



2025 EMPLOYEE BENEFIT GUIDE



**University
Health**

Thinking beyond



Human Resources Contact Information

Employee Benefits

Mail Stop 99-1
210-358-2324
210-644-6156
210-358-2056
210-358-9122
210-358-2057
210-358-2268
210-358-4765 (Fax)
UHS.Benefits@uhtx.com

Leave of Absence (LOA)

210-358-0055
210-358-0579
210-358-2982
210-358-0781
210-358-4033
210-358-4313
UHLeave@uhtx.com

Accommodations

210-358-0055
210-358-0579
210-358-2982
210-358-0781
210-358-4033
210-358-4313
UHLeave@uhtx.com

Retirement

210-358-2072
210-358-2887
210-358-2057
Retirement@uhtx.com

Vendor Contact Information

Medical

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



First Health (PPO)
myfirsthealth.com

Prescription (Navitus)
866-333-2757
navitus.com/members

Nurse Link
210-358-3000

Dental

Humana DHMO
800-233-4013
Humana.com
Group Policy #413752
Network: HS 405 DHMO



Humana DPO
800-233-4013
Humana.com
Group Policy #413752
Network: PPO/Traditional Preferred

Vision

EyeMed
866-299-1358
eyemed.com
Group Policy #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 #: GLD0001181
mygrouplifedisability.aflac.com



Supplemental Term Life

Aflac
800-206-8826
800-206-9472 (Fax)
Group Policy #: GLD001181
mygrouplifedisability.aflac.com

Dependent Term Life

Aflac
800-206-8826
800-206-9472 (Fax)
Group Policy #: GLD0001181
mygrouplifedisability.aflac.com

Universal Life

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

Short-Term Disability

Aflac
800-206-8826
800-206-9472 (Fax)
Group Policy #: GLD0001181
mygrouplifedisability.aflac.com



Long-Term Disability

Aflac
800-206-8826
800-206-9472 (Fax)
Group Policy #: GLD0001181
mygrouplifedisability.aflac.com

Supplemental Disability

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



Cancer

Aflac
800-433-3036
aflacgroupinsurance.com
Group #27136



Pet Insurance

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



Flexible Spending Account (FSA)

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



Employee Assistance Program (EAP)

Deer Oaks
888-993-7650
deeroakseap.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 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 University Health. Contact Human Resources for more information.



Eligibility

Regular full-time and regular part-time (budgeted 20 hours or more) employees are eligible for certain benefits based on budgeted hours. Benefit election coverage is effective on the first of the month following 30 days from your hire date.

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.

- Marriage
- Legal guardianship
- Death of a dependent
- A no-fault loss of coverage
- Gain of coverage
- Divorce, legal separation or annulment
- Ineligibility of dependent due to age
- Birth, adoption or placement for adoption
- Gain or loss of coverage by your spouse or eligible dependent
- Declaration and registration of informal marriage

Dependent Verification

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

Documentation should be submitted to Human Resources at: uhs.benefits@uhtx.com.

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

Dependent Eligibility

Legal and Common Law Spouse:
Must be recognized under the laws of the State of Texas.

Children:
Must be under 26 years of age, with the exception of disabled children.

Plus One Qualifying Adults:
Must reside in the same residence for at least 12 months.
Must be at least 18 years of age.
Must be financially interdependent.
Neither partner is married to someone else.
Neither partner is related by blood or marriage.

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

For Your Spouse:
Marriage license

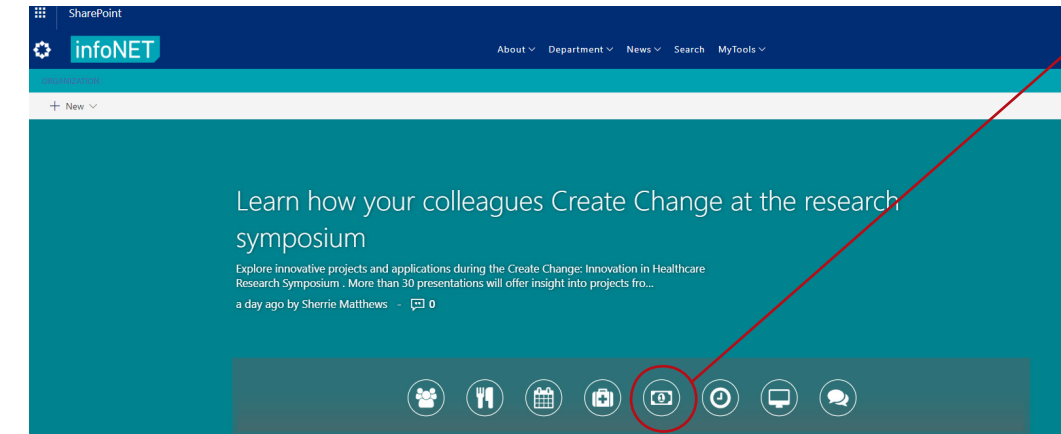
For Your Common Law Spouse:
Declaration and registration of informal marriage

For Your Child:
Birth certificate or verification of birth facts
Court orders for adopted children

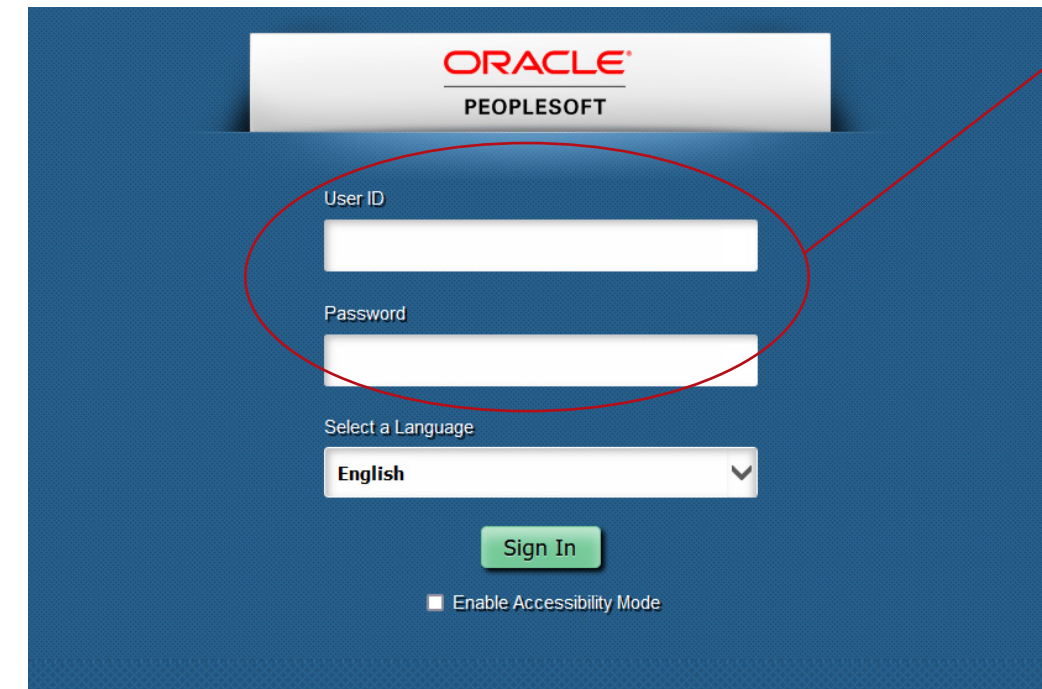
For Your Grandchild:
Court orders giving you legal guardianship

For Your Plus One Qualifying Adult:
Three evidenced items (refer to infoNET)
Notarized affidavit provided by the Benefits Department

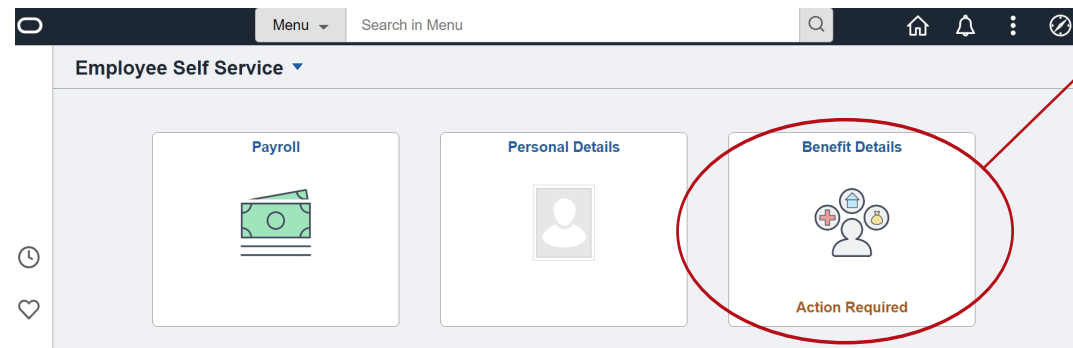
Steps to Enroll in PeopleSoft



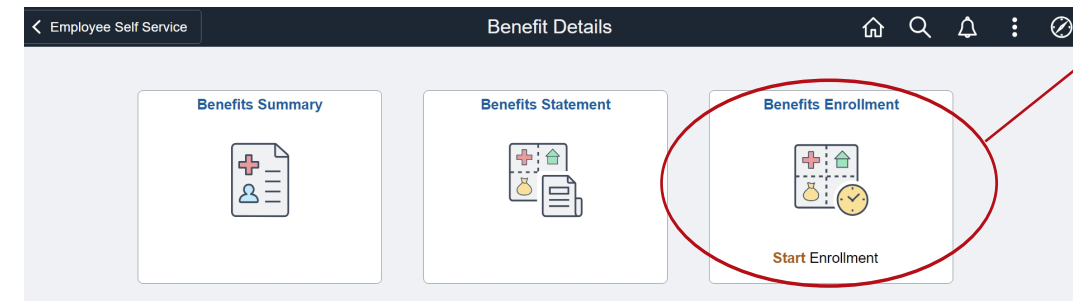
Step 1: Accessing PeopleSoft
PeopleSoft can only be accessed from University Health computer systems. On infoNET home page, click on PeopleSoft icon (dollar bill).



Step 2: PeopleSoft Log In
Enter your User ID (Employee ID#) and your password. If you are a 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.



Step 3:
Select Benefit Details tile.



Step 4: Accessing Benefit Election Page
Select Benefits Enrollment.

Your Benefit Events

Event Description	Event Date	Event Status
Open Enrollment	01/01/2025	Open

Step 5: Elect Benefits
Click on Start to begin enrolling in benefits.

Step 6: Submit Elections

Once you've completed your benefit elections, don't forget to click [Submit Enrollment](#) at the top of the page, beneath [Enrollment Preview Statement](#)

Dual Network Plan
(HMO & PPO Extended Network)

University Family Care Plan includes TWO networks for your health care needs

1. University Health Network (HMO)

\$0 DEDUCTIBLE

A large, high-quality and reliable network of local doctors, specialists and hospitals from University Medicine Associates (UMA) and UT Health San Antonio.

When accessing care from the University Health network, you'll experience the most cost-savings, including a \$0 deductible, and fully coordinated care.

2. First Health Network (PPO)

An extended network offering managed out-of-pocket costs and national coverage on health care services across the United States.

Members can see most First Health Network specialists without a referral.

Together, University Health Network and First Health Network provide you and your family both affordability and access.

If you do not wish to enroll in medical health insurance benefits, you must provide proof of other medical coverage within 30 days from date of hire.

Remember, 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.

To submit proof of other medical coverage:

Fax: 210-358-4765 (Attention: Benefits)
Email: uhs.benefits@uhtx.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 each month.

DID YOU KNOW? If you currently see a provider that is NOT in the University Health network, you may still be able to see them after joining University Family Care Plan if they are part of the extended First Health Network.



Plan Features	University Family Care Plan 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% co-insurance after deductible
Preventive Care Services Well-baby care (under age two) & physical exams (annually) Pediatric & adult immunizations/mammography services	No co-payment	30% co-insurance after deductible
Prescribed Medical Services and Supplies Radiation therapy & lab tests Durable medical equipment	No co-payment No co-payment	30% co-insurance after deductible 30% co-insurance after deductible
Hospital Inpatient (pre-authorization required) All inpatient covered services & supplies, ICU, oxygen, & hospital ancillary charges (excludes mental health) Physicians' charges, including surgery	\$100/day; \$500 max per confinement No co-payment	30% co-insurance after deductible 30% co-insurance 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% co-insurance after deductible 30% co-insurance after deductible 30% co-insurance after deductible
Behavioral Health Services Acute inpatient covered services, supplies for the treatment of mental illness, residential treatment center for children & 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% co-insurance after deductible 30% co-insurance after deductible 30% co-insurance after deductible
Alcoholism and Chemical Dependency All medically necessary outpatient covered services Inpatient Outpatient	\$100/day; \$500 max per confinement \$15 per visit	30% co-insurance after deductible 30% co-insurance after deductible
Skilled Nursing Facility Up to 60 days per condition/year including semi-private room, lab and X-ray	\$15 per day	30% co-insurance after deductible
Home Health Care Part-time or intermittent	No co-payment (\$60 visit max, per service)	30% co-insurance after deductible
Hospice	Hospice Inpatient \$100 co-payment (5 day co-payment max per related inpatient stay)	30% co-insurance after deductible
	Hospice Outpatient (In-Home) \$50 co-payment per day (10 day co-payment max)	
Urgent Care	\$20 per visit	30% co-insurance after deductible
Emergency Room	\$100 co-payment waived if admitted	30% co-insurance 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 University Health, UMA, or UT Health physician	No co-payment	No co-payment

Annual deductible	The amount you must pay before your plan begins paying benefits. University Family Care Plan is a \$0 deductible health plan if you see providers in the University Health network. This means you do not need to meet a minimum out-of-pocket amount before the plan begins paying your medical expenses.
Co-pay	A set fee that you pay for medical services, such as \$15 for an office visit with your primary care provider in the University Health network. After your co-pay, the plan generally pays 100% of covered expenses.
Co-insurance	The percentage of cost associated with the medical services paid by you. For example, if you see a provider in the First Health extended network, your co-insurance will be 30% of the medical service cost after the deductible and co-payment (up to the annual out-of-pocket maximum).
Network	The hospitals, providers, urgent care centers and specialists your health plan has contracted with to provide health care services. University Family Care Plan includes TWO networks for your health care needs: 1. University Health Network (HMO) and 2. the extended First Health Network (PPO).
Primary Care Physician (PCP)	A provider who acts as your main doctor and may refer you to specialists. Your PCP can be a family practitioner, general practitioner, internal medicine physician or pediatrician. When you join University Family Care Plan, you'll be asked to select a PCP in the network.

Primary and Secondary Insurance

Some people choose to enroll in more than one insurance plan. For example, you and your spouse may decide to both enroll in your respective employers' family plans. Your insurance companies will coordinate benefits to decide which plan will serve as your primary and secondary insurance.

- **Primary insurance:** The insurance that pays first is your "primary" insurance. This plan will pay up to coverage limits. You may owe cost sharing.
- **Secondary insurance:** Once your primary insurance has paid its share, the remaining bill goes to your "secondary" insurance. Your secondary insurance may cover part or all of the remaining cost.

Having more than one plan may reduce your out-of-pocket costs. You may also get access to more coverage and greater benefits if your two plans are complementary.

NurseLink

Available 24 hours a day and 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.

COMMUNITY FIRST

UNIVERSITY FAMILY CARE PLAN

SCAN HERE

Scan the QR code or go to UniversityFamilyCarePlan.com to view plan documents, read member news and sign up for our monthly member e-newsletter.

If you are enrolled in medical coverage, your prescription drug coverage is provided and managed by Navitus through Community First Health Plans. For more information about your prescription benefits, please call Member Services at 210-358-6090.



Club Zero Prescriptions

Experience immense cost savings by filling your prescriptions at any University Health Pharmacy at **NO COST**.

Pharmacy Locations:

- Women's & Children's Hospital
- Robert B. Green Campus
- Texas Diabetes Institute
- Medical Center Pavilion
- University Health Southeast
- University Health Southwest

For pharmacy locations and hours, visit universityhealth.com/pharmacy

Employees have many ways to access their prescriptions. Prescription drug co-pays are based on a three tier level:

- Generic
- Preferred Brand
- Non-Preferred



Retail Pharmacy Access

Through the Prescription Drug Program, you have access to a large number of retail pharmacies. You and your covered 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 on holidays.



MyChart

Prescriptions can easily be managed and refilled through MyChart.

This app can be downloaded on your smartphone and has the following features:

- Refill prescriptions
- Text message alerts when your prescription is ready
- Medication delivery to your home
- Access to your medication list

For questions about prescription refills call 210-358-2904.



Pharmacy Rx and Go Program (Mail-Order Medication)

Medications on the preferred drug list with a mailbox symbol are eligible for the mail-order program at no cost. Some medications you take regularly may be eligible for stress-free prescriptions delivery, at no cost.

1st Step: Fill out the Prescription Mail Order Request Form available at: universityhealth.com/pharmacy

2nd Step: If it is 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 (Robert B. Green Campus).
- Refills/Transfers: Submit Mail-Order Request Form by fax to 210-358-9650.

Medications on the Preferred Drug List with a mailbox symbol are eligible for the mail order program free of charge. A Preferred Drug List has been provided with your enrollment materials. For more information regarding prescriptions, consult the Preferred Drug List and the Drug Rider available on the infoNET > Department > Pharmacy > RX and Go Site.

DENTAL DHMO



Humana's DHMO (Dental Health Maintenance Organization) Dental Plan offers comprehensive nationwide dental coverage and encourages preventions, early diagnosis and treatment. This plan requires you and your covered family members to select a general dentist from the Humana 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 Humana.com/findadentist and select the **Coverage Type: DHMO**, select the **Network: HS405 DHMO**, select a contracted dentist or call 800-233-4013. Download the Mobile App, or register as a member at MyHumana.com to view ID Cards, benefits, claims and access member discounts. Below is a partial listing of covered services and costs.

	Description	What you pay
Preventive Services	Oral exam	No charge
	X-ray (complete series)	No charge
	Prophylaxis (periodontal) cleaning (adult/child)	No charge
	Topical application of fluoride (child <16)	No charge
	Sealant (per tooth)	\$10
Basic Services	Amalgam filling (one surface)	\$5
	Resin-based composite filling (one surface, anterior)	\$30
	Resin-based composite filling (one surface posterior)	\$45
	Extractions	\$0 - \$110
Major Services	Crown	\$270
	Endodontic therapy, molar tooth	\$250*
	Periodontal maintenance	\$45
	Implants: Maximum of \$1,500 per year/ Lifetime maximum of \$10,000	Covered at 50%
	Temporomandibular Joint (TMJ)	Not covered
	Dentures	\$263 - \$425
Orthodontia	Adults and Children up to 19 years of age, up to 24 Orthodontia months of routine orthodontic treatment	See Schedule

Coverage Category	Semi-Monthly Rates*
Employee	\$6.40
Employee + Spouse/Domestic Partner	\$10.34
Employee + Child(ren)	\$14.26
Employee + Family	\$16.17

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



Scan to view benefits

DENTAL DPO



Humana's DPO Dental Plan offers comprehensive nationwide dental coverage and encourages preventions, early diagnosis and treatment. Under the PPO plans, you and your covered family members will receive additional savings by using a contracted dentist. To locate a contracted dentist, visit Humana.com/findadentist and select the **Coverage Type: PPO**, select the **Network: PPO/Traditional Preferred**, select a network provider, or call 800-233-4013. Download the Humana Mobile App, or register as a member at MyHumana.com to view ID Cards, benefits, claims and access member discounts. Below is a partial listing of covered services and costs.

	Bronze Plan	Silver Plan	Gold Plan
Calendar Year Deductibles Deductibles are waived for diagnostic & preventive and orthodontics	\$50 per person \$150 per family	\$50 per person \$100 per family	\$50 per person \$100 per family
Calendar Year Maximum Diagnostic and preventive count toward the maximum	\$1,500 per person	\$2,000 per person	Unlimited
Extended annual maximum Additional coverage for preventive basic, and major services after the calendar-year maximum is met (excludes orthodontia)	Plan pays 30% of covered expenses	Plan pays 30% of covered expenses	N/A
Benefits and Covered Services	Humana PPO Dentist	Humana PPO Dentist	Humana PPO Dentist
Diagnostic & Preventive Exams, cleanings, x-rays and sealants	100%	100%	100%
Basic Services Fillings, crowns and denture adjustments	80%	80%	80%
Endodontics (root canals)	80%	80%	80%
Periodontics (gum treatment)	80%	80%	80%
Oral Surgery	80%	80%	80%
Crowns and cast restorations	80%	80%	80%
Major Services Inlays and onlays	50%	50%	50%
Prosthodontics Bridges and dentures	50%	50%	50%
Temporomandibular Joint (TMJ) Benefit	0%	50%	50%
Implant Services	0%	50%	50%
Orthodontic Benefits Adults and dependent children	0%	50%	50%
Orthodontic Lifetime Maximums	N/A	\$1,500	\$1,500
Covered Out-of-Network Services	Claims are paid on Humana's In-Network Fee Schedule		

Coverage Category	Semi-Monthly Rates*		
	Bronze Plan	Silver Plan	Gold Plan
Employee	\$13.00	\$14.28	\$15.24
Employee + Spouse/Domestic Partner	\$25.89	\$28.53	\$30.43
Employee + Child(ren)	\$31.70	\$38.82	\$41.42
Employee + Family	\$42.03	\$50.45	\$53.83

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



Scan to view benefits



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

Vision Care Services	In-Network Cost
Eye Exam	\$10 co-pay
Contact Lenses Fit and Follow-up (in lieu of glasses)	
Fitting, Follow-up, & Lenses	\$125 allowance
Standard Plastic Lenses	
Single Bifocal Trifocal Lenticular	Paid in full
Frames (in lieu of contacts)	
Frames - Retail Value	\$125 allowance
Frequency	
Exam	Once every 12 months
Lenses Frames Contacts	Once every 24 months

EyeMed offers nationwide vision coverage for eye exams and your choice of frames, 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 at EyeMed.com/member 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
Eye 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, \$180 allowance; 20% off balance over \$180
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, \$180 allowance; 15% off balance over \$180
Disposables	\$0 Co-pay, \$180 allowance; plus balance over \$180
Medically Necessary	\$0 Co-pay, paid in full
Discounts	
Lasik or PRK from N.S. Laser Network	Call:1-800-988-4221
Amplifon Hearing	Call:1-877-203-0675
Frequency	
Exams/Lenses or Contacts	Once every plan year (Child(ren) up to age 19 - two exams every plan year)
Frames	Once every other plan year

Coverage Category	Semi-Monthly Rates*
Employee	\$3.57
Employee + Spouse/Domestic Partner	\$6.79
Employee + Child(ren)	\$7.15
Employee + Family	\$10.50

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



Scan to view benefits



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



University Health provides \$25,000 in Basic Term Life and AD&D policy coverage through Aflac. All part-time and full-time employees working 20 or more budgeted hours per week are eligible for this benefit at no cost. Term Life Insurance has no cash value but can help protect the financial future of your loved ones. Accidental Death & Dismemberment pays a benefit in addition to your life insurance if you pass as a result of a covered accident.

Benefits reduce by 50% at age 75. The policy is not portable but does include conversion options.

Dependent Term Life



Aflac offers Dependent Term Life coverage for eligible spouses/domestic partners and children up to age 26 to active part-time and full-time employees working 20 or more budgeted hours per week. Term Life Insurance has no cash value but can help protect the financial future of your loved ones. You may choose from one of the five options with no medical questions.

Your coverage does not include AD&D; the coverage does not reduce at any age. The policy is not portable but does include conversion options.

Supplemental Term Life and AD&D



Aflac offers Supplemental Term Life and AD&D coverage for eligible active part-time and full-time employees working 20 or more budgeted hours per week. Term Life Insurance has no cash value but can help protect the financial future of your loved ones. Accidental Death & Dismemberment pays a benefit in addition to your life insurance if you pass as a result of a covered accident.

During initial benefit enrollment event, you may enroll in increments of one (1) to seven (7) times your annual budgeted salary not to exceed \$1,000,000. Any coverage above \$500,000 requires evidence of insurability (EOI). If you are enrolling due to a Qualified Event or Open Enrollment you may increase coverage by 1 times your annual budgeted salary, not to exceed \$500,000. Any coverage above \$500,000 or an increase in coverage level greater than 1 increment requires evidence of insurability (EOI).

Your coverage will reduce by 35% at age 70 and by 50% at age 75. The policy is not portable but does include conversion options.

Beneficiary Designation



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

Policy Features:

- Accelerated Death Benefit**
 Contact Aflac Customer Care if you receive a terminally ill diagnosis with 24 months or less to live. You may receive up to 75% of your Basic Term Life benefit, not to exceed \$18,750 in total. *This benefit may be taxable.
- Care Manager Program**
 Contact Aflac to get connected with licensed master social workers who's mission is making your life easier when you're sick or hurt.
- Work Life Services**
 Contact Aflac for a variety of services to help you manage work-life balance and receive financial counseling.
- Travel Assistance**
 Contact Aflac to access medical, personal and legal assistance while traveling in the country or abroad.
- Funeral Planning**
 Contact Aflac to get connected with Everest Funeral Concierge services to assist with funeral planning, loss support, online will prep, and burial arrangements.

Dependent Life 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 each month.

Estimate Your Supplemental Life Semi-Monthly Rate*

Example:

$$\frac{\$ 35,000}{\text{Annual Budgeted Salary}} \times \frac{4}{\text{Coverage Option (1-7)}} \times \$0.000080 = \$ 11.20$$

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



Basic Life AD&D



Dependent Life AD&D



Supplemental Life AD&D



Trustmark offers permanent life insurance which build cash value and provides long term benefits. All regular employees scheduled for 20 or more budgeted hours per week are eligible. Employees who are enrolled may also elect coverage for their eligible dependents. Life insurance covers virtually any type of living expenses, such as funeral costs, housing arrangements, car loans, medical debt and much more.

Plan Features:

- Long Term Care (LTC) rider allows you to collect 4% of the policy face amount per month for up to 25 months to help pay for long term care services after a 90-day waiting period. With the LTC Restoration Rider any funds spent on long term care will be restored.
- EZ Value Face Amount option allows you to increase your bi-weekly contribution to the policy by \$2.16 to purchase additional coverage for the first five years with no medical questions.
- Premiums will be waived after 90 days of total disability or if you become completely disabled prior to your 70th birthday.
- Accelerated death benefits provide up to 75% of the death benefit when life expectancy is within 24 months.
- Policy is portable and may be continued at the same rate on a direct basis upon Trustmark's receipt of policy continuation forms within 30 days of your last day worked.
- Guaranteed coverage as long as your premiums are paid.

Coverage	Maximum Coverage	Health Requirements
Employee (age 18 - 64)	\$300,000	No health questions during initial eligibility period (up to \$100,000)
Employee (age 65 - 70)	\$300,000	Requires health questions
Employee (age 71 - 75)	\$300,000	Requires health questions and does not include long-term care benefits
Spouse/Domestic Partner (age 18 - 70)**	\$300,000	Requires health questions
Child(ren) (age 0 - 23)	up to \$40,000	Limited health questions

*Health questions required if outside new hire eligibility period.

**Dependent coverage cannot exceed 100% of your coverage.

Obtain rates and enroll

Using Google Chrome, visit trustmark.benselect.com/uhs
 User ID: your employee I.D. number
 Password: 9 digits, your birth year followed by your EEID.
 (Example: 197512345)

Questions?

Contact University Health Authorized Vendor, Benefit Source, for questions, rates or to enroll.
 Call: 210-340-0777
 Text: 210-240-2574
 Email: uhsbenefits@benefitsourcesolutions.com



Scan to view benefits and rates



Scan to enroll in benefits

Aflac offers Group Short-Term Disability (STD) to all regular employees scheduled for 20 or more budgeted hours per week. This benefit is designed to replace a portion of your income while you are unable to work due to a covered illness or injury. This income replacement can be used to assist with living expenses such as housing, groceries, utilities and more.

Plan Provisions:

- Elimination Period: Benefits begin after you have been disabled for the greater of 14 consecutive days or the exhaustion of the last full day of your paid time off (PTO).
- Weekly Benefit Options: Choose from 50%, 60%, or 70% of your pre-disability earnings, up to a maximum of \$2,500 per week.
- Maximum Benefit Period: 26 weeks.

Features:

- Care Manager Program: Contact Aflac to get connected with licensed master social workers whose mission is making your life easier when you're sick or hurt.
- Work Life Services: Contact Aflac for a variety of services to help you manage work-life balance and receive financial counseling.
- Travel Assistance: Contact Aflac to access medical, personal and legal assistance while traveling in the country or abroad.
- Funeral Planning: Contact Aflac to get connected with Everest Funeral Concierge services to assist with funeral planning, loss support, online will prep, and burial arrangements.

Limitations and Exclusions:

- Covers off-the-job injury or illness only.
- Benefits will not be paid if your disability begins in the first 12 months following the effective date of coverage, if your disability is caused by, contributed to by, or the result of a pre-existing condition.
- Pre-existing Conditions: A pre-existing condition is any condition, diagnosed or misdiagnosed, that you have received care, treatment, consultation, diagnosis, or prescribed medications for during the 6 months prior to your effective date of coverage.
- Benefits may be reduced by other sources of income and disability earnings, i.e. social security and retirement earnings.
- Coverage is not portable.

Employee Age	Semi-Monthly Rate
Under 25	\$0.096
25 - 29	\$0.096
30 - 34	\$0.104
35 - 39	\$0.104
40 - 44	\$0.123
45 - 49	\$0.142
50 - 54	\$0.171
55 - 59	\$0.211
60 - 64	\$0.254
65 - 69	\$0.309
70+	\$0.309

File a claim

- Call: 800-206-8826
- Portal Access: mygrouplifedisability.aflac.com



Scan to view benefits



Scan to view benefits

Plan forms GUL.205/IUL.205 and applicable riders are underwritten by Trustmark Insurance Company, Lake Forest, Illinois. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Your policy will contain complete information. Trustmark is a registered trademark of Trustmark Insurance Company.

Calculate Your Estimated Semi-Monthly Rates*:

- Step 1: Annual salary divided by 52 = Weekly Income
- Step 2: Weekly income times Coverage Level = Weekly Benefit
- Step 3: Weekly benefit divided by 10 = Benefit Per \$10
- Step 4: Benefit per \$10 times Rate by age = Semi-Monthly Cost

Example: Employee Age 38

- Step 1: \$50,000 / 52 = \$961.54
- Step 2: \$961.54 x 70% = \$673.08
- Step 3: \$673.08 / 10 = \$67.31
- Step 4: \$67.31 x \$0.094 = \$6.33

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



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

Aflac offers Group Long Term Disability Insurance (LTD) to all regular employees scheduled for 20 or more budgeted hours per week. This benefit is designed to replace a portion of your income while you are unable to work due to a covered illness or injury. This income replacement can be used to assist with living expenses such as housing, groceries, utilities and more.

Policy Provisions:

LTD benefits begin after you have been disabled for the greater of 180 days or when your Short-Term Disability is exhausted. You may elect 50% or 60% of your pre-disability budgeted monthly income, not to exceed \$7,500 per month.

Disability benefits are payable for the first 24 months if Aflac determines that you are unable to perform the material and substantial duties of your regular occupation solely due to your illness or injury (including mental and nervous conditions), you are under the regular care of a physician, and you have a 20% or greater loss of your covered monthly earnings due to the same illness or injury.

After 24 months of LTD, you are still considered disabled if, due to the same illness or injury (excluding mental and nervous conditions), you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training, or experience. Benefits will continue until you are no longer disabled or reach Social Security Normal Retirement age, whichever comes first.

Features:

- Case Management Assistance
- Family Care Benefits
- Survivor Benefits
- 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 6 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.

Age	Age Banded Rates (Per \$100 of Covered Monthly Payroll)	
	50%	60%
Under 25	\$0.017	\$0.029
25 - 29	\$0.026	\$0.044
30 - 34	\$0.048	\$0.080
35 - 39	\$0.076	\$0.128
40 - 44	\$0.131	\$0.223
45 - 49	\$0.169	\$0.289
50 - 54	\$0.241	\$0.410
55 - 59	\$0.311	\$0.516
60 - 64	\$0.239	\$0.408
65 - 69	\$0.162	\$0.276
70+	\$0.118	\$0.219

Calculate Your Semi-Monthly Rates*:

- Step 1: Annual salary divided by 12 = Covered Monthly Income
- Step 2: Covered monthly Income divided by 100 = Covered Benefit
- Step 3: Covered benefit times Age Banded Rate = Semi-Monthly Cost

Example: Employee Age 38

- Step 1: \$50,000/12 = \$4,166.67
- Step 2: \$4,166.67 / 100 = \$41.67
- Step 3: \$41.67 X \$0.076 = \$3.17

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



Scan to view benefits

- File a claim
- Call: 800-206-8826
 - Portal Access: mygrouplifedisability.aflac.com

Guardian Life Insurance Company of America offers portable individual disability insurance that provides monthly income when you can't work due to an illness or injury.

This plan works with your group short-term and long-term disability plans to provide up to 30% of additional tax-free income. If you become too sick or hurt to work, benefits help pay for your daily living expenses, such as health insurance, mortgage, car payment and much more. These benefits are not reduced by other income sources.

Plan Eligibility:

- Employees working 32+ hours per week
- Employees between 18 - 60 years of age
- Financial documentation - paystub, W2
- Medical underwriting required
- Electronic application and health questionnaire
- Medical exam for employees over age 50

Plan Features:

- Eligible for \$500 to \$30,000 monthly based on your salary
- Choose benefits to start after 30, 60, 90, 180, 360, or 720 days of total disability
- Benefits may be received up to age 65, 67, or 70
- Portable - you may take with you
- Tax-free benefits
- Benefits do not reduce
- Waiver of premium

Plan Enhancements:

- Enhanced partial disability benefit: Provides benefits for income loss of 15% or more
- Cost of living adjustment: Adjusts monthly benefits to keep pace with inflation
- Mental and/or substance disorder limitation: Provides a 10% discount on rates and offers 24 month of disability benefits
- Automatic benefit enhancement: Provides a 4% annual increase for the first six years of your policy with no medical or financial requirements
- Enhanced catastrophic disability benefit: Offers additional benefits if you are unable to perform two or more daily activities, have cognitive impairment, or face a permanent disability
- Benefit purchase options: Allows benefit increases every three years until age 55 with no medical requirements
- Future increase option: Offers coverage increases each year until age 55 with no medical requirements

Rates:

- Based on employee's age, gender, smoking status, annual salary, job duties and selected plan features.
- Benefits are based on employee annual salary and selected plan features.
- Rates are non-cancellable and guaranteed renewable.

ENROLL NOW

Guardian representatives are available to help design a plan that meets your budget.

Contact local Guardian representative, Benefit Source:

- Call: 210-340-0777 Text: 210-240-2574
- Email: uhsbenefits@benefitsourcesolutions.com
- Visit www.DisabilityQuotes.com/nava



Scan to view benefits



Aflac offers two portable cancer plans that pay a lump-sum cash benefit directly to a policyholder, which helps with out-of-pocket medical and living expenses when an insured person is diagnosed with a covered illness. Employees may choose the Basic Cancer with cancer only coverage or Enhanced Cancer with cancer, heart and stroke coverage. Employees may choose from \$10,000 up to \$50,000 of lump sum cash benefit.

Plan Features:

- Annual \$50 wellness benefit
- Reoccurrence benefit
- Policies are portable at the same rate
- Additional diagnosis benefit
- Eligible child(ren) covered up to age 26 at 50% of the employee's elected face amount, at no additional cost

*Cancer Pre-Existing Limitation: benefits are payable for cancer and/or noninvasive cancer if the insured is treatment - free from cancer for at least 12 months before the diagnosis date; and is in complete remission prior to the date of a subsequent diagnosis as evidenced by the absences of all clinical, radiological, biological and biochemical proof of the presence of cancer.

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

Coverage Category	Semi-Monthly Rates* (includes children)				
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Basic Plan					
Employee	\$7.02	\$13.27	\$19.53	\$25.78	\$32.04
Employee + Spouse/Domestic Partner	\$14.04	\$26.54	\$39.06	\$51.56	\$64.08
Enhanced Plan					
Employee	\$9.62	\$18.53	\$27.43	\$36.34	\$45.24
Employee + Spouse/Domestic Partner	\$19.24	\$37.06	\$54.86	\$72.68	\$90.48

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



Scan to view benefits

Nationwide offers pet insurance coverage that helps with the cost of maintaining your pet's health at any licensed veterinarian nationwide. Pet coverage is available for dogs, cats, reptiles and exotic pets like parrots, lizards, turtles, gerbils, mice, snakes and rabbits, but is not offered for horses.

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	My Pet Protection with Wellness 500
Accidents	✓	✓
Injuries	✓	✓
Illnesses (including cancer and diabetes)	✓	✓
Hereditary and congenital conditions	✓	✓
Procedures and surgeries	✓	✓
Diagnostic and imaging	✓	✓
Hospitalizations	✓	✓
Prescription medication and therapeutic diets	✓	✓
Pre-existing conditions NOT covered	✓	✓
Wellness Rider Benefits		
Annual wellness exam		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
Dental cleanings with sedation		✓
Microchipping		✓

Additional Benefits

- 12-month rate guarantee.
- Policy automatically renews.
- Annual renewal notices provide annual rate changes.
- Rx Pet Express - medications through Walmart or Sam's Club pharmacy.
- 24/7 Vet Helpline: Chat available on the mobile app.



Scan to view benefits

Enroll Now

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

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



Scan to view benefits



Navia Benefits Solutions 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.

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.

Flexible Spending Account	Incur Expense by	Request Reimbursement by
2025 Health Care FSA	March 15, 2026	June 15, 2026
2025 Dependent Care FSA		

Health Care FSA Guidelines	
Annual Limits	Minimum \$100 Maximum \$3,200 (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

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, you may use your available funds up to and on your termination date. Claims may be submitted up to 90 days after COBRA termination.

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



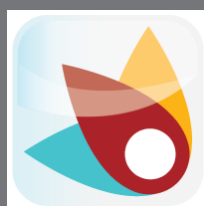
DENTAL EXPENSES

Exams, Braces, Crowns, Implants, Dentures, Fillings



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. Registration code: YHT



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 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.

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: 457(b) Deferred Compensation	Limit: 1-100% of gross pay, but no more than \$23,000.*	Catch-Up Contributions: Beginning with the year you reach age 50, you may make additional contributions.		Vesting: There are no vesting requirements for the 457(b) Deferred Compensation Plan.
		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.		

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

Withdrawals

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

“Unforeseeable Emergency” Defined

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

Match Savings Plan

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

Eligibility

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

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



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. (University Health does not provide a matching contribution for this retirement plan.)

Retirement Plan Summary			
Plan: 403(b) Savings Plan	Limit: 1-100% of gross pay, but no more than \$23,000.*	Catch-Up Contributions: 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.	Vesting: 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.

“Hardship” Defined

An event that creates a immediate and heavy financial need of the employee and the amount must be necessary to satisfy the financial need. Certain expenses are deemed to be immediate and heavy, including: (1) certain medical expenses; (2) costs relating to the purchase of a principal residence; (3) tuition and related educational fees and expenses; (4) payments necessary to prevent eviction from, or foreclosure on, a principal residence; (5) burial or funeral expenses; (6) certain expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under IRC Section; and (7) expenses and losses (including loss of income) incurred by an employee on account of a Federal disaster declaration provided that the employee's principal residence or principal place of employment was located in the disaster zone and designated for individual assistance.

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

University Health Retirement Plan

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

Eligibility

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

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

Cash Balance Plan

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

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

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

For More Plan Information

Please refer to the plan documents on the infoNET.

infoNET > Department > Human Resources > Benefits > Retirement.



Vesting in the University Health Retirement Plans

5

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

University Health Defined Benefit Plan

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



Advancing Careers

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

Employee Discounts

Employees and volunteers receive a 25% discount on select food purchased with their badge at the University Hospital cafeteria and University Health Cafes. Discount does not include Starbucks. Refer to the [infoNET>Department>Human Resources>Benefits>Employee Discounts](#) for additional employee discount offerings.

Employee Assistance Program

The Employee Assistance Program (EAP) 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 888-993-7650 or go to www.deeroakseap.com. Username/Password: uhsys.

Education Benefits

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

- Tuition reimbursement up to \$3,000 annually.
- Continuing education and certification benefits up to \$800 per year.
- Free on-site and eLearning classes.

For information, visit [infoNET>Department>Center for Learning Excellence](#) or call 210-743-6300.

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.

Employee Health and Wellness Services

Upon initial employment and annually thereafter, each employee receives a health and wellness screening in the Employee Health Clinic. Free flu shots are also available at specified times during the year. The clinic also serves as the first support if you are injured on the job.

Get U Well Clinic

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

Pediatric Care

University Health remains the leading destination for pediatric care in South Texas. As the region's only Level I pediatric trauma and burn center, we offer the highest quality care in a child-friendly environment, in partnership with UT Health physicians. Our new Women's & Children's Hospital and outpatient clinics offer a wide range of pediatric services, including advanced imaging, cardiology, neurology and many more.

Sick Time Program

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

Jury Duty

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

Paid Time Off (PTO)

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

Paid Time Off (PTO) Sell-back

Some employees choose to sell their PTO time to help fund school, holiday, vacation, and other expenses. You can sell-back a portion at 50% of its current value. Starting January 1, 2025, we will increase the sell-back benefit from the flat rate of 50% of your base hourly rate to rates that increase the longer you are with us. See the Payroll infoNET for more details. Sell-back may not reduce the employee's PTO balance below 80 hours, and there is a minimum sell back of 16 hours. Please refer to Policy No. 4.02.04.

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.

For more information on different policies, refer to the InfoNET:
[InfoNET > About > Publications > Corporate Policies](#)





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 their 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.

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.

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.

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;*
- 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 Human Resources as soon as possible and, generally, follow University Health's policy, procedures and rules.

Employees do not have to share a medical diagnosis, but must provide enough information to University Health so it can be determined 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 University Health if the need for the requested leave is the reason for which FMLA leave was previously taken or certified.

University Health can require certification or periodic recertification of documents supporting the need for FMLA leave. If University Health determines that the certification is incomplete, they 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 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



Women's Health & Cancer Rights Act Annual Notice

Do you know that the Family Care Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including: all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy including lymphedema? If you have questions about this notice or about the coverage described herein, contact Community First Health Plans 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 enrolled in 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 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 the protections apply that do and 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 dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act.

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

Review your very important notice regarding the health benefit exchange under the Patient Protection and Affordable Care Act (PPACA). This notice informs employees of the existence of the health benefits exchange and gives a description of the services provided by the exchange. This notice is enclosed with your benefit materials. Additional copies may be requested by contacting Human Resources.

Summary of Benefits and Coverage

Your Summary of Benefit Coverage (SBC) provides important information regarding the University Family Care Plan. The SBC is enclosed with your benefit material. Additional copies may be requested by contacting Human Resources.

Medicaid and the Children's Health Insurance Program (CHIP) Offers 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 (YourTexasBenefits.com) or dial 877-KIDS-NOW (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 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 enclosed in your benefit materials. These notices are for participants enrolled in the University Family Care Plan and the Cancer, Dread Disease and ICU policy.

Series of horizontal lines for taking notes.



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

