

# 2019 USG COMPARISON GUIDE



Your health. Your choices. Your well-being.

University System of Georgia Benefits



**we provide • you decide**



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# What's Changing in 2019?

The University System of Georgia (USG) is composed of 26 higher education institutions including four research universities, four comprehensive universities, nine state universities and nine state colleges as well as the Georgia Public Library Service. Your health and welfare benefits are provided through USG. We know that USG benefits are important to you and your family. They offer protection, peace of mind and comfort — and you want to make the most of them. Your life changes and your needs change, so it's always a good idea to review your options so you can make smart benefit choices.

*There will be premium increases for many USG healthcare plans for 2019.*



## Blue Cross and Blue Shield of Georgia Name Change

- Blue Cross and Blue Shield of Georgia (BCBSGa) will be changing its name to Anthem Blue Cross and Blue Shield (Anthem).
- All Anthem members will receive new I.D. cards to capture the branding change and USG plan changes for 2019.



## Changes to the Blue Choice HMO healthcare plan:

- Physician Office from \$30 to \$35 copay
- Specialist from \$60 to \$70 copay
- Outpatient Hospital from \$200 to \$250 copay
- Urgent Care from \$60 to \$70 copay



## Changes to the Comprehensive Care healthcare plan:

- Increase of the in-network deductible from \$500 to \$750 for employee coverage and \$1,500 to \$2,250 for family coverage.
- Increase of the out-of-network deductible from \$1,500 to \$2,250 for employee coverage and \$4,500 to \$6,750 for family coverage.
- Increase of the in-network annual out-of-pocket maximum from \$1,500 to \$1,750 for employee coverage and \$3,000 to \$3,500 for family coverage.
- Increase of the out-of-network annual out-of-pocket maximum from \$3,750 to \$5,250 for employee coverage and \$7,500 to \$10,500 for family coverage.



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

Increase *Retail Rx* copays:

- **Generic:** from \$10 copay to \$15 copay
- **Preferred Brand:** from \$35 copay to \$40 copay
- **Non-Preferred Brand:** 20% with \$45 minimum and \$125 maximum to 20% with \$50 minimum and \$130 maximum

Increase *Mail Order Rx* copays:

- **Generic:** from \$25 copay to \$37.50 copay
- **Preferred Brand:** from \$87.50 copay to \$100 copay
- **Non-Preferred Brand:** from 20% with \$112.50 minimum and \$250 maximum to 20% with \$125 minimum and \$250 maximum



## Changes to the Consumer Choice HSA healthcare plan:

- Increase of the in-network deductible from \$2,000 to \$2,200 for employee coverage and \$4,000 to \$4,400 for family coverage.
- Increase of the out-of-network deductible from \$4,000 to \$4,400 for employee coverage and \$8,000 to \$8,800 for family coverage.
- Increase of the in-network annual out-of-pocket maximum from \$3,500 to \$3,700 for employee coverage and \$7,000 to \$7,400 for family coverage.
- Increase of the out-of-network annual out-of-pocket maximum from \$7,000 to \$7,400 for employee coverage and \$14,000 to \$14,800 for family coverage.



## Castlight Health Program Ends

For 2019 Castlight Health will no longer be a care and cost tool resource for USG employees and dependents enrolled in the Comprehensive Care and Consumer Choice HSA plans. There will be alternative tools and resources available for USG members through OneUSG Connect Benefits portal as well as the USG Anthem Blue Cross and Blue Shield microsite at [www.bcbsga.com/USG](http://www.bcbsga.com/USG)\*. Existing Castlight users will have access to the Castlight tool through December 31, 2018.

\* After January 1, 2019 please use [anthem.com/USG](http://anthem.com/USG).



# What's Changing in 2019?



## Health Savings Account

- Increase in the single annual contribution limit from \$3,450 to \$3,500
- Increase in the family annual contribution limit from \$6,900 to \$7,000
- The HSA employer match amounts remain the same.
- \$375 for Single coverage
- \$750 for Family coverage (Employee + one or more dependents)



## Minnesota Life Name Change

Minnesota Life, our life insurance vendor, will be changing to Securian Financial.



## LifeStyle Benefits

All benefits under the plan will now cover family members, including identity theft, and also includes a discount travel benefit. There is an increase in all premiums for each option.



## Changes to USG Well-being

USG Well-being will be offering more opportunities to earn the \$100 well-being credit, including:

- \$10 for syncing a health device or app. Included: Apple Health, Fitbit, Garmin, Google Fit, Nokia Health, MapMyFitness, Misfit and Runkeeper.
- \$25 for getting your flu shot.
- \$50 for participating in Money Mondays webinars.
- \$50 for tracking healthy activity (up from \$25).

Additionally, the reward for completing the health assessment will be changed from \$50 to \$25.

Although you may participate year-round, the earning period to complete activities is from January 1 through September 30, 2019.



## Easy Ways to Access your Benefits

It's 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.

- Go to **oneusgconnect.usg.edu** anytime, anywhere.
- Call the **OneUSG Connect – Benefits Call Center at 1-844-5-USGBEN (1-844-587-4236)** from 8 a.m. to 5 p.m. Eastern time, Monday through Friday.

# 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, **oneusgconnect.usg.edu** or call the OneUSG Connect – Benefits Call Center **1-844-587-4236**.
- Provide proof of your Life Event.

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

## Most common life event 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

As an active benefit eligible employee, working 30+ hours per week, you can 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, disabled child document, 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.

# USG Well-being

USG cares about your health and well-being. That's why we provide you with a variety of tools that make it easy for you to incorporate healthy habits into your daily life. Complete healthy activities between Jan. 1 and Sept. 30, 2019, and you can earn up to a \$100 well-being credit.

The well-being credit is only available to employees and spouses covered on a USG healthcare plan. USG Well-being has partnered with RedBrick Health to provide health and well-being services. USG Well-being is voluntary and confidential. Have a question about your privacy or other details of the program? Find answers in the FAQ, which is available at [usg.edu/well-being](https://usg.edu/well-being). You can also read RedBrick's privacy policy at [redbrickhealth.com/privacy](https://redbrickhealth.com/privacy).



## Choose your path to better health

**USG Well-being** provides you with a variety of tools that make it easy for you to incorporate healthy habits into your daily life. You can search for the topics and programs that most interest you. Choose from tracking your daily healthy habits, participating in financial or health coaching, joining community events and more.

Get started at [ourwellbeing.usg.edu](https://ourwellbeing.usg.edu). If you haven't already, click **Activate Your Account To Get Started** and create a unique username and password that is different from your USG login information.

Do it all from the app! Search for the RedBrick Health app on the App Store or Google Play. If you're a new user, select **More Options** and **Register New Account**.





## USG Well-being (Cont.)

### Health assessment – Earn

Answer questions about your daily nutrition, exercise and sleep habits as well as how you feel, what you do to stay healthy, and how you cope with stress. You'll see your results and be able to measure the improvements to your well-being over time.

Answer questions online or on your mobile device to get feedback and insights about your health.

### Activity tracking – Earn up to

Use the online tool to log your daily habits. As you follow your well-being efforts, you'll discover how your healthy choices can help you meet your goals and achieve a balanced, healthy lifestyle.

And, if you use a wearable device or fitness app, you can sync it and watch your steps add up automatically. **Plus, earn an additional \$10 toward your \$100 well-being credit.** Devices and apps include Apple Health, Fitbit, Garmin, Google Fit, Nokia Health, MapMyFitness, Misfit and Runkeeper.

### Financial coaching – Earn

USG employees are welcome to schedule a free phone or in-person confidential appointment with a financial coach. Get answers to your financial questions and become better prepared for your future. Coaching programs are offered through Fidelity, TIAA and VALIC. Call to get started. Mention you are a USG Well-being participant. You may need to have an active account with the organization to receive financial coaching. Note that calls for balance inquiries are not eligible for credit.

**Fidelity:** 1-800-343-0860

**TIAA:** 1-800-842-2252

**VALIC:** 1-866-279-1444

### Digital coaching – Earn up to

Try digital coaching to help you get active, eat healthier, feel more confident about your finances, strengthen your resilience and more. These online experiences allow you to pick the healthy, inspiring steps that appeal to you and work at your preferred pace, unlocking new levels of healthy habits as you go.

Choose from titles such as *Make Time for Play*, *Get Strong at Home*, *Bedtime Game Plan*, *Go Lean to Get Lean* and dozens more. You'll find that changing habits doesn't have to be hard, and trying something new can be fun.



# USG Well-being (Cont.)



## Wellness coaching – Earn up to



Receive one-on-one expert guidance and support. Partnering with a health coach offers an individualized approach to your well-being.

You'll work with your coach over the phone. Coaches can provide answers to your health questions, support in overcoming obstacles, and help in transforming your goals into action. They'll also help you set small goals to work on between coaching sessions.

- **Diabetes Coaching** If you have diabetes, it doesn't have to control you. Phone coaching opportunities are available to help you keep your diabetes in check. Calls are confidential, can be scheduled at your convenience and usually last about 20 minutes.
- **Tobacco Cessation Coaching** Is today the day you start living a tobacco-free life?

No matter where you are now, USG healthcare plans provide coverage with a \$0 copay (with a prescription) for most over-the-counter and prescription Nicotine Replacement Therapy resources.

You also have access to phone coaching resources that can help you quit — for good.

Coaching resources are provided below:

**Kaiser: 1-866-862-4295**

**CVS Minute Clinic: 1-866-389-2727**

**Georgia Tobacco Quit Life: 1-877-270-7867**



## Community and local events – Earn



Make a difference in your community. Earn a well-being credit for volunteering, participating in events such as community 5K run/walk, or other events of your choosing. Any activity where you feel you donate your time and give back to your community counts. Examples include: volunteering, participating in events such as donating blood, helping out a local homeless shelter, volunteering at a religious institution of your choosing, participating in a neighborhood night out or packing food at a food shelf. Note that the activity does not need to be physically demanding.



## Flu shots – Earn



Flu shots are free for employees and dependents covered under a 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 Anthem\* members: Use your new Anthem ID card.
- USG Kaiser Permanente members: You must use a Kaiser Permanente facility.
- Receive a flu shot at your local CVS/Pharmacy or MinuteClinic.



## Money Mondays — Earn up to



**Money Mondays** are live, online monthly financial education workshops which will be broadcast to the entire USG. These workshops provide:

- **Guidance** to employees who may be stressed about economic conditions, market fluctuations, and their personal finances.
- **Education** about benefits in the context of personal financial planning including saving, investing, debt management, and planning for the unexpected.



## Other healthy opportunities

Take advantage of all your healthy activities available through **USG Well-being**, including well-being challenges, access to CVS MinuteClinic, LiveHealth Online, ESPYR (Employee Assistance Program) services and other programs. Visit [usg.edu/well-being](http://usg.edu/well-being) for all resources.

\*BCBSGa will be changing its name to Anthem Blue Cross and Blue Shield (Anthem) effective January 1, 2019.

# 2019 Premium Rates for Active Employees

|                          | 2019 Monthly Plan Costs |                    |                |                       |
|--------------------------|-------------------------|--------------------|----------------|-----------------------|
|                          | Consumer Choice HSA     | Comprehensive Care | BlueChoice HMO | Kaiser Permanente HMO |
| <b>Employee Only</b>     | \$75.12                 | \$177.46           | \$206.90       | \$157.70              |
| <b>Employer</b>          | \$437.90                | \$437.90           | \$437.90       | \$352.28              |
| <b>Total Rates</b>       | \$513.02                | \$615.36           | \$644.80       | \$509.98              |
| <b>Employee + Child</b>  | \$159.94                | \$344.14           | \$397.12       | \$302.54              |
| <b>Employer</b>          | \$763.50                | \$763.50           | \$763.50       | \$615.42              |
| <b>Total Rates</b>       | \$923.44                | \$1,107.64         | \$1,160.62     | \$917.96              |
| <b>Employee + Spouse</b> | \$186.60                | \$401.50           | \$463.30       | \$352.96              |
| <b>Employer</b>          | \$890.76                | \$890.76           | \$890.76       | \$717.98              |
| <b>Total Rates</b>       | \$1,077.36              | \$1,292.26         | \$1,354.06     | \$1,070.94            |
| <b>Family</b>            | \$257.68                | \$554.46           | \$639.80       | \$487.38              |
| <b>Employer</b>          | \$1,230.09              | \$1,230.09         | \$1,230.09     | \$991.38              |
| <b>Total Rates</b>       | \$1,487.77              | \$1,784.55         | \$1,869.89     | \$1,478.76            |



## 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.**

## Important Note:

If you enroll in a USG healthcare plan in 2019, you'll also need to certify you and your enrolled dependents (age 18+) tobacco use status.

### Important note about accurately certifying tobacco use and penalties of fraud:

- Please be advised that when you certify your tobacco use, you are attesting that the information is true and correct to the best of your knowledge. USG expects employees to uphold the highest standards of intellectual honesty and integrity in compliance with the USG Ethics policy, and therefore, you should respond honestly in regards to your tobacco use status. If you knowingly and willfully make a false or fraudulent statement to the University System of Georgia regarding your insurance coverage, including your status as a tobacco user, you may be subject to criminal prosecution. Under state law (at O.C.G.A Section 16-10-20), if you are convicted, you shall be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.
- Tobacco cessation programs are available at no cost to you and your dependents. Please contact these helpful resources for more information. (Please see resources listed in directory of guide starting on page 42.)



# 2019 Premium Rates for Pre-65 Retirees

| NonMedicare Eligible   | 2019 Monthly Plan Costs |                    |                |                       |
|--|-------------------------|--------------------|----------------|-----------------------|
|  | Consumer Choice HSA     | Comprehensive Care | BlueChoice HMO | Kaiser Permanente HMO |
| NonMedicare Retiree Only                                       | \$75.12                 | \$177.46           | \$206.90       | \$157.70              |
| NonMedicare Spouse Only  | \$111.48                | \$224.04           | \$256.40       | \$195.26              |
| One Child only   | \$84.82                 | \$166.68           | \$190.22       | \$144.84              |
| Children only  | \$169.64                | \$333.36           | \$380.44       | \$289.68              |
| NonMedicare Retiree + 1 Child                                  | \$159.94                | \$344.14           | \$397.12       | \$302.54              |
| NonMedicare Spouse + 1 Child                                   | \$196.30                | \$390.72           | \$446.62       | \$340.10              |
| NonMedicare Retiree + NonMedicare Spouse                       | \$186.60                | \$401.50           | 463.30         | \$352.96              |
| Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren)) | \$257.68                | \$554.46           | \$639.80       | \$487.38              |
| Family (NonMedicare Retiree + Child(ren))                      | \$257.68                | \$554.46           | \$639.80       | \$487.38              |
| Family (NonMedicare Spouse + Child(ren))                       | \$257.68                | \$554.46           | \$639.80       | \$487.38              |

| Pre-65 Medicare Eligible  | 2019 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                 | \$155.27           | N/A            | \$124.95              |
| Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + 1 Child                                 | \$159.94                | \$321.95           | N/A            | \$269.79              |
| NonMedicare Retiree + Pre-65 Medicare Spouse  | \$150.24                | \$332.73           | \$463.30       | \$282.65              |
| Pre-65 Medicare Retiree + Pre-65 Medicare Spouse  | \$150.24                | \$310.54           | N/A            | \$249.90              |
| Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))                          | \$235.06                | \$499.41           | \$639.80       | \$427.49              |
| Pre-65 Medicare Retiree + NonMedicare Spouse  | \$186.60                | \$379.31           | N/A            | \$320.21              |
| Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))                          | \$271.42                | \$545.99           | N/A            | \$465.05              |
| Family (Pre-65 Medicare Retiree + Child(ren))   | \$235.06                | \$477.22           | N/A            | \$394.74              |
| Family (Pre-65 Medicare Spouse + Child(ren))  | \$235.06                | \$477.22           | N/A            | \$394.74              |
| Family (Pre-65 Medicare Retiree + Pre-65 Medicare Spouse + Child(ren))                      | \$235.06                | \$477.22           | N/A            | \$394.74              |



## 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](https://usg.edu/hr/benefits).

# 2019 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> |   |                |   |                |  |   |
| Employee Only   | \$2,200   | \$4,400        | \$750   | \$2,250        | None   | None  |
| Employee + Covered Dependents   | \$4,400   | \$8,800        | \$2,250   | \$6,750        |  |   |
| 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 \$750 to have claims paid at 90%. |                | N/A  | N/A   |
| Maximum annual out-of-pocket limit  |   |                |   |                |  |   |
| Individual single coverage  | \$3,700   | \$7,400        | \$1,750   | \$5,250        | \$5,500  | \$6,350   |
| Family 2 or more covered members  | \$7,400   | \$14,800       | \$3,500   | \$10,500       | \$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 15.   |                | 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 15. | 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 that is out-of-state utilizes the BlueCard Natonal network. 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. Referral required for non-Kaiser, independent specialists.

**Note:** All Anthem Blue Cross and Blue Shield 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.

# 2019 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  |
| <b>Physician services provided in an office setting</b>     |  |  |  |  |   |
| <b>Primary Care Provider/Office visit</b>                   |  |  |  |  |   |
| 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 \$35 copayment  | Plan pays 100% after \$20 copayment   |
| <b>CVS MinuteClinic office visit</b>                        |  |  |  |  |   |
| 80%   | N/A                                    | Plan pays 100% after \$15 copayment  | N/A  | Plan pays 100% after \$15 copayment  | N/A   |
| <b>Anthem LiveHealth Online visit</b>                       |  |  |  |  |   |
| 80%   | N/A                                    | Plan pays 100% after \$15 copayment  | N/A  | Plan pays 100% after \$15 copayment  | N/A   |
| <b>Wellness/Preventive care*</b>                            |  |  |  |  |   |
| 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%  |
| <b>Routine Eye Exam with Ophthalmologist or Optometrist</b> |  |  |  |  |   |
| 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                                |
| <b>Specialist Office Visit</b>                              |  |  |  |  |   |
| 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 \$70 copayment  | 100% after \$25 copayment   |
| <b>Laboratory Services</b>                                  |  |  |  |  |   |
| 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              |
| <b>Maternity Care</b>                                       |  |  |  |  |   |
| 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 \$70 at first office visit | Prenatal and 1st postpartum visit are covered at 100%                             |
| <b>Surgery in-office</b>                                    |  |  |  |  |   |
| 80%   | 60%                                    | 90%  | 60%  | 100% after \$70 copayment  | 100% after \$25 copayment in KP medical office; \$100 copay in outpatient setting |

\*Preventive 3-D Mammograms are covered by Anthem



## 2019 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 \$70 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 \$70 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%   | 60%            | 90%   | 60%            | 100%; 30-day limit per calendar year | 100%; 60-day limit per calendar year               |
|   | 30 days per calendar year combined in- and-out-of-network |                | 30-day calendar year maximum combined in- and out-of-network  |                |                                      |  |
| 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 \$250 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. Referral required for non-Kaiser, independent specialists.

# 2019 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 \$70 copayment   | 100% after \$30 copayment  |
| Other services   |  |   |   |  |   |  |
| Home Health  |  |   |   |  |   |  |
|  | 80%  | 60%   | 90%   | 60%  | 100%; up to 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)  |  |   |   |  |   |  |
|  | 90%  | 60%   | 90%   | 60%  | 100%  | 50%  |
|  | Initial: 1 hearing aid per ear with a limit of \$3,000 per ear<br>Replacement: 1 hearing aid per ear every 48 months   | Initial: 1 hearing aid per ear with a limit of \$3000 per ear<br>Replacement: 1 hearing aid per ear every 48 months |   | Initial: 1 hearing aid per ear with a limit of \$3,000 per ear<br>Replacement: 1 hearing aid per ear every 48 months | Initial: 1 hearing aid per ear with a limit of \$3,000 per ear<br>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 \$70 copayment;  | 100% after \$25 copayment; 20 visits   |
|  | Physical, occupational, athletic trainers and chiropractic care combined 20 visits<br>Speech therapy 20 visits<br>Respiratory therapy 30 visits<br>Note: In- and out-of-network visit limits are combined<br>Cardiac Rehabilitation – No visit limit |   | Chiropractic care 40 visits<br>Physical, speech, occupational, and cardiac therapies 40 visits per therapy<br>Note: In- and out-of-network visit limits are combined<br>Cardiac Rehabilitation – No visit limit |  | Chiropractic care 20 visits<br>Physical and occupational therapy 40 visits<br>Speech therapy 30 visits<br>Cardiac Rehabilitation – No visit limit | 100%; after \$25 copayment up to 20 visits for physical, occupational and speech combined.<br>100% after \$25 copayment up to 36 visits for Cardiac rehab. |

# 2019 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 copay   |
| 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 copay per office visit; refer to plan benefits above for treatment outside of office visit setting | 60%            | 100% after \$30 copay per office visit; refer to plan benefits above for treatment outside of office visit setting | 100% after \$20 copay per office visit. Unlimited visits. Treatment requires prior authorization.   |
|                                     | \$35,000 Calendar Year Maximum |                | \$35,000 Calendar Year Maximum   |                | \$35,000 Calendar Year Maximum   | \$35,000 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 first 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. Referral required for non-Kaiser, independent specialists.

## How to find a doctor For Anthem members

1. Go to [bcbgsa.com/usg](http://bcbgsa.com/usg). (After January 1, 2019 please visit [anthem.com/USG](http://anthem.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 ID card to locate in-network providers.

## For Kaiser Permanente members

1. Visit [kp.org/facilities](http://kp.org/facilities)
2. Select the **Find a Doctor** link on the homepage.



# Pharmacy Benefits Summary

| CVS/caremark                                    |  |   |   |
|---|--|---|---|
|   | 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.   |   |   |
| <b>Retail Pharmacy</b><br>Up to a 30-day supply | <b>Consumer Choice HSA</b><br><i>Generic:</i> 20% after deductible<br><i>Preferred Brand:</i> 20% after deductible<br><i>Non Preferred Brand:</i> 20% after deductible   | <b>Comprehensive Care</b><br><i>Generic:</i> \$15 copay<br><i>Preferred Brand:</i> \$40 copay<br><i>Non preferred Brand:</i> 20% with \$50 minimum and \$130 maximum      | <b>BlueChoice HMO</b><br><i>Generic:</i> \$15 copay<br><i>Preferred Brand:</i> \$40 copay<br><i>Non preferred Brand:</i> 20% with \$50 minimum and \$130 maximum      |
| <b>Mail Order</b><br>Up to a 90-day supply      | <b>Consumer Choice HSA</b><br><i>Generic:</i> 20% after deductible<br><i>Preferred Brand:</i> 20% after deductible<br><i>Non Preferred Brand:</i> 20% after deductible   | <b>Comprehensive Care</b><br><i>Generic:</i> \$37.50 copay<br><i>Preferred Brand:</i> \$100 copay<br><i>Non preferred Brand:</i> 20% with \$125 minimum and \$260 maximum | <b>BlueChoice HMO</b><br><i>Generic:</i> \$37.50 copay<br><i>Preferred Brand:</i> \$100 copay<br><i>Non preferred Brand:</i> 20% with \$125 minimum and \$260 maximum |
| <b>Annual Out-of-Pocket Maximum</b>             | <b>Comprehensive Care and Blue Choice HMO</b><br>The following annual out-of-pocket maximum amounts for members who obtain generic and preferred brand-name prescription medications will apply: <ul style="list-style-type: none"> <li>• Employee: \$1,250</li> <li>• Employee + Child: (Two (2) covered members): \$2,500</li> <li>• Employee + Spouse: (Two (2) covered members): \$2,500</li> <li>• Family: (Three (3) or more covered members): \$3,750</li> </ul> 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. |   |   |
|   | <b>Consumer Choice HSA</b><br>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).<br>Non-preferred drug coinsurance amounts do not apply to the out-of-pocket maximum on any plan.  |   |   |
| <b>Considering Pharmacy Mail Service?</b>       | <b>The CVS/caremark Mail Service Pharmacy</b><br>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.  |   |   |
|   | <b>With the CVS/caremark Mail Service Pharmacy you can:</b> <ul style="list-style-type: none"> <li>• Receive an extended supply of medicine</li> <li>• Enjoy convenient delivery to the location of your choice, with free shipping</li> <li>• Speak to a registered pharmacist 24 hours a day, seven days a week</li> <li>• Contact a pharmacist with your questions online at Caremark.com</li> <li>• Order prescription refills online or by phone anytime, day or night</li> </ul>   |   |   |
| <b>Important Information</b>                    | <b>Copay Card Programs – Reminder!</b> 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.   |   |   |
|   | <b>Site of Care Alignment</b> – CVS Caremark is partnering with Anthem Blue Cross and Blue Shield* 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.   |   |   |
|   | <b>Save money with generics</b> – If you or your doctor requests a brand-name prescription when a generic equivalent is available, you will pay the brand copay plus the difference in cost between the brand-name and the generic medicine. These guidelines will only apply to multi-source brand drugs that have an FDA approved generic equivalent.  |   |   |

\*BCBSGa will be changing it's name to Anthem Blue Cross and Blue Shield (Anthem) effective January 1, 2019.

# HMO 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                   | Dooley                       | 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 650 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 or urgent care 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
- \$0 video visits and phone visits
- Same day appointments available. Please contact member services for additional information.
- Kaiser members can email their doctor at any time and save a copay.

## 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

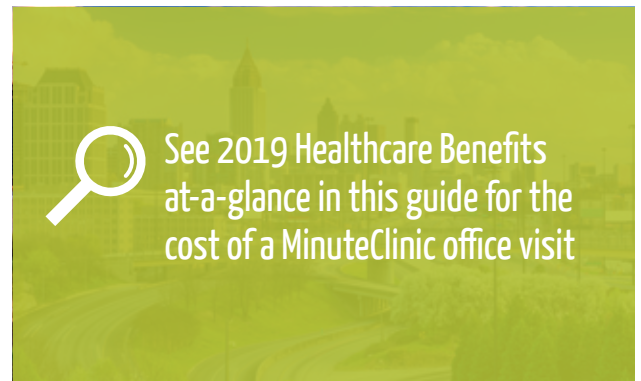
Our expert nurse practitioners and physician assistants possess the licenses, certifications and clinical experience necessary to provide effective treatment for adults and children. Both our nurse practitioners and physician assistants are qualified to:

- 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.

### 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.

### 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 Store<sup>SM</sup> or Google Play<sup>TM</sup>. Also you can visit **livehealthonline.com**.

# Your Member ID Card

Using your benefits starts with your member ID card.

## Your new Anthem\* ID 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 [bcbgsa.com/usg](http://bcbgsa.com/usg). (After January 1, 2019 please visit [anthem.com/USG](http://anthem.com/USG).)

## To print a temporary ID card:

- Go to [bcbgsa.com/usg](http://bcbgsa.com/usg) and log in using your username and password. (After January 1, 2019 please visit [anthem.com/USG](http://anthem.com/USG).)
- 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.

\*BCBSga will be changing its name to Anthem Blue Cross and Blue Shield (Anthem) effective January 1, 2019.



## Keep your ID card handy on your mobile device

When you download the Anthem Anywhere mobile app, you can view, email or fax your ID card once you log in to your account. 24/7, 365 days a year.

## 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 [bcbgsa.com/usg](http://bcbgsa.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. (After January 1, 2019 please visit [anthem.com/USG](http://anthem.com/USG).)



## 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 Anthem\* ID card.
- Before you travel, contact Anthem 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 Anthem 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).
- Anthem 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 located 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 Anthem Blue Cross and Blue Shield.

## 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 **[anthem.com/usg](http://anthem.com/usg)**. After you select the Resources and Tools tab, go to the right side of the page and select **Member Health Expense Report**.

## Travel Assistance (Provided by Securian Financial)

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**

\*BCBSGa will be changing it's name to Anthem Blue Cross and Blue Shield (Anthem) effective January 1, 2019.



# 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:  
KP 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. As an Anthem member, 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](https://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 **Anthem Anywhere\*** 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.

\*BCBSGa will be changing it's name to Anthem Blue Cross and Blue Shield (Anthem) effective January 1, 2019.

## 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 – Anthem Blue Cross and Blue Shield\* offers translation assistance**

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.

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### 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!

# Flexible Spending and Health Savings Accounts

## Save money on healthcare and dependent care

An Optum Health 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](https://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](https://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 31 or you will not be able to contribute to your new HSA until April 1 (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 \$3,500\* (single) or \$7,000\* (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 three 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.

## 2019 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.

## 2019 HSA contribution limits:



**Single:** \$3,500  
(or \$3,125 net before employer match)

**Family:** \$7,000  
(or \$6,250 net before employer match)

**Catch-up:** \$1,000 for employees 55 or older

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

## Fast Facts

- 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 is enrolled in the Consumer Choice HSA healthcare plan 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 or TRICARE; and/or
- Claimed as a dependent on someone else's tax return



# Employee Assistance Program (EAP)



USG has contracted with ESPYR to provide employees and their family members with a comprehensive Employee Assistance Program (EAP). All full-time and part-time employees, family and household members have access to the program. Services are free and confidential, within the bounds of the law. The EAP is available 24/7/365 and provides the following services.

## Work-Life

- Legal consultation provided by attorneys. Simple wills prepared at no cost. 24-hour emergency services, consultation with a mediator, consultation with a fraud/ID theft specialist are also included. A 25% discount off the mediator or attorney fees for services rendered beyond the EAP.
- Financial consultation regarding debt matters, investment options, money management, tax preparation and consultation and retirement planning. Financial personnel services are discounted at 25% as are CPA tax preparation fees.
- 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. Referrals to tutors 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, cleaning services, travel information and more.
- Relocation services and referral information provided to employees who are moving. Referrals include moving companies, housing options, utility companies, schools and more.

## Counseling

- Up to 4 sessions, per concern for face-to-face counseling and referral for a full range of personal, family and work concerns. Counselors are located conveniently to your work or home.
- 24 hours per day, 7 days per week, toll-free access to mental health professionals.

## On-Line

- To access the on line services, please go to **espyr.com** and log in using your password: **USGcares**
- The website offers educational screenings, assessments, videos, quizzes, courses, articles, financial calculators, child and eldercare service locators and much more. You may even confidentially request EAP services from the site. Topics covered include:
  - Emotional Wellbeing
  - Relationship
  - Health and Wellness
  - Financial
  - Legal
  - Personal and Professional Growth
- Monthly webinars

ESPYR app provides 24/7 access to resources including requesting services. Download the free app from the Apple Store or the Google Play Store. Your code is: **USGcares**

For information or request services, please contact ESPYR at: **1-888-960-3305, [www.espyr.com](http://www.espyr.com)**

# 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<br>(These rates may change) |                | Delta Dental High Plan<br>(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  |                |
|                                 | 2019 Monthly Rates                                 |                |  |                |
| 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. You must remain enrolled in the high plan for the duration of orthodontic treatment.

# 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](https://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                        |
| 2019 Monthly Rates   |                 |                              |
| Employee   | \$6.90          |                              |
| Employee & Spouse  | \$15.52         |                              |
| Employee & Child(ren)  | \$13.12         |                              |
| Family   | \$20.34         |                              |

# USG Accident Plan



The USG Accident Plan offered by Voya 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

## 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 found at [usg.edu/Hr/benefits](http://usg.edu/Hr/benefits).

## Monthly Rates

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



# 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 otherwise assigned). 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%                    |
| Benefits Rider           | Advanced Alzheimer's Disease, Advanced Parkinson's Disease  | 25%                     |
|                          | Benign Brain Tumor  | 100%                    |

\*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

## Critical Illness Benefits

### Initial Diagnosis+

An insured member 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 member 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.

The plan is age-banded. That means your rates may increase on the policy anniversary date.

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. AGC1601841R1 IV (7/18)



# 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

## 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\*?

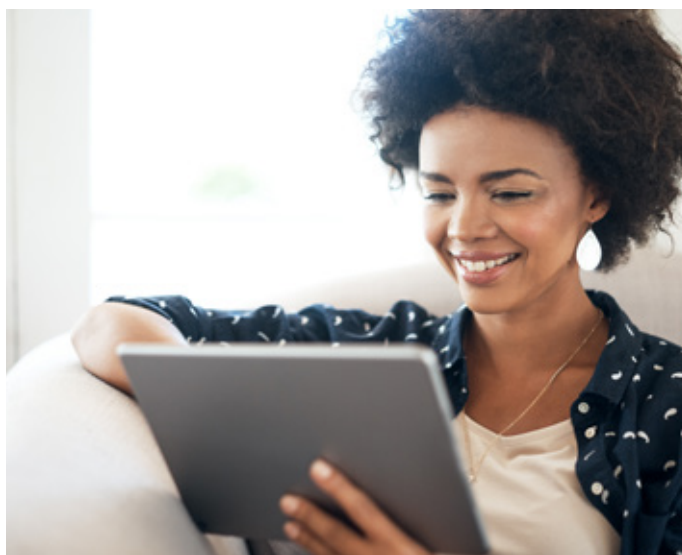
Benefits are not payable for any loss caused in whole or directly by any of the following:

- 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 semi-professional 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 found at [usg.edu/HR/benefits](https://usg.edu/HR/benefits) for exact language.

## Monthly Rates

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





# Life Insurance

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 Securian Financial (formerly 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 of up to 3x your annual salary, not to exceed \$500,000 without evidence of insurability. Amount elected must be a multiple of your annual salary.
- 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, up to 3x your annual salary, not to exceed \$500,000 without evidence of insurability. Amount elected must be a multiple of your annual salary.

### 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



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

### 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! As part of the basic life insurance plan you also receive Beneficiary financial counseling, Legacy planning services, Legal services, and Travel assistance.**

See USG website for details [usg.edu/hr/benefits](https://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"><li>Provides a benefit of 60% of your weekly earnings to a maximum of \$2,500 per week.</li><li>Benefits begin on the 15th day of a qualifying disability and continue for a maximum of 11 weeks.</li></ul> | <ul style="list-style-type: none"><li>Provides a benefit of 60% of your monthly earnings to a maximum of \$15,000 per month.</li><li>Benefits begin on the 91<sup>st</sup> day or at the end of your STD benefits.</li><li>See specific long term disability definition, benefit rules and return to work incentive information in the policy available on the USG website at <a href="https://usg.edu/hr/benefits">usg.edu/hr/benefits</a>.</li><li>No benefits are payable under this plan 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, if you have been Actively at Work for less than 12 consecutive months after the date Your Disability insurance takes effect.</li><li>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.</li></ul> |

For complete short and long term benefit details, please refer to the policy available online at [usg.edu/hr/benefits](https://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. For LTD, no EOI is required, but subject to pre-existing condition limitation.

All LTD enrollees are eligible to participate in an Employee Assistance Program through EmployeeConnect Service 1-800-511-3920 or [members.mhn.com](https://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   |
|---|---|
| Monthly payroll   | Monthly payroll   |
| <p><b>Rate:</b> \$.291/\$10 covered benefit</p> <p><b>Annual Salary</b> = \$56,000</p> <p><math>\\$56,000 / 52 = \\$1,076.92</math> weekly covered salary</p> <p><math>\\$1,076.92 \times .60 = \\$646.15</math> weekly benefit</p> <p><math>\\$646.15 \times .291 / \\$10 = \mathbf{\\$18.80}</math></p> | <p><b>Rate:</b> \$.266/\$100 covered salary</p> <p><b>Annual Salary</b> = \$56,000</p> <p><math>\\$56,000 / 12 = \\$4,666.67</math> covered monthly salary</p> <p><math>\\$4,666.67 \times .266 / \\$100 = \mathbf{\\$12.41}</math></p> |

# USG Legal Plan

## USG Legal plan can ease the biggest stresses - finding and paying for a better 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 Details: 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:



### HOME & RESIDENTIAL

Purchase/sale/refinancing of primary residence or vacation/investment home, Tenant dispute<sup>2</sup>, Tenant security deposit dispute<sup>2</sup>, Landlord dispute with tenant<sup>1</sup>, Security deposit dispute with tenant<sup>1</sup>, Construction defect dispute<sup>2</sup>, Neighbor dispute<sup>2</sup>, Noise reduction dispute<sup>2</sup>, Foreclosure<sup>2</sup>



### AUTO & TRAFFIC

First-time vehicle buyer<sup>1</sup>, Vehicle repair/lemon law litigation<sup>1</sup>, Traffic ticket, Serious traffic matters (resulting in suspension or revocation of license), License Suspension (Administrative proceeding)



### FINANCIAL & CONSUMER

Debt collection<sup>2</sup>, Identity Theft Assistance<sup>3</sup>, Bankruptcy (chapter 7 or 13)<sup>2</sup>, Tax audit<sup>2</sup>, Document preparation, Consumer dispute<sup>2</sup>, Small claims court<sup>1</sup>, Mail order/Internet purchase dispute<sup>1</sup>, Bank fee dispute<sup>1</sup>, Cell phone contract dispute<sup>1</sup>, Warranty dispute<sup>1</sup>, Healthcare Coverage disputes & records<sup>1</sup>, Student loans<sup>1</sup>, Financial advisor<sup>3</sup>



### FAMILY

Separation<sup>1</sup>, Divorce<sup>1,2</sup>, Name change, Guardianship/Conservatorship<sup>1,2</sup>, Adoptions<sup>1,2</sup>, Juvenile Court Proceedings<sup>2</sup>, Prenuptial agreement, Elder Law<sup>3</sup>



### ESTATE PLANNING & WILLS

Will or codicil, Living will, Health Care Power of Attorney, Living Trust Document, Probate of small estate<sup>1</sup>, Complex Will<sup>4</sup>



### GENERAL

Identity theft defense<sup>2</sup>, Civil litigation defense<sup>2</sup>, Incompetency defense<sup>2</sup>, Misdemeanor defense<sup>2</sup>, Mediation<sup>3</sup>, Initial consultation<sup>1</sup>, Review of simple documents<sup>1</sup>

\* Please visit [legaleaseplan.com/usg](http://legaleaseplan.com/usg) for specific plan benefits

1 Limitations apply

2 Subject to Managed Case Rules

3 Additional Benefits

4 Flat Rate or Discounted Rates



For more information, visit:  
[legaleaseplan.com/usg](http://legaleaseplan.com/usg)



Nationwide®



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: 5151 San Felipe, Suite 2300, 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. © 2019 Nationwide Mutual Insurance Company.

# LifeStyle Safety & Security Benefits

Superior Products and Services at Incredible Discounts



## All Benefits Include Your Family

(Member & Up To 4 Legal Dependents)

| 2019 Package Options   | Option A       | Option B       | Option C       | Option D       |
|--|----------------|----------------|----------------|----------------|
| <b>Identity Theft Protection</b> ID SANCTUARY POWERED BY CYBERSCOOT<br>✓ Most comprehensive MONITORING and RESOLUTION services in the market<br>✓ No limit to the amount ID Sanctuary will spend to restore a client's credit<br>✓ Coverage for pre-existing identity theft at no additional charge. |                |                |                |                |
| <b>Tax Help Line</b><br>✓ Unlimited advice on federal taxation via phone, fax or email<br>✓ Free tax return preparation for Forms 1040EZ, 1040A and standard 1040<br>✓ IRS audit assistance ✓ Tax planning ✓ Review of prior years' tax returns  |                |                |                |                |
| <b>[NEW!] Affinity Travel Benefit:</b><br>✓ Substantial Hotel and Vacation Rental discounts not available to the public<br>✓ Guaranteed lowest published prices  |                |                |                |                |
| <b>Emergency Roadside Assistance</b><br>✓ 24/7 service ✓ Towing up to 15 miles (\$80 retail value) per occurrence<br>✓ Assistance for flat tire, lock-outs, dead battery, fuel, fluid, oil or water delivery<br>✓ Collision assistance   |                |                |                |                |
| <b>Pet Care provided by Pet Assure</b><br>✓ Network: www.petassure.com Put in your zip code<br>✓ 25% off at participating veterinarians ✓ 24/7 Lost Pet Recovery Service<br>✓ \$50 credit to Rover.com ✓ 15% off PetCareRx.com   |                |                |                |                |
| <b>Fitness Advantage</b><br>✓ https://preventure.com/ifcn-fitness-advantage/ Enter password "F1T"<br>✓ You have access to discounted rates at over 14,000 fitness centers.<br>Try each club free for one week, then get great rates when you join!   |                |                |                |                |
| <b>Member Cost per Month</b>   | <b>\$11.84</b> | <b>\$12.98</b> | <b>\$13.02</b> | <b>\$14.66</b> |

This plan is NOT insurance.

**lifePERX**  
Lifestyle Benefits

For complete benefit details go to: [usg.lifeperx.com](https://usg.lifeperx.com)

Questions? Contact [ann@hperx.com](mailto:ann@hperx.com) or call 888.417.6187 option #1.

**lifePERX**  
Lifestyle Benefits

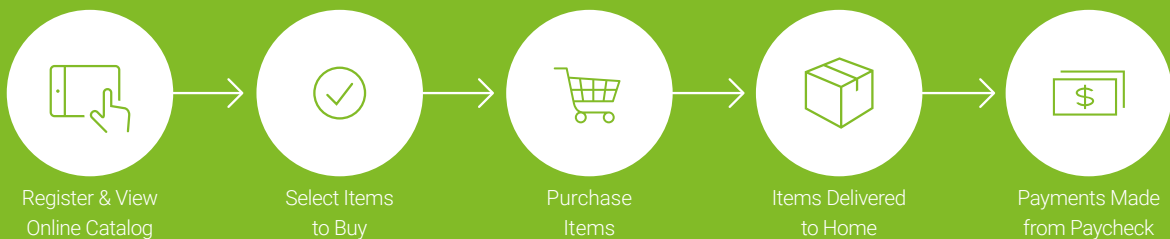


# Employee Purchase Program



USG offers an employee purchasing program, administered by Purchasing Power, which is a voluntary benefit for benefit eligible employees to access products, appliances, and entertainment.

Our program allows you to access thousands of brand-name products and services. Through payroll deduction, you make manageable payments over a 6- or 12-month period with no credit check and no late fees. We believe transparency is critical; with Purchasing Power, what you see is what you get.

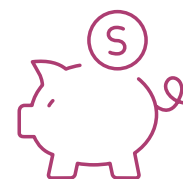


*All of our products are brand-name, and delivered up front..*

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

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

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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 discounts and programs that matter to you, including 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.



## 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.

# 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:<br>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*<br>(subject to change annually)  | Employee: 6.00%<br>Employer: 20.90%  | Employee: 6.00%<br>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](https://usg.edu/hr/benefits/retirement) for more information.

\*Rates as of 1/1/2019

## Planning to Retire?

### Here's what you need to know:

- You must be an active USG health plan participant immediately before you retire. If you are not currently enrolled in a USG healthcare plan, you should enroll during Open Enrollment in the year prior to your retirement to be eligible for retiree healthcare benefits.
- If you are under 65 when you retire, your healthcare plan options will be the same as active employees and the Tobacco Surcharge (if applicable) 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 must be enrolled in Medicare A & B and 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](https://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<br>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 Board of Regents 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

### If you have questions about your benefit choices or options, here is the contact information

|   |                  |                       |
|---|------------------|-----------------------|
| • OneUSG Connect - Benefits Call Center | • 1-844-587-4236 | oneusgconnect.usg.edu |
| • University System of Georgia website  |                  | usg.edu/hr/benefits   |

## Anthem Blue Cross and Blue Shield Plans

|                                       |  |   |
|---------------------------------------|--|---|
| • USG Dedicated Customer Service Unit | • 1-800-424-8950<br>• TDD 1-404-842-8073 | Online tools and provider search<br>bcbgsa.com/usg (After January 1, 2019 please visit anthem.com/USG.) |
|---------------------------------------|--|---|

## Kaiser Permanente

|  |   |  |
|--|---|--|
| • Kaiser Permanente  | • 1-404-261-2590<br>• TTY: 711<br>• Outside of Atlanta<br>1-888-865-5813    | my.kp.org/usg  |
| • Behavioral Health Services<br>Mental Health and<br>Substance Abuse | • 1-404-365-0966<br>• TTY: 711<br>• Outside of Atlanta<br>1-800-611-1811    | Members may self-refer for these services.   |
| • Kaiser Permanente's<br>Advice Line                                 | • Metro Atlanta<br>1-404-365-0966<br>• Outside of Atlanta<br>1-800-611-1811 | Get medical information from a<br>registered nurse 24 hour a day seven<br>days a week. |

## Pharmacy Benefits Information

|   |  |              |
|---|--|--------------|
| • CVS/caremark                                    | • 1-877-362-3922<br>• TDD 1-800-231-4403 | caremark.com |
| • SilverScript<br>(Pre-65 Medicare retirees only) | • 1-866-275-5247<br>• TDD 1-866-236-1069 |              |

## USG Well-being and Tobacco Cessation Resources

|                             |                                 |  |
|-----------------------------|---------------------------------|--|
| • Anthem BCBS               | • 1-800-424-8950                |  |
| • Kaiser Permanente         | • 1-866-862-4295                | kp.org/breathe/classes                                       |
| • CVS MinuteClinic          | • 1-866-389-2727                | https://www.cvs.com/minuteclinic/resources/smoking-cessation |
| • Georgia Tobacco Quit Line | • 1-877-270-STOP (877-270-7867) | https://dph.georgia.gov/ready-quit                           |
| • USG Well-being            | • 1-833-724-4874                | usg.edu/well-being   |

## Important Numbers (Cont.)

### Voluntary Benefits Information

|  |   |  |
|--|---|--|
| • Espyr - Employee Assistance Program  | • 1-888-960-3305  | espyr.com (password: USGcares)   |
| • Dental: Delta Dental (Policy #: GA 16711)  | • 1-800-471-4214  | deltadentalins.com/usg   |
| • Vision: EyeMed (Policy #: 1002280)   | • 1-866-800-5457  | eyemedvisioncare.com/usg   |
| • Accident: Voya (Policy #: 69586-6)<br>• Hospital Indemnity: Voya (Policy #: 69586-6)                 | • 1-844-228-8692  | voya.com   |
| • Critical Illness: Aflac Customer Service (Policy #: 23054)   | • 1-800-433-3036  | aflacgroupinsurance.com  |
| • Life and AD&D: Securian Financial (Supplemental Life Policy #: 34277/Voluntary AD&D Policy #: 34278) | • 1-866-293-6047  | lifebenefits.com   |
| • Disability: MetLife (Policy #: 307601)   | • 1-866-832-5759  | mybenefits.metlife.com   |
| • EAP: EmployeeConnect Services (LTD enrollees only)   | • 1-800-511-3920  | members.mhn.com  |
| • HSA & FSA: Optum   | • 1-877-470-1771  | mycdh.optum.com  |
| • Legal: LegalEASE (Policy #: 1000092)<br>• Enrollment Hotline: Member Services:                       | • 1-800-248-9000 (Questions during Open enrollment and for new hires prior to enrollment)<br>• 1-888-416-4313 (for enrolled members after 1/1/2019) | legaleaseplan.com/usg  |
| • LifeStyle: LifePerx  | • 1-888-417-6187  | usg.lifeperx.com   |
| • Purchasing Power   | • 1-866-670-3479  | usg.purchasingpower.com  |
| • Perks at Work: Next Jump, Inc.   | • support@nextjump.com  | perksatwork.com/login<br>perksatwork.com/help/loginhelp (for assistance) |

### USG Retirement

|   |                  |   |
|---|------------------|---|
| • Teachers Retirement System of Georgia (TRS) | • 1-800-352-0650 | trsga.com   |
| • Fidelity                                    | • 1-800-343-0860 | <a href="https://nb.fidelity.com/public/nb/georgiaorp/home">https://nb.fidelity.com/public/nb/georgiaorp/home</a> |
| • TIAA  | • 1-800-842-2252 | <a href="https://www.tiaa.org/public/tcm/usg">https://www.tiaa.org/public/tcm/usg</a>                             |
| • Valic                                       | • 1-866-279-1444 | usg.valic.com   |



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