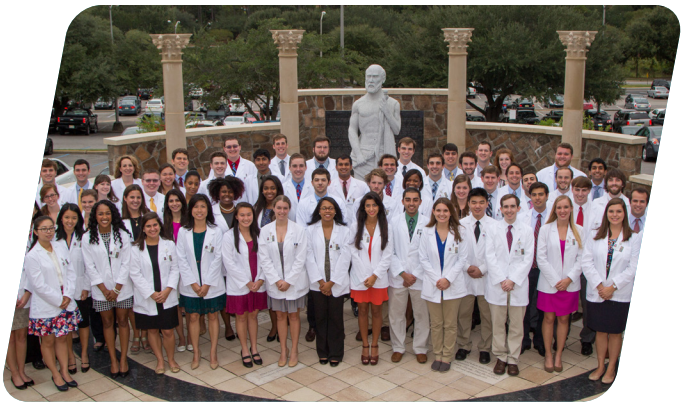


Employee Benefits 2026

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Introducing Your **Employee Benefits**

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 benefit plans. We understand that you may have questions about your benefits, 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. Any time you have questions about benefits or the enrollment process, you can contact your Human Resources representative by emailing **employeebenefitshr@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 is proud to offer you a benefit package with a wide range of options for you to choose from. Our goal is to provide competitive and flexible benefits that suit 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!

Online Benefits Enrollment Portal

We will be using Employee Navigator as our benefit enrollment portal. This will allow you to make your benefit elections online. See page 4 for more information!

Medical Benefit Changes

For those enrolled in the USA Choice or USA Select plans, there will be an increase to the medical plan premiums. Single coverage will increase by $10 per month, and family coverage will increase by $30 per month. If you're enrolled in the USA Consumer High Deductible Health Plan (HDHP), your rates will remain the same for 2026.

The USA Choice and USA Select plan out-of-pocket maximum will increase by $500 for single coverage and $1,000 for family coverage. The USA Consumer Plan (HDHP) has one overall deductible that will apply to medical and pharmacy services. There are no changes to the USA Consumer Plan (HDHP) for the 2026 plan year.

If you decide to enroll in the USA Consumer (HDHP) you will have the opportunity to contribute to a Health Savings account. USA will continue to make an annual contribution of $200 for single coverage and $400 for family coverage to your HSA for coverage beginning January 1, 2026. Funds from your
HSA can be used to cover out-of-pocket expenses that you may incur.

New for 2026: Hinge Health

We're excited to introduce Hinge Health a new digital benefit designed to support your joint, muscle, and back health from the comfort of your home. Whether you're managing ongoing pain or recovering from an injury, Hinge Health provides personalized exercise therapy, coaching, and education.

If you're enrolled in the medical plan, this program is available to you at no cost.

Vision Plan Updates for 2026

We're pleased to share exciting updates to your voluntary vision coverage for the upcoming year. Starting in 2026, the contact lens benefit will increase to $150, giving you more value when purchasing contact lenses.

Vision premiums will also be lower starting in 2026. See page 32 for premium updates.

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 unmarried disabled child of any age provided the disability commenced prior to age 26.

Effective January 1, 2026, there will be changes in the classification of certain providers that have been considered in-network for purposes of coverage in the USA Health Plans. Most providers who are not employed by USA Health will be reclassified to the BCBS PPO Network. Copays and other out-of-pocket expenses are based on the provider network where the provider is assigned. In calendar year 2026, copays and other out-of-pocket expenses may be different from what a patient paid in previous years due to the reclassification. More details related to copays and out-of-pocket expenses for each provider network is available in the Plan Matrix for each plan, at **Southalabama.edu/departments/financialaffairs/hr/benefits**. To search for USA Health providers, please visit: **usahealthsystem.com**. To search for BCBS of Alabama PPO providers, please use the Find a Doctor link at **bcbsal.org**.

Benefit Education Sessions!

If you are a benefits-eligible employee, you 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. We will have benefit counselors on-site at both the USA main campus and USA Health to assist with your selections.

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 by phone, 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 Open Enrollment period.

Scan Here!

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, reset your password, 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.

Benefits Enrollment Portal

You can enroll in benefits online using our benefit enrollment system, Employee Navigator. If you are not making a benefit change, your benefits will roll over from 2025 except for your flexible spending account elections. You must re-enroll in those benefits yearly. We ask that you login to Employee Navigator and verify your beneficiaries for your life insurance benefits and verify your dependents.

How to Enroll in Benefits

If you have already registered, you can turn to page 5 to view the steps on how to enroll in your benefits. If you have not registered and are a benefits-eligible employee, you can complete enrollment via our 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

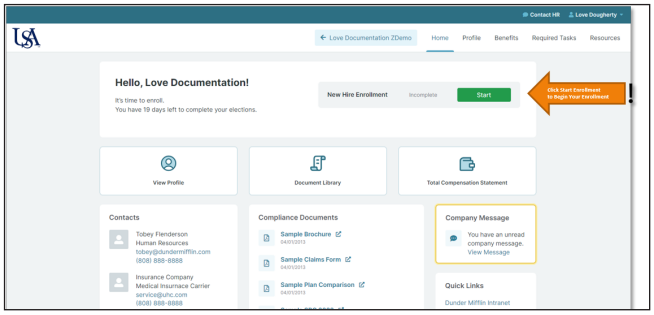
Once logged in you will see a greeting, "Welcome to Your Benefit Enrollment Portal!" Click the green "Continue" button. On the next screen, click "Let's Begin" to get started!

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 of your personal 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 not be able to add them on the appropriate Coverage Page(s)!

Necessary documentation must be uploaded in Employee Navigator during the enrollment process to add a dependent to coverage.

All dependents added to coverage must meet the dependent verification requirements with applicable documentation as listed on page 8 to be eligible for coverage.

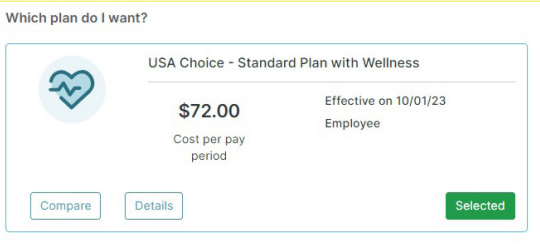
5

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.



You will be able to select if you wish to enroll in the USA Choice Plan, USA Select Plan or the USA Consumer Plan (HDHP).

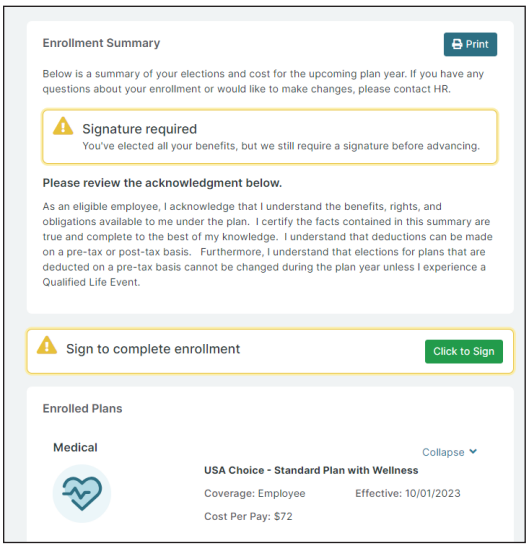


6

After making your election, you will advance to the next page. Repeat the actions in step 5 to enroll in the different coverage options available until you have made a benefit election for each option.

7

IMPORTANT: 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.



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!

You must Click to Sign to complete your enrollment!

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.

Eligible dependents include:

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

Changes to your coverage due to a qualifying life event **must be made within 45 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 Event	Enrollment opportunity	Coverage effective date
Current - Open Enrollment	October 13, 2025 - October 24, 2025	January 1, 2026
New hire	Must enroll within 30 days of hire	1st of the following month
Qualified life event	Changes must be made within 45 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 45 days of enrollment and when requested by the Human Resources Department.

Required Documentation for Dependent Coverage

Dependent Type	Required Documents
Legal spouse	Marriage Certificate AND one of the following documents to show current marriage: • 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 *Note: "Current" is defined as within the last six months.*
Separated spouse	• Court document signed by judge showing legal separation
Common law spouse – NOT ELIGIBLE AFTER 1/1/2017	Common law spouse status prior to 1/1/2017 – Each of the following : • 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 marriage dated prior to 1/1/2017.
Biological child under age 26	• Birth certificate issued by a state, county or vital records office
Stepchild under age 26	Each of the following: • Marriage certificate between you and your spouse • Birth certificate issued by state, county or vital records office showing spouse as parent *Note: If spouse is not covered by the one of the USA medical plans, you will need to provide proof that you and your spouse are currently married.*
Adopted child under age 26	One of the following documents: • Certificate or document from an authorized placement agency or by judgment, decree, or other order of any competent jurisdiction for 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	One of the following documents: • 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	Each of the following: • 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 three medical plans administered through Blue Cross Blue Shield of Alabama – the USA Choice Plan, the USA Select Plan, and the USA Consumer Plan (HDHP). Each medical plan option covers the same services and offer the same pharmacy and dental benefits. All 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 all plans, including how much each plan pays for various services. If you enroll in the USA Consumer Plan (HDHP), you will have a higher coinsurance if you utilize a provider that is not a part of the USA Health Network.

Medical	USA Choice Plan		USA Select Plan		USA Consumer Plan (HDHP)	
	USA Health Network	BCBS In-network	USA Health Network	BCBS In-network	USA Health Network	BCBS In-network
Annual deductible (Individual/Family)	$125/$250		$125/$250		$2,000/$4,000	
Out-of-pocket maximum (Individual/Family)	$2,750 / $5,500		$8,500 / $17,000		$4,000/$8,000	
Preventive care	Covered at 100%		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	*Covered at 80%	*Covered at 75%
Specialist office visit	*Covered at 100% after $15 Copay	*Covered at 100% after $40 Copay	*Covered at 100% after $15 Copay	*70% Coinsurance	*Covered at 80%	*Covered at 75%
Teladoc	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	*Covered at 75%	*Covered at 75%
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	*Covered at 80%	*Covered at 75%
Outpatient Surgery	*Covered at 100% after $150 Copay	*Covered at 100% after $350 Copay	*Covered at 100% after $150 Copay	*70% Coinsurance	*Covered at 80%	*Covered at 75%
Diagnostic Services	*Covered at 100%	*Covered at 100% ($50 copay for X-ray only)	*Covered at 100%	*70% Coinsurance	*Covered at 80%	*Covered at 75%
Urgent care	*Covered at 100% after $50 Copay	*Covered at 100% after $50 Copay	*Covered at 100% after $50 Copay	*70% Coinsurance	*Covered at 80%	*Covered at 75%
Emergency room care	*Covered at 100% after $200 Copay - waived if admitted	*Covered at 100% after $200 Copay waived if admitted	*Covered at 100% after $200 Copay waived if admitted	*Covered at 100% after $200 Copay waived if admitted.	*Covered at 80%	*Covered at 80%
Prescription drugs						
Annual deductible (Individual/Family) ($300 family maximum)	$100 / $300		$100 / $300		Prescription drugs subject to the annual deductible of $2,000/$4,000	
Retail (30-day supply)						
Tier 1 (Preferred Generic)	$10 Copay		$10 Copay		*Covered at 80%	
Tier 2 (Non-Preferred Generic)	$10 Copay		$10 Copay		*Covered at 80%	
Tier 3 (Preferred Brand)	$50 Copay		$50 Copay		*Covered at 80%	
Tier 4 (Non-Preferred Brand)	$75 Copay		$75 Copay		*Covered at 80%	
Tier 5 (Preferred Specialty Brand)	$150 Copay		$150 Copay		*Covered at 80%	
Tier 6 (Non-Preferred Specialty Brand)	50% Coinsurance		50% Coinsurance		*50% Coinsurance	
Mail order (90-day supply)						
Tier 1 (Preferred Generic)	$20 Copay		$20 Copay		*Covered at 80%	
Tier 2 (Non-Preferred Generic)	$20 Copay		$20 Copay		*Covered at 80%	
Tier 3 (Preferred Brand)	$100 Copay		$100 Copay		*Covered at 80%	
Tier 4 (Non-Preferred Brand)	$150 Copay		$150 Copay		*Covered at 80%	

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 or USA Consumer Plan (HDHP)

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.

Please note: Starting January 1, 2026, most providers who are not employed by USA Health will be reclassified to the BCBS PPO network. This update may affect your current provider's network status, so it's important to confirm whether your provider is included before enrolling. To check if your provider is in the USA Health network visit **https://www.usahealthsystem.com/**.

The USA Select Plan also offers benefits for providers in the 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 80% in the USA Health network and 70% in the BCBS PPO network leaving you with additional cost.

The USA Consumer Plan (HDHP) offers benefits for providers in the BCBS PPO network and in the USA Health network. When you use a provider that is part of the BCBS PPO network your out-of-pocket cost will be higher. Benefits are covered at 75% leaving you with additional cost once the deductible is met.

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 when compared to the USA Choice Plan.
- 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 dependent's 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.
- If you join the USA Select Plan, and later elect to change plans to the USA Choice Plan, you will be subject to the USA Choice Plan (Standard Premium), even if you were previously enrolled in the USA Choice Plan (Base Premium).

Is the USA Consumer Plan (HDHP) right for me and my family?

- You will pay less in medical premiums if you enroll in the USA Consumer Plan (HDHP), but you will have higher out-of-pocket costs when you use your benefits.
- You must be prepared to meet the deductible of $2,000 for single coverage or $4,000 for family coverage before the USA Consumer Plan (HDHP) begins to pay.
- You must also meet the annual deductible on the USA Consumer Plan (HDHP) before your pharmacy benefits are covered by insurance.
- If you enroll in the USA Consumer Plan (HDHP), and later in the year you are not satisfied with your enrollment choice, you will not be able to change your medical election until the next open enrollment.

Medical Plan Comparison Tool

- We encourage you to visit the medical plan comparison tool before you enroll in a medical plan to be sure you are enrolling in the plan that's best for you! Visit https://www.comparemyhsa.com/southalabama
- You will be asked a few questions about your and your family's medical and pharmacy usage, as well as any known upcoming medical procedures in the future. Based on your answers, the comparison tool can recommend the best plan for you and your family!



Teladoc® HEALTH

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



Introducing Lucet

Taking care of your mental health isn't always easy—and finding the right support can be even harder. What you need is trustworthy information, meaningful resources, and a skilled team that truly understands your needs. A team committed to helping you access the best possible care, so you can focus on what matters most, feeling better.

Introducing Lucet's **Navigate & Connect**, where you'll get connected to quality care fast with continued support.



Match and directly schedule in-network therapists and behavioral health specialists



Support coordinating care using integrated plans that consider what's most important to you



Help connecting with specialty services and community-based resources to sustain your going-forward well-being

Lucet: Your Partner in Behavioral Health

Lucet's sole focus is behavioral health and their area of expertise. Lucet will listen, help you gain clarity about your situation, and provide personalized support every step of the way. The team delivers tailored guidance and connects you with the right care, ensuring you receive the best possible support to move forward with confidence.

Gets you into the right hands fast – appointments in as little as 1 day and on average within 5 days, with licensed providers and ongoing access to the member care team

Addresses your challenges, privately and compassionately – for stress, anxiety, depression, addiction, as well as many other behavioral health conditions

Gives you the confidence to move forward and significantly improves your overall mental health – the teams at Lucet use the latest medical evidence and treatment guidelines

Finding the right care shouldn't be so complicated.

That's why your Blue Cross health plan works with Lucet to offer this valuable benefit at no additional cost to enrolled members and your covered dependents. Contact **LucetHealth.com/Members**.

Hinge Health

We're excited to announce that Hinge Health is now part of the USA benefits package!

Starting January 1, 2026, all eligible employees will have access to Hinge Health's innovative digital programs for back, joint, and muscle care. Whether you're dealing with chronic pain, recovering from an injury, or simply looking to improve your mobility, Hinge Health offers personalized exercise therapy, wearable technology, and access to expert physical therapists—all from the comfort of your home.

What's Included:

- Personalized exercise therapy plans
- 1-on-1 coaching from physical therapists and health coaches
- Easy-to-use app and wearable sensors
- Support for back, knee, hip, shoulder, and other joint issues

This new benefit is provided to you at no cost!

To get started after January 1, 2026, visit **hinge.health/southalabama-oe** and sign up in just a few minutes.



virta

Enroll any time of year for $0 monthly!

Reverse Your Prediabetes and Type 2 Diabetes

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

Discover a new way to better health

Take control of your health with a proven, no cost nutrition program. Virta is an online, personalized nutrition program that helps you lose weight, lower blood sugar, and even reverse type 2 diabetes- no calorie counting, medications, or extra gym visits needed. If you are aged 18 or older you can join the thousands of people using Virta.

What does the Virta treatment include?

- Personalized health coaching
- Doctor-driven support
- Smartphone app for tracking ketones, glucose and weight
- On-demand resources like recipes, grocery lists, meal plans and more

Visit virtahealth.com or scan the QR code to claim your benefit today.

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:

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

To learn more about how Virta works, scan the QR code!

Blue Cross Blue Shield Alabama Extras

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/Prime ParticipatingPharmacyLocator**.

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.

Pivot first and quit tobacco when you're ready.

Pivot works even for those not ready to quit tobacco use, the program makes your journey easier by providing a choice of tools and support. Members can utilize the Pivot app that is compatible with the SmartSensor device. The SmartSensor device is an FDA cleared device that helps you measure daily improvements and see the impact of changes you make in real time. Pivot also offers a free supply of Nicotine Replacement Therapy (NRT) for those who smoke cigarettes.

Get started today!

Please scan the QR code or visit pivot.co/bcbsal6 and use code bcbsal6.

Blue 360

Blue 360 is available to BCBS members. This money saving program gives you year-round access to discounts on affordable solutions to support your health. You can get gym memberships, hearing aids, vison care and so much more at a discounted rate. There is no need to earn rewards or points, you can start saving immediately!

Sign up for free today by visiting **blue365deals.com**.



Chronic Condition Management Program

Enroll today in the Chronic Condition Management Program! Call 1-888-841-5741 toll free or email **membermanagement@bcbsal.org** for more information.

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.

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.

Baby Yourself Maternity Program

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.

Download the Baby Yourself Maternity Program app

- Communicate securely with your Baby Yourself Nurse
- Weekly updates on the growth of your baby
- 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.

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



Flexible Spending Account (FSA)

www.healthequity.com
1-866-346-5800

Southflex Flexible Spending Accounts with Health Equity

Reminder! Your annual 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 2026 plan year.

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.

When electing an FSA, you will set an annual contribution amount. 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. Eligibility to enroll in a Health Care FSA includes benefits-eligible employees not enrolled in a USA medical plan; or for those that are enrolled in either the USA Choice Plan or USA Select Plan.

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 $3,300 annually (funds will be available as of the election effective date).

*Employees that elect the annual maximum will automatically be increased to the 2026 annual limit when released by the IRS.



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 $7,500 annually (or $3,750 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 Health Care FSA contribution amount, remember to take into account the medical deductible in the USA Choice Plan and USA Select Plan.

Health Savings Account (HSA)

HealthEquity

Only available to participants enrolled in the USA Consumer Plan (HDHP).

A health savings account (HSA) is a tax-advantaged savings account that can be used for your qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions.

Did you know an HSA provides triple tax benefits? The money you contribute is pre-tax, and the interest that accumulates in the account is tax-free. In addition, money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses. Like a savings account, you will only be able to withdraw funds that are in the account.

As an added benefit, USA will contribute $200 to your HSA, if you are enrolled in employee only coverage and $400 if you are enrolled in family coverage for coverage beginning January 1, 2026. A prorated contribution will be made, as applicable, for coverage that begins after January 1.

Federal law requires financial institutions to obtain information that identifies each person who opens an HSA. HealthEquity may ask you to provide proof of your identity. If you do not complete the needed identity verification, your HSA will be closed and any funds will be returned.

OTHER HSA ADVANTAGES

- You can use the account to pay for qualified healthcare expenses.
- Unspent dollars roll over each year and are yours to keep if you retire or leave the company.
- You can invest your HSA funds, so your available healthcare dollars can grow over time.

You are eligible if:

- You are enrolled in the (HDHP)
- You are not covered by a spouse's plan
- No one else can claim you as a dependent
- You are not enrolled in Medicare, TRICARE or TRICARE for Life
- You have not received VA benefits in the past 3 months

How Do I Access / Make Contributions to My HSA?

You can manage your HSA by visiting www.healthequity.com. You'll set up your payroll contributions during your enrollment period and can make changes at any time throughout the year (although it may take between 1–2 payroll periods for any changes to be processed).

How Much Can Be Deposited into an HSA in 2026?

<55*

- Up to $4,400 for individual
- Up to $8,750 for family

*Not enrolled in Medicare

55+*

- The maximum contribution increases by $1,000 for participants age 55 and over.

*Not enrolled in Medicare

Limited Purpose FSA

Employees enrolled in the USA Consumer Plan (HDHP) accompanied by an HSA may enroll in a Limited Purpose FSA, which reimburses dental and vision expenses. The maximum yearly contribution is $3,300. Employees will have access to their full Limited Purpose FSA contribution on the first day of the plan year. Medical expenses are not eligible for reimbursement under the Limited Purpose FSA plan.

Spending Account summary					
Account Type	Medical Plan Associated with the Account	Expenses	*Maximum Annual Election	Employer Contributions	Debit Card
Health Care FSA	PPO	Medical, Dental, and Vision	$3,300	N/A	One card for all plans
Dependent Care FSA	N/A	Dependent Care	$7,500	N/A	
Limited Purpose FSA	(HDHP)	Dental and Vision	$3,300	N/A	
Health Savings Account	(HDHP)	Medical, Dental, and Vision	$4,400/$8,750 in 2026	$200 Employee $400 Family	

Should you elect the current maximum FSA amount during open enrollment and the IRS increases the above listed maximum annual elections after enrollment, you will automatically be increased to the new maximum election. If you do not want your election to automatically increase, please notify HR.

Important Information About Spending Accounts If You Are Enrolling in The USA Consumer Plan (HDHP)

- If you choose to participate in the USA Consumer Plan (HDHP) and have not spent your FSA dollars by December 31, 2025, for you to contribute to an HSA on January 1, 2026, your remaining FSA dollars (up to $660) will be rolled over into a Limited Purpose FSA.
- The Limited Purpose FSA can be used only for dental and vision expenses.

To learn more about your spending account options scan the QR code below

FSA Features: Health Care Rollover & Dependent Care Grace Period

What This Means for You

- Rollover Provision: With the rollover provision, you can carry over up to $660 of unused Health Care FSA funds from the current plan year into the following year. The rollover amount will not affect your maximum election for the new plan year. For example, if you have $500 of Health Care FSA funds remaining in 2026, the $500 will rollover to your 2027 Health Care FSA account.
- It's important to plan your Health Care FSA contributions wisely. Any unused funds over $660 will not roll over and funds will be forfeited.
- Dependent Care flexible spending accounts provide a grace period for the use of dependent care funds. Participants with balances remaining at the end of 2026, will have until March 15, 2027, to incur eligible dependent care expenses, and until April 15, 2027, to file for dependent care reimbursement.

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 insurance pays, and what your out-of-network dentist charges for services. To locate an in-network dental provider, please visit **www.bcbsal.org**. Dental benefits are bundled with the USA Choice Plan, the USA Select Plan, and the USA Consumer Plan (HDHP) 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 for members age 19+	
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

VSP

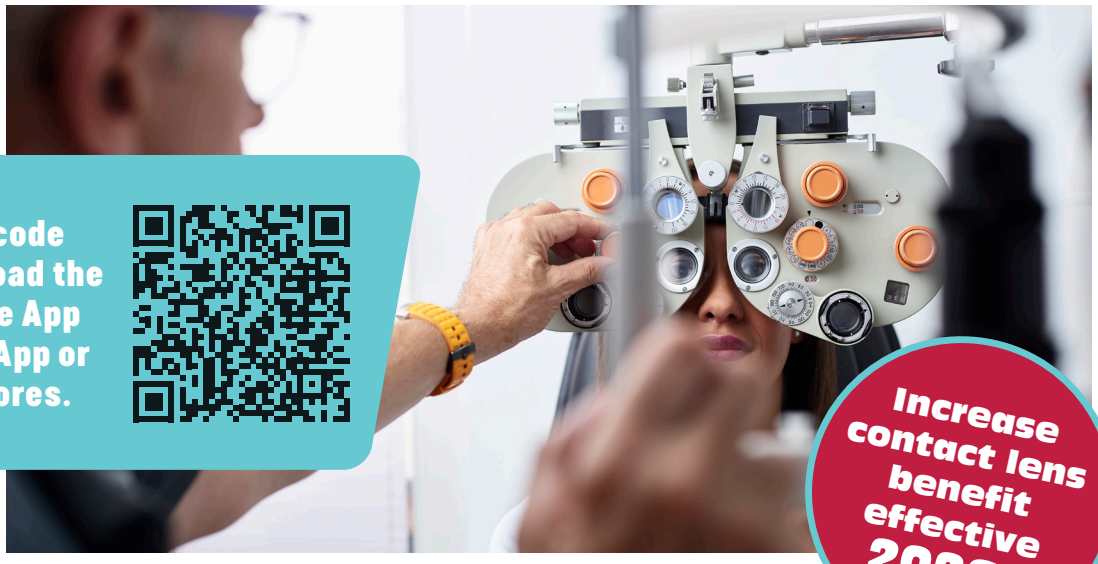
www.vsp.com
1-800-877-7195

Your vision benefits include coverage for eye exams, lenses, frames, contact lenses, and discounts on laser surgery. The plan is built around the VSP network, which offers higher benefits at a lower cost when you use in-network providers. Out-of-network services are reimbursed based on the schedule shown below. For easy access to your benefits, visit vsp.com and log in—your dashboard provides a quick view of coverage, claims history, and lets you 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	$150 (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.

Increase contact lens benefit effective 2026!

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 experience:

- 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

Life Insurance

www.standard.com
855-201-3741

The University of South Alabama provides Basic Group Term Life and AD&D insurance at no cost to you!

Benefits-eligible employees whose annual salary is less than $40,000 will have a flat university provided basic group term life benefit amount of $50,000. If you are making over $40,000, you have a university provided basic group term life benefit of 1.25 times your annual salary up to a max of $100,000.

You must enroll in a minimum of 1 times voluntary additional coverage for yourself in order to elect additional spouse or child(ren) coverage.

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 evidence of insurability.
Voluntary spouse life	If you elect voluntary coverage for yourself, you can cover your spouse for an additional $25,000.
Voluntary child(ren) life	If you elect voluntary coverage for yourself, you can cover your dependent children for an additional $10,000.

Long-Term Disability Insurance

This plan gives you income protection in the event you are ill or injured in a non-work related injury, and unable 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)

Short-Term Disability Insurance

USA Health Employees only.
Short term disability gives you income protection in the event you are ill or injured in a non-work related injury and unable to work. This benefit is only available to USA Health employees upon completion of six months of employment.

Short-term disability benefits	
Elimination period	15 days
Maximum weekly benefit	60% of your total weekly earning up to a maximum benefit of $1,000
Minimum weekly	$15
Benefit duration	up to 12 weeks

Additional Benefits from The Standard

Life Services Toolkit

The Life Services Toolkit provides online resources and tools to support you and your beneficiaries with your group life insurance through The Standard. Online tools and services can help you create a will, make advance funeral plans, and put your finances in order. After a loss, your beneficiary can consult experts by phone or in-person, and obtain helpful information online.

Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit **standard.com/mytoolkit** (user name: support) or call the assistance line at 800-378-5742

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter username "assurance" for information and tools to help you make important life decisions.

Life Service can help you with:

- Estate Planning Assistance
- Financial Planning
- Health and Wellness
- Identity Theft Prevention
- Funeral Arrangements

Life Services can help your beneficiaries with:

- Grief Support
- Legal Services
- Financial Assistance
- Support Services
- Online Resources

Travel Assistance

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time day or night.

Security That Travels With You

Travel assistance is available when you travel more than 100 miles from home or internationally for up to 180 days. Secure travel assistance offers aid before and during your trip that includes:

- Visa, weather and currency exchange information
- Country specific security and travel advisories
- Credit card and passport replacement
- Missing baggage and emergency cash coordination
- Help replacing lost prescription medication and advancing funding for hospital admission
- Emergency evacuation to the nearest adequate medical facility
- Connection to medical care providers, interpreter services and local attorneys
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children left unattended due to prolonged hospitalization
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800-872-1414 if in United States, Puerto Rico U.S. Virgin Islands and Bermuda

Everywhere else 609-986-1234
Text: 609-334-0807
Email – medservices@assistamerica.com

Voluntary Benefits

www.aflacenrollment.com
800-433-3036

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	Aflac Accident insurance pays: **$4,500***
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 inpatient 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.	Aflac Group Hospital Indemnity plan pays: **$1,800***
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 Insurance 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.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of: $10,000*
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.	

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.

Group Life Term to 120 Insurance

This Group 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.

Scan for more information on the Aflac Plans

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) 460-6133. USA Health employees may call the EAP at (251) 415-1604.

Reasonable Alternative Standard EAP

This program is an option for an employee (and/or eligible spouse) who has or has not already participated in the Blue Cross Blue Shield of Alabama sponsored former Quit for Life Program or the Pivot Breathe for the USA Choice Plan, USA Select Plan or USA Consumer Plan (HDHP). The available alternative is offered by the USA Employee Assistance Program (EAP) Counselor.

Program participation to meet the alternative standard obligation requires:

- Participation over a continuous six (6) month period.
- A minimum of five (5) sessions, lasting approximately forty-five (45) minutes held during non-working hours.

Session topics include:

- An initial assessment.
- What to expect when you quit.
- How to manage and cope with cravings.
- Managing stress.
- As applicable, revisiting cessation techniques that have worked in the past and developing a tobacco slip/relapse plan.
- Other issues to help employees' transition to a tobacco-free life style.

This benefit is provided to you at no cost, and all sessions are confidential.

University General employees should contact the Human Resources Department at (251) 460-6133 for further information.

USA Health employees should contact the USA Health HR Office at (251) 415-1604 for further information.

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 with TIAA

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.

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.

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.



SAVI:

You and your family members have access to Savi, a robust tool that helps you find the best federal repayment and forgiveness programs for your student loan payments. Borrowers working with Savi can save an average of $187 on their monthly student loan payments!

You can unlock a world of options with Savi's three distinct plan levels.

- DIY: Dive in with free access to a personalized repayment calculator, forgiveness detection, and Savi workshops.
- Essential: Step up to a premium tier! Have access to digitized applications and enjoy the comfort of one-on-one customer support.
- Pro: Elevate your experience with a personalized onboarding session and dedicated Savi phone support.

Get started today at:

University Employees: **https://www.tiaa.org/public/tcm/southalabama/student**

USA Health Care Authority Employees: **https://www.tiaa.org/public/tcm/usahca/student**

USA HealthCare Management, LLC Employees: **https://www.tiaa.org/public/tcm/usahm/student**

Feed Your Health, Nourish Your Future



SAVOR THE FLAVOR OF GOOD HEALTH

Indulge in the taste of nutritious, budget-friendly meals that prioritize your well-being without compromising on flavor.



COOK YOUR WAY TO BETTER HEALTH

Join our expert instructors in hands-on cooking classes focused on preparing dishes that benefit your body and your taste buds.

Are you ready to cook up something good – and healthy with us? *$5 per class or demo

SIGN UP TODAY AT USAHEALTHSYSTEM.COM/CULINARYMEDICINE

*eligibility limited to employees enrolled in the USA Health & Dental Plans

Discover the transformative power of culinary wellness at the University of South Alabama! The USA Health Integrative Health and Wellness program is offering new cooking classes that provide a delicious solution to combating many health risks in a world where 8 out of 10 causes of death and chronic diseases are lifestyle-related.

We believe that a healthy kitchen is a happy kitchen. Say goodbye to processed foods filled with harmful chemicals and preservatives, and say hello to natural, wholesome ingredients that nourish your body and delight your taste buds. Embrace a Southern, Mediterranean, or Asian- inspired diet that tastes amazing and supports optimal health.

By making just a few changes to your weekly meal preparation, you can significantly reduce your risk of developing chronic diseases like type 2 diabetes, hypertension, heart disease, and more. A healthier you means a happier and wealthier you, and the University is here to support your journey to wellness.

Join our expert healthcare providers in our teaching kitchens located in Mobile and Fairhope and learn essential culinary skills, from chopping veggies to creating nutritious breakfast options. Empower yourself to take control of your health and well-being by participating in our Integrative Health and Wellness Program.



TRANSFORM YOUR LIFESTYLE

Make small changes to your cooking habits to reduce your risk of chronic diseases and improve your overall quality of life.



INVEST IN YOUR HEALTH

Enroll in our culinary wellness program to take the first step towards a healthier, happier you. USA is committed to supporting your well-being journey.

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.

Find your fit with JagFit Wellness!



Wellness for the whole Jaguar community – student, faculty, and staff. We at JagFit are not experts on wellness. But we know who they are on campus! Let JagFit introduce you to all things health and wellness @ South while hosting fun and active fitness challenges along the way! Remember, you don't have to be an expert to participate in your well-being!

Wellness in Community & Stronger Together – Wellness is better in community! These campaigns encourage you to prioritize long-term habits while connecting with others. From challenges to events, you will find opportunities to stay active, inspired, and supported all year long. Designed for employees, this program builds a culture of wellness through team-based challenges and activities. Walk, run, or move together with colleagues while creating healthy routines.

Walk with a Doc - In partnership with USA health, take a step toward better health while learning from local physicians. Join monthly walks where you can ask questions, meet new people, and enjoy being outdoors.

Student Recreation Center – Join the Student Recreation Center and discover everything you need to move, play, and thrive. From state-of-the-art fitness equipment and group exercise classes to intramural sports, aquatics, and outdoor adventure, there's something for everyone. Whether you are looking to build healthy habits, connect with friends, or just have fun, the Student Recreation Center is your place to do it all. The Student Recreation Center offers yoga classes to help you strengthen your body, calm your mind, and restore your spirit. Join a class and find your balance. Our SouthFit program explores group fitness classes, personal training, fitness certifications, workshops, and more.



Payroll Contributions

Medical/Dental/Rx

Type of Coverage	USA Choice Plan Base Premium	USA Choice Plan Standard Premium	USA Select Plan	USA Consumer Plan (HDHP)
Single	$147.00	$167.00	$113.00	$50.00
Family	$484.00	$548.00	$369.00	$250.00

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

Vision

Type of Coverage	VSP Vision
Single	$6.20
Family	$17.13

- 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 2026 will begin in December 2025.
- If you are paid monthly, premiums for 2026 will begin in January 2026.

Voluntary Life Insurance

(see page 22 for additional details and underwriting requirements)

Employee Age on January 1	Rate (per $1,000 of Total Coverage)
0-24	$0.050
25-29	$0.060
30-34	$0.080
35-39	$0.090
40-44	$0.140
45-49	$0.210
50-54	$0.330
55-59	$0.480
60-64	$0.740
65-69	$1.270
70-74	$3.850
75-999	$3.850

To calculate your premium

Amount Elected	÷ $1,000 =		x $	From Chart	= $	Your Monthly Cost

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

Health Savings Account Funding - Per Calendar Year				
Coverage effective date	paid date monthly	paid date biweekly	single	family
Jan-1	Feb-1	2nd BW of Jan	$200.00	$400.00
Feb-1	Mar-1	2nd BW of Feb	$200.00	$400.00
Mar-1	Apr-1	2nd BW of Mar	$200.00	$400.00
Apr-1	May-1	2nd BW of April	$150.00	$300.00
May-1	Jun-1	2nd BW of May	$150.00	$300.00
Jun-1	Jul-1	2nd BW of June	$150.00	$300.00
Jul-1	Aug-1	2nd BW of July	$100.00	$200.00
Aug-1	Sep-1	2nd BW of Aug	$100.00	$200.00
Sep-1	Oct-1	2nd BW of Sept	$100.00	$200.00
Oct-1	Nov-1	2nd BW of Oct	$50.00	$100.00
Nov-1	Dec-1	2nd BW of Nov	$50.00	$100.00
Dec-1	Jan-1	2nd BW of Dec	$50.00	$100.00

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, 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.

HEALTH SAVINGS ACCOUNT: an account that you can use to pay for qualified medical expenses that are subject to your deductible.

HIGH DEDUCTIBLE HEALTH PLAN: a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance.

LIMITED PURPOSE FSA: a tax advantaged account used for eligible dental and vision expenses; it is designed to be paired with an Health Savings Account (HSA) and High Deductible Health Plan (HDHP).

MEDICAL FLEXIBLE SPENDING ACCOUNT: a tax -advantaged account that allows employees to set aside pre-tax earnings to pay for qualified medical expenses; this is designed to be paired with a PPO plan.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA): a tax-advantaged that allows employees to set aside pre-tax earnings specifically to pay for eligible dependent care expenses.

1095C Forms

Change in Required Distribution Beginning January 2026

The Paperwork Burden Reduction Act modifies provisions under the Patient Protection and Affordable Care Act so that employers are no longer required to mail tax forms to covered individuals showing proof of minimum essential coverage (1095-B and 1095-C tax forms) **unless a form is requested**.

Beginning January 31, 2026, if needed, employees may request a copy of their form by emailing their name and Jag number along with a consent to receive the form via email to: **employeebenefitshr@southalabama.edu**.

Requests for a 1095-C form may also be made in person at the following address:

University of South Alabama
Human Resources
650 Clinic Drive TRP III Suite 2200
Mobile, AL 36688

If there are any questions, please call (251) 460-6133.

Annual Notices Available Online

Stay informed! Your required annual benefit notices—including HIPAA, COBRA, CHIPRA, and more—are now available digitally for easy access.

Scan the QR Code Below

To view or download your 2025 notices, simply scan the QR code with your mobile device.

These documents contain important information about your rights and coverage.
Please review them carefully during Open Enrollment.

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 Health Savings Account	HealthEquity	866-346-5800	**www.healthequity.com**
Life & Disability	The Standard	855-201-3741	**www.standard.com**
Voluntary Benefits	Aflac	800-433-3036	**www.aflacenrollment.com**
Travel Assistance	The Standard	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**

Human Resources Website

http://www.southalabama.edu/hr

USA Health Human Resources

251 Cox Street CWEB 1.5 Suite 1570
Phone: (251) 415-1604
E-mail: **healthhrbenefits@health.southalabama.edu**

> 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.