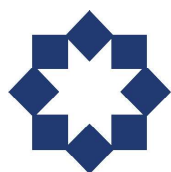




2021 HOUSE STAFF GUIDE



**University
Health**

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)
www.petinsurance.com/uhsresidents



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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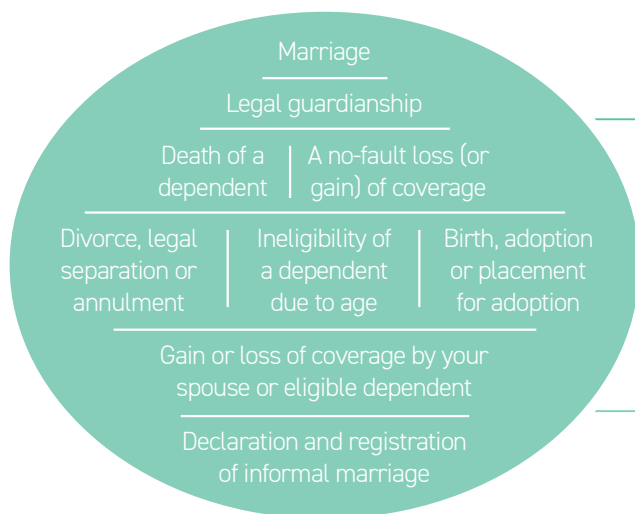
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This booklet is not a comprehensive description of plan benefits. For more detailed information, please refer to the plan documents available in Human Resources, or on the UHS infoNET. You can find additional information in the legal documents that govern the Plans. University Health System reserves the right to amend, modify, or terminate any of the Plans, in whole or part, at 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 Resources Department for more information.



2021 Benefits Enrollment

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 2021 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.



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)

If you leave University Health System

The medical, dental, and vision coverage will extend through the last day of the month of your residency 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.

Coverage Effective Dates

Benefit elections are effective the 1st of the month following your hire date. If you elect Medical insurance then it will be effective on your hire date.



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 University Health System family.

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

I don't 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	Monthly Premium
Employee	\$98.42
Employee + Spouse/Domestic Partner	\$181.33
Employee + Child(ren)	\$178.47
Employee + Family	\$306.47

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/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 co-payment	30% coinsurance after deductible
Urgent Care	\$20 per visit	30% coinsurance after deductible
Emergency Room	\$100 co-pay 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 (30 day) \$60 (30 day) \$40 (90 day) \$60 (90 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

Rx

Prescription drug co-pays are based on a three tier level: Generic Drugs, Preferred Brand Drugs and Non-Preferred Drugs. Co-pays are waived if filled at a University Health System Pharmacy.



- Get text messages to pick up prescriptions
- Have medications mailed to your home

For more information regarding prescriptions, please consult the Formulary Drug Listing and the Drug Rider available on the UHS infoNET.





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**

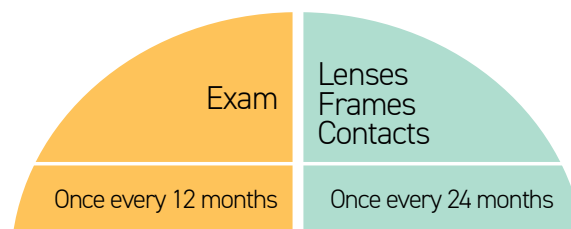
MEDICAL ENVOLVE VISION PLAN



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	Paid in Full
	Bifocal	
	Trifocal	
	Lenticular	
	Frames (in lieu of contacts)	
	Frames - Retail Value	\$125 Allowance
	LASIK	15% off at LasikPlus

Benefit Frequency








Online Eyewear Discounts

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

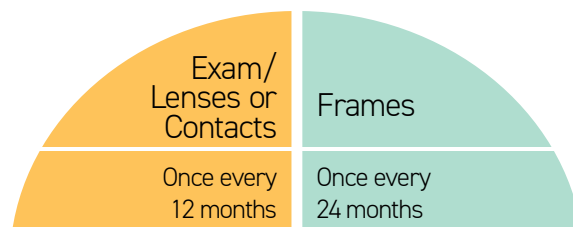
EYEMED VISION PLAN



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	Up to \$40
	Fit and Follow-up < 19 years of age	\$0 Co-pay; Paid-in-full fit and two follow-up visits
	Premium	10% off retail price
	Fit and Follow-up < 19 years of age	\$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 three dental plan options. Each plan has separate rates.

Option I — Guardian 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 allows 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 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



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

Basic Term Life Insurance and AD&D is automatically provided to funded House Staff members at no cost.

The amount of your Basic 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 residency, a conversion option is available.



Dependent Term Life Insurance

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

Dependent Coverage	Monthly Premium
\$10,000/Spouse \$5,000/Child	\$0.70
\$20,000/Spouse \$10,000/Child	\$1.40
\$30,000/Spouse \$15,000/Child	\$2.10



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.

DISABILITY COVERAGE



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 a non-work related injury or illness.

Short-term disability coverage will provide you with 70% of your weekly salary up to \$500 after a 15-day waiting period. Short-term disability is for any illness or injury you may experience, including pregnancy, HIV, HBV, AIDS, latex allergies, etc.

Long-term disability becomes effective after 90 days of illness or injury and is provided to you at a coverage level of \$2,000 per month.

Employee must file a claim with Reliance Standard by calling 877-202-0055.

Pre-Existing Conditions

Benefits will not be paid for a total disability caused by, contributed by, or resulting from a pre-existing condition unless the insured has been actively at work for one full day following the end of twelve consecutive months from the date he/she became insured. Pre-existing condition means any sickness or injury for which the insured participant received medical treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines, during the three months immediately prior to the insured participant's effective date of insurance.



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. 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. If you purchase while a Resident, you will have the option to increase your monthly benefit with a letter of intent without evidence of insurability. Below are some features of this benefit offering:

Plan Features:

- Benefit Update Rider
- Future benefit increase
- Waiver of premium
- Guaranteed rates up to age 65

Plan Enhancements:

- Residual Disability
- Regular Occupation
- Cost of Living Adjustment
- Catastrophic Benefits



Enroll Now

Call 210-340-0777, text 210-240-2574 or email UHSBenefits@BenefitSourceSolutions.com. 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 888-835-3277 Monday through Thursday from 7 a.m. to 10 p.m. and on Friday from 7 a.m. to 7 p.m.

Supplemental Disability insurance policies are subject to issue and participation rules.

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 e-mail 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/uhsresidents to enroll or call 877-738-7874 for more information.

Policies are portable and multiple pet discounts apply.

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 helps 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

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.



FSA Debit Card



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.

HEALTH CARE FSA



The Health Care Flexible Spending Account exists to help you pay for health care expenses that are medically necessary, non-cosmetic in nature, and not fully covered under your medical, 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 a 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

Don't lose your funds! 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 under 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 day care expenses if you are off work due to illness or on a leave of absence.

RETIREMENT PLANS



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 are 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.

How to Enroll

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



Voya Financial

210-979-8277

RETIREMENT PLANS



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.

Retirement Plan Summary

Plan:	Limit:	Catch Up Contributions:		Vesting:
403(b) Savings Plan	1-100% of gross pay, but no more than \$19,500.	Beginning with the year you reach age 50, you may make additional contributions.	An additional catch up limit is provided if you have at least 15 years of service with University Health System.	There are no vesting requirements for the 403(b) Savings 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 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.

"Unforeseeable Emergency" 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 plan and explain the many investment vehicles available to you. Log on to <https://UHS.beready2retire.com> 24 hours a day to view your account, change current contributions and manage your money.



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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.

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 chose to breastfeed. For information about available breastfeeding rooms in your area contact your Manager or Director.

Credit Union

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

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 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 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 refer to the Leave of Absence Guide on the infoNET. UHS infoNET > Department > Human Resources > Leave.

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.





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

