

2018
USG COMPARISON GUIDE



Explore your choices. Embrace your well-being.

University System of Georgia Benefits



we provide · you decide



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What's Changing in 2018?

There will be premium increases for all USG healthcare plans. Rates for all plans are included in this comparison guide.



New Ways to Access your Benefits Call. Click. Connect.

It's now easier than ever to enroll in and review your benefits coverage, make benefit changes during open enrollment or due to a life event (such as a birth or marriage), and find healthcare providers and other benefit resources.

OneUSG Connect – Benefits website

From your personal computer, tablet or smartphone: Go to **connect-benefits.usg.edu** anytime, anywhere

You can visit the OneUSG Connect – Benefits website to:

- Enroll in your benefits plans.
- Find contact information for your benefits and locate a doctor, hospital or other healthcare provider in your plan's network.
- Enter or change your beneficiaries or make benefit changes due to a life event.

OneUSG Connect – Benefits Call Center

- Call toll-free **1-844-5-USGBEN** (1-844-587-4236)

If you can't find what you need online, contact the **OneUSG Connect – Benefits Call Center**. Benefit experts are ready to:

- Answer your questions about the website.
- Help you understand your benefits and update your coverage due to a life event.
- Connect you with the right benefits provider and answer questions about filing healthcare claims.

Representatives are available 8 a.m. to 5 p.m. Eastern time, Monday through Friday. The OneUSG Connect – Benefits Call Center can be reached from anywhere in the world, and translators are available.



Changes to the Comprehensive Care healthcare plan:

- Increase in-network maximum annual out-of-pocket limit from \$1,250 to \$1,500 for single coverage
- Increase in-network maximum annual out-of-pocket limit from \$2,500 to \$3,000 for family coverage, which includes all other coverage levels



Changes to the Comprehensive Care and BlueChoice HMO healthcare plan pharmacy benefits:

- Increase in all levels of the Annual Out-of-Pocket Maximum
 - Employee: \$1,100 to \$1,250
 - Employee + Child: \$2,200 to \$2,500
 - Employee + Spouse: \$2,200 to \$2,500
 - Family: \$3,300 to \$3,750



Hearing Aids for Children

Hearing aids for children age 18 and under for all USG healthcare plans:

- 1 hearing aid per impaired ear with a limit of \$3,000 per ear.



Health Savings Account

- Increase in the single annual contribution limit from \$3,400 to \$3,450
- Increase in the family annual contribution limit from \$6,750 to \$6,900

The HSA employer match amounts remain the same for 2018.

- \$375 for Single coverage
- \$750 for Family coverage (Employee + one or more dependents)



EyeMed Vision Plan

- 8% increase in premiums



LifeStyle Benefits

- Increase in all premiums for LifeStyle Benefits



New for 2018: Purchasing Power

- Shop for everything you need today. Pay over time right from your paycheck. Shop thousands of brand-name products with Purchasing Power.

Choosing the Best Plan for You

Tools that can help with your choice available to you on the OneUSG Connect - Benefits website!

We'd like you to have as much information as possible before you choose your healthcare plan. The following tools can help you make an informed decision and may reduce your healthcare expenses. Each tool listed below is available through the OneUSG Connect - Benefits website at connect-benefits.usg.edu.

Castlight is a personalized healthcare tool provided by USG for all BCBSGa Consumer Choice HSA and Comprehensive Care plan participants. Castlight offers you a new way to shop for medical services, prescriptions and doctors by cost, quality and location. Find all the information you need to make more informed choices about healthcare for you and your covered family members.

Compare Coverage tool - allows you to compare benefit option, coverage tier and cost by plan for both your current and future coverage.

Health Cost Comparison Summary - displays summarized out-of-pocket cost information for medical and prescription drug plans as well as annual premium contributions.

Health Plan Comparison Charts - allows you to compare key points pertaining to the different options of the health, dental and vision plans.

HSA Contribution Calculator - provides you the ability to estimate your needs for a HSA.

Medical Expense Estimator - allows you to see all of your expenses related to your health plan (i.e. out of pocket, claims, prescription, etc.) to assist you in choosing the option that is right for you.

Provider Directory - allows you to search for physicians/health providers and hospitals/facilities in the carrier's networks, including medical, dental and vision providers and facilities.

Making Changes to Your Benefits

Benefit changes occurring as a result of a Life Event Change require the following actions per IRS 125 guidelines:

- Process your enrollment or election change on the OneUSG Connect - Benefits website, connect-benefits.usg.edu or call OneUSG Connect - Benefits Call Center **1-844-587-4236**
- Provide proof of your status change event

Note: Life Event changes must be completed within 30 days of the event.

Most common status changes

- Birth or adoption of a child (including stepchildren and legally placed foster children)
- Death of a covered dependent
- Marriage or divorce
- A change in employment status of a covered member, his/her spouse, or his/her covered dependent(s), that affects eligibility for coverage under a cafeteria or other qualified healthcare plan
- Loss of eligibility status by a covered dependent

Complete information is available online at usg.edu/hr/benefits.

Protect those who matter

Your University System of Georgia benefits also cover your eligible dependents:

Healthcare Plan, Dental, Vision, Life and AD&D Benefits: Your legal spouse; your natural, adopted, or stepchild(ren), up to age 26; your disabled child(ren) over the age of 26 with proof of disability.

Documentation is required to add dependents to your coverage as proof of your relationship or your child's age. Examples include a marriage certificate, birth certificate, adoption certificate, and income tax returns.



Important Note:

If both you and your spouse are benefits eligible University System of Georgia employees, only one may elect to cover the other spouse and/or dependent children. Also, you and your spouse are not eligible for spouse life insurance coverage.

Your health and well-being is important to the USG. In 2018, we are adding additional resources to support you on your health and well-being journey. More information will be available in the 1st quarter of 2018. The following well-being resources are available through our healthcare partners. Financial well-being resources are available through our retirement partners.

Strive to thrive: well-being coaching by phone

Don't want to attend a class? Have a busy schedule? Need a no cost solution?

Depending on your situation, coaching can be more comfortable and convenient because you call in to sessions at times that are convenient for you. And it can be just as effective in helping you reach your goals.

Are you looking to make a lifestyle change? Partner with a well-being coach to create a customized plan that outlines small, easy steps that you can take to:

- manage your weight
- quit tobacco
- reduce stress
- increase activity
- eat healthier

Schedule convenient phone sessions at times that work for you.

"Being mindful and focusing on my success helped me move forward... even if I slipped up sometime."

"I now understand what motivates me. I appreciate that you didn't tell me what to do. There are thousands of books that do that."



BCBSGa Members

Call (800) 785-0006

Kaiser Permanente Members

Call (866) 862-4295





Take a Health Assessment

Identify your health risks and see how your health compares to other members. Then learn what steps you can take to make the biggest improvements in your lifestyle and your health.

- BCBSGa members – bcbsga.com/usg
- Kaiser Permanente members – kp.org/tha



Healthy Lifestyle Classes

Take managing your well-being to the next level. Lifestyle classes are fun and informative. You'll get advice, encouragement, and tools you need to make healthier choices, improve your well-being, and create positive changes in your life. With health classes and support groups, there's something for everyone. Some classes may require a fee.

- kp.org/healthylifestyles
- kp.org/classes

Note: Non-Kaiser members are welcome. Just call (404) 364-7117 for more information about classes.



Tobacco and Smoke-free

If you are trying to quit smoking, getting started and staying motivated can be a challenge. You can get the extra support you need to quit just by making a phone call. Partner with a coach today.

Cessation Assistance:

1. The USG healthcare plans provide coverage for most over-the-counter items and prescription tobacco cessation products.
2. All products must be physician-prescribed in order to have a \$0 co-pay.

Action Required:

If your Tobacco Use status changes at any time during the plan year, you are required to update your Tobacco Use certification immediately. Tobacco Use certification only applies if you are enrolled in a USG healthcare plan.

Who to contact:

- BCBSGa members (800) 785-0006
- Kaiser Permanente members (866) 862-4295 or kp.org/breathe and add kp.org/classes (enter Quit Smart)
- Georgia Tobacco Quitline (877) 270-7867



Future Moms

Provides moms-to-be with telephone access to nurses to discuss pregnancy-related concerns. This program provides the education and tools to help track the pregnancy week-by-week and prepare for the baby.

Sign up with Future Moms as soon as you know you're pregnant! BCBSGa members (800) 785-0006.

Visit kp.org/pregnancy for helpful information and advice for a healthy pregnancy and beyond.



Behavioral Health Resource

Our Behavioral Health Resource center offers a total-health solution that can help you or your loved ones deal with:

- Anxiety
- Depression
- Drug or alcohol abuse
- Eating disorders

Other pressures affecting your day-to-day quality of life.

When you call the Behavioral Health Resource Center, you'll talk with someone who has experience helping others manage problems and finding the right treatment programs and care.

Get a head start

Just one call can connect you to the right care at the right time. To get the help you need, call any time day or night at 1-866-621-0554.



24/7 NurseLine

Provides anytime, toll-free access to nurses for answers to general health questions and guidance with health concerns. Callers can also access confidential, recorded messages about hundreds of health topics.

- BCBSGa members (888) 724-2583
- Kaiser Permanente members (404) 365-0966

Do you know your health numbers?

Your preventive care with an in-network physician is 100% covered. Complete a wellness checkup with your physician. With the right information, you can be better prepared to address any health risks that could possibly affect the quality of your life. Because some risk factors may have no symptoms, you could be at risk without knowing it.

Here are 5 that matter:

- Blood pressure
- Cholesterol
- Waist size
- Body mass index (BMI)
- Blood sugar

Flu Shots for You & Your Family

Free flu shots for employees and dependents covered under the USG healthcare plan.

Protect yourself and everyone around you. Get your flu shot!

Flu shots are covered at 100% when received at a pharmacy, doctor's office, or onsite clinic.

- USG BCBSGa members: Use your BCBSGa ID card
- USG Kaiser Permanente members: You must use a Kaiser Permanente facility
- Receive a flu shot at your local CVS/Pharmacy or MinuteClinic

Financial Well-being

- Managing debt problems
- Day-to-day financial guidance/budgeting
- Saving for college programs

All USG employees are welcome to schedule a free confidential appointment with a financial coach. Get answers to your financial questions and become better prepared for your future.

- Fidelity (800) 343-0860
- TIAA (800) 842-2252
- Valic (800) 448-2542

Healthy Tips on the go

Sign up to get healthy tip text messages. We can send you quick well-being tips to your mobile phone via text messages. Sign up for Healthy Tips on the go, and we'll send you informative tips about:

- Eating right
- Exercise
- Prevention
- Special discounts and programs to help you stay healthy

Once signed up, you can plan to receive these messages about once a week. There are two ways you can sign up:

- Using your mobile phone, text "HEALTHYTIPS" to short code "ANTHEM" (268436)
- Go to bcbsga.com/healthytips and follow the instructions



2018 Premium Rates for Active Employees

	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Employee Only	\$75.12	\$177.46	\$200.62	\$157.70
Employer	\$426.15	\$426.15	\$426.15	\$352.28
Total Rates	\$501.27	\$603.61	\$626.77	\$509.98
Employee + Child	\$153.46	\$337.68	\$379.36	\$299.54
Employer	\$748.81	\$748.81	\$748.81	\$618.42
Total Rates	\$902.27	\$1,086.49	\$1,128.17	\$917.96
Employee + Spouse	\$179.04	\$393.96	\$442.60	\$349.46
Employer	\$873.61	\$873.61	\$873.61	\$721.48
Total Rates	\$1,052.65	\$1,267.57	\$1,316.21	\$1,070.94
Family	\$247.24	\$544.04	\$611.20	\$482.56
Employer	\$1,206.42	\$1,206.42	\$1,206.42	\$996.20
Total Rates	\$1,453.66	\$1,750.46	\$1,817.62	\$1,478.76

Note: Employees with a J1 visa status are not eligible to enroll in the Consumer Choice HSA healthcare plan since the deductible amount is higher than \$500.

Important Note:

A \$75 Tobacco Surcharge will apply to your healthcare plan premium if you use tobacco and a \$75 Tobacco Surcharge will apply per covered dependent age 18+ who uses tobacco.



Action Required!

If your Tobacco Use status changes at any time during the plan year, you are required to update your Tobacco Use Certification immediately.
Tobacco Use certification only applies if you are enrolled in a USG healthcare plan.

2018 Premium Rates for Pre-65 Retirees

NonMedicare Eligible	2018 Monthly Plan Costs			
	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
NonMedicare Retiree Only	\$75.12	\$177.46	\$200.62	\$157.70
NonMedicare Spouse Only	\$103.92	\$216.50	\$241.98	\$191.76
One Child only	\$78.34	\$160.22	\$178.74	\$141.84
Children only	\$156.68	\$320.44	\$357.48	\$283.68
NonMedicare Retiree + 1 Child	\$153.48	\$337.68	\$379.36	\$299.54
NonMedicare Spouse + 1 Child	\$182.26	\$376.72	\$420.72	\$333.60
NonMedicare Retiree + NonMedicare Spouse	\$179.04	\$393.96	\$442.60	\$349.46
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	\$247.24	\$544.04	\$611.20	\$482.56
Family (NonMedicare Retiree + Child(ren))	\$247.24	\$544.04	\$611.20	\$482.56
Family (NonMedicare Spouse + Child(ren))	\$247.24	\$544.04	\$611.20	\$482.56

Pre-65 Medicare Eligible	2018 Monthly Plan Costs			
	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse Only or Pre-65 Medicare Child +26 yrs old	\$75.12	\$149.30	N/A	\$120.14
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + 1 Child	\$153.46	\$309.52	N/A	\$261.98
NonMedicare Retiree + Pre-65 Medicare Spouse	\$150.24	\$326.76	\$442.60	\$277.84
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$150.24	\$298.60	N/A	\$240.28
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$228.58	\$486.98	\$611.20	\$419.68
Pre-65 Medicare Retiree + NonMedicare Spouse	\$179.04	\$365.80	N/A	\$311.90
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))	\$257.38	\$526.02	N/A	\$453.74
Family (Pre-65 Medicare Retiree + Child(ren))	\$228.58	\$458.82	N/A	\$382.12
Family (Pre-65 Medicare Spouse + Child(ren))	\$228.58	\$458.82	N/A	\$382.12
Family (Pre-65 Medicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$228.58	\$458.82	N/A	\$382.12



Important Note:

All Pre-65 Medicare eligible retirees and dependents will have supplemental only coverage through USG healthcare plans.

Important Note:

If you would like to review the total cost of your healthcare plan, including the employer contribution, please visit the USG website, usg.edu/hr/benefits.

2018 Healthcare Benefits at a Glance

	Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
	In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Lifetime maximum						
	Unlimited		Unlimited		Unlimited	Unlimited
Deductible <i>All services are subject to the deductible unless otherwise indicated</i>						
Individual single coverage	\$2,000	\$4,000	\$500	\$1,500	None	None
Family 2 or more covered members	\$4,000	\$8,000	\$1,500	\$4,500		
Notes	Once individual deductible is met, claims will pay at 80%. For family, the deductible must be met in total before the plan pays at 80%.		Once individual deductible is met, claims will pay at 90%. For a family this can be met in any combination. However, the family deductible does not have to be satisfied for persons meeting their individual deductible of \$500 to have claims paid at 90%.		N/A	N/A
Maximum annual out-of-pocket limit						
Individual single coverage	\$3,500	\$7,000	\$1,500	\$3,750	\$5,500	\$6,350
Family 2 or more covered members	\$7,000	\$14,000	\$3,000	\$7,500	\$9,900	\$12,700
Notes	Includes the Maximum Annual Deductible. In- and out-of-network co-insurance amounts accumulated remain separate. Both medical and pharmacy co-insurance apply toward the out-of-pocket limit.		Member deductible, copayments, and coinsurance apply toward the annual medical out-of-pocket limit(s). The prescription drug benefits have a separate out-of-pocket limit. See page 12.		Member copayments for office visits, inpatient admissions and emergency room services apply toward the annual medical out-of-pocket limit(s). The prescription drug benefits have a separate out-of-pocket limit. See page 12.	Member copayments for physician office visit services, inpatient admission, ER visits, and Rx copays apply toward the annual out-of-pocket.
Pre-existing conditions						
	Not Applicable		Not Applicable		Not Applicable	Not Applicable
Out-of-state/out-of-country coverage						
	In-network coverage out-of-state utilizes the BlueCard National network and out-of-country uses Blue Cross Blue Shield Global Core, 1-800-810-2583				Emergency Care only	Covered for emergency and urgent care anywhere in the world. Call the new Away From Home Travel line from both inside and outside of the U.S. at 1-951-268-3900 for assistance before, during and after travel.
Primary Care Physician/referral required						
	No		No		Yes	Yes

Note: All in-network services are subject to deductible unless otherwise stated. All out-of-network services are subject to the out-of-network deductible and balance billing unless otherwise stated.

Note: Annual deductibles, annual maximum out-of-pocket limits, and annual visit limitations are based on a January 1 – December 31 plan year.

Note: BlueChoice HMO and Kaiser HMO have no out-of-network coverage. BlueChoice HMO members must receive referrals from a Primary Care Physician (PCP). Specialists in Kaiser Permanente medical facilities require internal orders from KP PCP.

Note: All BCBSGa healthcare plans and the Kaiser Permanente HMO cover the surgical extraction of impacted wisdom teeth only and claims should be filed with your medical benefits.

2018 Healthcare Benefits at a Glance (Cont.)

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Physician services provided in an office setting					
Primary Care Provider/Office visit					
80%	60%	100% after \$20 copayment per visit; not subject to deductible. The \$20 copayment applies to the office visit service only.	60%	Plan pays 100% after \$30 copayment	Plan pays 100% after \$20 copayment
CVS MinuteClinic office visit					
80%	N/A	Plan pays 100% after \$15 copayment	N/A	Plan pays 100% after \$15 copayment	N/A
BCBSGa LiveHealth Online visit					
80%	N/A	Plan pays 100% after \$15 copayment	N/A	Plan pays 100% after \$15 copayment	N/A
Wellness/Preventive care*					
Paid at 100%; not subject to deductible	Paid at 60%; not subject to deductible	Paid at 100%; not subject to deductible	Not Covered. Non-covered charges do not apply to annual deductible or annual out-of-pocket maximum	Plan pays 100%	Plan pays 100%
Routine Eye Exam with Ophthalmologist or Optometrist					
Paid at 100%; not subject to deductible	Paid at 60%; not subject to deductible	Paid at 100%; not subject to deductible	Not Covered. Non-covered charges do not apply to annual deductible or annual out-of-pocket maximum	Not covered	Plan pays 100% after \$25 copayment to Optometrist
Specialist Office Visit					
80%	60%	100% after \$30 copayment per visit; not subject to deductible. The \$30 copayment applies to the office visit service only.	60%	100% after \$60 copayment	100% after \$25 copayment
Laboratory Services					
80%; Lab is LabCorp	60%	90%; Lab is LabCorp	60%	100% Lab is LabCorp	100% covered in KP medical office, \$100 copay in outpatient setting
Maternity Care					
80%	60%	90% after an initial visit copayment of \$20; not subject to deductible. There will be no copayments charged for subsequent visits	60%	All physician charges related to prenatal, delivery and postpartum care are covered at 100% after an initial copayment of \$60 at first office visit	Prenatal and 1st postpartum visit are covered at 100%
Surgery in-office					
80%	60%	90%	60%	100% after \$60 copayment	100% after \$25 copayment in KP medical office; \$100 copay in outpatient setting

*Preventive 3-D Mammograms are covered by Blue Cross Blue Shield of Georgia

2018 Healthcare Benefits at a Glance (Cont.)

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Allergy Testing					
80%	60%	90%	60%	100% after \$60 copayment	100% after \$25 copayment
Allergy Shots & Serum					
80%	60%	100%; not subject to deductible. If a physician is seen, the visit is treated as an office visit and is subject to the \$30 copayment per visit	60%	100% after \$60 copayment	100% after \$25 copayment; \$0 copayment for serum
Inpatient Hospital Services - Pre-certification required except for emergency					
Physician Services (may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery)					
80%	60%	90%	60%	100%	100%
Hospital Facility Services inpatient care (includes inpatient short-term rehabilitation services)					
80%	60%	90% limited to semi-private room	60%	100% after \$500 copayment	100% after \$250 copayment
Maternity Delivery					
80%	60%	90%	60%	100% after \$500 copayment	100% after \$250 copayment
Laboratory Services					
80%	60%	90%	60%	100%	100%
Skilled Nursing Facility					
80%; 30 days per calendar year combined in- and-out-of-network	60%	90%; 30-day calendar year maximum combined in- and out-of-network	60%	100%; 30-day limit per calendar year	100%; 60-day limit per calendar year
Hospice Care					
100%	100%	100%	60%	100%	100%
Outpatient Hospital/Facility Services - Pre-certification required except for emergency					
Physician Services (may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery)					
80%	60%	90%	60%	100%	100%
Hospital Facility Services outpatient care (including outpatient surgery and diagnostic testing)					
80%	60%	90%	60%	100% after \$200 copayment	100% after \$100 copayment

Note: All in-network services are subject to deductible unless otherwise stated. All out-of-network services are subject to the out-of-network deductible and balance billing unless otherwise stated.

Note: Annual deductibles, annual maximum out-of-pocket limits, and annual visit limitations are based on a January 1 – December 31 plan year.

Note: BlueChoice HMO and Kaiser HMO have no out-of-network coverage. BlueChoice HMO members must receive referrals from a Primary Care Physician (PCP). Specialists in Kaiser Permanente medical facilities require internal orders from KP PCP.

2018 Healthcare Benefits at a Glance (Cont.)

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Care in Hospital Emergency Room					
80%	80%	90%; after a \$150 copayment per visit; subject to deductible, copayment is waived if admitted within 24 hours	90%; after a \$150 copayment per visit; subject to deductible, copayment is waived if admitted within 24 hours	100% after \$300 copayment	100% after \$250 copayment
Ambulance Services (Land or air ambulance for medically necessary emergency transportation only)					
80%	60%	90%; subject to deductible; subject to balance billing for non-participating providers of ambulance services		100%	100% after \$75 copayment per trip
Urgent Care services					
80%	60%	100% after \$35 copay, not subject to deductible	60%	100% after \$60 copayment	100% after \$30 copayment
Other services					
Home Health					
80%	60%	90%	60%	100%; 120 visits	100%; 120 visits
Home Nursing Care					
80%	60%	90%	60%	100%	Contact plan for details
Durable Medical Equipment					
80%	60%	90%	60%	100%	50%
Hearing Aids - Children (18 years of age and under)					
80%	60%	90%	60%	100%	100%
Initial: 1 hearing aid per ear with a limit of \$3000 per ear Replacement: 1 hearing aid per ear every 48 months		Initial: 1 hearing aid per ear with a limit of \$3000 per ear Replacement: 1 hearing aid per ear every 48 months		Initial: 1 hearing aid per ear with a limit of \$3000 per ear Replacement: 1 hearing aid per ear every 48 months	Initial: 1 hearing aid per ear with a limit of \$3000 per ear Replacement: 1 hearing aid per ear every 48 months
Cochlear Implants					
80%	60%	90%	60%	Covered if deemed medically necessary; pre-authorization required	Covered if deemed medically necessary; pre-authorization required
Chiropractic Care; Physical Therapy; Speech Therapy; Occupational Therapy; Cardiac Therapy					
80%	60%	90%	60%	100% after \$60 copayment;	100% after \$25 copayment; 20 visits
Physical, occupational, athletic trainers and chiropractic care combined 20 visits Speech therapy 20 visits Respiratory therapy 30 visits Note: In- and out-of-network visit limits are combined		Chiropractic care 40 visits Physical, speech, occupational, and cardiac therapies combined 40 visits Note: In- and out-of-network visit limits are combined		Chiropractic care 20 visits Physical and occupational therapy combined 40 visits Speech therapy 30 visits Note: In- and -out-of-network visit limits are combined	100%; after \$25 copayment up to 25 visits for physical, occupational and speech combined. 100% after \$25 copayment up to 36 visits for Cardiac rehab.

2018 Healthcare Benefits at a Glance (Cont.)

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Behavioral Health & Substance Abuse					
Inpatient					
80%	60%	90%	60%	100%; after \$500 copay	100%; after \$250 copayment
Partial Hospitalization					
80%	60%	90%	60%	100%	Contact plan for details
Office Visit					
80%	60%	\$20	60%	100%	Contact plan for details
Outpatient Facility					
80%	60%	90%	60%	100%	100% after \$20 copay
Intensive Outpatient					
80%	60%	90%	60%	100%	Contact plan for details
ABA/Autism Therapy					
80%	60%	100% after \$20 co-pay per office visit; refer to plan benefits above for treatment outside of office visit setting	60%	100% after \$30 co-pay per office visit; refer to plan benefits above for treatment outside of office visit setting	100% after \$20 co-pay per office visit. Unlimited visits. Treatment requires prior authorization.
\$35,000 Calendar Year Maximum		\$35,000 Calendar Year Maximum		\$35,000 Calendar Year Maximum	\$30,000 Calendar Year Maximum
Pharmacy Services					
Prescription Drugs					
See page 15		See page 15		See page 15	\$10 copay generic at Kaiser facility/\$20 copay generic at network pharmacies (for 1st fill only). \$35 brand at Kaiser facility/\$45 brand at network pharmacies (for 1st fill only). 2x copay for 90-day supply via mail order at Kaiser facility.

Note: All in-network services are subject to deductible unless otherwise stated. All out-of-network services are subject to the out-of-network deductible and balance billing unless otherwise stated.

Note: Annual deductibles, annual maximum out-of-pocket limits, and annual visit limitations are based on a January 1 – December 31 plan year.

Note: BlueChoice HMO and Kaiser HMO have no out-of-network coverage. BlueChoice HMO members must receive referrals from a Primary Care Physician (PCP). Specialists in Kaiser Permanente medical facilities require internal orders from KP PCP.

How to locate Georgia providers for the BCBSGa healthcare plans

1. Go to bcbsga.com/usg.
2. Under *Resources & Tools* on the right, select **Find a Doctor, Hospital or Urgent Care**.
3. Select a plan type:
 - Consumer Choice HSA Plan
 - Comprehensive Care Plan
 - BlueChoice HMO Plan
 - Or
 - Search for providers outside of Georgia
4. Using the drop-down boxes, select what type of doctor and the location you're looking for, then select **Search**.
5. For more info about a provider (like skills and training), just select that name in the directory.

Note: You may also call Customer Service using the number on the back of your card to locate in-network providers.

Find a Kaiser Permanente doctor or medical office

To locate a Kaiser Permanente doctor or facility, visit kp.org/facilities and select the **Find a Doctor** link on the homepage.

Pharmacy Benefits Summary

CVS/caremark			
	<p>CVS/caremark is your pharmacy benefit manager. Its goal is to offer you convenient and affordable prescription fill options, many of which you will be able to choose online through its prescription benefits site. To ensure you're getting as much as you can out of your prescription benefit plan, create your secure, personal online account at caremark.com.</p>		
<p>Retail Pharmacy Up to a 30-day supply</p>	<p>Consumer Choice HSA <i>Generic:</i> 20% after deductible <i>Preferred Brand:</i> 20% after deductible <i>Non Preferred Brand:</i> 20% after deductible</p>	<p>Comprehensive Care <i>Generic:</i> \$10 copay <i>Preferred Brand:</i> \$35 copay <i>Non preferred Brand:</i> 20% with \$45 minimum and \$125 maximum</p>	<p>BlueChoice HMO <i>Generic:</i> \$10 copay <i>Preferred Brand:</i> \$35 copay <i>Non preferred Brand:</i> 20% with \$45 minimum and \$125 maximum</p>
<p>Mail Order Up to a 90-day supply</p>	<p>Consumer Choice HSA <i>Generic:</i> 20% after deductible <i>Preferred Brand:</i> 20% after deductible <i>Non Preferred Brand:</i> 20% after deductible</p>	<p>Comprehensive Care <i>Generic:</i> \$25 copay <i>Preferred Brand:</i> \$87.50 copay <i>Non preferred Brand:</i> 20% with \$112.50 minimum and \$250 maximum</p>	<p>BlueChoice HMO <i>Generic:</i> \$25 copay <i>Preferred Brand:</i> \$87.50 copay <i>Non preferred Brand:</i> 20% with \$112.50 minimum and \$250 maximum</p>
<p>Annual Out-of-Pocket Maximum</p>	<p>Comprehensive Care and Blue Choice HMO The following annual out-of-pocket maximum amounts for members who obtain generic and preferred brand-name prescription medications will apply:</p> <ul style="list-style-type: none"> • Employee: \$1,250 • Employee + Child: (Two (2) covered members): \$2,500 • Employee + Spouse: (Two (2) covered members): \$2,500 • Family: (Three (3) or more covered members): \$3,750 <p>Upon members reaching their annual out-of-pocket maximums, their prescription drug copayments will be waived for any additional generic and preferred brand-name medications for the remainder of that year.</p> <p>Consumer Choice HSA The annual out-of-pocket maximum amounts for members enrolled in the Consumer Choice HSA plan and generic or preferred brand-name prescription medication will be combined with the medical out-of-pocket maximum amounts (i.e., single or family coverage).</p>		
<p>Considering Pharmacy Mail Service?</p>	<p>The CVS/caremark Mail Service Pharmacy Your prescription benefit plan administered by CVS/caremark includes the use of a mail service pharmacy. If you take one or more maintenance medicines, you may save time and money with mail service.</p> <p>With the CVS/caremark Mail Service Pharmacy you can:</p> <ul style="list-style-type: none"> • Receive an extended supply of medicine • Enjoy convenient delivery to the location of your choice, with free shipping • Speak to a registered pharmacist 24 hours a day, seven days a week • Contact a pharmacist with your questions online at Caremark.com • Order prescription refills online or by phone anytime, day or night 		
<p>Important Information</p>	<p>Copay Card Programs – Reminder! Are you enrolled in a copay card program? Manufacturer copay card programs are often used to help lower patient copay/coinsurance amounts owed for prescription drugs. USG members may continue to use manufacturer copay card programs. However, it is important to remember only the amount you actually pay for your prescriptions will be applied towards your deductible or out of pocket maximum, when using a manufacturer copay card program.</p> <p>Site of Care Alignment – New for 2018! Currently specialty infusion medications for USG members are covered and payable under your healthcare plan(s) with Blue Cross and Blue Shield of Georgia and prescription drug coverage with CVS Caremark. For 2018, CVS Caremark is partnering with Blue Cross and Blue Shield of Georgia to assist USG members with identifying the most appropriate site of care for infusion therapies. Select specialty infusion medications will be covered and payable under only your prescription drug benefit. USG members receiving infusion therapies will receive more information from CVS Caremark on options available to you.</p>		

Service Area by County

BlueChoice HMO Service Area by County

County				
Aiken - Augusta (Border)	Dade	Hancock	Monroe	Stephens
Appling	Dawson	Haralson	Montgomery	Stewart
Bacon	DeKalb	Harris	Morgan	Sumter
Banks	Dodge	Hart	Murray	Talbot
Barrow	Dooly	Heard	Muscogee	Taliaferro
Bartow	Douglas	Henry	Newton	Taylor
Bibb	Edgefield - Augusta (Border)	Houston	Oconee	Telfair
Bleckley	Edgefield	Jackson	Oglethorpe	Toombs
Bryan	Effingham	Jasper	Paulding	Towns
Bulloch	Elbert	Jefferson	Peach	Treutlen
Burke	Emanuel	Jenkins	Pickens	Troup
Butts	Evans	Johnson	Pierce	Twiggs
Candler	Fannin	Jones	Pike	Union
Carroll	Fayette	Lamar	Polk	Upton
Catoosa	Floyd	Laurens	Pulaski	Walker
Chatham	Forsyth	Liberty	Putnam	Walton
Chattahoochee	Franklin	Lincoln	Quitman	Warren
Chattooga	Fulton	Long	Rabun	Washington
Cherokee	Gilmer	Lumpkin	Richmond	Webster
Clarke	Glascok	Macon	Rockdale	Wheeler
Clayton	Gordon	Madison	Russell - Columbus (Border)	White
Cobb	Greene	Marion	Russell	Whitfield
Columbia	Gwinnett	McDuffie	Schley	Wilcox
Coweta	Habersham	McIntosh	Screven	Wilkes
Crawford	Hall	Meriwether	Spalding	Wilkinson

Kaiser Permanente Georgia Service Area by County

County			
Barrow	Coweta	Hall	Oconee
Bartow	Dawson	Haralson	Oglethorpe
Butts	DeKalb	Heard	Paulding
Carroll	Douglas	Henry	Pickens
Cherokee	Fayette	Lamar	Pike
Clarke	Forsyth	Madison	Rockdale
Clayton	Fulton	Meriwether	Spalding
Cobb	Gwinnett	Newton	Walton

Kaiser Permanente: A Great Option for Good Health

What you get

Choose your own doctor and get the great care you deserve when and where you need it:

- Over 500 carefully selected doctors from top schools like Emory and Harvard
- 26 medical offices, most including lab, X-rays, and pharmacy all under one roof
- 3 urgent care centers open 24/7, and over 45 affiliated urgent care centers
- 24/7 nurse advice
- 13 affiliated hospitals for inpatient care
- Emergency coverage anywhere you travel
- Kaiser specialists do require internal orders from a KP PCP
- Health resources including wellness and chronic conditions coaching, in-person health classes, online tools like emailing your doctor’s office, and discounts on health services like fitness clubs, vision, and more

The Kaiser Difference

Kaiser Permanente is different because your doctors and your insurance work together—breaking down barriers, eliminating hassles, and making care more convenient and affordable for you.

The Experience	With other health plans...	With Kaiser Permanente medical offices...
Getting care	You drive all around town to see doctors, take lab tests, get X-rays, or fill prescriptions.	You can see your doctor or specialist, plus get lab tests, X-rays, and prescriptions all in the same building at most of our 26 locations. See a doctor in another office whenever it’s more convenient.
Coordinating care	You’re on your own to work with unconnected doctors, specialists, pharmacies, hospitals and other providers. You could repeat the same tests, answer the same questions, and just hope to avoid drug interactions.	Your personal doctor is your advocate and coordinates all your care. All of your providers — across all locations — see your electronic medical record, so you can quickly get the care that’s right for you.
Getting approval	Your doctor asks the insurance company to approve a test or procedure, which means you may wait days for an answer.	If your doctor thinks you need something, he/she simply orders it on the spot. And no referrals are needed to see any Kaiser Permanente specialist.
Out-of-pocket costs	You’re often surprised by the things your insurance doesn’t cover. Doctors are unconnected and paid for each service they provide, so you could pay for duplicate tests, X-rays, and services you don’t need.	You’ll have coverage that’s designed to minimize surprise out-of-pocket costs. And because our providers are all connected, you pay for just the care you need to keep you healthy or get you better.
In between visits	It’s up to you to remember instructions, wait days or weeks for test results, and play phone tag with your doctor to get questions answered.	Details of your visits and lab results are at your fingertips online or through our mobile app. Refill prescriptions, make appointments, and even email your doctor with questions.

CVS MinuteClinics

Our Masters-prepared nurse practitioners and physician assistants possess the licenses, certifications and clinical experience necessary to provide effective treatment for adults and children. Both our nurse practitioners and physician assistants are qualified to:

- Diagnose and treat common illnesses, injuries and skin conditions
- Administer vaccinations, screenings and physicals
- Prescribe medication
- Obtain medical histories
- Perform physical assessments and examinations
- Perform and interpret diagnostic and laboratory studies
- Counsel and coach patients on health, lifestyle modifications and nutrition
- Screen and direct patients to other health care providers
- Provide patient education and recommendations

MinuteClinics:

- Are open 7 days a week, including evenings and weekends
- Require no appointments
- Are located in select CVS/pharmacy® stores nationwide
- Are a lower cost alternative

For MinuteClinic locations and services, call 1-866-389-2727 or visit **MinuteClinic.com**.

LiveHealth Online

With LiveHealth Online, you have a doctor by your side 24/7. LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. No appointments, no driving and no waiting at an urgent care center.

Use LiveHealth Online for common health concerns like colds, the flu, fevers, rash, infections, allergies and more. It's faster, easier and more convenient than a visit to an urgent care.

How does LiveHealth Online work?

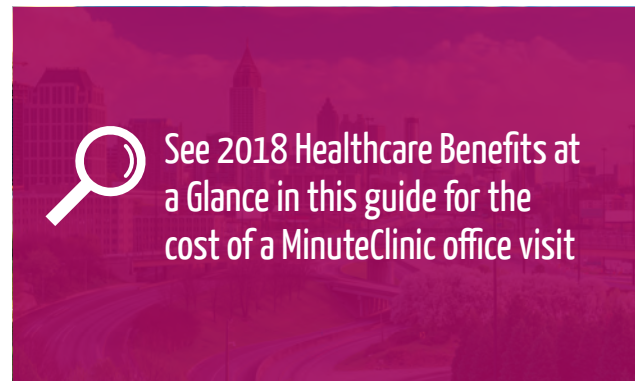
When you need to see a doctor, simply go to **livehealthonline.com**, or access the LiveHealth Online mobile app. Select the state you are located in and answer a few questions. Best of all, LiveHealth Online is part of your healthcare plan, so the cost of a LiveHealth Online visit is the same or less than a primary care office visit.

If you're feeling stressed, worried or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less.* All you have to do is sign up at **livehealthonline.com** or download the app to get started. Or, call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m.

*Appointments subject to availability of a therapist.

How do I access the LiveHealth Online mobile app?

Download the LiveHealth Online mobile app for free on your mobile device by visiting the App StoreSM or Google PlayTM. Also you can visit **livehealthonline.com**.



Important Note:

LiveHealth Online should not be used for emergency care. If you experience a medical emergency, call 911 immediately.

Doctors are available on LiveHealth Online 24/7, 365 days a year.

Your Member ID Card

Using your benefits starts with your member ID card.

Your card has:

1. Your name.
2. Your member ID number under your name. You'll need this number when you visit a healthcare provider or pharmacy and when you call Member Services.
3. Important phone numbers, including Member Services.



Follow these steps to print a temporary ID card

Did you misplace your member medical ID card? There's no need to worry — you can request a replacement card and print a temporary ID card on bcbsga.com/usg.

To print a temporary ID card:

- Go to bcbsga.com/usg and log in using your username and password.
- Select the Customer Support link in the top right corner of your screen.
- Choose the Print temporary ID card link.
- Use the drop-down box to select the name of the person who needs a temporary ID card. The system will display the temporary ID card for the selected member as a PDF embedded in the page.
- Select the print icon that appears within the PDF to print your temporary card. It's important to remember that your temporary ID card expires after 30 days. The temporary ID card is not meant to replace your permanent ID card.

Kaiser Permanente ID Cards

Kaiser Permanente Members can receive a new ID card in one of three ways:

- Call member services (404) 261-2590 or Toll Free : 888-865-5813 or TTY 711
- Log on to your account at kp.org
- Download digital copies of your ID card on your smart phone via the KP app.



Big savings await you! Discounts at bcbsga.com/usg under the "Resources & Tools" tab

Saving money is good. Saving money on things that are good for you — even better. Check out over 50 discounts on products and services that help promote better health and well-being.



The KP Digital Membership Card

1. View membership card information
2. Check in for services at KP facilities and affiliated providers
3. Pick up prescriptions at Kaiser Permanente pharmacies
4. Call Member Services from the "tap and call" feature

Coverage While Traveling or Living Outside of the U.S.

If you are enrolled in the Comprehensive Care or Consumer Choice HSA plans, you can take your healthcare benefits with you when you are abroad. Through the Blue Cross Blue Shield Global Core, you have access to doctors and hospitals around the world.

How to use the Blue Cross Blue Shield Global Core Program:

- Always carry your Blue Cross and Blue Shield ID card.
- Before you travel, contact Blue Cross and Blue Shield of Georgia for coverage details.
- If you need to locate a doctor or hospital, call the Blue Cross Blue Shield Global Core Service Center.
- If you need inpatient care, call the Blue Cross Blue Shield Global Core Service Center at 1-800-810-2583. Blue Cross Blue Shield Global Core representatives are available 24/7.
- In most cases, you should not need to pay upfront for inpatient care at Blue Cross Blue Shield Global Core hospitals except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.
- For outpatient and doctor care or inpatient care not arranged through the Blue Cross Blue Shield Global Core Service Center, you may need to pay upfront.
- Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Blue Cross Blue Shield Global Core Service Center (the address is on the form). The claim form is available from your BCBS company or online at bcbsglobalcore.com.

When you get care from a BlueCard PPO program provider:

- You should not have to fill out any claim forms.
- You pay the normal out-of-pocket costs (noncovered services, deductible, copay and coinsurance).
- Blue Cross and Blue Shield of Georgia will send you an Explanation of Benefits (EOB).

Outpatient emergency care — when traveling outside the U.S.

If you need emergency medical care, go to the nearest hospital. Call the International Provider Access Customer Service number on the back of your ID card if you are admitted to the hospital. If you are not admitted to the hospital, you may be asked to pay for emergency services when you receive care. Before leaving the emergency facility, please request an itemized bill, which you will need to include when filing the claim to Blue Cross and Blue Shield of Georgia.

Your ticket to online tools for healthy and safe international business travel

For all outpatient and professional medical care, you pay the provider and submit a claim. To print a claim form, go to bcbsga.com/usg. After you select the Resources and Tools tab, go to the right side of the page and select Member Health Expense Report.

LifeSuite Services to meet your life needs (Provided by Minnesota Life)

Life happens. When it does – turn to your LifeSuite services. This service is designed to help you in times of need and is only a click away.

Travel Assistance

Active USG employees and their spouses and dependents living in the U.S. can access travel assistance services. These services are available 24/7/365 for personal or business travel when 100+ miles from home:

- Medical professional locator services
- Assistance replacing lost or stolen luggage, medication, or other critical items
- Medical or security evacuation
- Medically necessary repatriation
- Repatriation of mortal remains

LifeBenefits.com/travel

U.S./Canada 1-855-516-5433

All other locations +1 415-484-4677



Kaiser Permanente: Coverage While Traveling.

Coverage at a Glance

- **Emergency Care:** Kaiser Permanente's coverage works worldwide. Just call 9-1-1 or go to the nearest hospital emergency room.
- **Urgent Care:** Kaiser Permanente's coverage works worldwide. Just go to the nearest urgent center.
- **Routine and Speciality Care:** Kaiser Permanente's medical offices in any of our service areas: Georgia, California, Colorado, Hawaii, Maryland, Oregon, Virginia, Washington and Washington, D.C.

Traveling Away at School? We've got you covered

- As a member of Kaiser Permanente family, you don't have to worry about your coverage when you travel. You'll be covered, whether it's around the world, across the country, or down the street.

Call Us 24/7

For help before, during and after your trip: Away from Home Travel Line - 1-951-268-3900





Where You Go for Care Matters

When you or a loved one is sick or hurt, your priority is getting care as soon as possible. Sometimes your first choice is going to the emergency room. Did you know that you have other options that can save you time and money?

Is it an emergency?

If so, get to an ER or call 911... but if not, you have other choices.

If your need is not an emergency, there are options that can lower your out-of-pocket costs but still provide you with excellent care. Please consider these options when you need care right away:

- **LiveHealth Online** — a doctor is available to you 24/7, 365 days a year. LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. For more information, visit livehealthonline.com.
- **Retail health clinic** — a clinic staffed by medical professionals who provide basic medical services to walk-in patients. It's usually found in a major pharmacy or retail store. Remember you can download the **Blue Cross and Blue Shield of Georgia** mobile app today for help on the go.
- **Urgent care center** — a group of doctors who treat conditions that should be looked at right away, but aren't as severe as emergencies. These facilities can often do X-rays, lab tests and stitches.
- **24/7 NurseLine** — get health advice from a registered nurse, day or night. Call **1-888-724-2583**.

Important Note: In the event of a true emergency, you should call 911 or go to an emergency room.

Deciding Where To Go

	Type of provider	Sprains, strains	Animal bites	X-rays	Stitches	Mild asthma	Minor headaches	Back pain	Nausea, vomiting, diarrhea	Minor allergic reactions	Coughs, sore throat	Bumps, cuts, scrapes	Rashes, minor burns	Minor fevers, colds	Ear or sinus pain	Burning with urination	Eye swelling, irritation, redness or pain	Vaccinations
Retail health clinic	Physician assistant or nurse practitioner									•	•	•	•	•	•	•	•	•
LiveHealth Online	See a board-certified doctor online					•	•	•	•	•	•		•	•	•	•	•	
Urgent care center	Internal medicine, family practice, pediatric and ER doctors	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Examples of ER medical emergencies		
Any life-threatening or disabling condition	Severe shortness of breath	Cut or wound that won't stop bleeding
Sudden or unexplained loss of consciousness	High fever with stiff neck, mental confusion or difficulty breathing	Major injuries
Chest pain; numbness in the face, arm or leg; difficulty speaking	Coughing up or vomiting blood	Possible broken bones

If you get care from a provider who is NOT part of your health plan network, you may have much higher out-of-pocket costs.



Need Health Benefits Information in Another Language?

No need to worry – Blue Cross and Blue Shield of Georgia offers translation assistance

We know it can be confusing and even intimidating trying to understand health benefits information when English isn't someone's primary language. That's why we offer translation assistance for our members who speak and read English as a second language. When our Member Services team receives calls from members who speak a language other than English, a Member Services representative will contact an interpreter by telephone to assist with translations. The Member Services representative will remain on the line with the member and the interpreter until all issues are resolved. Translators work with our representatives to communicate with members in more than 150 languages, including Cantonese, Japanese, Korean, Mandarin, Portuguese, Russian, Spanish and Vietnamese. This free service helps ensure that our non-English speaking members receive prompt, accurate and confidential interpretation and translation services.

Translation Assistance Is Just a Phone Call Away

Simply call the Member Services number on your ID card and ask your Member Services representative to contact an interpreter for you.

Servicios de Traducción con Solo Una Llamada Telefónica

Simplemente llame al número de Servicio para Miembros que aparece en su tarjeta de identificación y solicite al representante de Servicio para Miembros que lo comunique con un intérprete.

Basta una telefonata per ricevere assistenza per la traduzione

È sufficiente chiamare il numero dei Servizi per i membri riportato sulla tessera e chiedere al rappresentante di contattare un interprete.

Eine Übersetzungshilfe ist nur einen Telefonanruf entfernt

Rufen Sie einfach die auf Ihrer ID-Karte angegebene Servicenummer an und bitten Sie den Kundendienstvertreter für Mitglieder, einen Dolmetscher für Sie anzufordern.

OneUSG Connect - Benefits Call Center has translation services! 1-844-587-4236

The OneUSG Connect - Benefits Call Center offers translation services for all calls, in over 160 languages. A Customer Care Representative will contact an interpreter by phone, and remain on the line during the entirety of your phone call, and will also be made available if any follow up calls are required. Our interpreters are available during all hours that the OneUSG Connect - Benefits Call Center is operating. All you need to do is call the OneUSG Connect - Benefits Call Center, and ask for an interpreter, our Customer Care Representative will take care of the rest!

USG Critical Illness Plan

The USG Critical Illness plan offered by Aflac provides cash benefits when an insured person is diagnosed with or treated for a covered critical illness—and these benefits are paid directly to you (unless you choose otherwise). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness.

Plan Benefits

You may elect \$10,000 or \$20,000 for your coverage. Your spouse is eligible to be covered for half the amount of the coverage you elect (\$5,000 or \$10,000).

Coverage Type	Covered Conditions and Additional Benefits	Benefit Amount
Base Benefits	Coronary Artery Bypass Surgery, Non-Invasive Cancer	25%
	Heart Attack, Stroke, Kidney Failure (End-Stage Renal Failure), Major Organ Transplant, Bone Marrow Transplant (Stem Cell Transplant), Sudden Cardiac Arrest, Cancer (Internal or Invasive)	100%
Skin Cancer	Skin Cancer	\$250 per calendar year
Health Screening Benefit	Payable for health screening tests performed as the result of preventive care. Not payable for dependent children.	\$50 per calendar year
Additional Base Benefits	Coma, Severe Burns, Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing	100%
Optional Benefits Rider	Advanced Alzheimer's Disease, Advanced Parkinson's Disease	25%
	Benign Brain Tumor	100%

Critical Illness Benefits

Initial Diagnosis+

An insured may receive up to 100% of the coverage amount upon the diagnosis of a covered critical illness.

Additional Diagnosis+

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months and the new critical illness is not caused or contributed to by a critical illness for which benefits have been paid.

Reoccurrence+

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months and the new critical illness is not caused or contributed to by a critical illness for which benefits have been paid.

+ If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

USG Critical Illness Plan (Cont.)

Monthly Rates

Non-tobacco - Employee			Non-tobacco - Spouse		
Attained Age	\$10,000	\$20,000	Attained Age	\$5,000	\$10,000
18-25	\$4.28	\$7.06	18-25	\$2.88	\$4.28
26-30	\$5.47	\$9.44	26-30	\$3.48	\$5.47
31-35	\$6.24	\$10.99	31-35	\$3.86	\$6.24
36-40	\$7.94	\$14.39	36-40	\$4.72	\$7.94
41-45	\$9.47	\$17.45	41-45	\$5.48	\$9.47
46-50	\$11.21	\$20.93	46-50	\$6.35	\$11.21
51-55	\$17.03	\$32.58	51-55	\$9.26	\$17.03
56-60	\$16.61	\$31.73	56-60	\$9.05	\$16.61
61-65	\$33.68	\$65.87	61-65	\$17.58	\$33.68
66-70	\$59.16	\$116.83	66-70	\$30.33	\$59.16
71+	\$59.16	\$116.83	71+	\$30.33	\$59.16

Tobacco - Employee			Tobacco - Spouse		
Attained Age	\$10,000	\$20,000	Attained Age	\$5,000	\$10,000
18-25	\$5.53	\$9.57	18-25	\$3.51	\$5.53
26-30	\$7.16	\$12.84	26-30	\$4.33	\$7.16
31-35	\$8.82	\$16.14	31-35	\$5.15	\$8.82
36-40	\$11.75	\$22.01	36-40	\$6.62	\$11.75
41-45	\$14.05	\$26.61	41-45	\$7.77	\$14.05
46-50	\$16.71	\$31.93	46-50	\$9.10	\$16.71
51-55	\$26.05	\$50.62	51-55	\$13.77	\$26.05
56-60	\$26.32	\$51.15	56-60	\$13.91	\$26.32
61-65	\$52.18	\$102.86	61-65	\$26.83	\$52.18
66-70	\$89.73	\$177.97	66-70	\$45.61	\$89.73
71+	\$89.73	\$177.97	71+	\$45.61	\$89.73

The Aflac coverage described here is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochures, as this material is intended to provide general summaries of the coverage. These overviews are subject to the terms, conditions, and limitations of the plans.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. AGC1601841 IV (8/16)



Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. The amounts paid depend on the type of injury and care received. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

How can Accident Insurance help?

You can use the benefit however you would like. Below are a few examples of how you could use your benefit:

- Medical deductibles and copays
- Child care
- House cleaning
- Everyday expenses like utilities and groceries

Who is Eligible for Accident Insurance?

- You - all active benefit eligible employees working 30+ hours per week
- Your Legal Spouse
- Your Children up to age 26

What benefits may I qualify for?

You may qualify to receive benefits for items listed below, as long as they are the result of a covered accident.

- Accident Hospital Care
- Follow-up Care
- Common Injuries
- Emergency Care Benefits

See your certificate of insurance for specific details.

Do I need to provide health information in order to apply?

No, there are no medical questions or tests required for coverage.

Benefits Per Insured	Voya
Hospital Admission	\$900 Per Admission
Daily Hospital Confinement	\$225/day, up to 365 days
Hospital ICU	\$450/day, up to 15 days
ER Care	\$150/acc.
Ambulance	\$100/acc., Air: \$500
Fractures - Open	To \$5,000
Physical Therapy	\$25/visit, 6 visits

Are there any exclusions or limitations?*

Benefits are not payable for any loss caused or contributed to by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated, as defined by the jurisdiction where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for or participating in any semiprofessional or professional competitive athletic contest for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by sickness.

*Exclusions and limitations may vary by state. Consult your certificate of insurance for exact language.

Monthly Rates

Tier Level	Voya
Employee	\$7.13
Employee + Spouse	\$11.88
Employee + Child(ren)	\$13.94
Family	\$18.69

USG Hospital Indemnity Plan

What is Hospital Indemnity Insurance?

Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital*, critical care unit or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay. This is a limited benefit policy. Hospital Indemnity Insurance is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

*A hospital does not include an institution or part of an institution used as: a hospice unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

How can Hospital Indemnity Insurance help?

You can use the benefit however you would like. While coverage amounts may vary, below are a few examples of how you could use your benefit:

- Medical expenses, such as deductibles and copays
- Travel, food and lodging expenses for family members
- Child care
- Everyday expenses like utilities and groceries

Who is eligible for Hospital Indemnity?

- You - all active benefit eligible employees working 30+ hours per week
- Your Legal Spouse
- Your Children up to age 26

What Hospital Indemnity Insurance benefits are available?

The following list includes the benefits provided by Hospital Indemnity Insurance. For a complete description of your available benefits, along with applicable provisions, and conditions on benefit determination see your certificate of insurance and any riders.

- Hospital - \$100 per day, up to 30 days confinement.
- Critical Care Unit - \$200 per day, up to 15 days per confinement.
- Rehabilitation Facility - \$50 per day, up to 30 days per confinement.
- Plus an Initial Confinement Benefit - \$500 additional benefit for the first day you spend in a hospital, critical care unit or rehabilitation center.



USG Hospital Indemnity Plan (Cont.)

Do I need to provide health information in order to apply?

No, there are no medical questions or tests required for coverage.

Are there any exclusions or limitations*?

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.

*Exclusions and limitations may vary by state. Consult your certificate of insurance for exact language.

Monthly Rates

Tier Level	Voya
Employee	\$9.83
Employee + Spouse	\$20.00
Employee + Child(ren)	\$14.86
Family	\$25.03






USG Legal Plan

USG Legal plan can ease the biggest stresses - finding and paying for the right lawyer.

USG Legal plan is an insurance plan, underwritten by Nationwide® Insurance, that provides support and protection from unexpected personal legal issues.







What you get with a USG Legal plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

Plan Option: The USG Legal plan			
\$16.96 monthly, via payroll deduction	Who's covered:		
		Member	Spouse
			
		Dependent Children Up to the end of the month of the 26th birthday	

The value of a USG Legal plan.


Being a USG Legal plan member saves costly legal fees and provides coverage* for:


 <p>HOME & RESIDENTIAL Purchase/sale/refinancing of primary residence or vacation/investment home, Tenant dispute², Tenant security deposit dispute², Landlord dispute with tenant¹, Security deposit dispute with tenant¹, Construction defect dispute², Neighbor dispute², Noise reduction dispute², Foreclosure²</p>	 <p>AUTO & TRAFFIC First-time vehicle buyer¹, Vehicle repair/lemon law litigation¹, Traffic ticket², Serious traffic matters (resulting in suspension or revocation of license), License Suspension (Administrative proceeding)</p>
 <p>FINANCIAL & CONSUMER Debt collection², Bankruptcy (chapter 7 or 13)², Tax audit², Document preparation, Consumer dispute², Small claims court¹, Mail order/Internet purchase dispute¹, Bank fee dispute¹, Cell phone contract dispute¹, Warranty dispute¹, Healthcare Coverage disputes & records¹, Student loans¹, Financial advisor¹</p>	 <p>FAMILY Separation¹, Divorce^{1,2}, Name change, Guardianship/Conservatorship², Adoptions², Juvenile Court Proceedings², Prenuptial agreement</p>
 <p>ESTATE PLANNING & WILLS Will or codicil, Living will, Health Care Power of Attorney, Living Trust Document, Probate of small estate¹</p>	 <p>GENERAL Identity theft defense², Civil litigation defense², Incompetency defense², Misdemeanor defense², Mediation¹, Initial consultation¹, Review of simple documents¹</p>

* Please visit legaleaseplan.com/usg for specific plan benefits

1 Limitations apply

2 Subject to Managed Case Rules

 For more information, visit:
legaleaseplan.com/usg

 To learn more, call:
1(800) 248-9000, and use "University System of Georgia"
Member Services: 1(888) 416-4313



Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. If this benefit summary conflicts in any way with the Policy issued, the policy shall prevail. Group legal plans are administered by LegalEASE Home Office: 5850 San Felipe, Suite 600, Houston, TX. This legal plan may not be regulated as insurance in some states. Product available in all states. Underwritten by Nationwide Mutual Insurance Company and affiliated companies in all states except, HI, ID, NH, NC, OH, PA, SC, TX, and WY, where underwriting is not required. Nationwide, Nationwide is on your side and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company. © 2016 Nationwide Mutual Insurance Company. SHR-0159M1_NW_INS_Enroll_1PG_UniversitySystemofGeorgia_2016-07

Dental Coverage That Will Bring a Smile to Your Face

We offer two dental plans with two networks (PPO and Premiere) through Delta Dental. Keep in mind that you'll pay less if you use an in-network dentist.

Visit Your Dentist Regularly

Regular preventive care visits to your dentist can help protect your overall health. Studies have linked gum disease to problems in other areas of the body. In fact, studies by the Centers for Disease Control and Prevention show there may be a link between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births.

Your Dental Options

Choose from these dental options through Delta Dental.



	Delta Dental Base Plan (These rates may change)		Delta Dental High Plan (These rates may change)	
	In-network	Out-of-network	In-network	Out-of-network
Annual Maximum	\$1,000 per person*		\$1,500 per person*	
Deductible (Single/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic/Preventive Services*	100%	100%	100%	100%
Basic Benefit Services	80%	80%	80%	80%
Major Benefit Services**	50%	50%	80%	80%
Orthodontia (child and adult)	No coverage	No coverage	80%	80%
Lifetime Orthodontia Maximum	N/A		\$1,000	
2018 Premiums				
Employee	\$31.60		\$39.04	
Employee & Spouse	\$63.18		\$78.04	
Employee & Child(ren)*	\$60.00		\$74.16	
Family	\$101.06		\$124.90	

*Preventive and diagnostic services don't count toward the annual maximum.

**Benefit limits on full replacement of existing dentures or crowns apply.



How are orthodontic claims paid?

On the Delta Dental High plan, the first payment is 50% of the total amount payable. The remaining 50% is paid 12 months later. Our allowances for orthodontic procedures include all appliances, adjustments, insertion, removal and post treatment stabilization (retention). Calculations are based on the all-inclusive total treatment plan amount (subject to any deductible), the appropriate payment percentage and maximum amount.

A Vision Plan With a Clear Focus on Eye Health

Our EyeMed Vision Care plan saves you money on routine eye exams and eye care items. The EyeMed Insight network includes thousands of provider locations. To find a network provider near you, visit eyemedvisioncare.com and choose “Insight” as your network from the provider locator dropdown box. Or call 1-866-800-5457.

Vision doctors can also help treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy (damage to the blood vessels of the retina due to diabetes)
- Glaucoma
- Macular degeneration (damage to the center of the retina, usually due to old age)



Your Vision Plan

Vision benefits are provided for the following services and supplies once per 12-month period.	EyeMed Vision	
	In-network	Out-of-network reimbursement
Exam	\$10 copay	\$40
Single Vision Lens	\$25 copay	\$40
Frames	\$150 allowance	\$58
Contact Lenses	\$150 allowance	\$130
Medically Necessary Contact Lenses	Paid in full	\$210
	2018 Rates	
Employee	\$6.90	
Employee & Spouse	\$15.52	
Employee & Child(ren)	\$13.12	
Family	\$20.34	

Life Insurance



No Evidence of Insurability (EOI) means no health questions.

Protect your family's income in the event of a death due to illness or accident with life insurance and accidental death and dismemberment insurance provided by Minnesota Life.

What coverage is available to you and your family?

Basic Life with Accidental Death and Dismemberment (AD&D)

- Automatically enrolled \$25,000 at no cost to you
- Coverage guaranteed
- Matching amount of AD&D insurance

Supplemental Life with Accidental Death and Dismemberment (AD&D)

- 1X, 2X, 3X, 4X, 5X, 6X, 7X or 8X annual salary, rounded to the next higher \$1,000
- Maximum of \$2,500,000
- Elect coverage to the lesser of 3X your annual salary or \$500,000 without Evidence of Insurability (EOI) for newly eligible employees
- Elections above the allowed amount require an EOI
- Matching amount of AD&D insurance
- During open enrollment, you may elect or increase your supplemental coverage by one level, not to exceed 3 times your annual salary to a maximum of \$500,000 without an Evidence of Insurability (EOI).

Spouse Life

- \$10,000 increments up to maximum of \$500,000
- Elections up to \$50,000, no EOI required for newly eligible employees
- Spouses are not eligible if they are also eligible for employee coverage
- Employees may elect Spouse and Child Life without enrolling for employee Supplemental Life
- Any increases to your spouse life during open enrollment require an EOI

Child Life

- \$5,000 (.50/month), \$10,000 (\$1/month) or \$15,000 (\$1.50/month)
- All coverage guaranteed, no EOI required
- Children are eligible from live birth to 26 years of age
- A child may be covered by only one USG parent
- No EOI required during open enrollment

Additional Accidental Death and Dismemberment (AD&D)

Employee Plan

- \$10,000 increments to maximum of \$500,000

Family Plan (% of employee's AD&D coverage)

- Spouse and children:
 - Spouse - 40% of employee's amount of insurance
 - Each child - 10% of employee's amount of insurance
- Spouse and no children:
 - Spouse - 50% of employee's amount of insurance
- No spouse but children:
 - Each child - 15% of employee's amount of insurance
- All coverage is guaranteed, no EOI required
- In the family plan, percentages shown reflect a percentage of the employee's AD&D coverage that dependents will receive as coverage
- Maximum coverage: Spouse \$250,000; Child \$50,000

Bonus! When you elect supplemental life or AD&D coverage, you'll also receive Beneficiary financial counseling, Legacy planning services, Legal services, and Travel assistance.

See USG website for details usg.edu/hr/benefits

Supplemental Life and AD&D (Rates increase with age) Note: Rates are for active employees

Age	Under 25	25 - 29	30-34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 and over
Rate/\$1,000/month	\$0.057	\$0.066	\$0.083	\$0.091	\$0.109	\$0.143	\$0.212	\$0.384	\$0.590	\$1.175	\$2.026

Spouse Life (Rates increase with age)

Age	Under 25	25 - 29	30-34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 and over
Rate/\$1,000/month	\$0.043	\$0.052	\$0.070	\$0.079	\$0.087	\$0.133	\$0.205	\$0.385	\$0.592	\$1.140	\$1.850	\$3.001

Voluntary AD&D (in addition to the AD&D included with your life insurance)

Employee only:	\$0.016 per \$1,000 per month
Employee and Family:	\$0.028 per \$1,000 per month

Disability Insurance

Protect Your Income with Short and Long Term Disability through MetLife

Short Term Disability (STD)	Long Term Disability (LTD)
<ul style="list-style-type: none"> Provides a benefit of 60% of your weekly earnings to a maximum of \$2,500 per week. Benefits begin on the 15th day of a qualifying disability and continue for a maximum of 11 weeks. 	<ul style="list-style-type: none"> Provides a benefit of 60% of your monthly earnings to a maximum of \$15,000 per month. Benefits begin on the 91st day or at the end of your STD benefits. See specific long term disability definition, benefit rules and return to work incentive information in the policy available on the USG website at usg.edu/hr/benefits. No benefits are payable under this plan for 12 months for any disability due to a condition in which you had any medical treatment, consultation, care or services, took prescription medication or had medications prescribed in the 3 months prior to enrollment in this policy. Benefits continue as long as you meet the definition of disabled under the policy, subject to the later of the schedule in the policy or your normal Social Security Retirement age.

For complete short and long term benefit details, please refer to the policy available online at usg.edu/hr/benefits

Important Notes:

For STD, Evidence of Insurability (EOI) is required unless you are enrolling as a newly hired employee within 30 days of employment.

All LTD enrollees are eligible to participate in an Employee Assistance Program through EmployeeConnect Service 1-800-511-3920 or members.mhn.com.

STD	LTD
\$.291/\$10 of covered benefit	\$.266/\$100 of covered salary

How can I calculate my rate?

STD Calculation Example	LTD Calculation Example
<p>Monthly payroll</p> <p>Rate: \$.291/\$10 covered benefit Annual Salary = \$56,000 $\\$56,000 / 52 = \\$1,076.92$ weekly covered salary $\\$1,076.92 \times .60 = \\646.15 weekly benefit $\\$646.15 \times .291 / \\$10 = \mathbf{\\$18.80}$</p> <p>STD weekly benefit maximum = \$2,500</p>	<p>Monthly payroll</p> <p>Rate: \$.266/\$100 covered salary Annual Salary = \$56,000 $\\$56,000 / 12 = \\$4,666.67$ covered monthly salary $\\$4,666.67 \times .266 / \\$100 = \mathbf{\\$12.41}$</p> <p>LTD monthly benefit maximum = \$15,000</p>

Flexible Spending and Health Savings Accounts

Save money on healthcare and dependent care

An Optum Savings Account (HSA) and/or Flexible Spending Account (FSA) can save you money on everyday expenses. Your contributions to these accounts are tax-free, saving you money on federal and state income taxes and Social Security taxes.

HealthCare FSA

A HealthCare FSA can save you money on healthcare, prescription drug, dental, or vision expenses. The FSA includes other important features:

- For a list of eligible expenses, go to irs.gov/pub/irs-pdf/p502.pdf
- Annual contribution limit - \$2,600

Dependent Care FSA

A Dependent Care FSA can save you money on dependent care expenses. These include day care and summer camps for children under age 13 and care for an elderly parent.

- You can contribute up to \$5,000 a year or \$2,500 if you're married and file separate income tax returns.
- For a list of eligible expenses, go to irs.gov/pub/irs-pdf/p503.pdf

Plan carefully! Money left in your FSA (healthcare, dependent care or limited purpose) at the end of the grace period is forfeited and cannot be returned to you.

What is a grace period? FSA plans can provide a grace period of up to 2½ months after the end of the plan year. If there is a grace period, any qualified medical expenses incurred during the grace period can be paid from any amounts left in the FSA account at the end of the previous year. All USG FSAs have a grace period.

Moving from an FSA to an HSA? If you change from a Healthcare Flexible Spending Account (FSA) one calendar year to a Health Savings Account (HSA) the next calendar year, IRS rules state that your Healthcare FSA balance must be zero on December 31st or you will not be able to contribute to your new HSA until April 1st (after the grace period is over).

Health Savings Account (HSA)

If you are enrolled in the Consumer Choice HSA healthcare plan, you're eligible to have an HSA. Unlike an FSA, money left in your HSA at the end of the year rolls over to the next year.

- You can contribute up to \$3,450* (single) or \$6,900* (family) a year.
- USG will match your contributions dollar-for-dollar up to \$375 (single) or \$750 (family) a year.

* Includes USG matching contributions

To be eligible to open an HSA, you must meet the following criteria:

- Covered under a High Deductible healthcare plan. The Consumer Choice HSA plan is a High Deductible Healthcare Plan
- Not covered under any other health plan that is not a High Deductible healthcare plan
- Not currently enrolled in Medicare or TRICARE
- Not claimed as dependent on another person's tax return
- Not receiving medical benefits through the VA during the preceding 3 months

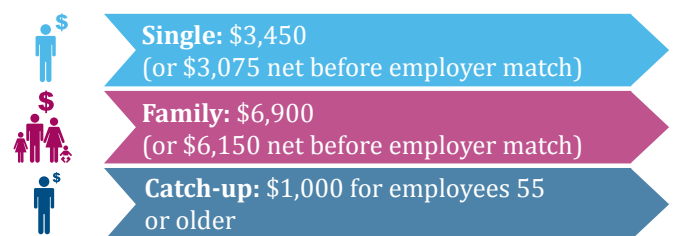
Money in an HSA rolls over from year to year. If you leave employment or move to another plan option, this account is always yours and the funds are available to use toward eligible out-of-pocket medical expenses. However, unless you are enrolled in a High Deductible healthcare plan, you cannot make contributions to this account. Once you turn age 65, the funds may be used as supplemental income and will be taxed but not subject to a penalty.

2018 HSA employer contribution match

- Single - \$375
- Family - \$750

Please note: In order to receive the employer match, you must contribute to your HSA through USG payroll deduction.

2018 HSA contribution limits:



For more information about Health Savings Accounts, please visit the USG website at: usg.edu/hr/benefits or the IRS website at: irs.gov/pub/irs-pdf/p969.pdf

Limited Purpose FSA

A Limited Purpose FSA is an additional tax-free account for those enrolled in the Consumer Choice HSA healthcare plan. You may contribute up to \$2,600 for eligible dental and vision expenses only.

Spending Account Snapshot

What accounts am I eligible to have?

	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Medical - Flexible Spending Account (FSA)	See Note below.	Yes	Yes	Yes
Dependent Care- Flexible Spending Account (FSA)	Yes	Yes	Yes	Yes
Health Savings Account (HSA)	Yes			
Limited Purpose Flexible Spending Account (LPFSA)	Yes			

- Flexible Spending Accounts (FSA) can either be used for health care expenses (health) or child care expenses (dependent care).
- FSAs (Medical, Dependent Care and Limited Purpose) must be elected during your new hire eligibility period and reelected each year during annual open enrollment for the next year. You are not automatically reenrolled each year.
- All FSAs are “use it or lose it” accounts for any given calendar year.
- Only individuals enrolled in high deductible health plans can contribute to Health Savings Accounts (HSA). HSA funds can be rolled over from year to year. USG matches employee contributions up to certain amounts for health savings accounts.
- A Limited Purpose Flexible Spending Account (LPFSA) can be used only by a participant who contributes to an HSA, and the LPFSA is limited to reimbursement for eligible dental and vision care expenses.
- An individual with an HSA may also have an FSA for dependent care expenses.

- **Why get an LPFSA?** Your HSA contributions are limited to a certain amount each year. When you add a Limited Purpose Flexible Spending Account (LPFSA) for dental and vision expenses, you can make more pre-tax contributions, thus reducing your taxable income. However, keep in mind, a LPFSA is a “use it or lose it” account, so plan conservatively.
- **Can I still contribute to an HSA if I am still actively employed at age 65?**

Yes, you may if you are not enrolled in any Medicare coverage (Part A, B, D, etc.).

You may have to contact Medicare prior to your 65th birthday to make sure you are not automatically enrolled in Medicare if you want to continue to make contributions to your HSA.



If you terminate your employment with USG and have a flexible spending account, your date of service on any claims you submit must have a date of service prior to the end of the month in which you terminate.

Note: There are certain circumstances according to the IRS publication 969 that would make you ineligible to contribute to a Health Savings Account. If you fall into one of the categories below, you may want to consider the option of a Medical Flexible Spending Account.

You are:

- Covered as a spouse or dependent under another health plan that is not a high deductible health plan;
- Enrolled in Medicare; and/or
- Claimed as a dependent on someone else’s tax return

LifeStyle Benefits

Products and Services at Incredible Discounts

Emergency Roadside Assistance



- Available 24/7/365 for member, spouse and dependent children up to age 26
- Up to 15 miles towing (up to \$80 retail value) per occurrence maximum for covered charges
- Flat tire assistance
- Fuel, oil, fluid and water delivery service
- Lock-out assistance
- Battery assistance
- Collision assistance

Identity Theft Protection *(for member only)



- Provides early notification and phone alerts whenever they detect your personal information being used to apply for many forms of credit or services
- Removal from pre-approved credit offers
- 24/7 access to live, domestic fraud resolution experts
- ID Theft Reimbursement Insurance
- Covers up to \$1 million
- Covers lost wages as a result of time off work for up to \$500 a week up to four weeks
- Reimburses expenses related to ID recovery, including defense costs for civil suits, re-filing for loans and reimbursement fees

Tax Help Line



- Unlimited advice on federal taxation via phone, fax or email
- Free tax return preparation for forms 1040 EZ, 1040A and standard 1040
- Deep discounts on numerous other tax schedules
- IRS audit assistance
- Tax planning
- Review of prior year's tax return

Pet Savings Program



- Save 25% on all veterinary medical services from growing network of participating veterinarians nationwide—no exclusions, no forms to fill out, no fees
- Pet Savings Program is not insurance
- 10%-35% off pet related products and services, such as pet food, grooming, boarding and pet supplies
- All pets included, regardless of species, age or health condition

Fitness Center Discounts



- Guaranteed lowest membership rates at over 9,500 fitness centers nationwide
- One Week FREE pass at each participating club

Package Options	Option A	Option B	Option C	Option D
Emergency Roadside Assistance		✓		✓
Identity Theft Protection	✓	✓	✓	✓
Tax Help Line	✓	✓	✓	✓
Pet Care			✓	✓
Fitness Club Discounts				✓
Member Cost per Month	\$8.84	\$9.98	\$10.02	\$11.66

* All benefits include member, spouse and all legal dependents except ID Theft Protection

This plan is NOT insurance.

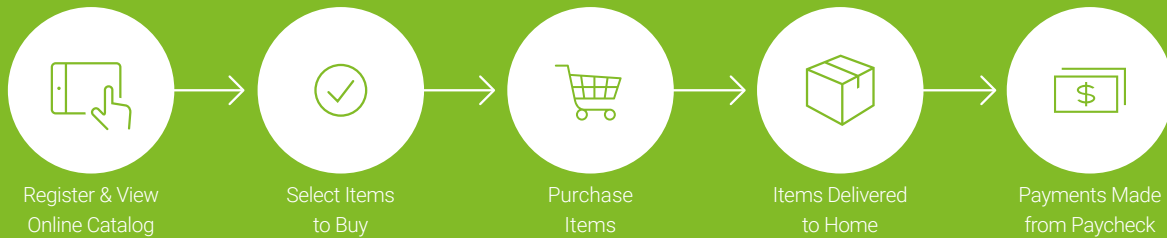
This discount card program contains a 30-day cancellation period. Member shall receive a full refund of membership fees, if membership is cancelled within the first 30 days after the effective date. Administrator: New Benefits, Ltd., Dallas, TX.

Not available to VT residents.



Employee Purchase Program

Our program allows employees to access over 45,000 brand-name products and services. Through payroll deduction, they make manageable payments over a 6- or 12-month period with zero interest, no hidden fees & no credit check. We believe transparency is critical; with Purchasing Power, what you see is what you get.



All of our products are current models, brand new, and delivered up front.

- Computers & Electronics
- Home, Furniture & Patio
- Sports, Fitness & Recreation
- TV & Entertainment
- Automotive Care
- Baby & Kids
- Appliances
- Travel
- Education

For employees with limited cash and credit options, Purchasing Power is the most affordable way to pay over time.

	Cash	Payday Loans & Rent-to-Own	Credit Card	
Pay Over Time	✗	✓	✓	✓
No Credit Check	✓	✓	✗	✓
Easy Payroll Deduction	✗	✗	✗	✓
Manageable Payments	✗	✗	✗	✓
No Interest	✓	✗	✗	✓
No Late Fees	✓	✗	✗	✓



FREE FINANCIAL WELLNESS TOOLS FOR ALL EMPLOYEES

- CORE FINANCIAL EDUCATION PROGRAM
- ALTERNATIVE CREDIT REPORTING
- BUDGETING APP
- CREDIT REPORTS & MONITORING
- ONE-ON-ONE COACHING

Learn more at connect-benefits.usg.edu

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USG Perks at Work

Over 41,000 USG employees and their family/friends are taking advantage of the savings through USG Perks at Work. USG Perks at Work is designed to help you find perks that matter to you; from employee-only discounts and programs, to savings on your favorite brands.

Access your account at perksatwork.com. If you are a first-time user, click “Register for Free” and follow the instructions on-screen.

- The program will tailor to you as you use it; as you shop, create a profile, provide feedback, it will help you find perks that matter to you
- Earn rewards called “WOWPoints” as you shop and redeem your earned WOWPoints at any merchant, any time
- **As an added benefit, employees can invite up to five family members**
- USG Perks at Work is mobile-friendly; just start from your smartphone by going to perksatwork.com

If you have questions, please visit the Help Center for assistance or click Contact Us for help logging in.



Your Health Matters

Take advantage of health perks including discounts on gyms, fitness equipment and more.



Family Matters

Spend less time searching and more time enjoying fun perks with your family; from theme parks to vacations.



Savings Matters

Save time and money on everything you need to buy, large or small.



Learning Matters

Access different programs and talks by thought leaders that can help you grow personally and professionally.



WHAT IS AN EMPLOYEE ASSISTANCE PROGRAM (EAP)?

EAP is professional help when you need it in your work or personal life. It's trained knowledgeable resources to provide advice for the many life issues we all face. ESPYR has customized an assistance program offering professional counseling and counseling an consultation for you and your families. All these resources are confidential and at no cost to you.

ESPYR offers assessment, counseling and referral services for a wide range of issues. Their professionals will help you to identify and clarify your concerns, explore options and develop a plan of action to create solutions that work for you. If additional assistance is needed, you will be referred to the most appropriate and affordable resources.

Work-Life Balance

- **Financial** consultation regarding debt matters, investment options, money management, tax preparation and consultation and retirement planning.
- **Legal** consultation provided by attorneys. Simple Wills prepared at no cost.
- **Child care** information and referrals for all types of child care, as well as camps and schools.
- **Elder care** services to assess elder care needs, locate resources and arrange referrals.
- **Adoption** specialists share information, organize and arrange referrals for all stages of this process.
- **Academic** resources including customized profiles of kindergarten through graduate school. College planning guidebooks are available.
- **Pet care** services that offer referrals to breeders, groomers, walkers, sitters, kennels, vets, and pet publications.
- **Special needs** services and referral to assess employee needs, educate, and make referrals for various special needs affecting employees and their families such as heart disease, ADHD, disabilities, diabetes and more.
- **Daily Living and Concierge** resources that provides referrals such as for home improvement resources, relocation information and resources, cleaning services, travel information, and more.

Counseling & Well-being

- Up to 4 sessions, per problem for face-to-face professional counseling for a full range of personal, family and work concerns. Counselors are available close to your work or home.
- Video and telephonic counseling are also available.
- 24/7/365 toll-free access to our caring professionals.

On-Line Features

- To access on-line EAP services, sign in to the Employee Portal at www.espyr.com . Also, download the free ESPYR app from iTunes or the Google Play Store. Your password/code for the website and app is: **USGCARES**

USG Retirement Plan Participation

It is the policy of the University System of Georgia to provide for the retirement of all regular, benefits eligible employees either through the Teachers Retirement System of Georgia (TRS) or the Optional Retirement Plan (ORP). All exempt benefits eligible employees are required to participate in either TRS or ORP. Exempt employees must make an irrevocable election to participate in one of these plans within 60 calendar days of employment or eligibility. All other non-exempt benefit eligible employees must participate in the TRS. Please see the chart below for a quick comparison.

	Teachers Retirement System	Optional Retirement Plan
Type of plan	401(a) Defined Benefit	401(a) Defined Contribution
Benefit at retirement	Based on formula: 2% x years of service x avg. of 24 highest consecutive months salary	Account balance accumulated at the time of retirement
Vesting	10 years of creditable service	Immediate
Disability benefits	Available after 10 years creditable service	Account balance at the time of disability
Contribution rates (subject to change annually)	Employee: 6.00% Employer: 16.81%*	Employee: 6.00% Employer: 9.24%*
Responsibility for management of funds & investments	Teachers Retirement System; retirement benefit is guaranteed based on formula, not on investment returns	Employee takes active role; retirement benefit is based on investments and returns

Refer to the Benefits section of the USG Website at usg.edu/hr/benefits/retirement for more information

*Rates as of 1/1/2018

Planning to Retire?

Here's what you need to know:

- To continue your USG healthcare, life, dental and/or vision coverage, you and any eligible dependents must be enrolled in these plans at the time you retire. If you are not currently enrolled in these plans and wish to carry coverage as a retiree, you will need to enroll in these during Open Enrollment the year prior to your retirement date.
- If you are under 65 when you retire, your healthcare plan options will be the same as active employees and the Tobacco Surcharge will apply to you and your covered dependents age 18+. Once you or your covered dependents are within 60 to 90 days of turning 65, you will be contacted by the Aon Retiree Health Exchange to make a new healthcare coverage selection.
- If you will be 65 or older when you retire, you will enroll in supplemental healthcare coverage through the Aon Retiree Health Exchange. You will receive a designated amount in a Health Reimbursement Account (HRA) from the University System of Georgia to help pay for your healthcare plan premiums and other eligible healthcare expenses. You must enroll in health and/or pharmacy coverage through the Aon Retiree Health Exchange to receive the USG funding in the HRA.

For more information concerning your benefit options and eligibility for retirement, please visit our website, usg.edu/hr/benefits/retiree or contact your institution's HR/Benefits office for assistance.



Retiree Employer Healthcare Contribution

For employees hired on or after January 1, 2013, the Employer Contribution for healthcare will be based on years of service with the USG. Employees retiring with 10 years of service with the USG will receive a 15% employer contribution toward their retiree healthcare costs. For each additional year of service, the employer's contribution will increase by 3% up to 25 years of service. After which the employer contribution will increase by 2% to a maximum of 70%. (See Chart below)

Retiree eligible for Medicare but not enrolled in Part B (or Medicare Advantage)	No employer contributions
30 or more years of service	Employer contribution 70% of active or retiree cost
29	68%
28	66%
27	64%
26	62%
25	60%
24	57%
23	54%
22	51%
21	48%
20	45%
19	42%
18	39%
17	36%
16	33%
15	30%
14	27%
13	24%
12	21%
11	18%
10	15%
Fewer than 10 years	0%

Note: If employee meets BOR retirement eligibility requirements, USG will recognize former State service as years of service for the employer contribution



I'm turning 65 this year and still actively working. What do I need to do?

If you're turning 65 this year you'll be getting a Medicare Enrollment kit giving you the option to enroll in Medicare Parts A, B as well as Medicare Part D. You'll be getting the kit 60 to 90 days before your birthday. Please read the Medicare materials carefully. It helps to know all you can when you make a decision about enrolling in Medicare.

If you are an active University System of Georgia (USG) employee and you get your health insurance through USG, the USG coverage will be your primary insurance and Medicare will be your secondary coverage as long as you are actively employed.

Please remember your USG healthcare coverage as an active employee is Creditable Coverage for Medicare Parts A, B and D. If you are enrolled in healthcare coverage through USG as an active employee, you will not be penalized if you put off enrolling in Medicare Parts A, B and D until your retirement.

For more information, visit the Medicare website, <http://www.medicare.gov> or contact OneUSG Connect - Benefits Call Center at 1-844-587-4236.

Important Numbers

Healthcare Programs and Information

BCBSGa Plans

<ul style="list-style-type: none"> USG Dedicated Customer Service Unit (includes Castlight) 	<ul style="list-style-type: none"> 1-800-424-8950 TDD 1-404-842-8073 	Online tools and provider search bcbsga.com/usg
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Kaiser Permanente

<ul style="list-style-type: none"> Kaiser Permanente 	<ul style="list-style-type: none"> 1-404-261-2590 TTY: 711 Outside of Atlanta 1-888-865-5813 	my.kp.org/usg
<ul style="list-style-type: none"> Behavioral Health Services Mental Health and Substance Abuse 	<ul style="list-style-type: none"> 1-404-365-0966 TTY: 711 Outside of Atlanta 1-800-611-1811 	Members may self-refer for these services.
<ul style="list-style-type: none"> Kaiser Permanente's Advice Line 	<ul style="list-style-type: none"> Metro Atlanta 1-404-365-0966 Outside of Atlanta 1-800-611-1811 	For emergency room referral and for medical information from a registered nurse, 24 hours a day, seven days a week.

Pharmacy Benefits Information

<ul style="list-style-type: none"> CVS/caremark 	<ul style="list-style-type: none"> 1-877-362-3922 TDD 1-800-231-4403 	caremark.com
<ul style="list-style-type: none"> SilverScript (Pre-65 Medicare retirees only) 	<ul style="list-style-type: none"> 1-866-275-5247 TDD 1-866-236-1069 	

Voluntary Benefits Information

<ul style="list-style-type: none"> Dental: Delta Dental 	<ul style="list-style-type: none"> 1-800-471-4214 	deltadentalins.com/usg
<ul style="list-style-type: none"> Vision: EyeMed 	<ul style="list-style-type: none"> 1-866-800-5457 	eyemedvisioncare.com/usg
<ul style="list-style-type: none"> HSA & FSA: Optum 	<ul style="list-style-type: none"> 1-877-470-1771 	mycdh.optum.com
<ul style="list-style-type: none"> Life and AD&D: Minnesota Life 	<ul style="list-style-type: none"> 1-866-293-6047 	
<ul style="list-style-type: none"> EAP: EmployeeConnect Services (LTD enrollees only) 	<ul style="list-style-type: none"> 1-800-511-3920 	
<ul style="list-style-type: none"> Disability: MetLife 	<ul style="list-style-type: none"> 1-866-832-5759 	
<ul style="list-style-type: none"> Critical Illness: Aflac Customer Service: 	<ul style="list-style-type: none"> 1-800-433-3036 	aflacgroupinsurance.com

Important Numbers (Cont.)

Voluntary Benefits Information		
<ul style="list-style-type: none"> • Accident: Voya • Hospital Indemnity: Voya 	<ul style="list-style-type: none"> • 1-844-228-8692 	voya.com
<ul style="list-style-type: none"> • Legal: LegalEASE • Enrollment Hotline: Member Services: 	<ul style="list-style-type: none"> • 1-800-248-9000 (Questions during Open enrollment and for new hires prior to enrollment) • 1-888-416-4313 (for enrolled members after 1/1/2018) 	legaleaseplan.com/usg
<ul style="list-style-type: none"> • LifeStyle: LifePerx 	<ul style="list-style-type: none"> • 1-888-417-6187 	usg.lifeperx.com
<ul style="list-style-type: none"> • Perks at Work: Next Jump, Inc. 		perksatwork.com/login perksatwork.com/help/loginhelp (for assistance)
<ul style="list-style-type: none"> • Purchasing Power 	<ul style="list-style-type: none"> • 1-866-670-3479 	TEAMGeorgia.PurchasingPower.com
<ul style="list-style-type: none"> • Espyr - Employee Assistance Program 	<ul style="list-style-type: none"> • 1-888-960-3305 	eapconsultants.personaladvantage.com

If you have questions about your benefit choices or options, here is the contact information		
<ul style="list-style-type: none"> • OneUSG Connect - Benefits Call Center 	<ul style="list-style-type: none"> • 1-844-587-4236 	connect-benefits.usg.edu
<ul style="list-style-type: none"> • University System of Georgia website 		usg.edu/hr/benefits



University System of Georgia Benefits



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