



2021 EMPLOYEE BENEFIT GUIDE



CONTACT INFORMATION



Human Resources Contact Information

Employee Benefits

Mail Stop 99-1
210-358-2056
210-358-2324
210-358-4765 (Fax)
UHS.Benefits@uhs-sa.com

Leave of Absence (LOA)

210-358-0055
210-358-0579
210-358-2230

Accommodations

210-358-2230
210-358-4313

Retirement

210-358-2072
210-358-2887
210-358-4313

Benefit Vendor Contact Information

Medical

CFHP Member Services (HMO)
210-358-6090
www.cfhp.com
Group #004012-0006



First Health (PPO)
www.myfirsthealth.com

Prescription (Navitus)
866-333-2757
www.navitus.com

Nurse Link
210-358-3000

Dental

DeltaCare USA DHMO
800-422-4234
www.deltadentalins.com
Group #79358
Network: DeltaCare USA



Delta Dental DPO
800-521-2651
www.deltadentalins.com
Group #21060
Network: PPO Network

Vision

EyeMed
866-299-1358
www.eyemed.com
Group #9712944
Network: Select



Envolve
(under University Family Care Plan)
800-434-2347
https://visionbenefits.envolvehealth.com/

Basic Term Life

Reliance Standard
800-351-7500
Group #GL-668938



Supplemental Term Life

Reliance Standard
800-351-7500
Group #GL-668938

Dependent Term Life

Reliance Standard
800-351-7500
Group #GL-668938

Universal Life

Trustmark/Benefit Source
210-340-0777
Text: 210-240-2574
UHSBenefits@BenefitSourceSolutions.com

Short-Term Disability

Reliance Standard/Matrix
866-533-3438
Group #VPS-671374



Long-Term Disability

Reliance Standard/Matrix
866-533-3438
Group #VPL-670875
(Hired on or after 1/1/15)

Group #LTD-669900
(Hired before 1/1/15)

Supplemental Disability

Principal/Benefit Source
210-340-0777
Text: 210-240-2574
UHSBenefits@BenefitSourceSolutions.com

Cancer & Critical Illness

Aflac
800-433-3036
866-849-2970 (fax)
www.aflacgroupinsurance.com
Group #27136



Pet Insurance

Nationwide
800-540-2016
877-738-7874 (Enroll)
my.petinsurance.com/universityhealthsystem



Flexible Spending Account

Total Administrative Services (TASC)
800-422-4661
www.tasconline.com/mytasc



FSA Store

www.fsastore.com/BSSUHS
888-372-1450

Retirement Savings

457b/403b Plans
Voya Financial
San Antonio Office 210-979-8277
Customer Service 800-584-6001
https://UHS.beready2retire.com/



Employee Assistance Program

Deer Oaks
866-327-2400
www.deeroakseap.com



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This booklet is not a comprehensive description of plan benefits. For more detailed information, please refer to the plan documents available in Human Resources or on the UHS infoNET. 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 anytime. 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 Resources Department for more information.



Who is Eligible to Participate?

Regular full-time and regular part-time employees are eligible for certain benefits based on budgeted hours.

Budgeted Hours

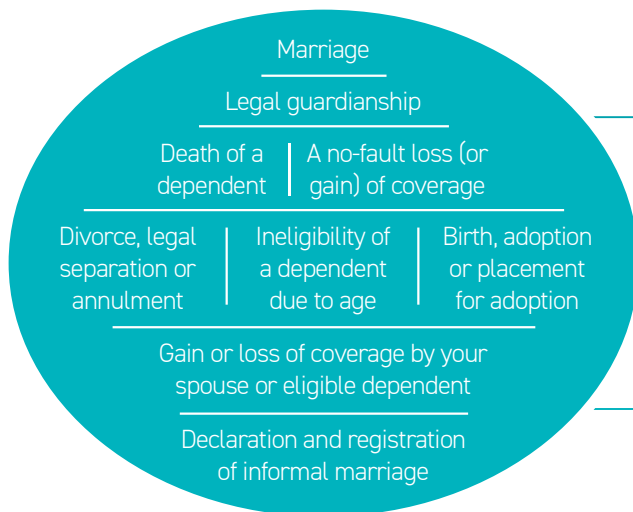
Benefit Eligibility

20 - 40

Medical, Dental, Vision, Universal Life, Cancer and Critical Illness, Short-Term Disability, Flex Spending Accounts, Group Term Life, Supplemental Term Life, Dependent Term Life and Pet Insurance

32 - 40

Long-Term Disability and Supplemental Disability



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.

Dependent Verification

A full list of acceptable dependent documentation is available on the UHS infoNet under Benefits. Documentation may be submitted to UHS.Benefits@uhs-sa.com. Please put your name, employee ID and phone number on the documentation.

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 infoNET)

Coverage Effective Dates

Benefit election coverage is effective on the first of the month following 30 days from your hire date. Exception applies to voluntary insurances.

HOW TO ENROLL IN BENEFITS



A Guide to Online Benefit Enrollment

Enrolling in benefits is quick and easy through PeopleSoft Self Service.



Step 1: Access Self Service

On the UHS infoNET, click on "PeopleSoft" on home page.



Step 2: Log In to PeopleSoft

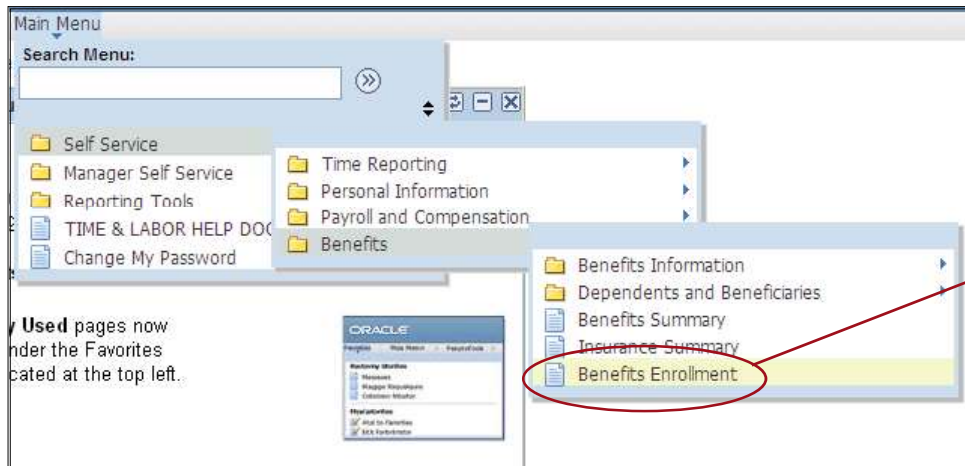
Enter your user ID (Employee ID#) and your password (Employee ID plus the last four digits of your social security number). If you have trouble contact the Help Desk at 210-358-4059.

HOW TO ENROLL IN BENEFITS



A Guide to Online Benefit Enrollment

Enrolling in benefits is quick and easy through PeopleSoft Self Service.



**Step 3:
Select Benefits Enrollment**
Select Main Menu from top menu bar. Then select Self Service, Benefits, and Benefits Enrollment.

Benefits Enrollment

Welcome to University Health System Benefits Enrollment.

Select your benefit choices carefully. You may only make changes during open enrollment or if you experience a qualifying event.

You will need the following information with you before you can enroll:

1. Dependent information including names, date of births, and social security numbers.
2. The selected Provider # if electing the Medical or Dental HMO coverage.

The Select button next to the event status means it is currently open for enrollment. To begin your enrollment, click **Select**.

Note: Some benefit enrollment periods may be temporarily closed. If your enrollment is closed please contact Human Resources at 210-358-2275.

Open Benefit Events	Event Description	Event Date	Event Status	
	Open Enrollment	01/01/2021	Open	Select

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.

**Step 4:
Elect Benefits**
Click on **Select** to begin enrolling in benefits.

**Step 5:
Submit Elections**
Once you've completed your benefit elections, don't forget to **Submit** at the end.



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

Nurse Link



Available 24 hours a day, 7 days a week, Nurse 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 210-358-3000.



I want to enroll in Medical

The University Family Care Plan provides two networks:

UHS Family Network

Consists of University Medicine Associates, UT Health San Antonio, and other designated providers.

You Must Select a Primary Physician

For the UHS Family Network go to: www.cfhp.com

The physician number must be selected in self-service when enrolling.

First Health Network

Consists of physicians/facilities outside of the UHS Family Network.

For the First Health Network go to: www.myfirsthealth.com

I do not want to enroll in Medical

Medical insurance is a condition of employment

Proof of Medical Coverage

You must provide proof of other medical coverage within 30 days to waive the University Family Care Plan.

Submission of Other Medical Coverage

Fax: 210-358-4765 Attn: Benefits
E-mail: UHS.Benefits@uhs-sa.com

You Must Provide Proof of Other Medical Coverage

Without proof of coverage you will be defaulted into Employee Only coverage. Changes can only be made if you experience a qualifying event or during Open Enrollment.

University Family Care Plan

Category	Employee Monthly Premium*
Employee	\$98.42
Employee + Spouse/Domestic Partner	\$181.33
Employee + Child(ren)	\$178.47
Employee + Family	\$306.47

*These rates are divided by your 1st and 2nd paycheck each month

MEDICAL BENEFIT SUMMARY



University Family Care Plan

Features	UHS Family Network	First Health Network
Annual Deductible Individual/Family	None	\$600/\$1,200
Out-of-Pocket Maximum (after deductible) Individual/Family	None	\$4,800/\$9,600
Medical Care Physician's office, including prenatal care	\$15 per visit	30% coinsurance after deductible
Preventive Care Services Well baby care (under age two) & physical exams (annually) pediatric & adult immunizations / mammography services	No co-payment No co-payment	30% coinsurance after deductible 30% coinsurance after deductible
Prescribed Medical Services and Supplies Radiation therapy & lab tests Durable medical equipment	No co-payment No co-payment	30% coinsurance after deductible 30% coinsurance after deductible
Hospital Inpatient (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 per confinement No co-payment	30% coinsurance after deductible 30% coinsurance after deductible
Outpatient Surgery (pre-authorization required) Services supplied in connection with surgery Outpatient surgery facility charge Outpatient therapy	No co-payment \$100 per visit \$15 per visit	30% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible
Behavioral Health Services Acute inpatient covered services, supplies for the treatment of mental illness, residential treatment center for children and adolescents, crisis stabilization unit Outpatient visits for crisis intervention and evaluation Outpatient visits for mental illness	\$100/day, \$500 max per confinement \$15 per visit \$15 per visit	30% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible
Alcoholism and Chemical Dependency All medically necessary outpatient covered services Inpatient Outpatient	\$100/day, \$500 max per confinement \$15 per visit	30% coinsurance after deductible 30% coinsurance after deductible
Skilled Nursing Facility Up to 60 days per condition/year including semi-private room, lab and X-ray	\$15 per day	30% coinsurance after deductible
Home Health Care Part-time or intermittent	No co-payment (\$60 visit max, per service)	30% coinsurance after deductible
Hospice	No in-network benefit	30% coinsurance after deductible
Urgent Care	\$20 per visit	30% coinsurance after deductible
Emergency Room *University Hospital Emergency Center is the only emergency room in the UHS Family Network.	\$100 co-payment waived if admitted	30% coinsurance after deductible
Prescription Drugs	Generic Drugs Preferred Brand Drugs Non-Preferred Drugs	Co-payment waived if filled at a University Health System Pharmacy \$20 (30 day) \$40 (90 day) \$40 (30 day) \$60 (90 day) \$60 (30 day) \$100 (90 day)
University Health System Rx Mail-order Service Maintenance drug refills Prescription must be written by a University Health System, UMA, or UT Health physician	No co-payment	No co-payment



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 filled at a retail pharmacy are subject to co-pays. Prescriptions that should 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.



Pharmacy RX and Go Program (Mail Order Medication):

Use this option if your medication has a Mail Box symbol next to the drug name on the Preferred Drug List to receive eligible medications at no charge.

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 infoNET or fax the form to 210-358-9650. You may also send via interdepartmental mail to MS 36-2.

For more information, visit
[UHS infoNET > Departments > Pharmacy > Rx and Go Site](#)

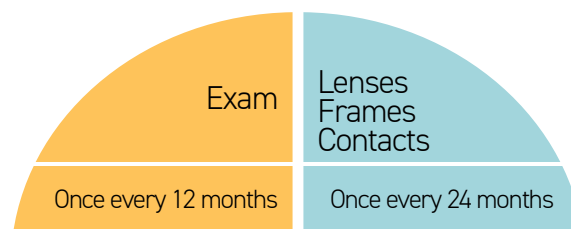
MEDICAL ENVOLVE VISION PLAN



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/>. 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
	Eye Exam	Paid in Full (after \$10 co-pay)
	Contact Lens Fit and Follow-up (in lieu of glasses):	
	Fitting, Follow-up & Lenses	\$125 allowance
	Lenses	
	Single Bifocal Trifocal Lenticular	Paid in Full
	Frames (in lieu of contacts)	
	Frames - Retail Value	\$125 allowance

Benefit Frequency



Online Eyewear Discounts

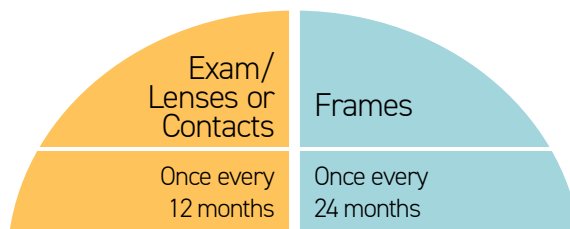
Discounts on extra pairs of contacts, sunglasses, and eyeglasses are available to members at www.framesdirect.com.



University Health System offers comprehensive vision coverage through EyeMed. 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 and go to "Select" network or call 866-299-1358.

Vision Care Services		In-Network Cost
	Exam with Dilation as Necessary	\$20 Co-pay
Contact Lens Fit and Follow-up		
(Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.)		
	Standard Fit and Follow-up < 19 years of age	Up to \$40 \$0 Co-pay; Paid-in-full fit and two follow-up visits
	Premium Fit and Follow-up < 19 years of age	10% off retail price \$0 Co-pay; 10% off retail price, then apply \$40 allowance
Frames and Lenses		
	Frames	\$0 Co-pay, \$140 allowance; 20% off balance over \$140
	Freedom Pass	\$0 out-of-pocket at LensCrafters and Target
	Standard Plastic Lenses	\$20 Co-pay
	Premium Progressive Lenses	\$20 Co-pay plus 80% less of \$120 allowance
	Polycarbonate (Standard) < 19 years of age	\$0 Co-pay
	Photochromic (Non-Glass) < 19 years of age	\$0 Co-pay
Contact Lenses (allowance covers materials only)		
	Conventional	\$0 Co-pay, \$140 allowance; 15% off balance over \$140
	Disposables	\$0 Co-pay, \$140 allowance; plus balance over \$140
	Medically Necessary	\$0 Co-pay, paid in full
	LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional pricing

Benefit Frequency



Members under 19 receive exams and lenses twice every 12 months.

Coverage Category	Employee Monthly Premium
Employee	\$5.30
Employee + Spouse/Domestic Partner	\$10.09
Employee + Child(ren)	\$10.62
Employee + Family	\$15.60

Mobile App

View benefits, ID cards and much more!




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

Option I – DeltaCare USA DHMO 13B

DeltaCare USA DHMO (Dental Health Maintenance Organization) offered through Delta Dental requires you and your covered family members to select a general dentist from the DeltaCare network to access benefits. Your primary general dentist will refer you to a specialist for extended services if needed. To locate a contracted dentist, visit www.deltadentalins.com and select the DeltaCare USA Network or call 800-422-4234. Below is only a partial list of covered dental services and fees. Additional charges may apply.

Type of Benefit	You Pay
Office Visit Co-payment	\$5
Cleaning (prophylaxis) 1 in 6 Months	\$0
Fluoride Treatments 1 in 6 Months Limits	\$0 Under Age 19
Xrays	\$0
Sealants (per tooth)	\$10 - \$35
Fillings (one surface)	\$0 - \$45
Crowns	\$295 - \$355
Single Extraction	\$5
Root Canal	\$95 - \$335
Dentures	\$285
Orthodontia Adults	\$2,100
Orthodontia Children	\$1,900
Implants	Not Covered
Occlusal Guard (night guard)	\$95

Coverage Category	Employee Monthly Premium
Employee	\$12.99
Employee + Spouse/Domestic Partner	\$20.90
Employee + Child(ren)	\$28.94
Employee + Family	\$32.89



For claims, benefit information or to get an ID card download the app.



Option II – Delta Dental DPO Plans

Delta Dental DPO (Dental Provider Organization) Plans allow you to see any dentist that you would like nationwide. Under the DPO plan, you and your covered family members can receive additional savings by utilizing a Delta Dental contracted dentist. To locate a contracted dentist, visit www.deltadentalins.com and select the PPO Network or call 800-521-2651.

Below are two plans you may choose from with a brief listing of covered benefits. Additional charges may apply.

Type of Benefit	Low Plan	High Plan
Maximum Benefit Per Calendar Year	\$1,500	\$2,000
Maximum Rollover Per Covered Person	\$400	\$400
*Must see a dentist at least once per year		
Orthodontic Lifetime Maximum Benefit Per Covered Person	Not Covered	\$1,500
Individual Calendar Year Deductible Limit		
Preventive and Diagnostic Services	Waived	Waived
Basic, Restorative and Major Services	\$50	\$50
Family Calendar Year Deductible Limit		
Preventive and Diagnostic Services	Waived	Waived
Basic, Restorative and Major Services Combined	\$150	\$100
Benefit Percentage		
Preventive and Diagnostic Services	100%	100%
Basic and Restorative Services	80%	80%
Major Services	50%	50%
Orthodontic Treatment (adult and children)	Not Covered	50%
Implants	Not Covered	50%

Coverage Category	Employee Monthly Premium	
	Low Plan	High Plan
Employee	\$23.34	\$25.64
Employee + Spouse/Domestic Partner	\$46.48	\$51.22
Employee + Child(ren)	\$56.91	\$69.71
Employee + Family	\$75.46	\$90.60

TERM LIFE INSURANCE



Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D)

Basic Term Life Insurance and AD&D is automatically provided to eligible employees at a coverage level of \$25,000.



Supplemental Term Life Insurance and AD&D

You may purchase Supplemental Term Life and AD&D coverage in an amount up to 5 times your budgeted annual salary, up to a maximum of \$1,000,000 (combined with Basic Life).

Dependent Term Life Insurance



Employees enrolled in Supplemental Term Life may enroll eligible dependents; spouse/domestic partner and/or child(ren) up to the age of 26. Dependent Life coverage may not exceed 100% of employee's combined Basic and Supplemental Term Life amount. Covered dependents can not be enrolled in Supplemental Term Life coverage as an employee.

Dependent Coverage	Monthly Premium
\$50,000/Spouse \$25,000/Child	\$6.50
\$40,000/Spouse \$20,000/Child	\$5.20
\$30,000/Spouse \$15,000/Child	\$3.90
\$20,000/Spouse \$10,000/Child	\$2.60
\$10,000/Spouse \$5,000/Child	\$1.30



Beneficiary Designation

Designate your beneficiary in PeopleSoft Self Service when enrolling or by completing a Benefits Change Form. You may change your beneficiary at any time.

Estimate Your Supplemental Life/AD&D Monthly Premium

$$\text{\$ } \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \times \$0.000152 = \text{\$ } \underline{\hspace{2cm}}$$

(budgeted annual salary) (*coverage election)

For example:

$$\text{\$ } \underline{\$35,000} \times \underline{4} \times \$0.000152 = \text{\$ } \underline{21.28}$$

(budgeted annual salary) (*coverage election)

Please note: Your combined Basic and Supplemental Life Insurance election cannot exceed \$1,000,000.

IMPORTANT NOTE:

Basic and Supplemental Term Life insurance will reduce as follows:

Age 70 - 65%

Age 75 - 50%

Review the Certificate of Insurance available on the UHS infoNET for applicable age restrictions, waiver of premium details, conversion options, limitations and exclusions.



Trustmark offers portable life insurance that includes a long-term care benefit. This coverage provides living benefits selected in order to help pay for funeral and burial costs, rent or mortgage, tuition, bills and more.

Plan Features

- Guaranteed Renewable - guaranteed coverage, as long as your premiums are paid.
- Portability – coverage you may take with you and pay the same premium.
- Long Term Care – provides 4% of benefit per month up to 25 months.
- Waiver of Premium - waives premiums after 90 days of total disability.
- EZ Value Program - increases the face amount without medical questions.

If you elect universal life insurance for yourself then you may also enroll family members. Dependent medical information will be required and coverage cannot exceed 100% of your coverage. New hires up to age 64 enrolled within 60 days from their date of hire, may elect coverage up to \$100,000 with no medical questions.

Coverage	Maximum Coverage Amount
Employee (age 18-75)	\$300,000
Spouse (age 18-70)	\$300,000
Children (age 0-23) 19-23 must be full-time student	up to \$40,000
Grandchildren (age 0-18)	up to \$40,000

*Health questions required if outside new hire eligibility period

Semi-Monthly Non-Smoker Sample Rates

Age	\$15,000	\$25,000	\$40,000	\$50,000	\$100,000
25	\$6.59	\$9.77	\$14.53	\$17.20	\$33.57
35	\$8.91	\$13.62	\$20.69	\$25.40	\$48.96
45	\$14.12	\$22.24	\$30.42	\$42.54	\$83.12
55	\$23.85	\$38.39	\$60.20	\$74.74	\$147.45
65	\$43.18	\$70.60	\$111.74	\$139.17	\$276.30

Enroll Now

Call 210-340-0777, text 210-240-2574 or email UHSBenefits@BenefitSourceSolutions.com to obtain rates. Enroll online at <https://trustmark.benselect.com/UHS>.



SHORT-TERM DISABILITY



University Health System offers disability income protection that provides a benefit for short-term disabilities resulting from a covered injury or sickness.

- Benefit begins on the greatest of the 16th consecutive day of disability or after exhausting all Paid Time Off benefits
- Provides up to 24 weeks of benefits
- No evidence of insurability is required if enrollment occurs during your first 31 days of becoming eligible or during annual enrollment
- Wavier of premium

Employees must file a claim with Reliance Standard by calling 866-533-3438 to review eligibility to receive a weekly benefit.

Limitations and Exclusions:

- Pre-existing condition limitations
- Certain disabilities may not be covered
- Benefit offsets

For more details on plan features, exclusions, limitations, and applicable benefit offsets, refer to the Certificate of Insurance on the UHS infoNET.

Age	STD Age Banded Rates (Per \$10 of Weekly Benefit)
Less than 30	\$0.097
30 - 34	\$0.105
35 - 39	\$0.105
40 - 44	\$0.124
45 - 49	\$0.144
50 - 54	\$0.173
55 - 59	\$0.213
60 - 64	\$0.257
65 and over	\$0.312

STD Coverage Options

40% of weekly salary	50% of weekly salary	60% of weekly salary
Maximum weekly benefit = \$2,000		

Estimate Your Short-Term Disability Bi-Weekly Premium

$$\text{\$ } \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} / 10 \times \text{\$ } \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

(hourly rate) (budgeted weekly hours) (coverage option) (rate) (premium)

For example, the bi-weekly premium for an employee age 32:

$$\text{\$ } \underline{10.00} \times \underline{40} \times \underline{60\%} / 10 \times \text{\$ } \underline{0.105} = \underline{2.52}$$

(hourly rate) (budgeted weekly hours) (coverage option) (rate) (premium)

Please note: Your weekly Short-Term Disability Benefit cannot exceed \$2,000.

LONG-TERM DISABILITY



(For new hires effective January 1, 2015 and after)

University Health System offers disability income protection that provides a benefit for long-term disabilities resulting from a covered injury or sickness.

- Benefits begin on the greater of 180 consecutive days of total disability or the exhaustion of short-term disability benefits, if applicable
- No evidence of insurability is required if enrollment occurs during your first 31 days of becoming eligible or during open enrollment
- Benefits will not extend beyond the longer of age 65 or social security national retirement age
- Waiver of premium

Employees must file a claim with Reliance Standard/Matrix by calling 877-202-0055 to review eligibility to receive a monthly benefit.

Limitations and Exclusions:

- Pre-existing condition limitations
- Certain disabilities may not be covered
- Benefit offsets

For more details on plan features, exclusions, limitations, benefit maximums, and applicable benefit offsets refer to the Certificate of Insurance on the UHS infoNET.

Age	LTD Age Banded Rates (Per \$100 of Covered Monthly Payroll)	
	50%/60%	
Less than 25	\$0.081/\$0.117	
25 - 29	\$0.126/\$0.180	
30 - 34	\$0.234/\$0.324	
35 - 39	\$0.369/\$0.522	
40 - 44	\$0.639/\$0.909	
45 - 49	\$0.828/\$1.179	
50 - 54	\$1.179/\$1.674	
55 - 59	\$1.520/\$2.106	
60 - 64	\$1.170/\$1.665	
65 - 69	\$0.792/\$1.125	
70 and over	\$0.576/\$0.891	

LTD Coverage Options	
50% of monthly salary	60% of monthly salary
Maximum monthly benefit = \$6,000	

Estimate Your Long-Term Disability Per Pay Period Premium

- Step 1: Annual Income/12 = Covered Monthly Payroll (CMP)
 Step 2: CMP x Age Banded Rate/100 = Monthly Premium x 12 months = YTD Premium
 Step 3: YTD Premium /27 = Per Pay Period Premium (post-tax basis)

Example: Based on Age Banded Rate of 40 - 44 and 60% Coverage

- Step 1: \$35,000/12 = \$2,916.66
 Step 2: \$2,916.66 x \$.909/100 = \$26.51 x 12 = \$318.15
 Step 3: \$318.15/27 = \$11.78

SUPPLEMENTAL DISABILITY



Principal Life Insurance Company offers portable individual disability insurance that provides income to help pay for expenses you are responsible for such as health insurance, mortgage, car payment and much more if you experience a disability.

Provides tax free income in addition to other disability coverage that you may be enrolled in and will not offset with any other income.

Plan Features:

- Up to 25% discount on premiums
- Policies are portable at the same rate
- Guaranteed rates up to age 65
- Waiver of premium
- Elimination periods from 30 to 365 days
- Monthly benefit from \$500 - \$6,000

Plan Enhancements:

- Residual (Partial) Disability Benefits
- Cost of Living Adjustment (C.O.L.A.)
- Catastrophic Disability Benefit
- Own Occupation Benefit
- Transitional Occupation Benefit
- Retirement Security Protection

How Much Does it Cost?

Principal can design coverage to meet your budget and other needs. Below are sample semi-monthly non-smoker rates.

Age	\$550 Monthly Benefit		\$1,000 Monthly Benefit	
	Basic Coverage 5yr Benefit Period	Comprehensive Coverage To Age 67 Benefit Period	Basic Coverage 5yr Benefit Period	Comprehensive Coverage To Age 67 Benefit Period
30	\$10	\$22	\$18	\$39
40	\$14	\$33	\$26	\$58
50	\$23	\$47	\$43	\$81

Assumptions: Gender-neutral premium for Texas residents, 3A occupation class, non-tobacco, 90 day Elimination Period, 20% Multi-Life discount for all rates shown, Capital Sum Benefit rider, Presumptive Disability Benefit rider and Supplemental Health Benefit rider included for all rates shown. Comprehensive coverage includes Cost of Living Adjustment 3% rider, \$1,000 Catastrophic Disability rider and Residual Disability and Recovery Benefit rider. For illustrative purposes only. Please see your benefits enroller for state approved rates based on your individual situation.

Enroll Now

Call 210-340-0777, text 210-240-2574 or email UHSBenefits@BenefitSourceSolutions.com to obtain rates.

You must complete an electronic application and an online health questionnaire.

CANCER AND CRITICAL ILLNESS



Cancer and Critical Illness Policy through Aflac Insurance pays a lump sum cash benefit when an insured person is diagnosed with a covered illness. This benefit is for out-of-pocket medical and living expenses that can accompany a covered illness. Aflac is offering a Basic and Enhanced Plan that allows you to select either a \$10,000; \$20,000; \$30,000; \$40,000 or \$50,000 benefit. Children up to the age of 26 may be enrolled at no additional cost at 50% of the employee benefit.

Plan Features:

- No pre-existing conditions for non-cancer covered illnesses
- Policies are portable at the same rate
- Guaranteed issue
- Reoccurrence benefit
- Waiver of premium
- Successor insured benefit

	Basic Plan	Enhanced Plan
Cancer	100%	100%
Non-Invasive Cancer	25%	25%
Skin Cancer	\$250 per calendar year	\$250 per calendar year
Health Screen	\$50	\$50
Heart Attack (Myocardial Infarction)	Not Covered	100%
Coma	Not Covered	100%
Coronary Artery Bypass Surgery	Not Covered	25%
Major Organ Transplant	Not Covered	100%
Stroke	Not Covered	100%
Kidney Failure	Not Covered	100%
Specified Disease Rider	Not Covered	25%

*See plan certificate for full benefit provisions and limitations.

Coverage Category	Bi-Weekly Rates (includes children)				
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Basic Plan					
Employee	\$6.23	\$11.79	\$17.35	\$22.91	\$28.47
Employee + Spouse/Domestic Partner	\$12.46	\$23.58	\$34.70	\$45.82	\$56.94
Enhanced Plan					
Employee	\$8.55	\$16.47	\$24.38	\$32.30	\$40.21
Employee + Spouse/Domestic Partner	\$17.10	\$32.94	\$48.76	\$64.60	\$80.42

PET INSURANCE



Nationwide offers two pet insurance coverage options at a 50%, 70% or 90% reimbursement rate. This coverage helps with the cost of maintaining your pet's health at any licensed veterinarian nationwide. Pet coverage is available for dogs, cats, birds, pigs, snakes, rabbits and more.

Plan Features:

- Up to \$500 in emergency boarding
- Claim submission through email or mobile app
- Up to \$500 lost pet benefit
- Up to \$1,000 to cover humane euthanization/burial cremation

\$250 Annual Deductible \$7,500 Annual Maximum Select 50%, 70% or 90% reimbursement rate under either coverage option.	Coverage Option 1: My Pet Protection	Coverage Option 2: My Pet Protection with Wellness
Vet Helpline Access 24/7	✓	✓
Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization, including X-rays, MRIs and CT scans	✓	✓
Prescription medication and therapeutic diets	✓	✓
Wellness exams, including preventive dental cleaning and vaccinations		✓
Spay/neuter		✓
Flea and tick prevention		✓
Heartworm testing and prevention		✓
Routine blood tests		✓



Enroll Now

Go to www.petinsurance.com/universityhealthsystem to enroll or call 877-738-7874 for more information.

Policies are portable and multiple pet discounts apply. Pre-existing conditions are not covered. Refer to the UHS infoNET for more information and limitations.

FLEXIBLE SPENDING ACCOUNTS (FSA)



University Health System provides an opportunity to participate in two types of flexible spending accounts including a Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars through payroll deductions to cover eligible expenses, which help lower your taxable income.

Flexible Spending Account	Incur Expense by	Request Reimbursement by
2021 Health Care FSA	March 14, 2022	June 14, 2022
2021 Dependent Care FSA		

Fund the Accounts

- Indicate the amount you want to contribute for the plan year up to the IRS limit for each account.
- Annual contributions will be deducted pre-tax from your paychecks in equal amounts.
- Funds may not be transferred from one spending account to the other.

Debit Cards

- FSA debit cards may be used for eligible expenses
- Additional cards for dependents are available upon request
- Keep your card until the expiration date
- For misplaced cards, you may request a temporary hold while you locate or replace it. Call TASC at 800-422-4661

Manage the Accounts

- Download the TASC Mobile App
- Review remaining balances on the App
- Transfer money from MyCash account

Reimbursements

- Use FSA debit card
- Upload receipts via the TASC Mobile App
- Submit claim form to TASC



FSA Debit Card

Separation from Employment

You can continue contributing to the FSA following the guidelines of COBRA with after-tax deductions. If you choose not to continue contributions through COBRA then you may use your available funds up to and on your termination date. Claims may be submitted up to 90 days after your termination.



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.



Manage your account with the MyTASC Mobile App. Search "TASC" in the App Store.



The Health Care Flexible Spending Account helps you pay for health care expenses that are medically necessary, non-cosmetic in nature, and not fully covered under your medical, dental or vision plan.

Health Care FSA Guidelines

Annual Limits	Minimum \$100 Maximum \$2,750 (IRS may revise limit)
Fund Availability	All elected funds are available when account is opened
Eligible Expenses	Expenses related to you or an IRS eligible dependent whether or not you are enrolled in the Health System's medical plan
Pre-Tax Expenses	You cannot claim pre-tax expenses under your FSA, as these expenses have already been subject to tax savings

Eligible FSA Health Expenses

For a full list of eligible expenses, review IRS Publication 502 at [irs.gov](https://www.irs.gov).

MEDICAL EXPENSES



Infertility Treatments, Physical Therapy, Breast Pumps, Thermometers, Diabetic Supplies, Blood Pressure Monitor, Chiropractic Services, Heating Pads, Wrist Supports, Feminine Products and Over-The-Counter Medications

HEARING EXPENSES



Exams, Hearing Devices, Aids and Batteries

VISION CARE



Exams, Contact Lenses, Frames, Lenses, Lasik Eye Surgery and Safety Glasses

DENTAL EXPENSES



Exams, Braces, Crowns, Implants, Dentures, Fillings

FSA Store

The FSA store helps employees better manage their funds and is the only E-Commerce site exclusively stocked with FSA-eligible products.

Visit fsastore.com/BSSUHS to get started! Enter code BSSUHS20 at checkout to get \$20 off \$200 or more.



DEPENDENT CARE FSA



The Dependent Care Flexible Spending Account allows you to use pre-tax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you or your spouse can work, look for work, or attend school full time.

Dependent Care FSA Guidelines

Annual Limits	Minimum \$100 Maximum \$5,000 or \$2,500 if you are married but filing separately (IRS may revise limit)
Fund Availability	Account is funded as you make contributions each pay period (funds not provided upfront)
Dependent Eligibility	Child(ren) under the age 13 who is claimed as a tax exemption Spouse/Dependent who is physically/mentally not able to provide self-care and who lived with you for more than half the year for whom an exemption can be claimed

Eligible Dependent Care Expenses

For a full list of eligibility and eligible expenses, review IRS Publication 503 at [irs.gov](https://www.irs.gov).

- Licensed Day Care
- Before/After School Programs
- Summer Day Camp
- Adult Care Facilities
- Nursery School
- Babysitting

Important Notes:

This account is not for health care expenses for you or your dependent.



IRS Regulations

IRS regulations state that you may not be reimbursed for daycare expenses if you are off work due to illness or on a leave of absence.



457(b) Deferred Compensation Plan

Deferred Compensation Plans provide a way for employees to build their retirement savings on a pre-tax basis through payroll deductions. 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 code. 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 code.

Retirement Plan Summary

Plan:	Limit:	Catch Up Contributions:		Vesting:
457(b) Deferred Compensation	1-100% of gross pay, but no more than \$19,500.	Beginning with the year you reach age 50, you may make additional contributions.	For each one of your last three taxable years prior to age 65, you may additionally contribute if you did not make the maximum allowable contribution in previous years.	There is no vesting requirements for the 457(b) Deferred Compensation Plan

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

Withdrawals

In the case of an unforeseeable emergency, a participant may apply for withdrawal of an amount reasonably necessary to satisfy the emergency need. Call Voya at 800-584-6001 for more details.

“Unforeseeable Emergency” Defined

A severe financial hardship to the employee, resulting from a 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.

Match Savings Plan

University Health System will match your 457(b) contributions, up to 4 percent of your pay at the rate of 25 percent.

Eligibility

Employees become eligible for the Match Savings Plan on the next January or July 1st following attainment of:

- 21 years of age and
- One year of continuous employment with the Health System, during which 1,000 hours were worked.



403(b) Savings Plan

In addition to the 457(b) Deferred Compensation Plan, University Health System offers employees a voluntary supplemental method of saving additional pre-tax dollars for retirement through a 403(b) Savings Plan. This supplemental retirement plan allows employees to set aside money through payroll deductions. 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 code. (University Health System does not provide a matching contribution for this retirement plan.)

Retirement Plan Summary

Plan: 403(b) Savings Plan	Limit: 1-100% of gross pay, but no more than \$19,500.	Catch Up Contributions: Beginning with the year you reach age 50, you may make additional contributions.	Catch Up Contributions: An additional catch up limit is provided if you have at least 15 years of service with University Health System.	Vesting: There is no vesting requirements for the 403(b) Savings Plan
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* Contribution limits are reviewed and updated annually by the IRS. Please contact Human Resources for the current contribution limit released subsequent to this publication.

Withdrawals:

In the case of a hardship, a participant may apply for withdrawal of an amount reasonably necessary to satisfy the financial need. Call Voya at 800-584-6001 for more details.

“Hardship” Defined

An event that creates a heavy and immediate financial need, such as medical, funeral expenses, or payments necessary to prevent eviction/foreclosure on a principal residence.

How to Enroll

Representatives from our authorized investment organization are available to help you enroll in the 457(b) and 403(b) plan and explain the many investment vehicles available to you. Log on to <https://UHS.beready2retire.com> 24 hours a day to enroll, view your account, change current contributions and manage your money.



Voya Financial®
210-979-8277



University Health System Retirement Plan

We believe a retirement income is essential for all employees. For this reason, you will be automatically enrolled in the Cash Balance Plan as a condition of employment once eligibility is met.

Eligibility

Participation begins on January 1st or July 1st following eligibility. Eligibility is met once you attain the following criteria:

- 21 years of age; and
- One year of continuous employment with the Health System, during which 1,000 hours were worked.

Cash Balance Plan

This plan is for employees hired on or after July 1, 2012 and any employee who is rehired on or after July 1, 2012 without having earned a vested benefit prior to interruption in service. Cash Balance Plan participants will contribute three percent (3%) of his or her compensation each pay period. Participants shall be credited with Health System contribution credits in an amount equal to three percent (3%) each pay period.

Upon separation from the Health System, employees are entitled to their contributions and the Health System contributions plus interest gained if vesting is achieved. Employees not vested will be entitled to a refund of their own contributions plus any interest gained.

If separation is other than retirement, then you will receive a calculation of your benefits within 90 days from your date of separation. If you are eligible for a lump sum benefit and elect this method of payment the payout will be subject to an additional 60 day processing period from the date of your election. The total processing time may take up to 150 days.

For More Plan Information

Please refer to the plan documents on the UHS infoNET.

UHS infoNET > Department > Human Resources > Benefits > Retirement.



Vesting in the University Health System Retirement Plans

Employees will become vested in their University Health System Retirement Plan and in the Match Savings Plan once they achieve 5 years of vesting service. Employees will be credited one year of vesting service for each year in which they work at least 1,000 hours.



University Health System Defined Benefit Plan

This plan is for employees hired prior to July 1, 2012 and certain rehires. University Health System Defined Benefit Plan participants will contribute two percent (2%) of gross pay each pay period. Upon meeting retirement eligibility, a formula will be used to determine benefits. Employees that separate from the Health System and are not vested, will be entitled to a refund of their own contributions plus interest.

BENEFIT PAYCHECK DEDUCTIONS



University Health System processes payroll on a 27 pay-period cycle. This means that payroll is processed on a bi-weekly pay schedule. The chart below provides a breakdown of the monthly premium deductions and the monthly payroll in which the deductions are taken.

Monthly Insurance Premium Paycheck Deductions			
Insurance	First Check	Second Check	Every Check
Medical	✓	✓	
Dental	✓		
Vision		✓	
Supplemental Life		✓	
Dependent Life		✓	
Short-Term Disability			✓
Long-Term Disability			✓
Universal Life	✓	✓	
Cancer and Critical Illness			✓
Pet Insurance			✓
FSA Accounts			✓
Supplemental Disability	✓	✓	
457(b) Deferred Compensation Plan			✓
403(b) Savings Plans			✓
Cash Balance/Defined Benefit Plan			✓

ADDITIONAL BENEFITS



Advancing Careers

The Health System encourages career advancement through our internal promotion and transfer policy. If you are looking to move up professionally, need to transfer to one of our facilities that is closer to home, or just need a change of pace, the Health System is a great place to move and grow. You may explore opportunities at www.universityhealthsystem.com/careers.

Employee Discounts

The Identification Badge entitles each employee and volunteer to a 25% discount on all food purchased in our cafeteria. The Sky Bistro offers a 25% discount on select food purchases. Discount does not include Starbucks. Refer to the UHS infoNET > Department > Human Resources > Benefits > 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 eligible 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 children 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 866-EAP-2400 or go to www.deeroakseap.com. Username/Password: uhsys.

Credit Union

Membership in Credit Human (formerly the San Antonio Credit Union) is available to Health System employees.

Education Benefits

No matter what your field, there is much to learn, and we want to support you in expanding your mind and your horizons. Educational opportunities include:

- Tuition reimbursement up to \$1,800 annually.
- Continuing education and certification benefits up to \$400 per year.
- Free on-site and e-Learning classes.

Call the Center for Learning Excellence at 210-743-6300 for more information.

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.

Get U Well Clinic

The Get U Well Clinic, operated within the Employee Health Clinic, is a walk-in, acute-care clinic for employees and also sees family members (ages 12 and up) of Health System employees by appointment only. Minor illnesses or injuries that might require minimal tests or a prescription can be treated. You can also receive referrals to specialists if you are a member of the University Family Care Plan. The clinic fee is the same amount as a co-pay for an office visit under the University Family Care Plan and is payroll deducted. While the fee amount is aligned with the insurance co-pay amount, this service is available to all employees regardless of their insurance type. The clinic also offers sports physicals for dependents age 12 and up for an additional fee. The Get U Well Clinic is a great resource to walk in, get seen and get back to work!

Jury Duty

Regular full-time and part-time employees who are required to answer a jury call, or who are required to serve on the jury of any legal and recognized court of law, will receive full pay at the base rate, plus shift differential, for each regularly scheduled work day required to serve as a juror in addition to any pay provided by the court.

Paid Time Off (PTO)

In recognition of our unique individual needs, the Health System has established a Paid Time Off (PTO) program that allows each employee to accumulate and schedule time off according to individual needs. Eligible employees begin accruing PTO benefit hours in their own personal bank from the first day of work. When time off is needed for vacations, holidays, illnesses, injuries, personal business, or any other reason, employees draw from their bank of PTO time. Refer to Policy No. 4.02.04.

Paid Time Off (PTO) Sell-back

Some employees choose to sell their PTO time to help fund school, holiday, vacation and other expenses. You can sell back a portion at 50 percent of its current value. Sell-back may not reduce the employee's PTO balance below 80 hours and there is a minimum sell back of 16 hours. Please refer to Policy No. 4.02.04.



Sick Time Program

The Sick Time Program was established to provide a source of additional compensation for eligible employees who have exhausted all accrued benefit hours and are faced with a continuing catastrophic illness or injury of themselves or a spouse, parent, son or daughter when the employee qualifies for Family Medical Leave (University Health System Policy 4.0202) to care for that family member. The applicant must be out of work for 15 consecutive days due to a catastrophic illness or injury. Health System employees then have the opportunity to donate PTO hours specifically for an employee approved for Sick Time Program pay.

If You Leave University Health System

Your coverage under all benefit programs, except medical, dental and vision will terminate on your last day worked. Your medical, dental and vision coverage 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 coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). You will receive information through mail on COBRA offerings from Total Administrative Services (TASC).

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 premier 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 to make an appointment.

Lactation Rooms

University Health System is a mother-friendly worksite and supports all moms who chose to breastfeed. For information about available breastfeeding rooms in your area contact your Manager or Director.

Leave of Absence and/or FMLA

A leave of absence can be granted to eligible employees under a comprehensive leave plan that allows extended periods of time off for family and medical leave, reservist and military leave. For more information on leave and your rights and responsibilities refer to the Leave of Absence Guide on the UHS infoNet. UHS infoNet > Department > Human Resources > Benefits > Leave and Accommodations.

**For more information on different policies, refer to the UHS infoNET:
Navigation: UHS infoNET > About > Publications > Corporate Policies.**



FAMILY AND MEDICAL LEAVE ACT (FMLA)



Leave Entitlement

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

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For a employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal pay leave policies.

Benefits and Protections

While employees are on an FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criterias in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnostics, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continued medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

FAMILY AND MEDICAL LEAVE ACT (FMLA)



Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer may notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, 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 or to file a complaint:

1-866-4-USWAGE (1-866-487-9243)

TTY: 877-889-5627

www.dol.gov/whd

Leave of Absence Guide

Refer to the Employee Leave of Absence Guide on the UHS infoNET to review details on:

- Who to contact if you need to request a leave of absence
- Steps on taking a leave of absence
- Common questions
- How to return to work from a continuous leave
- Leave policy

IMPORTANT NOTICES



Women's Health & Cancer Rights Act Annual Notice

Did 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 210-358-6090.

Notice of Grandfathered Status Under the Patient Protection and 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 210-358-2275. You may also contact the U.S. Department of Health and Human Services at 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 describes the services provided by the exchange. This notice is posted on the UHS infoNET > Department > Human Resources > Benefits.

Summary of Benefits and Coverage

Your Summary of Benefit Coverage (SBC) provides important information regarding the University Family Care Plan. The SBC is posted on the UHS infoNET > Department > 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 800-440-0493 (www.yourtexasbenefits.com) or dial 877-KIDS-NOW (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 or SCHIP have 60 days to enroll in group coverage through their employer.

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. Call Human Resources at 210-358-2275 for a copy of our HIPAA guidelines.

Important Medicare Notices

Important notices about your prescription drug coverage and Medicare are posted on the UHS infoNET > Department > Human Resources > Benefits. These notices are for participants enrolled in the University Family Care Plan and the Cancer and Critical Illness policy.

NOTES





**University
Health**

4502 Medical Drive
San Antonio, Texas 78229
210-358-4000
universityhealthsystem.com

