

2017



# House Staff Benefit Guide



# CONTACT INFORMATION

Employee Benefits Mail Stop 99-1	(210) 358-2324 (210) 358-2056 (210) 358-4765 (Fax)
Leave of Absence (LOA) Accommodations	(210) 358-0055 (210) 358-0579 (210) 358-2230
Retirement	(210) 358-2072 (210) 358-2887

## Benefit Vendor Contact Information

Medical	CFHP Member Services (HMO) First Health (PPO) Prescription (Navitus)	(210) 358-6090 www.cfhp.com www.myfirsthealth.com (866) 333-2757 www.navitus.com	Group #004012-0010
Healthcare Access Assistance	Family Link	(210) 358-6090	
Dental	Delta Guardian	(800) 521-2651 www.deltadentalins.com (888) 618-2016 www.GuardianAnytime.com	Group #5657-0002 Group #00439701
Vision	Eyemed Vision Care	(866) 299-1358 www.eyemed.com	Group #9712944
Group Life Insurance	Reliance Standard	(800) 351-7500	Group #GL-668938
Dependent Life Insurance	Reliance Standard	(800) 351-7500	Group #GL-668938
Group Accident Hospital Income Plan	CFHP	(210) 358-2324	
Short Term Disability	Reliance Standard/Matrix	(866) 533-3438	Group #VPS-671374
Long Term Disability	Reliance Standard/Matrix	(866) 533-3438	Group #LTD-669900
Flexible Spending Account	Total Administrative Services (TASC)	(800) 422-4661 www.tasconline.com	
457 Retirement Savings	VOYA	(210) 979-8277/(210) 275-9118 (800) 262-3862 www.voyaretirementplans.com	
457 Retirement Savings	VALIC	(210) 336-2711/(210) 383-5301 (800) 448-2542 www.valic.com	
Supplemental Disability	Principal/Benefit Source	(877) 340-7707	Group #3796944

# TABLE OF CONTENTS

<b>University Health System Benefits</b> .....	<b>3</b>	<b>Supplemental Disability</b> .....	<b>15</b>
2017 Benefits Enrollment		Supplemental Disability Insurance	
Coverage Effective Dates		<b>Retirement Plan</b> .....	<b>16</b>
Status Changes		457 Retirement Savings Plan	
Dependent Verification		Retirement Plan Summary	
If you leave University Health System		<b>Additional Benefits</b> .....	<b>17</b>
<b>Medical</b> .....	<b>4 - 8</b>	Cafeteria Discounts	
University Family Care Plan		Choice CARE Employee Assistance Program	
Medical Benefit Summary		Credit Union	
Family Link		Employee Health and Wellness Services	
Prescription Drug Features		Jury Duty	
Envolve Vision Insurance		Leave of Absence and/or FMLA	
<b>Dental</b> .....	<b>9 - 10</b>	Lactation Rooms	
Option I: Delta Dental		Pediatric Care at UHS	
Option II: Guardian Dental		<b>Family Medical Leave Act (FMLA)</b> .....	<b>18 - 19</b>
<b>Vision</b> .....	<b>11</b>	<b>Notices</b> .....	<b>20 - 21</b>
EyeMed Vision Care			
<b>Life Insurance</b> .....	<b>12</b>		
Group Term Life Insurance			
Accidental Death and Dismemberment			
Dependent Group Life			
Beneficiary Designation			
<b>Disability</b> .....	<b>12</b>		
Short-term Disability Insurance			
Long-term Disability Insurance			
<b>Flexible Spending Accounts</b> .....	<b>13 - 14</b>		
FSA Frequently Asked Questions			
Health Care Flexible Spending Account			
Dependent Care Flexible Spending Account			
Partial Listing of Eligible Medical Expenses			

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.

# BENEFITS



## 2017 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 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. The information included in this guide provides details about your options and instructions for using your benefits. Unless you have a qualifying change in status, your benefit elections will remain in effect for the 2017 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 7:30 a.m. to 5 p.m., Monday through Friday.

## Coverage Effective Dates

- Benefit election coverage is effective as of your hire date.
- Benefit elections during Open Enrollment are effective as of January 1.
- Benefit elections due to a qualified status change will begin on the date of the qualifying event, unless stated differently in the plan documents.

## Qualifying Status Changes

Benefit election changes can be made outside of your new hire period and open enrollment if you experience a qualifying event. Documentation supporting the qualifying event must be submitted within 31 days to Human Resources.

Examples of a qualifying event are listed below:

- Experience a no fault loss (or gain) of coverage
- Marriage
- Declaration and registration 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
- Gain or loss of coverage by your spouse or eligible dependent

## Dependent Verification

Dependent documentation must be submitted prior to your benefit effective date for any dependents enrolled in the plans. Failure to provide this documentation will result in your dependents being removed. You will not be able to add them back on to your plans unless you experience a qualifying event or during open enrollment.

Below is a list of acceptable documentation that may be submitted by faxing to (210) 358-4765, Attn: Benefits. Please put your name and employee ID on the documentation. A full list of acceptable dependent documentation is available on the UHS Employee Intranet under Benefits.

### For Your Spouse

- Marriage license

### For Your Common Law Spouse

- Declaration and registration of informal marriage

### For Your Child

- Birth certificate
- Court orders for adopted children

### For Your Grandchild

- Court orders giving you legal guardianship

### For Your Plus One Qualifying Adult

- 3 evidenced items (refer to UHS Employee Intranet)

## If you leave University Health System

The medical, dental, and vision coverage will extend through the last day of the month you terminate employment with University Health System. All other benefits will terminate on your last day worked. However, you have the right to temporarily extend some of your coverages under certain circumstances. Contact the Human Resources Department for further information on the extension provisions.

# MEDICAL



## Medical Coverage

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 Envolve.
- Prescription drug coverage.
- Self-referrals to participating Obstetricians/Gynecologists (OB/GYN).

## Primary Care Physician

You are required to choose a Primary Care Physician (PCP) to coordinate your care under the University Health System Family network. Please indicate your PCP election on your enrollment form by providing the PCP number from the provider directory. Physician changes can be made by calling 358-6090. Changes take effect the 1st of the month.

## 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 healthcare needs. The two networks are the University Health System Family network and the First Health network.

## University Health System Family Network

This network provides services exclusively from University Medicine Associates (UMA) 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.

## First Health Network

This network provides 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.

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 First Health PPO network, contact CFHP member services at 358-6090 or check the on-line provider directory at: [www.myfirsthealth.com](http://www.myfirsthealth.com).

## University Family Care Plan

Coverage Category	Employee Monthly Premium
Resident	\$73.78/month
Resident & spouse/domestic partner	\$130.51/month
Resident & child(ren)	\$128.45/month
Resident & family	\$223.24/month



# MEDICAL BENEFIT SUMMARY

University Family Care Plan					
Features	UHS Family Network		First Health Network		
<b>Annual Deductible</b> Individual/Family	None		\$525/\$1,050		
<b>Out-of-Pocket Maximum</b> (after deductible) Individual/Family	None		\$4,200/\$8,400		
<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	No Co-payment 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	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 and hospital ancillary charges (excludes mental health) 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 Outpatient Therapy	No Co-payment \$100/visit \$15 per visit		70% is covered after deductible 70% is covered after deductible 70% is covered after deductible		
<b>Mental Health Services</b> Acute inpatient covered services supplies for the treatment of serious mental illness, residential treatment center for children and adolescents, crisis stabilization unit Outpatient visits for crisis intervention and evaluation Outpatient visits 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 both 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 60 days per condition/year including semi-private room, lab and X-ray	\$15 per day		70% is covered after deductible		
<b>Home Health Care</b> Part-time or intermittent	No Co-payment (60 day max per year)		70% is covered after deductible		
<b>Hospice</b>	No Co-payment		70% is covered after deductible		
<b>Medical Transportation</b> Ambulance services when medically necessary	\$100 per incident		70% is covered after deductible		
<b>Urgent Care</b>	\$20 per visit		70% is covered after deductible		
<b>Emergency Room</b> - waived if admitted	\$100 per visit		\$100 per visit		
<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 Prescription must be written by a University Health System, UMA, or UT Medicine San Antonio physician		No Co-payment		

\*Under the Affordable Care Act, certain preventive health services are paid at 100% (i.e., at no cost to the member) dependent upon physician billing and diagnosis. In some cases, you will be responsible for payment of some services.

# MEDICAL



## 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, any charges over allowable charges, co-payments or charges that are ineligible expenses under the Plan.

## 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 symptoms-based questions, and access to University Health System pharmacies. Just call 358-6090.

## Definitions

### Co-insurance

The percentage of cost associated with the medical services paid by you. The co-insurance is 30 percent 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 percent 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.

# MEDICAL PRESCRIPTION DRUG FEATURES



## Prescription Drug Features

If you enroll in medical coverage, your prescription drug coverage is provided and managed by Navitus through Community First Health Plans. The Prescription Drug Program provides benefits for both short-term and long-term medication.

For more information regarding limitations on prescriptions please consult the Formulary Drug Listing provided with your enrollment materials or on the University Health System Intranet site under the RX & Go Program Link.

University Health System

Corporate | Services | Staff Resources | Affiliates | Board of Managers | Portals

2014 Employee Benefits Guide  
2014 Provider Directory  
Call Center/Front Desk Ready Reference Guide  
Center for Caring  
Clinic Locations  
Clinical Advancement  
Compliance Month  
Crimson  
Donate Life  
Employee Discounts  
Employee Giving Campaign  
Employee Health & Wellness  
Employee Recognition

Environmental Services  
Get Your Move On!  
Green Team  
Help Desk  
I AM UHS  
Institute for Leaders  
Magnet Journey  
Mailstop Directory  
March for Babies  
MobileView Asset Manager  
myUHS.com  
Notary

Parking at UH  
Patient Education  
Patient/Employee Feedback  
Performance Logic  
Phone Directory  
Podcasts  
Report Safe  
**Rx & Go Program**  
UHS Auctions  
UHS Systems Status  
United Way Campaign  
Volunteer Services

Quick Links

Employee Self Service  
Physician On-Call  
Online Learning  
Clinical Resources  
Forms and Templates  
Lab Reports

## 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 any time. Prescriptions that should always be taken to a retail pharmacy include:

- Any medication not listed in the Preferred Drug List unless otherwise noted
- Immediate needs or emergency medications
- Prescriptions needed after University Health System pharmacy hours, on weekends or holidays
- Prescriptions written by providers outside of the UMA/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.

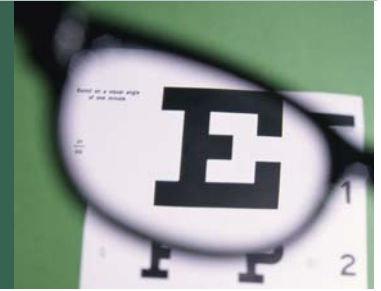
**1st Step** - Fill out the Prescription Mail-Out Request Form completely.

**2nd Step** - Determine if it's a new prescription or refill:

- New Prescriptions: Attach the prescription to the Mail-Out Request form or have the prescription sent electronically to UHS Downtown Pharmacy (RBG).
- Refills/Transfers: Submit Mail-Out form electronically on the UHS Employee Intranet page or fax the form to (210) 358-9650. You may also send via interdepartmental mail to MS 36-2.



# MEDICAL ENVOLVE PLAN



## Envolve Vision Insurance

If you elect the University Family Care Plan, you will have access to the Envolve Vision benefits. To locate a network provider under this plan, you can visit their website at <https://visionbenefits.envolvehealth.com/cfhp/>. **There is a \$10 Exam co-pay.** The premium is included in your medical insurance premium. Below is a list of services provided under the Envolve Vision care plan:

VISION CARE SERVICES	IN-NETWORK COST (AFTER CO-PAY)
Eye Exam	Paid in Full
<u>Lenses (Per Pair)</u>	
Single	Paid in Full
Bifocal	Paid in Full
Trifocal	Paid in Full
Lenticular	Paid in Full
Contact Lenses	
Fitting, follow-up & lenses	\$125 allowance
Frame - Retail Value	\$125 allowance
LASIK	15% off at LasikPlus

## Covered Services and Frequency

Exam	Once every 12 months
Lenses	Once every 24 months
Frames	Once every 24 months
Contacts	Once every 24 months

## Online Eyewear Discounts:

Discounts on extra pairs of contacts, sunglasses, and eyeglasses are available to members at <https://visionbenefits.envolvehealth.com/cfhp/>.

# DENTAL COVERAGE



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

## Option I — Delta Dental

The Delta Dental PPO allows you the freedom to see any dentist that you would like nationwide. Under the PPO plan, you and your family members can change dentists at any time without notifying the carrier. Delta Dental dentists will also file claim forms for you and accept payment directly from Delta Dental. To locate an in-network dentist, visit [www.deltadentalins.com](http://www.deltadentalins.com) or call (800) 521-2651.

The services listed below are covered when performed by a licensed Delta dentist.

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:	Waived
Basic, Restorative and Major Services Combined:	\$50
Family Deductible Limit:	
Preventive and Diagnostic Services:	Waived
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.	

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

Coverage Category	Employee Monthly Premium
Employee	\$21.11/month
Employee & spouse/domestic partner	\$43.03/month
Employee & child(ren)	\$58.12/month
Employee & family	\$75.96/month

# DENTAL COVERAGE



## Option II — Guardian Dental

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 if needed. To locate a Guardian provider, visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) or call 1-888-618-2016. 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. Below is only a partial list of dental services and fees when utilizing a network provider.

TYPE OF BENEFIT	YOU PAY
General Anesthesia (Local)	\$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 (Treatment in progress is not covered)	\$2,285 Adults & Child(ren)
Perio Surgery	\$290
Periodontal Maintenance Frequency	\$35 2 in 12 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

Coverage Category	Employee Monthly Premium
Employee	\$11.20/month
Employee & spouse/domestic partner	\$18.02/month
Employee & child(ren)	\$24.95/month
Employee & family	\$28.35/month

# VISION COVERAGE



## EyeMed Vision Care

Regular examinations from an eye care professional not only ensure 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, log onto [www.eyemed.com](http://www.eyemed.com) and click on “Select” network 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, \$140 allowance; 20% off balance over \$140
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, \$140 allowance; 15% off balance over \$140
Disposables	\$0 Copay, \$140 allowance; plus balance over \$140
Medically Necessary	\$0 Copay, Paid in Full
LASIK and PRK Vision Correction Procedures	15% off retail price or 5% off promotional pricing

Coverage Category	Employee Monthly Premium
Employee	\$5.09/month
Employee & spouse/domestic partner	\$9.68/month
Employee & child(ren)	\$10.19/month
Employee & family	\$14.97/month

## Covered Services and Frequency

Exam	Once every calendar year
Lenses	Once every calendar year
Frames	Once every other calendar year
Contacts	Once every calendar year

# LIFE INSURANCE AND DISABILITY



## 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 Insurance 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 subject to applicable age reductions for eligible employees age 65 and over according to the schedule in the policy. 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.

<b>Dependent Coverage</b>	<b>Monthly Premium</b>
\$10,000/Spouse	
\$5,000/Child	\$0.70
\$20,000/Spouse	
\$10,000/Child	\$1.40

## 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.

## Short-Term/Long-Term Disability Insurance

Short-Term 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 up to \$500 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 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 insurance carrier must approve coverage for an employee, spouse and/or child(ren) in order for your benefit to become effective. 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

## Flexible Spending Account

You can set aside pre-tax dollars through payroll deductions to cover eligible health care and dependent care expenses. 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.

Flexible Spending Account	Incur Expense By	Request Reimbursement By
2017 Health Care FSA	March 15, 2018	June 14, 2018
2017 Dependent Care FSA	March 15, 2018	June 14, 2018

## 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 as your election will remain in effect the entire plan year. You are not able to transfer money between the Health Care FSA and Dependent Care FSA account and you can not 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 pay periods in that calendar year.

### 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 must incur expenses no later than your termination date. Claims may be submitted up to 90 days after your termination.

### How can I communicate with Total Administrative Services (TASC)?

You may contact TASC at 1-800-422-4661. TASC also provides a website where you can view balances and debit card charges, print reimbursement forms, request replacement cards and more. Contact TASC to provide your email in order for them to send you a link to register on their website. You will need your participant ID number, which can be found on your debit card.

### How do I use the funds in my FSA account?

You will receive an FSA debit card in the mail. You may request one additional card at no charge by contacting TASC. Debit cards are made effective for three years. Please keep your card until the expiration date in case you re-enroll the following plan year. There is a \$10 fee for replacement debit cards. You may contact TASC at 1-800-422-4661.

## 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 14 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.

# FLEXIBLE SPENDING ACCOUNTS

## Health Care Flexible Spending Account

The Health Care Flexible Spending Account exists to help you pay for healthcare expenses that are medically necessary, non-cosmetic in nature, and not fully covered under your medical, dental, or vision plan. These expenses can be related to yourself or an eligible dependent such as a spouse or child. You do not have to be enrolled in the Health System's medical plan to have eligible expenses. The maximum amount you can deposit into this account in 2017 is \$2,550.

### Partial Listing of Eligible Health FSA Expenses

#### GENERAL MEDICAL EXPENSES

Anesthesia, Back Supports, Braces, Co-payments, Deductibles, Dermatologist Fees, Doctor Visits, Neurologist Fees, Orthopedic Shoes, Physical Therapy, Prescription Drugs, Psychiatric Care, Wheelchair, Hospital Bills

#### DENTAL EXPENSES

Bridges, Crowns, Dentures, Exams, Fillings, Orthodontia, X-rays, Insurance Deductible, Co-payments

#### HEARING EXPENSES

Exams, Hearing Devices and Aids

#### VISION CARE

Exams, Contact Lenses, Frames, Lenses, Solutions, Oculist Services, Optician Services, Optometrist Services, Radial Keratotomy, Lasik Eye Surgery

**Important: Consult IRS publication 502 for a more complete listing of eligible and non-eligible medical expenses**

## Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account exists to help you pay for eligible dependent care expenses. Your eligible expenses must be for dependents who:

- Are under age 13, or of any age if he/she is physically or mentally incapable of self-care
- Can be claimed as a dependent on your federal income tax return
- Reside in your home for at least eight hours a day

Examples of eligible expenses are payment for summer day camps, after school care and elder care, child care centers, nursery schools, kindergarten and schools for children up to but not including first grade.

This account is not for healthcare expenses. The maximum amount you can deposit in 2017 is \$5,000, or \$2,500 if you are married, but filing separately.

### Important Restriction:

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 the taxable year.



### FSA Debit Card

If you enroll in these accounts, you will receive an FSA debit card in the mail.

## Pre-Taxed Expenses

Please remember, you cannot claim pre-taxed expenses under your Flexible Spending Account, as these expenses have already been subject to a tax savings.

# SUPPLEMENTAL DISABILITY INSURANCE

## Supplemental Disability Insurance

Principal Life Insurance offers the opportunity to purchase Individual Disability Income through the Select Professional Disability Program. Residents are eligible to purchase a minimum of \$2,500 up to \$5,000 of monthly benefit. Premiums are deducted from your personal bank account. Below are some features of this benefit offering:

- Residents receive up to a 40% discount
- Policies are renewable and non-cancelable to age 65
- A No-cost Benefit Update Rider is included, which keeps your coverage up-to-date without proof of medical insurability

Definition of Total Disability - Solely due to injury or sickness if you are unable to perform the substantial and material duties of your own Occupation and you are not working.

Residents enroll on a paper application and complete a 20 minute telephone interview and medical exam. The telephone interview can be completed by calling Principal at 1-888-835-3277 Monday through Thursday from 7 a.m. to 10 p.m. and on Friday's from 7 a.m. to 7 p.m.

Supplemental Disability Insurance policies are subject to issue and participation rules. Optional plan designs are available. Employees can learn more about the need for disability insurance at [www.Principal.com/UHS](http://www.Principal.com/UHS).

### Enroll Now

Employees can obtain their customized plan and enroll by contacting Principal's local representative Benefit Source at 877-340-7707 or email [SupplementalDisability@BenefitSourceSolutions.com](mailto:SupplementalDisability@BenefitSourceSolutions.com).



### Note:

If you're within 180 days of completing the last of your residency, internship, or fellowship up to \$7,500 monthly benefit is available. Protection in your regular occupation (specialty) is available. Call Benefit Source at 877-340-7707 for more details.

# HEALTHY SAVINGS PLAN



## 457 Deferred Compensation Plan

Deferred Compensation Plans provide a way for employees 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 employee retires or separates from the Health System. The program allows all employees of University Health System to participate in a savings program that provides considerable savings from an income tax standpoint, as authorized by the Internal Revenue Service. Employees 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 the Internal Revenue Service (IRS).

## Catch-up contributions

Beginning with the year in which you reach age 50, you may make additional contributions. Additionally, for each one of your last three taxable years prior to age 65, you may make additional contributions, if you did not make the maximum allowable contributions in prior years.

Your catch-up contributions may not exceed the amount you could have contributed in prior years but did not.

## Vesting

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

Retirement Plan Summary	
Plan	Limit
457 Deferred Compensation	1-100% of gross pay, but no more than \$18,000

\* Contribution Limits are reviewed and updated annually by the IRS. Please contact Human Resources for the current contribution limit released subsequent to this publication.

## How to Enroll

Representatives from our authorized investment organizations are available to help you enroll in the plan and explain the many investment vehicles available to you.

VALIC	(210) 336-2711 (210) 383-5301
VOYA	(210) 979-8277 (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 are not allowed to the extent that the hardship is, or may be, relieved:

- Through reimbursement of lost compensation by an insurance company or otherwise
- By liquidation of the employee’s assets to the extent the liquidation would not, in itself, cause severe financial hardship
- By cessation of deferrals under the Plan

## “Unforeseeable Emergency” Defined

A severe financial hardship to the employee, resulting from sudden and unexpected illness or accident of the employee or a dependent, loss of the employee’s property due to casualty, or other similar extraordinary and unforeseeable circumstances arising from events beyond the control of the employee.

# ADDITIONAL BENEFITS

## Employee Discounts

The Identification Badge entitles each employee and volunteer to a discount on food purchased in our cafeterias on all purchases exceeding 50 cents, and it provides discounts on breakfast sandwiches, Bistro sandwiches, Simply To Go products, and chips at the UH Gift Shop. Employees also receive a 10% discount off any merchandise greater than \$10.

Please refer to the UHS Intranet > Staff Resources > Employee Discounts for additional employee discount offerings.

## Employee Assistance Program (EAP)

The Employee Assistance Program is a completely free and confidential counseling and support service for Health System employees and their families. EAP counselors will provide counseling at no cost to regular full-time and regular part-time employees, and their spouse and dependent children under the age of 21 living at home. Each family member is entitled to eight sessions per issue, per year for marital, family, behavioral, substance abuse, grief, depression and other forms of counseling support. For further details, call 1-866-EAP-2400.

## 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. 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 their 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

University Health System is a mother-friendly worksite and supports all moms who choose to breastfeed. For information about available breastfeeding rooms in your area first contact your Manager or Director. If there are no designated areas in your department you may call 210-358-1475 for assistance.

## Pediatric Care at UHS

Our Children's Health services have greatly expanded over the last year. University Hospital is home to the first Level I Pediatric Trauma in South Texas and a Pediatric Burn Center. It remains the premiere hospital in South Texas for children to receive the highest quality of care in a kid-friendly environment. Additionally, dozens of UT Kids physicians offer specialized pediatric services at UHS facilities. Outpatient services now available include: advanced imaging, asthma/allergy, cardiology, comprehensive complex primary care for children with chronic medical conditions, primary care NICU Transition Clinic, cystic fibrosis, endocrinology, diabetes, gastroenterology, hematology, infectious disease, immunology, nephrology, neurology, orthopedics, ophthalmology, palliative care, primary care, pulmonology, psychiatry, rehabilitation, rheumatology, and sleep medicine.

Call 210-358-KIDS (5437) to make an appointment.

## Leave of Absence and/or FMLA

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. Pages 18 and 19 of this guide provides you with your Family Medical Leave Act (FMLA) rights and responsibilities. For more information please refer to the Leave of Absence Guide on the Employee Intranet. Employee Intranet > Services > Human Resources > Leave.



# FAMILY MEDICAL LEAVE ACT (FMLA)

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- 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.

## Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

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

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

# FAMILY MEDICAL LEAVE ACT (FMLA)

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under 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

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

### For additional information:

1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)

# IMPORTANT NOTICES

## Women's Health & Cancer Rights Act Annual Notice

Do you know that the Family Care Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy including lymphedema? If you have questions about this notice or about the coverage described herein, please contact CFHP at 358-6090.

## Notice of Grandfathered Status Under the Patient Protection Affordable Care Act

As permitted by the Patient Protection and Affordable Care Act (the Affordable Care Act), a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. This group health plan believes this coverage is a "grandfathered health plan" under the Affordable Care Act.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Human Resources at 358-2275. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

## Exchange Notice Under the Patient Protection and Affordable Care Act (PPACA)

Please review your very important notice regarding the health benefit exchange under the Patient Protection and Affordable Care Act (PPACA). This notice informs employees of the existence of the health benefits exchange and gives a description of the services provided by the exchange. You can view this notice by going to the UHS Employee Intranet > Services > Human Resources > Benefits

## Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact the Texas Medicaid or CHIP office at 1-800-440-0493 ([www.gethipptexas.org](http://www.gethipptexas.org)) or dial 1-877-KIDS NOW ([www.insurekidsnow.gov](http://www.insurekidsnow.gov)) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, University Health System will permit you and your dependents to enroll in the Family Care Plan (as long as you and your dependents are eligible, but not already enrolled in the plan). This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

## Children's Health Insurance Program Reauthorization Act (CHIPRA) - Special Enrollment Rights

Employees who experience the termination of an individual's Medicaid or SCHIP coverage due to a loss of eligibility or the individual becomes eligible for a premium assistance subsidy through Medicaid and SCHIP have 60 days to enroll in group coverage through their employer.

# IMPORTANT NOTICES

## Summary of Benefits and Coverage

Your Summary of Benefit Coverage (SBC) is posted on the UHS Employee Intranet > Services > Human Resources > Benefits. The SBC provides information regarding the University Family Care Plan.

## Privacy Reminder Notice

The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of privacy practices of their health plans and of most of their privacy rights with respect to their personal health information. Please call Human Resources at 358-2275 for a copy of our HIPAA guidelines.

## Important Medicare Notices

Important notices about your prescription drug coverage and Medicare are posted on the UHS Employee Intranet > Services > Human Resources > Benefits. These notices are for participants enrolled in the University Family Care Plan and the Cancer, Dread Disease and ICU policy.

# NOTES