Employee Benefits

2015 Open Enrollment
November 1 - November 30, 2014

University of South Alabama
Welcome to your
2015 Open Enrollment Benefits Guide

Please review this Open Enrollment Benefits Guide very carefully before making your benefit elections for the 2015 Plan Year.

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Note: All references to the University of South Alabama also apply to the USA HealthCare Management, LLC.
Your USA Fringe Benefits Committee (FBC) recommended, and President Tony G. Waldrop approved, a modest premium increase of $3 per month for single coverage and $10 per month for family coverage for the 2015 plan year as explained below:

The University of South Alabama is committed to providing all benefits-eligible employees and their eligible dependents with a quality health and dental plan at an affordable cost. In order to fulfill this commitment now and over the long term, the University must manage the plan in a smart, efficient manner.

Like most health insurance plans nationally, medical and prescription costs to the USA Health & Dental Plan (Base & Standard) have been increasing rapidly each year. Unfortunately, this trend is expected to continue in 2015. Also, as a result of mandates in Health Care Reform, our Plan is subject to a number of direct and indirect changes that add to our costs. Blue Cross Blue Shield of Alabama has projected that the cost of insuring USA’s employees and their dependents in the coming year will be greater than the premiums paid by the University and its employees during 2014.

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. The University is pleased to announce that there will be no changes to the schedule of benefits, thereby keeping hospital and physician copays and deductibles the same for 2015. The total cost to the USA Health & Dental Plan (Base & Standard) in 2015 is projected to be approximately $46,000,000, with the University paying on average $7,789 per year on behalf of each covered employee. The Plan is self-funded, which means the University and employees share the costs and responsibility to manage the Plan efficiently.

With the University and its employees working together, the following suggestions will help sustain the Plan and keep premium increases to a minimum. Employees and dependents are strongly encouraged to consider:

- Making healthier lifestyle choices (visit www.behealthy.com for more information)
- Partnering with your physicians to get appropriate preventive screenings
- Using generic medications, when available, to decrease your copays
- Taking advantage of free online support services provided by Blue Cross Blue Shield of Alabama by visiting www.behealthy.com
- Participating in the free “Quit for Life Program” for tobacco users by calling 1-888-768-7848

Employees are reminded that covering ineligible dependents on the Plan will result in the employee being required to reimburse the Health Plan for any claims paid. Please review your list of 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 employees may enroll in the USA Health & Dental Plan and/or add eligible dependents with coverage to be effective January 1, 2015. If you are currently enrolled in the USA Health & Dental Plan and wish to make no change in coverage, no action is required on your part.

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<th>PREMIUM CHANGES</th>
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### BASE PLAN (Employed prior to 1/1/2013)

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<tr>
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**Amount of Increase**

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* includes non-tobacco wellness incentive of $25

### STANDARD PLAN (Employed on or after 1/1/2013)

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**Amount of Increase**

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OPEN ENROLLMENT
THINGS TO NOTE

• Open enrollment begins Saturday, November 1, 2014.

• All changes must be completed and submitted to Human Resources no later than 4:30 p.m. on Monday, December 1, 2014.

• 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 or e-mailed to hrmaincampus@southalabama.edu. Faxed forms will not be accepted.

• You must enroll in SouthFlex if you wish to participate in 2015. Enrollment forms may be obtained on the special Open Enrollment link on the Human Resources website at www.southalabama.edu/hr beginning November 1, 2014.

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

• All enrollment changes will take effect January 1, 2015.

• Because insurance premiums are deducted one month in advance, new premiums for 2015 will take effect during the month of December 2014 for bi-weekly paid employees and on January 1, 2015, 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, 2014.

During open enrollment, eligible faculty, staff, and administrative employees may enroll in the USA Health & Dental Plan, add eligible dependents to coverage, or remove dependents from coverage to be effective January 1, 2015. Open Enrollment is also your opportunity to make benefit selections for SouthFlex Flexible Spending Accounts for 2015. 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. Forms may be hand delivered to your Human Resources office. Scanned copies may be e-mailed to hrmaincampus@southalabama.edu. If you send forms by 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 2015.

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, 2014. The enrollment form may be completed online. You may scan and e-mail your form to hrmaincampus@southalabama.edu. Forms may be hand delivered to your Human Resources office.

If you wish to participate in the SouthFlex Health Care and/or Dependent Care Flexible Spending Accounts for 2015, you must enroll (or re-enroll). Participation in the reimbursement accounts do 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 and Dependent Care Flexible Spending Accounts must be made during Open Enrollment to be effective January 1, 2015. The Health Care Reform Act reduced the annual limit on employee salary reduction contributions to the Health FSA from $5,000 to $2,500. Unused employee contributions to the Health FSA for the 2014 plan year that are carried over into the grace period for that plan year will not count toward the $2,500 limit for the 2015 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, 2014. The enrollment form may be completed online. You may scan and e-mail your 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, 2014, in order to participate during the 2015 benefit year.

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

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

Helpful Tips to MAXIMIZE YOUR BENEFITS and SAVE MONEY

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

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

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

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

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

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

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

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

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

Register and log into “myBlueCross Member Login” to access your personal Preferred Blue Account information. After signing in you can:

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

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

The USA Health & Dental Plan has two plans with eligibility based on your date of employment.

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

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

Questions regarding which protections may or may not apply to a grandfathered health plan and what might cause a plan to change its status can be directed to the Human Resources Department. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at: 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

Is your Beneficiary Information Up-to-Date?

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

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

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.

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

As an employee of the University of South Alabama or the USA HealthCare Management, LLC, 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 case of illness or injury. Your choice of health coverage options is an important decision. To help you make an informed choice, the University of South Alabama and the USA HealthCare Management, LLC, make available to employees a Summary of Benefits and Coverage (SBC) which provides important information about your health coverage with the USA Health & Dental Plan, Base Plan and Standard Plan.

The Summary of Benefits and Coverage (SBC) for each plan 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
- 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 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.

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

Beginning in 2014, the Patient Protection and Affordable Care Act (PPACA) prohibited pre-existing condition waiting periods. In compliance with PPACA, effective January 1, 2014, the USA Health & Dental Plan no longer utilizes a pre-existing condition waiting period.

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

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**WELLNESS INCENTIVE - January 1, 2015**

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

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

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

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

- The Wellness Incentive will reduce the monthly cost of the **Base Plan** from $128 to $103 for single coverage and from $354 to $329 for family coverage.
- The Wellness Incentive will reduce the monthly cost of the **Standard Plan** from $148 to $123 for single coverage and from $418 to $393 for family coverage.

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

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

The USA Health & Dental Plan is committed to helping you achieve your best health. Rewards for participating in the Tobacco Cessation Program are 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.
Dr. Thomas Leytham, a family physician with the University of South Alabama Knollwood Physicians Group and former medical director of an Air Force smoking cessation program, said it is now clearer than ever that anyone who uses nicotine-containing products on a daily basis should consider stopping for the sake of their health - no matter how good or bad their health is at the present.

In fact, Dr. Leytham said that the better your health is now, the higher your chances are of keeping that good health if you give up smoking immediately.

The first step to breaking the habit, he said, is to cut back as much possible. “This also happens to be a good plan for putting some money in your wallet, and most of my patients love that idea,” Dr. Leytham said.

“When it comes to nicotine usage, the less you use the better,” he added. “This is always true. In terms of virtually all health problems, 12 cigarettes a day is better than 20, and three cigarettes a day is better than six.”

Dr. Leytham said that if your plan is to eventually quit smoking for good – as opposed to simply cutting back – then it may be very helpful to focus on giving up most or all of your morning cigarettes first. This will usually make it easier to give up the other cigarettes later in the day when you decide it is time to give up the smoking for good.

The second step is to begin working on a plan to completely quit.

According to Dr. Leytham, once a person has been using nicotine on a daily basis for a prolonged period of time, they no longer have the option to switch over to being a casual user.

“Many who have a daily tobacco habit think they can continue to use nicotine on an irregular or casual basis even after they were once a daily user,” he said. “The possibility of this is extremely remote.”

Dr. Leytham said that if you have used nicotine on a daily basis for a year or more in your life, then you have permanently altered the nicotine receptors in your brain in terms of affinity and quantity.

“This means that after you have not used nicotine for a while – even a week – then nicotine will bind even more tightly to those receptors the next time you use it again, and this will heighten the effect and increase the craving for another,” he said. “Your body will also have retained the ability to create more receptors rapidly should you ever start using again, which will also make it more difficult to smoke only on a casual basis.”

He said the psychological cravings usually last for months and may even last for years after quitting, so giving in to the desire for even one cigarette once you have quit smoking daily is extremely risky if you are committed to quitting.

“When a daily nicotine user successfully gives up nicotine, they should never look back,” he said. “Even if they had a funeral, a wedding and a high school reunion all in the same day, they should say no to even one cigarette or they will risk having to start all over again.”

With all of this being stated, Dr. Leytham emphasized that it is usually much easier to replace a habit rather than to simply quit one.

“Do whatever you have to do – buy chewing gum or take stretching breaks or music breaks or walking breaks instead of smoking breaks,” he said. “Do word puzzles or sing out loud with your car windows rolled up. Whatever you must do to replace your cigarette habit will be worth the effort.”

In addition, Dr. Leytham said some people find nicotine patches, an electronic cigarette or prescription medications helpful in their transition from daily smoker to non-smoker status.

“It depends on the individual,” he said. “Just make sure you use these things properly and do not use any nicotine-containing product after you have already quit using for a full 72 hours.”

To learn more about smoking cessation, visit http://health.nih.gov/topic/SmokingCessation.
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 copay for a two-month supply for the tobacco cessation drug Chantix.
The USA Health & Dental Plan prescription drug program will change to a tiered structure effective January 1, 2015. The prescription drug copayments will remain the same.

### How Prescription Drug Benefits Work

Medications are assigned to a tier based on drug usage, cost and clinical effectiveness. Our prescription drug search can show you which tier applies to a specific medication based on your benefit plan.

To find how much your medication will cost visit [AlabamaBlue.com](http://AlabamaBlue.com) and log in to myBlueCross. Select “Find Drugs/Pricing/Mail Order” located under Manage My Prescriptions.

#### Copayment Definitions for the Copay Tiers:

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<th>Tier</th>
<th>Description</th>
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| **Tier 1** | (Primarily Generic Drugs)  
• Generic drugs; may include brand name drugs that result in additional savings  
• Features the lowest copayment or coinsurance |
| **Tier 2** | (Preferred Brand Name Drugs)  
• Preferred brand name products based on safety, efficacy and cost  
• Second lowest copayment or coinsurance |
| **Tier 3** | (Non Preferred Brand Name Drugs)  
• Brand name drugs for which alternatives are available in Tier 1 or Tier 2  
• Higher copayment or coinsurance |
| **Tier 4** | (Specialty Drugs, if applicable)  
• Medications which require special dosing or specific storage requirements and administration  
• Prescribed by a specialist and are more expensive than most medications  
• Highest copayment or coinsurance |

There may be more than one drug available to treat your health condition. To reduce your out-of-pocket cost, talk with your physician about an alternative drug that is in a lower tier.
What you need to know about GENERIC PRESCRIPTION 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.

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

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

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

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

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

To view a free interactive module about generic drugs, go to www.bcbsal.com/pharmacy and click “Are generics right for you?” on the right sidebar.
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.

Who is Eligible for Coverage?

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

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

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 office for more information.

Section 125 Premium Conversion Plan

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

Eligible employees are automatically enrolled in the Section 125 Plan. You may change your election for pre-tax premiums for the coming year during Open Enrollment, or during the plan year if you incur a change-in-status event.
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.
Effective October 1, 2014, the provider of the University’s Long Term Disability (LTD) coverage will change to The Standard. 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?**

USA’s Employee Assistance Program provides confidential counseling and referral as appropriate, for benefits-eligible 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 referred to as a “qualifying change-in-status event”.

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

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

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

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

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

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

Do you have questions on your finances?

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

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

Is your investment plan on track?

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

What might retirement look like for you?

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

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

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

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

3 – 4 Months Prior to Retirement
- Contact Human Resources to review your retirement benefits and acquire the necessary forms. Human Resources will provide a retirement packet including a direct deposit form. 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 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 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 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 pay period break in service, and the retiree is limited to $23,000 earnings. Post-employment with non-RSA agencies have no earnings restriction.
- If you are receiving Social Security Benefits, make sure you are clear on the earnings limitations, if any, from the Social Security Administration.
IMPORTANT
TELEPHONE NUMBERS and WEBSITES

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

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

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

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

University Paid Long Term Disability
The Standard
Phone: 1-800-628-8600
www.standard.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.

USA Health & Dental Plan Enrollment/Change forms, SouthFlex enrollments and all other related forms must be received in Human Resources no later than 4:30 p.m. on Monday, December 1, 2014.

Please contact your Human Resources office should you have any questions.
UNIVERSITY OF SOUTH ALABAMA FRINGE BENEFITS COMMITTEE

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