

# UAB MEDICINE

## CALLAHAN EYE HOSPITAL



# 2015 Benefits Enrollment Guide

\*This summary is only a partial review of benefits for which you may be eligible and is not a binding contract. A certificate of coverage that explains the eligibility, benefits and plan details can be obtained from your Plan Administrator. Should there be any differences between this summary and the contract, the contract will govern.

## Blue Cross Blue Shield Medical Coverage

### Inpatient Hospital Benefits

Benefit	Maximum Benefit	Deductible	Copay
<b>Participating Hospital</b>	365 days of care during each hospital confinement	No Deductible	\$250 or \$500 Copay for the 1st through the 6th days
<b>Preadmission Certification</b>	Required for all admissions except maternity; emergency admissions require notification within 48 hours of admission; for precertification call 1-800-248-2342		

### Outpatient Hospital Benefits

Benefit	Maximum Benefit	Deductible	Copay
<b>Preferred Outpatient Facility:</b>			
Accidental Injury		No Deductible	\$250
Surgery		No Deductible	\$250 or \$500
Medical Emergency		No Deductible	\$250
<b>Non-Preferred Outpatient Facility:</b>			
Accidental Injury		\$250 Calendar Year Deductible	\$250 and 20% after 72 hours
Surgery		\$250 Calendar Year Deductible	20%
Medical Emergency		\$250 Calendar Year Deductible	20%

### PMD Physician Benefits

Benefit	Maximum Benefit	Deductible	Copay
<b>Office Visit and Outpatient Consultations</b>		No Deductible	\$35 for Primary and \$50 for Specialist
<b>Second Surgical Opinions</b>		No Deductible	\$50 Copay
<b>Diagnostic X-ray</b>		No Deductible	\$10 Copay
<b>Surgery, Anesthesia</b>		\$500 Calendar Year Deductible	No Copay
<b>Chemotherapy &amp; Radiation</b>		No Deductible	No Copay
<b>Emergency Room Care</b>		No Deductible	\$50 Copay per visit

### PMD Preventive Benefits

Benefit	Maximum Benefit	Deductible	Copay
<b>In-Hospital Routine Newborn Care</b>		No Deductible	No Copay
<b>Routine Well Child Care</b>	Nine visits for the first two years of a baby's life and one each year for ages two through six.	No Deductible	\$35 Copay per visit
<b>Routine Immunizations</b>	Age limitations apply	No Deductible	No Copay
<b>Routine Pap Smears</b>	One each year for females	No Deductible	No Copay
<b>Routine Mammogram</b>	One exam for females ages 35-39 and one each year for age 40 and over	No Deductible	No Copay
<b>Routine Prostate Cancer Screening</b>	One each year for males ages 40 and over	No Deductible	No Copay
<b>Covered Dependents</b>		To age 26	

### Major Medical Benefits

Benefit	Maximum Benefit	Deductible	Copay
***ALL Major Medical Benefits combine to meet the annual deductible		***Total out-of-pocket is \$2,250.00 plus calendar year deductible	
<b>Office Visits, Ambulance Service, etc.</b>	No lifetime maximum	\$500 individual, \$1,500 aggregate amount per family	\$500 individual, \$1,500 aggregate amount per family
<b>Prescription Drugs</b>		Covered at 100%, subject to copays	Generic - \$15, Preferred - \$50, Non-Preferred - \$75

**BLUE CROSS BLUE SHIELD CUSTOMER SERVICE (205) 988-2200 or 1-800-292-8868**  
[www.bcbsal.org](http://www.bcbsal.org)

## VIVA Health

Benefits	Coverage
<b>Primary Care Services</b> Preventive Care & Other Office Visits	\$35 Copay per visit
<b>Specialty Care</b> <ul style="list-style-type: none"> <li>• Surgical &amp; Medical Physician Services</li> <li>• Diagnostic, X-Ray and Laboratory Procedures</li> <li>• OB/GYN Services (One OB/GYN preventive visit per Calendar Year)</li> </ul>	\$35 Copay per visit 100% Coverage \$35 Copay per visit
<b>Laboratory Procedure</b> <ul style="list-style-type: none"> <li>• Covered Genetic Testing</li> </ul>	\$5 Copay per test 80% Coverage
<b>Vision Care</b> <ul style="list-style-type: none"> <li>• One routine vision exam every 12 months</li> <li>• Other eye care office visits</li> </ul>	\$35 Copay per visit \$35 Copay per visit
<b>Allergy Services</b> <ul style="list-style-type: none"> <li>• Physician Services</li> <li>• Testing</li> </ul>	\$35 Copay per visit 80% Coverage
<b>Hospital Services</b> <ul style="list-style-type: none"> <li>• Inpatient Services</li> <li>• Outpatient Services</li> </ul>	\$600 Copay per admission \$250 Copay per visit
<b>Diagnostic Services</b> <ul style="list-style-type: none"> <li>• Including CT Scan, MRI, PET/SPECT, ERCP</li> </ul>	\$250 Copay per service
<b>Maternity Services</b> <ul style="list-style-type: none"> <li>• Physician Services - Prenatal, Delivery and Postnatal Care</li> <li>• Maternity Hospitalization</li> </ul>	\$35 Copay per delivery \$600 Copay per admission
<b>Emergency Room Services</b>	\$125 Copay per visit
<b>Emergency Ambulance Services</b> (Must be Medically Necessary)	70% Coverage
<b>Covered Dependents</b>	To age 26
<b>Covered Prescription Drugs - (31 day supply)</b>	
Generic Drugs	\$15 Copay*
Preferred Brand Drugs	\$35 Copay*
Non-Preferred Brand Drugs	\$60 Copay*
<b>Mail Order - (90 day supply)</b>	
Generic Drugs	\$38 Copay*
Preferred Brand Drugs	\$88 Copay*
Non-Preferred Brand Drugs	\$150 Copay*

\* Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at: (205) 558-7474 or 1-800-294-7780 or [www.vivahealth.com](http://www.vivahealth.com)

## Vision Plan

<b>Exam</b>	Free annual eye exam in the Lion's Eye Clinic for employees, spouses dependent children to age 26 and adult sponsored dependents
<b>Lenses</b>	20% discount for employees and dependents (some restrictions apply)
<b>Frames</b>	20% discount for employees and dependents (some restrictions apply)
<b>Additional Information</b>	Optical Shoppe Discounts Payroll-Deduction
<b>Lions Eye Clinic</b>	(205) 325-8555
<b>Optical Shoppe</b>	(205) 325-8227

### Southland Dental - Dental Insurance

	Base Plan	Buy-up Plan
<b>Annual Maximum</b>	\$500	\$1,000
<b>Preventative Services</b>	No Copay	No Copay
<b>Basic Services</b>	Covered at 80%	Covered at 80%
<b>Major Services</b>	Not Covered	Covered at 50%
<b>Eligible Dependents</b>	To age 26	
<b>Deductible</b>	\$50 per member each calendar year (three per family) (does not apply to diagnostic and preventative services)	

**SOUTHLAND DENTAL 1-800-476-3010**

## 2015 HEALTH AND DENTAL INSURANCE COST

### Health Insurance

VIVA Health				Blue Cross Blue Shield			
Monthly Cost - Full-time Employees				Monthly Cost - Full-time Employees			
	Employee	CEH	Total		Employee	CEH	Total
<b>Single</b>	\$117.32	\$375.68	\$493.00	<b>Single</b>	\$241.74	\$543.92	\$785.66
<b>Family</b>	\$355.68	\$814.32	\$1,170.00	<b>Family</b>	\$478.26	\$1,076.05	\$1,554.31
Pay Period Cost (24/yr) - Full-time Employees				Pay Period Cost (24/yr) - Full-time Employees			
	Employee	CEH	Total		Employee	CEH	Total
<b>Single</b>	\$58.66	\$187.84	\$246.50	<b>Single</b>	\$120.87	\$271.96	\$392.83
<b>Family</b>	\$177.84	\$407.16	\$585.00	<b>Family</b>	\$239.13	\$538.03	\$777.16
Monthly Cost - Part-time Employees				Monthly Cost - Part-time Employees			
	Employee	CEH	Total		Employee	CEH	Total
<b>Single</b>	\$251.42	\$241.58	\$493.00	<b>Single</b>	N/A	N/A	N/A
<b>Family</b>	\$596.70	\$573.30	\$1,170.00	<b>Family</b>	N/A	N/A	N/A
Pay Period Cost (24/yr) - Part-time Employees				Pay Period Cost (24/yr) - Part-time Employees			
	Employee	CEH	Total		Employee	CEH	Total
<b>Single</b>	\$125.71	\$111.47	\$246.50	<b>Single</b>	N/A	N/A	N/A
<b>Family</b>	\$298.35	\$286.65	\$585.00	<b>Family</b>	N/A	N/A	N/A

### Dental Insurance

Base Plan		Buy-up Plan	
Monthly Cost		Monthly Cost	
<b>Single</b>	\$23.70	<b>Single</b>	\$28.87
<b>Family</b>	\$56.25	<b>Family</b>	\$73.35
Pay Period Cost (24/yr)		Pay Period Cost (24/yr)	
<b>Single</b>	\$11.85	<b>Single</b>	\$14.44
<b>Family</b>	\$28.13	<b>Family</b>	\$36.68

## 457(b) RETIREMENT SAVINGS PLAN

<b>PRE-TAX Contributions</b>	Employee Contributions are payroll-deducted on a pre-tax basis.	
<b>Matching Company Contribution</b>	<u>If Employee Contributes:</u>	<u>Employer will contribute:</u>
	At least 3%, but less than 8%	3%
	At least 8%, but less than 10%	4%
	At least 10%, but less than 12%	5%
	12% or more	6%
<b>Contribution Limit</b>	Maximum Contribution subject to IRS Limits Maximum Contribution for the age based catch-up subject to IRS limits	
<b>Contact Information</b>	TIAA-CREF (800) 842-2252 <a href="http://www.tiaa-cref.org/ceh">www.tiaa-cref.org/ceh</a>	VALIC (800) 448-2542 <a href="http://www.aigvalic.com">www.aigvalic.com</a>

## COBRA PLAN - CONSOLIDATED OMNIBUS RECONCILIATION ACT OF 1985

### All Eligible Employees

If you terminate employment with the company, you are entitled to continue participating in the company's group health, dental and/or vision plans for a prescribed period of time, usually 18 months. For more information, please refer to your Personnel Handbook or contact Human Resources.

## EARNED TIME OFF (ETO)/EXTENDED ILLNESS (EI) PLAN

### Plan Features

ETO is a benefit provided only to full-time employees (32+ hours per week) of CEH. It combines vacation, holiday and sick leave policies into a flexible plan. Under the ETO plan, employees may take time off as it is earned. Two accounts are established for each full time employee: ETO and EI Accounts. All record keeping involving accrued and used time in both accounts is done in hours.

Full-time 40 hour employees accrue ETO according to the following schedule:

<b>0 - 5 Years of Service</b>	23 days per year
<b>5 -10 Years of Service</b>	28 days per year
<b>10+ Years of Service</b>	33 days per year

Full-time 40 hour employees accrue 7 days of EI per year or 2.15 hours per pay period. The EI account can only be used after the first 5 days (40 hours) absence is withdrawn from the ETO account.

### Additional Information

New employees begin earning ETO and EI time from the first day of employment. Generally, the time cannot be used until satisfactory completion of the initial four (4) month period of employment except in certain circumstances - please refer to the Personnel Handbook.

## EDUCATIONAL ASSISTANCE

### All Eligible Employees

The Callahan Eye Hospital will pay an employee's tuition and provide a book and fee allowance for furthering the employee's education within limits. For more information about this benefit, contact the Human Resources Department at (205) 325-8535.

## UAB EMPLOYEE ASSISTANCE AND COUNSELING CENTER (EACC)

The UAB Employee Assistance and Counseling Center (EACC) is an employee assistance and counseling program designed to provide employees and their family members with resources for resolving work related and personal problems. The EACC provides a variety of counseling, educational and wellness services in a safe and caring environment to enhance the well-being of individuals in all aspects of life. The EACC addresses the concerns of people with diverse needs and life experiences with respect for the dignity and confidentiality of each individual.

Because the EACC program is provided as a benefit for employees, these services are provided at no cost to employees and their immediate family members (an immediate family member is someone who is eligible for insurance coverage through the employee's health benefits or who lives in the same house with the employee).

Services include individual, couples, and family counseling to assist you in clarifying issues, exploring options, and finding solutions. The EACC also provides Divorce Mediation services for a fee.

Call the EACC at (205) 934-2281 or 1-877-872-2327 (toll-free within Alabama) between 7:30 a.m. and 5:30 p.m. Monday through Friday to schedule an appointment with one of their counselors.

<http://www.uab.edu/humanresources/home/resourcecenter>

## FLEXIBLE SPENDING ACCOUNTS

### Medical Spending

Flexible Spending Accounts allow you to set aside before-tax dollars to cover qualified expenses that you would normally pay out of your pocket with after-tax dollars. You pay no federal income, state income or Social Security taxes on the money you place in your FSA.

**Minimum Benefit**  
**Maximum Benefit**

N/A  
\$2,550 per year

### Dependent Care

The IRS designed Dependent Care Spending Accounts to provide a tax benefit so you and your spouse can work or attend school full-time. If you are married, your spouse must be working or looking for work, attending school full-time, or be physically or mentally unable to care for himself or herself. If you are divorced or legally separated, you may use a DCSA to pay for work-related dependent care expenses during the time of year your child lives with you.

**Benefit Amount**

\$2,500 per year - single tax filing  
\$5,000 per year - married tax filing

**Contact Information**

TASC (800) 422-4661  
[www.tasconline.com](http://www.tasconline.com)

## ON CALL INTERNATIONAL

### Plan Features

On Call International (On Call) provides a comprehensive range of information, referral, coordination and arrangement service designed to respond to most medical care situations and many other emergencies you may have when you travel. It also offers pre-trip assistance and information on things like passport/visa requirements, foreign currency and weather.

### Examples

Locating Medical Care - On Call helps locate medical care providers or local sources of medical care  
Emergency Evacuation - If adequate medical facilities are not available locally, On Call arranges and provides emergency evacuation, transportation and (if necessary) medical personnel and supplies, to the nearest facility capable of providing appropriate care.

Please obtain an On Call brochure at  
<http://www.oncallinternational.com>  
Services available 24/7: 800-456-3893

## RELiance STANDARD LIFE AND AD&D INSURANCE PLANS

The amount of insurance will be reduced by 50% of the pre-age 70 amount at age 70 and terminates at retirement.

**Benefit Amount** Two or Three Times your Basic Annual Earnings to a maximum benefit of \$350,000, rounded up to the next higher \$1,000 if not already a multiple thereof.

## RELiance STANDARD LONG TERM DISABILITY INSURANCE

**All Eligible Employees** If you become sick or injured and are unable to work, the Long Term Disability plan will pay you 60% of your gross monthly salary as reported by your employer up to a maximum monthly benefit of \$5,000. Benefits begin after 90 days of disability and are payable for as long as you meet the definition of disability to a maximum age of 65 or until normal retirement age as defined by Social Security. Claims subject to approval by the insurance company.

## RELiance STANDARD LIFE VOLUNTARY TERM LIFE INSURANCE

The amount of insurance will be reduced by 50% of the pre-age 70 amount at age 70 and terminates at retirement.

<b>Employee Voluntary Life</b>	Increments of \$10,000 up to \$750,000. Coverage may be subject to medical underwriting.
<b>Employee Guarantee Issue</b>	For timely entrants enrolled within 30 days of becoming eligible, up to \$150,000 in coverage is available without medical evidence of insurability. If you wish to purchase an amount greater than \$150,000, you must complete an Evidence of Insurability form. The excess coverage is subject to underwriting by the insurance company.
<b>Spouse Voluntary Life</b>	Increments of \$10,000 up to \$250,000. Employee must participate in order for spouse to apply. Coverage may be subject to medical underwriting.
<b>Spouse Guarantee Issue</b>	For timely entrants enrolled within 30 days of becoming eligible, up to \$50,000 in coverage is available without medical evidence of insurability. If you wish to purchase an amount greater than \$50,000, you must complete an Evidence of Insurability form. The excess coverage is subject to underwriting by the insurance company.
<b>Child Life Coverage</b>	Age 14 days to 6 months: \$500 of coverage 6 months through age 19: \$10,000 of coverage Dependent child(ren) coverage terminates at age 20 or 26 if full-time student. Employee must participate in order for children to apply. Coverage may be subject to medical underwriting.

## RELiance STANDARD VOLUNTARY SHORT TERM DISABILITY INSURANCE

**All Eligible Employees** If you become sick or injured while off the job, the Short Term Disability plan will pay 60% of your weekly salary up to a maximum benefit of \$1,000 per week. Benefits begin after 30 days of disability and are payable for up to 7 weeks. Claims subject to approval by the insurance company.

## **AWARE PROGRAM (ASSISTANCE FOR EMPLOYEES WITH DISABILITIES)**

The AWARE (Always Working to Advocate, Retain & Employ) Program provides disability-management services when an employee's job is affected by a physical, mental, or emotional impairment. Through a unique partnership between UAB and the Alabama Department of Rehabilitation Services (ADRS), the AWARE Program assists current employees and their departments, job seekers going through the application process, and employees returning from long-term disability or medical leave. In addition, the AWARE Program coordinates requests for reasonable accommodations under the Americans with Disabilities Act (ADA).

For more information on the AWARE Program, call (205) 975-9973

<http://www.uab.edu/humanresources/home/relations/aware>

## **UAB CHILD DEVELOPMENT CENTER**

The UAB Child Development Center is an equal opportunity provider of childcare services. The center serves children of UAB faculty and staff. Applications for admission are accepted without regard to race, religion, sex, or national origin. The center serves children aged 6 weeks to 5 years. The center is open Monday through Friday from 6:30 a.m. to 6:00 p.m.

Call the UAB Child Development Center at (205) 934-7353.

<http://www.uab.edu/humanresources/home/childdevelopmentcenter>

## **Notes**



## FREQUENT CONTACT LIST

Blue Cross Blue Shield Customer Services	(205) 988-2200 or 1-800-292-8868 www.bcbsal.org
Caremark	1-800-301-4106 www.caremark.com customerservice@caremark.com
CEH Human Resources Amanda Kyser	(205) 325-8535 akyser@uabmc.edu
CEH Human Resources Karen Burleson	(205) 325-8537 kburleson@uabmc.edu
Southland Dental Insurance Corporation	1-800-476-3010 www.southlandbenefit.com
Dependent Care Account TASC	(800) 422-4661 www.tasconline.com
E-Stub	(800) 489-1711 www.my-estub.com
UAB Employee Assistance and Counseling Center (EACC)	(205) 934-2281 1-877-872-2327
Medical Spending Account TASC	(800) 422-4661 www.tasconline.com
The AWARE Program	(205) 975-9973
Reliance Standard Life Insurance Company	1-800-351-7500 www.rsl.com
Retirement Savings Plan TIAA-CREF, Kevin Porter	1-800-842-2252 www.tiaa-cref.org/ceh
Retirement Savings Plan VALIC, Tammy Shryock	(205) 967-8974 www.valic.com
UAB Child Development Center	(205) 934-7353
VIVA Health Customer Services	(205) 558-7474 1-800-294-7780 www.vivahealth.com