Employee Benefits

2013 Open Enrollment
November 1 - November 30, 2012
Welcome to your
2013 Open Enrollment Benefits Guide

Please review this Open Enrollment Benefits Guide very carefully before making your benefit elections for the 2013 Plan Year.

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The University of South Alabama is committed to providing you and your dependents with a quality health and dental plan at an affordable cost.

Like most health insurance plans nationally, medical and prescription costs to the USA Health & Dental Plan have been increasing rapidly each year. In 2012, the USA Health & Dental Plan experienced an increase in costs and claims. Unfortunately, this trend is expected to continue in 2013. Blue Cross Blue Shield of Alabama projects that the cost of insuring USA's employees in the coming year will be greater than the premiums paid by the University and its employees during 2012.

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

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

1. To maintain the current level of health and dental coverage, your USA Fringe Benefits Committee (FBC) recommended and President Moulton approved the following premium changes that have been adopted for the 2013 plan year:
   - Single coverage will increase by $8 per month, from $89 to $97 per month ($122 per month without the non-tobacco wellness incentive).
   - Family coverage will increase by $18 per month, from $269 to $287 per month ($312 per month without the non-tobacco wellness incentive).
   - The University’s monthly contribution to the USA Health & Dental Plan will remain at $405 for single and increase from $690 to $756 for family coverage.

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

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

During open enrollment, eligible faculty, staff, and administrative employees may enroll in the USA Health & Dental Plan, add eligible dependents with coverage, or remove dependents from coverage to be effective January 1, 2013. If you are currently enrolled in the USA Health & Dental Plan and wish to make no change in coverage, no action is required on your part.

More information can be found on the open enrollment web site at www.southalabama.edu/hr.

You may also call your Human Resources Office or e-mail us at hrmaincampus@usouthal.edu.
OPEN ENROLLMENT

THINGS TO NOTE

• Open enrollment begins Thursday, November 1, 2012.

• All changes must be completed and submitted to Human Resources no later than 4:30 p.m. on Friday, November 30, 2012.

• You may download forms at www.southalabama.edu/hr, pick up forms from your local Human Resources Office or call to request a form.

• Forms may be hand delivered to your Human Resources Office, faxed to (251) 460-7483, or e-mailed to hrmaincampus@usouthal.edu.

• You must enroll in SouthFlex if you wish to participate in 2013. Enrollment forms may be obtained on the special Open Enrollment link on the Human Resources website at www.southalabama.edu/hr.

• If you do not want to make any changes to your coverage, no action is required.

• All enrollment changes take effect January 1, 2013.

• Because insurance premiums are deducted one month in advance, new premiums for 2013 will take effect during the month of December 2012 for bi-weekly paid employees and on January 1, 2013, for monthly paid employees.

• Outside of the annual open enrollment period, you must notify Human Resources within 30 days of a qualifying life event if you want to make changes to your benefit coverage.

ANNUAL OPEN ENROLLMENT PERIOD

The open enrollment period is from November 1 through November 30, 2012.

During open enrollment, eligible faculty, staff, and administrative employees may enroll in the USA Health & Dental Plan, add eligible dependents with coverage, or remove dependents from coverage to be effective January 1, 2013. Open Enrollment is also your opportunity to make benefit selections for SouthFlex Flexible Spending Accounts for 2013. This also applies to employees of the USA HealthCare Management, LLC.

USA Health & Dental Plan enrollment forms are available online at an open enrollment link on the Human Resources website at www.southalabama.edu/hr and in the Human Resources offices. You may print, complete, sign and fax the enrollment form to (251) 460-7483. Scanned copies may be e-mailed to hrmaincampus@usouthal.edu. Faxed and scanned copies of the enrollment form are accepted. If you send forms by fax or e-mail, it is not necessary to send the original.

If you are currently enrolled in the USA Health & Dental Plan, and wish to make no change in coverage, no action is required on your part. Your current benefit elections will automatically continue for 2013.

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

If you wish to participate in the SouthFlex Health Care and/or Dependent Care Flexible Spending Accounts for 2013, you must enroll (or re-enroll). Participation in the reimbursement accounts does not automatically continue from year to year.
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 & Dependent Care Flexible Spending Accounts must be made during Open Enrollment to be effective January 1, 2013. The Health Care Reform Act reduced the annual limit on employee salary reduction contributions to the Health FSA from $5,000 to $2,500, effective January 1, 2013. Unused employee contributions to the Health FSA for the 2012 plan year that are carried over into the grace period for that plan year will not count toward the $2,500 limit for the 2013 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. The enrollment form may be completed online. You may scan and e-mail your form to hrmaincampus@usouthal.edu. You may also fax the form to Human Resources at (251) 460-7483.

Remember, even if you are currently enrolled in SouthFlex, you must re-enroll during the 30-day Open Enrollment period beginning November 1, 2012, in order to participate during the 2013 benefit year.

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

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

Helpful Tips to MAXIMIZE YOUR BENEFITS and SAVE MONEY

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

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

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

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

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

- Take advantage of the free flu shot provided by USA Health System for USA Health & Dental Plan members.

- Use the Employee Assistance Program (EAP) benefits. In these trying times, coping can sometimes be difficult. Our EAP is an outstanding benefit provided to you at no cost.

- Be a judicious user of health care. Go to the doctor only when it is appropriate to do so.
New Online Access for Preferred Blue Accounts

Blue Cross and Blue Shield of Alabama is pleased to announce an exciting enhancement to our Preferred Blue Account online administration. In addition to viewing and managing Preferred Blue Accounts, members can now file their requests for reimbursement online.

Manage your Preferred Blue Account online...from filing a request for reimbursement and submitting receipts to viewing your account history. If you have any questions, please call us at 1-800-213-7930 and a Blue Cross and Blue Shield of Alabama Preferred Blue Account Customer Service Representative will be happy to help you.

1. Log on at www.bcbsal.com
2. Select “myBlueCross”
3. Enter your Username and Password
4. Select “Flex Spending/Health Reimbursement”
USA Health & Dental Plan - GRANDFATHERED STATUS

The USA Health & Dental Plan is a “grandfathered plan” under the Health Care Reform Act also known as 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 USA Health & Dental Plan may not include certain consumer protections of the Act that apply to other plans; for example, the requirement for the provision of preventive health services without any cost sharing. 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.

DID YOU KNOW?

In 2013, the maximum contribution for health flexible spending accounts will be lowered from $5,000 to $2,500, based on national healthcare reform legislation.

Is your Beneficiary Information Up-to-Date?

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

Please contact Human Resources for information and for the proper forms.

Blue Cross Blue Shield of Alabama WEBSITE

Blue Cross Blue Shield of Alabama offers many valuable services and information on their 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.

Availability of Summary Health Information Summary of Benefits and Coverage (SBC)

As an employee of the University of South Alabama, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your choice of health coverage options is an important decision. To help you make an informed choice, the USA Health & Dental Plan makes available a Summary of Benefits and Coverage (SBC). The SBC summarizes important information about your health coverage options in a standard format to assist in your comparison of options.

The SBC is available at: www.southalabama.edu/hr. A paper copy is also available, free of charge, by contacting your Human Resources Office.
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
- Child over age 19 eligible for other employer sponsored health coverage due to employment
- Birth or adoption of a child

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

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. The USA Health & Dental Plan does not consider an ex-spouse an eligible dependent.

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

HIPAA - Certificates of Creditable Coverage

The USA Health & Dental Plan has a 270-day waiting period for any pre-existing medical condition. However, the USA Health & Dental Plan will accept Certificates of Creditable Coverage to reduce or eliminate the 270-day waiting period for a pre-existing medical condition for employees and dependents.

New employees may present a Certificate of Creditable Coverage to the University’s Human Resources Office for reducing or eliminating the waiting period for a pre-existing medical condition.

If you have had other health insurance coverage within 63 days of your effective date of coverage with the USA Health & Dental Plan, you may obtain a Certificate of Creditable Coverage from your prior employer or insurance carrier to present to the University’s Human Resources Office. Your prior employer or health plan is required by federal law to provide you with a Certificate of Creditable Coverage when your coverage terminates or upon request. The University’s Human Resources Office will review the information you present and Blue Cross Blue Shield of Alabama will make a determination for reducing or eliminating the 270-day waiting period for a pre-existing condition. You must submit the Certificate of Creditable Coverage; this is the only evidence that will be accepted.

You must present your Certificate of Creditable Coverage at the time you enroll in the Plan. The application for coverage and the Certificate of Creditable Coverage must be filed with the Human Resources Office within 30 days of becoming an employee of the University. Failure to file in a timely manner will void any reduction in the waiting period and delay your coverage under the Plan. Additional information may be found in the Member Handbook or by contacting your Human Resources Office.

WELLNESS INCENTIVE - January 1, 2013

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

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

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

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

The Wellness Incentive will reduce the monthly cost from $122 to $97 for single coverage and from $312 to $287 for family coverage.

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

There is only one $25 per month Wellness Incentive credit applied to each single or family contract. In order to receive the Wellness Incentive, the employee must complete the Tobacco Declaration Form and return it to the Human Resources Office. The form is available online at an open enrollment link on the Human Resources website at www.southalabama.edu/hr.
Tobacco Cessation Program

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

**Counseling Program**

**Tobacco Treatment Telephone Counseling**

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

**Counseling plus Nicotine Replacement Therapy Program**

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

As an additional incentive, the USA Health & Dental Plan will cover tobacco cessation prescription drugs including waiving the co-pay for a two-month supply for the tobacco cessation drug Chantix.
What is Baby Yourself?
Baby Yourself is a prenatal wellness program which helps ensure you and your baby receive the best possible health care during pregnancy.

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

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

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

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

How can I enroll?
Enroll online at www.behealthy.com or call toll-free 1-800-222-4379.
What you need to know about GENERIC DRUGS

Generics deliver safety, quality and savings

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

QUALITY
Generic drugs work the same way. When the FDA approves a generic drug, it means the generic drug works the same way that its brand-name counterpart does. The FDA’s extensive review includes:
- Dosage
- Performance
- Safety
- Strength
- Quality
- Usage

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Who is Eligible for Coverage?

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

- **Spouse** - Your legal spouse of the opposite sex.
- **Dependent Child** –
  - Your natural-born child.
  - 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.

Additionally, a dependent child may include your child under the age of 26 who is not eligible for coverage under any other employer-sponsored health plan coverage due to employment. And your unmarried disabled child of any age, provided the disability commenced prior to age 26.

You may enroll in many of USA’s other benefits any time during the year. These benefits include: TIAA-CREF 403(b) and 457(b) retirement plans and additional life insurance. Contact your Human Resources department for more information.

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

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

Healthcare coverage when you are traveling or living abroad.

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

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

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

Key Services of MEDEX® Travel Assist

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

Emergency Transportation Services arranged and provided by MEDEX are covered up to a Combined Single Limit of $1,000,000. Related medical services, medical supplies and a medical escort are covered where applicable and necessary.
**DID YOU KNOW?**

USA’s Employee Assistance Program provides counseling and referral as appropriate, for employees, who are experiencing personal problems which may impact their work performance and quality of life.

Call (251) 461-1346 for more information.

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**CHOOSING NOT TO PARTICIPATE IN OPEN ENROLLMENT?**

**MAKE NOTE OF THIS:**

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

**What Are Qualifying Change-In-Status Events?**

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

You must make these changes within 30 days (unless otherwise noted) of your qualifying change-in-status event by contacting the Human Resources Office – otherwise, you must wait until the next annual open enrollment period to change your coverage. 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 (child reaching the maximum age for coverage under the Plan, or child becoming employed by an employer offering group health insurance regardless of whether or not coverage is elected).
9. An end to the Disability of a Disabled child enrolled as your dependent under the Plan.
10. A change in your residence or work site, or that of a spouse or dependent, which affects ability to access benefits under this or another employer-sponsored health plan.
11. A required change due to a court order.
12. You or your dependent(s) becoming entitled to Medicare or Medicaid.
13. You or your dependent(s) loss of coverage under Medicaid or a State Children’s Health Insurance Plan (SCHIP) because of loss of eligibility. Enrollment request must be made within 60 days of the termination of coverage.
14. You or your dependent(s) become eligible for the premium assistance under Medicaid or SCHIP. Enrollment request must be made within 60 days of becoming eligible for the premium assistance.
FIVE KEY PRINCIPLES OF LONG-TERM INVESTING FOR ALL EMPLOYEES

1. Mind your asset allocation
   All investments fall into categories known as asset classes. The most widely used asset classes are:
   - Cash equivalents, including bank savings accounts, short-term certificates of deposit or CD's, U.S. Treasury bills and money market funds
   - Fixed-income investments, including bonds and bond funds
   - Equities, which include individual stocks and mutual funds investing in stocks
   Each asset class has its own risk and return profile based on past performance. Generally speaking, cash equivalents pose the least risk but also offer the lowest returns, equities pose the most risk but offer the highest potential returns, and fixed-income investments fall between the risk and return levels of the other two asset classes.
   The way your investment portfolio is divided among the different asset classes is called your asset allocation, and it is key to achieving your goals. It's up to you to choose, with professional advice if you prefer, an appropriate asset allocation based on your goals, your time horizon for achieving them, the level of return you'd like to get, and your tolerance for risk.

2. Stay diversified
   When it comes to investing for your future, putting all your eggs in one basket may present long-term challenges. When you leave your savings in just a few similar investments, you could be putting your money at too much risk or missing out on opportunities to improve your returns. You're much better off diversifying — spreading your savings around a large enough quantity and variety of investments so that a significant loss on any one investment or segment of your portfolio will be less likely to drag down your entire portfolio.

3. Don't try to time the market
   "Market timing" is the practice of intentionally moving your savings in and out of equities in an attempt to capture only the performance highs and avoid the lows. It's extremely risky, and even the most experienced investment professionals find it challenging. By nature, stock prices go through short-term ups and downs. If you pull out of stocks during a down period, you may well lose the opportunity to share in gains when prices go back up again. Remember, historically, the stock market has always eventually recovered from a broad slump. Don't let short-term volatility in equities or any other asset class distract you from staying on the path toward your long-term goals.

4. Don't miss out on dollar-cost averaging
   When you contribute on a regular basis to a savings and investment account — whether it's an account in your workplace savings plan or one you have opened either on your own or through a broker — you automatically let your savings take part in dollar-cost averaging. With dollar-cost averaging in play, market volatility may actually work to your advantage by enhancing your investment return. Dollar-cost averaging kicks in when you buy a fixed dollar amount of a particular investment at regular intervals, regardless of the direction markets are going in. When the investment's price declines, you get more shares for the money you invest, which, over time, can lower your average cost per share. And the lower your cost to invest, the greater your potential rate of return.
   Bear in mind that dollar-cost averaging cannot by itself guarantee you a profit or protect you against the risk of loss. But it can serve as a way to keep your long-term savings and investing growing.

5. Revisit your portfolio at least once a year
   You should take a fresh look at your portfolio at least annually, particularly to make sure it still reflects your intended asset allocation. Because different assets produce different results as financial markets fluctuate, your portfolio might drift away over time from the allocation you set up previously. For example, let's say you started with a mix of 70% equities and 30% fixed-income investments, but now it's a year later, and your portfolio is composed of 65% equities and 35% fixed-income investments. To return to your original 70/30 allocation, you can “rebalance” your portfolio by transferring balances from fixed-income investments to equities. Or you can choose to direct more of your future contributions into equities to get back to your target asset allocation.
   In addition to monitoring your asset allocation, make sure your portfolio stays diversified enough to maintain the risk level you’re comfortable with.

If you have a major, long-term financial goal — such as paying for college tuition, buying a home or saving for retirement — saving and investing for those goals now should be among your highest priorities.

Keep these five key principles in mind as you plan and carry out your investment strategy.

Asset class: a group of securities that have similar characteristics and values that tend to move in the same direction as other securities of the same class. The main asset classes are equities (stocks), fixed-income investments (such as bonds) and cash equivalents (including short-term certificates of deposit and U.S. Treasury bills).

Asset allocation: the way your investment portfolio is divided among the different asset classes.

EXPLORE FURTHER
Visit tiaa-cref.org for broader Financial Education, including a variety of resources to help you improve your financial well-being.
9 - 12 Months Prior to Retirement
• Contact your Human Resources Department to make an appointment for an overview of your benefits.
• Review your most recent statement of contributions to verify your service credit, contributions, and beneficiary information. If you have not received a statement within the past year, verify that your mailing address is correct, and make any necessary changes.
• If there has been prior service, withdrawn service, or military service you may want to purchase, contact Human Resources to provide the proper forms, certification of the service, and request an estimate of the cost to purchase the service time.
• Request an estimate of your monthly pension and insurance premiums in an effort to make an informed decision as to whether or not it is affordable to retire.
• If you have been contributing to a voluntary optional retirement plan such as the TIAA – CREF 403(b), 457(b) plan, or RSA-1, contact the financial consultant for an appointment to discuss your retirement distribution options.

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

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

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

1 Month Prior to Retirement
• Submit your Option election to the Retirement System.
• Submit the PEEHIP Insurance Election form and supporting documents if electing family coverage.
• Submit a written notification to your Department and follow up on the Personnel Action (PA) from the Department.
• If post-retirement employment has been arranged with the University, make sure you and your department have a clear understanding of the post-retirement employment restrictions. The retiree must not be employed full time, must have at least one pay period break in service, and the retiree is limited to $22,000 earnings. Post-employment with non-RSA agencies have no earnings restriction.
• If you are receiving Social Security Benefits, make sure you are clear on the earnings limitations, if any, from the Social Security Administration.
IMPORTANT
TELEPHONE NUMBERS
and WEBSITES

USA Health & Dental Plan
Blue Cross Blue Shield of Alabama
Phone: 1-800-253-9305
www.bcbsal.com

Teachers’ Retirement System of Alabama
Phone: 1-877-517-0020
www rsa-al.gov

SouthFlex – Flexible Spending Account
Blue Cross Blue Shield of Alabama
Phone: 1-800-213-7930
www.bcbsal.com

TIAA-CREF
Phone: 1-800-842-2776
www.tiaa-cref.org

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

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

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

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

USA Health & Dental Plan Enrollment/Change forms, SouthFlex enrollments and all other related forms must be received in Human Resources no later than 4:30 p.m. on Friday, November 30, 2012. Please contact your Human Resources office should you have any questions.

University Paid Group Term Life & AD&D
The Standard
Phone: 1-800-628-8600
www.standard.com

University Paid Long Term Disability
Reliance Standard Life Insurance Company
Phone: 1-800-351-7500
www.rsli.com

MEDEX Travel Assist
The Standard
Phone: 1-800-527-0218
www.standard.com

Employee Assistance Program (EAP)
Phone: (251) 461-1346

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.
UNIVERSITY OF SOUTH ALABAMA FRINGE BENEFITS COMMITTEE

Dr. Philip J. Carr
Professor
Sociology, Anthropology, Social Work
President, Faculty Senate
ARCM 107, 460-6907

Mr. Charles Dunnam
Electrician II
Maintenance
MSHP, 460-7111

Dr. Vaughn Millner
Dean, Continuing Education/
Special Programs
Department of Continuing Education
AHE 214, 460-6263

Dr. John W. Smith
VP for Student Affairs / Special Assistant
to the President
Student Affairs
AD 130, 460-6171

Mr. Charles Dunnam
Electrician II
Maintenance
MSHP, 460-7111

Ms. Amy Fleet
Secretary V
Marketing & E-Commerce
MCOB 360, 460-6412

Mr. John P. Pannelli
Asst. Vice President, Medical Financial Affairs
COM Business Office
CSAB 269, 460-7188

Ms. Kelly Peters
Controller
Business Office
AD 380, 460-6653

Dr. John W. Smith
VP for Student Affairs / Special Assistant
to the President
Student Affairs
AD 130, 460-6171

Dr. Lanier Cauley
Associate Professor
Mechanical Engineering
EGCB 208, 460-6168

Mr. John P. Pannelli
Asst. Vice President, Medical Financial Affairs
COM Business Office
CSAB 269, 460-7188

Mr. John P. Pannelli
Asst. Vice President, Medical Financial Affairs
COM Business Office
CSAB 269, 460-7188

Dr. J. Allan Tucker
Chair
Pathology
UMC, 471-7799

Dr. Thomas Chilton
Associate Dean
Education
UCOM 3610, 380-2738

Mr. John P. Pannelli
Asst. Vice President, Medical Financial Affairs
COM Business Office
CSAB 269, 460-7188

Mr. John P. Pannelli
Asst. Vice President, Medical Financial Affairs
COM Business Office
CSAB 269, 460-7188

Dr. Lanier Cauley
Associate Professor
Mechanical Engineering
EGCB 208, 460-6168

Ms. Amy Fleet
Secretary V
Marketing & E-Commerce
MCOB 360, 460-6412

Mr. John P. Pannelli
Asst. Vice President, Medical Financial Affairs
COM Business Office
CSAB 269, 460-7188

Mr. John P. Pannelli
Asst. Vice President, Medical Financial Affairs
COM Business Office
CSAB 269, 460-7188

Dr. Thomas Chilton
Associate Dean
Education
UCOM 3610, 380-2738

Mr. Ronnie M. Hodges
Asst. Chief Pharmacist
Pharmacy
CWH, 415-1630

Ms. Kelly Peters
Controller
Business Office
AD 380, 460-6653

Dr. David Turnipseed
Chair
Management College of Business
MCOB 332, 414-8087

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

Mr. Ronnie M. Hodges
Asst. Chief Pharmacist
Pharmacy
CWH, 415-1630

Ms. Kelly Peters
Controller
Business Office
AD 380, 460-6653

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

Mr. Ronnie M. Hodges
Asst. Chief Pharmacist
Pharmacy
CWH, 415-1630

Ms. Kelly Peters
Controller
Business Office
AD 380, 460-6653

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

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Asst. Chief Pharmacist
Pharmacy
CWH, 415-1630

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Controller
Business Office
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Radiology
UMC, 471-7156

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Controller
Business Office
AD 380, 460-6653

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Clerk IV
Radiology
UMC, 471-7156

Mr. Ronnie M. Hodges
Asst. Chief Pharmacist
Pharmacy
CWH, 415-1630

Ms. Kelly Peters
Controller
Business Office
AD 380, 460-6653

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

Dr. Victoria Rivizzigno
Associate Dean
Dean’s Office, Arts & Sciences
HUMB 110, 460-7811

Ms. Barbara Shirvanian
Executive Assistant I
Student Affairs
AD 130, 460-6172

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

Dr. Victoria Rivizzigno
Associate Dean
Dean’s Office, Arts & Sciences
HUMB 110, 460-7811

Mr. Andy Lightbourne
Assoc. Dir., Computer Ctr/Acad Comp
Computer Services Center
CSC 207, 460-6161

Ms. Barbara Shirvanian
Executive Assistant I
Student Affairs
AD 130, 460-6172

Mr. Andy Lightbourne
Assoc. Dir., Computer Ctr/Acad Comp
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CSC 207, 460-6161

Ms. Barbara Shirvanian
Executive Assistant I
Student Affairs
AD 130, 460-6172

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