

2015 Health Care Basics



USG Comparison Guide

University System of Georgia Benefits



we provide · you decide

Healthcare options for plan year 2015

The University System of Georgia will offer the following health care options:

- Comprehensive Care
- Consumer Choice HSA
- BlueChoice HMO
- Kaiser Permanente HMO

Please take the time to carefully weigh the plans available, and choose the option that's best for you. If you have questions, or need help, please contact your campus Human Resources/Benefits Office.

The following benefit changes will take effect 1/1/2015:

• Comprehensive Care Plan

- Increase specialist copay from \$20 to \$30
- Increase in-network deductible from \$300/\$900 to \$500/\$1,500
- Increase out-of-network deductible from \$500/\$1,500 to \$1,500 to \$4,500
- Urgent care visits - \$35 add then plan pays 100%
- Increase in-network annual out-of-pocket maximums from \$1,000/\$2,000 to \$1,250/\$2,500
- Increase out-of-network annual out-of-pocket maximums from \$3,000/\$5,000 to \$3,750/\$7,500
- Pharmacy benefits - increase annual out-of-pocket maximum from \$1,000/member to \$1,100/member and \$3,000/family to \$3,300/family

• Consumer Choice HSA Plan

- Increase participant co-insurance from 15% to 20% (in-network) and 30% to 40% (out-of-network)
- Increase out-of-network deductible from \$2,500/\$5,000 to \$3,000/\$6,000
- Increase in-network annual out-of-pocket maximums from \$3,000/\$6,000 to \$3,500/\$7,000
- Increase out-of-network annual out-of-pocket maximums from \$6,000/\$12,000 to \$7,000/\$14,000

• BlueChoice HMO Plan

- In office surgery coverage increasing from \$25 to \$50
- Increase all Specialty Physician services from a \$25 copay to \$50 copay
- Pharmacy benefits - annual out-of-pocket maximum \$1,100/member and \$3,300/family
- Increase Outpatient Hospital Services from \$100 to \$200 copay
- Increase Inpatient Hospital Services from \$250 to \$500 copay
- Increase Maternity Care copay to \$50
- Increase Maternity Delivery from \$250 to \$500 copay
- Increase Allergy testing, allergy shots and serums from \$25 to \$30 copay
- Increase Urgent Care copay from \$30 to \$50 copay
- Increase Emergency Room copay from \$150 to \$250 copay
- Retail Preferred Brand - \$35 copay
- Mail Order Preferred Brand - \$87.50 copay
- Out-of-network annual maximums to be \$5,500/\$9,900

• Kaiser HMO Plan

- Emergency Care Benefits to \$250
- Pharmacy - Brand at Kaiser facility \$35, Brand at Network pharmacies \$45

• Wellness

- Tobacco surcharge applies to both the employee/retiree and all USG healthcare plan covered dependents age 18 and over who use tobacco. The surcharge is \$75 per month for each covered tobacco user.
- bcbsga.com/usg

Making Changes to Your Benefits

To make benefit changes as a result of your Life Status Change or Family Status Change, as allowed under Section 125 of the IRS Code, you must:

- Notify your Human Resources/Benefits Office within 30 days of the qualifying event
- Provide proof of your status change event
- Complete and submit your enrollment or election change

The Most Common Status Changes:

- The birth or adoption of a child (including stepchildren and legally placed foster children);
- The death of a covered dependent;
- A change in the 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;
- The loss of eligibility status by a covered dependent;
- A campus-approved leave of absence without pay (maximum of 12 months);
- You and/or your spouse being called to full-time active military service/duty;
- Losing or gaining healthcare coverage eligibility under Medicare or Medicaid;
- A change in residence to a location outside of a healthcare plan's service area;
- Health care plan election choices made by spouses with different employers in which the employers have a different health care plan years.
- More information is available online at www.usg.edu/hr/benefits

Protect those who matter

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

Health Care Plan Benefits: Your legal spouse; your natural, adopted, or stepchild(ren), up to age 26; your disabled child(ren) with proof of disability.

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

You will be required to show documentation of your relationship or your child's age. Examples include a marriage certificate, birth certificate, adoption certificate, and income tax returns.

Important Note: If both you and your spouse are eligible University System of Georgia employees, only one may elect to cover the other spouse and/or dependent children.

Be Healthy: Wellness and Health Care Support

The University System of Georgia cares about you and your family's health! That's why we have partnered with BCBSGa and Kaiser to provide wellness benefits and health care support when you need it. Take advantage of these programs to keep you and your family healthy throughout the year:



- **Preventive exams** – covered under the health care plan at 100%! Take action and proactively manage your health before a serious medical condition occurs.



- **Online health risk assessment** – measures how well you are managing your health, online health and wellness information, discounts on health-related products and alternative medicine therapies available on-line at www.bcbsga.com/usg or at www.kp.org



- **BCBSGa:** 800-424-8950
Kaiser: 404-365-0966 (Metro Atlanta) 800-611-1811 (outside Atlanta)



- **Health support programs** for employees with ongoing conditions or for those coping with a serious illness. For more information about the Health Support programs, call BCBSGa at 1-800-424-8950 or Kaiser at 404-261-2590 in Atlanta or 888-865-5813 outside of Atlanta.

- **New for 2015 the following programs will be available under the BCBSGa healthcare plans:**

A primary care nurse team, known as Personal Health Consultants, dedicated at the family level to support your overall health and help you get the most out of your benefits. They can help you with things like:

- Enrollment in programs for asthma, diabetes, maternity, or depression – and referrals to specialists like an exercise physiologist or respiratory therapists
- Accessing a trained professional to help with health questions and concerns
- Getting the most out of the health plan
- Discussing a medical diagnosis and available treatment options
- Coordinating health benefits with the provider and facility before/during/after a hospital stay

If you receive a call, we encourage you to participate. The program is confidential. The Personal Health Consultant will ask you a couple of questions to confirm they are speaking with the right person before discussing the nature of the call. In addition, you may receive a MyHealthNote, an educational report card on your health status that reminds you of past due exams and labs and gives tips on how to save money.

2015 Premium Rates for Active Employees

| | Comprehensive Care | Consumer Choice HSA | BlueChoice HMO | Kaiser HMO |
|--------------------------|--------------------|---------------------|----------------|------------|
| Employee Only | \$170.00 | \$62.00 | \$176.00 | \$143.06 |
| Employer | \$345.00 | \$388.00 | \$365.00 | \$313.14 |
| Total Rates | \$515.00 | \$450.00 | \$541.00 | \$456.20 |
| Employee + Child | \$305.00 | \$110.00 | \$315.00 | \$257.02 |
| Employer | \$623.00 | \$700.00 | \$659.00 | \$564.14 |
| Total Rates | \$928.00 | \$810.00 | \$974.00 | \$821.16 |
| Employee + Spouse | \$356.00 | \$128.00 | \$368.00 | \$300.00 |
| Employer | \$727.00 | \$817.00 | \$768.00 | \$658.02 |
| Total Rates | \$1,083.00 | \$945.00 | \$1,136.00 | \$958.02 |
| Family | \$492.00 | \$176.00 | \$508.00 | \$414.00 |
| Employer | \$1,003.00 | \$1,129.00 | \$1,061.00 | \$908.92 |
| Total Rates | \$1,495.00 | \$1,305.00 | \$1,569.00 | \$1,322.92 |

Important Note:

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



Action Required!

Tobacco use certification is required upon enrollment in the health care plan coverage in 2015. If you do not certify, your status will default to tobacco user and a \$75 surcharge will be added to your premium.

2015 Premium Rates for Retired Employees

| | Comprehensive Care | | | Consumer Choice HSA | Kaiser Senior Advantage* |
|--|--------------------|--------------|--------------|---------------------|--------------------------|
| | Enrolled | Not Enrolled | One Enrolled | | |
| Retiree (Medicare Eligible) | \$116.00 | \$216.00 | | \$62.00 | \$91.00 |
| Employer | \$279.77 | \$592.69 | | \$387.80 | \$191.87 |
| Total Rates | \$395.77 | \$808.69 | | \$449.80 | \$282.87 |
| Retiree w/Spouse (both Medicare Eligible) | \$232.00 | \$432.00 | \$332.00 | \$127.50 | \$182.00 |
| Employer | \$559.53 | \$1,185.38 | \$830.85 | \$817.07 | \$383.74 |
| Total Rates | \$791.53 | \$1,617.38 | \$1,062.85 | \$944.57 | \$565.74 |
| Retiree (Medicare Eligible) w/Child | \$251.00 | \$351.00 | | \$110.00 | \$234.00 |
| Employer | \$557.15 | \$870.07 | | \$699.63 | \$505.06 |
| Total Rates | \$808.15 | \$1,221.07 | | \$809.63 | \$739.06 |
| Retiree (Non-Medicare Eligible) w/Medicare Eligible Spouse | \$286.00 | \$386.00 | | \$127.50 | \$234.00 |
| Employer | \$625.25 | \$938.17 | | \$817.07 | \$505.06 |
| Total Rates | \$911.25 | \$1,324.17 | | \$944.57 | \$739.06 |
| Retiree (Medicare Eligible) w/ Non-Medicare Eligible Spouse | \$302.00 | \$402.00 | | \$127.50 | \$234.00 |
| Employer | \$660.79 | \$973.72 | | \$817.07 | \$505.06 |
| Total Rates | \$962.79 | \$1,375.72 | | \$944.57 | \$739.06 |

Important Note:

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

Effective July 1, 2015 all Medicare eligible retirees and covered dependents will have secondary only coverage with USG and pay the enrolled rates for the Comprehensive Care plan.

2015 Premium Rates for Retired Employees (continued)

| | Comprehensive Care | | | Consumer Choice HSA | Kaiser Senior Advantage* |
|--|--------------------|--------------|--------------|---------------------|--------------------------|
| | Enrolled | Not Enrolled | One Enrolled | | |
| Retiree (Non-Medicare Eligible) w/Medicare Eligible Spouse & Family | \$430.00 | \$530.00 | | \$175.50 | \$369.00 |
| Employer | \$919.40 | \$1,232.32 | | \$1,128.91 | \$735.00 |
| Total Rates | \$1,349.40 | \$1,762.32 | | \$1,304.41 | \$1,104.00 |
| Retiree (Medicare Eligible) w/Non-Medicare Eligible Spouse & Family | \$438.00 | \$538.00 | | \$175.50 | \$369.00 |
| Employer | \$937.18 | \$1,250.10 | | \$1,128.91 | \$735.00 |
| Total Rates | \$1,357.18 | \$1,788.10 | | \$1,304.41 | \$1,104.00 |
| Retiree w/Spouse (Both Medicare Eligible) w/ Family | \$368.00 | \$568.00 | \$468.00 | \$175.50 | \$325.00 |
| Employer | \$835.91 | \$1,461.76 | \$1,107.24 | \$1,128.91 | \$696.93 |
| Total Rates | \$1,203.91 | \$2,029.76 | \$1,575.24 | \$1,304.41 | \$1,021.93 |

Important Note:

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

Effective July 1, 2015 all Medicare eligible retirees and covered dependents will have secondary only coverage with USG and pay the enrolled rates for the Comprehensive Care plan.

I'm turning 65 this year and I'm 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're an active employee and you get your health insurance through your institution, this coverage will be your primary insurance. Medicare will be your secondary coverage.

Your coverage as an active employee is considered Creditable Coverage for Medicare Parts B and D. As long as you're enrolled in health coverage through your institution as an active employee, you won't be penalized if you put off enrolling in Medicare Parts B and D until your retirement.

For more information, visit the Medicare website at: <http://www.medicare.gov> or contact your institution's Human Resources/Benefits Office.

Important Note: Due to the Affordable Care Act, retirees will have the opportunity during the 2015 Open Enrollment period to enroll dependents between the ages of 19-25 to their USG healthcare plan coverage. This will be the last opportunity to enroll dependent children (ages 19-25) in the healthcare plan during 2015 Open Enrollment.



2015 Key Benefit Comparisons by Plan

| Key Benefit | Consumer Choice HSA In-Network | Consumer Choice HSA Out-of-Network | Comprehensive Care In-Network | Comprehensive Care Out-of-Network |
|---|---|--|--|---|
| Lifetime Maximum | Unlimited | | Unlimited | |
| Maximum Annual Deductible all services are subject to the deductible unless otherwise indicated | \$1,500 Individual (single coverage) \$3,000 Family (2 or more covered members) | \$3,000 Individual (single coverage) \$6,000 Family (2 or more covered members) | \$500 Individual \$1,500 Family (3 or more covered members) | \$1,500 Individual \$4,500 Family (3 or more covered members) |
| | The in-network deductible is \$1,500 for individual (single coverage) and once deductible is met, claims will pay at 80%. If there are 2 or more members, the deductible is \$3,000 and must be met in total before the plan pays at 80%. | | The in-network deductible is \$500 per individual and once an individual meets this deductible, claims will pay at 90%. If there are 3 or more members in a family, the maximum a family will have to meet towards the in-network deductible is \$1,500. This can be met in any combination. However, the family deductible does not have to be satisfied for persons meeting their individual deductible of \$500 to have claims paid at 90%. | |
| Maximum Annual Out-of-Pocket Limit | \$3,500 Individual (single coverage) \$7,000 Family (2 or more covered members) | \$7,000 Individual (single coverage) \$14,000 Family (2 or more covered members) | \$1,250 Individual \$2,500 Family (3 or more covered members) | \$3,750 Individual \$7,500 Family (3 or more covered members) |
| | Includes the Maximum Annual Deductible. In- and out-of-network co-insurance amounts accumulated remain separate. | | Member copayments for physician office visit and for emergency room services apply toward the annual out-of-pocket limit(s) as of 1/1/2015 but prescription drugs copayments do not. | |
| Pre-existing Conditions | Not Applicable | | | |
| Out-of-State/Out-of-Country coverage | In-network coverage out-of-state utilizes the BlueCard National network and out-of-country uses BlueCard WorldWide | | | |
| PCP/Referral Required | No | | No | |

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

| BlueChoice HMO | Kaiser HMO | Kaiser Senior Advantage 65+ |
|---|---|--|
| Unlimited | Unlimited | Unlimited |
| None | None | None |
| N/A | N/A | N/A |
| \$5,500 Individual \$9,900 Family Copayments apply to out-of-pocket maximum | \$6,350 Individual \$12,700 Family Copayments apply to out-of-pocket maximum | \$6,350 Individual \$12,700 Family Copayments apply to out-of-pocket maximum |
| Member copayments for physician office visit services apply toward the annual out-of-pocket limit(s) as of 1/1/2015 but prescription drugs copayments do not. | Member copayments for physician office visit services apply toward the annual out-of-pocket limit(s) as of 1/1/2015 but prescription drugs copayments do not. | N/A |
| Not Applicable | | |
| Emergency Care only | Emergency Care only | Emergency Care only |
| Yes | Yes | Yes |

Note: BlueChoice HMO and Kaiser HMO have no out-of-network coverage and must receive referrals from PCP.

2015 Key Benefit Comparisons by Plan (continued)

| Key Benefit | Consumer Choice HSA In-Network | Consumer Choice HSA Out-of-Network | Comprehensive Care In-Network | Comprehensive Care Out-of-Network |
|---|---|--|---|--|
| Physician Services Provided In An Office Setting | | | | |
| Primary Care Provider/ Office Visit | 80% of network rate | 60% of network rate | 100% of network rate after \$20 copayment per visit; not subject to deductible. The \$20 copayment applies to the office visit service only. | 60% of network rate |
| Wellness/Preventive Care | Paid at 100% of network rate; not subject to deductible | Paid at 60% of network rate; not subject to deductible | Paid at 100% of network rate; not subject to deductible | Not Covered Non-covered charges do not apply to annual deductible or annual out-of-pocket maximum |
| Routine Eye-Exam w/ Ophthalmologist or Optometrist | Paid at 100% of network rate; not subject to deductible | Paid at 60% of network rate; not subject to deductible | Paid at 100% of network rate; not subject to deductible | Not Covered Non-covered charges do not apply to annual deductible or annual out-of-pocket maximum |
| Specialist Office-Visit | 80% of network rate | 60% of network rate | 100% of network rate after \$30 copayment per visit; not subject to deductible. The \$30 copayment applies to the office visit service only | 60% of network rate |
| Laboratory Services | 80% of network rate In-network lab is LabCorp | 60% of network rate | 90% of network rate In-network lab is LabCorp | 60% of network rate |
| Maternity Care | 80% of network rate | 60% of network rate | 90% of network rate after an initial visit copayment of \$20; not subject to deductible. There will be no copayments charged for subsequent visits | 60% of network rate |
| Surgery in-office | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Allergy Testing | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Allergy Shots & Serum | 80% of network rate | 60% of network rate | 100% of network rate; 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% of network rate |

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

| BlueChoice HMO | Kaiser HMO | Kaiser Senior Advantage 65+ |
|--|---|---|
| Plan pays 100% after \$30 copayment | Plan pays 100% after \$20 copayment | Plan pays 100% after \$20 copayment |
| Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Not covered | Plan pays 100% after \$25 copayment to Optometrist | Plan pays 100% after \$25 copayment to Optometrist |
| Plan pays 100% after \$50 copayment | Plan pays 100% after \$25 copayment | Plan pays 100% after \$25 copayment |
| Plan pays 100% In-network lab is LabCorp | Plan pays 100% | Plan pays 100% |
| All physician charges related to prenatal, delivery and postpartum care are covered at 100% after an initial copayment of \$50 at first office visit | Plan pays 100% | Plan pays 100% |
| Plan pays 100% after \$50 copayment | Plan pays 100% after \$25 copayment | Plan pays 100% after \$25 copayment |
| Plan pays 100% after \$50 copayment | Plan pays 100% after \$25 copayment | Plan pays 100% after \$25 copayment |
| Plan pays 100% after \$50 copayment | Plan pays 100% after \$25 copayment; \$0 copayment for serum | Plan pays 100% after \$25 copayment; \$0 copayment for serum |

Note: BlueChoice HMO and Kaiser HMO have no out-of-network coverage and must receive referrals from PCP.

2015 Key Benefit Comparisons by Plan (continued)

| Key Benefit | Consumer Choice HSA In-Network | Consumer Choice HSA Out-of-Network | Comprehensive Care In-Network | Comprehensive Care Out-of-Network |
|--|--|------------------------------------|---|---|
| Inpatient Hospital Services - Pre-certification required except for Emergency | | | | |
| Physician Services Physician services may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Hospital Facility Services In-patient care (includes in-patient short-term rehabilitation services) | 80% of network rate | 60% of network rate | 90% of network rate limited to semi-private room | 60% of network rate |
| Maternity Delivery | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Laboratory Services | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Skilled Nursing Facility | 80% of network rate 30 days per calendar year combined in- and-out-of-network | 60% of network rate | 90% of network rate 30-day calendar year maximum combined in- and out-of-network | 60% of network rate |
| Hospice Care | 100% of network rate | 100% of network rate | 100% of network rate | 60% of network rate |
| Outpatient Hospital/Facility Services - Pre-certification required except for Emergency | | | | |
| Physician Services Physician services may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Hospital Facility Services including out-patient surgery and diagnostic testing | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Care in Hospital Emergency Room | 80% of network rate | 80% of network rate | 90% of network rate after a \$150 copayment per visit; subject to deductible, copayment is waived if admitted within 24 hours | 90% of network rate after a \$150 copayment per visit; subject to deductible, copayment is waived if admitted within 24 hours |
| Ambulance Services Land or air ambulance for medically necessary emergency transportation only | 80% of network rate | 60% of network rate | 90% of network rate; subject to deductible; subject to balance billing for non-participating providers of ambulance services | |

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

| BlueChoice HMO | Kaiser HMO | Kaiser Senior Advantage 65+ |
|---|--|--|
| Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Plan pays 100% after \$500 copayment | Plan pays 100% after \$250 copayment | Plan pays 100% after \$250 copayment |
| Plan pays 100% after \$500 copayment | Plan pays 100% after \$250 copayment | Plan pays 100% after \$250 copayment |
| Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Plan pays 100% 30-day limit per calendar year | Plan pays 100%; 60-day limit per calendar year | Plan pays 100%; 60-day limit per calendar year |
| Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Plan pays 100% after \$200 copayment | Plan pays 100% after \$100 copayment | Plan pays 100% after \$100 copayment |
| Plan pays 100% after \$250 copayment | Plan pays 100% after \$250 copayment | Plan pays 100% after \$250 copayment |
| Plan pays 100% | Plan pays 100% after \$75 copayment per trip | Plan pays 100% after \$75 copayment per trip |

Note: BlueChoice HMO and Kaiser HMO have no out-of-network coverage and must receive referrals from PCP.

2015 Key Benefit Comparisons by Plan (continued)

| Key Benefit | Consumer Choice HSA In-Network | Consumer Choice HSA Out-of-Network | Comprehensive Care In-Network | Comprehensive Care Out-of-Network |
|----------------------------------|---|------------------------------------|--|-----------------------------------|
| Urgent Care Services | 80% of network rate | 60% of network rate | Plan pays 100% after \$35 copay, not subject to deductible | 60% of network rate |
| Other Services | | | | |
| Home Health | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Home Nursing Care | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Durable Medical Equipment | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Cochlear Implants | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Chiropractic Care | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Physical Therapy | Physical, occupational, athletic trainers and chiropractic care combined 20 visits Speech therapy 20 visits Respiratory therapy 30 visits Note: In- and out-of-network visit limits are combined | | Chiropractic limited to a 40-visit limit combined in- and out-of-network | |
| Speech Therapy | | | | |
| Occupational Therapy | | | Physical, speech, occupational and cardiac therapies are limited to a 40-visit limit combined in- and out-of-network | |
| Cardiac Therapy | | | | |

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

2015 University System of Georgia BlueChoice HMO Service Area

| County | | | | | |
|--------------------------|---------------|------------------------------|-----------|------------|-----------|
| Aiken - Augusta (Border) | Butts | Columbia | Effingham | Glascocock | Heard |
| Appling | Candler | Coweta | Elbert | Gordon | Henry |
| Bacon | Carroll | Crawford | Emanuel | Greene | Houston |
| Banks | Catoosa | Dade | Evans | Gwinnett | Jackson |
| Barrow | Chatham | Dawson | Fannin | Habersham | Jasper |
| Bartow | Chattahoochee | DeKalb | Fayette | Hall | Jefferson |
| Bibb | Chattooga | Dodge | Floyd | Hancock | Jenkins |
| Bleckley | Cherokee | Dooly | Forsyth | Haralson | Johnson |
| Bryan | Clarke | Douglas | Franklin | Harris | Jones |
| Bulloch | Clayton | Edgefield - Augusta (Border) | Fulton | Hart | Lamar |
| Burke | Cobb | Edgefield | Gilmer | Long | Laurens |

| BlueChoice HMO | Kaiser HMO | Kaiser Senior Advantage 65+ |
|---|--|--|
| Plan pays 100% after \$50 copayment | Plan pays 100% after \$30 copayment | Plan pays 100% after \$30 copayment |
| Plan pays 100%; 120 visits | Plan pays 100%; 120 visits | Plan pays 100%; 120 visits |
| Plan pays 100% | Contact plan for details | Contact plan for details |
| Plan pays 100% | Plan pays 50% | Plan pays 50% |
| Covered if deemed medically necessary; pre-authorization required | Covered if deemed medically necessary; pre-authorization required | Covered if deemed medically necessary; pre-authorization required |
| Plan pays 100% after \$50 copayment; 20 visits | Plan pays 100% after \$25 copayment; 20 visits | Plan pays 100% after \$25 copayment; 20 visits |
| Plan pays 100% after \$50 copayment; 30-visit limit for Speech therapy and a 40-visit limit for Physical and Occupational therapy | Plan pays 100% after \$25 copayment; 20-visit limit combined with Physical and Occupational therapy. Speech therapy 20-visit limit | Plan pays 100% after \$25 copayment; 20-visit limit combined with Physical and Occupational therapy. Speech therapy 20-visit limit |

Note: All visit limits are per calendar year.

Note: Blue Choice HMO and Kaiser HMO have no out of network, except Emergency Care. Employees must receive referrals from their Primary Care Physician (PCP) to see a Specialist.

County

| | | | | | |
|------------|------------|-----------------------------|------------|------------|-----------|
| Liberty | Morgan | Polk | Spalding | Union | Wilkes |
| Lincoln | Murray | Pulaski | Stephens | Upson | Wilkinson |
| Long | Muscogee | Putnam | Stewart | Walker | |
| Lumpkin | Newton | Quitman | Talbot | Walton | |
| Macon | Oconee | Rabun | Taliaferro | Warren | |
| Madison | Oglethorpe | Richmond | Taylor | Washington | |
| McDuffie | Paulding | Rockdale | Telfair | Webster | |
| McIntosh | Peach | Russell - Columbus (Border) | Toombs | Wheeler | |
| Meriwether | Pickens | Russell | Towns | White | |
| Monroe | Pierce | Schley | Treutlen | Whitfield | |
| Montgomery | Pike | Screven | Twiggs | Wilcox | |

2015 Key Benefit Comparisons by Plan (continued)

| Key Benefit | Consumer Choice HSA In-Network | Consumer Choice HSA Out-of-Network | Comprehensive Care In-Network | Comprehensive Care Out-of-Network |
|--|--------------------------------|------------------------------------|-------------------------------|-----------------------------------|
| Behavioral Health & Substance Abuse | | | | |
| Inpatient | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Partial Hospitalization | Not covered | | 90% of network rate | 60% of network rate |
| Outpatient Facility | 80% of network rate | 60% of network rate | 90% of network rate | 60% of network rate |
| Intensive Outpatient | Not covered | | 90% of network rate | 60% of network rate |
| Pharmacy Services | | | | |
| Prescription Drugs | See Page 18 | | | |

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

How to locate Georgia providers for the BCBSGa Consumer Choice HSA and Comprehensive Care plans

1. Go to bcbsga.com/usg
2. Click on **Find a Doctor**
3. Click on **Georgia Providers for Individual Plans and Group Plans** (through your employer)
4. Complete Steps 2 and 3
5. In Step 4, Plan Type, choose **POS** from the drop down and Blue Open Access POS (Use this option to locate an In-Network provider for Comprehensive Care and Consumer Choice HSA plan)

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

| BlueChoice HMO | Kaiser HMO | Kaiser Senior Advantage 65+ |
|----------------------------------|---|---|
| Plan pays 100% after \$500 copay | Plan pays 100% after \$250 copayment | Plan pays 100% after \$250 copayment |
| Not covered | Contact plan for details | Contact plan for details |
| Plan pays 100% after \$30 copay | Plan pays 100% after \$15 copayment | Plan pays 100% after \$15 copayment |
| Not covered | Contact plan for details | Contact plan for details |
| See Page 18 | \$10 copay generic at Kaiser facility/\$20 copay generic at network pharmacies (for 1st fill only). \$35 brand at Kaiser facility/\$45 brand at network pharmacies (for 1st fill only). 2x copay for 90-day supply via mail order at Kaiser facility. | \$10 copay generic at Kaiser facility/\$20 copay generic at network pharmacies (for 1st fill only). \$35 brand at Kaiser facility/\$45 brand at network pharmacies (for 1st fill only). 2x copay for 90-day supply via mail order at Kaiser facility. |

Note: BlueChoice HMO and Kaiser HMO have no out-of-network coverage and must receive referrals from PCP.

How to locate a BlueChoice HMO provider

1. Go to bcbsga.com/usg
2. Click on **Find a Doctor**
3. Click on **Georgia Providers for Individual Plans and Group Plans** (through your employer)
4. Complete Steps 2 and 3
5. In Step 4, Plan Type, choose **HMO** from the drop down and BlueChoice HealthCare Plan for Plan Name

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

For Kaiser HMO and Kaiser Senior Advantage 65+ go to kp.org



Pharmacy Benefit Manager

CVS/Caremark

| | | | |
|---|--|--|--|
| <p>New for 2015!</p> | <p>Beginning January 1, 2015, CVS/Caremark will become your new pharmacy benefit provider. 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 make sure you're getting as much as you can out of your prescription benefit plan, you can begin by creating your secure personal online account at www.caremark.com.</p> | | |
| <p>Retail Pharmacy Up to a 30-day supply</p> | <p><u>Consumer Choice HSA</u> <i>Generic:</i> 20% after deductible <i>Preferred Brand:</i> 20% after deductible <i>Non Preferred Brand:</i> 20% after deductible</p> | <p><u>Comprehensive Care</u> <i>Generic:</i> \$10 copay <i>Preferred Brand:</i> \$35 copay <i>Non preferred Brand:</i> \$20% with \$45 minimum and \$125 maximum</p> | <p><u>Blue Choice HMO</u> <i>Generic:</i> \$10 copay <i>Preferred Brand:</i> \$35 copay <i>Non preferred Brand:</i> \$20% with \$45 minimum and \$125 maximum</p> |
| <p>Mail Order Up to a 90-day supply</p> | <p><u>Consumer Choice HSA</u> <i>Generic:</i> 20% after deductible <i>Preferred Brand:</i> 20% after deductible <i>Non Preferred Brand:</i> 20% after deductible</p> | <p><u>Comprehensive Care</u> <i>Generic:</i> \$25 copay <i>Preferred Brand:</i> \$87.5 copay <i>Non preferred Brand:</i> \$20% with \$112.50 minimum and \$250 maximum</p> | <p><u>Blue Choice HMO</u> <i>Generic:</i> \$10 copay <i>Preferred Brand:</i> \$87.50 copay <i>Non preferred Brand:</i> \$20% with \$112.50 minimum and \$250 maximum</p> |
| <p>Annual Out-of-Pocket Maximum</p> | <p><u>Comprehensive Care and Blue Choice HMO</u></p> <p>The following annual out-of-pocket maximum amounts for members who obtain generic and preferred brand-name prescription medications will apply:</p> <ul style="list-style-type: none"> • Employee: \$1,100 • Employee + Child: (Two (2) covered members): \$2,200 • Employee + Spouse: (Two (2) covered members): \$2,200 • Family: (Three (3) or more covered members): \$3,300 <p>Upon a member reaching his or her annual out-of-pocket maximum, his or her prescription drug copayments will be waived for any additional generic and preferred brand-name medications for the remainder of that year.</p> <p><u>Consumer Choice HSA</u></p> <p>The annual out-of-pocket maximum amounts for members enrolled in the Consumer Choice HSA plan and obtain generic or preferred brand-name prescription medication will be combined with the medical out-of-pocket maximum amounts. (i.e., single or family coverage)</p> | | |
| <p>Step Therapy and Prior Authorizations</p> | <p>Some medications are not covered unless you receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe and effective. There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses) unless you receive approval through a review.</p> <p>During this review, CVS/Caremark asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. Network pharmacists and physicians have been advised that the University System of Georgia will participate in this program. If you should go to a pharmacy and you are informed that your prescription cannot be filled because it requires a prior authorization, please have your physician contact CVS/Caremark to complete the coverage review.</p> | | |
| <p>Important Information</p> | <p>Existing refills with Express Scripts</p> <p>CVS/Caremark will not have access to your mail service refill information until January 1, 2015. To avoid any delay in processing during transition from Express Scripts, we recommend you choose one of the following:</p> <ul style="list-style-type: none"> • Ask your doctor or other prescriber to write a new prescription for up to a 90-day supply, plus refills when appropriate. Mail the prescription order to CVS/Caremark using the mail service order form which will be provided from CVS. • Send your refill request after January 1, 2015 <p>Medications that cannot be transferred</p> <p>Controlled substances and compound medication cannot be transferred to CVS/Caremark Mail Service Pharmacy. If you have existing refills for these types of medications, ask your doctor or other prescriber for a new prescription and mail it to CVS/Caremark.</p> <p>More Information</p> <ul style="list-style-type: none"> • If the member purchases a preferred brand-name prescription drug that is not indicated as "Brand Necessary," and there is a generic equivalent available; only the generic member copayment will be applied to the annual maximum out-of-pocket member benefit. The difference in cost between the generic equivalent and the preferred brand-name medication will NOT apply to the annual maximum out-of-pocket member benefit. • There is no Coordination of Benefits (COB) for allowed pharmacy charges between the USG pharmacy plan and another pharmacy/medical plan in which the member may be enrolled. • Specialty drugs will be managed by CVS/Caremark | | |

Save money on healthcare and dependent care

A U.S. Bank 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.

Health Savings Account (HSA)

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

- You can contribute up to \$3,350* (single) or \$6,650* (family) a year.
- USG will match your contributions dollar-for-dollar up to \$375 (single) or \$750 (family) a year.

* Includes USG matching contributions

Limited Purpose FSA

A Limited Purpose FSA is an additional tax-free account for those enrolled in the Consumer Choice HSA. You may contribute up to \$2,500 for eligible dental and vision expenses.

HealthCare FSA

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

- You can contribute up to \$2,500 a year.
- For a list of eligible expenses, go to <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

Dependent Care FSA

A Dependent Care FSA can save you money on dependent care expenses you pay while you're at work. 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 <http://www.irs.gov/pub/irs-pdf/p503.pdf>.

Plan carefully! Money left in your FSA (health care, 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.

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

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

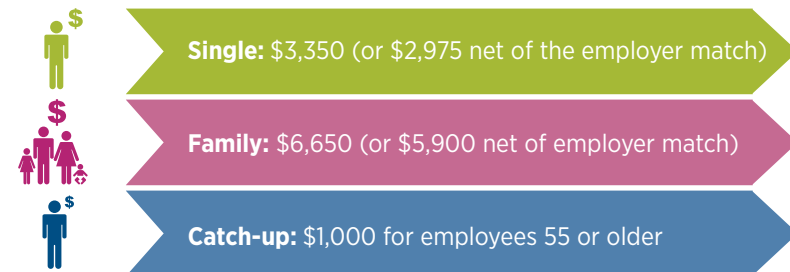
- Covered under a High Deductible Health Care Plan; the Consumer Choice HSA plan is a High Deductible Health Care Plan
- Not covered under any other health plan that is not a High Deductible Health Care Plan
- Not currently enrolled in Medicare or TRICARE
- Not claimed as dependent on another person's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

Money in this account 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 Health Care Plan, you will be unable to 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.

HSA employer contribution match in 2015

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

HSA contribution limits for 2015 are as follows:



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



Plan coverage for retirees

Blue Cross and Blue Shield of Georgia

A retired member age 65 or older has the option to select the Comprehensive Care plan or the Consumer Choice HSA plan. Please note, if you are retired and Medicare eligible, you can elect the Consumer Choice HSA, but you cannot open or contribute to a Health Savings Account (HSA). The BlueChoice HMO does not offer a Medicare-eligible retiree health care plan, therefore it is not available for retirees who are Medicare-eligible.

Comprehensive Care plan pharmacy coverage

As a retiree over age 65 in the Comprehensive Care plan, your pharmacy coverage will be provided through a SilverScript (CVS/Caremark) Medicare approved Part D plan. Pharmacy benefits remain approximately the same as those listed on page 18. Retirees enrolled in this plan will not be able to enroll in other Medicare Part D coverage.

Note: For FAQs on how Medicare works please see Medicare Primary FAQs @ www.bcbsga.com/usg.

See information about the Kaiser Senior Advantage plan on the next page.

Important Note: Due to the Affordable Care Act, retirees will have the opportunity during the 2015 Open Enrollment period to enroll dependents between the ages of 19-25 to their USG healthcare plan coverage. This will be the last opportunity to enroll dependent children (ages 19-25) in the healthcare plan during 2015 Open Enrollment.



Senior Advantage members are automatically enrolled in the SilverSneakers® program at no additional cost.

Kaiser Permanente SENIOR ADVANTAGE HMO Plan: A Medicare Advantage Plan with Part D

Kaiser Permanente is the only HMO health care plan option that provides USG members with access to a Medicare Advantage plan. The Kaiser Permanente Medicare option is called “Senior Advantage.” For our retirees who wish to receive their entire medical and enhanced drug benefits from one source, the Kaiser Permanente Senior Advantage option provides an integrated benefit covering hospital, physician and drug costs.

For a Medicare retiree to qualify for the Kaiser Permanente Senior Advantage HMO Plan, the retiree and all covered dependents must have Medicare Parts A and B and must assign coverage to the HMO vendor. The Kaiser Permanente Senior Advantage HMO product will serve as the member’s only health care plan. There will be no secondary benefits from Medicare.

If an individual fails to qualify for participation in the Kaiser Permanente Senior Advantage Plan, the respective HMO plans offered for active employees will NOT be available to Medicare-eligible retirees.

Service Area

Participating retirees must reside within the Medicare Advantage service area to be eligible for benefit coverage.

The Kaiser Permanente Senior Advantage HMO Plan is available to members who reside in the following metropolitan Atlanta counties: Barrow, Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding and Walton.

The Kaiser Permanente Senior Advantage Plan is a separate HMO product. The service area and the Physician Network are slightly different than those for the Kaiser Permanente HMO Plan.

The Kaiser Permanente Senior Advantage HMO product will NOT be available for Medicare-eligible retirees who do not reside in the Senior Advantage service area.

If you are interested in the Kaiser Permanente Senior Advantage Plan, please contact Kaiser Permanente for an enrollment packet. A member who enrolls in the Kaiser Permanente Senior Advantage Plan will be required to complete a separate Senior Advantage enrollment form and will be required to reside within the Senior Advantage service area.

Kaiser Senior Advantage Pharmacy coverage

If you enroll in the Kaiser Permanente Senior advantage plan, Kaiser Permanente will serve automatically as your Part D provider. If you are a new member selecting Kaiser Permanente Senior Advantage as your retiree option for 2015, your application will include Part D enrollment information. If you currently have an existing Part D Plan and enroll into Senior Advantage, your existing Part D Plan will automatically be cancelled by Medicare. Customer Service is available to answer your questions at 404-233-3700, or 800-232-4404.





Interested in learning more about your health care options? Need help finding a new doctor? Want to be able to find useful pricing information before you are billed for health care related services?

Introducing Castlight, a personal online health care tool for all BCBSGa Comprehensive Care and Consumer Choice HSA health care plan members, coming January 2015!

Castlight gives you the opportunity to compare doctors and other health care related services based on quality, convenience, and cost. Use Castlight to find the highest-quality health care and save money for you and your family. Learn more by visiting MyCastlight.com/USG.

USG Perks: Save on Everyday Purchases

The University System of Georgia cares about you and your family’s financial wellness! We are committed to helping you stretch your paycheck on all purchases you need to make. That’s why we are offering USG Perks, a FREE savings program that provides employee pricing for all employees.

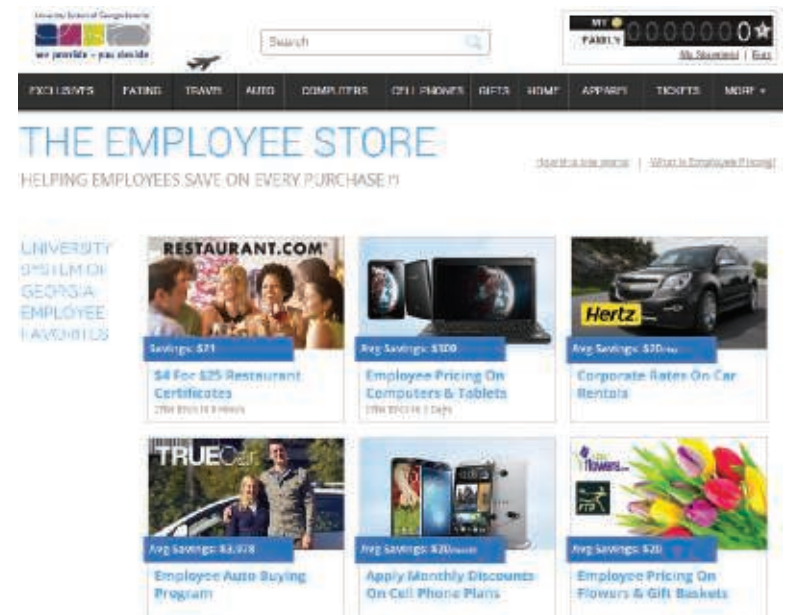
USG Perks leverages the purchasing power of all employees and families to negotiate great offers on your behalf. Whether you are shopping for electronics, apparel, travel, movie tickets or anything else, save with employee pricing at hundreds of manufacturers, retailers and brands in all the areas.

As an added benefit, all employees can invite up to five family members or close friends to access USG Perks.

USG Perks is accessible on-line by computer as well as on your mobile device at <https://usg.affinityperks.com>.

To activate your account:

1. Visit <https://usg.affinityperks.com>
2. Click “Account Setup”
3. Start saving!



Take care of yourself

Remember to get preventive care!

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health care plans and policies cover 100% of the services listed in this preventive care section when you get these services from doctors in your plan's network.¹



Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses.

For example, say your doctor suggests you have a colonoscopy because of your age. That's preventive care. On the other hand, say your doctor suggests a colonoscopy to see what's causing your symptoms. That's diagnostic care and you may need to pay part of the cost.

Here's an overview of the types of preventive services we cover.



Child preventive care (birth through 18 years)

Preventive care physical exams are covered. So are the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Ask your doctor what's right for you.

| Preventive physical exams | |
|---|--|
| Screening tests (depending on your age) may include: <ul style="list-style-type: none"> Behavioral counseling to promote a healthy diet Blood pressure Cholesterol and lipid level Depression Development and behavior Hearing Height, weight and body mass index (BMI) Hemoglobin or hematocrit (blood count) Lead testing Newborn Obesity, including counseling Oral (dental health) Sexually transmitted infections Vision² | Immunizations: <ul style="list-style-type: none"> Diphtheria, tetanus and pertussis (whooping cough) Haemophilus influenza type b (Hib) Hepatitis A Hepatitis B Human papillomavirus (HPV) Influenza (flu) Measles, mumps and rubella (MMR) Meningococcal (meningitis) Pneumococcal (pneumonia) Polio Rotavirus Varicella (chicken pox) |

This sheet is not a contract or policy with BCBSGA. If there is any difference between this sheet and the policy, the provisions of the policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions & Limitations.

¹ Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

² Some plans and policies cover additional vision services. Please see your contract or Certificate of Coverage for details.



Adult preventive care (19 years and older)

Preventive care physical exams are covered. So are the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Ask your doctor what's right for you.

Preventive physical exams

Screening tests and services (depending on your age) may include

- Aortic aneurysm screening (men who have smoked)
- Blood pressure
- Bone density test to screen for osteoporosis
- Breast cancer, including exam and mammogram
- Breastfeeding support, supplies and counseling (female)**^{3, 4}
- Cholesterol and lipid (fat) level
- Colorectal cancer
- Contraceptive (birth control) counseling and FDA-approved birth control methods that need a prescription (female)**^{4, 5}
- Depression
- Eye chart test for vision²
- Hearing
- Height, weight and BMI
- HIV screening
- HPV (female)**⁴
- Pelvic exam and Pap test, including screening for cervical cancer
- Prostate cancer, including digital rectal exam and PSA test
- Screenings during pregnancy
- Sexually transmitted infections

Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A
- Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- MMR
- Pneumococcal (pneumonia)
- Varicella (chicken pox)
- Zoster (shingles)

This sheet is not a contract or policy with BCBSGA. If there is any difference between this sheet and the policy, the provisions of the policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions & Limitations.

² Some plans and policies cover additional vision services. Please see your contract or Certificate of Coverage for details.

³ Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

⁴ This benefit is covered under health care reform's women's preventive services. For group plan members, these services are covered with policy years beginning after August 1, 2012. For members with individual coverage, these benefits are effective for new members on or after August 1, 2012 and for current members on January 1, 2015. This benefit also applies to those younger than 19.

⁵ To get 100% coverage for a covered prescription for birth control, it must be a generic drug or a brand-name drug that doesn't have a generic equivalent. Also, you'll need to fill the prescription at an in-network pharmacy. A cost-share may apply for other prescription contraceptives, based on your drug benefits.

SMOKING CESSATION AIDS COVERED UNDER HCR WITH \$0 COPAY. THESE AIDS ARE ONLY COVERED UP TO 90 DAYS IN A ROLLING 365 DAYS.

| TRADE NAME DESCRIPTION | DOSAGE FORM DESCRIPTION |
|------------------------|-----------------------------|
| Nicotine | Patch, transdermal 24 hours |
| Thrive nicotine | Gum |
| Chantix | Tablet |
| Buproban | Tablet, extended release |
| Nicotine gum | Gum |
| Nicotine | Lozenge |
| Stop smoking aid | Gum |
| Bupropion sr | Tablet, extended release |
| Quit 2 | Gum |
| Quit 4 | Gum |



Ready to stop smoking? Here's how to get help.

Taking care of your health is important and we'd like to help you do that. If you smoke, one of the best ways to improve your health is to stop smoking.

On average, adults who smoke die 13 to 14 years earlier than nonsmokers. Tobacco use remains the leading preventable cause of disease, death, and disability in the United States.

Even secondhand tobacco smoke is deadly. It contains chemicals such as formaldehyde, ammonia, arsenic, carbon monoxide and lead. Each year, about 3,400 nonsmoking adults die of lung cancer and another 46,000 nonsmokers die from heart disease, all as a result of breathing secondhand smoke.

Take a look at all the health benefits of quitting:

- **Within 20 minutes:** Your heart rate drops.
- **Within 12 hours:** The carbon monoxide level in your blood is normal.
- **Within 2 weeks to 3 months:** Your circulation improves and your lung function returns to normal.
- **Within 1 to 9 months:** Your coughing and shortness of breath decrease.
- **Within 1 year:** Your risk of heart disease is about half that of a tobacco user.
- **Within 5 years:** Your risk of stroke equals that of a non-tobacco user.

How to find the right “quit” program for you

The program that works best for you may be different from the program that works best for someone else. So talk to your doctor, who's one of your best resources for finding programs that meet your total health needs. Your doctor can discuss over-the-counter and prescription medications with you.

TIP: Studies show that stop-smoking programs that work best are those offered through a facility or doctor and include therapy and social support.



Resources

Georgia Tobacco Quitline

877-270-STOP
St. Joseph's Hospital

Knock Out Nicotine

Atlanta, GA
678-843-7454

American Cancer Society

800-ACS-2345
cancer.org

American Lung Association

quitterinyou.org
CDC-Tobacco Information and Prevention Source (TIPS)
cdc.gov/tobacco
800-QUIT-NOW

Kill the Can

killthecan.org

SmokeFree.Gov

sмоkefree.gov
877-44U-QUIT

Important Note:

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

Action Required!

Tobacco use certification is required upon enrollment in the health care plan coverage in 2015. If you do not certify, your status will default to tobacco user and a \$75 surcharge will be added to your premium.



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

You can choose from these dental options through Delta Dental.

| | Delta Dental Base Plan (These rates may change) | | Delta Dental High Plan (These rates may change) | |
|--|--|----------------|--|----------------|
| | In-network | Out-of-network | In-network | Out-of-network |
| Annual maximum | \$1,000 per person* | | \$1,500 per person* | |
| Deductible (Single/Family) | \$50/\$150 | \$50/\$150 | \$50/\$150 | \$50/\$150 |
| Diagnostic/preventive services* | 100% | 100% | 100% | 100% |
| Basic benefit services | 80% | 80% | 80% | 80% |
| Major benefit services** | 50% | 50% | 80% | 80% |
| Orthodontia (child and adult) | No coverage | No coverage | 80% | 80% |
| Lifetime orthodontia maximum | N/A | | \$1,000 | |

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

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

| | 2015 Delta Dental | |
|-----------------------------------|-------------------|-----------|
| | Base Plan | High Plan |
| Employee | \$27.74 | \$34.27 |
| Employee & Spouse | \$55.46 | \$68.51 |
| Employee & Child(ren)* | \$52.66 | \$65.09 |
| Family | \$88.72 | \$109.64 |

Effective January 1, 2015, dependent children age 19 to age 26 are no longer required to be full-time students to have coverage.





A vision plan with a clear focus on eye health

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

Did you know?

Regular vision exams can help detect signs of:

- Diabetes
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders

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)

| | 2015 EYEMED Vision (These rates may change) |
|-----------------------------------|--|
| Employee | \$6.38 |
| Employee & Spouse | \$14.38 |
| Employee & Child(ren)* | \$12.14 |
| Family | \$18.84 |

Effective January 1, 2015, dependent children age 19 to age 26 are no longer required to be full-time students to have coverage.



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 contribution | \$150 allowance | \$58 |
| Contact lenses | \$150 allowance | \$130 |
| Medically necessary contact lenses | Paid in full | \$210 |

Life Insurance provided by Minnesota Life

You can protect your family's income in the event of a death due to illness or accident.

What coverage is available during open enrollment?

Coverage type Coverage options Additional information

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

Automatically enrolled

- \$25,000
- Coverage guaranteed
- Matching amount of AD&D insurance
- No cost to employee

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 or increase coverage by one level, not to exceed 3 times salary to a maximum of \$500,000, without Evidence of Insurability (EOI) during open enrollment
- Elections or increases above the allowed one level listed above will require an EOI
- Matching amount of AD&D insurance

Spouse Life

- \$10,000 increments up to maximum of \$500,000
- Elections or increases require EOI
- A spouse is not eligible if they are also eligible for employee coverage
- Employees may elect Spouse and Child Life without enrolling for employee Supplemental Life

Child Life

- \$5,000, \$10,000 or \$15,000
- All coverage guaranteed, no EOI required
- Children are eligible from live birth to 26 years of age
- A child may only be covered by one USG parent

Voluntary Accidental Death and Dismemberment (AD&D)

- **Employee Plan**
 - \$10,000 increments to maximum of \$500,000
- **Family Plan** (% of employee's VAD&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 the dependents will receive as coverage.
- Maximum dependent coverage
 - Spouse: \$250,000
 - Child: \$50,000

Bonus! When you elect supplemental life or AD&D coverage, you'll also receive these benefits:

- Beneficiary financial counseling
- Legacy planning services
- Legal services
- Travel assistance

See USG website for details <http://www.usg.edu/hr/benefits/>

What is the cost for the Coverage?

Supplemental Life and AD&D

Rates increase with age

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

Note: Rates are for active employees

Child Life

| Coverage amount | Monthly cost |
|-----------------|--------------|
| \$5,000 | \$0.50 |
| \$10,000 | \$1.00 |
| \$15,000 | \$1.50 |

Spouse Life

Rates increase with age

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

Voluntary AD&D

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

Important notes about long-term disability coverage:

- Periods of recovery during the elimination period will not interrupt the elimination period if the number of days you return to work as an active employee is less than 45 days. Within such period of recovery, return-to-work days will not count toward the 90-day elimination period.
- If you die while you are receiving benefit payments, your spouse or unmarried children under the age of 19 may be eligible for a lump sum survivor benefit equal to three times the gross monthly benefit.
- For a disability caused by mental or nervous disorders or alcohol, drug or substance abuse dependency, benefits will be payable for a total of 24 months for all such disabilities during your lifetime unless you are confined in a hospital or other place licensed to provide care for your disability.
- No benefits are payable under this plan for any disability due to a condition for which you had any medical treatment, consultation, care or services, took prescription medication or had medications prescribed in the three months before your effective date under this policy.

MetLife Disability Insurance — it can give you real peace of mind

Active, permanent, full-time employees working at least 30 hours a week may buy short-term and/or long-term disability insurance. This gives you income if you aren't able to work due to a qualifying disability. **Typically, disability means that you cannot perform one or more of the essential duties of your job due to injury, sickness, child birth or other medical conditions covered by the insurance, and you are under the regular care of a physician.**

TIP: If you enroll in the Short-Term Disability plan when you are first eligible, you will have coverage without needing Evidence of Insurability (EOI). If you wait to enroll at a later time, you may only do so during an annual enrollment period and you will be required to provide EOI.

Handle life's challenges

EmployeeConnect Services, your free and confidential Employee Assistance Program (EAP) can help you with the challenges of life, including work, family, money, relationships, and more if you are enrolled in LTD. The EAP is available 24/7, 365 days a year. When life's difficulties become too much, contact the EAP at:

- 1-800-511-3920
- www.eapadvantage.com

Short-Term Disability (STD)

You may buy coverage that would pay you a benefit of 60% of your weekly earnings. The maximum STD benefit you could get from your coverage is \$2,500 per week. If you have a qualifying disability claim, your STD benefits will be payable starting on the 15th day of disability. As long as you remain disabled as defined by your policy, your STD benefit is payable for a maximum of 11 weeks.

Long-Term Disability (LTD)

You may also buy coverage that will pay you a benefit for a disability that may continue for an extended period of time and beyond the end of your STD benefits (if you enrolled in the STD Plan). Your elimination period will be 90 days (with benefits available on the 91st day). During that time if you are disabled, no LTD benefits are payable. During the elimination period, a loss of earnings is not required. At the end of the elimination period, if you are eligible for a disability benefit, your maximum monthly will be the lesser of 60% of your monthly basic earnings (pre-disability earnings); or 70% of your monthly basic earnings (pre-disability earnings). But the maximum monthly benefit will never exceed \$15,000 per month.

To be disabled means you cannot perform one or more of the essential duties of your job during the elimination period and for the 24 months following the elimination period. If you remain disabled after the elimination period, and are working but have a 20% or more loss of earnings, your monthly LTD benefit for a period of up to 12 consecutive months will not be reduced by your current monthly earnings. This is called a Return-to-Work Incentive. But if the sum of your monthly LTD benefit and your current monthly earnings exceeds 100% of your pre-disability earnings, your monthly LTD benefit will be reduced by the amount of excess.

Once a period of disability exceeds 24 months beyond the end of the elimination period, you must be prevented from performing one or more of the essential duties of any occupation. Any occupation means an occupation for which you are qualified by education, training or experience, and that has an earnings potential greater than the lesser of: 1) 60% of your indexed pre-disability earnings; or 2) \$15,000. As long as you are considered disabled, your LTD benefits will continue, subject to the later of the schedule as outlined in your Certificate of Insurance or your normal Social Security retirement age.

Lifestyle Benefits

Superior Products and Services at Incredible Discounts



Emergency Roadside Assistance

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



Legal Services

- Nationwide network of thousands of attorneys in all 50 states offering free services and consultations for new legal matters**
- Document review (6 pages or less)
- Letters written and/or phone calls made on member's behalf when deemed appropriate by plan attorney
- Small claims court assistance
- Assistance with governmental programs, welfare and INS issues
- Free simple will and free annual updates plus state specific, Web-based, free Living Will form
- Capped fees on other commonly used legal services



Identity Theft Protection *(for member only)

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



Tax Help Line

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



Pet Savings Program

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



Fitness Center Discounts

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

Lifestyle Benefits Packages

| Package Options | Option A | Option B | Option C | Option D |
|-------------------------------|---------------|---------------|---------------|----------------|
| Emergency Roadside Assistance | | ✓ | | ✓ |
| Identity Theft Protection | ✓ | ✓ | ✓ | ✓ |
| Legal Care | ✓ | ✓ | ✓ | ✓ |
| Tax Help Line | | ✓ | ✓ | ✓ |
| Pet Care | | | ✓ | ✓ |
| Fitness Club Discounts | | | | ✓ |
| Member Cost per Month | \$8.35 | \$9.85 | \$9.85 | \$11.50 |

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

This plan is NOT insurance. This discount card program contains a 30 day cancellation period. Member shall receive a full refund of membership fees, if membership is cancelled within the first 30 days after the effective date. Administrator: New Benefits, Ltd., Dallas, TX
Not available to VT residents.

Provided by Health & Lifestyle Perx
www.hperx.com



Glossary

Balance Billing

The dollar amount charged by a provider that is in excess of the plan's allowed amount for medical care or treatment. Amounts that are balance billed by a provider are the member's responsibility. Member costs incurred for balance billing will not apply toward the annual deductible or toward the annual maximum out-of-pocket limits.

Coinsurance

Coinsurance is the portion of the covered allowed charges that a member must pay, after he/she has met the appropriate deductible. If the health care plan covers 90% of the cost for a particular benefit, the member would be responsible for the remaining 10% of covered charges. The 10% of covered allowed charges, paid by the member, is deemed to be the coinsurance amount and accumulates towards annual out-of-pocket limit.

Co-payment

A co-payment is a fixed dollar amount that a member must pay for a particular service or item, such as a member co-payment for a prescription medication.

Deductible

A deductible is a fixed dollar amount that a member must pay out-of-pocket, each plan year, before the health care plan will begin to pay for covered benefits.

Emergency Care

Emergency care is medical care that is provided for a sudden, severe, and/or unexpected illness/injury. If such care/treatment were not provided immediately, the results could be life threatening or could result in permanent impairment of bodily functions.

Out-of-Pocket Limit

An out-of-pocket limit is the maximum amount of health care plan expenses that a member will be required to pay during a plan year. Pharmacy is not included in the out-of-pocket limit on the Comprehensive Care plan. Out-of-pocket expenses include member deductibles and member co-insurance payments required on an annual plan year basis.

Disclaimer

This material is for informational purposes and is not a contract. It is intended only to highlight principal benefits of the medical plans. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan documents, the Plan documents govern. It is the responsibility of each member, active or retired, to read all Plan-provided materials to fully understand the provisions of the option chosen.

For more information

Healthcare Programs and Information

BCBSGa Plans

| | |
|-------------------------------------|-----------------------------------|
| USG Dedicated Customer Service Unit | 800-424-8950/ TDD 404-842-8073 |
| Online Tools and Provider Search | bcbsga.com/usg |

Kaiser Permanente HMO

| | |
|------------------------------------|--|
| Kaiser Permanente | 404-261-2590/ TDD 800-255-0056 outside of Atlanta 888-865-5813 |
| Kaiser Permanente Senior Advantage | 404-233-3700/ TDD 800-255-0056 outside of Atlanta 800-232-4404 |
| Behavioral Health Services | 404-261-2590/ TDD 800-255-0056 (Mental Health and Substance Abuse) outside of Atlanta 888-865-5813 * Members may self-refer for these services. Kaiser Permanente must preauthorize all mental health/substance abuse treatment and care. |
| Kaiser Permanente's Advice Line | metro Atlanta 404-365-0966 outside of Atlanta 800-611-1811 * For emergency room referral and for medical information from a registered nurse, 24 hours a day, seven days a week. |
| Online Provider Information | kp.org |

Pharmacy Benefit Information

| | |
|--------------|-----------------------------------|
| CVS/Caremark | 877-362-3922/ TDD 800-231-4403 |
| SilverScript | 866-275-5247 TDD 866-236-1069 |

Voluntary Benefits Information

| | |
|--|--------------|
| Dental: Delta Dental | 800-471-4214 |
| Vision: EyeMed | 866-800-5457 |
| HSA & FSA: US Bank | 877-470-1771 |
| Life and AD&D: Minnesota Life | 866-293-6047 |
| EAP: EmployeeConnect Services (LTD enrollees only) | 800-511-3920 |
| Disability: MetLife | 866-832-5759 |
| Lifestyle and Perks benefits | 888-417-6187 |

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

| | |
|--|-----------------------|
| Shared Services Center Team (ADP Institutions) | Phone: (855) 214-2644 |
| Georgia Tech (Ga Tech) | Phone: (404) 894-4847 |
| Georgia Regents (GRU) | Phone: (706) 721-3770 |
| University of Georgia (UGA) | Phone: (706) 542-2222 |

The University System of Georgia website:
usg.edu/hr/benefits



University System of Georgia Benefits



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