



2022 HOUSE STAFF GUIDE



San Antonio Express-News



**University
Health**

Thinking beyond

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
210-358-0781

Accommodations

210-358-2230
210-358-4313

Retirement

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

Vendor Contact Information

Medical

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



First Health (PPO)

myfirstthehealth.com

Prescription (Navitus)

866-333-2757
navitus.com/members

Nurse Link

210-358-3000

Dental

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



Delta Dental DPO

800-521-2651
deltadentalins.com
Group #21060
Network: PPO Network

Vision

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



Envolve

(under University Family Care Plan)
800-434-2347
visionbenefits.envolvehealth.com

Basic Term Life

Aflac
800-206-8826
800-206-9472 (Fax)
Group Policy #: CLPEX01181



Dependent Term Life

Aflac
800-206-8826
800-206-9472 (Fax)
Group Policy #: CLPEX01181

Short-Term Disability

Aflac
800-206-8826
800-206-9472 (Fax)
Group Policy #: CLPEX01181



Long-Term Disability

Aflac
800-206-8826
800-206-9472 (Fax)
Group Policy #: CLPEX01181

Supplemental Disability

Principal/Benefit Source
210-340-0777
210-240-2574 (Text)
uhsbenefits@benefitsourcesolutions.com

Pet Insurance

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



Flexible Spending Account

Navia Benefit Solutions
800-669-3539
naviabenefits.com



Retirement Savings

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



Resources

Mobile Optimized Website:
uhsbenefitssa.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 infoNET. You can find additional information in the legal documents that govern the Plans. University Health 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 University Health. Contact the Human Resources Department for more information.



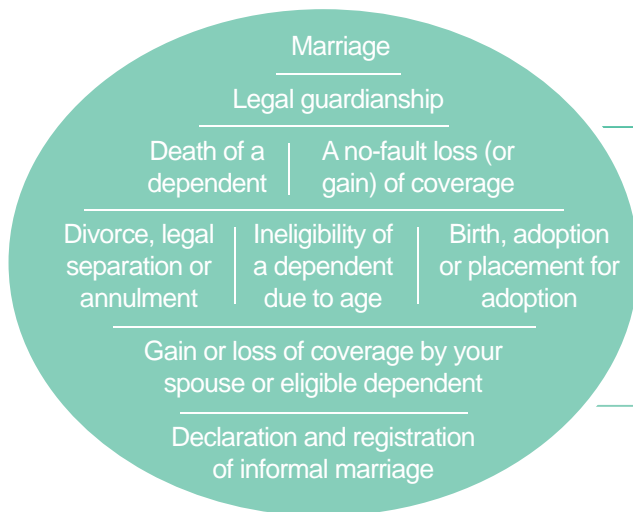
2022 Benefits Enrollment

The information included in this benefit guide provides details on how to enroll and select benefits available through University Health. This guide does not provide comprehensive details. You may view benefit details on University Health infoNET.

Enrollment decision must be made within 30 days of employment and will become effective 1st of the month following your date of hire for all benefits, except medical coverage. Medical coverage will be effective on your date of hire. Benefit elections will continue throughout the calendar year unless you experience a qualify event and submit the required documentation to Human Resources.

Benefits will continue through the last day of the month of your University Health residency. Coverage terminates on the last day worked. You are eligible to extend medical, dental and vision coverage through COBRA. University Health COBRA administrator will mail a packet to you after your last day worked.

If you have questions, Human Resources is available Monday through Friday from 8 am to 5 pm or you may email anytime at uhs.benefits@uhs-sa.com.



Qualifying Status Changes

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

Dependent Verification

Documentation is required to enroll your dependents in University Health benefits.

Documentation should be submitted to Human Resources at uhs.benefits@uhs-sa.com.

Include your name, employee ID number and phone number on your submitted documentation.

Below is a partial listing of acceptable documentation. View a full listing on University Health infoNET.

For Your Spouse:
Marriage license

For Your Common Law Spouse:
Declaration and registration of informal marriage

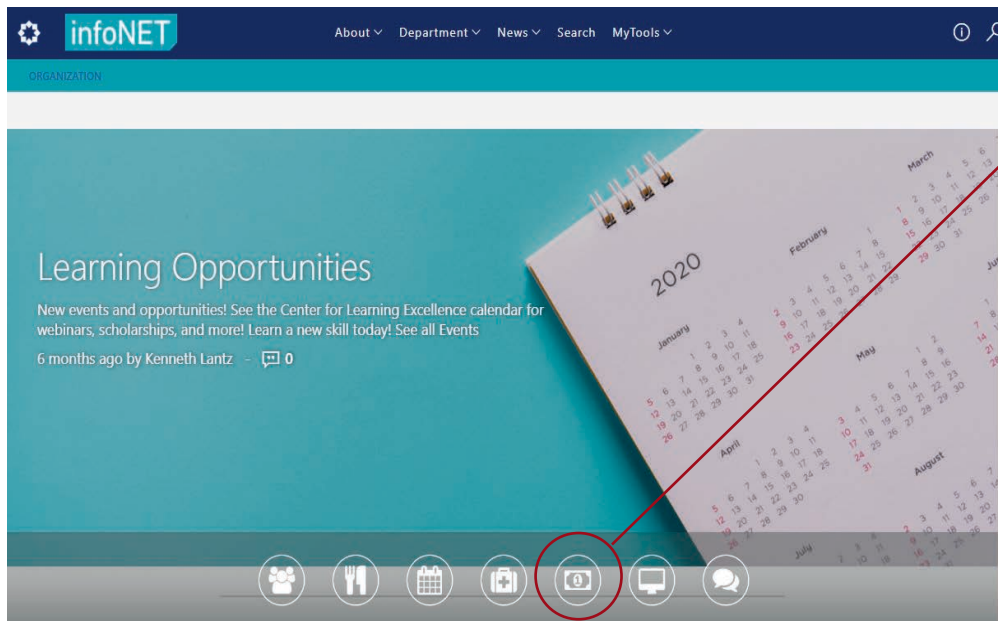
For Your Child:
Birth certificate
Court orders for adopted children

For Your Grandchild:
Court orders giving you legal guardianship

For Your Plus One Qualifying Adult:
Three evidenced items (refer to infoNET)



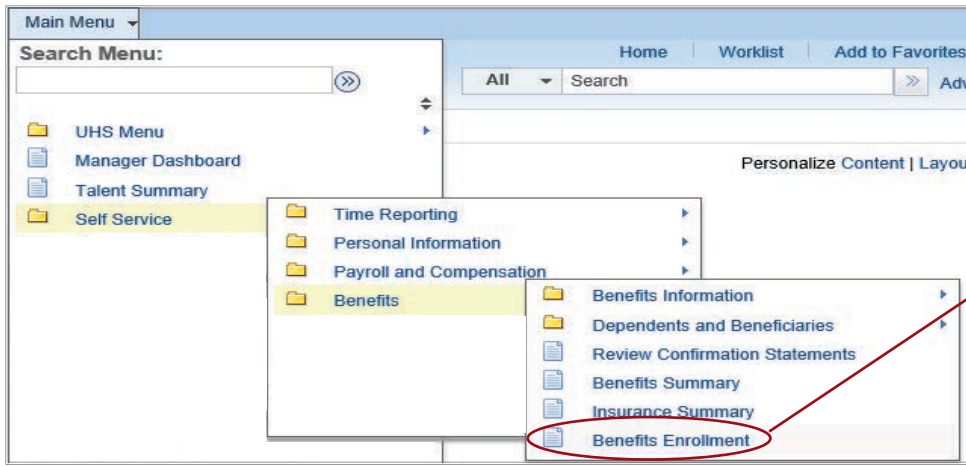
Steps to Enroll Online in PeopleSoft



Step 1:
Access Self Service
On the infoNET, click on
PeopleSoft on home
page.

Step 2:
Log In to PeopleSoft
Enter your **User ID** (Employee
ID#) and your **password**. If
you are new hire, use your
employee ID# plus the last
four digits of your social
security number. If you have
trouble logging in, contact the
Help Desk at 210-358-4059.

BENEFIT ENROLLMENT



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 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 enroll:

1. Dependent Information including names, dates of birth, and social security numbers.
2. The selected Provider # if electing the Medical or Dental DHMO coverage.

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

Open Benefit Events				
Event Description		Event Date	Event Status	
Open Enrollment		01/01/2022	Open	Select

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.



I want to enroll in Medical

University Family Care Plan includes two networks:

University Health Network

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

You Must Select a Primary Physician

The physician number must be entered in PeopleSoft when enrolling.

To locate a physician, go to:
universityfamilycareplan.com

First Health Network

Consists of physicians/facilities outside of the University Health Family Network.

To locate a provider, go to:
myfirsthealth.com

I do not want to enroll in Medical

Medical insurance is a condition of employment

Without proof of coverage you will be defaulted and payroll deducted for employee only medical coverage. Changes can only be made if you experience a qualifying event or during Open Enrollment

Proof of Medical Coverage

You must provide proof of other medical coverage within 30 days from date of hire 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

University Family Care Plan

Coverage Category	Semi-Monthly Rates*
Employee	\$49.21
Employee + Spouse/Domestic Partner	\$90.67
Employee + Child(ren)	\$89.24
Employee + Family	\$153.24

*Deductions will be taken from your 1st and 2nd paychecks.

MEDICAL BENEFIT SUMMARY



University Family Care Plan

Features	University Health Network	First Health Network
Annual Deductible Individual/Family	None	\$625/\$1,250
Out-of-Pocket Maximum (after deductible) Individual/Family	None	\$5,000/\$10,000
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 University Health 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 Pharmacy	\$20 (30 day) \$40 (90 day) \$40 (30 day) \$60 (90 day) \$60 (30 day) \$100 (90 day)
University Health Rx Mail-order Service Maintenance drug refills Prescription must be written by a University Health, UMA, or UT Health physician	No co-payment	No co-payment



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, when using the University Health network. 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 under the First Health network 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 attack, obvious fractures and deep cuts requiring immediate medical attention.
Primary Care Physician (PCP)	The provider who acts as your primary physician and may refer you to specialists. Your PCP can be a family practitioner, general practitioner, internal medicine physician or pediatrician.

NurseLink

Available 24 hours a day, 7 days a week, NurseLink will assist you with routine and referral appointments, health information or nurse advice for symptoms-based questions, and access to University Health pharmacies. Call 210-358-3000.





Retail Pharmacy Access:

Through the Prescription Drug Program you have access to a large number of retail pharmacies. You and your family can use 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 Pharmacy hours, on weekends or holidays.



Pharmacy RX and Go Program (Mail Order Medication):

Medication on the preferred drug list with a mailbox symbol are eligible for the mail order program at no cost.

1st Step: Fill out the Prescription Mail Order Request form available on the infoNET.

2nd Step: If it's a new prescription or refill:

- **New Prescriptions:** Attach the prescription to the Mail Order Request Form or have the prescription sent electronically to University Health Downtown Pharmacy (RBG).
- **Refills/Transfers:** Submit Mail Order Request Form electronically on the infoNET or fax it to 210-358-9650. You may also send it via interdepartmental mail to MS 36-2.

Prescription drug coverage is provided and managed by Navitus through Community First Health Plans.

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 written by a University Health Network physician and filled at a University Health Pharmacy.



Prescriptions can easily be managed and refilled through MyChart. This app can be downloaded on your smartphone and has the following features:

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






For questions about prescription refills, call 210-743-4047.

For more information regarding prescriptions, consult the Formulary Drug Listing and the Drug Rider on infoNET > Department > Pharmacy > RX.

ENVOLVE VISION INCLUDED WITH MEDICAL



If you are enrolled in University Family Care medical plan, you also have access to Envolve benefits at no additional cost. To locate a network provider under this plan, you can visit their website at: visionbenefits.envolvehealth.com. Below is a partial listing of covered services and cost.







Vision Care Services		In-Network Cost
	Eye Exam	\$10 co-pay
	Contact Lens Fit and Follow-up (in lieu of glasses):	
	Fitting, Follow-up & Lenses	\$125 allowance
	Standard Plastic Lenses	
	Single	Paid in Full
	Bifocal	
	Trifocal	
	Lenticular	
	Frames (in lieu of contacts)	
	Frames - Retail Value	\$125 allowance
	Frequency	
	Exam	Once every calendar year
	Lenses	Once every 24 months
	Frames	
	Contacts	

Discounts

Discounts on contacts, sunglasses, and eyeglasses are available to members at: [Framesdirect.com](https://framesdirect.com).



EyeMed offers vision coverage for eye exams and your choice of frames and lenses, or contacts. To locate a participating provider, download the mobile app or log onto eyemed.com and go to "Select" network or call 866-299-1358. Register online to view ID cards, benefits, claims, member discounts and other plan features. Below is a partial listing of covered services and cost.

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 of 5% off promotional pricing
Frequency		
	Exams/Lenses or Contacts	Once every 12 months
	Frames	Once every 24 months

Coverage Category	Semi-Monthly Rates*
Employee	\$2.65
Employee + Spouse/Domestic Partner	\$5.05
Employee + Child(ren)	\$5.31
Employee + Family	\$7.80

*Deductions will be taken from your 1st and 2nd paychecks.



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DeltaCare USA DHMO 13B

DeltaCare USA DHMO (Dental Health Maintenance Organization) offers comprehensive dental coverage. This plan requires you and your covered family members to select a general dentist from the DeltaCare USA network to access benefits. Your primary dentist will refer you to a specialist for extended services if needed. To locate a contracted dentist, download the Delta mobile app, visit deltadentalins.com and choose the "DeltaCare USA" network or call 800-422-4234. Register as a member to view ID cards, benefits, claims and access member discounts. Below is a partial listing of covered services and cost.

Type of Benefit	You Pay
Office Visit Co-payment	\$5
Cleaning (prophylaxis) 1 in 6 Months	\$0
Fluoride Treatments 1 in 6 Months	\$0
Limits	Under Age 19
X-rays	\$0
Sealants (per tooth/under age 15)	\$10
Fillings (one surface)	\$0 - \$45
Crowns	\$145 - \$335
Single Extraction	\$0 - \$115
Root Canal	\$95 - \$335
Dentures	\$285 - \$365
Orthodontia Adults	\$2,100
Orthodontia Children	\$1,900
Occlusal Guard (night guard)	\$95
Implants	Not Covered
Temporomandibular joint (TMJ)	Not Covered

Coverage Category	Semi-Monthly Rates*
Employee	\$6.50
Employee + Spouse/Domestic Partner	\$10.45
Employee + Child(ren)	\$14.47
Employee + Family	\$16.45

*Deductions will be taken from your 1st and 2nd paychecks.



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Delta Dental DPO Plans

Delta Dental DPO (Dental Provider Organization) offers comprehensive coverage nationwide. Under the DPO plan, you and your covered family members will receive additional savings by using a contracted Delta Dental dentist. To locate a contracted dentist, download Delta mobile app, visit deltadentalins.com and select the "Delta PPO" network or call 800-521-2651. Register as a member to view ID cards, benefits, claims, plan features and member discounts. Below is a partial listing of covered services and cost.

DPO Dental Services

Plan Maximums	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%
Crowns	80%	80%
Major Services	50%	50%
Orthodontic Treatment (adult and children)	Not Covered	50%
Implants	Not Covered	50%
Temporomandibular Joint (TMJ)	Not Covered	50%

Coverage Category	Semi-Monthly Rates*	
	Low Plan	High Plan
Employee	\$11.67	\$12.82
Employee + Spouse/Domestic Partner	\$23.24	\$25.61
Employee + Child(ren)	\$28.46	\$34.86
Employee + Family	\$37.73	\$45.30

*Deductions will be taken from your 1st and 2nd paychecks.



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



Aflac provides, at no cost, all eligible employees \$25,000 of Group Term Life and AD&D coverage.

Policy Features:

- Travel Assistance
- Funeral Planning
- Financial Counseling
- Online Will Prep
- EAP/Work Life Services
- Case Manager Program

Benefits reduce by 50% at age 75. The policy is not portable and includes conversions options.

Dependent Term Life



Aflac offers dependent term life coverage for your eligible spouse/domestic partner and children up to age 26. You may choose from one of five options with no medical questions.

Policy Features:

- Travel Assistance
- Funeral Planning
- Financial Counseling
- Online Will Prep
- EAP/Work Life Services
- Case Manager Program

Coverage does not include AD&D and does not reduce at any age. The policy is not portable and includes conversion options.



Beneficiary Designation

Designate your beneficiaries when enrolling in PeopleSoft. You may update your beneficiary at anytime by submitting a Beneficiary Change Form to Human Resources.



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Dependent Life
benefits

Dependent Coverage

Semi-Monthly Rates*

\$50,000/Spouse \$25,000/Child \$3.25

\$40,000/Spouse \$20,000/Child \$2.60

\$30,000/Spouse \$15,000/Child \$1.95

\$20,000/Spouse \$10,000/Child \$1.30

\$10,000/Spouse \$5,000/Child \$0.65

*Deductions will be taken from your 1st and 2nd paychecks.



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Basic Term Life
benefits



Short Term Disability

Aflac offers Group Short Term Disability (STD) to help relieve concerns from a loss of income by replacing a portion of your paycheck, if you are unable to work. Group Short Term disability provides weekly benefits to help with your financial obligations: health insurance, house, car, groceries, or utilities if you are unable to work due to a covered illness or injury.

Benefits:

- Elimination Period: 14 days
- Weekly Benefit: 70% up to \$500
- Maximum Benefit: Up to 13 weeks

Features:

- Care Manager Assistance
- Family Care
- Work-Life Assistance

Limitations and Exclusions:

- Covers off the job injury or illness only.
- Pre-existing Conditions - any treatment or services received 3 months prior to the effective date will not be covered for 12 months.
- Benefits may be reduced by other sources of income and disability earnings.
- Benefits are taxable.

Long Term Disability

Aflac offers Group Long Term Disability Insurance (LTD) which provides monthly income if you experience a loss of income and if you are unable to work due to an illness or injury. Group LTD is designed to replace a portion of your income to assist with your financial obligations: health insurance, mortgage, car, groceries, utilities and unexpected expenses so you can focus on your health.

Benefits:

- Elimination Period: 90 days
- Monthly Benefit: \$2,000
- Benefit Period for disability in your own occupation - up to 24 months
- Benefit Period for mental and nervous disability - up to 24 months
- Benefit Period for disability in any occupation - up to age 65 or SSNRA

Features:

- Case Manager Assistance
- Employee Assistance Program 24/7
- Everest Funeral Concierge
- Waiver of Premium - after 90 days of total disability
- Workplace Modification - up to \$2,000
- Dependent Care Expense Benefit

Limitations and Exclusions:

- Pre-existing Condition - any treatment or services received 3 months prior to the effective date will not be covered for 12 months.
- Benefits may be reduced by other sources of income and disability earnings, i.e. social security benefits.
- Benefits are taxable.

Need to file a claim?

- Call: **1-800-206-8826**
- Claims email: myzurichleave@zurichna.com
- Fax: **1-800-206-9472**



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Scan to view LTD benefits

SUPPLEMENTAL DISABILITY



Principal Life Insurance Company offers portable individual disability insurance that provides you monthly income that works like a paycheck when you can't work due to an illness or injury.

Benefits help pay for your daily living expenses such as, your health insurance, mortgage, car payment and much more, if you become too sick or hurt to work.

- Elimination Periods from 30, 60, 90, 180 days
- Monthly Benefit from \$2,500 up to \$5,000
- Benefit Periods from ages 65-70
- Medical questionnaire required
- Coverage you can take with you
- Guaranteed rates up to age 65

Plan Enhancements:

- Future Benefit Increase
- Cost of Living Adjustment (COLA)
- Catastrophic Disability Benefit
- Residual Disability Benefit
- Regular Occupation Benefit (Speciality Protection)
- Benefit Updates

Rates:

Benefits and rates are designed based on age, smoking status, and specialty. Principal can design a plan to meet your budget and other needs.

Sample Semi-Monthly Non-Smoker Rates*

\$2,500 Monthly Benefit			\$5,000 Monthly Benefit	
Age	Male	Female	Male	Female
25	\$31.00	\$50.00	\$62.00	\$99.00
30	\$36.00	\$66.00	\$72.00	\$132.00
35	\$42.00	\$72.00	\$85.00	\$143.00

*Deductions will be taken from your personal bank account.

Enrollment:

Online application and health questionnaire is required and are subject to underwriting approval.

QUESTIONS:

Contact Benefit Source for rates, questions or to enroll:

Call: 210-340-0777

Text: 210-240-2574

Email: uhsbenefits@benefitsourcesolutions.com



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PET INSURANCE



Nationwide offers pet insurance coverage which 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 Coverage and Features:

- \$250 annual deductible per pet plan
- \$7,500 annual maximum per pet plan
- Select 50% or 70% reimbursement options
- Portable coverage with direct billing available
- Multi-pet discount
- Pre-existing conditions are not covered

Pet Benefits	My Pet Protection
Vet Helpline Access 24/7 855-331-2833	✓
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	✓



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benefits

Additional Benefits

- 12-month rate guarantee.
- Policy automatically renews; do not re-enroll.
- Annual Renewal notices provide rate changes.
- Rx Pet Express - medications through Walmart pharmacy.



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benefits

Enroll Now

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

*Deductions will be taken from your personal bank account.

FLEXIBLE SPENDING ACCOUNTS (FSA)



University Health 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
2022 Health Care FSA	March 15, 2023	June 15, 2023
2022 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 1st and 2nd paychecks.
- 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.

Manage the Accounts

- Download the mobile app.
- Review remaining balances on the app.

Reimbursements

- Use FSA debit card.
- Upload receipts via the mobile app.
- Submit claim form.

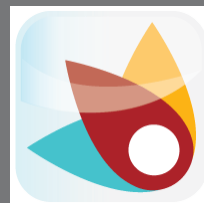
Separation from Employment

You can continue contributing to the Health Care 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 COBRA 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 15 of the following year, you will forfeit the remaining balance. This is an IRS rule.



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

HEALTH CARE FSA



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 University Health'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

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, 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 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 457(b) and 403(b) plan and explain the many investment vehicles available to you. Log on to uhs.beready2retire.com 24 hours a day to enroll, view your account, change current contributions and manage your money.



Voya Financial®
210-979-8277



403(b) Savings Plan

In addition to the 457(b) Deferred Compensation Plan, University Health 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.	There are no vesting requirements for the 403(b) Savings Plan
		An additional catch up limit is provided if you have at least 15 years of service with University Health.	

* 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 uhs.beready2retire.com 24 hours a day to enroll, 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 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 University Health 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. 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 workday required to serve as a juror, in addition to any pay provided by the court.

Lactation Rooms

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

COBRA

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. 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 Navia Benefit Solutions.

Pediatric Care

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 University Health 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.

For more information on different policies, refer to the InfoNET: InfoNET > About > Publications > Corporate Policies.



FAMILY AND MEDICAL LEAVE ACT (FMLA)



Leave of Absence/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 infoNET. Go to infoNET > Department > Human Resources > Benefits > Leave and Accommodations.

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 an 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 to pay cost for 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 criteria 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 diagnosis, 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.



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 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 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 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 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. The HIPAA guidelines is posted on the infoNET > Department > Human Resources > Benefits.

Important Medicare Notices

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



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

