

AU Health System 2021 Benefits Summary

AU Health System is pleased to offer a variety of health care and financial benefit options to all regular employees with a work commitment of .5 fte (20 hours per week) or greater. This is a summary of benefits, we encourage you to read through the Enrollment Guide available on our [website](#) if you need to learn more about your options and responsibilities before making benefit decisions.



Health
AUGUSTA UNIVERSITY

Quick View

AU Health System Benefit Options Effective January 1, 2021	
Benefit Plan	General Description of Benefits Provided
Medical Care	<ul style="list-style-type: none"> • UMR is Third Party Administrator of Claims • AU Health System and Employee Share Costs • Includes Pharmacy Benefits <ul style="list-style-type: none"> <li style="width: 45%;"> <ul style="list-style-type: none"> • 3 plan options: <ul style="list-style-type: none"> o Select PPO o Choice HDHP o Base PPO (default coverage) <li style="width: 45%;"> <ul style="list-style-type: none"> • 4 levels of coverage <ul style="list-style-type: none"> o Employee Only o Employee + Spouse o Employee + Child(ren) o Employee + Family
Dental Care	<ul style="list-style-type: none"> • Carrier is Delta Dental • Employee pays full cost <ul style="list-style-type: none"> <li style="width: 45%;"> <ul style="list-style-type: none"> • 2 plan options: <ul style="list-style-type: none"> o Core o Value <li style="width: 45%;"> <ul style="list-style-type: none"> • 4 levels of coverage: <ul style="list-style-type: none"> o Employee Only o Employee + Spouse o Employee + Child(ren) o Employee + Family
Vision Care	<ul style="list-style-type: none"> • Carrier is Eye Med • Employee pays full cost <ul style="list-style-type: none"> <li style="width: 45%;"> <ul style="list-style-type: none"> • 2 plans to choose: <ul style="list-style-type: none"> o Elite - Materials and eye exam o Value - Materials only <li style="width: 45%;"> <ul style="list-style-type: none"> • 4 levels of coverage: <ul style="list-style-type: none"> o Employee Only o Employee + Spouse o Employee + Child(ren) o Employee + Family
Health Savings Account (HSA)	<ul style="list-style-type: none"> Administered by Bank of America • Provides pre-tax contributions <ul style="list-style-type: none"> • Company contributes \$500/single and \$875/family • Contribution limits: \$100 minimum. \$3,600/single and \$7,200/family maximums
Flexible Spending Account (FSA)	<ul style="list-style-type: none"> Administered by Bank of America • Provides pre-tax contributions for: <ul style="list-style-type: none"> o Healthcare FSA – contribution \$100 - \$2,750 o Dependent Care FSA – contribution \$100 - \$5,000
Basic Life Insurance	Carrier for all life insurance products is Prudential 1X annual salary. \$25K minimum and \$500K maximum- this plan is employer paid. All benefits eligible employees will be enrolled in this plan.
Supplemental Life Insurance	Choose from 1X – 6X annual salary. Guarantee issue of \$500K or 3X salary, whichever is lower. 1.5M maximum coverage level.
Basic AD&D	1X annual salary. \$25K minimum and \$500K maximum- this plan is employer

	paid. All benefits eligible employees will be enrolled in this plan
Supplemental AD&D	Choose from 1X – 6X annual salary. Election must equal supplemental life coverage level.
Spousal Life	Four levels of coverage available. 10K, 30K, 50K, or 100K. Evidence of Insurability may be required.
Child Life	Three levels of coverage available. 10k, 15K, and 20K.
Spouse AD&D	Election amount must equal spousal life coverage elected.
Child AD&D	Election amount must equal child life coverage elected.
Short Term Disability	<ul style="list-style-type: none"> • Carrier is Mutual of Omaha • Two options. Both plans pay up to 12 weeks with a 14 day elimination period <p>50% Benefit</p> <ul style="list-style-type: none"> • One year and one day service requirement for eligibility • AU Health System pays premiums • 50% of base pay up to a \$1,250 per week maximum benefit <p>10% Buy Up Benefit</p> <ul style="list-style-type: none"> • Employee may elect during open enrollment period following 50% eligibility • 10% of base pay up to \$250 per week (in addition to 50% STD)
Long Term Disability	<ul style="list-style-type: none"> • Carrier is Mutual of Omaha • Two Options: <p>50% Benefit</p> <ul style="list-style-type: none"> • One year and one day service requirement • AU Health System pays premiums • 50% of base pay up to a \$6,000 per month maximum benefit • Potential maximum duration of benefit is 4 years <p>60% Benefit</p> <ul style="list-style-type: none"> • Employee may elect during first open enrollment period following 50% eligibility date • Employee pays cost difference in premiums • 60% of base pay up to a \$6,000 per month maximum benefits • Potential maximum duration of benefit is until Normal Social Security Retirement Age
Retirement	<ul style="list-style-type: none"> • Administered by AIG Retirement Services • 403(b) with employer match up to 5% of employee contribution • 457(b)
Other Benefit Options Available	<p>Other Benefits available and the providers are:</p> <ul style="list-style-type: none"> • Home/Auto Insurance – Travelers • Legal Assistance – Hyatt Legal • Pet Insurance – Nationwide Insurance • 529 College Savings Plan – Blackrock • Accident Insurance – Allstate Benefits • Cancer Insurance – Allstate Benefits • Critical Illness Insurance – Allstate Benefits • Medical Indemnity Insurance – Allstate Benefits

Premiums for 2021

Exempt/Monthly Rate					Non-Exempt/Bi-Weekly Rate						
Medical Options*		Base	Choice	Select	Medical Options*		Base	Choice	Select		
Employee Only		\$93.95	\$128.20	\$217.14	Employee Only		\$43.36	\$59.17	\$100.23		
Employee + Spouse		\$286.33	\$286.90	\$487.01	Employee + Spouse		\$132.16	\$132.43	\$224.78		
Employee + Child(ren)		\$191.31	\$191.68	\$325.08	Employee + Child(ren)		\$88.30	\$88.48	\$150.04		
Employee + Family		\$349.69	\$350.37	\$594.94	Employee + Family		\$161.40	\$161.72	\$274.60		
Dental Options		Core	Value		Dental Options		Core	Value			
Employee Only		\$36.87	\$29.48		Employee Only		\$17.02	\$13.61			
Employee + Spouse		\$61.75	\$49.36		Employee + Spouse		\$28.50	\$22.78			
Employee + Child(ren)		\$64.83	\$51.83		Employee + Child(ren)		\$29.93	\$23.92			
Employee + Family		\$92.64	\$74.06		Employee + Family		\$42.76	\$34.18			
Vision Options		Elite	Value		Vision Options		Elite	Value			
Employee Only		\$ 13.41	\$ 12.43		Employee Only		\$ 6.19	\$ 5.74			
Employee + Spouse		\$ 25.41	\$ 23.55		Employee + Spouse		\$ 11.73	\$ 10.87			
Employee + Child(ren)		\$ 25.41	\$ 23.55		Employee + Child(ren)		\$ 11.73	\$ 10.87			
Employee + Family		\$ 29.91	\$ 27.72		Employee + Family		\$ 13.80	\$ 12.79			
Spousal Life		10K	30K	50K	100K	Spousal Life		10K	30K	50K	100K
		\$2.56	\$7.68	\$12.80	\$25.60			\$1.19	\$3.55	\$5.91	\$11.82
Spousal AD&D		10K	30K	50K	100K	Spousal AD&D		10K	30K	50K	100K
		\$0.35	\$1.05	\$1.75	\$3.50			\$0.16	\$0.48	\$0.81	\$1.62
Child Life		10K	15K	20K		Child Life		10K	15K	20K	
		\$0.60	\$0.90	\$1.20				\$0.28	\$0.42	\$0.55	
Child AD&D		10K	15K	20K		Child AD&D		10K	15K	20K	
		\$0.35	\$0.53	\$0.70				\$0.16	\$0.24	\$0.32	
* for medical premiums only - the use of tobacco products will increase premiums by \$41.67 each monthly pay period. An additional \$100.00 monthly charge will apply if your spouse has access to group health coverage through their employer but you choose to keep them on your plan					* for medical premiums only - the use of tobacco products will increase premiums by \$19.23 each bi-weekly pay period. An additional \$46.15 bi-weekly charge will apply if your spouse has access to group health coverage through their employer but you choose to keep them on your plan						

Premiums and contributions for the followings plans are based on criteria specific to individual employees.

- Retirement Savings Plan(s) Contributions
- Supplemental Life Insurance
- Supplemental AD&D Insurance
- Short/Long Term Disability
- Nationwide Pet Insurance
- Travelers Auto/Home Insurance
- Allstate Benefit Products

Enrolling

When you enroll for your benefits, you choose the benefits that best suit the needs for you and your family. The online enrollment system list the premiums for each benefit and what benefits are paid for by your employer and therefore at no cost to you. When you are finished making benefit elections, the online enrollment system will provide you with the employer and employee cost for each benefit and will show a total employee cost per pay period

Tobacco-Free Attestation

Employees are required to attest stating whether they, or any member covered under their Health System health plan, use tobacco products or not, and if they will abstain from tobacco use during the insurance year. The use of tobacco products will increase premiums by \$41.67 per month (\$500 annually).

Spousal Surcharge

Employees adding a spouse to their medical plan will need to attest stating whether or not their spouse has the ability to obtain group health insurance through their own employer. For employees who want to continue coverage of their spouse on the Health System health plan when they have access to group health insurance through their own employer, an additional \$100/month (monthly) or \$46.15 (biweekly) spousal surcharge will be applied to their premium.

Medical

A side by side comparison of Medical Plans

Medical Plan Features	Medical Select Plan (PPO)	Medical Choice Plan (HDHP)	Medical Base Plan (PPO) – Default Plan
Coverage	In Network/UHC Network/OON	In Network/UHC Network/OON	In Network/UHC Network/OON
Deductible			
Individual	\$500/\$750/Not Covered	\$1,500/\$2,000/Not Covered	\$2,000/\$4,000/Not Covered
Family	\$1,000/\$1,500/Not Covered	\$3,000/\$4,000/Not Covered	\$6,000/\$8,000/Not Covered
Medical Out-of-pocket max (Includes deductible)			
Individual	\$4,000/\$5,000 /Not Covered	\$4,500/\$6,000/Not Covered	\$5,000/\$5,100/Not Covered
Family	\$8,000/\$10,000 / Not Covered	(1) \$9,000/\$12,000/Not Covered	\$10,000/\$10,200/Not Covered
Office visit	*\$30/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Preventive visits	*\$0/*\$0 /Not Covered	*\$0/*\$0/Not Covered	*\$0/*\$0/Not Covered
Inpatient care/surgery; Outpatient Surgery (per admit/surgery)	20%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Outpatient lab/X-ray/non-hospital tests	*0%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Emergency room	*\$150/*\$150/*\$150	20%/20%/20%	35%/35%/35%
Urgent Care	*\$40/\$100/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Convenience Care	NA/\$50/Not Covered	NA/30%/Not Covered	NA/50%/Not Covered
Coinsurance	20%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered

(1) The maximum any one individual will pay out of pocket is \$6,550 each calendar year in the Choice HDHP, Family option

* Deductible does not apply.

Pharmacy

Going through the Employee Pharmacy will continue being the lowest cost point of sale available to you! Employees will be able to enjoy the benefits of having quality customer service, dedicated pharmacists, reduced costs, and, convenience.

Annual OOP Maximums *(includes deductible)*

OOP Maximums	Select PPO (In Network/UHC)	Base PPO (In Network/UHC)	Choice HDHP (Combined Medical/Rx) (In Network/UHC)
Employee	\$1,500 Rx \$4,000 / \$5,000 Medical	\$1,500 Rx \$5,000 / \$5,100 Medical	\$4,500 / \$6,000
Family	\$3,000 Rx \$8,000 / \$10,000 Medical	\$3,000 Rx \$10,000 / \$10,200 Medical	\$9,000 / \$12,000
	In-Network Provider Employee Pharmacy	Out-of-Network Provider Employee Pharmacy	Retail Pharmacy
Days Supply	30 day supply / 90 day supply	30 day supply / 90 day supply	30 day supply
Tier 1	\$5 / \$10	\$10 / \$20	\$20 + 35% to a max of \$450
Tier 2	\$10 / \$20	\$20 / \$40	\$20 + 50% to a max of \$450
Tier 3	\$30 / \$60	\$40 / \$80	Must fill at the Employee Pharmacy
Specialty	\$50 (30 day supply)	\$80 (30 day supply)	Must fill at the Employee Pharmacy

Wellness Incentives

Employees enrolled in AU Health System Select, Base, or Choice medical plans may earn up to a maximum of \$500 in either employer-provided HSA contributions (for Choice HDHP members) or in premium relief (for Select or Base PPO members), based on meeting the following requirements:

- The employee must be enrolled in an AUHS Group Health Plan prior to January 1, 2021
- Both the Biometric Screening and Health Risk Assessment must be completed between November 2020 and March 2021 and
- Proof of completed activities must be submitted based on specific deadlines as set forth by Employee Health.
- Incentives will be provided twice during the calendar year during the months of July and November

Savings and Spending Accounts

Health Savings Account

Similar to electing health insurance, you may elect a Health Savings Account each year. Your HSA is a federally regulated savings account at Bank of America. You own your account and can take it with you when you leave AU Health System employment.

- \$100 minimum annual employee contribution
- Annual maximum contributions are \$3600/individual and \$7200/family accounts.

Flexible Spending Accounts

The Health System offers two types of Flexible Spending Accounts (FSAs). Each year during Open Enrollment, you decide how much of your pre-tax income you want to put into your FSA.

For 2020 you may contribute:

- Between \$100 and \$2,750 into your Health Care FSA (traditional or Limited Purpose), and
- Between \$100 and \$5,000 into your Dependent Care FSA.

Dental

The dental plans offered through Delta Dental have a preventive incentive that will pay benefits for routine exams, cleanings, full mouth and bitewing x-rays, as well as fluoride treatments, without applying those paid benefits towards your annual maximum benefit.

A side by side comparison of Dental Plans. All dollar amounts and percentages reflect employee responsibility.

	Value Dental Option	Core Dental Option
Annual Deductible	\$50 individual/\$150 family	\$50 individual/\$150 family
Coinsurance	0% preventive > 20% basic > 50% major Note: Periodontics covered under Major Services rather than Basic Services.	0% preventive > 20% basic (includes periodontics) 50% major and orthodontic
Annual Maximum Benefit	\$1,000 per member <i>Note: Benefits paid for Preventive/Diagnostic services are NOT applied towards the annual benefit maximum.</i>	\$1,350 per member <i>Note: Benefits paid for Preventive/Diagnostic and Orthodontia services are NOT applied towards the annual benefit maximum.</i>
Orthodontia Lifetime Maximum Benefit	No coverage	\$1,500 per member

Vision

The vision plans offer benefits through EyeMed Vision Care in conjunction with Fidelity Security Life. Vision plan services include frames, standard plastic lenses, lens options, contact lenses and laser vision correction. In addition to these benefits, Eye Exams are included in the Elite Plan.

A side by side comparison of Vision Plans

	Vision Value Plan	Vision Elite Plan
Eyeglass Frames	\$200 retail benefit, plus 20% off balance over \$200	\$200 retail benefit, plus 20% off balance over \$200
Eyeglass Lenses	\$10 copay for standard plastic lenses	\$10 copay for standard plastic lenses
Contacts	\$250 retail benefit; 15% discount on balance over \$250 for conventional lenses	\$250 retail benefit; 15% discount on balance over \$250 for conventional lenses
Eye Exam	No Coverage	\$10.00 co-pay

Life and AD&D Benefits

The Health System's Life and AD&D Insurance plans are administered by Prudential. Evidence of Insurability (EOI), also known as Proof of Good Health, may apply.

Employee Life Insurance

Basic life and AD&D coverage of 1X annual salary (minimum of \$25,000 and maximum of \$500,000) is provided to benefits eligible employees at no cost to you.

Supplemental Life of 1X-6X annual salary up to \$1.5M, with a guaranteed issue amount of the lesser of 3X annual salary or \$500K, is available. Premiums are age and salary based. Reference the "Employee Supplemental Life Insurance" chart for rates.

Employee Supplemental Life Rates	
Employee Age	Total Monthly Cost per \$1,000 of coverage
<30	0.041
30-34	0.048
35-39	0.061
40-44	0.082
45-49	0.129
50-54	0.230
55-59	0.390
60-64	0.541
65-69	0.883
70-74	1.610
75+	2.060

Dependent Life Insurance

You may elect to buy a flat benefit amount of \$10,000, \$30,000, \$50,000, or \$100,000 for your spouse, and/or a flat amount of \$10,000, \$15,000, or \$20,000 for your dependent child/ren.

Accidental Death & Dismemberment (AD&D) Insurance

You may choose to buy AD&D Insurance coverage for yourself at levels of 1X to 6X your annual salary, elections must match your supplemental life coverage. You may also elect AD&D coverage for your spouse or child at rates that equal the amount of spousal or child life coverage elected.

AD&D Premiums

	Bi-Weekly Costs	Monthly Costs
Employee Only	0.009 per \$1,000	0.020 per \$1,000
Spouse	0.016 per \$1,000	0.035 per \$1,000
Child	0.016 per \$1,000	0.035 per \$1,000

Disability

AU Health System's Short Term Disability (STD) and Long Term Disability (LTD) benefits through Mutual of Omaha provide you with a replacement income if you are disabled and cannot work.

Short Term Disability (STD)

STD is a financial benefit that pays a percentage of your salary for a specified amount of time, if you are ill or injured, and cannot perform the duties of your job. The Health System provides you with a 50% STD benefit at no cost to the employee. There is an optional "buy up" STD plan of an additional 10% available. Evidence of insurability (EOI) may be required for buy up option.

Short Term Disability			
50% of Base Pay Benefit	\$.45/\$10 weekly benefit (employer paid)	Additional 10% Buy Up	\$1.830/\$10 weekly benefit

Long Term Disability (LTD)

LTD provides financial protection if illness or injury keeps you out of work for a long period of time. Approved LTD benefit payments and duration is based on the plan level chosen. The Health System provides you up to a 50% benefit at no cost to the employee.

Disability Premiums

	Long Term Disability		
50% of Base Pay Benefit	\$.220/\$100 covered payroll (employer paid)	60% of Base Pay Option	\$.825/\$100 covered payroll

Voluntary Benefits

AU Health System continually monitors our benefits to ensure we provide you with the greatest amount of value. We are proud to continue to offer voluntary benefits that represent the best in their class.

To enroll in one of these voluntary benefits, you will need to contact the provider directly using the information listed in the Contact Information section.

Note: Voluntary benefits are employee paid.

- Retirement Savings Plan(s) Contributions
- Nationwide Pet Insurance
- Travelers Auto/Home Insurance
- Cancer/Critical Illness/Medical Indemnity/Accident Insurance
- 529 College Savings

The benefits described in this document are brief summaries of the benefits offered and are not intended to provide all details regarding these benefits. Complete details of each plan are contained in the plan documents and contracts with third-party administrators which legally govern the operation of the program. If there is any conflict between this booklet and any of the plan documents, the plan documents will always govern. AU Health System reserves the right to change, amend or terminate the program at any time. This communication does not constitute a contract of employment or a contract of any other nature between AU Health System and any employee/dependent.

AUHS Benefits, Human Resources • AUMCBENEFITS@augusta.edu, 699 Broad Street, 8th Floor •
Augusta, GA 30912 • 706-721-7909

10/27/2020

Contact Information

Plan	Company	Phone	Website
AU Health System Benefits Office		(p)706-721-7909 (f)706-721-9307	
529 College Savings Plan	BlackRock (Administered by AIG RETIREMENT SERVICES)	706-722-4600	www.blackrock.com
Accident / Cancer / Medical Indemnity/ Critical Illness	Allstate Benefits	1-877-204-8456	https://awd.benselect.com/Enroll/Lib/loginAllState.aspx?ReturnUrl=%2fenroll Note: Username: Employee ID OR Social Security Number Password: Last 4 of social + Last 2 of birth year
Dental Plan	Delta Dental	1-800-521-2651	www.deltadentalins.com
Disability Plans (STD & LTD)	Mutual of Omaha	1-800-877-5176	www.mutualofomaha.com
HSA and FSA	Bank of America	1-866-791-0250	www.myhealth.bankofamerica.com
Home and Auto	Travelers	1-888-695-4640	www.travelers.com/AUMC
Legal Assistance	Hyatt Legal Plans	1-800-821-6400	www.legalplans.com
Life and AD&D	Prudential	1-800-524-0542	www.prudential.com
Medical Plan	UMR	1-866-868-7406	www.umar.com
Pet Insurance	Nationwide	1-877-PETS-VPI	www.nationwide.com
Pharmacy	Navitus	1-866-268-2501	www.navitus.com/
Retirement Savings Plan	AIG Valic RETIREMENT SERVICES	Local Office: 706-722-4600 Loan Requests: 1-800-448-2542	www.valic.com
Vision Plan	EyeMed	1-866-723-0513	www.eyemed.com