Visit UAB.EDU/HRINTOUCH to access our online benefit enrollment system.
We are happy to have you as part of the team at the University of Alabama Health Services Foundation (UAHSF), and are pleased to offer a benefit package to help meet your personal needs and objectives.

Our medical and dental programs are self-insured. This means that UAHSF will reimburse Viva, Blue Cross and Express Scripts for all medical, prescription, and dental bills paid. Each employee has a vested interest in making sure use of health/dental services is necessary and appropriate, as this use directly impacts the overall cost of the plan as well as your share of the cost.

Take time and get to know the many benefits offered by UAHSF. Please direct any questions regarding your benefits to the Human Resources Benefits Office at 205-801-8055.

The Human Resources Department

NOTE: The legal documents setting out the full terms of your benefits are the controlling documents for all purposes, and this booklet should not be relied upon as a substitute for those legal documents. In the event of any inconsistency between this booklet and the provisions of any plan, the provisions of the plan will govern. UAHSF reserves the right to change the benefits described herein at any time.
As you read through this guide, make your benefit elections carefully. Because some benefits are deducted on a pre-tax basis*, you may only make changes to them during Open Enrollment (to be effective January 1) or at other times during the year following a qualifying event.

Qualifying Events (30-day window to take action)

- Marriage
- Divorce
- Birth, Adoption, Death of a child
- Death of spouse
- Gain or Loss of benefits by spouse at their employer
- Gain or Loss of benefits by spouse due to job change
- Gain or Loss of coverage by dependent child

Special Enrollment Rights (60-day window to take action)

- Termination of Medicaid or CHIP Coverage – If you (or your dependent) are covered under Medicaid or a state child health plan and coverage for you (or your dependent) is terminated as a result of loss of eligibility for such coverage, you may request coverage under the Plan within 60 days of the termination date.

- Eligibility for Employment Assistance under Medicaid or CHIP – If you (or your dependent) becomes eligible for assistance with paying the cost of Plan coverage through Medicaid or a state child health plan, you may request coverage under the Plan within 60 days of the date that you (or your dependent) is determined to be eligible for assistance.

Within the required timeframes noted above, you may make changes to your benefit elections by contacting the Benefits Office. Changes and new rates will be effective on the date of the event. If you wait longer than the required timeframes noted above, you must wait until the next Open Enrollment period to make any changes.

*Pre-tax benefits include Health, Dental, Vision, and Flexible Spending Accounts. Premiums paid with pre-tax dollars are not subject to Federal, Social Security, or State of Alabama taxes.
Who can I cover on my health, dental and vision plans?
You, your spouse (including common-law) and dependents. Eligible children may be covered until age 26.

- **Spouse** (married or common-law*)

- **A married or unmarried child** up to age 26
  - The child may be the employee's natural child; stepchild; legally adopted child; child placed for adoption; or, other child for whom the employee has permanent legal custody.

- **An unmarried, incapacitated child** who (1) is age 26 and over; (2) is not able to support himself; and (3) depends on you for support, if the incapacity occurred before age 26; and, (4) the incapacity must have occurred while the eligible employee or the child was eligible for and covered by this plan. You may be asked to provide proof of the incapacitated child's disability.

*Complete affidavit for coverage of common-law spouse. In Alabama, only common-law marriages that commenced prior to 1/1/17 are eligible.*
**Required Documentation for Dependents**

Any employee (new hire or current employee) who wants to add a dependent to their health, dental or vision coverage must provide the following documentation before the dependent will be added:

**Legally-married Spouse**
Marriage Certificate

**Common-law Spouse**
Documentation of common residence prior to 1/1/2017, Affidavit (available from the Benefits Office)

**Child**
Birth Certificate, Adoption Decree, or Court Order naming you as Legal Guardian

**REQUIRED DOCUMENTATION CAN BE UPLOADED TO THE BENEFITFOCUS WEB SITE (www.uab.edu/hrintouch)**
HEALTH INSURANCE

- **Who is eligible?**
  Full and part-time regular employees budgeted to work at least 20 hours per week.

- **When is coverage effective?**
  Coverage starts on the first day of the month following your employment in a full/part-time regular status.

- **When can I enroll?**
  Within 30 days of hire, within 30 days of becoming full/part-time regular, when you experience a qualifying event, or during annual Open Enrollment for a January 1 effective date.

- **What am I covered for?**
  You may choose individual or family coverage.

- **Who can I include on my plan?**
  Yourself, your spouse, and eligible dependents. See prior section for descriptions of eligible dependents.

- **What is the cost?**
  UAHSF pays for the majority of the health premium on your behalf. Employee cost is listed below.

<table>
<thead>
<tr>
<th>Plans</th>
<th>2020 Monthly Rates**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
</tr>
<tr>
<td>VIVA Health – Access Plan*</td>
<td></td>
</tr>
<tr>
<td>Salary &lt; $35,000</td>
<td>$59.00</td>
</tr>
<tr>
<td>Salary $35,000 - $74,999</td>
<td>$64.00</td>
</tr>
<tr>
<td>Salary $75,000 - $149,999</td>
<td>$73.00</td>
</tr>
<tr>
<td>Salary $150,000 &amp; above</td>
<td>$93.00</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of Alabama Health*</td>
<td></td>
</tr>
<tr>
<td>Salary &lt; $35,000</td>
<td>$116.00</td>
</tr>
<tr>
<td>Salary $35,000 - $74,999</td>
<td>$126.00</td>
</tr>
<tr>
<td>Salary $75,000 - $149,999</td>
<td>$146.00</td>
</tr>
<tr>
<td>Salary $150,000 &amp; above</td>
<td>$183.00</td>
</tr>
</tbody>
</table>

*For dually-funded employees, base compensation from all sources is considered

**Bi-weekly rates are ½ monthly rates and are deducted twice a month
Health Services Foundation  
Effective Dates: January 1, 2020 – December 31, 2020  
Attachment A to Certificate of Coverage

The Plan’s services and benefits, with their copayments, coinsurance, and some of the limitations, are listed below. Services received in a primary, specialty, or urgent care office may be subject to a copay or coinsurance in addition to the office visit cost-sharing depending on the type of service received. Please remember that this is only a brief listing. For further information, please see the Certificate of Coverage.

Please keep this Attachment A for your records.

### MEDICAL BENEFITS

<table>
<thead>
<tr>
<th>CALENDAR YEAR OUT-OF-POCKET MAXIMUM:</th>
<th>The most a member will pay per Calendar Year for qualified medical, mental, and substance abuse services, prescription drugs, and specialty drugs. The maximum includes copayments and coinsurance paid by the member for qualified services but does not include premiums, ancillary charges, or out-of-network charges over the maximum payment allowance. See the Certificate of Coverage for details.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7,350 per individual; $14,700 per family</td>
</tr>
</tbody>
</table>

### PREVENTIVE CARE:

- **Well Baby Care (Children under age 3)**
- **Routine Physicals (One per Calendar Year for 3+)**
- **Covered Immunizations**
- **Preventive Prenatal Care (As defined in the Certificate of Coverage)**
- **OB/GYN Preventive Visit (One per Calendar Year)**
- **Other Preventive Items and Services** (See Certificate of Coverage for more information)

### OTHER PRIMARY CARE SERVICES:

- **Medical Physician Services**
- **Hearing Exams**
- **Illness and Injury**
- **X-Ray and Laboratory Procedures**
  - Covered Genetic Testing
- **OB/GYN Services**

### SPECIALTY CARE: (No PCP Referral Required)

- **Medical Physician Services**
- **Illness and Injury**
- **X-Ray and Laboratory Procedures**
  - Covered Genetic Testing
- **OB/GYN Services**

### URGENT CARE CENTER SERVICES:

- **Medical Physician Services**
- **Illness and Injury**

### VISION CARE: (No PCP Referral Required)

- **One routine vision exam per Calendar Year**
- **Other eye care office visits**

### ALLERGY SERVICES: (No PCP Referral Required)

- **Physician Services**
- **Testing**

### DIAGNOSTIC SERVICES: (Excluding inpatient and ER) (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)

### OUTPATIENT SERVICES:

- **Surgery and Other Outpatient Services (Non-OB/GYN)**
- **OB/GYN Outpatient Surgery and Other Procedures**
- **OB/GYN Outpatient Physician Services (Surgical Procedures)**

### INFERTILITY SERVICES: (Must be provided by UAB providers; intrauterine insemination and assisted reproductive technology are not Covered Services)

- **Initial consultation**
- **Counseling session**
- **Semen analysis, HSG test and endometrial biopsy**
- **Medically Necessary office visits and tests** (ultrasound, laboratory tests)
- **Prescription drugs**

### HOSPITAL INPATIENT SERVICES:

- **Physician Services**
- **Semi-private room**

### MATERNITY SERVICES: (Prenatal, delivery, and postnatal care)

Maternity services covered for employee and employee’s spouse; not covered for dependent children except as provided under Preventive Care. Eligible baby must be enrolled in plan within 30 days of birth or adoption for baby’s care to be covered.

<table>
<thead>
<tr>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250 Copayment per admission <strong>(Copayment waived at UAB)</strong></td>
</tr>
</tbody>
</table>

**S1,200 out-of-pocket maximum per member per Calendar Year**

1. $1,200 out-of-pocket maximum per member per Calendar Year

$0 Copayment; One per Lifetime

$0 Copayment; One per Lifetime

$0 Copayment

Cost varies by drug. Limited to $5,000 maximum coverage/Calendar Year.

**HOSPITAL INPATIENT SERVICES:**

**$250 Copayment per admission (Copayment waived at UAB)**

**MATERNITY SERVICES:**

- **Physician Services**
- **Hospitalization**

**$0 Copayment per delivery at UAB; $150 Copayment/delivery outside UAB**

**$500 Copayment per admission (Copayment waived at UAB)** (**$1,500 out-of-pocket maximum per member per Calendar Year**)

UAB means University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklin Clinic, and all UAB satellite clinics.
## PHARMACEUTICAL BENEFITS

<table>
<thead>
<tr>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENCY ROOM SERVICES:</strong> $100 Copayment per visit (Copayment waived if admitted to hospital)**</td>
</tr>
<tr>
<td><strong>EMERGENCY AMBULANCE SERVICES:</strong> 80% Coverage</td>
</tr>
<tr>
<td><strong>DURABLE MEDICAL EQUIPMENT &amp; PROSTHETIC DEVICES:</strong> 80% Coverage</td>
</tr>
<tr>
<td><strong>SKILLED NURSING FACILITY SERVICES:</strong> (Limited to 100 days per lifetime) 100% Coverage</td>
</tr>
<tr>
<td><strong>DIABETES SELF-MANAGEMENT EDUCATION:</strong> $20 Copayment per visit at UAB; $30 Copayment per visit outside UAB</td>
</tr>
<tr>
<td><strong>DIABETIC SUPPLIES:</strong> Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH. 100% Coverage</td>
</tr>
<tr>
<td><strong>REHABILITATION SERVICES:</strong> Physical, Speech, and Occupational Therapy $30 Copayment per visit</td>
</tr>
<tr>
<td><strong>HOME HEALTH CARE SERVICES:</strong> (Limited to 60 visits per Calendar Year) 100% Coverage</td>
</tr>
<tr>
<td><strong>CHIROPRACTIC SERVICES:</strong> (No PCP Referral Required) $30 Copayment per visit</td>
</tr>
<tr>
<td><strong>TEMPOROMANDIBULAR JOINT DISORDER:</strong> $20 Copayment per visit</td>
</tr>
<tr>
<td><strong>SLEEP DISORDERS:</strong> $20 Copayment per visit; $150 copayment per sleep study</td>
</tr>
<tr>
<td><strong>TRANSPLANT SERVICES:</strong> $250 Hospital Copayment (Copayment waived at UAB)</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH &amp; SUBSTANCE ABUSE SERVICES:</strong></td>
</tr>
<tr>
<td>- Inpatient Services $250 Copayment per admission (Copayment waived at UAB)</td>
</tr>
<tr>
<td>- Outpatient Services $20 Copayment per visit</td>
</tr>
<tr>
<td>2Treatment at a residential facility is not a covered service. Certain diagnoses are excluded from coverage. See the Certificate of Coverage for details—available for UAHSF employees to view on HR InTouch at <a href="http://www.uab.edu/hrintouch">www.uab.edu/hrintouch</a>.</td>
</tr>
<tr>
<td><strong>PHARMACY DEDUCTIBLE:</strong> Applies to all drugs except for generic oral contraceptives and other preventive drugs required by the Affordable Care Act. $100 per individual; $200 aggregate amount per family</td>
</tr>
</tbody>
</table>

## COVERED PRESCRIPTION DRUGS:

- **Generic Drugs**  |
  - From a Participating Pharmacy $15 Copayment per 30-day supply  |
  - Mail-order $30 Copayment per 90-day supply  |
  - Participating Pharmacy $45 Copayment per 90-day supply  |
- **Preferred Brand Drugs**  |
  - From a Participating Pharmacy $35 Copayment per 30-day supply  |
  - Mail-order $88 Copayment per 90-day supply  |
  - Participating Pharmacy $105 Copayment per 90-day supply  |
- **Non-Preferred Brand Drugs**  |
  - From a Participating Pharmacy $60 Copayment per 30-day supply  |
  - Mail-order $150 Copayment per 90-day supply  |
  - Participating Pharmacy $180 Copayment per 90-day supply  |
- **Oral Contraceptives** $0 Copayment for generic drugs; Applicable Copayment for brand drugs  |
- **Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals** 80% Coverage  |
- **Diabetic Testing Supplies** 100% Coverage  |

3Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below.  |
4May be administered in the home, physician’s office or on an outpatient basis. There is a member out-of-pocket maximum of $2,000 per member per Calendar Year for biological, biotechnical drugs, and specialty pharmaceuticals. When these medications are received from Express Scripts, they must be ordered by calling 1-800-803-2523. For a list of medications in this category, please refer to http://www.vivahealth.com/Members/Default.aspx  |

When generic is available, Member pays difference between generic and brand price (“ancillary charge”), plus Copayment. Ancillary charges do not count toward the out-of-pocket maximum. Check with your participating pharmacy to learn if it is eligible to offer a 90-day supply at retail.

### DEPENDENT STUDENT BENEFITS:
(Emergencies and in-area care are covered under the appropriate sections set forth in the Certificate of Coverage)  |
Only services to treat an illness or injury for Covered Dependents will be covered while they are full-time students at an accredited educational institution out of the Service Area, subject to the Copayments described herein and a $1,500 maximum benefit per calendar year. Preventive care is not covered out of the Service Area.

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**VIVA HEALTH Customer Service:** (205) 558-7474 or 1-800-294-7780  |
Visit our Website at www.vivahealth.com  |

**Eligible Dependent:** Eligible Employee’s spouse (including common-law) and children of Eligible Employees under age 26 or disabled dependents who meet eligibility criteria.  |

**Pre-Existing Condition Policy:** No waiting period for pre-existing conditions.  |

**Nondiscrimination Notice:** VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.  |

**Language Assistance Services:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).  |
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-294-7780 (TTY：711).  |

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*UAB means University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklin Clinic, and all UAB satellite clinics.*  |
HSF 2020  |
08/2019 | HSF 2020
BlueCard® PPO
Plan Benefits

The University of Alabama Health Services Foundation, P. C.
BlueCard® PPO

Effective January 1, 2020

Visit our website at AlabamaBlue.com
The University of Alabama Health Services Foundation, P. C.
January 1, 2020

**BENEFIT** | **IN-NETWORK (PPO)** | **OUT-OF-NETWORK (NON-PPO)**
--- | --- | ---
**GENERAL PROVISIONS** *(Includes Mental Health Disorders and Substance Abuse Benefits)*
Calendar Year Deductible | $250 per person each calendar year; $750 family maximum. |  
Annual Out-of-Pocket Maximum | $7,350 individual; $14,700 family maximum  
**In-Network Services:** Deductibles, copays and coinsurance apply to the out-of-pocket maximum, including prescription drugs.  
**Out-of-Network Services:** Home Health, Hospice, and Other Covered Services (excluding occupational therapy, physical therapy, speech therapy and DME in Alabama), apply to the out-of-pocket maximum. Foundation or PPO provider eligible services provided by a non-network provider in Alabama do not apply to the out-of-pocket maximum.
Individual Case Management | A program to assist employees and their families in coordinating care in the event of a lengthy illness. |  
Chronic Condition Management | A program for chronic conditions such as asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease, congestive heart failure and other specialized conditions. |  
Baby Yourself® | A maternity program with early intervention for ALL pregnancies—both normal and high risk. Call 1 800 222-4379 to enroll and begin receiving information and gifts to help you "Baby Yourself" and experience the healthiest pregnancy possible. You can also enroll online at AlabamaBlue.com/BabyYourself. |  
Contraceptive Management | Covers certain contraceptives, which include: insertion and removal of implantable contraceptive capsules, diaphragm or cervical cap fitting with instructions, insertion and removal of intrauterine device (IUD), depo-provera injections, intrauterine copper contraceptive and Levonogestrel (contraceptive) implants system. Pharmacy benefits (which includes birth control pills) are available only when the group has prescription drug benefits with Blue Cross Blue Shield of Alabama. |  
**INPATIENT HOSPITAL FACILITY SERVICES** *(Includes Mental Health Disorders and Substance Abuse Benefits)*
Deductibles and Copay | $250 per admission deductible;  
$25 copay per day for days 2-11.  
Hospital deductible waived if admitted to UAB Hospital, UAB Highlands and UAB Women and Infant’s Center. Copay is still applicable.  
**OB/GYN Admission**  
**PPO Provider:** $500 per admission deductible;  
$25 copay per day for days 2-11 to a total annual maximum inpatient deductible of $1,500. | $500 per admission deductible.  
Inpatient Facility Coverage *(including maternity)* | 100% coverage for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.  
Note: In Alabama, inpatient benefits for non-member hospitals are available only in cases of accidental injury. |  
80% coverage for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.  
Note: In Alabama, inpatient benefits for non-member hospitals are available only in cases of accidental injury. |  
Preadmission Certification | All hospital admissions require preadmission certification, except maternity. Emergency admissions require certification within 48 hours of admission. For preadmission certification, call 1 800 248-2342 (toll-free). If preadmission certification is not obtained, no benefits are available. |  
**OUTPATIENT HOSPITAL FACILITY SERVICES** *(Includes Mental Health Disorders and Substance Abuse Benefits)*
Surgery | Covered at 100% of the allowed amount subject to the $100 facility copay.  
**OB/GYN outpatient facility surgical charges:**  
**PPO Provider:** No copay.  
**PPO Provider:** $250 copay. | Covered at 80% of the allowed amount, subject to the calendar year deductible.  
Medical Emergency | Covered at 100% of the allowed amount subject to the $100 facility copay. | Covered at 100% of the allowed amount subject to the $100 facility copay.  
Accidental Injury | Covered at 100% of the allowed amount with no deductible or copay required. | Covered at 100% of the allowed amount with no deductible or copay within 72 hours of the accident; 80% of the allowed amount, subject to the calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan.  
Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above. |  
Diagnostic Lab, X-ray, and Pathology | Covered at 100% of the allowed amount with no deductible or copay required. | Covered at 80% of the allowed amount, subject to the calendar year deductible. |
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>IN-NETWORK (PPO)</th>
<th>OUT-OF-NETWORK (NON-PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT, MRI and PET Scans (Precertification required-these higher radiology copays only apply in an outpatient, non ER setting)</td>
<td>UAB/Foundation or Children’s Provider: Covered at 100% of the allowed amount subject to a $50 copay. PPO Provider: $400 copay. Note: There is a $1,200 maximum annual deductible on in-network PPO Providers.</td>
<td>Covered at 80% of the allowed amount, subject to the calendar year deductible.</td>
</tr>
<tr>
<td>Hemodialysis, IV Therapy Chemotherapy and Radiation Therapy</td>
<td>Covered at 100% of the allowed amount with no deductible or copay required.</td>
<td>Covered at 80% of the allowed amount, subject to the calendar year deductible.</td>
</tr>
<tr>
<td>Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP)</td>
<td>Covered at 100% after $20 daily hospital copay</td>
<td>Covered at 80% of the allowed amount, subject to the calendar year deductible.</td>
</tr>
<tr>
<td>Note: In Alabama, outpatient benefits for non-member hospitals are available only in cases of accidental injury.</td>
<td></td>
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</tr>
</tbody>
</table>

**SUPPLEMENTAL ACCIDENT BENEFITS**
(Includes Mental Health Disorders and Substance Abuse Benefits)

<table>
<thead>
<tr>
<th>ACCIDENTAL INJURY</th>
<th>BENEFIT</th>
<th>IN-NETWORK (PPO)</th>
<th>OUT-OF-NETWORK (NON-PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Injury</td>
<td>Covered at 100% of the allowance for care related to accidental injury (within 90 days of the accident), limited to a $300 maximum.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICIAN SERVICES**
(Includes Mental Health Disorders and Substance Abuse Benefits)

Precertification is required for some physician benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.

<table>
<thead>
<tr>
<th>PHYSICIAN SERVICES</th>
<th>IN-NETWORK (PPO)</th>
<th>OUT-OF-NETWORK (NON-PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits and Outpatient Consultations (including allergy treatment)</td>
<td>Covered at 100% of the allowed amount subject to the office visit copay. UAB/Foundation Provider: $20 office visit copay PPO Provider: $30 office visit copay. OB/GYN office visit: UAB/Foundation Provider: No office visit copay. PPO Provider: $50 office visit copay. Mental Health Disorders and Substance Abuse Services for in-network office visits and outpatient consultations: Other PPO Provider: Covered at 100% of the allowed amount subject to the $20 office visit copay.</td>
<td>In Alabama: Covered at 50% of the allowed amount subject to the calendar year deductible. Outside Alabama: Covered at 80% of the allowed amount subject to the calendar year deductible.</td>
</tr>
<tr>
<td>Second Surgical Opinions</td>
<td>UAB/Foundation Provider and PPO Provider: Covered at 100% of the allowed amount with no deductible or copay.</td>
<td>In Alabama: Covered at 50% of the allowed amount subject to the calendar year deductible. Outside Alabama: Covered at 80% of the allowed amount subject to the calendar year deductible.</td>
</tr>
<tr>
<td>Emergency Room Physician Fees</td>
<td>Covered at 100% of the allowed amount subject to the office visit copay. UAB/Foundation Provider: $20 office visit copay PPO Provider: $30 office visit copay. Mental Health Disorders and Substance Abuse Services for in-network emergency room physician: Other PPO Provider: Covered at 100% of the allowed amount subject to the $20 office visit copay.</td>
<td>Covered at 100% of the allowed amount subject to the office visit copay. UAB/Foundation Provider: $20 office visit copay. PPO Provider: $30 office visit copay. Mental Health Disorders and Substance Abuse Services for out-of-network emergency room physician: Covered at 100% of the allowed amount subject to the $20 office visit copay. Copay applies to the in-network out-of-pocket maximum.</td>
</tr>
<tr>
<td>Surgery and Anesthesia</td>
<td>UAB/Foundation Provider and PPO Provider: Covered at 100% of the allowed amount with no deductible or copay. All OB/GYN outpatient facility surgical charges: UAB/Foundation Provider: No copay. PPO Provider: $150 copay.</td>
<td>In Alabama: Covered at 50% of the allowed amount subject to the calendar year deductible. Outside Alabama: Covered at 80% of the allowed amount subject to the calendar year deductible.</td>
</tr>
<tr>
<td>BENEFIT</td>
<td>IN-NETWORK (PPO)</td>
<td>OUT-OF-NETWORK (NON-PPO)</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Inpatient Visits, Second Surgical Opinions and Inpatient Consultations</td>
<td>UAB/Foundation Provider and PPO Provider: Covered at 100% of the allowed amount with no deductible or copay.</td>
<td>In Alabama: Covered at 50% of the allowed amount subject to the calendar year deductible. Outside Alabama: Covered at 80% of the allowed amount subject to the calendar year deductible. Mental Health Disorders and Substance Abuse Services for out-of-network inpatient physician visits: Covered at 80% of the allowed amount not subject to the calendar year deductible. Deductible and coinsurance applies to the in-network out-of-pocket maximum.</td>
</tr>
<tr>
<td>Maternity (prenatal, postnatal and delivery)</td>
<td>UAB/Foundation Provider: Covered at 100% of the allowed amount with no deductible or copay. PPO Provider: $150 copay.</td>
<td>In Alabama: Covered at 50% of the allowed amount subject to the calendar year deductible. Outside Alabama: Covered at 80% of the allowed amount subject to the calendar year deductible.</td>
</tr>
<tr>
<td>Diagnostic X-rays and Lab Exams (including allergy testing)</td>
<td>UAB/Foundation Provider and PPO Provider: Covered at 100% of the allowed amount with no deductible or copay.</td>
<td>In Alabama: Covered at 50% of the allowed amount subject to the calendar year deductible. Outside Alabama: Covered at 80% of the allowed amount subject to the calendar year deductible.</td>
</tr>
</tbody>
</table>

**ENHANCED PREVENTIVE CARE SERVICES**

Routine Preventive Services and Immunizations: 100%, no deductible or copay. See AlabamaBlue.com/preventiveservices for a listing of specific covered preventive services and immunizations or call our Customer Service Department for a printed copy.

**In addition to the standard, the following exceptions apply:**
- Routine urinalysis - when necessary
- Routine TB skin test - when necessary
- Routine CBC - when necessary
- Routine cholesterol - once every five calendar years
- One routine OB/GYN visit in addition to the one required routine visit per calendar year

**Not covered.**

**OTHER COVERED SERVICES**

(Includes Mental Health Disorders and Substance Abuse Benefits)

Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Alabama</th>
<th>Outside Alabama</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractor Services</td>
<td>Covered at 100% of the allowed amount subject to the $30 office visit copay.</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Occupational, Speech and Physical Therapy</td>
<td>Covered at 100% of the allowed amount subject to the $30 office visit copay.</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Covered at 80% of the allowed amount, subject to the calendar year deductible.</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>Covered at 80% of the allowed amount, subject to the calendar year deductible.</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Preferred Home Health and Hospice</td>
<td>Covered at 100% of the allowed amount with no deductible or copay. Precertification required for services rendered outside of Alabama. Call 1 800 821-7231.</td>
<td>100%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Non-Preferred in Alabama:** No benefits are available if a non-Preferred provider is used.

Please note: Providers/Specialists may be listed in a PPO directory or on the provider finder website (www.bcbs.com), but not covered as PPO benefits by this group health plan (i.e., DME, Ambulance, Allergists). Please check your benefit matrix or Summary Plan Description to determine coverage.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, AlabamaBlue.com.
Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.


Foreign Language Assistance

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-216-3144 (TTY: 711)。


Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711) e, una volta entrati nella call center, seguire le istruzioni.

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144（TTY: 711）まで、お電話にてご連絡ください。
All prescription benefits are with Express Scripts, a Pharmacy Benefits Manager, regardless of which health plan an employee is enrolled in. VIVA HEALTH has direct access to Express Scripts’ database, so they are available to assist with customer service for both Blue Cross and VIVA HEALTH members. Deductible and co-payments are as follows:

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Any Participating Retail Pharmacy (One month supply)</th>
<th>Home Delivery (90-day supply)</th>
<th>90-Day Retail Network (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$15</td>
<td>$30</td>
<td>$45</td>
</tr>
<tr>
<td>Preferred Brands</td>
<td>$35</td>
<td>$88</td>
<td>$105</td>
</tr>
<tr>
<td>Non-Preferred Brands</td>
<td>$60</td>
<td>$150</td>
<td>$180</td>
</tr>
</tbody>
</table>

**Pharmacy Deductible**
- There is a $100 deductible per member each calendar year, then normal co-pays apply
- The maximum annual deductible for a family is $200

**Biotechnical, Biological, and Specialty Drugs**
(Administered in the home, physician office or outpatient)
- 80% coverage
- $2,000 out of pocket maximum per family member, per calendar year, or $14,700 per family.

VIVA HEALTH works with Express Scripts to develop their **Custom Drug List** (preferred brand drugs). The list can be found at [www.vivahealth.com](http://www.vivahealth.com), or at [www.express-scripts.com](http://www.express-scripts.com).

### DESCRIPTION OF PHARMACY PROGRAMS

**Home Delivery Program**
- Obtain a 90-day supply of maintenance drugs that can be mailed anywhere you choose.
- What are maintenance drugs? Prescriptions commonly used to treat conditions that are considered chronic or long-term, such as: high blood pressure, heart disease, asthma and diabetes. Other prescriptions that may be included are birth control pills, anti-depressants, ADHD medications, and anti-inflammatory medications for a chronic condition.
- To confirm whether your prescriptions qualify for home delivery, contact VIVA HEALTH, Express Scripts, or go to [www.express-scripts.com](http://www.express-scripts.com).

**90-Day Retail Network**
- Obtain a 90-day supply of maintenance drugs from a retail pharmacy.
- The cost of the 90-day supply is equivalent to three co-pays.
- Many of the pharmacies in the Express Scripts network participate in a maintenance retail program, which allows a 90 day supply for maintenance medications. These pharmacies include Rite Aid, Wal-Mart, Sam’s Club, Winn-Dixie and many more.
- You can find participating 90-day retail pharmacies by searching [www.express-scripts.com](http://www.express-scripts.com).
**Specialized Pharmacy for Biotechs & Injectables**
- Accredo, Express Scripts’ specialty pharmacy, is approved to provide these drugs.
- Drugs can be shipped directly to your home, your doctor’s office, to a hospice program, etc.

**Express Scripts’ website allows you to:**
- Verify drug coverage and co-payments, print pharmacy history reports, find a participating pharmacy, determine if a drug qualifies for purchase in a 90-day quantity, and process home delivery prescription refills or request a new home delivery prescription.

**Tobacco Cessation Program**
- Tobacco cessation products are covered at no co-pay and require a prescription to be dispensed under the pharmacy benefit. Coverage is limited to two 12-week cycles (168 days) per year. Treatment can consist of generic nicotine replacement products such as the patch, lozenge and gum, generic Zyban, or the brand Chantix. This is offered along with Beat the Pack classes at UAB and 1-800QUITNOW coaching ([www.alabamaquitnow.com](http://www.alabamaquitnow.com)).

**Mandatory Generics**
- Requires a generic be used when a type A or AB generic is available. Type A & AB are the highest quality generic drugs and produce the same clinical outcomes as brand drugs.
- If you choose a brand drug when the generic is available, you must pay the higher co-pay plus the difference in the cost of the generic & brand drug.

**Preventive Drug Coverage**
- Some preventive drugs (i.e. aspirin, folic acid), some statin drugs (cholesterol), and women’s health drugs (i.e. birth control pills) may be covered with no co-pay if you have a prescription and meet eligibility criteria. For a complete list of these drugs, please contact VIVA HEALTH or Express Scripts Customer Service.

---

Who do I contact if I have other prescription questions?

<table>
<thead>
<tr>
<th>Viva Health Customer Service</th>
<th>(205) 558-7474</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Scripts Customer Service</td>
<td>(855) 778-1485</td>
</tr>
<tr>
<td>Express Scripts Accredo Specialty Pharmacy</td>
<td>(800) 803-2523</td>
</tr>
</tbody>
</table>
FREQUENTLY ASKED RX QUESTIONS

Q. Which pharmacies can I use to fill my prescription?
A. Log in on express-scripts.com and select “Locate a Pharmacy,” or call Member Services toll-free at 1-855-778-1485 to access the interactive pharmacy locator. You will be asked for your member ID number and the area where you want to locate a pharmacy.

Q. Can I print a temporary prescription card from Express Scripts’ website?
A. Yes. If you have lost your card, or you are a new employee and haven’t received your card yet, you can print one if you need to fill a prescription quickly. All you have to do is register at www.express-scripts.com, and follow the simple steps below:

1. Log-in to your account.
2. Click on the header “Health & Benefits Information”.
3. Select “Print & Request Forms & Cards” from the drop down box.
4. Scroll to topic “Print a member ID card” toward bottom of page, click on the link “print a member ID card”
5. Click “print card” button

Q. How do I sign up for Express Scripts home delivery on my maintenance drugs?
A. To get started using the Express Scripts Pharmacy for medications you take on an ongoing basis, ask your doctor to write a prescription for up to a 90-day supply, plus refills for up to 1 year (as appropriate). To fill the prescription, you may:

• Mail your prescription(s) along with the required copayment in the envelope provided with your Welcome Package.

• Ask your doctor to call 888-327-9791 for instructions on how to fax the prescription. Your doctor must have your member ID number (which is on your member ID card) to fax your prescription.

• Select “Transfer to Home Delivery” when you order through the Express Scripts website after registering at express-scripts.com.
Q. How long does it take for my prescription to arrive by mail?

A. Orders are usually processed and mailed within 48 hours of receipt. Please allow 8 days from the day you mail in your prescription. After 1/1/2019, you can check on the status of your order by logging on to express-scripts.com and viewing “Order status” on the main page. If you’re a first-time visitor, take a moment to register. Have your member ID number handy. Or you can call Member Services and use the automated system.

Q. How do I order refills on home delivery prescriptions?

A. You should submit a refill when you’re down to a 2-week supply of medication. You can refill your prescription in one of two ways:

   o Visit express-scripts.com to activate your account by registering with your member ID card. Upon successful registration, you can view your prescriptions that are ready for refill on the main page.
   o Call Express Scripts toll-free at 855-778-1485. You will need to have your prescription number handy when you call.

Q. How do I obtain a 90-day supply of maintenance medications from a retail pharmacy?

A. Simply take your 90-day prescription to a retail pharmacy. You can search for participating 90-day retail pharmacies by searching www.express-scripts.com as a registered user.
DENTAL INSURANCE

- **Who is eligible?**
  Full and part-time regular employees budgeted to work at least 20 hours per week.

- **When is coverage effective?**
  Coverage starts on the first day of the month following your employment in a full/part-time regular status.

- **When can I enroll?**
  Within 30 days of hire, within 30 days of becoming full/pat-time regular, or during annual Open Enrollment for a January 1 effective date.

- **What am I covered for?**
  You may choose individual or family coverage.

- **Who can I include on my plan?**
  Yourself, your spouse, and eligible dependents. See prior section for descriptions of eligible dependents.

- **What is the cost?**
  This a voluntary benefit; cost depends on coverage chosen.

<table>
<thead>
<tr>
<th>2020 Monthly Rates*</th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield <strong>Comprehensive Dental</strong> – Plan A</td>
<td>$31.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Blue Cross Blue Shield <strong>Basic Dental</strong> – Plan B</td>
<td>$19.00</td>
<td>$46.00</td>
</tr>
</tbody>
</table>

*Bi-weekly rates are ½ monthly rates and are deducted twice a month
Dental Plan Benefits

The University of Alabama Health Services Foundation, P. C. Group 41432
Comprehensive and Basic Dental Plans

Effective January 1, 2020

Visit our website at AlabamaBlue.com

Blue Cross Blue Shield of Alabama
An Independent Licensee of the Blue Cross and Blue Shield Association
When a Preferred Dentist is used, the dentist will file all claims, payment will be made directly to the dentist and the dentist will accept the Blue Cross Preferred Fee amount as payment in full (after any patient copay or coinsurance). When a Preferred Dentist is not used, Blue Cross will pay the patient the Preferred Fee amount and the patient will be responsible for any difference between the Blue Cross payment and the dentist’s charge (plus any copay or coinsurance). The patient will also have to file the claim if the dentist’s office will not. Services received outside Alabama will be paid according to the UCR amount rather than the Preferred Fee amount.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$25 deductible per member per calendar year</td>
</tr>
<tr>
<td>Maximum</td>
<td>$1,500 per member each calendar year</td>
</tr>
<tr>
<td>Diagnostic and Preventive</td>
<td>Payable at 100% of the Preferred Dental Schedule, not subject to the deductible</td>
</tr>
<tr>
<td></td>
<td>• Dental exams up to twice per benefit period</td>
</tr>
<tr>
<td></td>
<td>• Dental X-ray exams: Full mouth x-rays, one set during any 60 months in a row;</td>
</tr>
<tr>
<td></td>
<td>• Bitewing x-rays, once per benefit period; and other dental x-rays, used to diagnose a specific condition</td>
</tr>
<tr>
<td></td>
<td>• Routine cleanings, twice per benefit period</td>
</tr>
<tr>
<td></td>
<td>• Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of $20 per tooth and limited to the first permanent molars of children through age 13</td>
</tr>
<tr>
<td></td>
<td>• Fluoride treatment for children through age 18 once per benefit period</td>
</tr>
<tr>
<td></td>
<td>• Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18</td>
</tr>
<tr>
<td>Restorative</td>
<td>Payable at 80% of the Preferred Dental Schedule</td>
</tr>
<tr>
<td></td>
<td>• Fillings made of silver amalgam and synthetic tooth color materials</td>
</tr>
<tr>
<td></td>
<td>• Simple tooth extractions</td>
</tr>
<tr>
<td></td>
<td>• Direct pulp capping, removal of pulp and root canal treatment</td>
</tr>
<tr>
<td></td>
<td>• Repairs to removable dentures</td>
</tr>
<tr>
<td></td>
<td>• Emergency treatment for pain</td>
</tr>
<tr>
<td>Supplemental Services</td>
<td>Payable at 80% of the Preferred Dental Schedule</td>
</tr>
<tr>
<td></td>
<td>• Oral surgery to treat fractures and dislocations of the jaw, to diagnose and treat mouth cysts and abscesses, and for tooth extractions and impacted teeth</td>
</tr>
<tr>
<td></td>
<td>• General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide</td>
</tr>
<tr>
<td></td>
<td>• Treatment of the root tip of the tooth including its removal</td>
</tr>
<tr>
<td>Prosthetic Services</td>
<td>Payable at 50% of the Preferred Dental Schedule</td>
</tr>
<tr>
<td></td>
<td>• Full or partial dentures</td>
</tr>
<tr>
<td></td>
<td>• Fixed or removable bridges</td>
</tr>
<tr>
<td></td>
<td>• Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate</td>
</tr>
<tr>
<td>Periodontic Services</td>
<td>Payable at 80% of the Preferred Dental Schedule</td>
</tr>
<tr>
<td></td>
<td>• Periodontic exams once each 12 months</td>
</tr>
<tr>
<td></td>
<td>• Removal of diseased gum tissue and reconstructing gums</td>
</tr>
<tr>
<td></td>
<td>• Removal of diseased bone</td>
</tr>
<tr>
<td></td>
<td>• Reconstruction of gums and mucous membranes by surgery</td>
</tr>
<tr>
<td></td>
<td>• Removing plaque and calculus below the gum line for periodontal disease</td>
</tr>
<tr>
<td>Orthodontic</td>
<td>Payable at 50% of the Preferred Dental Schedule for dependent children up to age 26. Limited to a lifetime maximum of $1,000.</td>
</tr>
</tbody>
</table>

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.
Basic Dental Plan-Plan B
The University of Alabama Health Services Foundation, P. C.

When a Preferred Dentist is used, the dentist will file all claims, payment will be made directly to the dentist and the dentist will accept the Blue Cross Preferred Fee amount as payment in full (after any patient copay or coinsurance). When a Preferred Dentist is not used, Blue Cross will pay the patient the Preferred Fee amount and the patient will be responsible for any difference between the Blue Cross payment and the dentist’s charge (plus any copay or coinsurance). The patient will also have to file the claim if the dentist’s office will not. Services received outside Alabama will be paid according to the UCR amount rather than the Preferred Fee amount.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$25 deductible per member per calendar year</td>
</tr>
<tr>
<td>Maximum</td>
<td>$750 per member each calendar year</td>
</tr>
</tbody>
</table>

**Diagnostic and Preventive**
- Payable at 100% of the Preferred Dental Schedule, not subject to the deductible
  - Dental exams up to twice per benefit period
  - Dental X-ray exams: Full mouth x-rays, one set during any 60 months in a row; Bitewing x-rays, once per benefit period; and other dental x-rays, used to diagnose a specific condition
  - Routine cleanings, twice per benefit period
  - Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of $20 per tooth and limited to the first permanent molars of children through age 13
  - Fluoride treatment for children through age 18 once per benefit period
  - Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18

**Restorative**
- Payable at 50% of the Preferred Dental Schedule
  - Fillings made of silver amalgam and synthetic tooth color materials
  - Simple tooth extractions
  - Direct pulp capping, removal of pulp and root canal treatment
  - Repairs to removable dentures
  - Emergency treatment for pain

**Supplemental Services**
- Payable at 50% of the Preferred Dental Schedule
  - Oral surgery to treat fractures and dislocations of the jaw, to diagnose and treat mouth cysts and abscesses, and for tooth extractions and impacted teeth
  - General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide
  - Treatment of the root tip of the tooth including its removal

**Prosthetic Services**
- Payable at 50% of the Preferred Dental Schedule
  - Full or partial dentures
  - Fixed or removable bridges
  - Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate

**Periodontic Services**
- Payable at 50% of the Preferred Dental Schedule
  - Periodontic exams once each 12 months
  - Removal of diseased gum tissue and reconstructing gums
  - Removal of diseased bone
  - Reconstruction of gums and mucous membranes by surgery
  - Removing plaque and calculus below the gum line for periodontal disease

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

Revised 10/04/2019 GMD
Group 41432-Div. D20, D21, D22, D23, D2S
VISION INSURANCE

- **Who is eligible?**
  Full and part-time regular employees budgeted to work at least 20 hours per week are eligible.

- **When is coverage effective?**
  Coverage starts on the first day of the month following your employment in a full/part-time regular status.

- **When can I enroll?**
  Within 30 days of hire, within 30 days of becoming full/part-time regular, or during annual Open Enrollment for a January 1 effective date.

- **What am I covered for?**
  You may choose individual or family coverage.

- **Who can I include on my plan?**
  Yourself, your spouse, and eligible dependents. See prior section for descriptions of eligible dependents.

- **What is the cost?**
  This a voluntary benefit; cost depends on coverage chosen.

<table>
<thead>
<tr>
<th>2020 Monthly Rates*</th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP Vision Care Plan</td>
<td>$8.33</td>
<td>$22.99</td>
</tr>
<tr>
<td>VSP Plus Vision Care Plan</td>
<td>$14.69</td>
<td>$40.52</td>
</tr>
</tbody>
</table>

*Bi-weekly rates are ½ monthly rates and are deducted twice a month
SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM UNIV. OF ALABAMA HEALTH SERVICES FOUNDATION AND VSP.

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.
$ Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.
With an average of five VSP network doctors within six miles of you, it’s easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.
You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR
EXTRA $20 TO SPEND ON FEATURED FRAME BRANDS* UP TO 40% SAVINGS ON LENS ENHANCEMENTS

Choose Your Perfect Pair
VSP members get an extra $20 to spend on featured frame brands. Plus, save up to 40% on lens enhancements.*

PREMIER PROGRAM

PREFERED ONLINE RETAILER

Enroll today.
Contact us: 800.877.7195 or vsp.com
YOUR VSP VISION BENEFITS SUMMARY

UNIV. OF ALABAMA HEALTH SERVICES FOUNDATION and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP Coverage with a VSP Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WellVision Exam</td>
<td>Focuses on your eyes and overall wellness, Every calendar year</td>
<td>$15</td>
</tr>
</tbody>
</table>

**PRESCRIPTION GLASSES**

| Frame | $190 allowance for a wide selection of frames, $210 allowance for featured frame brands, 20% savings on the amount over your allowance, $105 Costco* & Walmart frame allowance, Every other calendar year | Included in Prescription Glasses |
| Lenses | Single vision, lined bifocal, and lined trifocal lenses, Polycarbonate lenses for dependent children, Every calendar year | Included in Prescription Glasses |

**Lens Enhancements**

| Lens | Standard progressive lenses, Scratch-resistant coating, Anti-reflective coating, Premium progressive lenses, Custom progressive lenses, Average savings of 20-25% on other lens enhancements, Every calendar year | $0 - $41 |
| Contacts (instead of glasses) | $160 allowance for contacts, copay does not apply, Contact lens exam (fitting and evaluation), Every calendar year | Up to $60 |

**DIABETIC EYECARE PLUS PROGRAM**

| Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. As needed | $20 |

**YOUR MONTHLY CONTRIBUTION**

| $8.33 Member only | $22.99 Member + family |

**EXTRA SAVINGS**

Glasses and Sunglasses

- Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

Retinal Screening

- No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

**YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS**

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam  up to $45
Frame  up to $70
Single Vision Lenses  up to $30
Lined Bifocal Lenses  up to $50
Lined Trifocal Lenses  up to $65
Progressive Lenses  up to $50
Contacts  up to $105

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor’s retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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VSP, VSP Vision Care for Life, EyeConic, and WellVision Exam are registered trademarks. VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.
### What is a Flexible Spending Account (FSA)?

An FSA is a Flexible Spending Account that allows you to set aside money on a pre-tax basis to pay for eligible healthcare and/or dependent day care expenses. This means that you could save about $.30 on every dollar you contribute. The amount you choose to contribute is taken out of your paycheck in equal amounts each pay period, making it easy to save for out-of-pocket expenses that you have during the plan year. There are two types of FSAs available – a healthcare FSA and a dependent day care FSA.

Our FSA accounts are administered by PayFlex ([www.payflex.com](http://www.payflex.com)).

### Who is eligible?

Full and part-time regular employees budgeted to work at least 20 hours per week.

### When is the plan effective?

The plan year runs from January 1 through December 31 for existing employees. For new employees, the plan year begins the first day of the month following employment or effective date of full/part-time regular status, through December 31.

### When can I enroll?

Within 30 days of hire, within 30 days of becoming full/part-time regular, within 30 days of a qualifying event, or during annual Open Enrollment for a January 1 effective date.

### Healthcare FSA

This account allows you to pay for eligible medical, dental, prescription, vision and/or hearing expenses that are not covered by insurance. Eligible expenses include, but are not limited to:

- Copays, coinsurance and deductibles
- Dental treatment (excluding cosmetic treatment)
- Eyeglasses & contact lenses
- Hearing aids
- Laser eye surgery
- Over-the-counter (OTC) items*
- Orthodontia
- Physical therapy and chiropractic care
- Prescriptions

*Over the Counter (OTC) Items: As of January 1, 2011, OTC medicines and drugs require a written prescription from your doctor in order to get reimbursed through an FSA. However, there are many OTC items that do not require a prescription to get reimbursed such as:

- Band-aids, elastic bandages & wraps
- Braces & supports
- Contact lens solution & supplies
- Denture adhesive
- Diagnostic tests & monitors
- First aid supplies
- Insulin & diabetic supplies
- Ostomy products
Dependent Day Care FSA

If you are paying for day care for your child who is under the age of 13 or for a spouse or dependent who is not able to take care of himself or herself, you should consider enrolling in a dependent day care FSA. This account allows you to pay for expenses such as:

- Before and after school programs
- Day care (child & adult)
- Nursery school or preschool
- Summer day camp

For a complete list of eligible/ineligible expenses, go to:
https://www.payflex.com/individuals/common-eligible-expenses/health-care
https://www.payflex.com/individuals/common-eligible-expenses/dependent-care

**Why should I enroll in an FSA?**

An FSA can help reduce your taxes and increase your take-home pay, giving you extra money for the things you really want. Your taxes are reduced because you are not paying federal income, state income, or social security taxes on the money placed in an FSA. On average, an FSA could save you between 23-30% in taxes depending on your contribution.

<table>
<thead>
<tr>
<th>Annual Salary</th>
<th>Healthcare FSA Annual Contribution</th>
<th>Dependent Care FSA Annual Contribution</th>
<th>Savings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,000</td>
<td>$1,500</td>
<td>$0</td>
<td>$318</td>
</tr>
<tr>
<td>$50,000</td>
<td>$1,750</td>
<td>$4,000</td>
<td>$1,219</td>
</tr>
<tr>
<td>$70,000</td>
<td>$2,000</td>
<td>$4,500</td>
<td>$1,378</td>
</tr>
</tbody>
</table>

*Based on 6.2% FICA and 15% federal tax

**What you need to know about an FSA**

- You may only determine your contribution in an FSA during annual Open Enrollment or when you first become eligible. **You must re-enroll in this benefit every year. It does not roll over from year to year.**

- IRS guidelines stipulate that once you establish your plan year contribution, you may only change it if you experience a change in status and your employer approves the change. This may include a change in one of the following conditions:
  - Legal marital status (marriage, divorce, legal separation, annulment or death of a spouse)
  - Number of tax dependents (birth, adoption or death)
  - Employment status that affects eligibility
  - Changes due to your spouse’s job (gain/loss of coverage)
  - Dependent satisfying or ceasing to satisfy coverage requirements (reaching...
limiting age, gain/loss of student status, marriage

- To apply for a change, you must complete a Life Event request through the benefits website within 30 days of the date of the event.

Each individual allowed to use your healthcare FSA contribution generally includes:
- You
- Your spouse
- Your dependent children
- An individual (at any age) who is permanently and totally disabled whom you are claiming as dependent on your federal tax return.

To get reimbursed for your dependent day care expenses, you and your spouse (if married), must be actively working, seeking employment or a full-time student.

Healthcare and/or dependent day care expenses must be for services received after the effective date of your FSA election and during the plan year to which it applies.

Remember, under IRS guidelines, any amount left in your healthcare and/or dependent day care FSA at the end of the plan year will be forfeited.

Any claims that were incurred during the plan year must be submitted for reimbursement by March 31st of the following year.

How much can I contribute to FSAs each calendar year?

- Medical spending account: up to $2,700 annually
- Dependent care account: up to $5,000 annually

PayFlex has a calculator to help you estimate expenses before you enroll: https://www.payflex.com/individuals/calculate-savings

How do I access the money in my FSA?

- You can use your PayFlex debit card to pay for eligible medical expenses; these purchases are automatically deducted from your FSA.
- **Dependent care** expenses are not eligible for payment with the debit card. You must submit receipts to PayFlex for reimbursement.
- If you pay for eligible expenses using cash, check or personal credit card, simply submit a claim for reimbursement online or complete a paper claim and fax or mail to PayFlex. (See reimbursement methods below.)
- Claims can also be filed using PayFlex Mobile (see PayFlex Mobile flyer)
- Remember to save all of your receipts and Explanation of Benefits from your insurance provider, because you will be required to provide documentation to PayFlex for reimbursement of your claims and occasionally for card transactions.
- Reimbursements may be made via direct deposit. Simply go to www.payflex.com and set up your deposit account under My Account Actions.
Can I get reimbursed for more than I have contributed so far?

- Medical expenses may be reimbursed up to the amount of an employee’s annual election.
- Dependent care expenses can only be reimbursed up to the amount contributed to date, per IRS guidelines. If a receipt is submitted for more than the amount contributed to date, PayFlex will reimburse the available amount, and then wait until another payroll deduction has occurred to reimburse any additional amounts.

Stay connected with PayFlex

- I want to register on www.payflex.com. What is my Member ID?
  The member ID for UAHSF employees is your social security number.

eNotify
Take advantage of eNotify and receive text messages, e-mail notifications or web alerts with updates regarding your account(s). Simply log in on www.payflex.com, click on My Settings at the top of the page, and select Notifications/Email Address to customize your alerts.

PayFlex Mobile
The PayFlex Mobile application makes it easy to access your account balance(s), claims activity, a listing of eligible expenses and much more. You can even submit a claim using the mobile app on your iPhone, Android or Blackberry device.

Who can I call for assistance?

- PayFlex Customer Service
  - Monday - Friday 7:00am - 7:00pm;
    Saturday 9:00am - 2:00pm (central time)
  - 1-800-284-4885
The simple way to save for health and dependent care expenses

PayFlex® flexible spending account (FSA)

Health care FSA
• You can contribute pretax dollars from your paycheck, up to the Internal Revenue Service (IRS) limit of $2,700.*
• Your full contribution is available at the start of the plan year to pay for eligible health care expenses. It covers you, your spouse and/or your tax dependents for:
  - Copays, coinsurance and deductibles
  - Dental expenses like orthodontia, crowns and bridges
  - Vision expenses like LASIK eye surgery, glasses and contacts
  - Prescription drugs and over-the-counter (OTC) items**

Dependent care FSA
• You can contribute pretax dollars from your paycheck, up to the IRS limit of $5,000.*
• Funds are for your dependent(s) age twelve or younger, or a spouse or dependent incapable of self-care.
• Pays for eligible child and adult care expenses, such as day care, preschool and nursery school, in-home aid and more.

Pay with ease
We’ll show you how simple it is to pay for your eligible expenses:
• Use the PayFlex Card®, your account debit card: When you use the PayFlex debit card (if offered), your expense is automatically paid from your FSA. Check your plan details to confirm what expense types are available on your card.
• Pay yourself back: Pay for eligible expenses with cash, a check or your personal credit card. Then submit a claim to pay yourself back. For speed, have your claims payment deposited directly into your checking or savings account.
• Pay your provider: Use PayFlex’s online feature (if offered) to pay your provider directly from your account.

Considering a PayFlex FSA?
Not sure how much to contribute? Or how much you’ll save?

Get started by visiting payflex.jellyvision-conversation.com

*These limits are subject to change, and some employers may set a lower limit. Please check your plan details for how much you can contribute.

**You’ll need a written prescription for OTC drugs and medicine.
Here are a few FSA reminders:

• Save your itemized statements and detailed receipts.

• View the IRS contribution limits and a list of common eligible expense items on the PayFlex member website.

• FSAs have a use-it-or-lose-it rule. This means you’ll lose any unused funds at the end of the plan year. Check your plan details to confirm how it works.
  - The run-out period gives you extra time to submit claims to pay yourself back.
  - If your plan has a grace period,* you’ll have additional days to use your funds.
  - If offered, you may be able to carry over up to $500 in unused health care FSA dollars to the next plan year.

• You can change your contribution if you have a change in status,** such as marital and employment status, number of tax dependents, etc.

• Specific to a dependent care FSA: You must be working to use your dependent care funds. If you’re married, your spouse must either be working, looking for work, a full-time student or incapable of self-care. You can change your contribution if there’s a change in your provider or change in the cost for a provider.

Want more information about these accounts?
Visit payflex.com or call us directly at 1-844-PAYFLEX (1-844-729-3539).
We’re here to help Monday – Friday, 7 a.m. – 7 p.m. CT, and Saturday, 9 a.m. – 2 p.m. CT.

Note: Standard text messaging rates and other rates from your wireless carrier may apply when using the PayFlex Mobile app.

*If your plan allows you to carry over unused health care FSA funds, the grace period doesn’t apply.

**You must apply for a change in your election through your employer. See your employer’s Summary Plan Description for specific details about your plan.

PayFlex Systems USA, Inc.
This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer’s Summary Plan Description (“SPD”) for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about PayFlex, go to payflex.com.
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PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.

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69.03.576.1 N (1/19)
LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

- Who is eligible?
  Full-time regular employees budgeted to work at least 36 hours per week are eligible.

- When am I eligible?
  On the first day of employment or the effective date of full-time status.

- What is the amount I’m covered for?
  Amounts are based on your annual base salary. Death due to an accident will pay 2 times the amount listed.

- Who receives the benefit?
  Your designated beneficiaries. Beneficiaries may be changed at any time.

- What is the cost?
  UAHSF pays for this benefit on your behalf.

  Amount of Coverage – 1.25 x your Annual Base Salary
  Minimum Coverage - $50,000
  Maximum Coverage - $1,250,000

$5,000 DEATH BENEFIT

- Who is eligible?
  Full-time regular employees budgeted to work at least 36 hours per week are eligible.

- When am I eligible?
  On the first day of employment or the effective date of full-time status.

- What is the amount I’m covered for?
  $5,000 net check

- Who receives the benefit?
  Your designated beneficiaries. Beneficiaries may be changed at any time.

- What is the cost?
  UAHSF pays for this benefit on your behalf.
VOLUNTARY LIFE INSURANCE

- **Who is eligible?**
  Full-time regular employees budgeted to work at least 36 hours per week are eligible.

- **When am I eligible?**
  You have 31 days from your hire date to elect coverage on a guarantee issue basis – no medical questions – no exams. If you decide not to participate during your 31 day eligibility period, any future elections will be subject to full medical underwriting. *If you elect coverage during initial eligibility period, you can increase the amount during annual enrollment without medical questions.*

- **What is the amount I can elect?**

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Guarantee Issue</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>$10,000</td>
<td>$300,000</td>
<td>$750,000</td>
</tr>
<tr>
<td>Spouse*</td>
<td>$10,000</td>
<td>$50,000</td>
<td>$250,000</td>
</tr>
<tr>
<td>Child</td>
<td>$500</td>
<td>N/A</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

*Employee must elect $10,000 coverage for self in order to elect spouse life coverage.

- **Is this plan Group Term Life Insurance or Group Permanent Life Insurance?**
  This plan is Group Term Life Insurance

- **Who receives the benefit?**
  Your designated beneficiaries. Beneficiaries may be changed at any time.

- **What is the cost?**
  Premiums for you and/or your spouse (if applicable) are based on the amount of coverage you enroll for and your Insurance Age. Rates available on HR InTouch ([www.uab.edu/hrintouch](http://www.uab.edu/hrintouch)).
LONG TERM DISABILITY

■ Who is eligible?
Full-time regular employees budgeted to work at least 36 hours per week are eligible.

■ When am I eligible?
On the first day of employment or the effective date of full-time status.

■ What is the amount I’m covered for?
The benefit amount is 66 and 2/3 of base salary after a 90 day waiting period and approval of LTD carrier.

■ Who receives the benefit?
You

■ What is the cost?
UAHSF pays for this benefit on your behalf.

INFOARMOR IDENTITY THEFT PROTECTION

■ Who is eligible?
Full and part-time regular employees budgeted to work at least 20 hours per week are eligible. You may apply for coverage during your first 30 days of employment, or throughout the year.

■ What is InfoArmor Identity Theft Protection?
Protect yourself from identity theft with PrivacyArmor Plus from InfoArmor. This protection includes monitoring of financial transactions, loan applications, new accounts, criminal records, social media, plus credit scores from all three bureaus. Identity theft restoration is covered up to $1,000,000.

■ What is the cost per month?
Employee only $9.95
Family $17.95

■ Who receives the benefit?
You and your eligible family members
PROTECTING WHAT MATTERS MOST

A GROWING CRISIS: IDENTITY THEFT
12.7 MILLION IDENTITY THEFT VICTIMS IN 2014 / $16 BILLION STOLEN FROM FRAUD VICTIMS IN 2014 / EVERY 2 SECONDS AN IDENTITY IS STOLEN / 2 IN 3 DATA BREACH VICTIMS BECAME AN IDENTITY FRAUD VICTIM IN 2014 / 58 – 165 WORK HOURS TO REMEDIATE A CASE OF IDENTITY THEFT

MORE THAN MONITORING
INFOARMOR’S PRIVACYARMOR PROVIDES COMPREHENSIVE PROTECTION THAT GOES FAR BEYOND CREDIT MONITORING AND FREE BREACH SOLUTIONS. Our identity and credit monitoring solution deploys cutting-edge technology and professional service to detect, intercept, and remediate the misuse of personal information that puts your identity at risk.
Identity & Credit Monitoring / Let us give you peace of mind by proactively monitoring for the most damaging types of identity fraud.* By uncovering and resolving issues early, we can help minimize damages. We also monitor your credit through TransUnion, Equifax, and Experian.

Credit Scores and Reports / Gain access to a monthly credit score and a credit report each year from TransUnion. Stay informed and protect your financial assets by detecting credit misuse quickly.

Password Protection / Our secure vault automatically saves and syncs your passwords across desktop and mobile devices. This tool makes using complex passwords simple and safe.

Social Media Reputation Monitoring / We monitor Facebook, LinkedIn, Twitter, and Instagram profiles, generating actionable alerts that help defend you and your family from reputational damage or cyberbullying.*

Wallet Protection / InfoArmor can easily replace the contents of a lost or stolen wallet through an online, secure vault that conveniently stores important documents.

Digital Identity Report / Our deep internet search creates a snapshot of your exposed information online, giving you a chance to take control of your privacy.

Privacy Advocate Remediation / Have an expert on your side to guide you through the identity restoration process and fight back against identity thieves.

$1,000,000 Identity Theft Insurance Policy / If you are a victim of fraud, we will reimburse your out of pocket costs to reinforce your financial security.*

Solicitation Reduction / Guidance on how to limit exposure to fraud while reducing annoying calls, mail, and preapproved credit offers.

PLANS AND PRICING
$9.95 per person per month
$17.95 per family per month

ENROLL AT: www.uab.edu/hrintouch
QUESTIONS? CALL: 205 801 8055

INFOARMOR: PROTECTING YOUR FINANCES, PRIVACY, AND REPUTATION

*Network provides comprehensive coverage, although no solution can detect all suspicious activity. Nonetheless, our Privacy Advocates will work tirelessly to restore your identity regardless of when or how the damage was done.

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of AIG. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.
The UAHSF 403(b) Retirement Plan allows employees to make pre-tax retirement contributions via payroll deduction. Deferrals begin when you complete appropriate enrollment forms. Contributions and investment elections may be changed at any time.

- **What options are available for me to invest my money in?**
  UAHSF utilizes TIAA as our investment provider. They offer a wide variety of investment options to meet your needs, including annuity products and mutual funds. Additional funds are also available through the brokerage window with TIAA.

- **Who can help me if I have questions about what investments I should choose?**
  Johnson Sterling Retirement Services works with UAHSF as an advisor on the 403(b) plan. Consultants can be reached at 205-871-9940. You may also contact TIAA customer service at 800-842-2776.

- **How much can I contribute?**
  Eligible participants can contribute a flat dollar amount or a percentage of pay, up to the annual IRS limit. Employees age 50 or older can contribute an additional “catch up” amount, per IRS limits.

- **Does UAHSF contribute any money toward my retirement?**
  Yes. The first of the month following their one year anniversary, eligible employees (regular full-time and regular part-time) begin receiving a percentage of eligible compensation as a company contribution. Employees hired before 7/1/03 and all physicians receive a contribution of 13.05%. Employees hired on or after 7/1/03 receive 4.35%, up to the IRS annual limit. Participants become fully vested in the company contributions after 5 years of employment in which they work at least 1,000 hours.

- **When can I receive money from my retirement account?**
  At retirement, death, if you are disabled, or if you terminate employment. Loans and hardship withdrawals are available. Refer to your summary plan description for details.

- **How do I sign up?**
  Online Enrollment: [www.tiaa.org/uahsf](http://www.tiaa.org/uahsf)
  - Select your contribution percent
  - Pick your own investments
  - Check your balance any day of the year
SUN LIFE SHORT TERM DISABILITY

- **Who is eligible?**
  Full and part-time regular employees budgeted to work at least 20 hours per week are eligible. No medical questions asked however, pre-existing condition limitations apply.

- **What is the amount I’m covered for?**
  You can choose a monthly benefit amount between $400 and $5,000 for covered disabilities due to injury or illness. Coverage of up to 60% of your gross monthly salary may be elected.

- **When would my benefit payments begin?**
  You can choose a waiting period based on your specific needs: 7 days or 14 days for disabilities due to a covered illness or injury. Benefits would begin after the waiting period has ended.

- **Who receives the benefit?**
  You

SUN LIFE CRITICAL ILLNESS INSURANCE

- **Who is eligible?**
  Full and part-time regular employees budgeted to work at least 20 hours per week are eligible. Pre-existing condition limitations apply.

- **What is Critical Illness Insurance?**
  A critical illness insurance policy provides a lump sum payment if you or a covered family member are diagnosed with a covered critical illness.

- **What types of conditions are covered?**
  Examples include: cancer, heart attack, stroke, major organ failure. Medical questions may apply depending on amount of coverage elected. A wellness benefit can pay $50 per calendar year per insured individual if a covered health screening test is performed.

- **What is the amount I’m covered for?**
  Employee – $5,000 to $50,000 ($1,000 increments)
  Spouse – $5,000 to $25,000 ($1,000 increments)
  Child – $5,000

- **Who receives the benefit?**
  You, your spouse (ages 17 – 64) and dependent children (up to age 26)
SUN LIFE ACCIDENT INSURANCE

■ Who is eligible?
Full and part-time regular employees budgeted to work at least 20 hours per week are eligible. You may apply for coverage during your first 30 days of employment, or during annual enrollment.

■ What is Accident Insurance?
Sun Life’s coverage provides payments based on the type of injury (or covered incident) you sustain and the type of treatment you receive. Details of covered injuries/treatments are available on HR InTouch (www.uab.edu/hrintouch).

■ What other benefits are included with this plan?
➢ Wellness Benefit – Can pay $50 per calendar year per insured individual if a covered health screening test is performed
➢ Catastrophic Benefit – pays an additional sum in the event of a serious injury
➢ Additional Coverage Options include Sickness Hospital Confinement Benefit

■ Who receives the benefit?
You, your spouse (ages 17 – 64) and dependent children (up to age 26)
# PAID TIME OFF

- **Who is eligible?**
  Full and part-time regular employees budgeted to work at least 20 hours/week. Accrual begins immediately; eligible to use accrued time after 6 months. Employees budgeted for less than 40 hours per week will have prorated accruals based on FTE.

## BI-WEEKLY PAID EMPLOYEES

<table>
<thead>
<tr>
<th>Length of Continuous Service</th>
<th>Yearly Vacation Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 through 10 years of service</td>
<td>12 working days</td>
</tr>
<tr>
<td>11 through 20 years of service</td>
<td>17 working days</td>
</tr>
<tr>
<td>21 or more years</td>
<td>22 working days</td>
</tr>
</tbody>
</table>

## MONTHLY PAID EMPLOYEES

<table>
<thead>
<tr>
<th>Length of Continuous Service</th>
<th>Yearly Vacation Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 through 5 years of service</td>
<td>15 working days</td>
</tr>
<tr>
<td>6 through 15 years of service</td>
<td>20 working days</td>
</tr>
<tr>
<td>16 or more years</td>
<td>22 working days</td>
</tr>
</tbody>
</table>

Regular part-time employees accrue benefit time based on their FTE.

## SICK LEAVE

Full-time employees accrue 10 days per year, up to 225 days. Regular part-time employees accrue benefit time based on their FTE.

## HOLIDAYS

Full-time employees are entitled to 8 designated holidays. They are: New Year’s Day, Martin Luther King Jr.’s Birthday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day. Regular part-time employees receive prorated holiday hours based on their FTE.

## PERSONAL HOLIDAYS

Each Regular full-time employee receives 3 days (24 hours) of leave for Personal Holidays. Each Regular part-time employee receives prorated personal holiday hours based on their FTE. They must be taken between July 1 and June 30 of each year. Any unused time will be lost on June 30. July 1, the employee will receive new Personal Holiday time at their accrual rate.
EDUCATIONAL ASSISTANCE

■ **Who is eligible?**
   Full-time regular employees budgeted to work at least 36 hours per week are eligible.

■ **When am I eligible?**
   - For self – after 6 months of service in a full-time status
   - For dependents & spouse – after employee has 1 year of service in a full-time status

■ **What is the benefit?**
   - **Self & spouse** - 100% tuition at UAB, up to 12 semester hours per academic year
   - **Dependents** - 50% tuition reduction at UAB, with no limit on hours
   - **Self only** – at other universities/junior colleges, reimbursed at ½ of UAB tuition rate up to 12 hours per academic year

Prior to each semester, full time employees receive an e-mail notice requesting that they provide specific information if they or their family members will be attending UAB and using this benefit. If this information is not provided, the assistance will be provided on a reimbursement basis.

Undergraduate students must have at least a 2.0 undergraduate grade point average (GPA) on prior undergraduate course work and must maintain an overall undergraduate GPA of 2.0 or better to receive the benefit. Graduate students must have at least a 3.0 graduate GPA on prior graduate course work and must maintain an overall graduate GPA of 3.0 or better to receive the benefit.

If a student fails to maintain the appropriate GPA, he or she will not be eligible to participate in the Educational Assistance Program until the GPA reaches the appropriate level. An employee classified as a graduate student but registered for an undergraduate course must adhere to the graduate grade requirement. Students will now be required to submit a full unofficial transcript at the end of each semester for review.

■ **How do I take advantage of this benefit?**
   - Contact the UAH SF Benefits Office at 205-801-8055 for instructions once you or a dependent are eligible to participate.
What is the UAB Benevolent Fund?
The Benevolent Fund is UAB's own system of supporting charitable, service, and health agencies by providing a mechanism for employees to help those in need in the Birmingham area.

How do I pledge to the Benevolent Fund?
Simply complete a Benevolent Fund pledge form available on the UAB Benevolent Fund website and fax it to 205-975-9608. Look under "Campaign Brochure" if you are interested in designating a specific agency to support (note that each agency has a 3 digit code). The website is www.uab.edu/benefund/.

Are my gifts tax deductible?
Yes. In accordance with IRS regulations, your contributions are tax deductible.

What is the Employee Emergency Assistance Program?
The Employee Emergency Assistance Program is a means by which part of the fund's donations are used to assist employees who have experienced emergency situations that require them to seek financial assistance. Financial awards may be made to employees who qualify under the Employee Emergency Assistance guidelines. In emergency situations, the program may help pay grocery bills, rent or mortgage payments, electric or gas bills, doctor bills and the like. Emergencies usually involve a medical emergency that causes leave without pay, fire, tornado or other natural disaster, or similar major crisis.

How can I contact the UAB Benevolent Fund?
Contact the Benevolent Fund Manager at 205-934-1581 or benevolentfund@uab.edu
UAB and UAB Medicine employees and family members (spouses and dependents) have access to a unique benefit to help them connect with UAB Medicine caregivers.

UAB Medicine 4YOU is a service that provides dedicated appointment and nursing specialists to assist with a variety of access solutions:

- Office Visits
- UAB eMedicine online service
- Urgent Care
- myUABMedicine patient portal
- Live Chat

For more information:

- Phone: 205-975-4YOU (4968)
- Web: www.uabmedicine.org/4YOU
In the interest of promoting good health for our employees, UAHSF offers a number of wellness initiatives. The list may vary at times, but includes the items below:

- Free flu shots for employees
- Distribution of educational materials to health enrollees based on claims experience
- Case management through health insurance carriers for members with chronic illnesses
- Tobacco Cessation Counseling: UAB Employee Assistance & Counseling Center provides a variety of free tobacco cessation services
- Employees are eligible for a one-week free trial to UAB’s Campus Recreation Center. Discounted membership and programs are available.
- UAB Employee Wellness Program – www.uab.edu/myhealthrewards
EMPLOYEE ASSISTANCE PROGRAM

UAHSF employees are eligible to utilize UAB’s Employee Assistance & Counseling Center. The UAB Employee Assistance & Counseling Center is an employee assistance and counseling program designed to provide employees and their family members with resources for resolving work-related and personal problems. An immediate family member is someone who is eligible for insurance coverage as a dependent through UAHSF’s employee benefits program or who lives in the same household as a UAHSF employee.

The UAB Employee Assistance & Counseling Center provides free confidential counseling to individuals, couples, and families with a staff of licensed counselors. They also provide Divorce Mediation services for a fee. They help people work through many issues, including:

- Stress at work or home
- Marriage, relationship or family problems
- Alcohol or drug addiction
- Grief and loss
- Loneliness
- Communication problems
- Depression or mood swings
- Eating disorders
- Self-esteem issues
- Stress related to physical or mental illness
- Stress related to finances
- Tobacco cessation

Employees and family members may come to The UAB Employee Assistance & Counseling Center on their own initiative or at the suggestion of a supervisor, friend, coworker or family member. Employees and family members may see a UAB Employee Assistance & Counseling Center counselor up to 12 times per calendar year per person. An additional 4 sessions are available for tobacco cessation counseling.

Employees may contact The UAB Employee Assistance & Counseling Center at 205-934-2281 or 1-877-872-2327 (toll-free within Alabama) between 8:00 a.m. and 5:00 p.m. Monday through Friday to schedule an appointment with a counselor. More information is also available on the website: www.uab.edu/humanresources/home/resourcecenter.
UAHSF employees are eligible to utilize UAB’s Child Development Center. Located on UAB’s campus, the facility is accredited by the NAEYC (National Association for the Education of Young Children). For your convenience, tuition may be payroll deducted.

- **Ages accepted:** 6 weeks to 5 years
- **Address:** 1113 – 15th Street South
- **Phone:** 205-934-7353
- **Hours:** 6:30 am – 6:00 pm

Call the Center for information on rates and availability. To read more about programs, visit their website at [www.uab.edu/humanresources/home/childdevelopmentcenter](http://www.uab.edu/humanresources/home/childdevelopmentcenter)
Huggs & Kisses is an organization that provides care for sick children so that employees can continue working. The facility is owned by a local Pediatrician, and children are under the care of a registered nurse and nursing assistants. Service is available to full and regular part-time employees when your child suffers from illnesses such as colds, fever, flu, diarrhea, chicken pox, viral illnesses, post hospitalization/surgery, pneumonia, ear infections, and sprains/fractures. Children with communicable diseases are separated into different areas.

Ages accepted: 2 months to 16 years old

Cost: $45/day + one time $15 registration fee per child
UAHSF will pay 2/3 of the daily cost and 2/3 of the initial registration fee

Address: 1716 – 5th Avenue North

Phone: 205-324-8447

Hours: 6:30 am – 6:00 pm

Employees can pre-register children at no cost. Parents are asked to call Huggs & Kisses as soon as they know they want to bring their children in. 24-hour voice mail is available for your convenience. Blue immunization forms are required when the child is brought to the facility.
<table>
<thead>
<tr>
<th>Company</th>
<th>Website</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Benefits Office – UAHSF</td>
<td><a href="http://www.uab.edu/hrintouch">www.uab.edu/hrintouch</a></td>
<td>205-801-8055</td>
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<tr>
<td>Blue Cross Blue Shield</td>
<td><a href="http://www.bcbsal.org">www.bcbsal.org</a></td>
<td>205-988-2200</td>
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<tr>
<td>Express Scripts Customer Service (Prescription Drugs)</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
<td>855-778-1485</td>
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<tr>
<td>Express Scripts (Dr’s Office call in home delivery drugs)</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
<td>888-327-9791</td>
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<tr>
<td>Express Scripts - Accredo (Specialty Drugs)</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
<td>800-803-2523</td>
</tr>
<tr>
<td>Fidelity Investments</td>
<td><a href="http://www.fidelity.com">www.fidelity.com</a></td>
<td>800-343-0860</td>
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<tr>
<td>Huggs &amp; Kisses (Sick Child Care)</td>
<td>n/a</td>
<td>205-324-8447</td>
</tr>
<tr>
<td>InfoArmor</td>
<td><a href="https://myportal.infoarmor.com">https://myportal.infoarmor.com</a></td>
<td>1-800-789-2720</td>
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<tr>
<td>Johnson, Sterling Retirement Services (403b Plan)</td>
<td><a href="http://www.johnsonsterling.com">www.johnsonsterling.com</a></td>
<td>205-871-9940</td>
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<tr>
<td>Lincoln Financial Group</td>
<td><a href="http://www.lfg.com">www.lfg.com</a></td>
<td>800-341-0441</td>
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<tr>
<td>Paragon Group (Supplemental LTD, Long Term Care, AD&amp;D)</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
<td>205-444-5569</td>
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<tr>
<td>PayFlex (Flexible Spending Accounts)</td>
<td><a href="http://www.payflex.com">www.payflex.com</a></td>
<td>800-284-4885</td>
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<tr>
<td>Payroll - UAHSF</td>
<td><a href="https://hsflawson.hs.uab.edu/lawson/portal/">https://hsflawson.hs.uab.edu/lawson/portal/</a></td>
<td>205-731-6001</td>
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<tr>
<td>Sun Life</td>
<td><a href="http://www.sunlife.com">www.sunlife.com</a></td>
<td>800-247-6875</td>
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<tr>
<td>TIAA</td>
<td><a href="http://www.tiaa.org/uahsf">www.tiaa.org/uahsf</a></td>
<td>800-842-2776</td>
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<td>UAB Benevolent Fund</td>
<td><a href="http://www.uab.edu/benfund/">www.uab.edu/benfund/</a></td>
<td>205-934-1581</td>
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<td>205-934-2281</td>
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<tr>
<td>UAB Medicine 4YOU</td>
<td><a href="http://www.uabmedicine.org/4YOU">www.uabmedicine.org/4YOU</a></td>
<td>205-975-4968</td>
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<td>UAB Employee Wellness</td>
<td><a href="http://www.uab.edu/humanresources/home/wellness">www.uab.edu/humanresources/home/wellness</a></td>
<td>205-996-7343</td>
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<tr>
<td>Viva Health</td>
<td><a href="http://www.vivahealth.com">www.vivahealth.com</a></td>
<td>205-558-7474</td>
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<tr>
<td>VSP (Vision Service Plan)</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
<td>800-877-7195</td>
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