grant from the State of Alabama have enabled USA Health to continue to meet the trauma needs of our community.

Construction is slated to be completed this fall.

Midtown Clinic

As part of its strategic growth and to increase access for all USA and USA Health employees and their families, USA Health realized a critical component was the need to increase its presence within the community, especially in primary care. To this end, USA Health partnered with Mobile Diagnostic Center in 2017. The success of this effort is no more evident than the planned opening later this year of a new location in Midtown Mobile for USA Health Mobile Diagnostic Center. The 10,000 square foot, two-story building will house MDC on the first floor and USA Health specialty practices on the second floor. This will provide patients with the convenience of a single location for many of their healthcare needs.

This facility also marks MDC’s return to its roots in providing outstanding healthcare to the people of our region.

“We are thrilled that we have the chance to come back to where it all began nearly 40 years ago,” said Dr. Jimmy Walker, one of the original members in the practice. “What is even better is that through our relationship with USA Health, we are bringing back much more in terms of healthcare and expertise than we had when we were here originally. These are very exciting times.”

USA Health’s Midtown Clinic is scheduled to open in December.
Freestanding Emergency Department
Looking to increase access in West Mobile to specialized healthcare and emergency services, USA Health has begun construction of a free-standing emergency department adjacent to the University of South Alabama. The facility will be located on property bounded by Hillcrest Road and Old Shell Road, making it more convenient for people in the area to receive advanced care.

“When this facility is completed, the people who live in West Mobile will have easier access to some of the most advanced care in our region,” Marymont said. “Patients will be able to come to a state-of-the-art facility with a full complement of imaging services and be seen by board-certified emergency medicine physicians.”

The new facility also will help in the training of future generations of healthcare providers. “Being located adjacent to the university campus will enhance the convenience of our healthcare learners and provide them with an additional training site,” Marymont said. USA this year started an emergency medicine residency program to increase the number of physicians specifically trained for emergency medicine. In addition to the medical school, USA has introductory and advanced educational programs in nursing, occupational therapy, physical therapy, physician’s assistant, radiological services and speech pathology and audiology.

Mapp Family Campus
USA Health is continuing its expansion in Baldwin County providing convenient access for employees who live across the bay. In addition to expanding services offered at the Mitchell Cancer Institute’s Kilborn Clinic and USA Physicians Group Eastern Shore office in Fairhope, plans are underway to develop a medical campus at the intersection of Alabama Highway 181 and Alabama Highway 104.

This project is made possible through a gift from Louis and Melinda Mapp. Once completed, the Mapp Family Campus will give USA Health the opportunity to bring primary care and a number of specialty care providers to a centrally located facility that enables employees in Baldwin County to have their healthcare needs met closer to home.

The initial plans for the site call for the development of a medical office building that will be home to primary and specialty care professionals. Additionally, a full array of imaging technologies are slated for the location. USA Health has filed a Certificate of Need application with the state to build an ambulatory surgical center on the location as well.

“Through this effort, we will be able to bring to the people of Baldwin County more convenient access to the specialty care that is the hallmark of academic health systems,” said Owen Bailey, MHA, FACHE, chief executive officer for USA Health. “As many of our employees live in Baldwin County, this is an excellent opportunity for us to bring a number of specialty care providers to a centrally located facility allowing our neighbors and the people of Baldwin County to stay close to their homes and have their health care needs met.”
The USA Health & Dental Plan (Base and Standard Plans) will continue to be managed by Express Scripts, Inc. in 2021. Express Scripts is the number one ranked pharmacy benefit management company, and has been able to provide more cost effective pricing and medical care management to our plan members. You are highly encouraged to take advantage of all the services that Express Scripts offers to assist you with your pharmacy needs.

**Advantages with Express Scripts Include:**

- A network of more than 60,000 participating retail pharmacies throughout the United States and U.S. territories.

- The [Walgreens Smart90 Program](#) was implemented for filling 90-day maintenance medications. Members will receive a 90-day supply for only two copays when using a Walgreens pharmacy. By getting a three-month supply, you’ll make fewer trips to the pharmacy, and you’ll only need to make one payment every three months.

- In lieu of using the Walgreens Smart90 Program, you may instead choose convenient home delivery services through the Express Scripts Pharmacy. You’ll be able to have up to a 90-day supply of long-term medication delivered directly to you for the same price as a 60-day supply. A long-term medication is one that is taken to treat an ongoing condition, such as high blood pressure, high cholesterol or diabetes. To use home delivery for the first time, you can mail your prescription(s) along with the required copayment with the envelope and Prescription Order Form provided with your **Welcome Package** or ask your doctor to fax a prescription or send it electronically.

- Helpful resources on the Express Scripts website, Express-Scripts.com, including the ability to order refills and renewals, check order status, compare medication costs to find potential lower-cost options under your plan, locate participating retail pharmacies, receive timely medication-related safety alerts, obtain forms and much more.

- Tracking with the help of the Express Scripts Mobile App, by downloading it from your mobile app store for free. From anywhere, anytime, you can check order status, refill and renew orders, locate a pharmacy and get directions, check drug interactions, set up medication alerts, access your virtual member ID card, and much more.

- Express Scripts Member Services representatives, **available 24 hours a day, 7 days a week** to assist with questions about your benefit or orders.

- Express Scripts Specialist Pharmacists, who each have expertise in the medications used to treat a single condition, such as high blood pressure, asthma, diabetes, or cancer. Specialist Pharmacists can answer your questions about how your medications work with each other and how to make them work best for you. Since they know how your plan works, Specialist Pharmacists can also advise you on potentially reducing your medication costs.

- Get vaccinated at an Express Scripts network pharmacy near you. The following vaccines are available and can be administered by pharmacists at participating network pharmacies: Flu, Tetanus/Diphtheria/Pertussis, Hepatitis, HPV, Meningitis, Pneumonia, Rabies, Shingles/Zoster, Travel Vaccines, and Childhood Vaccines.

**Welcome Package**

If you newly enroll in the USA Health & Dental Plan (Base and Standard) during Open Enrollment, you will receive a welcome package, in December, which explains your benefit and offers simple instructions on how to take full advantage of all the prescription services available to you. Your Express Scripts prescription drug ID cards will also be included. Please be sure to present your prescription ID card to your pharmacist when filling prescriptions.
VALUE-BASED BENEFITS AT NO COST TO YOU

It’s always better to address a health issue before it becomes a health crisis. Take advantage of these value-based benefits at low or no cost to you. These benefits can help make it easier for you and your family to stay healthy.

Routine Office Visits
Identifying health issues early can prevent serious illness and help you save money. This benefit allows up to two routine visits per year for members age 35 and older with no copay when using a USA Health provider.

Receive Shingrix vaccine at no cost
Shingrix, a two-dose vaccination, is a new vaccine to prevent shingles. The CDC recommends adults ages 50 and older receive the vaccine to prevent shingles and complications of the disease. Even if you received the Zostavax vaccine in the past, you are encouraged to get the Shingrix vaccine.

Well-Child benefits (exams and immunizations)
This benefit aims to promote good health and prevention of illness in children. The Plan covers recommended doctor visits, routine visits per plan guidelines, and immunizations at network pharmacies.

Flu Vaccine
According to the Center for Disease Control, the flu affects between 5 and 20 percent of the U.S. population each year. An annual flu vaccine is the best way to reduce your risk of getting sick and spreading it to others. USA employees may receive the vaccination free of charge through the hospital health nurse or by visiting a network pharmacy.

Adult Vaccinations
Vaccines are one of the safest ways to protect your health and the health of those around you. The USA Health & Dental Plans cover adult vaccinations based on age, interval and medical history recommendations from the Centers for Disease Control.

Cervical Cancer Screening
Cervical cancer deaths have decreased since the implementation of widespread cervical cancer screenings. The USA Health & Dental Plans allow women to receive a Pap test each calendar year with no copay when using a USA Health provider.

Colorectal Cancer Screening
Colorectal cancer is the second-most common cause of cancer deaths in the United States. The USA Health & Dental Plans cover the cost for routine screenings for members age 50 and over with no copay when using a USA Health provider.

Mammography
A mammogram is an important step in taking care of yourself. This benefit provides one baseline routine mammogram for women ages 35 to 39. Women ages 40 and older can receive one routine mammogram each calendar year with no copay when using a USA Health facility.

Diabetes Education
Managing your diabetes can help you feel better. It can also reduce your chance of developing complications. The USA Health & Dental Plans provide coverage for diabetes education when medically necessary through certified diabetes educators, up to a lifetime maximum benefit of 5 classes.

Tobacco cessation
This benefit provides enrollment in the Quit For Life® program at no cost for USA Health & Dental Plan members and spouses. See page 17 for additional details.
**What is Baby Yourself?**

Baby Yourself is a maternity program that helps ensure you and your baby receive the best possible healthcare 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 can also take care of your case management needs including:

- 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?**

There are three easy ways to enroll.

1. **Call 1-800-222-4379**
2. Enroll online at [AlabamaBlue.com/BabyYourself](AlabamaBlue.com/BabyYourself)
3. Download the **Baby Yourself App**

   [Compatible with iOS and Android](compatible-with-ios-and-android)

The Baby Yourself Maternity Program is provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.

There is no charge from BCBS of Alabama to download the Baby Yourself app, but rates from your wireless provider may apply.
Register for myBlueCross at AlabamaBlue.com

Log in to myBlueCross, where it really is all about you.

With the links under Manage My Contract, you can:
- View claim statements
- Order ID cards and view or email a virtual ID card
- View your contract and dependent information
- Review and pay your bill (if applicable)
- Authorize direct deposit

Under Manage My Prescriptions, you can:
- View your claim history
- Find drug definitions and pricing
- Find a participating pharmacy near you
- File a drug claim (if applicable)

In Research & Tools, you can:
- View benefit booklets and SBCs
- View covered immunizations
- Read medical policies
- View a list of preventive services

Under Manage My Health, you can:
- Take the HealthQuotient® (HQ)
- View your Personal Health Record
- Compare treatment costs
- Check your symptoms with WebMD’s Symptom Checker
- Enroll in Baby Yourself®
- Learn about behavioral health services
- Additional information may be available based on your benefit plan

Under Research Quality of Care, you can:
- Find a healthcare provider or facility
- Learn about Blue Cross Quality Initiatives
- Rate your doctor
- Learn about Blue Distinction Centers

Under Forms & Materials, you can view or print claim forms and many other types of forms.

TIP: Save time by taking advantage of the links under Frequently Visited to see your latest page views.
We are promoting healthier lifestyles for our USA Employees.

Whether you are interested in walking, running, biking, taking fitness classes, practicing meditation, doing yoga, or just taking part in any number of healthy activities, JagFit has what you’re looking for!
The JagFit Wellness Program offers an opportunity for all USA employees to participate free of charge, in a structured and supportive environment that encourages healthier living through personal participation in a multitude of wellness events and services, done at your own pace. Visit us at www.southalabama.edu/jagfit to find out more about:

Health Screenings - Research indicates that many serious diseases are preventable through lifestyle change. JagFit’s free health screening is designed to help employees reduce the risk of disease and support the adoption of healthy habits for those who want to improve their own health and fitness levels.

Fitness Challenges - You pick the challenge! Whether you are interested in walking, running, biking, taking fitness classes, practicing meditation, doing yoga, or just taking part in any number of healthy activities, we have a challenge for you. The information and resources related to each challenge are designed to positively impact your personal well-being and happiness while helping you reach your full potential.

Trek Talks - We invite all USA employees to join us for an all new and interesting speaker presentation that is uniquely on the move. It is our hope to capture your attention with interesting stories, funny anecdotes, current affairs, historical topics, sports, all in a venue of fresh air and exercise. All that is required is for you to pack your sneakers for a lunchtime walk and join us for one of our Trek Talks!

Informative Articles – Our JagFit staff is constantly on the lookout for the latest trends and information in areas of wellness, health, fitness, nutrition, mental health, sleep, mindfulness . . . anything and everything that promotes healthy living. Once we locate the article, we add the link to our JagFit webpage and hope you find it helpful and interesting!

Brown Bag Lunches – Join us for lunchtime wellness presentations that will offer you tips on a wide range of topics that we hope will help you learn to better live a happy and healthy lifestyle. The lunches and seminars will be covering several of the eight dimensions of wellness including family financial budgeting, mindfulness, career advice, healthy nutritional tips, physical fitness coaching, among other topics. We look forward to seeing you with brown bag in hand!

JagFit@South Website – Although we are just getting started, we are excited about what we already have available on our interactive JagFit website. It includes informative articles, challenges, leaderboards, self-assessment tests, a jagfit event calendar, and USA Health resources. It is a virtual one stop shop of wellness and healthy living.

Healthy Cooking Demonstrations – JagFit is partnering with USA’s Integrative Health and Wellness committee to offer healthy cooking ideas ranging from simple to elaborate cooking recipes and nutritional tips the whole family will enjoy! These demonstrations will take place at their wonderful new kitchen located at USA Commons near the main campus.

Self-Assessment Tests – Through the help of several of our USA Health professionals, our JagFit website offers you a host of anonymous online self-assessment tests covering areas like depression, mindfulness, empathy, fitness, happiness, burnout, and many other topics that might interest you. They are informative, self-revealing, helpful, and always anonymous.

Financial Planning Help – JagFit is proud to offer, from a team of talented and knowledgeable USA faculty, help and advice in your financial planning. The venues for these tips are brown bag lunches, seminars, JagFit YouTube videos, and informative articles. Let JagFit help you help yourself in the world of finance, budgeting, taxes, and other important financial considerations.

Mindfulness Seminars – Let JagFit introduce you to the idea of mindfulness and teach you how to reduce the stress and disorder all of us feel occasionally. We will teach you ways to deal mentally and emotionally with the daily chaos and pressures that can negatively affect our health and mental wellbeing. JagFit has several certified and knowledgeable staff members who will lead seminars and classes introducing this important mind calming topic for you to use and incorporate into your daily routine.

Walking Trail Maps - Research has proven conclusively that simple short walks can ward off several physical ailments and disease while stimulating positive mental health benefits. Promoting this concept of just getting up and stepping out is a fundamental mission of JagFit! To aid in this, our JagFit website has identified walking paths, both inside and outdoors covering all three of USA’s main campuses. We will be adding to these “office trails” as we identify more and more each week.
SOUTHFLEX HEALTH & DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

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 Account plans must be made during Open Enrollment to be effective January 1, 2021. **The annual limit on employee salary reduction contributions to the Health FSA is $2,750.** Unused employee contributions to the Health FSA for the 2020 plan year that are carried over into the grace period for that plan year will not count toward the $2,750 limit for the 2021 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, 2020. The enrollment form may be completed online. You may scan and email your completed form to employeebenefits/hr@southalabama.edu. Faxed forms will not be accepted.

**Current participants:** You must re-enroll during the 30-day Open Enrollment period beginning November 1, 2020, in order to participate during the 2021 benefit year.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) signed into law this year contains important provisions that affect Health Flexible Spending Accounts:

Over-the-counter drugs and medicines can be paid for or reimbursed through a health flexible spending account without a doctor’s prescription.

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/dental care and day care expenses with tax-free dollars. Don’t think of it as money deducted from your paycheck - think of it as money added to your wallet.

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

- Use a USA Health 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 benefits 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.

- Participate in the virtual Benefits & Wellness Expo to meet benefit provider 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.

- Enroll in mail order home delivery pharmacy services.
USA HEALTH EXPANDING SERVICES

Those with USA Health & Dental Plan coverage receive the best care with fewer expenses:

- No co-pays for USA Health physician office visits and consults (starting in 2021)
- No cost for inpatient care, including ED visits and maternity care at USA Health facilities
- No cost for allergy testing, diagnostic imaging, lab and surgical care provided at USA Health
- No cost for hemodialysis, IV therapy, chemotherapy and radiation therapy at USA Health

Visit www.usahealthsystem.com or call 251.434.3711 to connect with a USA Health provider.

You may enroll in many of USA’s other benefits any time during the year. These benefits include:

- Voluntary 403(b) and 457(b) retirement plans and additional life insurance. Contact your Human Resources office for more information.
Know Where to Go:
Primary Care Physician, Urgent Care Facility or Emergency Room (ER)

To save time and money and receive appropriate care, it’s important to understand when to see your Primary Care Physician and when to visit an Urgent Care facility or an ER.

Blue Cross and Blue Shield of Alabama cares about your health and wellness.

This is an informational series designed to provide you with specific ideas for a healthy and safe lifestyle.

AlabamaBlue.com/myBlueWellness

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

myBlueWellness
A wellness program for you from Blue Cross and Blue Shield of Alabama
START HERE:
PRIMARY CARE PHYSICIAN

Start with your Primary Care Physician for non-life threatening conditions. They manage acute and chronic conditions and deliver more comprehensive patient care. They know your full medical history, including any underlying conditions.

TURN HERE:
URGENT CARE

Turn to an Urgent Care facility after hours or when your Primary Care Physician is otherwise unavailable. They focus on treating acute illnesses and injuries that are non-life threatening.

GO HERE:
EMERGENCY ROOM

Go to the ER immediately for severe and life-threatening conditions. ERs are open 24/7/365 and are properly staffed for critical situations.

If poison is ingested, call the Poison Control Center immediately:
1-800-222-1222 Alabama
1-800-292-6678 Nationwide

Help keep ERs available for people who need life-saving treatment. You’ll save both time and money by knowing where to go for the right care.

For help choosing a Primary Care Physician in your area, visit AlabamaBlue.com and click Find a Doctor.

These are not a substitute for your healthcare provider’s judgment. They are meant only to remind you of ways to better manage your health. Please refer to your benefits manual for coverage information.
Healthier Eating Means Better Living

One of the most effective ways to improve our overall health is to follow a well-balanced diet low in saturated fats. Doing so can make you feel better, look better and even reduce the risks for certain conditions, such as heart disease.

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A wellness program for you from Blue Cross and Blue Shield of Alabama
Here are 10 ways to eat healthy for better living.

1. **Drink water.** Water helps flush our systems of waste products and toxins. It’s common to mistake thirst for hunger, so staying well hydrated also helps us make healthier food choices.

2. **Eat in moderation.** People often think of healthy eating as an all or nothing proposition; but a key foundation for any healthy diet is moderation. Despite certain fad diets, we all need a balance of carbohydrates, protein, fat, fiber, vitamins, and minerals to sustain a healthy body.

3. **Think healthy.** Healthy eating is about more than the food on your plate — it is also about how you think about food. Healthy eating habits can be learned. It is important to slow down and think about food as nourishment rather than just something to gulp down in between meetings or on the way to pick up the kids.

4. **Enjoy your fruits and veggies.** Fruits and vegetables are the foundation of healthy eating — they are low in calories and nutrient dense. Fruits and vegetables should be part of every meal and your first choice for a snack — aim for a minimum of five portions each day.

5. **Eat healthy carbs and whole grains.** Choose healthy carbohydrates and fiber sources, especially whole grains, for long lasting energy. Studies have shown that people who eat more whole grains tend to have a healthier heart.

6. **Enjoy healthy fats.** Good sources of healthy fat are needed to nourish your brain, heart and cells, as well as your hair, skin and nails. Foods rich in certain omega fats are particularly important and can reduce cardiovascular disease, improve your mood and help prevent dementia.

7. **Don’t forget protein.** Protein gives us building blocks for important body functions. A lack of protein in our diet can slow growth, reduce muscle mass, lower immunity and weaken the heart and respiratory system.

8. **Get calcium.** Calcium is one of the key nutrients that your body needs in order to stay strong and healthy. It is an essential building block for lifelong bone health in both men and women.

9. **Limit salt and sugar.** Sugar causes energy ups and downs and can add to health and weight problems. Eating too much salt can cause high blood pressure and lead to other health problems. Often you may not be aware of the amount of salt and sugar you’re consuming each day.

10. **Plan ahead.** One of the best ways to eat healthy is to prepare your own food regularly. Pick a few healthy recipes that you and your family like and build a meal schedule around them.

AlabamaBlue.com/myBlueWellness
OPEN ENROLLMENT GUIDE | 23
The USA Health & Dental Plan and USA Select Health & Dental Plan, as applicable, 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, 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 $50 monthly Wellness Incentive toward the cost of USA Health & Dental Plan or USA Select Health & Dental Plan coverage.

There is only one $50 per month Wellness Incentive credit applied to each single or family contract. The form is available online at an open enrollment link on the Human Resources website at www.southalabama.edu/hr.

- The Wellness Incentive will reduce the monthly cost of the Base Plan from $168 to $118 for single coverage and from $444 to $394 for family coverage.
- The Wellness Incentive will reduce the monthly cost of the Standard Plan from $188 to $138 for single coverage and from $508 to $458 for family coverage.
- The Wellness Incentive will reduce the monthly cost of USA Select Health & Dental Plan from $140 to $90 for single coverage from $350 to $300 for family coverage.

The USA Health & Dental Plan and USA Select Health & Dental Plan are committed to helping you achieve your best health. An incentive for participating in the Tobacco Cessation Program is available to all employees. If you think you may be unable to meet the standard for the reward under this program, you may qualify for an opportunity to earn the same reward by different means. Contact the Human Resources Department for additional information.
Tobacco Cessation Program

For USA Health & Dental Plan (Base and Standard) and USA Select Health & Dental Plan Members Including their covered spouses

1-888-768-7848

The Quit for Life Program is a telephone-based tobacco cessation counseling program that helps guide USA Health & Dental Plan (Base and Standard) and USA Select 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 / a week supply

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

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

Prostate  
Recommended age 50 and older

Men over 50, and high-risk men 45-50, should speak with their doctor about their prostate health.

Blood cholesterol  
As directed by physician

To reduce risk of heart disease, periodic screening of cholesterol levels is recommended for men ages 35 and older, and women and younger men who are at risk for cardiovascular disease.

Early detection is the key to fighting many diseases. Getting the right tests at the right time can increase chances of treatment success and survival. Before having any tests performed, review your benefits to see which tests are covered by your plan.

The preventive guidelines are based on U.S. Preventive Services Task Force and CDC/ACIP recommendations and may not be covered by your group plan. Please review your benefit plan for coverage information.

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This is an informational series designed to provide you with specific ideas for a healthy and safe lifestyle.

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What Age, What Test?

There are many tests that can detect medical conditions. The difficulty is remembering at what age to get which test.
What Age, What Test?

Here is a guide to help you know.

**Dental**
Recommended first visit by age 1

It is recommended that adults and children have a dental visit annually, although they can be more frequent. Your dentist can help you determine how often your teeth should be cleaned. Children should have their first dental visit by age one.

**Vision**
Recommended first visit before age 5

Adults should have an eye exam every two years or as recommended by a health professional. Children should have their vision tested before age five.

**Diabetes**
Recommended age 18 or older

Adults who have symptoms of diabetes, or who have blood pressure readings higher than 135/80 mmHg, should have their hemoglobin A1C checked every three years. More frequent testing may be needed for individuals at higher risk.

**Colorectal**
Recommended age 50 and older

Individuals 50 years or older should be tested for colorectal cancer. Those who are at increased risk should speak to their doctor about earlier testing.

**Women**

**Pap smear**
Recommended age 21 or older

All women age 21 or older should have a pap smear every one to three years. Women aged 30 or older may also choose to have a pap smear in conjunction with the human papillomavirus (HPV) test every five years.

**Mammogram**
Recommended age 50 and older

The US Preventive Services Task Force (USPSTF) recommends mammograms every two years for women aged 50 to 74 years. The decision to start screening mammography prior to age 50 should be an individual one. Women who place a higher value on the potential benefit than the potential harm may choose to being screening mammograms at age 40.

**Osteoporosis**
Recommended for women age 65+

A bone density test is recommended for women under 65 who have at least one risk factor, and for women over 65 who have never had a bone density test. The interval between tests can be two or more years.
How to Talk to Your Doctor

Good communication with your doctor can take time and effort, but it will make a huge difference in the quality of medical care you receive.

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AlabamaBlue.com/myBlueWellness

BlueCross BlueShield of Alabama

A wellness program for you from Blue Cross and Blue Shield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

This information is provided for general informational purposes. Information contained in this communication is not intended to replace professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified healthcare provider regarding your healthcare needs. Never disregard professional medical advice or delay seeking medical advice because of something you have read in this informational piece. Always check your benefits for coverage information and limitations.
Your doctor can help you make medical decisions that are right for you, while also discussing care plans with specialists, if needed.

Tips for Good Communication

• **Be prepared.** Make a list of concerns. Take along information the doctor or staff may need including insurance cards and medical records. Some doctors ask that you bring all medicines with you or bring a list of medications you take.

• **Take a family member or friend.** Let him or her know in advance what you want from your visit. This person can help you remember what you planned to discuss and what the doctor said.

• **Update the doctor.** Share any important personal health information that may be helpful to your doctor.

Sharing Information

• **Be honest.** It’s tempting to say what you think the doctor wants to hear. This is not in your best interest. Your doctor can give you the best treatment only if you explain what is really going on.

• **Ask questions.** It is the key to getting what you want from the visit. If you don’t ask questions, your doctor may think that you understand why he or she is sending you for a test or that you don’t want more information.

• **Stick to the point.** Make the most of your time by giving the doctor a brief description of your symptoms, when they started, how often they happen and if they are getting better or worse.

• **Share your point of view.** Your doctor needs to know what’s working for you and what’s not. Let your doctor know if you feel rushed, worried or uncomfortable. Try voicing your feelings in a positive way.

• **Make sure you can see and hear as well as possible.** Remember to take your eyeglasses to your doctor visit. If you use a hearing aid, make sure it is working and wear it.

• **Share your goals.** If you want anything about your health to change, tell your doctor. Ask if there is anything you should be doing differently to help meet your health goal. If you have ideas of how to start working on your health goal, tell your doctor so he or she can offer feedback and suggestions.
USA HEALTH & DENTAL PLAN
USA SELECT HEALTH & DENTAL PLAN

DEPENDENT ELIGIBILITY

As part of our ongoing commitment to control health care costs, the University of South Alabama must ensure that only eligible dependents are covered under the USA Health & Dental Plan (Base & Standard) and USA Select Health & Dental Plan.

Who is Eligible for Coverage?
Below are general definitions of eligible dependents for the USA Health & Dental Plan (Base & Standard) and USA Select Health & Dental Plan. For further details on these eligible dependents, please refer to the USA Health & Dental Plan Member Handbook, or the USA Select Health & Dental Plan Summary Plan Description, which can be located at www.southalabama.edu/hr.

Eligible dependents include:
Spouse – As recognized by the state of Alabama.
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 as long as the employee maintains dependent coverage.

State of Alabama Marriage Certificate Guidelines
The process for entering into a legal marriage in Alabama changed, pursuant to Alabama Act 2019-340. Under the law, persons wishing to become married are no longer required to file an application for a marriage license with the County Probate Court, and the courts will no longer issue marriage licenses. The Alabama Marriage Certificate form should now be completed by the persons entering into marriage and delivered to the Probate Court for recording. Once properly completed and recorded by the Probate Court, the marriage is legal.

Legal marriage is a life event change, which allows an employee to make changes to their benefits such as health and dental insurance, SouthFlex and life insurance coverage within 30 days of the life event. To make these changes during this window of opportunity, employees must present a certified Probate Court recorded copy of the Alabama Marriage Certificate, which can be obtained from the Court Records Office for a small nominal fee.

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 Voluntary 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 (Base & Standard) or USA Select Health & Dental Plan, as applicable, on behalf of an ineligible individual.

Even in the case of a divorce when the employee is court ordered to provide health insurance for the divorced spouse, the member is required to notify the Human Resources Department of the divorce so that the ex-spouse can be removed from the USA Health & Dental Plan (Base & Standard) or USA Select Health & Dental Plan, as applicable. The USA Health & Dental Plan (Base & Standard) and USA Select Health & Dental do not consider an ex-spouse an eligible dependent. The ex-spouse has the opportunity to keep coverage through COBRA continuation of coverage, if the Human Resources Department is notified within 60 days of the divorce date.
Evidence of dependent eligibility must be submitted within 30 days of enrollment and when requested by the Human Resources department. The required documentation must be provided at the time of enrollment. See the table of required documentation for acceptable dependent eligibility documentation.

<table>
<thead>
<tr>
<th>Dependent Type</th>
<th>Required Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal spouse</td>
<td>• Marriage Certificate&lt;br&gt;AND one of the following documents to show current marriage:&lt;br&gt;• Most recent federal income tax return as filed with the IRS listing the spouse&lt;br&gt;• Current mortgage statement, loan or lease agreement listing both member and spouse&lt;br&gt;• Current property tax documents listing both member and spouse&lt;br&gt;• Vehicle registration currently in effect listing both member and spouse&lt;br&gt;• Current credit card or bank account statement listing both member and spouse&lt;br&gt;• Current utility bill listing member and spouse&lt;br&gt;Note: “Current” is defined as within the last six months.</td>
</tr>
<tr>
<td>Separated spouse</td>
<td>• Court document signed by judge showing legal separation</td>
</tr>
<tr>
<td>Common law spouse – NOT ELIGIBLE ON AND AFTER 1/1/2017</td>
<td>Common law spouse status prior to 1/1/2017 – Each of the following:&lt;br&gt;• Questionnaire and affidavits provided by Human Resources Department&lt;br&gt;• Most recent federal income tax return as filed with the IRS listing the spouse&lt;br&gt;• One of the documents listed in the spouse category above as proof of current marriage</td>
</tr>
<tr>
<td>Biological child under age 26</td>
<td>• Birth certificate issued by a state, county or vital records office</td>
</tr>
<tr>
<td>Stepchild under age 26</td>
<td>• Marriage certificate between member and spouse&lt;br&gt;• Birth certificate issued by state, county or vital records office showing spouse as parent&lt;br&gt;Note: If spouse is not covered by the USA Health &amp; Dental Plan or USA Select Health &amp; Dental Plan, you will need to provide proof that you and your spouse are currently married.</td>
</tr>
<tr>
<td>Adopted child under age 26</td>
<td>• Certificate of adoption or court order granting legal custody during a probationary period prior to adoption&lt;br&gt;• International adoption papers from country of adoption&lt;br&gt;• Birth certificate issued by state, county or vital records office naming the adoptive parents</td>
</tr>
<tr>
<td>Child over whom you have legal guardian status</td>
<td>• Placement authorization signed by a judge&lt;br&gt;• Final court order signed by a judge</td>
</tr>
<tr>
<td>Disabled child of any age who is not married and who became disabled prior to age 26</td>
<td>Each of the following:&lt;br&gt;• Acceptable proof of dependent child status&lt;br&gt;• Social Security Disability Entitlement Certificate&lt;br&gt;• Proof of continuous health insurance coverage for disabled child as the dependent of member since the disability commenced</td>
</tr>
<tr>
<td>Grandchild</td>
<td>A grandchild may only be covered if legally adopted and living in the employee’s home.</td>
</tr>
</tbody>
</table>

All dependents must have Social Security numbers to be eligible for coverage. Pursuant to recent federal health care reform, a child under the age of 26 can be married and there are no conditions of residency, student status, or financial dependency.

Assistance with documentation may be obtained from: www.cdc.gov/nchs/w2w.htm (click on your state for details).

Alabama birth, death, marriage or divorce certificate, contact the Health Department: Main Health Center (251) 690-8150.
Identity Protection Services

Blue Cross and Blue Shield of Alabama works with Experian® to offer identity protection to our members. Experian is offering two new services – IdentityWorks and MinorPLUS (to protect the minors covered on a member’s contract) – to constantly check for signs that members might be at risk for identity theft.

These new products replace the current ProtectMyID (individual) and FamilySecure (family) identity protection products.

How am I and my family covered?

IdentityWorks provides:
- Daily Credit Monitoring and Timely Alerts
- A U.S.-based Fraud Resolution Team
- $1 Million Identity Theft Insurance
- An Experian Credit Report

MinorPLUS provides:
- Internet Surveillance
- Minor SSN Monitoring
- A U.S.-based Fraud Resolution Team
- $1 Million Identity Theft Insurance

How do I enroll in the service?

- To enroll in this service, log in or register to myBlueCross at AlabamaBlue.com/IDProtection.
- Follow the enrollment instructions using the Activation Code(s) provided.

How much does it cost?

- This service is free for all eligible, active members.
- Once activated, this service will continue uninterrupted for one year. At the end of each subscription, active members can return to myBlueCross and obtain a code to establish coverage for an additional one year period.

As of January 1, 2019, these will be the only products offered by Experian through Blue Cross and Blue Shield of Alabama. Members who currently have an Experian product through Blue Cross will receive a notice ahead of their current subscription expiration.
BlueCard Worldwide®

Healthcare coverage when you are traveling or living abroad.

When you are a BlueSM 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.
UnitedHealthcare Global Travel Assistance helps you cope with emergencies when you travel more than 100 miles from home or internationally for trips of up to 180 days. UnitedHealthcare Global 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 UnitedHealthcare Global Travel Assistance 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 UnitedHealthcare Global Travel Assistance at assistance@vhcglobal.com.

Key Services of UnitedHealthcare Global Travel Assistance

- **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
- **24-Hour Health Information** including 24/7/365 access to registered nurses who can provide health and medication information, symptom decision support, and help understanding treatment options

Emergency Transportation Services arranged and provided by UnitedHealthcare Global 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.
The time you spend with your family is priceless, and you wouldn’t trade anything in the world for those special moments together. But what would happen if you suddenly died? Would the precious memories of your times together be enough to see your family through this difficult period?

It’s not pleasant to think about, but your death could potentially leave your family unable to meet existing financial obligations. Would they have the funds to pay bills, your home mortgage, burial and funeral expenses? Would they be able to live on one income and maintain their current lifestyle? What about medical expenses associated with a terminal illness? Would your family be financially prepared?

Voluntary Life insurance from Standard Insurance Company can be a simple, easy way to help financially protect your loved ones. It offers you the opportunity to apply for the amount of life insurance coverage that meets your specific needs and the convenience of insurance premiums deducted directly from your paycheck.

With Voluntary Life from The Standard, you can help protect what is priceless with coverage that offers peace of mind.
Life Services Toolkit
Resources and Tools to Help You and Your Beneficiary
Meet Life's Challenges

Group Life insurance through the University of South Alabama gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from The Standard does more than help protect your family from financial hardship after a loss. We have partnered with Bensinger, DuPont & Associates (BDA) to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, beneficiaries can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment. Life insurance beneficiaries can access services for 12 months after the date of death.

Services to Help You Now
Visit the Life Services Toolkit website at www.standard.com/mytoolkit (enter username "assurance") for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools, found in the Legal Forms section, walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and health care agent forms.

- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.

- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.

- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.

- **Funeral Arrangements:** Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

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* The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York.

1 The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates or charities.
Services for Your Beneficiary

These supportive services can help your beneficiary cope after a loss:

- **Grief Support**: Clinicians with master's degrees are on call to provide confidential grief sessions by phone or in person. Beneficiaries are eligible for up to six face-to-face sessions and unlimited phone contact.

- **Legal Services**: Beneficiaries can obtain legal assistance from experienced attorneys. They can:
  - Schedule an initial 30-minute office and a telephone consultation with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25 percent rate reduction from the attorney's normal hourly or fixed fee rates.
  - Obtain an estate-planning package that consists of a simple will, a living will, a health care agent form and a durable power of attorney.

- **Financial Assistance**: Beneficiaries have unlimited phone access to financial counselors who can help with issues such as budgeting strategies, and credit and debt management, including hour-long sessions on topics requiring more in-depth discussion.

- **Support Services**: During an emotional time, beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to help manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.

- **Online Resources**: Beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.

For beneficiary services, visit www.standard.com/mytoolkit (User name = support) or call the phone assistance line at 800.378.5742.
Enroll and make saving for your future a priority — it’s easy!

Help put your future on the path toward financial security by enrolling in your employer’s plan. Here’s how.

Online enrollment through group website
- After choosing AIG Retirement Services from your group’s website, select plan type
- Provide your Access Code and follow prompts

Online enrollment through aig.com/RetirementServices
- Visit aig.com/RetirementServices via your desktop, mobile device or tablet
- Select “Enroll”
- Input your Access Code, then follow the prompts
- For help at any point during the process, call 1-888-569-7055

Access Codes:
University of South Alabama -
03619001 – 403(b) Plan
03619004 – 457(b) Deferred Compensation Plan

USA Healthcare Management, LLC -
71513001 – 403(b) Defined Contribution Plan

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Securities and investment advisory services offered through VALIC Financial Advisors, Inc. (VFA), member FINRA, SIPC and an SEC-registered investment adviser.

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You can get retirement investment advice from a professional

Advice...online, in person or by phone

To set up your advice session, visit TIAA.org/schedulenow or call 800-732-8353, weekdays, 8 a.m. to 10 p.m. (ET).

You can also try our easy-to-use Retirement Advisor tool. Just go to TIAA.org/plan2retire and log in to your account.

Your retirement plan with TIAA comes with retirement investment advice*—at no additional cost.

TIAA retirement investment advice sourced from an independent third party

TIAA provides fiduciary advice on how to allocate your current and future contributions among your plan’s investment options. A fiduciary must act in their client’s best interest when providing this investment advice.

- The investment fund recommendations are provided by an independent third-party financial expert, Morningstar Investment Management, LLC (Morningstar), and cover all available investments in your retirement plan.
- You can access this advice online through our Retirement Advisor tool or by visiting with a TIAA financial consultant in person.

The arrangement with Morningstar provides unbiased advice on all of the funds we recordkeep on our platform, including proprietary products such as TIAA Traditional, CREF Annuities, TIAA-CREF Mutual Funds, as well as nonproprietary investment options.

Our client-centric retirement investment advice is consistent with TIAA’s investment philosophy, which emphasizes investing for the long term and is designed to address the specific retirement needs of each employee.

*The retirement investment advice explained in this document refers only to advice provided regarding assets and contributions within retirement plan held within TIAA.

This advice service is not available for brokerage account investments or if you are a participant with a foreign address.

This material is for informational or educational purposes only and does not constitute fiduciary investment advice under ERISA, a securities recommendation under all securities laws, or an insurance product recommendation under state insurance laws or regulations. This material does not take into account any specific objectives or circumstances of any particular investor, or suggest any specific course of action. Investment decisions should be made based on the investor’s own objectives and circumstances.

Diversification is a technique to help reduce risk. It is not guaranteed to protect against loss.

Investment, insurance, and annuity products are not FDIC insured, are not bank guaranteed, are not bank deposits, are not insured by any federal government agency, are not a condition to any banking service or activity, and may lose value. Investment products may be subject to market and other risk factors. See the applicable product literature, or visit your plan at TIAA.org for details.

You should consider the investment objectives, risks, charges, and expenses carefully before investing. Please call 877-518-9161 or go to TIAA.org or current product and fund prospectuses that contain this and other information. Please read the prospectuses carefully before investing.

Advisory services are provided by Advice & Planning Services, a division of TIAA-CREF Individual & Institutional Services, LLC, a registered investment adviser.

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Test your financial know-how and you could win a $250 Amazon Gift Card! We’ve teamed up with TIAA to bring you the What’s Your Financial IQ? challenge. From November 1, 2020, to November 30, 2020, take this educational challenge to have fun and learn important information about financial planning. Each day five new questions are added to the challenge. Every time you play, you are automatically entered for a chance to win a $250 Amazon Gift Card. The more you play, the better your chances of winning - so sign on every day! (All responses are confidential.) You will receive an email notification including the link to the FIQ Challenge!
Retirement Planning Checklist for Employees Participating in the Teachers’ Retirement System

Retirement is one of the most important decisions you will make in your lifetime, and it is never too early to start planning. This retirement checklist is a tool to help you in planning your retirement within the year leading up to your retirement date.

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, 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. USA life insurance coverage 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 (Base & Standard) or USA Select 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, he/she must gather proof of dependent eligibility documents such as a copy of the birth certificate for each child, a copy of his/her marriage license and a second document source for the 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 (Base & Standard) or USA Select 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) form 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 month break in service, and the retiree is limited to $32,000 earnings for 2021. 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.
What is the Partial Lump Sum Option Plan (PLOP)?
At retirement, in addition to selecting Options 1, 2, 3, or 4, TRS members may also elect to receive a one-time lump-sum distribution (cash payment) in addition to the monthly retirement benefit. In exchange for a reduced lifetime monthly benefit, members can elect to receive a Partial Lump Sum Option Plan (PLOP). The member’s age and option at retirement are used to determine the reduction in the benefit.

A PLOP distribution will be made as a single payment at the time the first monthly retirement benefit is paid. Based on the amount of the PLOP, the member’s monthly retirement benefit is then reduced to be the actuarial equivalent of the retirement benefit without a lump-sum distribution.

Fast Facts
• The amount of lump-sum distribution the member is eligible to receive is based on the maximum monthly benefit amount the member is eligible to receive.
• The smallest lump-sum distribution available to the member is the amount of one month of the member’s maximum benefit. (Rounded up to the nearest $1,000)
• The largest lump-sum distribution available to the member is the sum of 24 months of the member’s maximum benefit. (Rounded down to the nearest $1,000)
• All lump-sum distributions will be provided in $1,000 increments.
• The member’s monthly retirement benefit will be actuarially reduced due to the election of a PLOP distribution.

Who is Eligible?
TRS members are eligible to participate in the Partial Lump-Sum Option Plan if the member is retirement eligible, retire on or after October 1, 2019, and are not retiring with disability benefits.

Example
A 60-year-old TRS member with a $3,300 maximum monthly retirement benefit elects to take a lump-sum distribution at retirement. The TRS member is eligible to choose a PLOP distribution, in $1,000 increments, from $4,000 – $79,000 (1 x $3,300 = $4,000 rounded up to the nearest $1,000; and 24 x $3,300 = $79,000 rounded down to the nearest $1,000).

This member chooses a $50,000 lump-sum distribution. If the TRS member chooses the maximum retirement benefit, the cost per $1,000 of the lump-sum distribution for a member retiring at age 60 is $7.66 per month. This member’s monthly cost for a $50,000 payment is $383 (50 x $7.66). To determine the reduced benefit, subtract $383 from $3,300. The TRS member would receive $2,917 per month as a result of electing the PLOP distribution.

Tax Implications
A PLOP distribution is subject to federal income tax withholding. Since these payments have been identified as eligible rollover distributions, the RSA must withhold 20 percent for income tax unless the eligible portion is rolled over into a qualified retirement plan. To defer paying taxes on these payments, you may roll over all or a portion of the entire "eligible rollover distribution" amount to another qualified retirement plan.

For more information on the PLOP program, visit www.rsa-al.gov or contact your Human Resources Office.
The Standard is the provider of the University’s Long Term Disability (LTD) coverage. The University provides this coverage at no cost to eligible employees. Long Term Disability (LTD) coverage provides the eligible employee with a wage replacement benefit after a 90-day period of disability. Contact your Human Resources Office for more information.

As a participant of the University of South Alabama 403(b) and /or 457(b) retirement plans, the USA HealthCare Management 403(b) Matching Retirement Plan or the USA Health Care Authority Deferred Compensation Plan, you may be allowed to borrow a portion of your vested account balance for a term of one to five years (up to 30 years for a loan to purchase your primary residence). The loan program adopted by the University of South Alabama, USA Health Care Authority, and the USA Health Care Management, LLC, is available to all plan participants who meet loan qualification requirements. These retirement plans will limit the number of outstanding loans at any time to a combined plan limit of three per participant.

Sometimes, things change. That is why you can change your USA Health & Dental Plan (Base & Standard), USA Select 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 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 (Base & Standard) or USA Select Health & Dental 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 your 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.

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YOUR BENEFITS
ON-THE-GO

Make your phone your go-to resource for accessing your insurance benefits information. Mobile apps are available for your health, dental, prescription and flexible spending benefits.

BlueCross Blue Shield of Alabama
Download the Alabama Blue app for your mobile devices.
• View your benefits
• View a virtual ID card
• Manage contract information
• Find a doctor and more

Express Scripts, Inc. (Base & Standard)
With the Express Scripts mobile app, you can skip the pharmacy trip. From up-to-the-minute order status to handy dose reminders to keep track of prescriptions, our app is an on-the-go pharmacy that helps to make your life easier.

Prime Therapeutics (USA Select Plan)
Download the Alabama Blue app for your mobile devices to view your pharmacy and prescription benefits.

Health Equity, Inc. (SouthFlex)
From your home screen you can see your account balances, view and pay claims, manage your investments, upload receipts, update profile settings, access additional resources and receive important account notifications. There is also an ever-present menu icon for easy navigation and a contact us button for any additional questions you may have along the way.

TIAA Mobile
Manage your retirement account – Use your fingerprint to log in securely, then view TIAA account details, interact with an advisor or check pending transactions and required actions.

AIG Mobile App
Track your progress and create the future you envision, all in one place. See what you need to reach your monthly retirement income goals, and then take action to help make it happen. View all your assets – including employer plans, personal retirement accounts and outside investments – all in one place. Get detailed portfolio data, and keep track of your progress with the FutureFiT calculator results. Communicate with our helpful experts. Call us directly from the app, or send us a message. Easily opt in for e-Delivery to get account information sent straight to your inbox.

Download on the App Store
GET IT ON Google Play
Insurance lingo can be confusing, but it is important to understand your benefits and how they work. Here are some terms you may need to know.

**Allowed Amount**  The maximum amount you may pay a network provider for a covered service. Network providers have agreed to accept the allowed amount as their total fee.

**Benefits**  The items or services covered by your insurance plan.

**Brand Name Drug**  The original manufacturer’s version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

**Claim**  A request for payment that you or your provider submits after you receive services.

**Coinsurance**  This is a percentage of the cost of health care you pay after you meet your deductible.

**Copayment**  The fixed amount you pay for a covered health care service or drug. Members pay office visit copayments, prescription drug copayments, emergency care and outpatient facility services.

**Deductible**  The amount you pay for covered services before your health plan begins to pay.

**Dependent**  An eligible child or spouse covered by the Plan.

**Generic Drug**  Lower-cost alternative to a brand name drug that has the same active ingredients, dosage, and strength as the brand-name counterpart.

**In-Network**  Health care professionals and facilities that have contracts with the medical, pharmacy, or dental plan to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

**National Preferred Formulary**  The formulary, or list of preferred drugs, used by Express Scripts.

**Non-Preferred brands**  Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will usually pay more for non-preferred brand medications. Also known as non-formulary brands.

**Out-of-Network**  A health care professional or facility that does not participate in the Plan’s network or does not provide services at a discounted rate. Using an out-of-network health care professional or facility will cost you more.

**Out-of-pocket costs**  These are your costs for expenses that are not reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services, plus all costs for services that are not covered.

**Preauthorization**  A decision that a service, prescription drug or medical equipment is medically necessary. Certain services and medications require preauthorization before you receive them. You may also hear this referred to as precertification or prior authorization.

**Preferred brands**  Preferred brand medications will usually cost more than generics but may cost less than non-preferred brands. Also known as formulary brands.

**Premium**  The amount you pay for insurance coverage.

**Preventive care**  Health care services you receive when you are not sick or injured – so that you will stay healthy. These include annual checkups, gender and age appropriate health screenings, well-baby care, and immunizations.

**Provider**  The medical professional who delivers care or the location where you receive health care services.
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
E-mail: hrmaincampus@southalabama.edu

USA Health Human Resources
210 Cox Street | Mobile, AL 36604-3391
Phone: (251) 415-1604
E-mail: hrhealth@southalabama.edu

USA Health University Hospital
Human Resources
2451 University Hospital Drive | Mobile, AL 36617-2293
Phone: (251) 471-7325
E-mail: hrhealth@southalabama.edu

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

USA Health & Dental Plan (Base & Standard)
or USA Select 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, November 30, 2020. Please contact your Human Resources office should you have any questions.

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.
Annual Notice Concerning Federal Laws and Acts
USA Health & Dental Plans Benefit Year 2021

The University of South Alabama is pleased to provide its employees and their dependents with quality health and dental plans at an affordable cost to all employees.

This notice provides important information about federal laws and acts that affect your coverage. It also includes information about the policies and procedures of your Plan. You should read this notice carefully and keep it with your important papers.

This notice, along with your Plan Member Handbook, will assist you in understanding your rights under the Plan and your responsibilities to the Plan.

When used in this notice, the term “Plan” refers to the USA Health & Dental Plans to include Base Plan, Standard Plan, and USA Select Health & Dental Plan. The term “Member” refers to benefits-eligible employees and their dependents, unless otherwise noted. The term “Employer” refers to the University of South Alabama (USA), the USA Medical Center, the USA Children’s & Women’s Hospital, Mitchell Cancer Institute, the USA HealthCare Management, LLC (HCM), and USA Health Care Authority.

WHAT YOU SHOULD KNOW ABOUT YOUR EMPLOYER-PROVIDED HEALTH INSURANCE & HEALTH CARE REFORM

The Affordable Care Act (ACA) provides individuals with a new way to compare and purchase health insurance through the Health Insurance Marketplace. Information about the Marketplace was provided to all employees via mail in a notice titled, “New Health Insurance Marketplace Coverage Options & Your Health Coverage.” You may view this notice on the benefits page of the Human Resources web site at www.southalabama.edu/hr or request a copy by contacting the USA Human Resources department.

You should understand the following important information about your employer-provided health coverage as it relates to health care reform:

1. The USA Health & Dental Plans provide “minimum essential coverage” as required by the Affordable Care Act.
2. The USA Health & Dental Plans meet the “minimum value” standard established by the Affordable Care Act. This standard is met when the health plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.
3. The USA Health & Dental Plans have employee cost-sharing rates which are intended to meet the “affordable” standard under the Affordable Care Act. This means that the employee cost for single coverage under the Plans is intended to be no more than 9.86% of the employee’s household income (based on the employee’s W-2 income).
4. The Employer offers health coverage to full-time employees working at least 30 hours of service a week or 130 hours of service a month on average.

NOTICE OF YOUR RIGHT TO COBRA CONTINUATION OF COVERAGE UNDER THE PLAN

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan Member Handbook or contact the Human Resources department.

There are time limits for a member to apply for the COBRA continuation of coverage. It is important that you notify the Human Resources department when there is a COBRA qualifying event that may affect your coverage or that of your dependent, such as: 1) your hours of employment are reduced; 2) your employment ends for any reason; 3) your spouse dies; 4) your spouse’s hours of employment are reduced; 5) your spouse’s employment ends; 6) your spouse becomes entitled to Medicare benefits; 7) you become divorced or legally separated from your spouse; 8) the child’s parent-employee dies; 9) the parent-employee’s hours of employment are reduced; 10) the parent-employee’s employment ends; 11) the parent-employee becomes entitled to Medicare benefits; 12) the parents become divorced or legally separated; 13) the child is no longer eligible for coverage under the Plan as an eligible dependent.

ALTERNATIVES TO COBRA CONTINUATION COVERAGE

There may be health insurance coverage options for you and your family in addition to COBRA continuation coverage. The Health Insurance Marketplace offers a new way to shop for health insurance and you may be eligible for a tax credit that lowers your monthly premiums. Marketplace coverage may be less expensive than COBRA coverage for many individuals, and unlike COBRA coverage, is available indefinitely. Being eligible for COBRA does not limit your eligibility for coverage and the tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity through the Marketplace or another group health plan (such as your spouse’s plan), if you request enrollment within 30 days of a qualifying event. Visit or call the Health Insurance Marketplace at www.healthcare.org or 1-800-318-2596.
NOTICE OF THE PLAN’S OPT-OUT OF SOME FEDERAL REGULATIONS

The USA Health & Dental Plans have elected to opt-out of certain federal regulations including: the Health Insurance Portability & Accountability Act of 1996 (HIPAA), as amended by the Patient Protection and Affordable Care Act (PPACA); the Newborns’ and Mothers’ Health Protection Act of 1996 (NMHPA); the Mental Health Parity Act of 1996 (MHPA); the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA); and Michelle’s Law (2008). The Plans comply with the HIPAA provisions for special enrollment rules and discrimination based on health status rules.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

Many of the provisions of HIPAA do not apply to the Plan, or the Plan is already in compliance with these provisions. For example, HIPAA requires a special enrollment period for employees who incur a change-in-status event concerning eligibility of family members. This benefit has always been offered under the Plan. HIPAA prohibits group health plans from discriminating against employees on the basis of health status. The Plan has never imposed discriminatory rules.

NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT (NMHPA):

The NMHPA establishes minimum inpatient hospital stays for newborns and mothers following delivery, based on medical necessity. The Plan has never imposed limitations regarding the length of an inpatient hospital stay following delivery. The Plan’s decision to opt-out of NMHPA will have no effect on current or new employees.

MICHELLE’S LAW (2008):

Michelle’s Law provides that a group health plan may not terminate coverage of a full-time student due to a medically necessary leave of absence. The ACA requires coverage of a dependent to extend to age 26 regardless of full-time student status. The USA Health & Dental Plans comply with the ACA and extends coverage to all dependent children to age 26 regardless of student status.

AVAILABILITY OF SUMMARY HEALTH INFORMATION

As an employee of the University of South Alabama, the health benefits available to you represent a significant component of your compensation package. These health benefits also provide important protection for you and your family in cases of illnesses or injuries. To assist you in understanding your health coverage, the USA Health & Dental Plans make available a Summary of Benefits and Coverage (SBC). The SBC summarizes important information about your health coverage in a standard format.

The SBC and the Member Handbook are available on the web at: www.southalabama.edu/hr/. A paper copy is also available, free of charge, by contacting the Human Resources department.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (MHPAEA):

The MHPAEA expands MHPA by establishing parity of mental health and substance abuse benefits to include substance abuse disorder benefits as well as mental health benefits; prohibits applying financial requirements or treatment limitations that are more restrictive than the predominant financial requirement or treatment limitations that apply to substantially all medical and surgical benefits.

The University of South Alabama has elected to use its opt-out privilege as a non-federal governmental entity. The Plan does not provide parity and has limits on certain services.

You should consult with your medical provider and the claims administrator to coordinate your care within the benefits offered by the Plan. You may review the mental health and substance abuse disorder benefits using the Summary of Benefits & Coverage (SBC) and Member Handbook for each Plan which is available at: www.southalabama.edu/hr/. A paper copy is also available, free of charge, by contacting the Human Resources department.

GRANDFATHERED STATUS

The USA Health & Dental Base Plan is a “grandfathered plan” under 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 health plan, the 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) and the USA Select Health & Dental Plan are not grandfathered plans 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.
PATIENT PROTECTION
The Plans do not restrict coverage to any specific physician and the individual may designate any primary care, pediatrician, obstetric, gynecological, or specialty care provider in the network. A list of covered physicians, hospitals, and other medical providers may be obtained from Blue Cross Blue Shield of Alabama and is provided at its web site: www.bcbsal.org or USA Health at its web site: www.usahealth.com.

SECTION 125 PREMIUM CONVERSION PLAN
The Section 125 Premium Conversion Plan allows you to pay your employee contribution for the USA Health & Dental Plans 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). All eligible employees are automatically enrolled in the Section 125 Premium Conversion Plan. You may change your election for pre-tax premiums during the Open Enrollment period held in November, or during the Plan year if you incur a change-in-status event.

NOTICE OF A SPECIAL ENROLLMENT PERIOD FOR A CHANGE-IN-STATUS EVENT
If you or any of your family members declined coverage in the Plan when first eligible for coverage (or during the annual Open Enrollment Period), you may enroll in the Plan or enroll your eligible dependents when certain events cause a change-in-status event. Some change-in-status events result in termination of coverage for a dependent. To make an enrollment change due to a change-in-status event, you must contact the Human Resources department within 30 days (unless otherwise noted) of the event. Change-in-status events include:
1. A change in your marital status (marriage, divorce, 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 under 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) lose 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 premium assistance under Medicaid or SCHIP. Enrollment request must be made within 60 days of becoming eligible for the premium assistance.

WOMEN’S HEALTH & CANCER RIGHTS ACT:
The Plans comply with the Women’s Health and Cancer Rights Act, providing the following benefit: The USA Health & Dental Plans provide medical benefits for mastectomies for treatment of breast cancer including reconstructive surgery of the breast on which the mastectomy was performed, and of the other breast to produce a symmetrical appearance; prosthesis and coverage of physical complications resulting from all stages of the mastectomy, including lymphedema. Coverage of prostheses includes initial placement of prostheses and replacements as determined to be medically necessary. Coverage of prostheses also includes the brassiere required to hold the prostheses, limited to a Plan year maximum benefit of four (4) brassieres.

IMPORTANT NOTICE – MEMBER HANDBOOK
You should read the Plan Member Handbook and share it with your dependents. This booklet provides valuable information about your responsibility under the Plan, eligibility, benefits, and your rights as a participant, including the right to appeal the denial of a benefit. If you do not have a copy of this booklet, you should contact the Human Resources department and one will be sent to you free of charge. The Member Handbook is also available online at www.southalabama.edu/departments/financialaffairs/hr/benefits.html.

PRIVACY NOTICE
The USA Health & Dental Plans and its associates, like Blue Cross Blue Shield of Alabama, HealthEquity, Inc., and Express Scripts, Inc., adhere to and comply with the Privacy Act. The Plan and its associates have adopted practices and procedures to protect the privacy of your medical information. The Plan’s privacy policy in its entirety is available from the Human Resources department and is included in your Plan Member Handbook.
UNIVERSITY OF SOUTH ALABAMA
HUMAN RESOURCES
USA Technology and Research Park
Bldg. III, Suite 2200  |  650 Clinic Drive
Mobile, Alabama 36688–0002

Important Benefits Information Enclosed

DON’T WAIT!
REVIEW NOW.
Visit southalabama.edu/hr
for additional information

OPEN ENROLLMENT GUIDE
November 2020
University of South Alabama

UNIVERSITY OF SOUTH ALABAMA FRINGE BENEFITS COMMITTEE

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Instructor, Math and Statistics
Chair, Faculty Senate Salary and Fringe Benefits Committee
AHE 203, 460–7342

Mr. Brian Allred
Director, Campus Recreation
Campus Recreation Center
SRC, 460–6066

Dr. Lanier Cauley
Associate Professor
Mechanical Engineering
SHEC 3124, 460–6168

Dr. John Cleary
Associate Professor
Civil Engineering
President Faculty Senate
SHEC 3142, 460–6174

Ms. Ethel Coleman
Manager, Custodial Services
Custodial Services
MSHP, 460–7111

Ms. Janice Collins
Clerk IV
Radiology
UMC, 471–7156

Mr. Brian Courtney
Assistant Chief Financial Officer
USA Health System Administration
UMC, 471–7082

Mr. Shane Clemmons
Director, Information Services
Computer Services Center
CSC 106B, 460–6161

Mr. Scott Crenshaw
Director, Facilities Management
Facilities Management
CWH, 415–1695

Ms. Annita Dailey
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Medical Surgical 5th
UMC, 471–7672

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Professor
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HUMB 13, 460–6347

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Associate Manager,
MCI Community Outreach
Mitchell Cancer Institute
MCI, 665–8000

Mr. Mike Mitchell
VP, Student Affairs/Dean of Students
Student Affairs
SC S–245, 460–6172

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Chair
Family Practice
SHAC 3407, 434–3482

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Mr. Scott Weldon (Chair)
Vice President
Finance & Administration
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Physician
Mobile Diagnostic Center
MDC, 633–8880

Dr. David Turnipseed
Professor
Management
MCOB 332, 414–8087

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Executive Vice President
President’s Office
AD 130, 460–6171

Dr. Paul Frazier
Chief Diversity & Inclusion Officer
President’s Office
AD 244, 460–7464

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