

# 2009 House Staff Benefits



**University  
Health System**

[www.UniversityHealthSystem.com](http://www.UniversityHealthSystem.com)

# Human Resources Contact Information

	Contact Phone Number
Employee Benefits	(210) 358-2056 (210) 358-2324 (210) 358-2230
Retirement	(210) 358-2072

## Important Contact Information

Benefit	Contact	Phone Number/ Web Address	Important Information
Medical	CFHP Member Services (HMO) Texas True Choice (PPO) Prescriptions (NPS)	(210) 358-6070 www.cfhp.com www.texastruechoice.com 1-800-546-5677 www.pti-nps.com	Group #004012-0004
Dental	UMR ( <i>formerly Benefit Planners</i> ) DenteMax Network  Guardian	1-866-868-0325 www.benplan.com 1-800-752-1547 www.dentemax.com  1-888-618-2016 www.GuardianAnytime.com	Group #97061   Group #00439701
Vision	EyeMed Vision Care	1-866-299-1358 www.enrollwitheyemed.com/select	Group #9712944
Group Life Insurance	ING/Reliastar	1-888-238-4840 ext 25472	Group #62452-7
Dependent Group Life Insurance	ING/Reliastar	1-888-238-4840 ext 25472	Group #62452-7
Group Accident Hospital Income Plan	CFHP	(210) 358-2057	
Short-Term Disability	ING/Reliastar	1-800-328-4090	Group #62452-7
Long-Term Disability	ING/Reliastar	1-800-328-4090	Group #62452-7
Flexible Spending Accounts	Fiserv Health	1-866-308-8230	
457 Retirement Savings	ING/Reliastar	(210) 979-8277 www.ingretirementplans.com	
457 Retirement Savings	AIG/ Retirement	(210) 275-9118 1-800-448-2542 www.aigretirement.com	

This booklet is not a comprehensive description of plan benefits. For more detailed information, please refer to the plan documents available in Human Resources. You can find additional information in the legal documents that govern the Plans. University Health System reserves the right to amend, modify, or terminate any of the Plans in whole or part, at any time. The employee benefit programs are not, individually or collectively, an employment contract and do not give any employee any right to be retained in the services of the Health System. Contact the Human Resource Department for more information.

# Table of Contents

University Health System Benefits.....	3	Retirement Plan.....	14
2009 Benefits Enrollment		457 Retirement Savings Plan	
Coverage Effective Dates		Retirement Plan Summary	
Status Changes		Additional Benefits .....	15
Dependent Verification		Cafeteria Discounts	
If you leave University Health System		Choice CARE Employee Assistance Program	
Medical.....	4 - 7	Credit Union	
University Family Care Plan		Employee Health and Wellness Services	
Medical Benefit Summary		Jury Duty	
Family Link		Lactation Rooms	
Prescription Drug Features		Leave of Absence and/or FMLA	
Dental .....	8 - 9	Family Medical Leave Act (FMLA).....	16
Option I: UMR (formerly Benefit Planners)			
Option II: Guardian Dental			
Vision .....	10		
EyeMed Vision Care			
Life Insurance .....	11		
Group Term Life Insurance			
Accidental Death and Dismemberment			
Dependent Group Life Insurance			
Beneficiary Designation			
Disability.....	11		
Short-term Disability Insurance			
Long-term Disability Insurance			
Flexible Spending Accounts.....	12 - 13		
FSA Frequently Asked Questions			
Health Care Flexible Spending Account			
Dependent Care Flexible Spending Account			
Partial Listing of Eligible Medical Expenses			

The 2009 open enrollment period is a change only enrollment. If you do not wish to make changes to your current elections, you will not need to complete the enrollment process unless you choose to enroll in the Medical or Dependent Care Flexible Spending Accounts. The Flexible Spending Accounts (FSA) must be re-elected each plan year.

# University Health System Benefits

## 2009 Benefits Enrollment

As a resident of University Health System, you already know the importance of our medical benefits and the importance of networks in our industry. We want to renew our dedication to the needs of you and your family. As a part of our efforts to provide employee choice, while maintaining quality, cost-efficient healthcare benefits, we reviewed our healthcare networks and were able to provide you with a comprehensive medical plan to meet all your needs. Please use this guide as a resource to help you choose and utilize your benefits. The information included

in the guide provides details about your options and instructions for using your benefits. Please consider your benefit choices carefully. Unless you have a qualifying change in status, your benefit elections will remain in effect for the 2009 calendar year. This guide does not provide comprehensive details about the benefit plans. If you have questions, dedicated Human Resources professionals are available to help you from 7:00 a.m. to 5:00 p.m., Monday through Friday.

## Coverage Effective Dates

Your coverage under the University Health System Benefits Plan is effective as of your date of hire. **If you are enrolling in the Plan during open enrollment, your coverage is effective as of January 1.** If you or your dependents are enrolling due to a qualified status change, coverage will begin on the date of the qualifying event, unless stated differently in the plan documents.

## Status Changes

Generally, once you enroll, you may not change your benefit elections until the next enrollment. However, there are some exceptions. You may be able to change your health plans during the year if you:

- Experience a no fault loss (or gain) of other health coverage
- Change in status (non-funded to funded)

You may be able to change whom you cover if you have a qualifying change in status, such as:

- Marriage
- Signing and filing an Affidavit of Informal Marriage
- Divorce, legal separation or annulment
- Birth, adoption or placement for adoption
- Legal guardianship
- Death of a dependent
- Ineligibility of a dependent due to age or marriage
- Gain or loss of coverage by your spouse or other eligible dependent

Human Resources must receive status change requests in writing within 31 days of the qualifying event. If your qualifying event results in dropping a dependent, and you do not notify the Human Resource Department within 31 days, ineligible dependents will be dropped from the Plan. Any premiums for that dependent will not be refunded.

## Dependent Verification

To ensure coverage, you must provide documentation for the dependent(s) you will add to your plans. This documentation can be faxed to Human Resources at (210) 358-4765 or sent via inter-office mail to mail stop 99-1. You must write your name, employee ID number and phone number on the top right corner of each page you

submit. If this documentation is not submitted within 30 days from your date of hire coverage for the dependent will be dropped as of the enrollment date. Please see below for a list of acceptable documentation.

**For Your Spouse** (please provide one of the following):

- Marriage License or
- Church/Justice of the peace marriage certificate

**For Your Common Law Spouse:**

- Affidavit of Informal Marriage

**For Your Child** (please provide one of the following):

- Birth Certificate showing you as the parent or
- Court Orders for adopted children or children placed for adoption or
- Court Orders showing legal guardianship for court appointed children or
- Documentation on hospital letterhead indicating birth date of child and showing you as the parent or
- Qualified Medical Child Support Order (QMSCO)

**For Your Stepchild** (please provide one of the following):

- Birth Certificate showing your spouse as the parent or
- Documentation on hospital letterhead indicating birth date of child and showing your spouse as the parent

Plus documentation showing your relationship to the stepchild's parent such as:

- Marriage License or
- Church/Justice of the peace marriage certificate or
- Affidavit of Informal Marriage

**For Your Grandchild:**

- Court Orders showing legal guardianship

## If you leave University Health System

Your coverage under all benefit programs except medical, dental, and vision will terminate on your last day worked. The medical, dental, and vision coverages will extend through the last day of the month you terminate employment with University Health System. However, you have the right to temporarily extend some of your coverages under certain circumstances. You can receive further information on the extension provisions by contacting the Human Resource Department.

As one of the top providers of health care in the country, University Health System recognizes the importance of having medical insurance. That is why it is a condition of employment to carry medical insurance, whether through University Health System or through an outside carrier. If an election is not made within your first 30 days of employment, you will be defaulted into Resident only status under the University Family Care Plan.

University Health System offers a comprehensive medical plan administered by Community First Health Plans called the University Family Care Plan.

The plan provisions allow each resident and their family to receive a high level of care without being subjected to a waiting period for pre-existing conditions. You and the Health System share the cost of medical coverage. Costs vary by the level of coverage that you select.

The plan includes:

- comprehensive eye exams provided by OptiCare
- prescription drug coverage
- self-referrals to participating Obstetrician/Gynecologist (OB/GYN)

## University Family Care Plan

The University Family Care Plan includes two networks. You can choose to receive services from inside and outside the University Health System family of providers for your health care needs.

The two networks are the University Health System Family network, which will continue to provide the high level of medical care that you and your family have come to know, and the Texas True Choice network, which will allow you the flexibility to choose providers outside of the University Health System Family network under a PPO payment schedule.

**University Health System Family network** – will continue to provide service exclusively from Community Medicine Associates (CMA) physicians, UT Medicine San Antonio and certain other designated providers and facilities. If you choose to utilize the University Health System Family network you will continue to enjoy immense cost savings through set co-payment amounts, no co-insurance and no annual deductibles.

**Texas True Choice network** – will provide you with the opportunity to seek treatment from physicians and facilities outside of the University Health System family. However, when utilizing these services the claims will be subject to a PPO payment schedule meaning they will be subject to an annual deductible and co-insurance for all services.

## Primary Care Physician

You are required to choose a Primary Care Physician (PCP) to coordinate your care under all of the University Health System plan choices. Please indicate your PCP election by providing the PCP number, from the provider directory, on your enrollment form.

## University Family Care Plan

Coverage Category	Resident Monthly Contribution
Resident	\$41.66/month
Resident & spouse	\$70.36/month
Resident & child(ren)	\$69.25/month
Resident & family	\$119.14/month

# Medical Benefit Summary

University Family Care Plan					
Features	UHS network		Texas True Choice network		
<b>Annual Deductible</b> Individual/Family	None		\$500/\$1,000		
<b>Out-of-Pocket Maximum</b> (after deductible) Individual/Family	None		\$4,000/\$8,000		
<b>Medical Care</b> Physician's office, including prenatal care	\$15 per visit		70% is covered after deductible		
<b>Preventive Care Services</b> Well baby care (under age two) & Physical exams (annually) Pediatric & Adult Immunizations / Mammography Services	\$15 per visit No Co-payment		70% is covered after deductible 70% is covered after deductible		
<b>Prescribed Medical Services and Supplies</b> Radiation Therapy & Lab Tests Durable Medical Equipment (\$2,000 limit)	No Co-payment No Co-payment		70% is covered after deductible 70% is covered after deductible		
<b>Hospital Inpatient</b> (pre-authorization required) All inpatient covered services and supplies, ICU, oxygen, hospital ancillary charges (excludes mental health; includes alcoholism and chemical dependency) Physicians' charges, including surgery	\$100/day; \$500 max/confinement No Co-payment		70% is covered after deductible 70% is covered after deductible		
<b>Outpatient Surgery</b> (pre-authorization required) Services supplied in connection with surgery Outpatient surgery facility charge	No Co-payment \$100/visit		70% is covered after deductible 70% is covered after deductible		
<b>Mental Health Services</b> Acute inpatient covered services supplies (20-day max.) for the treatment of serious mental illness, residential treatment center for children and adolescents, crisis stabilization unit Outpatient visits (20 max) for crisis intervention and evaluation Outpatient visits (60 max) for serious mental illness	\$100/day; \$500 max/confinement \$15 per visit \$15 per visit		70% is covered after deductible 70% is covered after deductible 70% is covered after deductible		
<b>Alcoholism and Chemical Dependency</b> All medically necessary outpatient covered services Inpatient & Outpatient	\$100/day/ \$500 max/confinement \$15 per visit		70% is covered after deductible 70% is covered after deductible		
<b>Skilled Nursing Facility</b> Up to 120 days per condition/year including semi-private room, lab and X-ray	\$15 per day		70% is covered after deductible (Lifetime maximum \$10,000)		
<b>Home Health Care</b> Part-time or intermittent	No Co-payment		70% is covered after deductible (Lifetime maximum \$10,000)		
<b>Hospice</b>	No Co-payment		70% is covered after deductible (Lifetime maximum \$10,000)		
<b>Medical Transportation</b> Ambulance services when medically necessary	No Co-payment		70% is covered after deductible		
<b>Urgent Care</b>	\$15 per visit		70% is covered after deductible		
<b>Emergency Room</b> Per visit - waived if admitted	\$100 per visit		70% is covered after deductible		
<b>Prescription Drugs</b>	Generic Drugs	\$10 (30 day)	\$20 (90 day)	\$10 (30 day)	\$20 (90 day)
	Preferred Brand Drugs	\$20 (30 day)	\$40 (90 day)	\$20 (30 day)	\$40 (90 day)
	Non-preferred Drugs	\$40 (30 day)	\$80 (90 day)	\$40 (30 day)	\$80 (90 day)
<b>University Health System Rx Mail-order Service</b> Maintenance drug refills	No Co-payment*		No Co-payment*		
	*Prescription must be written by a University Health System, CMA, or UT Medicine San Antonio physician				

## PPO Network

PPO providers agree to charge no more than reasonable, predetermined discounted fees for their services. To find out if a specific doctor is in the Texas True Choice PPO network check the on-line provider directory at [www.texastruechoice.com](http://www.texastruechoice.com) or contact CFHP member services at 358-6090.

## Family Link

Available 24 hours a day, 7 days a week, Family Link will assist you with routine and referral appointments, health information or nurse advice for symptom-based calls, and access to University Health System pharmacies.

Family Link is your access to healthcare. There is only one number you need to remember: 358-6090.

## Payroll Co-payment Deductions for Medical Services

For your convenience, Medical Services co-payments for you or your dependents may be automatically payroll deducted. All co-pays not paid for at time of service or discharge for you or your dependents **will** be automatically deducted.

## Definitions

### **Annual Deductible.**

The amount you must pay before the Plan begins paying benefits.

### **Annual Out-of-Pocket Maximum.**

The limit on the amount of medical expenses you pay in a calendar year. The out-of-pocket maximum does not include your deductible or any charges over allowable charges, co-payments or charges that are ineligible expenses under the Plan.

### **Co-insurance.**

The percentage of cost associated with the medical services paid by you. The co-insurance is 30% of the medical service cost after the deductible and co-payment up to the annual out-of-pocket maximum.

### **Co-payment.**

A set fee that you pay for medical services, such as \$15 for an office visit to your primary care doctor, when using the University Health System network. After your co-payment, the Plan generally pays 100% of covered expenses. Co-payments do not count toward the accumulation of your deductibles or out-of-pocket maximums.

### **Medical Emergency.**

A sickness or injury in which failure to get immediate medical care could seriously threaten your life or health. Examples of medical emergencies include apparent heart attack, obvious fractures and deep cuts requiring immediate medical attention.

### **Primary Care Physician (PCP).**

The provider who acts as your primary physician and may refer you to specialists. Your PCP can be a family practitioner, general practitioner, internal medicine physician or pediatrician.

## Prescription Drug Features

If you enroll in medical coverage, your prescription drug coverage is provided and managed by Pharmaceutical Technologies, Inc.-NPS through Community First Health Plans (CFHP). The Prescription Drug Program provides benefits for both short-term and long-term medication. For more information regarding limitations on prescriptions please consult the Preferred Drug Listing provided with your enrollment materials or on the University Health System intranet site under the Rx & Go Program link. You are encouraged, but not required, to use the mail order drug program for long-term maintenance prescriptions.

### Payroll Co-payment Deductions for Prescription Services

For your convenience, co-payments will be automatically payroll deducted when prescriptions are processed through the University Health System pharmacy for you or your dependents.

### Retail Pharmacy Access:

Through the Prescription Drug Program you have access to a large number of retail pharmacies. You and your family can utilize a retail pharmacy when filling a prescription at anytime. Prescriptions that should always be taken to a retail pharmacy include:

- Any medication not listed in the Formulary Drug List unless otherwise noted
- Immediate needs or emergency medications
- Prescriptions needed after University Health System lobby pharmacy hours, on weekends or holidays
- Prescriptions written by providers outside of the CMA/UT Medicine San Antonio provider group

### How to Receive Mail Order Medication:

Use this option if your medication has a Mail Box symbol next to the drug name on the Preferred Drug List and you wish to have your medications mailed to you.

- Fill out Prescription Mail-Out Request Form completely (include allergy information and CFHP member ID), then sign it
- If you have new prescriptions, attach them to the completed form, then place the form into the Employee Prescription Drop-Off Slot at the University Health System pharmacy of your choice

- If you have ONLY Refills or Transfers : FAX to (210) 358-9650 or place the form in the Employee Prescription Drop-Off Slot at the University Health System pharmacy of your choice

### Pick up at University Health System Pharmacy:

Use this option if your medication does NOT have a Mail Box symbol next to the drug name on the Preferred Drug List and you wish to pick up your prescriptions at a University Health System pharmacy.

- Fill out Prescription Pick Up Request Form completely (include allergy information and CFHP member ID), then sign it
- If you have new prescriptions, attach them to the completed form and place the form in the Employee Prescription Drop-Off Slot at the University Health System pharmacy of your choice
- If you have ONLY Refills or Transfers: FAX to (210) 358-9996 or place the form in the Employee Prescription Drop-Off Slot at the University Health System pharmacy of your choice

When utilizing the University Health System family of pharmacies it is important to follow the drop-off and pick-up times when getting your prescription(s) filled. Prescriptions filled at the hospital pharmacy must be picked up at the outpatient pharmacy in the gift shop area. The night pharmacy will not service this program. Drop-off at the designated Employee Prescription Drop-Off Slot, Monday–Friday 9:30 a.m.-4:00 p.m., at any of the University Health System outpatient pharmacies through the designated mail slots. Pick up your order at the Employee Service Window (or other designated area), Monday–Friday only.

- 2:00-4:00 p.m. if dropped off before 11:00 a.m. the same day
- 9:30-11:30 a.m. the next day if dropped off after 11:00 a.m.

Some prescriptions may require 2 business days to process if the medication is not routinely stocked. If you need your prescription filled immediately, you should continue to use an outside pharmacy of your choice.

# Dental

University Health System offers two dental plan options. Each plan has separate rates.

## Option I — UMR (formerly Benefit Planners)

The UMR dental plan is a traditional PPO no co-payment plan that allows you the freedom to see any dentist that you would like nationwide. If you require \$300 or more worth of dental services, your dentist will need to submit a Pre-Determination of Benefits Form to UMR. UMR also offers the DenteMax Provider Network with over 30,000 locations across the country. Should you choose a provider

on the DenteMax network, you will pay up to 35% less in out-of-pocket expenses than you would if you used an out-of-the-network dentist.

To locate an in-network dentist, visit [www.dentemax.com](http://www.dentemax.com) or call 1-800-752-1547.

TYPE OF BENEFIT	DENTAL BENEFITS
Maximum Benefit Per Calendar Year: Applies to all services except Orthodontic Treatment	\$1,000
Lifetime Maximum Benefit For Orthodontic Treatment	\$1,500
Deductible Per Calendar Year:	
Per Covered Person:	
Preventive and Diagnostic Services:	No Cost
Basic, Restorative and Major Services Combined:	\$50
Family Deductible Limit:	
Preventive and Diagnostic Services:	No Cost
Basic, Restorative and Major Services Combined:	\$100
Lifetime Deductible for Orthodontic Treatment:	
Per Covered Person	\$50
Per Covered Family	\$100
Benefit Percentage (payable by the plan):	
Preventive and Diagnostic Services	100%
Basic and Restorative Services	80%
Major Services	50%
Orthodontic Treatment	50%
NOTE: Orthodontic benefits are available for dependent children only. Bands must be placed after age 6 and before age 19.	

Please refer to the Plan Document for clarifications, limitations and exclusions and covered expenses not addressed in this Summary of Dental Benefits.

Coverage Category	Resident Monthly Contribution
Resident	\$11.79/month
Resident & spouse	\$32.92/month
Resident & child(ren)	\$44.40/month
Resident & family	\$57.98/month

## Option II — Guardian Dental Plan

The second dental option is Guardian Dental HMO. Guardian allows you to select a general dentist from their provider network. Your primary general dentist will then refer you to a specialist for extended care.

This plan not only covers preventive care, restorative care, and periodontics, but also covers adult and child orthodontics without deductibles, co-insurance or maximums. There is a \$5 co-payment for office visits.

To locate a Guardian provider, visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) or call 1-888-618-2016.

TYPE OF BENEFIT	YOU PAY
Anesthesia*	\$0
Bridges and Dentures	\$260
Cleaning (prophylaxis) Frequency	\$0 2 in 12 Months
Fillings (one surface)	\$0
Fluoride Treatments Limits	\$0 Under Age 18
Oral Exams	\$0
Orthodontia Limits	\$2,285 Adults & Child(ren)
Perio Surgery	\$290
Periodontal Maintenance Frequency	\$35 Once every 3 to 6 months
Repair & Maintenance of Crowns, Bridges and Dentures	\$85 - \$100
Root Canal	\$90 - \$230
Scaling & Root Planing (per quadrant)	\$45
Sealants (per tooth)	\$10
Simple Extractions	\$0
Single Crowns	\$280
Surgical Extractions	\$25 - \$75
X-rays	\$0

This is only a partial list of dental services and fees when utilizing a network provider. Your certificate of benefits will show exactly what is covered and excluded.

Resident	
Coverage Category	Monthly Contribution
Resident	No Cost
Resident & spouse	\$11.36/month
Resident & child(ren)	\$15.41/month
Resident & family	\$20.21/month

## EyeMed Vision Care

Regular examinations from an eye care professional not only ensures healthy vision, but can lead to overall good health. That is why University Health System offers comprehensive vision coverage through EyeMed Vision Care. EyeMed provides benefits for eye exams and your choice of frames and lenses, or contacts.

To locate a participating provider, visit [www.enrollwitheyemed.com/select](http://www.enrollwitheyemed.com/select) or call 1-866-299-1358.

VISION CARE SERVICES*	IN-NETWORK MEMBER COST
Exam with Dilation as Necessary	\$20 Copay
Contact Lens Fit and Follow-up: (Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.)	
Standard	Up to \$40
Premium	10% off retail price
Frames:	\$0 Copay, \$125 allowance; 80% of balance over \$125
Standard Plastic Lenses:	
Single Vision	\$20 Copay
Bifocal	\$20 Copay
Trifocal	\$20 Copay
Progressive	\$20 Copay
Lenticular	\$20 Copay
Contact Lenses (allowance covers materials only):	
Conventional	\$0 Copay, \$125 allowance; 15% off balance over \$125
Disposables	\$0 Copay, \$125 allowance; balance over \$125
Medically Necessary	\$0 Copay, Paid in Full
LASIK and PRK Vision Correction Procedures:	15% off retail price or 5% off promotional pricing

\*Partial Listing

Frequency:

Exam	Once every 12 months
Frames	Once every 24 months
Standard Plastic Lenses or Contact Lenses	Once every 12 months

Coverage Category	Resident Monthly Contribution
Resident	\$4.99/month
Resident & spouse	\$9.49/month
Resident & child(ren)	\$9.99/month
Resident & family	\$14.68/month

# Life Insurance

## Group Term Life and Accidental Death and Dismemberment Insurance

University Health System provides Group Term Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance to all University Health System funded House Staff members at no cost.

Group Term Life Insurance and AD&D cover you on or off the job. Dependents are not covered under this policy. The amount of your Group Term Life coverage is \$25,000. If you should become disabled prior to age 60, premiums for life insurance can be waived after a six-month disability. At the end of your employment, a conversion option is available.

## Dependent Group Life

Life insurance coverage is available to purchase for your spouse and/or child(ren) at a minimal cost.

Dependent Life Premiums	
Premium:	Spouse: \$.55/month Child: \$.15/month
Spouse:	\$10,000 in coverage
Child:	\$5,000 in coverage

## Beneficiary Designation

You may name anyone as your beneficiary by completing the beneficiary section during online enrollment or on your Benefit Election Form. You may change your beneficiary at any time. If you name more than one primary beneficiary, they will share equally unless you indicate otherwise.

# Disability

## Short-Term/Long-Term Disability Insurance

Short- and Long-Term Disability Insurance is provided to each eligible House Staff member at no charge. Disability insurance is provided for non-work related injuries or illness. Short-term disability coverage will provide you with 70 percent of your weekly salary after a 30-day waiting period. Short-term disability is for any illness or injury you may experience, including pregnancy, HIV, HBV, AIDS, latex allergies, etc. After 90 days of illness or injury, the long-term disability benefit becomes effective. Long-term disability is provided to you at a coverage level of \$2,000 per month. Work-related illnesses and injuries are covered under Workers' Compensation coverage.

## Evidence of Insurability (EOI)

The EOI process is the means by which our insurance carrier defines you or your family's level of insurability. The EOI is a request for health information and is required when applying for some of the life and disability products offered by University Health System. When an EOI is required the independent underwriters must approve coverage for a resident and/or dependent(s). The approval process begins when you complete and return an EOI form. The carrier may require additional information after reviewing your EOI form, and may deny coverage if your health status does not meet underwriting guidelines.

# Flexible Spending Accounts

University Health System provides an opportunity to participate in two types of flexible spending accounts (FSAs) — a Health Care FSA and a Dependent Care FSA. You may elect to participate in one or both of these accounts. The accounts allow you to set aside money on a pre-tax basis to reimburse yourself for eligible health and dependent care expenses. You save money by not paying taxes on the amount you set aside. You must re-elect this coverage every year during annual enrollment. Coverage is not automatic and will not roll over from year-to-year.

## FSA Frequently Asked Questions

### How much should I contribute?

The amount you choose to contribute will vary based on your individual needs. You should consider the amount you contribute into each account carefully. If you do not use all of the money in your accounts during the plan year you will forfeit the remaining balance per IRS regulations.

### How long do I have to use the money in my FSAs?

Your expenses must be incurred by March 15, 2010. You have 90 days after the end of the year extension (by June 15, 2010 to request reimbursement for expenses incurred during the election period. You may not transfer money between the accounts or carry a balance over to the next enrollment period due to IRS regulations. If you are hired anytime during the year, the amount you elect will be taken during the remaining months in that calendar year.

### Can I change the amount I've elected to contribute?

Once you decide how much to put into a flexible spending account, your election will remain in effect for the entire plan year – unless you have a qualifying change in status and the change to your election is consistent with the status change. If you have a qualifying status change, take into account the number of months remaining from the time your change occurs to the end of that plan year. Elect only the amount for which you know you will have expenses.

### What happens if I terminate my employment?

If you terminate employment, you will be allowed to continue participating in the Flexible Spending Account following the guidelines of COBRA; however, contributions for continuation of coverage will be on an after-tax basis. If you choose not to continue coverage and have a balance remaining in your account, you may submit claims incurred during the plan year, but not later than your termination date. Claims may be submitted up to 90 days after your termination.

## The Health Care Flexible Spending Account

The Health Care Flexible Spending Account exists to help you pay for health care expenses that are medically necessary, non-cosmetic in nature and not fully covered under your medical or dental plan. The maximum amount you can deposit into this account in 2009 is \$5,000.

You do not have to be enrolled in the Health System's medical plan to have eligible expenses. To receive reimbursement, you must submit a claim and receipt for services. Reimbursements are made weekly and mailed to your home address.

Typical expenses that are reimbursed are deductibles, co-payments (that are paid out-of-pocket), contact lenses and solution, glasses, braces, hearing aids and over-the-counter medications.

**Over-the-Counter Medications** – Remember to consider over-the-counter medications, such as aspirin, antacids and contact lens solution when deciding how much to contribute to your Health Care FSA. These items are now eligible for reimbursement and can help lower your overall tax dollars. Save your itemized receipt to file with your claim for reimbursement.

## PARTIAL LISTING OF ELIGIBLE MEDICAL EXPENSES

<u>GENERAL MEDICAL EXPENSES</u>		<u>DENTAL EXPENSES</u>
Acupuncture	Lab Expenses	Bridges, Crowns, Dentures, Exams, Fillings,
Anesthesia	Medical Equipment / Supplies	Orthodontia, X-rays, Insurance Deductible,
Artificial Limbs/Prosthesis	Neurologist Fees	Co-payments you pay
Back Supports	Non-prescription over the counter drugs	<u>HEARING EXPENSES</u>
Blood Donor Expenses	used to treat/alleviate personal injury or sickness	Exams, Hearing Devices and Aids
Braces	Orthopedic Shoes	(including batteries)
Co-payments you pay	Physical Therapy	Special Communication Equipment for the Deaf
Deductibles	Physician Fees	<u>VISION CARE</u>
Dermatologist Fees	Physical Exams	Exams, Contact Lenses, Frames, Lenses, Solutions,
Doctors Office Visits	Prescription Drugs (**Drug name required**)	Oculist Services, Optician Services, Optometrist
Drug Treatment	Psychiatric Care	Services, Radial Keratotomy, Lasik Eye Surgery
Gynecological Exams	Smoking Cessation Program	
Hospital Bills	Special Diets if not a substitute for a regular diet	<b>Important: Consult IRS publication 502 for a more complete listing of eligible and non-eligible medical expenses</b>
Immunizations	Wheelchair	
Insulin		

## Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account exists to help you pay for dependent care expenses for your children under age 13 or adult family members who are disabled and depend on you for support. If dependent care is required to enable you (and your spouse, if married) to work, these expenses may be eligible for reimbursement. Included are payments to child care centers, nursery schools, kindergarten and schools for children up to but not including first grade. Eligible expenses also include payment for summer day camps, after school care and elder care. Care within your home by a relative, or a non-relative, as long as such person is reporting payments as income, is also eligible. The maximum amount you can deposit in 2009 is \$5,000, or \$2,500 if you are married, but filing separately.

Any eligible dependent care expenses are reimbursable through the Dependent Care Flexible Spending Account by filing a reimbursement account claim form with Fiserv Health.

### Important Restrictions:

If married, the total payments made in a taxable year, under this and any other dependent care plan, cannot exceed the lesser of your earned income, or your spouse's earned income during that taxable year. The expenses must be necessary to enable you (and your spouse, if married) to work or actively search for employment. Your spouse must work outside the home, be a full-time student or be disabled. Your dependent must be under the age of 13 and must be eligible to be claimed as a dependent on your federal income tax return, or your dependent is physically or mentally incapable of caring for himself or herself (a disabled spouse or elderly parent, for example). If services were provided outside the home, the dependent for which service is incurred spends at least eight hours per day in your household. In addition, the person providing the service must not be claimed as a dependent on your income tax return for the plan year in which the service was provided.

### Comparison to Tax Credits:

Taking the tax credit on your federal income tax return (and state income tax return, if applicable) may be more tax favorable than using the Dependent Care FSA. The best option for you depends on your annual income, amount of dependent care expenses and other circumstances. In some cases, a combination of the Dependent Care FSA and use of the tax credit may be best for you. In all cases, you should consult a qualified tax advisor to determine which of these and other tax options, including other tax credit options, are better for you. This information is provided for general guidelines only, and is not intended to be tax advice.

### Use It or Lose It

If you do not use all of the money in your accounts during the plan year or extension period and do not file for reimbursement by June 15 of the following year, you will forfeit the remaining balance. This is an IRS rule.

### IRS Regulation

IRS regulations state that you may not be reimbursed for day care expenses if you are off work due to illness or on a leave of absence. See IRS publication 503 at [www.irs.gov](http://www.irs.gov) for more information.

### Payroll Deducted Co-pays

Please remember you cannot claim your payroll deducted co-payments under your FSA. Your payroll deducted co-pays are taken on a pre-tax basis and have therefore already been subject to a tax savings.

# Retirement Plan

## 457 Retirement Savings Plan

Retirement Savings Plans provide a way for residents to build their retirement savings on a pre-tax basis through payroll deduction. “Deferred Compensation” means that a certain portion of current earnings are set aside without being taxed and are invested in investment vehicles where money grows on a tax-deferred basis until the resident retires or separates from the Health System. The program allows all residents of the Health System to participate in a savings program that provides considerable savings from an income tax standpoint, as authorized by the Internal Revenue Service. Residents may begin deferring compensation into their accounts at any time and may defer as much as they wish, up to current annual limits established by law.

### Vesting:

There are no vesting requirements for the 457 Retirement Savings Plan. You are always vested in your own contributions and interest.

Participation in the Health System’s Retirement Savings Plan is entirely voluntary. However, we strongly recommend that you begin saving for your retirement at the earliest possible date and give every serious consideration to the advantages the Health System’s Plans can offer.

### How to Enroll:

Representatives of the authorized investment organizations are available to help you enroll in the Plan and explain the many investment vehicles available to you.

University Health System has authorized the following organizations to provide investment products to Health System residents.

ING

[www.ingretirementplans.com](http://www.ingretirementplans.com)  
(210) 979-8277

AIG Retirement

[www.aigretirement.com](http://www.aigretirement.com)  
(210) 275-9118

### Withdrawals:

In the case of an unforeseeable emergency, a participant may apply for withdrawal of an amount reasonably necessary to satisfy the emergency need. Withdrawals for other purposes or in greater amounts would defeat the purpose of the plan and are not permitted by law. Withdrawals are not allowable to the extent that the hardship is or may be relieved:

- through reimbursement of compensation by an insurance company or otherwise;
- by liquidation of the employee’s asset to the extent the liquidation would not, in itself, cause severe financial hardship; or
- by cessation of deferrals under the Plan.

## Retirement Plan Summary

Plan	Deduction Amount
457 Retirement Savings Plan	1-100% of gross pay, but no more than \$15,500

# Additional Benefits

## Cafeteria Discounts

Employees receive a 25 percent discount in the University Hospital cafeteria and a 15 percent discount in the satellite clinic cafeterias.

## Choice CARE Employee Assistance Program (EAP)

The Choice CARE Employee Assistance Program is a completely free and confidential counseling and support service for Health System employees and their families. Choice CARE counselors will provide counseling at no cost to regular full- and part-time employees, their spouse and dependent children under the age of 21 living at home. Each family member is entitled to eight sessions per problem, per year for marital, family, behavioral, substance abuse, grief, depression and other forms of counseling support.

## Credit Union

Membership in the San Antonio Credit Union is available to Health System employees.

## Employee Health and Wellness Services

Upon initial employment and annually thereafter, each employee receives a health and wellness screening in the Employee Health Clinic. The screening includes free immunizations, blood pressure check and a PPD (TB) skin test. Free flu shots are also available at specified times during the year. The clinic also serves as the first support if you are injured on the job.

## Jury Duty

Regular full-time or regular part-time employees will receive pay at his or her regular rate of pay for each regularly scheduled work day required to serve as a juror, in addition to any pay provided by the court.

## Lactation Rooms

The Health System offers two lactation rooms located within the NICU on the fifth floor of University Hospital for all employees.

The goals of the Employee Lactation Center:

- encourage continuation of breast feeding after returning to the workplace
- provide the working mother at University Health System with a comfortable, safe, clean, and private environment to pump breast milk
- provide safe storage of the working mother's breast milk in refrigerators with limited access which are monitored for temperature
- lactation rooms are open 24 hours a day

For further details, call 358-1593.

## Leave of Absence and/or FMLA

A need for extended time off shouldn't mean job loss. A leave of absence can be granted to eligible, full-time and part-time employees under a comprehensive leave plan that allows extended periods of time off for family and medical leave, reservist and military leave, and sabbatical leave.

Your Rights under the Family and Medical Leave Act of 1993  
Provided by the U.S. Department of Labor

The Family and Medical Leave Act (FMLA) requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons.

Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

### Reasons for Taking Leave:

Unpaid leave must be granted for any of the following reasons:

- to care for the employee’s child after birth, or placement for adoption or foster care;
- to care for the employee’s spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee’s job.

At the employee’s or employer’s option, certain kinds of paid leave may be substituted for unpaid leave.

### Advance Notice and Medical Certification:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is “foreseeable.”
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer’s expense) and a fitness for duty report to return to work.

### Job Benefits and Protection:

- For the duration of FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan.”
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefits that accrued prior to the start of an employee’s leave.

### Unlawful Acts By Employers:

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under the FMLA;

- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### Enforcement:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement which provides greater family or medical leave rights.

### For Additional Information:

Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

## Military Family Leave

On January 28, President Bush signed into law the National Defense Authorization Act for FY 2008 (NDAA), Public Law 110-181. Section 585(a) of the NDAA amended the FMLA to provide eligible employees working for covered employers two important new leave rights related to military service:

### (1) New Qualifying Reason for Leave.

Eligible employees are entitled to up to 12 weeks of leave because of “any qualifying exigency” arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation. By the terms of the statute, this provision requires the Secretary of Labor to issue regulations defining “any qualifying exigency.”

### (2) New Leave Entitlement.

An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member. This provision became effective immediately upon enactment. This military caregiver leave is available during “a single 12-month period” during which an eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.

Additional information on the amendments and a version of Title I of the FMLA with the new statutory language incorporated are available on the FMLA amendments Web site at [http://www.dol.gov/esa/whd/fmla/NDAA\\_fmla.htm](http://www.dol.gov/esa/whd/fmla/NDAA_fmla.htm).

