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

2020 Open Enrollment
November 1 - December 2, 2019
Welcome to your 2020 Benefits & Wellness Open Enrollment Guide

Please review this Benefits & Wellness Open Enrollment Guide very carefully before making your benefits elections for the 2020 Plan Year.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What’s New for 2020?</td>
<td>1</td>
</tr>
<tr>
<td>2020 Open Enrollment</td>
<td>2</td>
</tr>
<tr>
<td>USA Benefits &amp; Wellness Expo 2019</td>
<td>4</td>
</tr>
<tr>
<td>Naturally Slim, Teledoc, Pack Health</td>
<td>5-8</td>
</tr>
<tr>
<td>USA VIVA Health &amp; Dental Plan</td>
<td>9-10</td>
</tr>
<tr>
<td>Express Scripts</td>
<td>11</td>
</tr>
<tr>
<td>Value-Based Benefits</td>
<td>12</td>
</tr>
<tr>
<td>SouthFlex Flexible Spending</td>
<td>14</td>
</tr>
<tr>
<td>Additional Spouse Term Life Insurance</td>
<td>15</td>
</tr>
<tr>
<td>BCBS Quit For Life Program</td>
<td>17</td>
</tr>
<tr>
<td>Identity Protection Services</td>
<td>18</td>
</tr>
<tr>
<td>USA Health &amp; Dental Plan</td>
<td>19-20</td>
</tr>
<tr>
<td>Dependent Eligibility</td>
<td></td>
</tr>
<tr>
<td>BCBS BlueCard Worldwide</td>
<td>21</td>
</tr>
<tr>
<td>UnitedHealthcare Global Travel Assist</td>
<td>22</td>
</tr>
<tr>
<td>Voluntary Life – Protecting What is Priceless</td>
<td>23-25</td>
</tr>
<tr>
<td>TIAA Retirement Planning</td>
<td>26</td>
</tr>
<tr>
<td>VALIC</td>
<td>27</td>
</tr>
<tr>
<td>TRS Retirement Planning</td>
<td>29</td>
</tr>
<tr>
<td>RSA Partial Lump Sum Option Plan</td>
<td>30</td>
</tr>
<tr>
<td>Change-In-Status Events</td>
<td>31</td>
</tr>
<tr>
<td>Your Benefits On-The-Go</td>
<td>32</td>
</tr>
<tr>
<td>Important Numbers/Websites</td>
<td>34</td>
</tr>
</tbody>
</table>

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 2020?

EMPLOYEE/EMPLOYER COST SHARING INCREASES
After an unprecedented three years without premium increases, the USA Health & Dental Plan (BCBS) will have an increase in employer and employee cost sharing for the 2020 plan year. To learn more, visit page 2.

NATURALLY SLIM
The USA Health & Dental Plan (BCBS) will offer a pilot program through Naturally Slim. Naturally Slim is a digital behavioral counseling program focused on metabolic syndrome reversal, diabetes prevention, and weight management. The Naturally Slim program teaches participants the skills needed to lose weight and maintain weight loss for the long-term. Learn more on page 5.

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. Learn more on page 6.

TELADOC
The USA Health & Dental Plan (BCBS) will offer Teladoc for plan members in 2020. Teladoc is a convenient and affordable option for general medical services. The program provides quality access to healthcare from the comfort of your home, during your lunch break or while traveling. To learn more, visit page 8.

THE STANDARD - SPOUSE ADDITIONAL LIFE INSURANCE
The monthly premium for voluntary spouse additional life insurance will increase effective January 1, 2020. Learn more on page 15.

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.

DO YOUR PART TO BE FLU SMART!
GET YOUR FREE FLU VACCINATION

Where: USA Benefits & Wellness Expo
Student Center Ballroom

When: Friday, November 8, 2019
8:00 a.m. – 12 noon
Your USA Fringe Benefits Committee (FBC) recommended, and President Tony G. Waldrop approved, a modest employee premium increase of $3 per month for single coverage and $13 per month for family coverage for employees enrolled in the plan administered by Blue Cross Blue Shield of Alabama for the 2020 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. To fulfill this commitment now and over the long term, the University must continue to manage the plan in a smart, efficient manner. Like most health insurance plans nationally, medical and prescription drug costs to the USA Health & Dental Plan (BCBS) have been increasing rapidly each year. This trend is expected to continue in 2020. Blue Cross Blue Shield of Alabama has projected that the cost of insuring USA’s employees and their dependents in the coming year will be greater than the premiums paid by the University and its employees during 2019.

The total cost of the plan in 2020 is projected to be approximately $55 million, with the University paying on average $9,484 per year on behalf of each covered employee. This is a plan cost increase of 6.7% over projected 2019 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 escalating 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. Employees and dependents are strongly encouraged to do their part by making healthier lifestyle choices, collaborating with physicians to get appropriate preventive screenings and considering use of generic medications, when available, to lower copays and cost. Additionally, the University is pleased to announce the following wellness enhancements for the USA Health & Dental Plan (BCBS) for 2020: Pack Health, Teladoc, and Naturally Slim (pilot program). Information regarding these new programs will be available in the USA Benefits & Wellness Open Enrollment Guide and at the USA Benefits & Wellness Expo in November.

The USA VIVA Health & Dental Plan offers value to employees and their dependents with an affordable low-cost benefit plan alternative that provides access to select medical providers in a limited network with a concentration on improving medical outcomes and providing preventive health care. The employee cost sharing for the USA VIVA Health & Dental Plan is the lowest of the two plans offered by the University, and USA VIVA has the lowest deductible, copay and coinsurance requirements. Annualized, employees save $492 for single coverage and $1,572 for family coverage, compared to the USA Health & Dental Plan’s (BCBS) Standard Plan.

HealthEquity, Inc. (BCBS) and Discovery Benefits, Inc. (VIVA) will continue to provide claims administration for SouthFlex Flexible Spending Accounts in 2020. We will also continue to offer the HealthEquity or Discovery Benefits Visa® Reimbursement Account Debit Card. More information is available online at www.healthequity.com and www.discoverybenefits.com, in the USA Benefits & Wellness Open Enrollment Guide and at the USA Benefits & Wellness Expo.

During open enrollment, eligible employees may enroll in the USA Health & Dental Plan (BCBS) or USA VIVA Health & Dental Plan and/or add eligible dependents with coverage to be effective January 1, 2020. If you are currently enrolled in the USA Health & Dental Plan (BCBS) or the USA VIVA Health & Dental Plan and do not wish to make a change in coverage, no action is required on your part.

<table>
<thead>
<tr>
<th>2020 PLAN PREMIUMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USA HEALTH &amp; DENTAL PLAN (BCBS)</strong></td>
</tr>
<tr>
<td><strong>BASE PLAN</strong> * (Employed prior to 1/1/2013)</td>
</tr>
<tr>
<td><strong>Employee</strong></td>
</tr>
<tr>
<td><strong>Premium</strong></td>
</tr>
<tr>
<td>Single</td>
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<td>Family</td>
</tr>
<tr>
<td><strong>USA HEALTH &amp; DENTAL PLAN (BCBS)</strong></td>
</tr>
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<td><strong>STANDARD PLAN</strong> * (Employed on or after 1/1/2013)</td>
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<td>Family</td>
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<tr>
<td><strong>USA VIVA HEALTH &amp; DENTAL PLAN</strong></td>
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<tr>
<td><strong>Premium</strong></td>
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<td>Family</td>
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</tbody>
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* includes non-tobacco wellness incentive of $50
OPEN ENROLLMENT

THINGS TO NOTE

• Open enrollment begins Friday, November 1, 2019.

• All forms must be completed and submitted to Human Resources no later than 4:30 p.m. on Monday, December 2, 2019.

• 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: hrmaincampus@southalabama.edu. Faxed forms will not be accepted.

• You must enroll in SouthFlex if you wish to participate in 2020. Enrollment forms may be obtained on the special Open Enrollment link on the Human Resources website at www.southalabama.edu/hr beginning November 1, 2019.

• If you do not want to make any changes to your existing USA Health & Dental Plan or USA VIVA Health & Dental Plan coverage, no action is required.

• All enrollment changes will take effect January 1, 2020.

• Because insurance premiums are deducted one month in advance, premiums for 2020 will take effect during the month of December 2019 for bi-weekly paid employees and on January 1, 2020, 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 December 2, 2019.

During open enrollment, eligible faculty, staff, and administrative employees may enroll in the USA Health & Dental Plan or USA VIVA Health & Dental Plan, add eligible dependents to coverage, or remove dependents from coverage to be effective January 1, 2020. Open Enrollment is also your opportunity to make benefits selections for SouthFlex Flexible Spending Accounts for 2020. This also applies to employees of the USA HealthCare Management, LLC and University of South Alabama Health Care Authority.

USA Health & Dental Plan and USA VIVA Health & Dental Plan enrollment forms are 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 hrmaincampus@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 2020.

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

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, 2019. The enrollment form may be completed online. You may scan and email your form to hrmaincampus@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 2020, you must enroll (or re-enroll). Participation in the reimbursement accounts do not automatically continue from year to year.
Human Resources encourages benefits-eligible employees to meet our Employee Benefits Providers and speak with our Campus/USA Health Representatives promoting wellness benefits premiering at the Expo:

- Pack Health
- Naturally Slim
- Teladoc

Vendor-Sponsored Give-Aways, Door Prizes and Refreshments
How to Eat a Cheeseburger 101
(And, there is a right way.)

Ever wonder how some people can eat whatever they want and not gain weight? We’ll show you how it’s done.

Naturally Slim® is a common-sense, online weight loss program based on Eatology™, the study of when, why and how we eat. Unlike diets, which rely on your willpower and ‘eat this, not that’ advice, Naturally Slim teaches you simple, repeatable skills to help you lose weight and keep it off in the real world, while still eating the foods you love — even cheeseburgers!

Here’s how Naturally Slim works:
Instead of making you count points, track calories or change your diet to kale smoothies, we use a science-based approach based on the eating patterns that people who don’t struggle with their weight use naturally. During the initial 10 weeks of the program, you’ll log-in to your Naturally Slim dashboard to learn tips like:

• Ways to enjoy your favorite foods without going overboard
• How to manage the differences between appetite and hunger
• How to keep thirst from hijacking your weight loss
• The reasons we eat, many of which have nothing to do with hunger
• How to stop eating around emotions like stress, anger and depression
• How to sleep better, become more physically active, reduce stress and more!

Who’s eligible?
Employees and spouses on the USA Health & Dental plan are eligible to apply to the program.

Is there a cost?
There is no out-of-pocket cost for employees and spouses on the USA Health & Dental plan. Naturally Slim is covered as a preventive medical expense under your health plan.

“I cannot believe this. I have lost 15 pounds in 3 weeks with NO effort. I have kicked my sugary drink habit. I am sleeping better and have energy that I didn’t know existed. I am so grateful for this program.”
- Naturally Slim Participant

To learn more, visit www.naturalyslim.com/southalabama
Pack Health is a digital health coaching service that pairs you with a dedicated Health Advisor. Here’s how it works:

**WEEKLY COACHING CALLS**

Your Health Advisor will answer your questions, keep you motivated, and help you set achievable weekly goals.

**PERSONALIZED FOLLOW-UP**

Your Health Advisor will provide tools, activities, and text message reminders to help you throughout the week.

**CONCIERGE SERVICES**

Your Health Advisor will connect you with free resources—from copay cards to personalized meal plans.

**USA Health & Dental Plan (BCBS) is covering 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

“Pack Health has helped me set realistic and obtainable goals... It’s fun and simple and your Health Advisor actually cares.”

**Todd | Pack Health Member**

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
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 $10!

Teladoc.com/Alabama
1-855-477-4549
USA VIVA HEALTH & DENTAL PLAN

The University of South Alabama offers a limited network plan option during open enrollment for coverage beginning effective January 1, 2020. USA VIVA Health & Dental Plan is offered as a second option to the existing plans offered by the University.

Narrow or limited network health plans restrict 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 VIVA Health, Inc. VIVA was selected for its ability and experience; and is associated with the University of Alabama at Birmingham (UAB).

USA VIVA Health & Dental Plan is a limited network design based on USA Health medical providers and select providers from the VIVA network. VIVA, working with USA Health, has reviewed the provider network to ensure adequate access to primary and specialty care physicians. 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. Out-of-network services are available when approved by VIVA’s medical director. Urgent Care Services are available with Greater Mobile Urgent Care and American Family Care in Mobile and Baldwin counties. The limited network providers have agreed to reduce their fee making this a cost effective plan. The employee monthly cost sharing will be the lowest of the plans offered:

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<thead>
<tr>
<th>Plan</th>
<th>Single</th>
<th>Family</th>
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<tbody>
<tr>
<td>USA Base Plan</td>
<td>$111</td>
<td>$367</td>
</tr>
<tr>
<td>USA Standard Plan</td>
<td>$131</td>
<td>$431</td>
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| USA VIVA VIVA | $90    | $300   | Lowest Cost

USA VIVA Health & Dental Plan will save the employee $492 for single and $1572 for family coverage annually as compared to the Standard Plan. In addition, the benefit design has no deductibles or copay amounts required for hospital and physician services as well as several other services. The pharmacy benefit is administered by Express Scripts, Inc., the dental benefit is administered by Southland Benefit Solutions, Inc.; and the health and dependent care flexible spending accounts is administered by Discovery Benefits, Inc.

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

a) The employee and covered dependents must reside in the state of Alabama to join this Plan.

b) The employee needs to understand the limited 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 2020 benefit year will be required to remain in the Plan until the next benefits year.

e) Employees who join the USA VIVA 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.

Enrollment in the USA VIVA 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 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
May I join any of the three plans offered by the University: Base Plan, Standard Plan, USA VIVA Health & Dental Plan?
The USA VIVA 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 VIVA Health & Dental Plan offer dental benefits?
Yes, the USA VIVA Health & Dental Plan has the exact same dental benefits offered in both the Base and Standard Plans. The dental benefits are administered by Southland Benefit Solutions, Inc. which has an extensive network of dental providers.

If I join the USA VIVA 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 VIVA 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 VIVA Health & Dental Plan?
The USA VIVA Health & Dental Plan is a limited network of medical providers. You will need to review the provider directory to determine if your physician(s) are in the network or call VIVA at (205) 558-7474 or 1-800-294-7780; or go to the web site for the provider listing at www.viva-usa.com to verify your physician's status. Remember, medical providers that are not Network Providers are not eligible for benefits and any charges incurred will be the responsibility of the member.

Under the USA VIVA Health & Dental Plan, if my Network Physician refers me to a Non-Network medical provider will that be covered by the Plan?
No, generally no out-of-network medical provider will qualify for benefits. The only time a Non-Network medical provider will qualify for benefits is when the VIVA medical director has approved the medical expense or service for payment of benefits, in advance of the medical procedure or expense.

What should I consider when deciding whether or not to join the USA VIVA Health & Dental Plan?
You should consider that only a limited network of medical providers will qualify for coverage. This may not be the best plan if you have a chronic illness and are receiving medical care at this time. In that case, you will want to verify that the medical providers you use are Network Providers and listed in the provider directory. If they are not Network Providers, you should elect the Standard Plan option. You must also reside in the state of Alabama.

Why are the benefits better and the cost less for the USA VIVA 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 VIVA Health & Dental Plan benefits are better for medical services; and the pharmacy and dental benefits are the same as the Standard Plan benefit.
The USA Health & Dental Plan (BCBS) will continue to be managed by Express Scripts, Inc. in 2020. 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 in January 2019 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 (BCBS) 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 Express Scripts 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 at the USA Benefits & Wellness Expo, through the hospital health nurse or by visiting an Express Scripts 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 Plan, through Express Scripts, Inc., covers 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 Plan allows 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 Plan covers 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 Plan provides 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. See page 17 for additional details.
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!

Our 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
- Fitness Challenges
- TrekTalks
- Brown Bag Lunches
- Interactive Website
- Healthy Cooking Demonstrations
- Informative Articles
- Self-Assessment Tests
- Financial Planning Help
- Mindfulness Seminars
- Quick-Fit Videos
- Smoking Cession Help
- Walking Trail Maps
- And More Fun!
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, 2020. The annual limit on employee salary reduction contributions to the Health FSA is $2,700. Unused employee contributions to the Health FSA for the 2019 plan year that are carried over into the grace period for that plan year will not count toward the $2,700 limit for the 2020 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, 2019. The enrollment form may be completed online. You may scan and email your completed form to hrmaincampus@southalabama.edu. Faxed forms will not be accepted.

Current participants: You must re-enroll during the 30-day Open Enrollment period beginning November 1, 2019, in order to participate during the 2020 benefit year.

Please note that over-the-counter drugs are not eligible for reimbursement without a doctor’s prescription. This was eliminated as a benefit under the Plan by the federal Health Care Reform Act.

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

Helpful Tips to MAXIMIZE YOUR BENEFITS and SAVE MONEY

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

- 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.

- Attend the annual Benefits & Wellness Expo to meet benefit representatives and ask questions about your benefits.

- Be a judicious user of health care. Go to the doctor only when it is appropriate to do so.

- Enroll in the Express Scripts® mail order home delivery pharmacy services.
ADDITIONAL SPOUSE
TERM LIFE INSURANCE

Effective January 1, 2020, the monthly premium for the additional spouse term life insurance will increase from $6.50 per month to $8.39 per month. This additional life insurance provides a benefit to the employee in the event of the spouse’s death in the amount of $25,000.

This change will take effect on December 13, 2019, for bi-weekly paid employees and January 1, 2020, for monthly paid employees. If you wish to keep your existing additional spouse term life coverage, no action is required. However, if you wish to cancel your additional spouse term life coverage, please send an email request to cancel the coverage including your full name and Jag number to hrmaincampus@southalabama.edu. In lieu of an email, a written request may be submitted directly to your Human Resources Office.

DID YOU KNOW?

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.

Blue Cross Blue Shield of Alabama
WEBSITE

Blue Cross Blue Shield of Alabama offers many valuable services and information on its website: www.bcbsal.org. You can find information about the “BeHealthy” program including the Health Quotient survey which will help you with maintaining your health and fitness. You can obtain assistance from Blue Cross Blue Shield of Alabama by calling 1-800-253-9305.
WELLNESS INCENTIVE – January 1, 2020

The USA Health & Dental Plan and USA VIVA 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 VIVA 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 $161 to $111 for single coverage and from $417 to $367 for family coverage.
- The Wellness Incentive will reduce the monthly cost of the Standard Plan from $181 to $131 for single coverage and from $481 to $431 for family coverage.
- The Wellness Incentive will reduce the monthly cost of USA VIVA Health & Dental Plan from $140 to $90 for single coverage from $350 to $300 for family coverage.

The USA Health & Dental Plan and USA VIVA 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.

USA HEALTH & DENTAL PLAN STANDARD PLAN
USA VIVA HEALTH & DENTAL PLAN

Out-of-Pocket Maximums January 1, 2020:

The Standard Plan and USA VIVA Health & Dental Plan out-of-pocket maximum must comply with the Affordable Care Act (ACA). Under ACA, the out-of-pocket (OOP) maximum must include all deductible, copay and coinsurance amounts. These expenses must accumulate towards the allowed maximum at which point the Plan pays 100% of the expense for the remainder of the calendar year. The OOP maximum limits the amount the member or patient must pay for medical expenses in any calendar year. Since Express Scripts, Inc. (ESI) will manage the pharmacy benefit and Blue Cross Blue Shield of Alabama or USA VIVA Health & Dental Plan the medical benefits, the OOP maximum is being split into two separate maximums. The following will describe the out of pocket maximums:

**Pharmacy Benefit:** All deductible and copayments required under the pharmacy benefit are credited towards the annual calendar year out-of-pocket limit of $5,000 for individual and $10,000 for family coverage, after which the Plan pays 100% of the expense for the remainder of that calendar year.

**Major Medical Benefit:** All deductibles, copay and coinsurance amounts are credited towards the annual calendar year out-of-pocket limit of $1,850 for individual and $4,700 for family coverage (includes $400 calendar year deductible), after which the Plan pays 100% of the expense for the remainder of that calendar year.

**Aggregate Out-Of-Pocket Maximum:** The Plan pays 100% for the remainder of the calendar year after the 2020 limits of $6,850 for individual and $13,700 for family coverage.
Tobacco Cessation Program

For USA Health & Dental Plan (BCBS) Members and 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 (BCBS) members and their covered spouses on a path to a tobacco-free life. This program can help keep employees and their spouses healthier and more productive. The Quit for Life Program is a clinically proven program that provides support to the participants to help them focus on their personal reasons for quitting tobacco use. There are two levels of benefits for this program, counseling only or counseling with nicotine replacement therapy.

Counseling Program

Tobacco Treatment Telephone Counseling

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

Counseling plus Nicotine Replacement Therapy Program

Nicotine patches
21 mg / 8 week supply
14 mg or 7 mg / 8 week supply
Gum – 4 mg or 2 mg / 8 week supply
Lozenges – 4 mg or 2 mg / 8 week supply

An Independent Licensee of the Blue Cross and Blue Shield Association
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.

Please Note:

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.

MBR20115-1901
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 (BCBS) and USA VIVA Health and Dental Plan.

Who is Eligible for Coverage?
Below are general definitions of eligible dependents for the USA Health & Dental Plan (BCBS) and USA VIVA Health & Dental Plan. For further details on these eligible dependents, please refer to the USA Health & Dental Plan Member Handbook, or the USA VIVA 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
Effective August 29, 2019, the process for entering into a legal marriage in Alabama changed, pursuant to Alabama Act 2019-340. Under the new 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 (BCBS) or USA VIVA 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 (BCBS) or USA VIVA Health & Dental Plan, as applicable, on behalf of an ineligible individual.

The USA Health & Dental Plan (BCBS) and USA VIVA 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</td>
</tr>
<tr>
<td></td>
<td>AND one of the following documents to show current marriage:</td>
</tr>
<tr>
<td></td>
<td>• Most recent federal income tax return as filed with the IRS listing the spouse</td>
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<tr>
<td></td>
<td>• Current mortgage statement, loan or lease agreement listing both member and spouse</td>
</tr>
<tr>
<td></td>
<td>• Current property tax documents listing both member and spouse</td>
</tr>
<tr>
<td></td>
<td>• Vehicle registration currently in effect listing both member and spouse</td>
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<tr>
<td></td>
<td>• Current credit card or bank account statement listing both member and spouse</td>
</tr>
<tr>
<td></td>
<td>• Current utility bill listing member and spouse</td>
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<tr>
<td></td>
<td>Note: “Current” is defined as within the last six months.</td>
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<tr>
<td>Separated spouse</td>
<td>• Court document signed by judge showing legal separation</td>
</tr>
<tr>
<td>Common law spouse – NOT ELIGIBLE ON</td>
<td>Common law spouse status prior to 1/1/2017 – Each of the following:</td>
</tr>
<tr>
<td>AND AFTER 1/1/2017</td>
<td>• Questionnaire and affidavits provided by Human Resources Department</td>
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<tr>
<td></td>
<td>• Most recent federal income tax return as filed with the IRS listing the spouse</td>
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<tr>
<td></td>
<td>• One of the documents listed in the spouse category above as proof of current marriage</td>
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<tr>
<td>Biological child under age 26</td>
<td>• Birth certificate issued by a state, county or vital records office</td>
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<tr>
<td>Stepchild under age 26</td>
<td>Each of the following:</td>
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<tr>
<td></td>
<td>• Marriage certificate between member and spouse</td>
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<tr>
<td></td>
<td>• Birth certificate issued by state, county or vital records office showing spouse as parent</td>
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<tr>
<td></td>
<td>Note: If spouse is not covered by the USA Health &amp; Dental Plan or USA VIVA 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>One of the following documents:</td>
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<tr>
<td></td>
<td>• Certificate of adoption or court order granting legal custody during a probationary period prior to adoption</td>
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<tr>
<td></td>
<td>• International adoption papers from country of adoption</td>
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<tr>
<td></td>
<td>• 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>One of the following documents:</td>
</tr>
<tr>
<td></td>
<td>• Placement authorization signed by a judge</td>
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<tr>
<td></td>
<td>• 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:</td>
</tr>
<tr>
<td></td>
<td>• Acceptable proof of dependent child status</td>
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<tr>
<td></td>
<td>• Social Security Disability Entitlement Certificate</td>
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<tr>
<td></td>
<td>• 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.
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 Insurance

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 beneficiaries1 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.

* 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.
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. and Saturday, 9 a.m. to 6 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 plans 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 investment advice under ERISA. 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.

TIAA and its subsidiaries offer a range of financial services. TIAA Individual & Institutional Services, LLC, Member FINRA and SIPC, distributes securities products. Annuity contracts and certificates are issued by Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF), New York, NY. Each is solely responsible for its own financial condition and contractual obligations. Teachers Insurance and Annuity Association of America is domiciled in New York, NY with its principal place of business in New York, NY. Its California Certificate of Authority number is 3092.

©2019 Teachers Insurance and Annuity Association of America-College Retirement Equities Fund, 730 Third Avenue, New York, NY 10017

26 | OPEN ENROLLMENT GUIDE
The University of South Alabama and USA HealthCare Management, LLC also offer VALIC as a voluntary retirement option with the University’s 403(b)/457(b) Plans and the USA HealthCare Management 403(b) Matching Retirement Plan.

VALIC offers an array of retirement planning services along with an open-architecture, no-load mutual fund platform featuring a variety of lower-cost publicly available mutual funds.

Outlined below are some reasons to consider VALIC as your voluntary retirement provider:

- **Portability.** VALIC is a leading provider in higher education and already has relationships with virtually every major public university in the southeast.

- **Flexible Investment Platform.** Access to no-load, lower-cost mutual fund platform featuring well-known mutual fund companies and managers that provide an array of investment options covering all asset classes. Also included are target maturity funds and specialty funds.

- **Superior Education.** A robust multi-channel education platform including two local on-site financial advisors available to meet with you at a time and place of your convenience.

- **Financial Planning.** Complimentary financial planning – at no cost to you – using state-of-the-art tools.

- **Managed Account Option.** Access to a fully managed account – Guided Portfolio Services® – through an independent third-party registered investment advisor, Ibbotson Associates, Inc.

- **Technology Solution.** On-line access to account information, educational tools, and account transactions via a computer, iPhone®, iPad® or an Android device™.

VALIC financial advisors will be available at the USA Benefits & Wellness Expo on Thursday, November 7, 2019, and Friday, November 8, 2019. They welcome the opportunity to meet with you and answer any questions regarding their services. If you would prefer to contact them directly, their information is as follows:

**Loyce St. Clair**  
Cell: 251.281.7327  
Email: Loyce.St.Clair@valic.com

**David B. Walker, CFP®**  
Cell: 251.281.7595  
Email: david.walker1@valic.com

**Les Parnell**  
Cell: 251.525.0854  
Email: Les.Parnell@valic.com

Visit VALIC at VALIC.com

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WHAT’S YOUR FINANCIAL IQ?

Take the challenge and see how your financial know-how measures up.

HURRY!
Challenge Ends November 30, 2019!

You could win an iPad Mini!

Test your financial know-how and you could win an iPad Mini! We've teamed up with TIAA to bring you the What's Your Financial IQ? challenge. From November 1, 2019, to November 30, 2019, 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 an iPad Mini. 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 (BCBS) or USA VIVA 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 (BCBS) or USA VIVA 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 $31,000 earnings for 2020. 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.

When applying for retirement, the member may choose a retirement option that provides for survivorship benefits. If the member elects a survivorship option, the member may also choose to receive a lump-sum distribution. Once the lump-sum amount is determined, the reduced monthly benefit will be calculated based upon the joint life expectancy of the retiree and the beneficiary. If the member elects a survivorship option and a PLOP distribution, at the member’s death, the beneficiary’s benefit will be based on the member’s reduced benefit.

Members who have participated in the Deferred Retirement Option Plan ("DROP") are not eligible to participate in PLOP.

**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. Visit your Human Resources Office for more information.

DID YOU KNOW?

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 able 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 HealthCare 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.

CHOOSING NOT TO MAKE CHANGES DURING OPEN ENROLLMENT?
MAKE NOTE OF THIS:

Sometimes, things change. That is why you can change your USA Health & Dental Plan (BCBS), USA VIVA 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 (BCBS) or USA VIVA 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.
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.
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.

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.

Discovery Benefits (USA VIVA SouthFlex)
The free Benefits Mobile App by Discovery Benefits gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in.

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.

VALIC 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.
HELPFUL TERMS

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.

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

USA Health & Dental Plan (BCBS) or USA VIVA Health & Dental Plan Enrollment/Change forms, SouthFlex enrollments and all other related forms must be received in Human Resources no later than 4:30 p.m. on Monday, December 2, 2019. 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 2020

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 VIVA 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 dependents, 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.
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.

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.

GRANDFA therED 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 VIVA 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.

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.

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.
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 VIVA Health, Inc. at its web site: www.viva-usa.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, 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., VIVA Health, Inc., Southland Benefit Solutions, Discovery Benefits, 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 FRINGE BENEFITS COMMITTEE

Mr. Jamie Adams  
Instructor, Math and Statistics  
Chair, Faculty Senate Salary and Fringe Benefits Committee  
AHE 203, 460-7342

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  
Nurse Manager  
Medical Surgical 5th  
UMC, 471-7672

Mr. Ronnie M. Hodges  
Assistant Director, Pharmacy Services  
Pharmacy  
CWH, 415-1630

Dr. David Johnson  
Provost & Sr. Vice President  
Academic Affairs  
AD 300, 460-6261

Ms. Janel Lowman  
Associate Manager,  
MCI Community Outreach  
Mitchell Cancer Institute  
MCI, 665-8000

Dr. Susan McCready  
Professor, Modern and Classical Languages & Literature  
President, Faculty Senate  
HUMB 322, 460-1456

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

Dr. Allen Perkins  
Chair  
Family Medicine  
SHAC 3407, 434-3482

Ms. Teresa Sims  
Academic Records Specialist  
Dean’s Office  
MCOB 117, 414-8088

Dr. John Smith  
Executive Vice President  
President’s Office  
AD 130, 460-6171

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

Mr. Scott Weldon (Chair)  
Vice President  
Finance & Administration  
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