



EMPLOYEE BENEFITS

University of
South Alabama
2024

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WELCOME TO OPEN ENROLLMENT!

The University of South Alabama appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans. We understand that you may have questions about open enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Any time you have questions about benefits or the enrollment process, you can contact your Human Resources representative by emailing employeebenefits@southalabama.edu. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan descriptions (SPD's) at www.southalabama.edu/hr

OPEN ENROLLMENT ANNOUNCEMENT

The University of South Alabama takes pride in offering an extensive benefit package that provides an array of options for you to select from. Our objective is to deliver competitive and flexible benefits that align with your needs.

You and your dependents can access benefits if you are a regular, benefits-eligible employee working a minimum of 20 hours per week!

New Online Benefits Enrollment Portal

We are excited to announce that you will now be able to make your benefit elections online through our new benefit enrollment portal, Employee Navigator! See page 4 for more information!

Medical Benefit Changes

There will be an increase to your 2024 medical premiums. Single coverage premiums will increase \$10 per month and family premiums will increase \$30 per month for both the USA Choice and USA Select Plans.

The USA Choice Plan will implement a new calendar year deductible structure for 2024. For single coverage, the calendar year deductible will be \$125 and family coverage will have a calendar year deductible of \$250. This will replace the existing \$400 per person major medical deductible which currently applies only to specific services such as ambulance services, cardiac rehab, physical therapy, etc.

The USA Select Plan will also have a new calendar year deductible implemented. For single coverage, the calendar year deductible will be \$125 and family coverage will have a calendar year deductible of \$250.

The calendar year deductible on both the USA Choice and USA Select Plan must be fulfilled before the plan's benefits take effect. This means that you will be responsible for satisfying the applicable calendar year deductible before benefits are paid by the plan.

The new calendar year deductible will be in addition to the existing calendar year prescription drug deductible on both the USA Choice and USA Select Plan of \$100 per individual (maximum of 3 per family).

Urgent Care copay increase to \$50 per visit on both the USA Choice and USA Select Plan; and will apply to the USA Health Network (currently \$15) and BCBS PPO Network (currently \$40).

You will receive a new medical insurance card from BCBSAL with the updated deductible. To ensure you receive your new card log into bcbsal.org/mybluecross and check that your mailing address is correct.

Eligible Dependents

As we approach open enrollment, it is an excellent opportunity to take a closer look at the individuals currently covered under your benefit plans. Please ensure that your coverage only includes those dependents who are eligible for benefits. Eligible dependents include:

- Spouse - As recognized by the state of Alabama.
- Dependent child - your natural-born child under the age of 26; your stepchild under the age of 26; your legally adopted child, including a legally adopted child living with you as the adopting parent, during a period of probation; a child under age 26 whom you have legal guardian status by court appointment; a child under age 26 for whom you are legally required to provide health insurance coverage pursuant to a Qualified Medical Child Support Order (QMCSO); your disabled child of any age provided the disability commenced prior to age 19.

NEW-ENHANCED BENEFIT EDUCATION SESSIONS!

We are excited to bring our employees a new, more personal way to understand the full range of benefits offered at the University of South Alabama. If you're a benefits-eligible employee, you now have the opportunity for one-on-one benefits counseling. To assist with this process, we have a team of Benefit Navigators, ready to meet with you.

Benefit Navigators are available to:

- Meet with you one-on-one at a convenient time and location – both telephonic and on-site support is available.
- Educate you on the University of South Alabama core benefits program.
- Help you login, enroll or change your benefit elections.
- Assist you in selecting the benefits that best meet your needs.
- We are also available to help when you experience a qualifying life event that affects your benefits.

There are several options to choose from to schedule a one-on-one meeting!

- Call 800-273-0873
- Schedule a dedicated time to meet with a Benefit Navigator telephonically via the website at <https://go.oncehub.com/scheduleusa> or by scanning the QR code with your phone. You will receive a call at your scheduled time.
- Be on the lookout for Benefit Navigators on-site at your location throughout the OE period.



NEW BENEFITS ENROLLMENT PORTAL

This year you are able to enroll in benefits online using our new benefit enrollment system.

If you are not making a benefit change, your benefits will roll over from last year with the exception of your spending account elections. You must re-enroll in those benefits yearly. We ask that you login to the enrollment system and verify your beneficiaries for your life insurance benefits and verify your dependents.

How to Enroll in Benefits

Enrolling is easy! If you are a benefits eligible employee you can complete enrollment via our new enrollment system, Employee Navigator. There are two ways to register and get started. You may use the email sent with your registration link or by following the steps below.

1. Go to the registration site: <https://www.employeenavigator.com/benefits/Account/Register>
2. Complete the New User Registration information. Your information **MUST MATCH** what is in Employee Navigator. Your date of birth should be entered as MM/DD/YYYY. You will also enter the last 4 digits of your social security number. If you have trouble registering, reach out to HR for assistance.
3. The Company ID is **USAJAGS**
4. Follow the on screen instructions to create a unique Username and Password.
5. You must agree to the "Terms of Use" to register
6. **You're in! Don't forget your Username and Password!**
7. To log-in again, just return to: <https://www.employeenavigator.com/benefits/Account/Login>

HOW TO ENROLL IN YOUR BENEFITS

After you have registered as a new user you will then elect your benefits. The steps below will walk you through how to enroll in benefits.

You will need to verify information for your dependents and beneficiaries. **Make sure you have the date of birth and social security numbers for eligible family members you are enrolling in benefits.**

1

Go to www.EmployeeNavigator.com and click Login.

- Returning users: Log in with the username and password you selected previously. Click Reset a forgotten password if needed.
- First time users: Click on your Registration Link in the email sent to you by your admin or Register as a new user. Create an account, and create your own username and password. See steps on page 4 for more information on how to register.



Keep an eye on your inbox for the registration link!

If you are using the email with your registration link, you will not need the company ID listed on page 4.

2

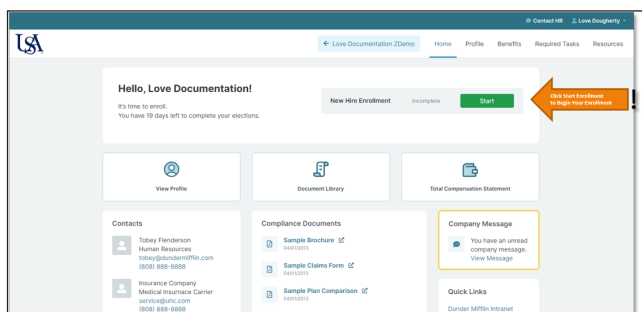
Once logged in you will see a greeting, Welcome to Your Benefit Enrollment Portal! Click the green continue button. On the next screen you will click Let's Begin to get started!

If you need to leave and return later to finish your open enrollment elections your work will be saved.

3

You will now be on the home page. This is the starting point for enrolling.

You will be guided through each step of the enrollment process.



4

Next, you will review the personal information for you and your dependents. Make sure addresses, date of births and social security numbers are correct. If any information is missing or not correct updates will need to be made through PAWS or you may contact Human Resources.

To add a dependent click on the green Add dependent button.



If you do not add dependents on the Dependent Information page you will be able to add them on the appropriate Coverage Page(s)!

A Human Resource representative will contact you for the necessary documentation to add a dependent to coverage.

All dependents added to coverage must meet the dependent verification requirements on page 8 to be eligible for coverage.

5

After you review your personal information on the next screen you will elect your medical benefits.

Under Who am I enrolling you will select the dependents you wish to enroll in medical coverage. Be sure you only enroll dependents who are eligible for coverage.

A screenshot of a web form titled "Who am I enrolling". It contains four radio button options: "Myself" (selected), "Select All", "zDemo Spouse (Spouse)", and "zDemo Kid (Child)".

You will be able to select if you wish to enroll in the Select Plan or the Choice Plan.

A screenshot of a web form titled "Which plan do I want?". It displays a plan card for "USA Choice - Standard Plan with Wellness". The card shows a cost of "\$72.00 Cost per pay period" and is "Effective on 10/01/23 Employee". There are "Compare" and "Details" buttons, and a green "Selected" button.

6

Once you have selected your election you will advance to the next page. You will repeat the actions in step 5 to enroll in different coverage options available until you have made a benefit election for each benefit available to you.

7

Review the benefits you selected on the enrollment summary page to make sure they are correct. Then, **Sign & Agree to complete your enrollment.** You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

A screenshot of the "Enrollment Summary" page. It includes a "Print" button, a warning box stating "Signature required" with the message "You've elected all your benefits, but we still require a signature before advancing.", and a "Sign to complete enrollment" button. Below this is a section for "Enrolled Plans" showing "Medical" coverage for "USA Choice - Standard Plan with Wellness" with details: "Coverage: Employee", "Effective: 10/01/2023", and "Cost Per Pay: \$72".



If you miss a step you'll see the Enrollment Not Complete in the progress bar with the Incomplete steps highlighted. Click on any Incomplete steps to complete them!

WHO IS ELIGIBLE?

Benefits are available to you and your dependents if you are a regular, benefits-eligible employee working a minimum of 20 hours per week. Benefits elected during Open Enrollment will be effective on January 1, 2024.



Eligible dependents include:



Your children from birth to age 26

(Including your natural/legally adopted children; a legally adopted child living with you as the adopting parent during a period of probation; stepchildren, and/or child who permanently resides in your home and over whom you have legal guardian status by court appointment; your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support.)

MAKING CHANGES

You may only make changes to your benefit elections during open enrollment each year; or during the year if you experience a qualifying life event. Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Marital status.
- Change in residence that changes eligibility for coverage.
- Dependent child reaches age 26.
- Court-ordered change.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.

Changes to your coverage due to a qualifying life event must be made within days of the life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

ENROLLMENT DEADLINES

Type of /Dependent	Enrollment opportunity	Coverage effective date
Current	November 1, 2023 - November 30, 2023	January 1, 2024
New hire	Must enroll within 30 days of hire	
Qualified life event	Changes must be made within 30 days of life event	Date of life event

DEPENDENT VERIFICATION

We make every effort to keep benefits affordable for you and your family. One of the ways we can control health care costs is to review the dependents who are enrolled to make sure they are eligible for coverage. If you enroll dependent(s) in the medical plan, you will be asked to verify that your dependent(s) are eligible for coverage. Documentation must be submitted within 30 days of enrollment and when requested by the Human Resources Department.

Required Documentation for Dependent Coverage

Dependent Type	Required Documents
Legal spouse	<p>Marriage Certificate AND one of the following documents to show current marriage:</p> <ul style="list-style-type: none"> • Most recent federal income tax return as filed with the IRS listing the spouse • Current mortgage statement, loan or lease agreement listing both you and your spouse • Current property tax documents listing both you and your spouse • Vehicle registration currently in effect listing both you and your spouse • Current credit card or bank account statement listing both you and your spouse • Current utility bill listing you and your spouse <p>Note: "Current" is defined as within the last six months.</p>
Separated spouse	<ul style="list-style-type: none"> • Court document signed by judge showing legal separation
Common law spouse - NOT ELIGIBLE AFTER 1/1/2017	<p>Common law spouse status prior to 1/1/2017 - Each of the following :</p> <ul style="list-style-type: none"> • Questionnaire and affidavits provided by Human Resources department • Most recent federal income tax return as filed with the IRS listing your spouse • One of the documents listed in the spouse category above as proof of current marriage
Biological child under age 26	<ul style="list-style-type: none"> • Birth certificate issued by a state, county or vital records office
Stepchild under age 26	<p>Each of the following:</p> <ul style="list-style-type: none"> • Marriage certificate between you and your spouse • Birth certificate issued by state, county or vital records office showing spouse as parent <p>Note: If spouse is not covered by the USA Choice Plan or USA Select Plan, you will need to provide proof that you and your spouse are currently married.</p>
Adopted child under age 26	<p>One of the following documents:</p> <ul style="list-style-type: none"> • Certificate of adoption or court order granting legal custody during a probationary period prior to adoption • International adoption papers from country of adoption • Birth certificate issued by state, county or vital records office naming the adoptive parents
Child over whom you have legal guardian status	<p>One of the following documents:</p> <ul style="list-style-type: none"> • Placement authorization signed by a judge • Final court order signed by a judge
Disabled child of any age who is not married and who became disabled prior to age 26	<p>Each of the following:</p> <ul style="list-style-type: none"> • Acceptable proof of dependent child status • Social Security Disability Entitlement Certificate • Proof of continuous health insurance coverage for disabled child as your dependent since the disability commenced
Grandchild	A grandchild may only be covered if legally adopted and living in your home

MEDICAL

www.bcbsal.org
877-345-6171

You have the choice of two medical plans administered through Blue Cross Blue Shield Alabama – the USA Choice Plan and the USA Select Plan. Both medical plan options cover the same services and offer the same pharmacy and dental benefits. Both plans have a higher level of benefits when you see a USA Health Network provider.

When you enroll in the USA Select Plan and see a provider that is not part of the USA Health network, you will have coinsurance for most services. The chart below provides a side by side comparison of both plans, including how much each plan pays for various services.

Medical	USA Choice Plan		USA Select Plan	
	USA Health Network	BCBS In-network	USA Health Network	BCBS In-network
Annual deductible (Individual/Family)	\$125/\$250		\$125/\$250	
Out-of-pocket maximum (Individual/Family)	\$2,250 / \$4,500		\$ 8,000 / \$16,000	
Preventive care	Covered at 100%		Covered at 100%	
Primary physician office visit includes telehealth visits	*Covered at 100% after \$15 Copay	*Covered at 100% after \$40 Copay	*Covered at 100% after \$15 Copay	*70% Coinsurance
Specialist office visit	*Covered at 100% after \$15 Copay	*Covered at 100% after \$40 Copay	*Covered at 100% after \$15 Copay	*70% Coinsurance
Teladoc	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Inpatient hospital services	*Covered at 100%	Covered at 100% after \$1,000 per admission deductible and \$100 Copay for days 2 -5	*Covered at 100%	*70% Coinsurance
Outpatient Surgery	*Covered at 100% after \$150 Copay	*Covered at 100% after \$350 Copay	*Covered at 100% after \$150 Copay	*70% Coinsurance
Diagnostic Services	*Covered at 100%	*Covered at 100% after \$50 Copay	*Covered at 100%	*70% Coinsurance
Urgent care	*Covered at 100% after \$50 Copay	*Covered at 100% after \$50 Copay	*Covered at 100% after \$50 Copay	*70% Coinsurance
Emergency room care	*Covered at 100% after \$200 Copay - waived if admitted	*Covered at 100% after \$350 Copay waived if admitted	*Covered at 100% after \$200 Copay - waived if admitted	*70% Coinsurance
Prescription drugs				
Annual deductible (Individual/Family) (\$300 family maximum)	\$100 / \$300		\$100 / \$300	
Retail (30-day supply)				
Tier 1 (Preferred Generic)	\$10 Copay		\$10 Copay	
Tier 2 (Non-Preferred Generic)	\$10 Copay		\$10 Copay	
Tier 3 (Preferred Brand)	\$50 Copay		\$50 Copay	
Tier 4 (Non-Preferred Brand)	\$75 Copay		\$75 Copay	
Tier 5 (Preferred Specialty Brand)	\$150 Copay		\$150 Copay	
Tier 6 (Non-Preferred Specialty Brand)	50% Coinsurance		50% Coinsurance	
Mail order (90-day supply)				
Tier 1 (Preferred Generic)	\$20 Copay		\$20 Copay	
Tier 2 (Non-Preferred Generic)	\$20 Copay		\$20 Copay	
Tier 3 (Preferred Brand)	\$100 Copay		\$100 Copay	
Tier 4 (Non-Preferred Brand)	\$150 Copay		\$150 Copay	

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage.

*Subject to the calendar year deductible.

IMPORTANT THINGS TO KNOW BEFORE ENROLLING IN THE USA SELECT PLAN

The USA Select Plan is a narrow network. Providers that are affiliated with the University of South Alabama make up the USA Health network. This means when you use a USA Health network provider your out-of-pocket cost will be lower. Most services are covered at 100% after a low copay.

The USA Select Plan also offers benefits for providers in BCBS PPO network. When you use a provider that is part of the BCBS PPO network your out-of-pocket cost will be higher. Benefits are generally covered at 70% leaving you with additional cost.

Is the USA Select Plan right for me and my family?

- You will pay less in medical premiums if you enroll in the USA Select Plan. The USA Select Plan will save you \$648 if you enroll in single coverage, and \$2,148 if you enroll in the family plan annually.
- You and your covered dependents should live in the state of Alabama if you are enrolling in the USA Select Plan.
- To receive the full level of benefits offered under the USA Select Plan, you may need to change **providers if your doctor is not part of the USA Health Network. You need to confirm if you and your dependents doctors are part of the USA Health Network before enrolling in coverage.**
- If you see a provider that is not part of the USA Health network or BCBS PPO network, this is considered an out-of-network provider and no benefits are provided. **This means you will be responsible for 100% of the cost.**
- If you enroll in the USA Select Plan and later in the year are not satisfied with your enrollment choice, you will not be able to change your medical election until the next open enrollment, unless you have a change in residence and move outside of Alabama.
- If you join the USA Select Plan and later elect to change plans, you may only change to the USA Choice Plan (Standard Premium), even if you were previously enrolled in the USA Choice Plan (Base Premium).



TELADOC

teladoc.com/alabama

855-477-4549

This benefit is only available if you are enrolled in one of the BCBS medical plans. Teladoc gives you access 24 hours, 7 days a week to U.S. board-certified doctors through the convenience of phone, video or mobile app visits. Use Teladoc when you need immediate care, you're considering the ER or urgent care for a non-emergency issue, or traveling out of town. Teladoc can treat many illnesses such as cold & flu symptoms, respiratory infections, sinus problems and many more!

Set up your account today so when you need care, a Teladoc doctor is just a call or click away.

	ONLINE	MOBILE APP	CALL TELADOC
<p>Step 1</p> <p>SET UP YOUR ACCOUNT</p> <p>Set up your account by phone, web or mobile app</p>	<p>Go to teladoc.com/alabama and click "set up account".</p>	<p>Download the app and click "Activate account". Visit teladoc.com/mobile to download the app.</p>	<p>Teladoc can help you register your account over the phone at 855-477-4549.</p>
<p>Step 2</p> <p>PROVIDE MEDICAL HISTORY</p>	<p>Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.</p>		
<p>Step 3</p> <p>REQUEST A CONSULT</p>	<p>Once your account is set up, request a consult anytime you need care and talk to a doctor by phone, web or mobile app.</p>		



VIRTA

REVERSE YOUR PREDIABETES AND TYPE 2 DIABETES

Enroll anytime of year for \$0 monthly!

If you or a loved one struggle with type 2 diabetes, high blood sugar, or weight gain, it may be time to explore nutrition therapy with Virta Health.

A virtual nutrition clinic made for real life

Instead of a one-size-fits-all diet, Virta's providers and health coaches help you to eat your way to better health with a personalized nutrition plan designed for your health needs, tastes, and lifestyle. Reversing poor health and redefine what's possible!

What does the Virta treatment include?

- Unlimited 1:1 health coaching
- Free diabetes testing supplies like meters and strips, delivered right to your door
- Doctor-driven support
- Smartphone app for tracking ketones, glucose and weight
- On-demand resources like recipes, grocery lists, meal plans and more

If you or your spouse is enrolled in the medical plan, have prediabetes or type 2 diabetes, this benefit is offered at no additional cost! To see if you are eligible go to info.virtahealth.com/usaoeflyer or scan the QR code.



After you apply, you'll be connected with an enrollment advisor who can answer any questions and help you start your journey towards better health!

10-week member results^{1,2}



18lbs average weight loss



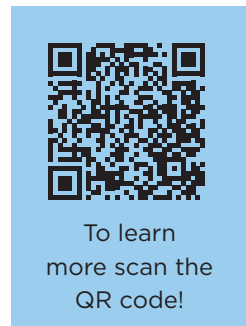
1.0 average A1C reduction



94% stopped/reduced insulin

The Virta difference

Nutrition, not calorie restriction	Eat until you feel full
Personalized, not one-size-fits-all	Your plan covers your needs & tastes
About the journey, not the judgement	Get caring providers and coaches



¹ McKenzie AL et al. JMIR Diabetes 2017.

² For members enrolled in type 2 diabetes reversal.

PACK HEALTH

www.packhealth.com/usa

855-255-2362

Pack Health provides personalized, one-on-one health coaching, support, education and tools. When you sign up for Pack Health, you are paired with your own personal Health Advisor. A Health Advisor is your personal resource to help you set, track and achieve your health goals.

Have you ever been to the doctor and felt like you didn't get enough time to discuss all of the things you wanted? Or maybe you felt like you received a laundry list of to-dos, but not any direction on how to make those things happen? That's where your Health Advisor comes in!

Health Advisors are non-clinical health professionals – meaning they are not nurses or physicians, but instead, they come from an allied health background such as dietetics, social work, public health and exercise physiology. On top of their various health specializations, they are specifically trained to listen to your story, needs and preferences in order to create personalized plans for your specific goals.

You'll work with your Health Advisor from the comfort of your own home on your schedule. Your Health Advisor reaches out to you on a weekly basis via phone calls, text messages, emails and online lessons. Don't text? No problem. You can choose which communication methods you'd prefer to use.

If you have one of the following conditions, you are eligible to sign up for health coaching:

- Type 2 Diabetes
- Diabetes Prevention
- High Blood Pressure
- Weight Management
- Musculoskeletal Pain
- Cancer
- Hyperlipidemia
- Hip Pain Management
- Knee Pain Management
- Joint Pain Management
- Chronic Pain
- Depression/Behavioral Health
- Migraines
- Congestive Heart Failure
- Rheumatoid Arthritis
- Irritable Bowel Syndrome/
Irritable Bowel Disease
- Crohn's/Colitis
- Multiple Sclerosis
- Psoriasis
- Chronic Kidney Disease
- Nutrition
- Cancer: symptom
management, survivorship

Interested?

Getting started is easy - When you enroll, you'll select your program and choose the time of the week that works best for you!

Keep an eye on your mail - You'll receive a Welcome Pack. It's full of resources to help you get started achieving your goals.

Get ready for your first call - Your health advisor will call you from a 205 area code.

To enroll, go to www.packhealth.com/usa or call 855-255-2362.

BLUE CROSS BLUE SHIELD ALABAMA EXTRAS

www.aflacenrollment.com

800-433-3036

BCBS Resources Online

The BCBSAL website at www.AlabamaBlue.com offers secure access to the personal health benefit information you need most. You can create your own account and obtain real-time access to the following information and much more!

- View claim statements
- Order ID cards and view or email a virtual ID card
- See covered immunizations and preventive services
- Compare treatment costs
- Find a healthcare provider or facility
- You can also download the Alabama Blue app for your mobile devices

Prime Therapeutics

BCBSAL manages your medical benefits along with your prescription drug benefits through a partnership with Prime Therapeutics. To locate a participating Prime Network Pharmacy visit AlabamaBlue.com/PrimeParticipatingPharmacyLocator.

Maintenance drugs are available up to a 90-day supply.

Mail Order Maintenance drugs are also available through the Home Delivery Network. To enroll visit AlabamaBlue.com/HomeDeliveryNetwork.

Specialty drugs are provided through Accredo and Mitchell Cancer Institute (MCI) Pharmacy Services. With Accredo, you can expect individualized care, with experts available for complex specialty conditions as well as free shipping with safe, on-time delivery. In addition, you will have access to digital and mobile tools, including refill reminders. Mitchell Cancer Institute Pharmacy Services are also able to provide specialty medications that usually require special handling and processing.

Kick the Habit Quit for Life

If you are enrolled in the medical plan, you may participate in a tobacco cessation program to help you get on the path to a tobacco free life with the Quit for Life program.

The Quit for Life program has helped over 1 million tobacco users and they can help you too! Take the first step toward quitting.

Call or enroll online today!
1-888-768-7848 or
www.QuitNow.net/Alabama

Earn a \$50 monthly Wellness Incentive credit (one per family) applied to your medical premium.

- If you and your spouse (if enrolled in medical coverage) are tobacco free for six months, complete the Tobacco Declaration Form: www.southalabama.edu/departments/financialaffairs/hr/openenrollment/
- If you have previously certified that you are tobacco-free, you do not need to recertify unless your tobacco status has changed.
- Contact the Human Resources department if you are unable to meet the standard for this program. You may qualify to earn the same reward differently



CHRONIC CONDITION MANAGEMENT PROGRAM

The Chronic Condition Management Program improves health outcomes and elevates quality of care. Registered BlueCross BlueShield nurses help you manage sometimes debilitating, chronic conditions that may be managed through early intervention and awareness of appropriate treatment and lifestyle changes.

Enroll today in the Chronic Condition Management Program!

Call **1-888-841-5741** toll free or email

membermanagement@bcbsal.org for more information.

The program focuses on five common chronic diseases:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Coronary Artery Disease
- Diabetes (Types 1 and 2)

*There is no cost, and participation is completely voluntary and confidential.

The Baby Yourself Maternity Program provides support and educational materials from an experienced Blue Cross Blue Shield registered nurse. You will have access to a personal nurse you can call with questions or concerns throughout your pregnancy. If you have a high risk pregnancy, a care coordinator will help you arrange the care you need. During your pregnancy you will receive gifts to help support a healthy pregnancy.

Call **800-222-4379** to enroll in the Baby Yourself Maternity Program

Download the Baby Yourself Maternity Program app

- Daily Journal
- Photo gallery
- Weekly checklists
- Kick counter
- Contraction counter
- Hospital bag checklist
- Record scheduled doctor visits
- Daily pregnancy and parenting tips
- One-button dialing to access your physician and/or Baby Yourself Nurse*
- ...and much more!

* For this service, you must be a Blue Cross and Blue Shield of Alabama member and enrolled in the Baby Yourself Maternity Program.



FLEXIBLE SPENDING ACCOUNT (FSA)

www.healthequity.com

1-866-346-5800

SOUTHFLEX FLEXIBLE SPENDING ACCOUNTS WITH HEALTH EQUITY

What is a Flexible Spending Account?

A flexible spending account (FSA) is an account that can reimburse you for qualified health care or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paychecks.

Reminder! Your SouthFlex elections will not carry over from year to year. You will need to re-enroll to be eligible to participate in the SouthFlex benefit for the 2024 plan year.

When electing an FSA, you will set an annual contribution amount. The Health Care FSA provides a grace period to March 15, 2025, to incur eligible medical expenses; and until April 15, 2025, to file for reimbursement. The Dependent Care FSA does not rollover year to year, all expenses must be incurred by December 31, 2024. You will have until April 15, 2025, to file for reimbursement of 2024 eligible expenses. The goal is to choose an amount that will cover medical or dependent care expenses, but that is not so high that the money will be forfeited at the end of the year.

You can choose to participate in one or both accounts, and it's not necessary to "sign up" specific family members for these accounts.

Health Care FSA

A health care FSA reimburses employees for eligible medical expenses, up to the amount contributed for the plan year. Eligible health care expenses include many of the out-of-pocket expenses you pay to maintain your health and well-being. Visit irs.gov for a full list of eligible expenses.

You may contribute up to \$3,050 annually (funds will be available as of the election effective date).



Dependent Care FSA

You may use pre-tax dollars from your Dependent Care FSA to pay expenses for the care of a dependent child, spouse or elderly parent inside your home (from a qualified provider), and expenses outside your home, such as baby-sitters, nursery schools, or day care centers.

You may contribute up to \$5,000 annually (or \$2,500 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.



When electing your FSA contribution amount, remember to take into account the medical deductible.

DENTAL

www.bcbsal.org
1-877-345-6171

BLUE CROSS BLUE SHIELD ALABAMA

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less. If you choose an out-of-network dentist, you may be billed the difference between what pays, and what your out-of-network dentist charges for the services. To locate an in-network dental provider, please visit www.bcbsal.org. Dental benefits are bundled with the USA Choice Plan and the USA Select Plan at no additional cost to you. Dental benefits are the same regardless of which medical plan you select.

Dental	In-network	Out-of-network
Annual deductible (Individual/Family)	\$25 / \$75	
Annual maximum (per person)	\$1,500	
Diagnostic and preventive care Includes cleanings, fluoride treatments, sealants and x-rays	Covered at 100%	
Basic services Includes fillings, periodontics, scaling and root planning, and oral surgery	Covered at 80%	
Major services Includes crowns, bridges and full and partial dentures	Covered at 50%	



VISION

www.vsp.com

1-800-877-7195

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses and discounts for laser surgery. The vision plan is built around the provider network, who have higher benefits at a lower cost to you. When you need services, consider using an in-network provider for the most bang for your buck! When you use an out-of-network provider, you will be reimbursed for services according to the grid below. Go to vsp.com to get benefit information when you need it! Once logged in, My Dashboard is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card.

If you are enrolled in the USA Choice Plan or USA Select Plan, one routine eye exam per member is covered by the Plan with a \$40 office visit copay. However, there is no coverage for eyeglasses or contacts.

Vision	In-network	Out-of-network
Examination (every 12 months)		
Comprehensive Examination	\$15	\$45
Essential Medical Examination	\$20	Not Covered
Lenses (every 12 months)		
Single	Covered at 100% after \$25 Copay	\$30 Allowance
Bifocal	Covered at 100% after \$25 Copay	\$50 Allowance
Trifocal	Covered at 100% after \$25 Copay	\$65 Allowance
Lenticular	Covered at 100% after \$25 Copay	\$100 Allowance
Frames (every 24 months)		
Frame Allowance	\$150	\$70
Featured Frame Brand Allowance (VSP only)	\$170	Not Covered
Contact lenses (every 12 months)		
Contact Lenses Examination	\$60 copay	Not Covered
Elective	\$120 (not to exceed \$60 copay)	\$105 Allowance
Medically necessary	Covered at 100% after \$25 Copay	\$210 Allowance

Employees can voluntarily elect vision coverage regardless of whether they are enrolled in medical.

Scan the QR code below to download the VSP Vision Care App from the Apple App or Google Play Stores.



Your VSP vision benefits include Eyeconic.com, the VSP preferred online retailer!

Eyeconic connects your eyewear, your insurance coverage, and the VSP doctor network. Plus, you get the convenience of online shopping along with the personal touch from a VSP doctor.

Online shopping with benefits

Online shoppers will love:

- A huge selection of contact lenses and designer frames 24/7—and the Virtual Try-On tool
- Free shipping and returns
- Free frame adjustment or contact lens consultation
- Verification of your prescriptions and the 25-point inspection process to ensure your eyewear is just right

It's easy to use your VSP benefits online

1. Create an account at vsp.com. Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
2. Find superior eye care near you. The decision is yours—choose a conveniently located VSP doctor or any out-of-network provider. Visit vsp.com or call 800.877.7195 to find the best provider for you.
3. Check out Eyeconic and browse the frame brands you love. You can connect to your VSP benefits, upload your prescription at checkout, and order your glasses following your Well Vision Exam.



LIFE AND DISABILITY INSURANCE

www.sunlife.com
1-800-247-6875

Life Insurance

We provide Basic Life and AD&D insurance at no cost to you!

Insurance coverage	Employees with Annual Earnings of:	Life Insurance Benefit:
Basic Life and AD&D	\$12,500 or less	\$25,000
	\$12,501 - \$15,000	\$26,500
	\$15,001 - \$17,500	\$28,000
	\$17,501 - \$20,000	\$32,000
	\$20,001 - \$22,500	\$36,000
	\$22,501 - \$25,000	\$38,000
	\$25,001 - \$30,000	\$42,000
	\$30,001 - \$35,000	\$45,000
	\$35,001 - \$38,500	\$48,000
	\$38,501 or more	Your annual salary multiplied by 1.25, rounded to the next \$1,000. The maximum amount is \$100,000.

If you would like additional coverage, Voluntary Term Life insurance is available to you, your spouse and your dependent children. You must enroll in coverage for yourself in order to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available to you, or elect an amount over the Guaranteed Issue, you will be required to complete an Evidence of Insurability (EOI) form. EOI forms are available at any Human Resource office location or by emailing employeebenefits@southalabama.edu.

Insurance coverage	Benefit
Voluntary life	You may choose 1, 2, or 3 times your basic life insurance amount up to \$300,000. Any increases in coverage is subject to EOI.
Voluntary spouse life	If you elect Voluntary coverage for yourself you can cover your spouse for an additional \$25,000. Benefit amounts are reduced to 65% at age 70 and 50% at age 75. The reduction date is determined by the employee's birthday.
Voluntary child life	If you elect Voluntary coverage for yourself you can cover your dependent children for an additional \$10,000.

Disability Insurance

This plan gives you income protection in the event you are ill or injured in a non-work related injury, and can't come to work.

Long-term disability benefits	
Elimination period	90 days
Monthly benefit	60% of monthly earnings
Maximum monthly benefit	Class specific monthly benefit
Maximum benefit period	SSNRA (Social Security Normal Retirement Age)

VOLUNTARY BENEFITS

NEW FOR 2024 - AFLAC

The University of South Alabama offers a variety of supplemental plans through Aflac for you and your family, so you can have extra financial protection to cover unexpected costs.

- Benefits are paid directly to you and you decide how to use the funds.
- Premiums are conveniently deducted from your paycheck on a post-tax basis.
- Coverage is portable.

Accident Insurance

Accident insurance pays you cash benefits depending on the covered accident you experience.

- Examples of benefits payable under the Accident plan include hospital care, physical therapy, fractures, dislocations, and burns.

How it works	
Aflac Accident Coverage is Selected	<p>Aflac Accident insurance pays:</p> <p>\$4,500*</p>
You are injured in a car accident and transported to an emergency room by ambulance.	
You have x-rays and CT scan.	
You are diagnosed with a fractured femur and wrist and a concussion.	

Amount payable was generated based on benefit amounts for: initial treatment with x-ray (\$200), Ambulance (\$400), Major diagnostic testing (\$200), Concussion (\$300), Appliances-crutches (\$100), Fracture-leg (\$1,800) and Fracture-wrist (\$1,500).

* Please note that the example is for illustrative purposes only. Payments may vary depending on individual circumstances and policy amounts

Hospital Indemnity Insurance

Hospitalizations can be costly, even with medical insurance. Hospital indemnity insurance provides extra financial support to help you cover your out-of-pocket expenses.

- You are paid cash benefits based on your hospital stay.
- Additional benefits available for utilizing a USA Health facility.
- Benefits are paid regardless of medical insurance coverage.

How it works	
Aflac Group Hospital Indemnity coverage is selected.	<p>Aflac Group Hospital Indemnity plan pays:</p> <p>\$1,800*</p>
The insured has a high fever and goes to the emergency room.	
The physician admits the insured into the hospital.	
The insured is released after two days.	

*Please note that the example is for illustrative purposes only. Payments may vary depending on individual circumstances and policy amounts.

Critical Illness Insurance

If you are diagnosed with a serious illness, such as cancer, heart attack, or stroke, you may need extra financial support to cover the costs for your care. Critical illness pays a lump sum upon diagnosis of a covered illness.

- You may purchase coverage in \$10,000 increments to a maximum of \$40,000.
- The amount you pay is based on your age and coverage.
- Coverage for your spouse may also be purchased in the same amount if you elect coverage for yourself.
- Dependent children are covered at no extra cost.

Your coverage also includes a \$50 annual Health Screening benefit for having a preventive exam, such as a physical exam, pap smear, or PSA test. This benefit is payable once per calendar year, per insured. See your Plan Summary for more information.



How it works

Aflac Group Critical Illness coverage is selected.

You experience chest pains and numbness in the left arm.

You visit the emergency room.

A physician determines that you have suffered a heart attack.

Aflac Group Critical Illness pays an
Initial Diagnosis Benefit of:

\$10,000*

Amount payable based on \$10,000 Initial Diagnosis benefit and the coverage amount selected at time of enrollment.

*Please note that the example is for illustrative purposes only. Payments may vary depending on individual circumstances and policy amounts.

Voluntary Term Life Insurance

This Term Life insurance plan will stay with you through retirement — all the way to age 120! This plan has no benefit reduction once you reach age 65 like many plans do. Upon diagnosis of a terminal illness, you have the flexibility to choose how to receive your payout – either 50% of the plan coverage amount in a lump sum or periodic payments in the amount of 4% of the life benefit. Coverage is available for you, your spouse, and your dependent child(ren).

Group Accident, Critical Illness, Hospital Indemnity and Term Life insurance are underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. This is a brief product overview only. The plans have limitations and exclusions that affect benefits payable. Refer to the plans for complete details. AGC2300868 EXP 7/24

Scan for more information
on the Aflac Plans



ADDITIONAL BENEFITS

Online Will Preparation

A will can protect your assets and loved ones. Through an easy-to-use secure website, you and your spouse can create and download a will in about 20 minutes. This service includes the following:

- Step-by-step guidance and customization for your unique situation, glossary of legal definitions,
- Ability to name an executor to carry out your wishes and guardian(s) to care for your children,
- Ability to create a living will (for an additional fee),
- Create a final arrangements document (for an additional fee).

To create your Will go to www.EstateGuidance.com and use Promo code: SLF4VAS

Claimant Support Services

Losing a loved one or becoming disabled can be overwhelming. With Claimant Support Services, you have access to no-cost, objective financial planning, legal information, and emotional support, if you or your family member has filed a claim with Sun Life.

You can receive the following:

- Up to five telephonic professional counseling sessions per claim for legal, financial, and emotional assistance.
- 24x7 access to counseling provided by ComPsych's on-staff professionals, including clinicians, licensed attorneys, CPAs, CFPs, and other financial experts.
- Assistance with topics such as inheritance taxes, loss of income, creditors, and probate.
- Support dealing with trauma, loss, and adjusting to a reduced quality of life, and other concerns.
- If you need to talk to a counselor or need legal or financial information because of a Life or Disability insurance claim with Sun Life, you can call 888-475-3827.

ID Theft Protection Services

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

24/7 Access to Identity Protection Experts

You have 24/7 direct emergency access to ID Theft Protection experts who can provide guidance in dealing with identity fraud issues.

Credit Card and Document Registration

Register your details using our secure website to store information from credit cards, banks and other important documents in a single, centralized and secured location.

Internet Fraud Monitoring

Upon registration, we use a real-time web-crawling technology to monitor any sign of your registered personal data on suspicious sites. You will receive automatic warning notifications if it is discovered that your data is being used fraudulently.

24/7 Identity Fraud Support

If you are a victim of identity fraud, a dedicated ID Theft Protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

To activate these identity protection services, visit: www.assistamerica.com/sunlife.

Travel Emergency Assistance

With your Sun Life coverage, you receive emergency travel assistance program services provided by Assist America.

The travel emergency assistance program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling 100 miles away from your permanent residence, or in another country. One simple phone call to Assist America will connect you to:

- A state-of-the-art 24/7 Operations Center
- Experienced, multilingual crisis management professionals
- Worldwide emergency response capabilities
- Air and ground ambulance service providers

To learn more about this additional benefit scan the QR code!



Download the Mobile APP

Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile App for iPhone and Android.

The Mobile App's features include:

- **Tap for Help:** One-touch call to our 24/7 Operations Center
- **Pre-Trip Information:** Access detailed country-specific information to prepare your trip
- **Digital ID Card:** Your Assist America membership card is stored inside the App
- **Travel Alerts:** Receive alerts on urgent global situations that may impact travel
- **Travel Status Indicator:** This feature indicates when you are eligible for services
- **Embassy & U.S. Pharmacy Locator:** Locate the nearest embassy/consulate of 23 countries around the world and the nearest pharmacies in the U.S.
- **Available in 7 Languages:** English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

Complete the set-up process by entering your Assist America reference number 01-AA-SUL-100101.



ADDITIONAL EMPLOYER PROVIDED BENEFITS

Employee Assistance Program (EAP)

The EAP offers confidential counseling and referral services at no cost to you. University General Division employees (main campus) can call the EAP at (251) 461-1346. USA Health employees may call the EAP at (251) 410-7664.

Educational Benefit Plan

Upon completion of 6 months of employment prior to the first day of classes per the University Academic Calendar, if you are a regular benefits-eligible employee working .90 FTE or greater, you may qualify for a tuition credit for up to five semester hours, plus the University registration fee. The tuition credit rate is based on the prevailing College of Arts and Sciences undergraduate tuition rate for all course levels. You must maintain at least a 2.0 institutional grade-point average for undergraduate course work and a 3.0 institutional grade-point average for graduate course work for continued eligibility.

Tuition credit is also available to your spouse and unmarried dependent children (under age 25 on the first day of classes), if you are eligible for the educational benefit. The tuition credit is 50% of tuition only (no fees) with no hour maximum. The tuition credit rate is based on the prevailing College of Arts and Sciences undergraduate tuition rate for all course levels. Your spouse/dependent children must maintain at least a 2.0 institutional grade-point average for undergraduate course work and a 3.0 institutional grade-point average for graduate course work for continued eligibility.



PROFESSIONAL RETIREMENT INVESTMENT ADVICE

Your Retirement Plan With TIAA Comes With Retirement Investment Advice- At No Additional Cost

- The investment fund recommendations are provided by an independent third-party financial expert, Morningstar Investment Management, LLC, and cover all available investments in your TIAA retirement plan.
- You can access this advice online through our Retirement Advisor tool or by visiting with a TIAA financial consultant in person.
- The arrangement with Morningstar provides unbiased advice on all of the funds we recordkeep on our platform, including proprietary products such as TIAA Traditional, as well as nonproprietary investment options.

Our client-centric retirement investment advice is consistent with TIAA's investment philosophy, which emphasizes investing for the long term and is designed to address the specific retirement needs of each employee.

Access advice online,
in person, or by phone!

To set up your advice session, visit
[TIAA Secure Account Access](#)
or call **800-732-8353**

You can also try our
easy-to-use Retirement
Advisor tool. Just go to
[Consultations and Seminars | TIAA](#)
and log in to your account.



JagFIT@SOUTH

Move More, Fuel Smart, Stress Less, Live Healthy

We want to encourage you to Move Your Body, Fuel Smart, Stress Less, and Live Healthy. The University of South Alabama is dedicated to your well-being and we encourage you to take advantage of the health and wellness opportunities available. Log on to www.southalabama.edu/JagFit to learn more about the JagFit Wellness program.

Join the movement!

Trek Talk - is a unique approach to get your body moving. Trek talk combines a 30 minute lunchtime walk while engaging with an interesting speaker during the walk. We invite you to join us! All that is required is for you to pack your sneakers and join us at our next Trek Talk!

Health Challenges - Join a health challenge to keep up with your fitness. We offer walking and running challenges, mindfulness challenges, and even fun games like bingo to keep you motivated.

Stress Less - The Student Recreation Center offers yoga classes to strengthen your mind, body, and spirit. Join today!

Financial Wellness - We are proud to offer a team of talented and knowledgeable USA faculty to help with your financial planning. The venues for these tips are brown bag lunches, seminars, JagFit YouTube videos, and informative articles. Let JagFit help you in the world of finance, budgeting, taxes, and other important financial considerations.

SouthFit - Join The SouthFit Program and check out one of the many programs offered. We have something for everyone from Group Fitness Classes, Personal Training, Fitness Certifications, Workshops, and Education. We want to help you reach your health and fitness goals!



PAYROLL CONTRIBUTIONS

Medical/Dental/Rx



Type of Coverage	USA Choice Plan Base Premium Hired prior to 1/1/2013	USA Choice Plan Standard Premium Hired after 1/1/2013	USA Select Plan
	\$134.00	\$154.00	\$100.00
Family	\$445.00	\$509.00	\$330.00

* Includes the \$50 per month non-tobacco use wellness incentive

Vision



Type of Coverage	VSP Vision
	\$7.18
Family	\$19.82

- Insurance premiums are deducted one month in advance for Medical, Vision and Voluntary Life Insurance.
- Voluntary Life insurance premiums are deducted monthly from the first paycheck of the month.
- If you are paid bi-weekly, premiums for 2024 will begin in December 2023.
- If you are paid monthly, premiums for 2024 will begin in January 2024.

Voluntary Life Insurance (see page 16 for additional details and underwriting requirements)

Employee Age on July 1	Rate (per \$1,000 of Total Coverage)
	\$0.05
30-34	\$0.06
35-39	\$0.08
40-44	\$0.14
45-49	\$0.21
50-54	\$0.33
55-59	\$0.48
60-64	\$0.74
65-69	\$1.22
70+	\$3.85

To calculate your premium

$$\frac{\text{Amount Elected}}{\div \$1,000} = \text{From Chart} \times \$ = \text{Your Monthly Cost}$$

Dependent Coverage	Monthly Premium
Spouse	\$8.32
Child(ren)	\$3.00

GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

VESTING: A participant's right of ownership to the money in his or her plan account. A participant's contributions and their earnings are always 100% vested; however, company contributions and employer matching contributions may become vested over a period of time.

EVIDENCE OF INSURABILITY (EOI): The application process in which you provide information on the condition of your health or your dependents' health in order to be approved for coverage.

CONTACTS

Benefit	Carrier	Phone	Website
Medical & Dental	BCBS AL	877-345-6171	www.bcbsal.org
Prescription Services	Prime Therapeutics	877-345-6171	www.myprime.com
Telemedicine	Teladoc	855-477-4549	Teladoc.com/alabama
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Account FSA	SouthFlex/HealthEquity	866-346-5800	www.healthequity.com
Life & Disability	Sun Life	800-247-6875	www.sunlife.com
Voluntary Benefits	Aflac	800-433-3036	www.aflacenrollment.com
Assist America	Sun Life	800-872-1414 inside USA 609-986-1234 outside USA Reference# 01-AA-SUL-100101	www.assistamerica.com or email medservices@assistamerica.com
Retirement Planning	TIAA	800-842-2776	www.tiaa.org
Retirement Services	Teachers' Retirement System of Alabama	877-517-0020	www.rsa-al.gov

University Contacts

University of South Alabama Human Resources
 650 Clinic Drive | TRP III, Suite 2200
 Mobile, AL 36688-0002
 Phone: (251) 460-6133
 E-mail: employeebenefitshr@southalabama.edu

USA Health Human Resources
 251 Cox Street CWEB 1 Suite 1570
 Phone: (251) 415-1604
 E-mail: healthhrbenefits@health.southalabama.edu

Human Resources Website
<http://www.southalabama.edu/hr>



All benefit elections must be made in Employee Navigator no later than 4:30 p.m. on Thursday, November 30, 2023!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

