

## UAB Resident Benefits Summary

[www.uab.edu/benefits](http://www.uab.edu/benefits)

### Health Care, Dental, and Vision Plans

As a new resident, coverage under UAB's group health care, dental, or vision plans may begin on either the date of employment or the first day of the month following date of employment. Residents, who wish to enroll in one of UAB's health care, dental, or vision plans, may do so within 31 days of hire date or a qualifying life event.

If you do not enroll during the times stated above, you will be unable to join until Annual Open Enrollment.

UAB's health care, dental, and vision plans are stand alone programs. Premiums for health, dental, and vision insurance are deducted from your paycheck pre-tax.

Your **monthly** health care deductions are as follows:

Health Care Providers	Single	EE + Up to 2	Family
VivaUAB	\$60.00	\$199.44	\$300.78
Viva Access	\$129.02	\$360.88	\$535.02
Blue Cross/PMD	\$236.60	\$626.60	\$964.20

Your **monthly** dental care deductions are as follows:

Dental Care Plans	Single	EE + Up to 2	Family
MetLife Basic	\$19.18	\$35.74	\$49.10
MetLife Comprehensive	\$35.92	\$66.76	\$91.68

**MetLife Dental Plan Basic Option** - Preventive and diagnostic are covered at 90% usual, customary, reasonable (UCR). Basic services are covered at 90% UCR subject to a \$25 deductible.

**MetLife Dental Plan Comprehensive Option** - In addition to the Basic dental benefits, the Comprehensive plan covers major services at 60% UCR subject to the deductible. Orthodontics is covered at 50% UCR up to a \$1,000 lifetime maximum per patient.

Your **monthly** vision plan deductions are as follows:

Health Care Providers	Single	EE + Up to 2	Family
Vision Service Plan (VSP)	\$7.68	\$15.42	\$24.44

The VSP plan offers coverage for routine eye exams, lenses and frames, contacts, and discounts for LASIK eye surgery. VSP is a nationwide plan that offers both in-network and out-of-network coverage. UAB Eye Care, the University Optometric Group (private faculty practice group at UAB) and the UAB Department of Ophthalmology – Ophthalmology Services Foundation all participate in the VSP network.

## Retirement Plans

### Voluntary Retirement Programs 403(b) and 457(b) Plans

#### • 403(b) Plan

The 403(b) plan is a voluntary, defined-contribution, tax-deferred as well as Roth after-tax plan governed by the Internal Revenue Code 403(b). Eligible employees can choose between both TIAA/CREF and VALIC for investments. Vesting in the 403(b) plan is immediate.

#### • 457(b) Plan

UAB also offers a voluntary, defined-contribution, tax deferred as well as Roth after-tax plan governed by Internal Revenue Code 457(b). Similar to the 403(b) plan, the 457(b) plan offers the same expanded investment options, convenient payroll deductions, pre-tax contributions, and tax-deferred growth through both TIAA-CREF and VALIC.

## Flexible Spending Accounts

Pretax reimbursement accounts administered by PayFlex for eligible medical and dependent care expenses. You can set aside pre-tax money via payroll deductions to pay for health care and dependent care expenses not covered by your benefit plan. Money set aside in these accounts will reduce your taxable income, providing you more value for the dollar.

You can set aside up to \$2,500 per year in a health care account. For dependent care accounts, you can set aside \$5,000 or \$2,500 for married taxpayers filing separate returns. Residents must enroll directly with the Benefits Office within 31 days from date of hire, qualifying life event, or during our Annual Open Enrollment period.

## Life Insurance, Accidental Insurance, Disability

### Group Term Life Insurance – Sponsored

*Provided at no cost to the resident.*

Coverage varies with salary as indicated below.

Annual Salary	Coverage
Up to \$23,999	\$30,000
\$24,000 to \$29,999	\$37,500
\$30,000 to \$39,999	\$50,000
\$40,000 and above, 125% of salary with a maximum insurance coverage of \$300,000.	

### Group Universal Life Insurance – Voluntary

*Rates vary based on age*

*Maximum Resident Coverage* – Up to five times your Basic Annual Earnings or in \$50,000 increments to a maximum of the lesser of five times Basic Annual Earnings or \$1.4 million.

*Guaranteed Issue for Resident* – The lesser of three times your Basic Annual Earnings or \$500,000; must be elected during the first 60 days of employment without evidence of insurability.

*Spouse Life Coverage and Guaranteed Issue* – Employee coverage required. Amount elected by you in multiples of \$10,000 up to \$150,000 not to exceed 100% of employee coverage. Guaranteed Issue amount is \$30,000.

*Guaranteed Issue for Unmarried Children* – Employee coverage required. \$1,000 for children 15 days to under 6 months old. \$10,000 for children 6 months and older.

**Accidental Death and Dismemberment Insurance – Sponsored**  
\$22,500 for accidental death. Dismemberment coverage varies.

*Provided at no cost to the resident.*

**Accidental Death and Dismemberment Insurance – Voluntary**  
Maximum Coverage -- up to \$500,000

*Rates vary based on coverage level.*

**Long Term Disability Insurance (Salary Continuation)**

*Provided at no cost to the resident.*

After a 90-day waiting period, 66 2/3% monthly salary (not to exceed \$10,000 per month) for the first 90 days of disability. After 90 days, 60% monthly salary (not to exceed \$10,000 per month). This benefit is provided at no cost to the resident.

## **Other Employee Benefits**

### **Paid Time Off**

All leave taken is at the discretion of the resident's program director, who must take into consideration any restrictions on leave established by the certifying board and/or Residency Review Committee for the specialty and the training requirements of the program.

Each program must provide its residents with written, program-specific policies on leave which must address the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. A resident may be required by the program director to complete additional training equivalent to any leave taken in excess of that allowed by the training requirements of the program.

Residents must obtain prior approval from the program director, or his/her designee, for all leave, with the exception of emergencies or sudden illness.

The following is a summary of vacation and sick leave policies established by the Hospital, which generally apply to all residents, except as modified by the policies established by the individual programs. To view the complete and current resident leave policy (to include Family and Medical Leave), please review online, page 20, [http://www.uasom.uab.edu/PublicDocuments/GME%20Jennie%20Craft/GME\\_10\\_PPM.pdf](http://www.uasom.uab.edu/PublicDocuments/GME%20Jennie%20Craft/GME_10_PPM.pdf)

### **Vacation:**

The working year is defined in terms of 52 weeks, of which a maximum of three (3) work weeks for vacation purposes will be paid by the Hospital. Vacation unused at the end of a year may not be carried forward to the next year. Vacation unused at the time of termination is not reimbursable but may be taken as terminal leave, at the program director's discretion, through June 30.

### **Sick Leave:**

Salary deductions generally are not made for time lost due to illness or injury if such time does not exceed three (3) work weeks.

**NOTE: Although every effort has been made to give you accurate information, there could be errors in the content. This summary of benefits is for general guidance only and is not a contract. All benefits are subject to the terms, conditions, and limitations of the contracts governing them. Costs identified above are effective January 01, 2013. Benefit eligibility may differ for employees working other than in a resident position.**