A Message from Human Resources, Benefits/Data Management Section

The purpose of this booklet is to provide a summary of the benefit package available to you and to provide education and assistance in making choices that are right for you. Please take a few minutes to review this booklet and share it with your family, if applicable. The information contained in this Employee Benefits Summary is just a summary. If there is a discrepancy between the information in this summary and the Certificate of Insurance, the Certificate of Insurance will always govern how your benefits are provided.

It is important that you read the information provided to you in this Employee Benefits Summary and make sure that you understand what coverage options are available to you and how and when you can make changes to those benefits you elect for 2014.

We strive to:

- Promote health and wellness among our employees and their dependents
- Provide employees with affordable access to health benefits
- Provide competitive and valuable benefits programs
- Educate employees on all of the benefits and resources available to them

The University System Office continues to offer three healthcare options for 2014. There will be no increase in premiums, but some features of the plans will be changing. You will also continue to get prescription drug coverage when you elect healthcare and a mail order option is now available for all plans.

The University System of Georgia Health Plan meets the affordability requirement under the Affordable Care Act. Therefore, generally, University System of Georgia employees will not be eligible for a tax credit in 2014 through the Health Insurance Marketplace.

We encourage everyone to have an annual physical to identify and monitor any personal health risks. Through our various insurance carriers, there are many resources and online tools to help you better manage your health. Be sure to check out the THINK WELLNESS and ONLINE RESOURCES sections of this booklet for more information.

We will continue to offer all of our voluntary benefit plans (100% employee paid) in 2014. One change that you will notice is that there will be lower premium costs for both our Vision and Short Term Disability plans.

We provide the benefits and resources you need, and you decide which ones are best for you and your family. One size does not fit all. That’s why we give you options – and the best place to start is right here with a summary of the healthcare and voluntary benefits for 2014.

Our Benefits Summary Includes Information About:

- Medical
- Dental
- Life
- Disability
- Vision
- Pet Insurance
- Flexible Spending Accounts
- Supplemental Insurance
- Retirement
- Voluntary AD&D
- Benefit Costs
- Important Contact Information
Making Changes to Your Benefits

SOME OF YOUR BENEFIT DEDUCTIONS ARE WITHHELD FROM YOUR PAYCHECK ON A PRE-TAX BASIS AND THEREFORE YOUR ABILITY TO MAKE CHANGES TO THESE BENEFITS IS RESTRICTED BY THE IRS. ONCE ENROLLED, PRE-TAX BENEFIT ELECTIONS CANNOT BE CHANGED UNTIL THE NEXT ANNUAL OPEN ENROLLMENT PERIOD UNLESS YOU HAVE A QUALIFYING STATUS CHANGE.

You, the employee, are responsible for notifying the Human Resources Department at GRU within 30 days whenever your dependent(s), meaning your spouse/domestic partner and/or child(ren), are no longer eligible for benefits (Dependent Life, Voluntary ADD, Medical, Dental, Vision, etc.). Premiums paid on dependents who are no longer eligible, when you have failed to notify HR within the required 30 days, will only be refunded for a maximum period of up to 90 days prior to the date of notification.

An employee may not be insured under any benefit plan provided by GRU both as an employee and as a dependent. A child may not be insured by more than one employee.

Life and Disability Insurance changes may be subject to carrier approval.

To make benefit changes as a result of your Life Status Change or Family Status Change, as allowed under Section 125 of the IRS Code, you must:
- Notify Human Resources within 30 days of the date of the qualifying event
- Provide proof of your status change event
- Complete and submit your enrollment or election change

THE MOST COMMON STATUS CHANGES:
- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order or other court order
- Death of your spouse or covered child
## Medical Benefits

FOR 2014, THE UNIVERSITY SYSTEM OFFICE WILL CONTINUE TO OFFER THREE HEALTHCARE OPTIONS: THE HSA OPEN ACCESS PLAN, OPEN ACCESS POS PLAN, AND THE BLUECHOICE HMO PLAN. HOWEVER, PLEASE NOTE THAT THE BENEFIT COPAYS AND COINSURANCE FOR CERTAIN SERVICES HAVE BEEN INCREASED.

FOR THOSE ENROLLED IN THE HSA OPEN ACCESS POS PLAN, USG WILL CONTINUE TO PAY 85% OF THE PREMIUM RATE. FOR THOSE ENROLLED IN THE OTHER MEDICAL PLANS, USG WILL PAY 70% OF THE PREMIUM RATE.

Below and on the following pages we provide a quick snapshot of the three different medical plans and an overview of the tools and resources provided by your carriers. Our summaries are intended to highlight the principal provisions of the plans and show you how they differ. Please refer to the Certificate Booklet or the Board of Regents website at www.usg.edu/hr/benefits for further details about the plan and specific plan exclusions.

A mail order prescription drug option is available for all of our healthcare plans. Now you can choose to pick up your medication(s) at the pharmacy – or save yourself a trip and have a 30-day or 90-day supply mailed to your door.

### TIP

If you have a dependent age 45 or older, the dependent’s SSN must be on file with the insurance carrier in order for you to retain the medical coverage.

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### BLUECHOICE HMO PLAN

<table>
<thead>
<tr>
<th>Preventive care visits</th>
<th>Plan pays 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copay for PCP office visits</td>
<td>$20</td>
</tr>
<tr>
<td>Copay for Specialist office visits</td>
<td>$25</td>
</tr>
<tr>
<td>In-network copays</td>
<td>Member pays</td>
</tr>
<tr>
<td>$20-$250 copay for certain services</td>
<td></td>
</tr>
<tr>
<td>In-network coinsurance</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>In-network deductible</td>
<td>$0</td>
</tr>
<tr>
<td>In-network maximum annual out-of-pocket limit</td>
<td>N/A</td>
</tr>
<tr>
<td>Network</td>
<td>BlueChoice Healthcare Plan (HMO)</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>No Coverage, except in an emergency</td>
</tr>
<tr>
<td>Prescription drugs (Retail)</td>
<td>$10 Generic Copay</td>
</tr>
<tr>
<td></td>
<td>$25 Brand Copay</td>
</tr>
</tbody>
</table>

### OPEN ACCESS POS PLAN

<table>
<thead>
<tr>
<th>In-network preventive care visit</th>
<th>Plan pays 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(deductible does not apply)</td>
<td></td>
</tr>
<tr>
<td>In-network copay for office visits</td>
<td>$20</td>
</tr>
<tr>
<td>In-network coinsurance</td>
<td>Plan pays 90%</td>
</tr>
<tr>
<td>(after deductible has been met)</td>
<td></td>
</tr>
<tr>
<td>In-network calendar year deductible:</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$300</td>
</tr>
<tr>
<td>Family</td>
<td>$900</td>
</tr>
<tr>
<td>In-network maximum annual out-of-pocket limit:</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>$2,000</td>
</tr>
<tr>
<td>Network</td>
<td>Blue Open Access POS</td>
</tr>
</tbody>
</table>

| Out-of-network | Members using out-of-network providers will pay more for those services.* |
| Prescription drugs (Retail): |
| Generic | $10 copay |
| Preferred Brand | $35 copay |
| Non-Preferred Brand | 20% |

*Out-of-network benefits are subject to higher annual deductibles and out-of-pocket maximums. Out-of-network benefits are paid based on 60% of the network rate and subject to balance billing.

### TIP

**Out-of-network benefits are subject to separate deductible and higher out-of-pocket maximums. Out-of-network benefits are paid at 70% of the network rate and subject to balance billing.**
Getting Care When You Need It Now

MANY HEALTH PROBLEMS NEED TO BE TAKEN CARE OF RIGHT AWAY BUT AREN’T TRUE EMERGENCIES. WHEN YOU CAN’T SEE YOUR PRIMARY CARE DOCTOR, YOU CAN STILL ACCESS GREAT HEALTH CARE WITHOUT VISITING AN EMERGENCY ROOM.

Retail health clinics and urgent care centers often cost about the same as a regular doctor visit (much less than an ER visit) and they often take a lot less time than a trip to the ER. Plus most are open weeknights and weekends.

Retail Health Clinic
A retail health clinic is staffed by medical professionals who provide basic medical services to walk-in patients. They are usually found in major pharmacy chains or retail stores. These clinics can diagnose a range of illnesses from flu to strep, and write and fill prescriptions onsite.

Urgent Care Center
An urgent care center is staffed by doctors and nurses who treat illnesses or injuries that should be looked at right away but aren’t emergencies. Urgent care centers usually have the equipment to do X-rays, lab tests, and stitches.

To find an alternative to the ER, call the BCBSGA 24/7 Nurseline at 888.724.2583 or visit bcbsga.com/eralt. A Nurseline nurse can also help you determine which type of care makes the most sense for you.

BEFORE YOU GO TO A HEALTH CLINIC OR URGENT CARE CENTER
Call the office or clinic and ask:
- What are your hours?
- Do you offer the services I need?
- Will this be covered by my health plan?

TIP
Call 911 or go to the emergency room if you think you could put your health at serious risk by delaying care.
BCBSGA Member Benefits

**EMPLOYEES ENROLLED IN ANY OF OUR BCBSGA MEDICAL PLANS ALSO HAVE ACCESS TO 360° HEALTH, A PROGRAM THAT PROVIDES CUSTOMIZED HEALTH CARE RELATED SERVICES THAT EMPOWER MEMBERS WITH THE RESOURCES, TOOLS, GUIDANCE AND SUPPORT TO HELP THEM MANAGE THEIR HEALTH WHILE MANAGING THEIR HEALTH CARE COSTS.**

### 360° Health

360° Health is a revolutionary shift in health care related services that really means “life care”—MDs and RNs proactively working with plan members to help them to lead healthier lives and feel better every day. Some people, no matter how they choose to live, just get sick. 360° Health helps members to live better, even when they are sick, by providing health guidance and health management services.

_TIP_ Once you are enrolled in your benefits, log on to Member Access at bcbsga.com/bor and select the 360° Health tab to learn more about the benefits of this program including a health assessment as well as health topics such as diabetes, pregnancy, and heart health.

### TRACK YOUR PERSONAL HEALTH INFORMATION

BCBSGA members can use MyHealth Record to maintain and track personal health information and keep it organized in one secure location.

You can use the tool to consolidate your medical history if you see multiple doctors and provide them with a comprehensive health history to use when planning care, which can eliminate duplicate services and potential adverse drug interactions.

_TIP_ To access MyHealth Record, log onto Member Access at bcbsga.com/bor and select 360° Health and then MyHealth Record.

### CONDITIONCARE

**Additional Support from Industry Professionals**

Most physicians and clinical staffs have limited time with their patients. Some people are in denial about their chronic illnesses and others can feel overwhelmed by all the information available. Any of these factors can lead to poor condition management and poor overall health.

BCBSGA’s ConditionCare program works with your physician to provide additional support from nurses, dieticians, exercise physiologists, pharmacists, health educators, and other health care professionals to help members better understand and manage their condition.

_TIP_ Call 800.785.0006 to reach a ConditionCare professional.

### MYHEALTH COACH

**One-on-One Health Coaching**

Once you enroll in MyHealth Coach, a health coach will be assigned to you and your family members. Your health coach can help you learn about your benefits, get care, and help you to improve your health.

Your health coach can help you with a range of health topics from losing weight to lowering your stress. If you have a surgery scheduled, they can even help you prepare for surgery or plan your recovery.

_TIP_ To get started, call 800.785.0006.

### 24/7 NURSELINE

**Health Information With Just a Call or a Click**

Health issues happen in the middle of the night, during vacation or while traveling for business. Determining whether a problem requires medical attention or self-care isn’t always clear.

BCBSGA’s 24/7 Nurseline offers access to qualified registered nurses anytime—to help members of any of our plans make informed decisions about the appropriate level of care and avoid unnecessary worry.

_TIP_ To reach the 24/7 Nurseline, call: 888.724.2583.
Health Savings Account (HSA)

HSA OPEN ACCESS POS PLAN MEMBERS ARE ELIGIBLE TO SET UP AN HSA. USG WILL MATCH THE EMPLOYEE’S CONTRIBUTION TO THEIR HSA PLAN UP TO $375.00 FOR SOMEONE WITH SINGLE COVERAGE AND UP TO $750.00 FOR SOMEONE WITH FAMILY COVERAGE. THIS MATCH IS MADE CONCURRENTLY WITH THE EMPLOYEE’S CONTRIBUTION.

An HSA is a tax-favored account that allows you to set aside funds to save and pay for qualified medical expenses incurred by you, your spouse, and any of your qualified dependents. Money in your HSA can be used for current medical expenses or as savings towards future medical expenses. Medical expenses paid out of the HSA can be used to meet your health plan deductible or pay for dental or vision care.

Money in your HSA is YOURS

Money left in your HSA rolls over each year and accumulates interest to help you save for your future medical expenses, dependent medical expenses, or retirement. There are no “use it or lose it rules” like in Flexible Spending Accounts (FSA). Your HSA fund is portable should you terminate employment or choose to move to a traditional plan in the future.

- Unspent account balances remain in your account, accruing interest, until you spend them
- You can save money by staying healthy and leading a healthy lifestyle
- You can save money by shopping around for the best value for health care services

HSA Frequently Asked Questions

How do I make deposits to my account? HSA deposits can be made through automatic pre-tax payroll deductions, after-tax monthly contributions from your checking account, or via mail anytime during the year. Unlike an FSA, you can change your payroll deductions for the HSA during the year, and make after-tax contributions and deduct them from your income when you file your taxes. You will only receive the USG matching funds based on your payroll deductions. If you are contributing more than your payroll deductions to your HSA, you must make sure that you are not contributing a combined amount that is more than the IRS allows. Contributions cannot exceed $3,300 (or $2,925 net of USG match) for individuals or $6,550 (or $5,800 net of USG match) for families. If you are 55 or older you may also make an additional “catch up” contribution of $1,000.

The University System of Georgia will continue to provide HSA administrative services through US Bank.

Who verifies that my HSA was used for qualified expenses? Save your receipts — in the event of an IRS audit, you are responsible for providing documentation to the IRS.

Can I have an HSA and an FSA? You cannot have a Health Care FSA if you participate in the HSA. However, you can still have a Dependent Care FSA.

Do doctors require payment at the time of service? Most network physicians will file your claim with BCBSGA first and then bill you for your adjusted costs.

What happens to my HSA if I never withdraw funds, change jobs, or retire? Funds in your HSA are yours, even if you change employers or retire. The less that you spend on current medical expenses, the more that stays in your account accumulating interest. Under IRS guidelines, HSAs are treated like IRAs. HSA funds are never taxed or penalized if they are used for qualified medical expenses. Funds can be withdrawn for any reason, without penalty, once you reach age 65.

Can I pay for services with my HSA Debit Card if the cost for the service is more than my HSA balance? No, your HSA balance must be sufficient to cover the expense before funds are withdrawn or you must wait until you have enough money in the account and then submit the expense for reimbursement.

Do I have to meet my annual deductible even before I can receive benefits for Preventive Care Services? No, the annual deductible does not apply to Preventive Care Services received from In-network Providers.
Prescription Drugs

THE BOARD OF REGENTS OFFERS A LOW COPAY ON MANY PRESCRIPTION DRUGS. HOWEVER, YOU MAY FIND THAT YOU CAN SAVE EVEN MORE BY SWITCHING TO A GENERIC DRUG AND PURCHASING IT AT A PHARMACY WITH LOW DISPENSING COSTS.

Generic drugs often provide a good alternative to expensive brand name drugs. A generic drug is a copy of a brand-name drug that is the same in dosage, safety, how it is taken, quality, performance, intended use, and meets strict FDA requirements. Generics use the same active ingredients and are shown to work the same way with the same risks and benefits as their brand name counterparts.

Save Money With Generic Prescription Drugs
Generic drugs cost less because their manufacturers don’t have to recoup the investment in research, development, and marketing incurred by new drug manufacturers who invest in developing and launching new products. To encourage innovation, new drugs are developed under patent protection, giving new drug manufacturers the sole right to sell the drug during the patent period, and recoup their initial investment. As patents expire, other manufacturers apply for FDA approval to sell generic versions.

Special Pricing at Local Pharmacies
Most local pharmacy, grocery, or super center stores offer some type of discount program on common generic drugs. Check out your preferred store’s website for information or contact any of the retailers below to find out more about their discount programs. You may be surprised to find out how much you can save!

30-Day Generic Prescriptions Filled for $4
The following pharmacies offer hundreds of generic drugs for $4 for a 30-day supply and $10 for a 90-day supply.

- Kroger
- Target
- Wal-Mart and Sam’s Club
- Ingles Advantage Prescription Club: $3 for a 30-day supply for club members (membership fee applies)

Free Antibiotics at Publix
Certain common generic antibiotics are free at Publix. New or current customers can bring in a prescription for one of the generic oral antibiotics listed below and receive up to a 14-day supply FREE. There are no limits on the number of prescriptions you can have filled.

- Amoxicillin
- Cephalexin
- Sulfamethoxazole/trimethoprim (SMZ-TMP)
- Penicillin VK
- Ciprofloxacin (excluding Ciprofloxacin XR)
- Ampicillin

Neither Georgia Regents University nor the Board of Regents endorses any of the above retailers or makes guarantees about the duration of these programs.
ON AVERAGE, ADULTS WHO SMOKE DIE 13 TO 14 YEARS EARLIER THAN NONSMOKERS. TOBACCO USE REMAINS THE LEADING PREVENTABLE CAUSE OF DISEASE, DEATH, AND DISABILITY IN THE UNITED STATES.

Even second-hand tobacco smoke is deadly; it contains a mix of chemicals such as formaldehyde, ammonia, arsenic, carbon monoxide and lead. Each year, about 3,400 non-smoking adults die of lung cancer and another 46,000 non-smokers die from heart disease, all as a result of breathing second-hand smoke.

A $50 tobacco surcharge will apply to your healthcare premium if you use tobacco and a $50 monthly tobacco surcharge will apply per covered dependent age 18+ who uses tobacco.

Ready to End Your Tobacco Addiction?

Within 20 minutes:
- Your blood pressure and pulse rate drop to normal.

Within 24 hours:
- Your risk of a sudden heart attack goes down.

Within 2 weeks to 3 months:

Within 1 to 9 months:
- You have more energy. Your coughing, nasal congestion, fatigue, and shortness of breath improve.

Within 1 year:
- Your risk of coronary heart disease is half that of someone still using tobacco.

Within 5 years:
- Your chances of developing lung cancer drop by nearly 50% compared to people who smoke one pack a day. Your risk of mouth cancer is half that of a tobacco user.

Within 10 years:
- Your risks of cancer goes down. Your risk of stroke and lung cancer are now similar to that of someone who never smoked.

Finding the Right Tobacco Cessation Program

THE PROGRAM THAT WORKS BEST FOR YOU MAY BE VERY DIFFERENT FROM THE PROGRAM THAT WORKS BEST FOR SOMEONE ELSE.

Talk to your primary care physician, that person is one of your best resources for finding cessation programs designed to meet your total health needs. Your physician can discuss over-the-counter and prescription medications, and provide a reference as well.

Studies show that tobacco cessation treatment programs through a facility or physician that also include therapy and social support, are usually most effective for long-term success than other alternatives.

Resources

Georgia Tobacco Quitline
1.877.270.STOP

St. Joseph’s Hospital
Knock Out Nicotine
Atlanta, GA
678.843.7633

American Cancer Society
1.800.ACS.2345
www.cancer.org

American Lung Association
www.quitterrinyou.org

CDC-Tobacco Information and Prevention Source (TIPS)
www.cdc.gov/tobacco
1.800.QUIT.NOW

Kill the Can
www.killthecan.org

SmokeFree.Gov
www.smokefree.gov
1.877.44U.QUIT
HAVE A HEART!

IT IS TIME TO BATTLE CARDIOVASCULAR DISEASE AND EDUCATE OURSELVES ON WHAT WE CAN DO TO LIVE HEART-HEALTHY LIVES. HEART DISEASE, INCLUDING STROKE, IS THE LEADING CAUSE OF DEATH FOR MEN AND WOMEN AND A MAJOR CAUSE OF DISABILITY IN THE UNITED STATES.

What is heart disease?
Coronary heart disease (CHD), also called coronary artery disease, is a condition in which plaque builds up inside the coronary arteries which supply oxygen-rich blood to your heart muscle. When plaque builds up in the arteries, the condition is called atherosclerosis. The buildup of plaque occurs over many years. Over time, plaque hardens and narrows your coronary arteries. This limits the flow of oxygen-rich blood to your heart muscle.

Eventually, an area of plaque can rupture (break open) causing a blood clot to form on the surface of the plaque. If the clot becomes large enough, it can partially or completely block blood flow through a coronary artery. If the flow of oxygen-rich blood to your heart muscle is reduced or blocked, angina or a heart attack may occur.

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- **Shortness of breath.** May occur with or without chest discomfort.
- **Other signs.** These may include breaking out in a cold sweat, nausea, or lightheadedness.

Women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain. If you feel heart attack symptoms, do not delay. Remember, minutes matter! Do not wait for more than a few minutes (5 minutes at most) to call 911. Your family will benefit most if you seek fast treatment.

American Heart Association – www.heart.org
This website provides information on:
- getting healthy through nutrition, physical activity, weight control, stress management, and more
- conditions such as arrhythmia, cholesterol, congenital defects, diabetes, heart attack, and high blood pressure

Walking is inexpensive, and you can walk almost anywhere and at any time. Remember to talk to your primary care provider before starting, or significantly increasing, your physical activity level.

Control and Prevent Risk Factors
- Quit smoking and stay away from secondhand smoke
- Get active and eat healthy
- Talk to your doctor about taking aspirin every day if you are a man over the age of 45, or a woman past menopause
- Manage stress
- Watch your weight
- Drink alcohol only in moderation

The good news is that physical activity can protect your heart in a number of important ways. Regular activity — something as simple as a brisk, 30-minute walk — most days of the week can produce the following benefits:
- Gives you more energy and stamina and lifts your mood
- Tones your muscles and strengthens your bones
- Increases the number of calories your body uses
- Lowers your risk of health problems, such as high blood pressure, heart disease, high cholesterol, and type 2 diabetes

Steps to ensure success!
- Choose a safe place to walk
- Wear shoes with proper arch support, a firm heel, and thick flexible soles
- Wear clothes that will keep you dry and comfortable
- Stretch lightly after warm-up and cool-down
- Spread your walking evenly throughout the week
- To avoid stiff or sore muscles and joints, start gradually
- Break up your walk into multiple sessions throughout the day if you have a busy schedule
- Keep track of your progress with a walking journal or log
- Record your set goals and reward yourself
**Dental Insurance**

**WE OFFER A DENTAL PLAN THROUGH DELTA DENTAL. UNDER THIS PLAN YOU CAN CHOOSE TO SEE ANY DENTIST YOU WANT. HOWEVER, YOU WILL PAY LESS IF YOU USE AN IN-NETWORK PROVIDER.**

**Visit Your Dentist Regularly**
Regular preventive visits to your dentist can help protect your overall health. Recent studies have linked gum disease to damage elsewhere in the body. According to the Centers for Disease Control and Prevention, there may be associations between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births.

**Delta Dental Plan Highlights**
- **$50 Individual deductible** (deductible is limited to 3 family members max)
- **Plan pays 100% of allowable charges for preventive dental services**
- **Plan pays 80% of allowable charges for basic dental services after the deductible has been met**
- **Plan pays 50% of allowable charges for major dental services after the deductible has been met**
- **Orthodontia is covered (for adults & children) up to a $1,500 lifetime maximum**
- Benefits paid out-of-network will be based on the 90th percentile of UCR
- Non-Delta Dental Dentists may require you to pay the entire bill and wait for reimbursement
- **Maximum annual benefit is $1,350 per individual per calendar year (benefits paid for diagnostic or preventive services will NOT be applied towards the maximum annual benefit limit)**

**Calendar Year Deductible Per Covered Member**
- **$50 per person, $150 per family**

**Annual Plan Maximum Per Covered Member**
- **$1,350 per person – in addition to benefits paid for diagnostic and preventive services**

**Lifetime Maximum Orthodontic Benefit Per Member**
- **(separate from Annual Plan Maximum)**
- **$1,500**

The Delta Dental PPO program allows you the freedom to visit any licensed dentist. However, there are advantages to visiting a Delta Dental PPO Network Dentist, or at the very least, visiting a Delta Dental Premier Dentist instead of a non-Delta Dental Dentist. When a Delta Dental PPO Dentist is used, reimbursement is based on the PPO negotiated fee, which stretches your benefit dollars. A Delta Dental Premier Dentist cannot balance bill you for more than what they have agreed to accept as UCR. Both type of Delta Dental Providers will file the claim for you. **Members who use a Non-Delta Dental Provider must file their own claim and will be subject to balance billing if the Dentist’s fees are higher than UCR.**

**Benefits and Covered Services**

**DIAGNOSTIC AND PREVENTIVE BENEFITS**
- **100%, not subject to deductible**
  - Oral exams, routine cleanings, x-rays, fluoride treatment, space maintainers, emergency palliative treatment

**BASIC BENEFITS**
- **80%, subject to deductible**
  - Fillings, sealants, denture repairs, oral surgery including incisions, excisions, surgical removal of tooth and periodontics (treatment of the gums)

**MAJOR BENEFITS**
- **50%, subject to deductible**
  - Crowns, inlays, onlays, cast restorations, bridges, dentures, endodontic (root canals), implants

**ORTHODONTIC BENEFITS – (all members)**
- **50%, not subject to deductible**
  - During insured’s pregnancy, provides for one additional oral exam and either one additional routine cleaning or one additional perio scaling with root planing per quadrant

**PRENATAL BENEFITS**
- **$50 per person, $150 per family**
- **$1,350 per person – in addition to benefits paid for diagnostic and preventive services**
- **$1,500**
- **100%, not subject to deductible**
- **80%, subject to deductible**
- **50%, subject to deductible**
- **50%, not subject to deductible**

You can find out how to assess your risk of dental disease, as well as information on pediatric oral health, adult oral health, and oral cancer at www.oralhealth.deltadental.com
Vision Plan

Our Eyemed Vision Care Plan provides access to routine eye exams at a low cost and saves you money on your eye care purchases. The plan is available through thousands of provider locations participating in the Eyemed Select Network. To find a network provider near you visit www.eyemedvisioncare.com and select “Select” as your network from the provider locator dropdown box or call 1-866-800-5457.

Vision Plan Summary

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Vision Plan Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Once Every 12 Months</td>
</tr>
<tr>
<td>Lenses or Contact Lenses</td>
<td>Once Every 12 Months</td>
</tr>
<tr>
<td>Frames</td>
<td>Once Every 12 Months</td>
</tr>
</tbody>
</table>

Did you know?

Regular vision exams can help to detect symptoms of:
- Diabetes
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders

Vision doctors can also help treat and manage:
- Cataracts
- Corneal diseases
- Diabetic retinopathy
- Glaucoma
- Macular degeneration

In-Network/Out-of-Network

<table>
<thead>
<tr>
<th>In-Network Member Costs</th>
<th>Out-of-Network Reimbursement Maximums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with Dilation as Necessary</td>
<td>$10 Copay Up to $40</td>
</tr>
<tr>
<td>Contact Lens Fit &amp; Follow-Up (available once a comprehensive eye exam has been completed)</td>
<td>Up to $55 N/A</td>
</tr>
<tr>
<td>Standard Contact Lens Fit &amp; Follow-Up</td>
<td>Retail less 10% N/A</td>
</tr>
<tr>
<td>Premium Contact Lens Fit &amp; Follow-Up</td>
<td>$0 Copay; You pay $0 up to a $150 allowance; plus balance over $150 less 20% Up to $58</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>$0 Copay; 20% off retail price</td>
</tr>
<tr>
<td>Frames</td>
<td>$25 Copay $25 Copay $25 Copay $25 Copay $25 Copay $80 $0 Copay; You pay $0 up to $150 allowance; plus balance over $150 less 20%</td>
</tr>
</tbody>
</table>

Standard Plastic Lenses

| Single Vision | $25 Copay Up to $40 |
| Bifocal Vision | $25 Copay Up to $55 |
| Trifocal Vision | $25 Copay Up to $75 |
| Lenticular | $25 Copay Up to $90 |
| Standard Progressive Lens | $80 Up to $55 |

Lens Options

| UV Treatment | $15 Copay N/A |
| Tint (Solid and Gradient) | $15 Copay N/A |
| Standard Plastic Scratch Coating | $10 Copay Up to $4 |
| Standard Polycarbonate — Adults / Kids under 19 | $40 Copay / $0 Copay N/A / Up to $28 |
| Standard Anti-Reflective Coating | $45 Copay N/A |
| Photocomich/Transitions | $75 Copay N/A |
| Other Add-Ons and Services | 20% off retail price N/A |

Contact Lens (Contact Lens allowance includes material only)

| Conventional | $0 Copay; You pay $0 up to $150 allowance; plus 85% of balance over $150 Up to $130 |
| Disposable | $0 Copay; You pay $0 up to $150 allowance; plus balance over $150 Up to $130 |
| Medically Necessary | $0 Copay; Paid In Full Up to $210 |
| Laser Vision Correction | |
| Lasik or PRK from U.S. Laser Network | Retail Price less 15% or Promotional Price less 5% N/A |

Additional Discount (In-Network only)

Members also receive 40% off additional eyewear purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Replacement Contact Lens Purchases

Visit www.eyemedcontacts.com to order replacement contact lenses for shipment to your home at less than retail price.
Basic Life Insurance and AD&D

WE PROVIDE ALL ACTIVE REGULAR (BENEFITS ELIGIBLE) EMPLOYEES WORKING AT LEAST 30 HOURS OR MORE PER WEEK WITH $25,000 OF BASIC LIFE INSURANCE AND $25,000 BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D) AT NO COST. IN ADDITION, YOU MAY PURCHASE SUPPLEMENTAL LIFE AND AD&D COVERAGE FOR YOURSELF, AS WELL AS DEPENDENT LIFE INSURANCE FOR YOUR SPOUSE/DOMESTIC PARTNER AND CHILD(REN).

Supplemental Life and AD&D

You may purchase an additional amount of Life Insurance (which automatically includes a matching amount of AD&D Insurance) for a flat $15,000 benefit or for a benefit amount equal to your basic annual earnings rounded to the next multiple of $1,000, multiplied by one, two, three, or four times up to a $500,000 maximum benefit. When you purchase the Supplemental Life, you are also purchasing a matching amount of AD&D.

Optional Dependent Life Insurance is available equal to $20,000 for your spouse/domestic partner and $15,000 for each child age 6 months up to 26 years old. Children at least two weeks old but less than six months old may be insured for $2,000. You must enroll your spouse/domestic partner within 30 days of their initial eligibility date or they will be considered a Late Enrollee and they will have to provide Evidence of Insurability (EOI). You do not have to purchase Supplemental Life for yourself in order to be able to purchase Dependent Life coverage for your spouse/domestic partner and/or child(ren).

You can also buy separate Voluntary Accidental Death & Dismemberment (VADD) Insurance for both you and your eligible family members. You elect a benefit amount between $10,000 and $500,000 (in $10,000 increments); your family members are covered for a percentage of your elected benefit. For amounts over $150,000, your benefit amount cannot exceed the lesser of 10X your basic annual earnings or $500,000.

Additional benefits may be payable under the VADD in the event of a car accident, permanent total disability and blindness. If you are covering your family, additional benefits include an educational benefit, day care benefit and doubled child benefit for dismemberment.

Why buy life and AD&D coverage?

Life and AD&D provides a lump sum cash benefit to surviving dependents to cover immediate expenses such as funeral expenses or ongoing living expenses. Life insurance benefits often help survivors adjust to the loss of income related to the death of a wage earner, or provide funds for college or retirement for the survivors.

Life insurance covers most death-related incidents and AD&D covers accident-related deaths. To illustrate the difference, if the insured's passing was related to a medical condition such as cancer, life insurance would provide a payout, but not AD&D. If the insured individual's passing was related to an automobile accident, both life and AD&D would provide a payout.

Benefit Reduction

Your Basic Life benefit does not reduce at any age. At age 67, your Supplemental Life benefit amount will be reduced to the lesser of 1 times your basic annual salary rounded up to the next $1,000; or $100,000. At age 70 your benefit amount will be reduced by 50%. At no time will your Supplemental Life benefit amount reduce to less than $15,000.

Evidence of Insurability?

If you enroll in the plan within 30 days of your date of eligibility, you can purchase Supplemental Life insurance up to $500,000 without providing EOI. Our carrier requires EOI in order for employees to purchase insurance after their initial eligibility period. EOI requirements mean you must complete a medical questionnaire, obtain a physical (at the carrier's request), and receive carrier approval before your insurance takes effect. If you have medical conditions that make it difficult to purchase life insurance on your own, this maximum benefit guaranteed amount is relevant to you. You may also be required to submit EOI if you increase your life benefit during a later Annual Open Enrollment period.

Portability

If your employment terminates and you are not eligible for retiree life benefits through GRU, you may be able to take this coverage with you.
Disability Insurance

ONE THIRD OF ALL AMERICANS BETWEEN THE AGES OF 35 AND 65 WILL BECOME DISABLED FOR MORE THAN 90 DAYS, ACCORDING TO THE AMERICAN COUNCIL OF LIFE INSURERS.

Active permanent full-time employees working a minimum of 30 hours weekly may purchase short term and/or long term disability insurance to provide income if they are ever unable to work due to a qualifying disability. Disability benefit income may be reduced by other income you receive. Typically disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and you are under the regular care of a physician and as a result, your current earnings are less than 80% of your pre-disability earnings.

If you enroll in the Short-Term Disability Plan when you are first eligible, you will receive coverage without having to provide Evidence of Insurability. If you wait to enroll at a later time, you may only do so during an annual enrollment period and you will be required to provide Evidence of Insurability.

If you were disabled and unable to work, how would you pay your bills?

Disability Insurance provides income protection to ensure that you have a consistent flow of income if you are unable to work for an extended period of time due to a disabling illness or injury. If you suffer from an illness or injury and are unable to work, do you know how you will pay your rent or mortgage, car payments, utilities, and health insurance? The loss of income can be so devastating that the U.S. Department of Housing and Urban Development estimates that 46% of all home foreclosures are caused by a disability. If you are like most Americans, your monthly expenses eat up most of your paycheck and little is left for saving. If you worry that you haven’t set aside a big enough emergency fund, then you should consider purchasing disability insurance.

Short-Term Disability (STD)

You may purchase coverage that would pay you a benefit of 60% of your weekly earnings. The maximum STD benefit you could receive from the coverage you purchase is $2,500 per week. If you have a qualifying disability claim, your STD benefits will be payable beginning on the 15th day of disability. You do not have to use or exhaust your accumulated sick leave before you are eligible to use your STD benefits. As long as you remain disabled as defined by your policy, your STD benefit is payable for a maximum of 11 weeks starting on the 15th day after the disability begins. If you have a disability that is due to a pre-existing condition, your benefits for that disability will be payable for only a maximum 4-week period unless the disability starts after you have gone the earlier of 6 months treatment free while insured under the Plan, or been insured under the Plan for 12 consecutive months.

NOTE: The duration of the disability benefit is directly related to the type and cause of your disability and has nothing to do with Maternity Leave as provided for under the Family Medical Leave Act or any other Leave of Absence Program available through your employer due to pregnancy. Being pregnant is not in and of itself a “disability”.

TIP

If you enroll in the Short-Term Disability Plan when you are first eligible, you will receive coverage without having to provide Evidence of Insurability. If you wait to enroll at a later time, you may only do so during an annual enrollment period and you will be required to provide Evidence of Insurability.
Long-Term Disability (LTD)

You may also purchase coverage that will pay you a benefit for a disability that may continue for an extended period of time and beyond the end of your STD benefits (if you are enrolled in the STD Plan). Your elimination period will be 90 days (with benefits payable on the 91st day), during which time if you are disabled, no LTD benefits are payable. During the Elimination Period a loss of earnings is not required; however, after the elimination period you must have at least a 20% loss of earnings before LTD benefits are payable. At the end of the elimination period, if you are eligible to receive a disability benefit, your maximum monthly benefit will be the lesser of 60% of your monthly basic earnings (pre-disability earnings); or 70% of your monthly basic earnings (pre-disability earnings) less Other Income Benefits (disability and retirement benefits you are eligible for due to your disability, including social security benefits to you and your family). However, the maximum monthly benefit will never exceed $10,000 per month.

To be disabled means you are prevented from performing one or more of the Essential Duties of Your Occupation during the Elimination Period and for the 24 months following the Elimination Period, and as a result Your Current Monthly Earnings are less than 80% of Your Indexed Pre-disability Earnings. If you remain disabled after the Elimination Period, and are working but have a 20% or more loss of earnings, your monthly LTD benefit for a period of up to 12 consecutive months will not be reduced by your current monthly earnings. This is referred to as a Return-to-Work Incentive. However, if the sum of your monthly LTD benefit and your current monthly earnings exceeds 100% of your pre-disability earnings, your monthly LTD benefit will be reduced by the amount of excess.

Once a period of disability exceeds 24 months beyond the end of the elimination period, you must be prevented from performing one or more of the essential duties of any occupation. Any occupation means an occupation for which you are qualified by education, training or experience, and that has an earnings potential greater than the lesser of: 1) 60% of your indexed pre-disability earnings; or 2) $10,000. As long as you are considered disabled, your LTD benefits will continue subject to the later of the schedule as outlined in your Certificate of Insurance or your normal social security retirement age.

NOTE:

- Periods of recovery during the Elimination Period will not interrupt the Elimination Period if the number of days you return to work as an Active Employee is less than 45 days. Within such period of Recovery, return to work days will not count toward the 90 day Elimination Period.
- If you die while you are receiving benefit payments, your spouse or unmarried children under the age of 19 may be eligible for a lump sum Survivor Benefit equal to three (3) times the gross Monthly Benefit.
- For a Disability caused by Mental or Nervous Disorders or Alcohol, Drug or Substance Abuse Dependency, benefits will be payable for a total of 24 months for all such Disabilities during your lifetime unless you are confined in a hospital or other place licensed to provide care for your disabling condition.
- No benefits are payable under this Plan for any disability due to a condition for which you received any medical treatment, consultation, care or services, took prescription medication or had medications prescribed in the 6 months before your effective date under this policy, unless your Disability begins after you have been continuously insured under this policy for 12 months or gone treatment free for 6 months while insured under this policy, whichever is earlier.
Flexible Spending Accounts

A FLEXIBLE SPENDING ACCOUNT (FSA) ALLOWS EMPLOYEES TO USE PRE-TAX MONEY FOR QUALIFIED EXPENSES.

The rising cost of health and dependent care (or day care) is encouraging more employees to take advantage of FSAs. You can save anywhere from 10% - 30% by using an FSA, which allows you to use pre-tax money to pay for health or dependent care expenses incurred during the plan year. FSAs are funded through voluntary pre-tax payroll deductions and deposited into an account in your name.

The firm Discovery Benefits will continue to administer our FSA Accounts for the 2014 Plan Year. Funds are accessed using your Discovery Benefits debit card at the time of service, or by submitting a claim and a receipt after-the-fact.

Health Care FSA
Health Care FSA — used to pay for qualified medical, dental and vision expenses incurred by you and your dependents. See box for examples of eligible expenses. Note:
- Annual maximum contribution is $2,500
- You have access to your full annual contribution at anytime during the plan year for qualified expenses incurred during the plan year
- There are limits to when you can change your annual contribution amount during the plan year, so be conservative in determining the amount you decide to contribute
- Deadline for manual claim submission is 90 days after the end of the plan year
- If you have funds remaining in your account after the end of the Plan Year, you will have an additional 2 1/2 months to incur claims that may be filed against that prior Plan Year account balance

Dependent Care FSA
Dependent Care FSA — used to pay for qualified dependent child care or elder care expenses, to allow you (and/or your spouse if married) to work or go to school full-time. Note:
- Annual maximum contribution is $5,000
- You ONLY have access to funds that have been withheld from your paycheck. If you submit receipts for a higher amount, you will be automatically reimbursed as future payroll deductions are deposited into your account
- There are limits to when you can modify future payroll deductions during the year
- Deadline for submission of manual claims is 90 days after the end of the plan year

Important Rules Regarding FSAs
- Accounts are separate and you cannot co-mingle funds
- Accounts are subject to the USE IT OR LOSE IT provision, unused balances do not rollover
- Generally, you cannot change the elections you have made after the beginning of the Plan Year*

*You are permitted to change elections if you have a “change in status” and you make an election change that is consistent with the change in status.

HEALTH CARE FSA ELIGIBLE EXPENSES
- Medical plan copays and deductible
- Dental and orthodontia expenses
- Vision care expenses including lasik, glasses and contact lenses
- Tobacco cessation programs
- Infertility treatment
- Psychology and psychoanalysis medical expenses
- Massage therapy when deemed medically necessary
- Weight-loss programs (when deemed medically necessary)
- Services not covered under your health plan as long as medically necessary
- Medically necessary cosmetic surgery

Please refer to our plan document for a full list of eligible expenses and exclusions.

You are not eligible to participate in the Health Care FSA if you participate in the HSA.
Aflac Supplemental Benefits

Even though Georgia Regents University has excellent coverage that may pay many of the medical costs associated with a serious illness or injury, there are often deductibles, copays, and other non-medical expenses that are not covered.

Aflac’s insurance policies are designed to help offset these out-of-pocket expenses. Aflac benefits pay cash benefits directly to you regardless of any other form of insurance that you might have, unless assigned. You can use the money where your family needs it most. And your policies with Aflac will not be canceled because of the number or amount of claims, or because of a change in your health.

**Maximum Difference Cancer Indemnity Insurance**
Aflac’s Cancer Indemnity Insurance helps prepare you for the added costs of battling cancer. The policy can include an initial treatment benefit, a hospital confinement benefit, a cancer screening wellness benefit, an experimental treatment benefit, a nursing services benefit, a home health care benefit, and a stem cell transplantation benefit. It’s flexible, so you can tailor the benefits to meet your personal needs.

**Personal Accident Indemnity Insurance**
Accident insurance provides benefits to help cover the costs associated with unexpected bills due to an accidental injury. Injuries such as fractures, dislocations, burns, and lacerations are paid a fixed benefit. There is also a benefit for accident emergency treatment, initial accident hospitalization, accidental death and a wellness benefit.

**Hospital Protection Insurance**
Aflac’s Hospital Protection Insurance pays a specific amount for hospital confinement, short-stays, rehabilitation unit stays, as well as a surgical and ambulance benefit.
INNOVATIONS IN VETERINARY MEDICINE MEAN THERE ARE MORE OPTIONS THAN EVER TO KEEP YOUR PET HEALTHY. BUT IF YOUR PET BECOMES SICK OR HURT TODAY, WOULD YOU HAVE ENOUGH SAVED TO COVER THE EXPENSE? VPI PET INSURANCE OFFERS NOSE-TO-TAIL COVERAGE FOR EVERYTHING FROM EAR INFECTIONS TO CANCER. AND THEY GIVE YOU ACCESS TO THE BEST CARE POSSIBLE WITHOUT STRAINING YOUR BUDGET. NOW YOU CAN PURCHASE PET INSURANCE THROUGH VPI AT AN EVEN LOWER PREMIUM RATE BY TAKING ADVANTAGE OF OUR GROUP RATE DISCOUNT OF 5%.

**Your Pet Insurance program includes:**
- Use any veterinarian worldwide – including specialists and emergency providers
- Coverage for accidents, illnesses, and diseases, including certain hereditary conditions
- Set benefit reimbursement schedule – no surprises in coverage
- Benefits that renew in full each year – no lifetime benefit limits
- Payroll deduction of premiums (for active employees)
- Nation’s oldest and largest pet insurer (Veterinary Pet Insurance Company/National Casualty Company)
- 5% group (payroll deduction) discount off the base medical plan only. Pet owners will receive additional 5% multiple-pet discount by insuring two or three pets or a 10% discount on each policy for four or more pets

**FOUR DIFFERENT PLANS TO CHOOSE FROM:**

**VPI Major Medical Plan**
- Typical monthly base cost: $27-$37
- Annual deductible choices of $100, $250, $500 or $1,000
- Covers hundreds of accidents, illnesses and diseases for all purebreds and mixed breed dogs and cats.
- Hereditary disease coverage (i.e., Cherry Eye, Hip Dysplasia, Patellar Luxation, and more) after you’ve had the policy for one year - $250 for diagnosis or med treatment; $500 for surgery.
- $14,000 maximum annual payout
- Underwriting required

**VPI Medical Plan**
- Typical monthly base cost: $21-$29
- Annual deductible choices of $100, $250, $500 or $1,000
- Benefits are about half of those under the VPI Major Medical Plan
- No hereditary disease coverage
- $7,000 maximum annual payout
- Underwriting required

**VPI Feline Select Plan**
- Exclusively for cats
- Annual benefit of $600 for each of the 15 covered conditions.
- No deductible or benefit schedule
- Conditions outlined in the contract
- $9,000 maximum annual payout

**VPI Injury Plan**
- Limited coverage for common pet accidents, broken bones, wounds and poisonings
- No underwriting required or upper age restriction
- $250 annual deductible
- $14,000 maximum annual payout.

Optional routine care coverage is available to complement any plan for an additional premium, with benefits for wellness exams, vaccinations and much more.

**Use Your VPI Policy in Three Easy Steps:**
1. Pay for your pet’s treatment at the time of service.
2. Fax or mail our easy-to-use claim form along with your receipts.
3. After meeting your policy’s annual deductible, you’ll be reimbursed according to your plan’s benefit schedule.

- **Premiums vary based on the age of the pet, species, size (as an adult), plan type, deductible and state of residence.**
- **Obtain a quote online or call their toll free number (1.877.738.7874).**
- **For more information, quotes and the Reimbursement Schedule are available at:**
  - [www.petinsurance.com/afi/g/georgia_regents_university.aspx](http://www.petinsurance.com/afi/g/georgia_regents_university.aspx)
  - [www.petsvpi.com](http://www.petsvpi.com).
Long-Term Care Insurance

LONG-TERM CARE (LTC) INSURANCE IS SPECIALLY DESIGNED TO HELP COVER THE COSTS OF LONG-TERM CARE. IT GIVES YOU THE PEACE OF MIND THAT COMES WITH KNOWING YOU ARE PREPARED FOR THE FUTURE.

LTC policies are designed to provide coverage for therapeutic, rehabilitative, maintenance, or personal care services received in a setting other than an acute care unit of a hospital. To qualify for benefits, you must be unable to perform without assistance or regular supervision at least two of the following daily activities: bathing, dressing, toileting, transferring, continence, and eating. You may also be eligible if you have a cognitive impairment that requires you to have substantial supervision by another person because you engage in behavior which poses a health or safety hazard to yourself or others.

Newly eligible employees who are actively at work may enroll for coverage and will not be subject to underwriting if they enroll during their initial eligibility period. All other eligible family members may obtain coverage subject to CNA’s approval of Evidence of Insurability. Other eligible family members include spouses/domestic partners, parents/parents-in-law, grandparents/grandparents-in-law, retirees and spouses/domestic partners of retirees. You do not have to purchase Long-Term Care for yourself in order to be able to purchase coverage for your spouse/domestic partner and/or other eligible family members.

Benefits Provided under LTC Policy

- **Facility-Based Care**: Facility-based care includes care received in a nursing home, assisted living facility or hospice facility licensed by the state in which it is located.

- **Home-Based Care**: Home-based care consists of home health care, adult day care, and certain residential or continuing care communities. Also, qualified independent providers not affiliated with a licensed home healthcare agency are considered home care providers.

- **Long-Term Care Benefit**: Choose $100, $150, $200, or $250 per day for facility-based care or home-based care. Options of a 3-year (Option A) or 5-year (Option B) benefit period.

- **Waiting Period**: After you qualify for benefits, you will need to satisfy a 90 calendar day waiting period before benefits can be paid. You must only satisfy this waiting period once in your lifetime. You do not need to incur any paid services during this time.

<table>
<thead>
<tr>
<th>Maximum Daily Benefit</th>
<th>Option A (3 years) Lifetime Maximum Benefit</th>
<th>Option B (5 years) Lifetime Maximum Benefit</th>
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<tr>
<td>$100</td>
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<tr>
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Teachers Retirement (TRS)
TRS is a state plan which requires a 6.00% base salary employee contribution. The employer contributes 12.28% to support the retirement plan. Ten years of creditable service are required in order to be vested. Effective July 1, 2014, the employee will be required to contribute 6.00%, and the employer contribution will increase to 13.15%.

Optional Retirement Plan (ORP)
ORP is only available to regular faculty, principal administrators and all other exempt employees. This is a portable plan which requires 6% base salary employee contribution in 2014; employer contributes 9.24% to the ORP vendor who then invests these funds on behalf of the employee (immediate vesting). The ORP vendors are: Fidelity Investments, Teachers Insurance & Annuity Assoc (TIAA-CREF), and Variable Annuity Life Ins. Company (VALIC).

Supplemental Retirement Programs
The advantages of pre-tax savings programs under the provisions of Section 403(b) and 457 of the I.R.S. code are available to all employees: faculty, regular staff and temporary staff. While the details of different tax-deferred plans vary, they all work the same way: Money goes straight from your paycheck to an investment account, reducing your current income taxes. What’s more, your potential investment earnings won’t be taxable until you withdraw them in retirement.

Health Savings Account (HSA)
If you enroll in the HSA Open Access POS Plan, then you have another option for saving. The HSA, a tax-advantaged medical savings account, is available if you participate in the high-deductible health plan. The funds contributed to this account are not subject to federal income tax at the time of deposit. And unlike an FSA, funds roll over and accumulate year to year if not spent, and the funds belong to you. HSA funds may currently be used to pay for qualified medical expenses at any time without federal tax liability or penalty. Withdrawals for non-medical expenses are treated very similarly to those in an Individual Retirement Account (IRA) in that they may provide tax advantages if taken after retirement age, but incur penalties if taken earlier.

Social Security
All employees with benefits are required to contribute to Social Security. The Social Security taxes withheld from an individual’s pay are reflected in two deductions: 6.2% (on wages up to $113,700 in 2013), for the old age, survivors, and disability insurance tax, and 1.45% for the Medicare tax. In addition to withholding Medicare tax at 1.45%, an additional Medicare Tax of 0.9% will be withheld from wages in excess of $200,000 in a calendar year. All wages that are subject to the Medicare tax are subject to the additional Medicare Tax withholding if paid in excess of the $200,000 withholding threshold. These rates and wages are subject to change. Please visit www.irs.gov for the most current information.

Path2College 529 Plan
Start saving for your child’s education. The Path2College 529 Plan is a college savings program that is offered by the State of Georgia through TIAA-CREF. This account can be opened for as little as $25. To learn more about opening and managing a Path2College 529 Plan go to www.path2college529.com.
## PLAN COSTS

### 2014 Plan Costs (Your Monthly Contributions)

#### OPEN ACCESS POS
- Employee Only: $180.00
- Employee + Child: $323.00
- Employee + Spouse: $377.00
- Family: $521.00

#### BLUECHOICE HMO
- Employee Only: $142.00
- Employee + Child: $255.00
- Employee + Spouse: $297.00
- Family: $410.00

#### HSA OPEN ACCESS POS
- Employee Only: $47.00
- Employee + Child: $83.00
- Employee + Spouse: $96.00
- Family: $132.00

**IMPORTANT!** A $50 tobacco surcharge will apply to your healthcare premium if you use tobacco and a $50 monthly tobacco surcharge will apply per covered dependent age 18+ who uses tobacco.

**ACTION REQUIRED!** Tobacco use certification is required upon enrollment in healthcare coverage for 2014. If you do not certify, your status will default to tobacco user and a $50 monthly surcharge will be added to your premium.

#### DELTA DENTAL
- Employee Only: $34.00
- Employee + Child(ren): $59.78
- Employee + Spouse: $56.94
- Family: $85.42

#### EYEMED VISION PLAN
- Employee Only: $6.38
- Employee + Spouse: $14.38
- Employee + Child(ren): $12.14
- Family: $18.84

#### THE HARTFORD LONG-TERM DISABILITY PLAN
- Rate per $100 of covered monthly salary: $0.350
- Maximum covered monthly salary is $16,666.67.

#### THE HARTFORD SHORT-TERM DISABILITY PLAN
- Per $100 of covered monthly salary:
  - Age < 25: $0.680
  - Age 25 – 29: $0.740
  - Age 30 – 34: $0.638
  - Age 35 – 39: $0.468
  - Age 40 – 44: $0.366
  - Age 45 – 49: $0.408
  - Age 50 – 54: $0.493
  - Age 55 – 59: $0.612
  - Age 60 – 64: $0.697
  - Age 65+: $0.765

- Maximum covered monthly salary is $18,055.

#### THE HARTFORD SUPPLEMENTAL LIFE AND AD&D
- Rate per $1,000 of Benefit Amount:
  - Age < 25: $0.110
  - Age 25 – 29: $0.110
  - Age 30 – 34: $0.120
  - Age 35 – 39: $0.130
  - Age 40 – 44: $0.140
  - Age 45 – 49: $0.220
  - Age 50 – 54: $0.347
  - Age 55 – 59: $0.513
  - Age 60 – 64: $0.782
  - Age 65 – 69: $1.376
  - Age 70+: $2.414

- Dependent Life Rate: $8.50 per family

#### THE HARTFORD VOLUNTARY AD&D
- Employee Only: $0.25 per $10,000
- Employee & Family: $0.35 per $10,000

#### AFLAC SUPPLEMENTAL INSURANCE
For information on rates for the AFLAC products, contact your HR Department, or call your Aflac Representative at 1.828.455.1538

#### VPI PET INSURANCE
For information on the rates for this Plan go directly to VPI at www.petinsurance.com/afi/g/georgia_regents_university.aspx or www.petsvpi.com, or call 1.877.738.7874

#### CNA LONG-TERM CARE
For information on rates for this plan, contact your HR Department.
The material in this booklet is for informational purposes and is not a contract. It is intended only to highlight the principal benefits of each plan. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan documents, the Plan documents govern. It is the responsibility of each active member to read all Plan-provided materials to fully understand the provisions of the option chosen.