University System of Georgia **Benefits**

Better Together

2024 USG COMPARISON GUIDE

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Welcome to USG!

The University System of Georgia (USG) is comprised 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 and the Georgia Film Academy. Your benefits are provided through the University System of Georgia. We know that USG benefits are important to you and your family. They offer protection, peace of mind and comfort — and we want you to make the most of them. Your life and needs may change, so it is always a good idea to review your options in order to make benefit choices that work for you and your family.

Your USG benefits

Our comprehensive benefits package is designed to support your personal health, well-being, and retirement needs, now and in the future. In this section, you will find information to help you understand what benefits are available to you, who can be covered and how to enroll.

Eligibility

Regular employees working 30 hours or more per week are eligible to enroll in the USG healthcare or voluntary benefit plans. Employees working 20 hours or more per week must enroll in a mandatory retirement plan.

Even if you do not work 30 hours or more per week, USG offers a number of benefits and programs for you and your eligible dependents. See the eligibility chart below for more details.

USG benefits eligibility chart

Benefit	Regular (30 hours or more)	Regular (20-29 hours)	Regular (less than 20 hours)	Temporary (30 hours or more)	Temporary (20-29 hours)
Healthcare, dental, vision	Yes	No	No	No	No
Basic life insurance with accidental death and dismemberment (AD&D)	Yes	No	No	No	No
Supplemental life insurance	Yes	No	No	No	No
Dependent life insurance	Yes	No	No	No	No
Accidental death and dismemberment	Yes	No	No	No	No
Long-term disability	Yes	No	No	No	No
Short-term disability	Yes	No	No	No	No
Flexible Spending Account	Yes	No	No	No	No
Health Savings Account	Yes	No	No	No	No
Employee Assistance Program	Yes	Yes	No	No	No
USG Well-being program	Yes	Yes	Yes	Yes	Yes
Accident Plan	Yes	No	No	No	No
Hospital Indemnity Plan	Yes	No	No	No	No
Critical Illness Plan	Yes	No	No	No	No
Identity protection	Yes	No	No	No	No
Pet insurance	Yes	Yes	Yes	Yes	Yes
Perks at Work	Yes	Yes	No	Yes	Yes
529 College Savings Plan	Yes	Yes	Yes	Yes	Yes
Mandatory retirement	Yes	Yes	No	No	No
Supplemental retirement	Yes	Yes	Yes	Yes	Yes

Cover those who matter

When you elect coverage for yourself, you may also cover your eligible dependents, which includes:

- Your legal spouse.
- Your natural, adopted or stepchildren up to age 26.
- Your disabled child(ren) over the age of 26 with proof of disability.

When you first enroll or if you change coverage midyear due to an IRS-qualified life event, you are required to provide proof of relationship documentation to add your dependents to your coverage. Your coverage will not become effective until the documentation is reviewed and approved.

Dependent verification eligibility documentation

Dependent	Documentation needed
Your legal spouse	You must provide both documents: marriage certificate **and** proof of joint debt (for example, financial or residential documents).
Your natural, adopted or stepchildren up to age 26	Birth certificate **or** adoption/legal guardianship documents.
Your disabled child(ren) over the age of 26 with proof of disability	For disabled dependents enrolling in the healthcare plan, the child must be disabled prior to age 26 in order to be eligible for coverage.

If you are adding a dependent due to a qualifying midyear event, documentation must be received within **30 days** of the enrollment change.

If both spouses are USG employees, they may NOT have duplicate coverage under any plan by covering each other under separate enrollments. Also, children of employees who are both USG employees may NOT be covered twice under both parents' plans.

When to enroll and when coverage begins

You have **30 days** from your date of hire or date of eligibility to enroll in your healthcare and voluntary benefits. If you do not elect benefits within your first 30 days, you will not have coverage, and your next opportunity to enroll will be during the next Open Enrollment period, unless you experience a qualifying life event.

With a few exceptions, your coverage will become effective the first day of the month following your date of hire.

Exceptions:

- If you become eligible for benefits on the first of the month, your coverage will begin immediately.
- If you enroll in the Flexible Spending Account (FSA); Health Savings Account (HSA); or Critical Illness, Accident, or Hospital Indemnity plan, your coverage will be effective the first of the month following the date of your election.

If you are an exempt (salaried) employee who works 20 hours or more per week, you must enroll in **one** of USG's mandatory retirement plans: Teachers Retirement System of Georgia (TRS) plan or the Optional Retirement Plan (ORP) within **60 days** of your date of hire or date of eligibility. If you are a **nonexempt** (hourly) employee, you will automatically be enrolled into the TRS plan.

You may enroll in a 403(b) or 457(b) supplemental retirement plan at any time during the year. Your enrollment will begin the first of the month after you enroll.

The date your mandatory retirement coverage becomes effective depends on the plan you elect. If you enroll in TRS, your coverage is effective on your date of hire. If you enroll in ORP, your coverage will be effective the first of the month following your election. Once you make your election, your decision is irrevocable. Visit page 55 in this book for more details about USG's retirement plans.

USG healthcare plan surcharges

Tobacco surcharge

Employees enrolled in a USG Healthcare plan must certify their tobacco use status for themselves, their spouse, and their children age 18+ upon initial enrollment and **each** subsequent Open Enrollment period. Employees who certify tobacco use or who do not certify their status during Open Enrollment will pay a $150 surcharge per month for each employee, spouse and/or child(ren) 18+.

The surcharge does not apply if:

- The employee is not covered under a USG health plan.
- The employee does not use tobacco products and completes the certification.
- The employee and/or dependent stops using tobacco products.
- The employee and/or dependent completes a tobacco-cessation program.

"Tobacco use" refers to those who have used tobacco products within the past three consecutive months, but does not include religious or ceremonial use of tobacco. The term "tobacco products" refers to any tobacco product, including cigarettes, cigars, pipes, all forms of smokeless tobacco, clove cigarettes, and any other smoking devices that use or simulate tobacco, such as hookahs or electronic cigarettes.

Resources to help you quit

We know it's not easy to quit, but we'll give you the support you need. Tobacco-cessation programs are available at no cost to you and your dependents. Please contact these helpful resources to help you quit:

- **Georgia Tobacco Quit Line: 877-270-7867.**
- **Kaiser Permanente: 866-862-4295.**
- CVS MinuteClinic (Anthem members only) 866-389-2727

Working-spouse surcharge

Employees will pay an additional **$150** per month if they cover a spouse under a USG Healthcare plan, who has an offer of other coverage through their employer and that employer contributes to the cost of their healthcare coverage.

The working-spouse surcharge does *not* apply if:

- You are a USG retiree.
- Your spouse works for USG.
- Your spouse has an offer of other coverage under COBRA, Medicare or TRICARE.
- Your spouse is unemployed, self-employed or ineligible for healthcare.
- Your spouse has access to other employer healthcare but the employer does not subsidize the premium.

Employees must certify their working-spouse status upon initial enrollment in a health plan and **each** subsequent Open Enrollment period. Employees who fail to certify their working-spouse status will be charged **$150** per month.

When you can make changes to your surcharge status

If you quit using tobacco or complete a cessation program, you need to update your tobacco use status or working-spouse surcharge status. You can do this at any time of year by calling **OneUSG Connect - Benefits** at **844-587-4236** and the surcharge will be stopped.

All changes to your surcharge status will become effective the first of the month following the date you make the change. **Visit the benefits.usg.edu website** for more information.

If you believe you are being charged the surcharge in error, please contact **OneUSG Connect - Benefits** at **844-587-4236** as soon as you notice the charge.

Managing your benefits

After your initial benefits enrollment window closes, you may only change your benefit elections during the annual Open Enrollment period, unless you experience a qualifying life event, as defined by IRS section 125 guidelines. The most common life events are listed below:

- Birth and adoption of a child (including stepchildren and legally placed foster children).
- Death of a covered dependent.
- Marriage or divorce.
- Change in employment status that impacts benefits eligibility (for covered employee and eligible dependents).

For a complete list of qualifying life events and documentation required to make a change, **log in at oneusgconnect.usg.edu**.

How to make benefit changes

If you experience a qualifying life event, benefit updates must be completed within **30 days** of the life event.

Log in at oneusgconnect.usg.edu, select **Manage My Benefits**, and select the **Change Your Coverage** tile, or you can call OneUSG Connect - Benefits at **844-587-4236** Monday through Friday, 8 a.m. to 5 p.m. ET.

You may be required to provide documentation to support the life-event change and dependent status, if adding new dependents.

Translation services available

OneUSG Connect - Benefits offers translation services in over 160 languages.

Interpreters are available during normal call center hours. If you need translation services, contact OneUSG Connect - Benefits at **844-587-4236**, ask for an interpreter, and your customer care representative will take care of the rest.

USG Healthcare plans

The University System of Georgia offers several comprehensive healthcare options. To keep you healthy, regardless of the plan you choose, each plan covers in-network preventive care and medications with zero ($0) employee cost share.

The main differences between the plans come down to things like how much you pay when you get care, how much you pay each paycheck, how much flexibility you have when choosing providers and whether you have out-of-network coverage.

Anthem Consumer Choice HSA

This plan offers the lowest monthly premiums but has the highest annual deductible. However, this plan provides flexible access to care both in network and out of network and puts you in charge of how you spend your healthcare dollars. With this plan, you pay 100% of the cost until you meet your deductible, and both pharmacy and medical expenses count toward your annual out-of-pocket maximum. Additionally, you receive an employer match contribution to your HSA of $375 (individual) or $750 (family) to help offset your out-of-pocket costs, which can add up to big cost savings.

Anthem BlueChoice HMO

This plan has the highest monthly premium but has more predictable copay costs when you use the plan. This plan does not have a deductible and provides in-network coverage only (except for emergencies). Although costs are more predictable, this plan requires a PCP and referrals to see specialists. This plan is not available for all campus locations.

Kaiser Permanente HMO

This plan has predictable costs (copays) and does not have a deductible. However, there is no out-of-network coverage (except emergencies), and all of your care must be coordinated by your Kaiser Permanente primary care physician (PCP) in a Kaiser Permanente facility. This plan is not available for all campus locations. See page 26 for more information.

Anthem Comprehensive Care

This is a traditional health plan with moderate monthly premiums and a great deal of flexibility. You share in the cost of coverage after meeting the deductible through a combination of copays and coinsurance. This plan does not require a PCP or referral to see specialists and provides in-network and out-of-network coverage. However, there is a separate out-of-pocket maximum for medical and pharmacy benefits.

2024 premium rates for active employees

2024 monthly plan costs				
Type of Premium	**Anthem Consumer Choice HSA**	**Anthem Comprehensive Care**	**Anthem BlueChoice HMO**	**Kaiser Permanente HMO**
Employee only	$88.94	$206.68	$253.20	$188.80
Employer	$568.04	$571.12	$576.36	$464.00
Total rates	$656.98	$777.80	$829.56	$652.80
Employee + child(ren)	$188.82	$400.78	$485.60	$362.24
Employer	$993.74	$999.26	$1,007.62	$812.80
Total rates	$1,182.56	$1,400.04	$1,493.22	$1,175.04
Employee + spouse	$220.34	$467.60	$566.56	$422.60
Employer	$1,159.32	$1,165.78	$1,175.52	$948.28
Total rates	$1,379.66	$1,633.38	$1,742.08	$1,370.88
Family	$314.76	$668.00	$809.38	$603.72
Employer	$1,656.18	$1,665.40	$1,679.30	$1,354.68
Total rates	$1,970.94	$2,333.40	$2,488.68	$1,958.40

Important note: surcharge certifications

When you certify your tobacco use or working-spouse status, 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 USG Ethics policy. Therefore, you should respond honestly in regard to your status. If you knowingly and willfully make a false or fraudulent statement to USG regarding your insurance coverage, you may be subject to criminal prosecution. Under state law (at OCGA Section 16-10-20), if you are convicted, you shall be punished by a fine no more than $1,000 or by imprisonment for no less than one or more than five years, or both.

2024 healthcare benefits at a glance

	Anthem Consumer Choice HSA		Anthem Comprehensive Care		Anthem 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
Network name						
	Anthem Open Access POS		Anthem Open Access POS		Anthem BlueChoice HMO	Kaiser Permanente facilities
Deductible: all services are subject to the deductible unless otherwise indicated						
Employee only	$3,000	$6,000	$1,300	$3,900	None	None
Employee + 1 (spouse or child)	$6,000	$12,000	$2,600	$7,800		
Employee + 2 or more covered members	$6,000	$12,000	$3,900	$11,700		
Maximum annual out-of-pocket limit						
Employee only	$4,700	$9,400	$2,850	$8,550	$5,500	$6,350
Employee + 1 (spouse or child)	$9,400	$18,800	$5,700	$17,100	$9,900	$12,700
Employee + 2 or more covered members	$9,400	$18,800	$5,700	$17,100	$9,900	$12,700
Notes	**Employee only:** Responsible for the single deductible or out-of-pocket (OOP) amount **only**. **Employee + 1 or more covered members:** Responsible for family deductible or OOP **as a whole**; one family member could meet the entire amount or it could be met in a combination. OOP includes the annual deductible. In- and out-of-network coinsurance amounts accumulated remain separate. Both medical and pharmacy coinsurance apply toward the deductible and OOP limit. **See page 22.**		**Employee only:** Responsible for the single deductible or out-of-pocket (OOP) amount **only**. **Employee + 1 or more covered members:** Each member responsible for single deductible or OOP amount **within** the family deductible or OOP amount, up to the maximum amount. Member deductible, copays, and coinsurance apply toward the annual medical OOP. The prescription drug benefits have a separate OOP. **See page 22.**		**Employee only:** Responsible for the single out-of-pocket (OOP) amount **only**. **Employee + 1 or more covered members:** Each member responsible for single OOP amount **within** the family deductible or OOP amount, up to the maximum amount. Member copays for office-visits, inpatient admissions and emergency room (ER) services apply toward the annual medical OOP. The prescription drug benefits have a separate OOP limit. **See page 22.**	Member copays for physician office-visit services, inpatient admission, emergency room (ER) visits and pharmacy copays apply toward the annual out-of-pocket amount. **See page 29.**
Preexisting conditions						
	N/A		N/A		N/A	N/A
Out-of-state/out-of-country coverage						
	In-network coverage that is out of state utilizes the BlueCard national program. Out-of-country coverage uses BlueCard Global Core at **800-810-2583**.				Emergency care only	You're covered for emergency and urgent care anywhere in the world. Call the Away From Home Travel line from both inside and outside the U.S. at **951-268-3900** for assistance before, during, and after travel.
Primary care physician/referral required						
	No		No		Yes	No

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

Annual deductibles, annual maximum out-of-pocket limits and annual visit limitations are based on a January 1 to December 31 plan year. BlueChoice HMO and Kaiser Permanente HMO have no out-of-network coverage.

BlueChoice HMO members must receive referrals from a PCP. No referrals needed to see most Kaiser Permanente specialists. Referral required for non-Kaiser Permanente independent specialists.

2024 healthcare benefits at a glance *(continued)*

Anthem Consumer Choice HSA		Anthem Comprehensive Care		Anthem BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Physician services provided in an office or virtual setting					
Primary care physician visit					
80%	60%	100% after $25 copay per visit; not subject to deductible; $25 copay applies to office-visit service only	60%	Plan pays 100% after $40 copay	Plan pays 100% after $40 copay
Retail health clinics					
80%	N/A	Plan pays 100% after $15 copay	N/A	Plan pays 100% after $15 copay	N/A
Virtual care video visit (formerly LiveHealth Online)					
80%[1]	N/A	Plan pays 100% for the first 3 visits; then 100% after $15 copay per visit	N/A	Plan pays 100% for the first 3 visits; then 100% after $15 copay per visit	Plan pays 100%; no visit limit
Wellness/preventive care[2,3] (calendar year)					
Paid at 100%; not subject to the deductible	Paid at 60%; not subject to the deductible	Paid at 100%; not subject to the deductible	Paid at 60%; subject to deductible	Plan pays 100%	Plan pays 100%
Routine eye exam with ophthalmologist or optometrist (calendar year)					
Paid at 100%; not subject to the deductible	Paid at 60%; subject to deductible	Paid at 100%; not subject to the deductible	Not covered; noncovered charges do not apply to annual deductible or annual out-of-pocket maximum	Paid at 100%; in network only	Plan pays 100% after $75 copay to optometrist
Specialist visit					
80%	60%	100% after $50 copay per visit; not subject to the deductible; $50 copay applies to office-visit service only	60%	100% after $90 copay	100% after $75 copay
Laboratory services (office, outpatient, inpatient)					
80% when lab is Labcorp	60%	90% when lab is Labcorp	60%	100% when lab is Labcorp	100% covered in Kaiser Permanente medical office; $100 copay in outpatient setting
Maternity care					
80%	60%	90% after an initial-visit copay of $50; not subject to the deductible; no copays charged for subsequent visits	60%	All physician charges related to prenatal, delivery and postpartum care covered at 100% after an initial copay of $90 at first office-visit	Physician charges related to prenatal, delivery and first postpartum care visit covered at 100%
Surgery in office					
80%	60%	90%	60%	100% after $90 copay	100% after $75 copay in Kaiser Permanente medical office; $400 copay in outpatient setting

1 Starting at $55; varies depending on service.

2 Preventive 3D mammograms are covered by Anthem.

3 For at-home colon cancer screening test options, please call the number on the back of your ID card.

2024 healthcare benefits at a glance *(continued)*

Anthem Consumer Choice HSA		Anthem Comprehensive Care		Anthem 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 $90 copay	100% after $75 copay
Allergy shots and serum					
80%	60%	100%; not subject to the deductible if a physician is seen; the visit is treated as an office-visit and subject to the $50 copay per visit.	60%	100% after $90 copay	100% after $75 copay; $0 copay for serum

Inpatient hospital services – precertification required except for emergencies

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%	60%	100% after $750 copay	100% after $600 copay
Maternity delivery					
80%	60%	90%	60%	100% after $750 copay	100% after $600 copay
Skilled nursing facility					
80%	60%	90%	60%	100%; 30-day limit per calendar year	100%; 30-day limit per calendar year
30 days per calendar year combined in network and out of network		30-day calendar-year maximum combined in network and out of network			
Hospice care					
100%		100%	60%	100%	100%

Outpatient hospital/facility services – precertification 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 $400 copay	100% after $400 copay

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

Annual deductibles, annual maximum out-of-pocket limits and annual visit limitations are based on a January 1 to December 31 plan year. BlueChoice HMO and Kaiser Permanente HMO have no out-of-network coverage.

BlueChoice HMO members must receive referrals from a primary care physician (PCP). No referrals needed to see most Kaiser Permanente specialists. Referral required for non-Kaiser Permanente independent specialists.

2024 healthcare benefits at a glance *(continued)*

Anthem Consumer Choice HSA		Anthem Comprehensive Care		Anthem BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Care in hospital emergency room — facility services					
80%		90% after a $300 copay per visit; copay waived if admitted within 24 hours		100% after $500 copay per visit; copay	100% after $400 copay; copay waived if admitted within 24 hours
Care in hospital emergency room — physician services					
80%		90%; subject to in-network deductible		100%	100%
Land ambulance services (for medically necessary emergency transportation only)					
80%; subject to in-network deductible		90%; subject to in-network deductible		100%	100% after $75 copay per trip
Out-of-network land ambulance services apply to the in-network deductible and in-network out-of-pocket maximum, but it is important to remember you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Balance bill amounts will not apply to the deductible or out-of-pocket maximum.					
Air ambulance services (for medically necessary emergency transportation only)					
80%; subject to in-network deductible		90%; subject to in-network deductible		100%	100% after $75 copay per trip
Except as set forth in the Surprise Billing Legislation Notice, it is important to remember you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Out-of-network air ambulance services apply to the in-network deductible and in-network out-of-pocket maximum. Balance bill amounts will not apply to the deductible or out-of-pocket maximum.					
Urgent care services					
80%	60%	100% after $50 copay; not subject to deductible	60%	100% after $90 copay	100% after $75 copay

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)					
80%	60%	90%	60%	100%	100%
Initial: 1 hearing aid per ear, with a limit of $3,000 per ear **Replacement:** 1 hearing aid per ear every 48 months		**Initial:** 1 hearing aid per ear, with a limit of $3,000 per ear **Replacement:** 1 hearing aid per ear every 48 months		**Initial:** 1 hearing aid per ear, with a limit of $3,000 per ear **Replacement:** 1 hearing aid per ear every 48 months	**Initial:** 1 hearing aid per ear, with a limit of $3,000 per ear **Replacement:** 1 hearing aid per ear every 48 months
Cochlear implants — covered if deemed medically necessary; preauthorization required					
80%	60%	90%	60%	100%	Covered if deemed medically necessary; preauthorization required
Chiropractic care, physical therapy, speech therapy, occupational therapy, cardiac therapy					
80%	60%	90%	60%	100% after $90 copay	100% after $45 copay; 20 visits
Physical and occupational therapy: 40 visits combined **Chiropractic care:** 20 visits **Speech therapy:** 20 visits **Respiratory therapy:** 30 visits in- and out-of-network visit limits are combined **Cardiac rehabilitation:** no visit limit		**Chiropractic care:** 40 visits **Physical, speech, occupational and cardiac therapies:** 40 visits per therapy; in- and out-of-network visit limits are combined		**Chiropractic care:** 20 visits **Physical and occupational therapy:** 40 visits **Speech therapy:** 30 visits **Cardiac rehabilitation:** no visit limit	100% after $75 copay; up to 20 visits for physical, occupational and speech combined 100% after $75 copay: up to 36 visits for cardiac rehabilitation

2024 healthcare benefits at a glance *(continued)*

Anthem Consumer Choice HSA		Anthem Comprehensive Care		Anthem BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Behavioral health and substance use					
Inpatient					
80%	80%	90%	60%	100% after $750 copay	100% after $600 copay
Partial hospitalization					
80%	60%	90%	60%	100%	Contact plan for details.
Office visit					
80%	60%	$25	60%	100%	Contact plan for details.
Outpatient facility					
80%	60%	90%	60%	100%	100% after $40 copay
Intensive outpatient					
80%	60%	90%	60%	100%	Contact plan for details.
Applied behavioral analysis (ABA)/autism therapy					
80%	60%	100% after $25 copay per office-visit; refer to plan benefits above for treatment outside of office-visit setting	60%	100% after $40 copay per office-visit; refer to plan benefits above for treatment outside of office-visit setting	100% after $40 copay per in-office or outpatient visit; unlimited visits; treatment requires prior authorization
Pharmacy services					
Prescription drugs					
See page 22.		**See page 22.**		**See page 22.**	**See page 29.**

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

Annual deductibles, annual maximum out-of-pocket limits and annual visit limitations are based on a January 1 to December 31 plan year. BlueChoice HMO and Kaiser Permanente HMO have no out-of-network coverage.

BlueChoice HMO members must receive referrals from a primary care physician (PCP). No referrals needed to see most Kaiser Permanente specialists. Referral required for non-Kaiser Permanente independent specialists.

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

As long as you are actively working and covered under a USG health plan, your USG coverage will remain primary. If you postpone your Medicare enrollment until you retire, you will not need to enroll in Medicare Part B or Medicare Part D until your retirement.

You will receive a Medicare enrollment kit approximately 60-90 days before your 65th birthday. This enrollment kit gives you the option to enroll in Medicare parts A, B and D. Please read the Medicare materials carefully. It helps to know all you can when you make a decision about enrolling in Medicare.

Enrollment checklist

As you get prepared to enroll, here is a step-by-step list of actions you'll need to take during your enrollment window to select the plans that are right for you and your family.

	Steps	Directions
❑	**Step 1**	**OneUSG Connect** is your self-service portal to update your personal and direct deposit information and to enter time off. It's always your gateway to your healthcare and retirement enrollment. **To log on, visit oneusgconnect.usg.edu** select **OneUSG Connect** and then your campus's icon.
❑	**Step 2**	**Read** this *Comparison Benefits Guide* to understand your benefits. **Additional information is available at benefits.usg.edu**.
❑	**Step 3**	**Collect** all the necessary documentation for eligible dependents you want to enroll into coverage. You will need the legal name, date of birth and Social Security number for each eligible dependent. **See the Cover Those who Matters page for a list** of documents you need to submit. You must enroll and submit supporting documentation within **30 days** of your date of hire or eligibility date.
❑	**Step 4**	If applicable, review your prior-year health and child care expenses. Also, make note of any potential medical, dental or vision services you have planned for the year. Based on the summary of your estimated expenses, you can estimate how much you may want to contribute to a Flexible Spending or Health Savings Account.
❑	**Step 5**	For **healthcare** and voluntary benefits enrollment, **visit oneusgconnect.usg.edu**. **Log in to OneUSG Connect-Benefits** by selecting **Manage my Benefits**. You must enroll within **30 calendar days** of your hire date to make your elections. For **Retirement** elections, **visit oneusgconnect.usg.edu** and select the **OneUSG Connect** button. Next, choose **Benefits** from the drop-down menu and select **Retirement at Work**. See the USG Retirement website for complete enrollment instructions. You must enroll within **60 calendar days** of your hire/eligibility date. Once your make your election, your decision is irrevocable.
❑	**Step 6**	**Add a beneficiary.** Even if you're not enrolling in healthcare, you will need to add a beneficiary for your Life Insurance, Health Savings Account and your Retirement plans. You will need to add your beneficiary's name, contact information and Social Security number. • **Life insurance:** During your enrollment, you will be prompted to add a beneficiary. • **Health Savings Account:** You will need to add a beneficiary through the **HSA Bank portal at myaccounts.hsabank.com/Login.aspx**. • **Retirement accounts:** You will need to add a beneficiary with Teachers Retirement System (TRS), Employees' Retirement System of Georgia (ERS) or your Optional Retirement Plan (ORP) vendor. See page 55 for plan information.
❑	**Step 7**	If you elect a life insurance option that requires evidence of insurability (EOI), please complete and return your EOI directly to MetLife within **30 days** of your enrollment event. You will be placed in the life insurance up to the guaranteed issue amount until your EOI is approved.

Your Anthem road map

Getting started with your benefits

1. **Download the Sydney℠ Health app**

   Use the app to access your benefits, connect to care and find well-being resources.

2. **Explore what's available to you**

   Your health plan includes a wide range of offerings, including preventive care benefits, condition management, health coaching and other support tools that help you meet your health goals.*

   - Visit pages 18–19 for more information on Anthem programs that can help you make the most of your benefits.
   - Visit page 31 for information about how you can earn incentives.

3. **Find an in-network provider or access virtual care**

   Use the Sydney Health app or **visit anthem.com to search** for doctors, specialists, hospitals and facilities in your plan's network or have a virtual care visit.

4. **We're here to help you**

   - Call us at **800-424-8950** to speak to a Health Advocate, nurse or health coach.
   - Use the Sydney Health app to call, chat or schedule a callback.
   - Speak with a registered nurse on 24/7 NurseLine: **800-700-9184**.

Go to page 20 for information on getting the right care — when and where you need it.

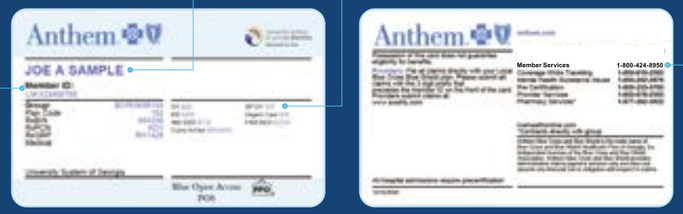
* Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act and provided by an in-network doctor.

Your ID card

Use your **ID number** for provider visits or when you call Member Services.

Your name

A summary of your medical benefits



Important contact information, including the Member Services number

This is a sample ID card. Benefit values are subject to variation based on your selected plan.

Care, support and information at your fingertips

The Sydney Health app guides you to better overall health and brings your benefits and health information together in one convenient place. Sydney Health makes it easier to manage your well-being and benefits, and access resources that help you meet your goals.

The app will:

- Provide answers quickly through real-time live chat with Anthem Health Advocates and nurses.
- Store your member ID card so you can show, email or fax it right from your phone.
- Remind you about important preventive care needs.
- Reward you for your healthy choices. Log in to view and track your rewards.
- Connect you directly to care through the symptom checker or a virtual visit.
- Guide you with insights based on your history and changing health needs.
- Give you instant access to your vision, dental and spending account benefits.
- Support you with nutritional tracking to quickly and accurately calculate food, macros, calories and daily nutrition using a smartphone camera.
- Help you plan and track your health and fitness goals.

To get started, have your ID ready.

1. Download the Sydney Health app and select **Register New Account** or **go to anthem.com/register**.
2. Select your identification type (this is usually your member ID).
3. Enter your plan ID number, full name and date of birth.
4. Follow the one-time security prompt and create a username and password. *(Use the same login information on the app and website.)*
5. Review your information to complete your registration.

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Chat with a Health Advocate.

Download Sydney Health today

Download on the App Store · GET IT ON Google Play

¿Prefieres obtener información en español? Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el menú dentro de la aplicación Sydney Health y elige el idioma de la aplicación. También puedes **visitar espanol.anthem.com**.

Total Health, Total You

We want you to have a simple, seamless healthcare experience. Your Health Advocates are ready to answer your health plan questions, advocate for your health and help you understand your benefits so you are never alone.

Health Advocates work to understand your unique health needs so they can tailor recommendations. They know all the programs, tools and resources available to help you navigate your health journey.

If you need extra support, Health Advocates can connect you to a team of health professionals, including nurses, social workers, dietitians, respiratory therapists, pharmacists, exercise physiologists and health coaches.

To learn more, call 800-424-8950, available from 8:00 a.m. to 6:00 p.m. ET, Monday through Friday. You can also chat with a Health Advocate 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

Total Health, Total You *(continued)*

Help with managing health conditions

If you or one of your covered dependents lives with a health condition, Anthem's experienced nurses and coaches can help manage symptoms to improve quality of life.

Case management

Your health is a priority, so we want to help you manage ongoing health issues. Our nurses and other healthcare professionals will guide you and work with your doctor to coordinate your care. They'll also connect you with healthcare resources you might need.

24/7 NurseLine

The registered nurses at 24/7 NurseLine offer answers to your health questions, health-related educational materials and information about helpful tools or programs. They are available anytime of the day or night, including weekends, at **800-700-9184**.

Behavioral health

When experiencing stress or depression, our licensed health professionals offer confidential support to alleviate your pain. They can also coordinate the services of your other healthcare providers and provide local and online resources. You also have access to self-help digital tools to support you 24/7 through our Sydney Health app.

Building Healthy Families

Every family grows in its own unique way. Our new, all-in-one program can help your family whether you're trying to conceive, expecting a child or raising young children.

You'll find:

- Tools to help you stay organized.
- Health and wellness expertise for you and your family.
- Personalized pregnancy support.

Anthem is here to help by calling the number on your ID card or by logging in to the Sydney Health app and chatting. We may also reach out to you via phone, chat, or messaging in the app to share information on ways to save, educational information available to you, help with managing a condition, or coordinating your care.

Your alternatives to the ER

When you need care immediately, there are options other than the emergency room (ER).*

Primary care physician (PCP). This is your first stop when you need care, available during business hours and by phone after hours.

Virtual care. 24/7 access to doctors through the Sydney Health app, no appointment needed.

Retail health clinic. This clinic can provide basic healthcare services to walk-in patients and is located in a major pharmacy or retail store.

Urgent care center. Visit this center for conditions that should be looked at right away but aren't as severe as emergencies.

Reason for care	PCP $ See your primary doctor	Virtual care $ See a doctor online	Retail health clinic $$ Physician assistant or nurse practitioner	Urgent care center $$$ Internal medicine, family practice and pediatricians
Sprains, strains	Yes	No	Yes	Yes
Animal bites	Yes	No	No	Yes
X-rays	Yes	No	No	Yes
Stitches	Yes	No	No	Yes
Mild asthma	Yes	Yes	Yes	Yes
Minor headaches	Yes	Yes	Yes	Yes
Back pain	Yes	Yes	Yes	Yes
Nausea, vomiting, diarrhea	Yes	Yes	Yes	Yes
Minor allergic reactions	Yes	Yes	Yes	Yes
Coughs, sore throat	Yes	Yes	Yes	Yes
Bumps, cuts, scrapes	Yes	No	Yes	Yes
Rashes, minor burns	Yes	Yes	Yes	Yes
Minor fevers, colds	Yes	Yes	Yes	Yes
Ear or sinus pain	Yes	Yes	Yes	Yes
Burning with urination	Yes	Yes	Yes	Yes
Eye swelling, irritation	Yes	Yes	Yes	Yes
Vaccinations	Yes	No	Yes	Yes

When to go to the ER

- Severe shortness of breath.
- Bleeding that won't stop.
- Loss of consciousness.
- High fever with stiff neck, confusion or trouble breathing.
- Chest pain, numbness, loss of speech.
- Broken bones.

Still not sure what to do or where to go? We can help.

Call the number on the back of your ID card or the 24/7 NurseLine.

To find a location, visit anthem.com or use our Sydney Health app.

* In the event of a true emergency, you should call 911 or go to the ER.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You also may receive a bill for any charges not covered by your health plan.

Care while traveling

Medical coverage while traveling

Ways to access care across the U.S.:

	Call 911 or go to the nearest hospital in an emergency.*
	Locate providers near you by **using the Find Care tool at anthem.com**.
	Use the Sydney Health app to search for a provider.
	Call your Anthem Health Advocate at the number on the back of your ID card.

Ways to access care outside the U.S.:

	Go straight to the nearest hospital in an emergency.*
	Go to bcbsglobalcore.com to search for a doctor or hospital.
	Use the **Blue Cross Blue Shield Global Core** mobile app to find a doctor or hospital.
	Call the **Blue Cross Blue Shield Global Core Service Center** 24/7 at **800-810-2583 (BLUE)** or call collect at **804-673-1177**. They can help you set up a doctor visit or hospital stay.

MetLife

Travel Assistance (provided by MetLife via AXA Assistance)

Active USG employees and covered dependents with basic life insurance who live in the U.S. have travel assistance services. These services are available 24/7, 365 days a year, for personal or business travel when 100+ miles from home:

U.S./Canada: **800-454-3679**
Log on to: metlife.com/travelassist

To log in, complete the registration process and set up a unique username, password and email address.

KAISER PERMANENTE®

Kaiser Permanente members can travel confidently knowing they are covered wherever they go — even outside Kaiser Permanente service areas and internationally.

- **Within Kaiser Permanente service areas in the U.S.**, members get routine, urgent, and emergency care at our care facilities or at non-Kaiser Permanente locations such as MinuteClinic or Concentra.
- **In non-Kaiser Permanente service areas in the U.S.**, members can access emergency and urgent care at non-Kaiser Permanente facilities while only paying their standard cost share.
- **Internationally**, members can receive emergency and urgent care at non-Kaiser Permanente facilities around the world.

Kaiser Permanente members have access to Cigna's national network of doctors for emergency and urgent care visits. The copay and applicable employee cost share is the same as Kaiser Permanente facilities.

Support while you're away

Call the Away from Home Travel line at 951-268-3900 (TTY 711) or **visit kp.org/travel**.

1. Use your phone's camera to scan the QR code.
2. Tap the pop-up notification that appears and you will be taken to the **Care while traveling** webpage.

* You or a family member needs to call the Member Services number on your ID card within 24 hours (48 hours for members in Indiana) after going to the hospital or as soon as you can.
BlueCard PPO (National PPO Network) applies to the Comprehensive Care plan and the Consumer Choice plan for all coverage outside of Georgia. BlueChoice HMO members have access to emergency-only care outside of Georgia or the U.S.

CVS pharmacy benefits summary

When you enroll in an Anthem healthcare plan, you are automatically enrolled in the prescription drug benefit through CVS Caremark. You can fill your prescription at any pharmacy location, including non-CVS locations. The formulary, also known as the covered drug list, covers a wide selection of clinically sound and cost-effective medications.

To ensure USG employees have access to safe and cost-effective medications, CVS regularly reviews the covered drug list. Therefore, it is important that you review the covered drug list throughout the year.

The table below provides an overview of how prescription medications are covered under the CVS Caremark plan:

Type of Supply	Tier	Consumer Choice HSA coinsurance after deductible	Comprehensive Care copay/coinsurance	BlueChoice HMO copay/coinsurance
Retail (30-day supply)	Generic	20%	$15	
	Preferred brand	20%	20% with $40 minimum and $100 maximum	
	Nonpreferred brand	20%	35% with $100 minimum and $200 maximum	
Mail order (90-day supply)	Generic	20%	$45	
	Preferred brand	20%	20% with $120 minimum and $300 maximum	
	Nonpreferred brand	20%	35% with $300 minimum and $600 maximum	
Specialty (limited to 30-day supply)*	Generic	20%	20% with maximum of $75	
	Preferred brand	20%	20% with maximum of $150	
	Nonpreferred brand	20%	35% with maximum of $200	
Annual out-of-pocket maximum	Employee	The annual out-of-pocket maximum amounts for members enrolled in the Consumer Choice HSA plan will be combined with the medical out-of-pocket maximum amounts (for example, single or family coverage).	$1,750	
	Employee + child(ren)		$3,500	
	Employee + spouse		$3,500	
	Family		$5,250	

* If approved for a 60- to 90-day supply, you will be responsible for 2x or 3x the coinsurance.

Important information

If your doctor prescribes a brand-name drug when equivalent generic drugs are available, you will automatically receive an FDA-approved generic drug unless:

- Your doctor writes "dispense as written" (DAW) on the prescription.
- You request the brand-name drug at the time you fill your prescription.

When more than one generic drug is approved, CVS Caremark may fill your prescription with any approved generic equivalent.

Did you know?

If a generic is available but you or your doctor requests a brand-name drug, you will pay the generic copay plus the cost difference between the generic and brand-name drug. In this case, the cost could exceed the copay maximum.

Understanding your benefits

Prescription drug benefits with the Consumer Choice HSA

With this plan, you will pay the full cost of your medication(s) until you meet your annual deductible, unless you are taking a preventive medication. With preventive medications, the deductible will not apply and you will have a $0 cost share (hypertension, diabetes, etc.). After you meet your deductible, you will pay a fixed percentage of the cost of the medication until you reach the out-of-pocket maximum, which is combined with your medical expenses. Once you reach the annual out-of-pocket maximum, the plan will pay 100% for the remainder of the year. To offset your out-of-pocket costs, you can use a Health Savings Account (HSA) to set aside money on a pretax basis to pay for your prescriptions.

Prescription drug benefits with the Comprehensive Care and BlueChoice HMO

With these plans, you will pay either a flat dollar amount or fixed percentage of the cost of the medication, depending on the type of medication you fill. With these plans, you will have a separate medical and pharmacy out-of-pocket maximum.

How it works

To help you understand how coinsurance works, the example below assumes a 30-day prescription with the Comprehensive Care plan.

Your cost share	Generic	Preferred	Nonpreferred
Out-of-pocket costs	$	$$	$$$
If the drug cost is	$200	$350	$650
Coinsurance/copay	$15 copay	20% ($40 minimum)	35% ($100 minimum)
You pay	$15 copay	$70	$200
Maximum per medication	$15 copay	$100 maximum	$200 maximum

Note: Does not include specialty tier. Please see chart on previous page for cost share.

Prescription coinsurance:

- If the full drug cost is less than the minimum amount listed in the chart, you pay the full drug cost.
- If the coinsurance calculation is less than the minimum amount listed in the chart, you pay the minimum amount.
- If the coinsurance calculation is greater than the maximum amount listed in the chart, you pay the maximum amount.
- If the coinsurance calculation falls between the minimum and maximum amounts listed in the chart, you pay the coinsurance.

Important terms

- **Annual out-of-pocket maximum** is the most you will pay toward your medications or medical services in a year. Once you reach your out-of-pocket maximum, the plan pays 100% for the remainder of the year.
- **Coinsurance** is a fixed percentage you pay for the cost of a medication.
- **Copay** is a flat dollar amount you pay.
- **Deductible** is the amount you will pay out of pocket before the plan starts to pay. Typically, the higher the deductible, the lower the monthly premium.
- **Formulary (drug list)** is the approved list of medications covered by the pharmacy plan.
- **Specialty** medications are often used to treat complex, chronic conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia. They are expensive; require complicated treatment regimens; may have many side effects; and require special storage, which may lead to adherence issues. For a list of specialty medications that fall under this tier, **review the Specialty Drug list on the benefits.usg.edu website**.

CVS pharmacy benefits summary *(continued)*

Save time and money

Mail order. If you are taking ongoing maintenance medication, save time by trying mail order. **Sign up at caremark.com/mailservice**.

Copay card programs. You can use a manufacturer copay card program with your prescription benefit. These programs may lower your copay or coinsurance amounts for prescription drugs.

Don't trade up. Generics are typically the most cost-effective option. With a generic medication, you get the same high-quality, effective treatment that you get with its brand-name counterpart — without the high cost.

To promote good health and help prevent the need for costly care, the plans (including the Consumer Choice HSA) cover a number of approved preventive medications at a $0 cost share. These include women's contraceptives, diabetic supplies and hypertension medications recommended for coverage by the U.S. Preventive Services Task Force. Coverage for these medications requires a prescription (even for over-the-counter items) and may be subject to age and gender criteria. **Learn more at benefits.usg.edu**.

Prior authorization and quantity limits

Some prescriptions require prior authorization and/or have quantity limits to ensure the drug is safe, clinically appropriate, and cost effective for your condition. The review uses both formulary and clinical guidelines to determine if the plan will pay for certain medicines. If your prescription requires a prior authorization, your doctor must submit a request for coverage review for approval.

Dispense as written (DAW)

If you are not able to take the generic medicine, your doctor can request a brand-penalty exception that may allow you to purchase the brand-name drug without paying the ancillary charge. The brand-penalty-exception process may be initiated by contacting CVS Caremark customer care.

Prescription questions?

Learn more by staying in the loop with CVS Caremark. Sign up to get email or text messages about your prescriptions, ways to save, request refills, or even find out if your prescription is covered by visiting CVS Caremark after your benefits begin.

Scan the QR code for more information.

HMO service area by county

BlueChoice HMO service area by county

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

Kaiser Permanente Georgia service area by county

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

Kaiser Permanente

KAISER PERMANENTE®

A total health system like no other

As one of the largest not-for-profit companies in the country, Kaiser Permanente offers a completely connected health ecosystem exclusive to our members in metro Atlanta and Athens. You'll get award-winning coverage and top-notch medical care working together for one goal — better health for our members. From primary care to specialty care, pharmacy to labs and everything in between, Kaiser Permanente is the only model of care built from the ground up to take care of our members every step of the way.

What makes Kaiser Permanente special?

With Kaiser Permanente, you're at the center of a 360-degree care experience that's totally connected in real time. Physician-led teams work together with you to tailor the most effective evidence-based care plan for your unique health needs. Unlike traditional for-profit PPO plans that operate under a fee-for-service model, Kaiser Permanente is a "closed network," offering its services only to its members. Kaiser Permanente doctors are mission driven and passionate advocates for your health.

Convenient ways to get care. Kaiser Permanente offers access to care that fits your unique needs. Whether it's in person at one of our 26 Kaiser Permanente medical facilities around Atlanta or by phone, video, e-visit, online chat with a doctor, or 24/7 nurse advice, your Kaiser Permanente care team is always connected to your real-time medical history and can quickly access and address your medical situation.

Healthy resources and perks. In a connected care system, taking care of the whole you, not just sick you, is way more than just talk. Kaiser Permanente also gives you exclusive access to rich content; health resources; and members-only perks, including exclusive apps, discounts, and resources to help you live a fuller, richer, healthier life.

Locations. As a true health system (versus just insurance), Kaiser Permanente has actual members-only, state-of-the-art medical facilities with lab, radiology, pharmacy and more all under one roof.

Choose a doctor who's right for you

Our online doctor profiles let you browse the many excellent doctors and convenient locations in your area, even before you enroll. This helps you choose from hundreds of board-certified doctors and specialists who fit your needs. You're also free to change at any time, for any reason.

Transition your care seamlessly

Easily move prescriptions and find a location that's close to your home, work or school. Many services are often under one roof, making it easy to see your doctor, get a lab test and pick up prescriptions — all in one trip.

Get care on your schedule

Need to schedule an appointment? Have a nonurgent question you'd like to email to your doctor? Want your prescription refill mailed to your home? After you enroll, **register for an online account at kp.org** or get our mobile app.

How to find a provider:

1. **Visit kp.org/facilities**.
2. Select the **Find a Doctor** link on the home page.

Kaiser Permanente *(continued)*

KAISER PERMANENTE®

Want to find out more? We're here to help.

1. Use your phone's camera to scan the QR code.
2. Tap the pop-up notification that appears.

With 26 Kaiser Permanente offices and more than 600 doctors throughout metro Atlanta — plus pharmacy, lab and X-ray usually right in the same building — you'll enjoy convenience you won't find with other plans. Plus, you won't have to pay for parking.

Kaiser Permanente *(continued)*

KAISER PERMANENTE®

So many ways to choose and receive care

Video **Phone** **In person**

Other ways to receive care in the moment

E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente provider.

Online

Chat live online with a Kaiser Permanente doctor to get advice, referrals, prescriptions and more.

24/7 virtual care

Personalized support, around the clock. Talk with a clinician 24/7 by video or phone at no extra cost.

Email

Message your doctor's office anytime with nonurgent health questions. You'll receive a response usually within two business days, if not sooner.

App

Download the Kaiser Permanente app to manage routine appointments, refill most prescriptions for mail-order delivery, see most test results and more. You can also **keep up with your care at kp.org**.

Kaiser Permanente perks and benefits

Acupuncture, massage therapy, chiropractic care

Enjoy reduced rates on services to help you stay healthy. **kp.org/choosehealthy**

Reduced rates on gym memberships

Stay active by joining a local fitness center, plus enjoy thousands of digital workout videos. **kp.org/choosehealthy**

Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone. **kp.org/wellnesscoach**

Calm

Use meditation and mindfulness to build mental resilience, reduce stress and improve sleep.

myStrength

Set mental health goals; track progress; and get support managing depression, anxiety and more.

classpass

Choose from thousands of on-demand workout videos and get reduced rates on live stream and in-person classes.

ginger

Get emotional support coaching via text. **kp.org/coachingapps**

Kaiser Permanente pharmacy

KAISER PERMANENTE®

Getting started

Whether you're transitioning from another provider or just starting out with a health plan, it's easier than you think to get started at Kaiser Permanente.

Step 1 – Make the call

Once you receive your Kaiser Permanente ID card, call the dedicated New Member Desk number indicated on the sticker. If you can't find your sticker, no problem. You can always call **404-365-0966**. Either way, we'll help schedule your first office-visit with your new Kaiser Permanente doctor. If you need medication to last until then, we can usually help with that, too. After scheduling your doctor visit, we'll also arrange for a pharmacy telephone consult (before you run out of your current medications).

Step 2 – Visit your doctor

At your visit, we'll help make sure you have a medication plan that's right for you.

Step 3 – Fill your prescription

You can fill your prescription at any one of the Kaiser Permanente pharmacies.

Getting refills

You have three easy options:

1. **Order online at kp.org/rxrefill**.
2. Order from your mobile device by using the Kaiser Permanente app, which can be downloaded for free from your preferred app site.
3. Call our 24-hour refill line at **770-434-2008**.

You can even skip the trip! Most refills can be mailed directly to your home in about three to five business days.

Questions

If you have questions or would like a copy of our preferred drug list, call us directly at **404-261-2590**.

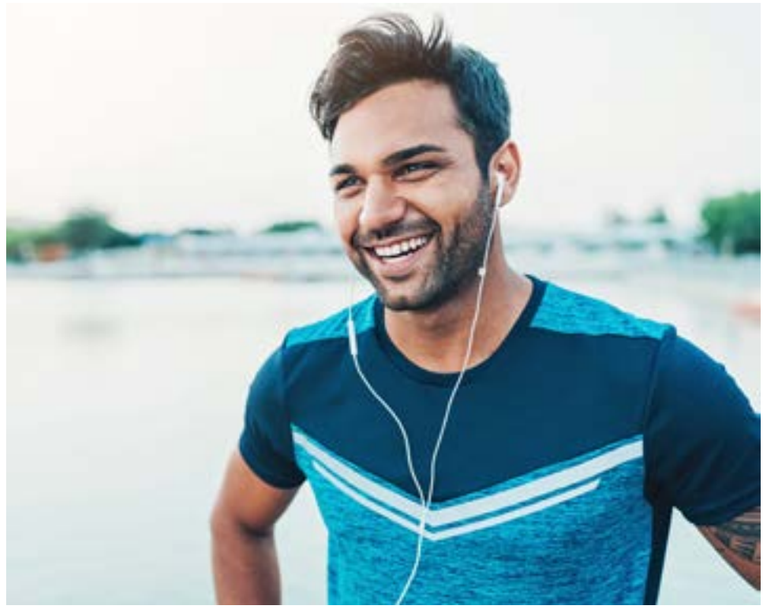
Pharmacy costs

Tier	$1,500 pharmacy out-of-pocket maximum applies to all tiers
Generic	$15 for Kaiser Permanente (KP) pharmacies
	$25 for non-KP pharmacies one-time fill per medication
Preferred	$45 for KP pharmacies
	$55 for non-KP pharmacies one-time fill per medication
Nonpreferred	$75 for KP pharmacies
	$85 for non-KP pharmacies one-time fill per medication
Specialty*	30% up to $250
	30% for non-KP pharmacies one-time fill per medication
Mail-order pharmacy	Three copays per 90-day supply for KP pharmacies
	Three copays per 90-day supply for non-KP pharmacies

* You may only fill a specialty medication 30 days at a time.

Health and well-being

One of the most important things you can do for your health is spend time taking care of yourself. No matter the challenge, USG has resources that can help! Whether you need virtual coaching, one-on-one therapy, help practicing mindfulness, improved eating habits, financial resources, or other wellness supports, helpful **programs and activities can be found at usg.edu/well-being**. If enrolled in a USG healthcare plan for 2024, you and your spouse each have an opportunity to earn up to $100 for participating in the well-being activities! You'll have options through your healthcare providers, Anthem and Kaiser Permanente. Engage in activities that support your well-being and earn credit!



Earn rewards for a healthy lifestyle

Anthem

If you are enrolled in a USG Anthem healthcare plan in 2024, you have the opportunity to earn rewards. Your healthy choices deserve recognition. Find support on the Sydney℠ Health app, an all-in-one hub to access your benefit information and wellness rewards. With the USG Well-being reward program, **you and your enrolled, eligible spouse can earn up to $100 each** for participating in activities such as tracking your steps or completing a wellness exam. The earning period starts January 1, 2024, and ends December 31, 2024.

Here's how it works

1. Download or log in to your no-cost Sydney Health app.

2. Select My Health Dashboard.
   - To earn your rewards, scroll down and select **My Rewards** to view activities that you can complete.
   - To redeem your rewards, scroll down and choose **Redeem Rewards**.

Any rewards earned must be redeemed before the end of the current plan year. Unused rewards are forfeited, and your reward balance will reset to zero at the beginning of each new plan year. All redeemed incentives are taxable.

Type of Activity	Activities	Description	Reward
Preventive Receive your reward when claims are processed.	Preventive exam or well-woman exam	Complete an annual preventive wellness exam or well-woman exam with your doctor	$25
	Flu or COVID-19 vaccine	Get an annual flu shot or COVID-19 vaccine	$10
	General vaccine	Get vaccines (for example, MMR, tetanus) — maximum reward is $10	$10
	Mammogram	Complete a routine or preventive mammogram	$15
	Colorectal cancer screening	Complete a colorectal cancer screening	$15
	Skin cancer screening	Complete a skin cancer screening	$15
	Prostate cancer screening	Complete your prostate cancer exam	$15
	Biometrics	Complete a biometric screening	$15
Digital Engagement Complete activities in the Sydney Health app or on **anthem.com**.	Sydney Health or **anthem.com** login	Log in to your Anthem account on the Sydney Health app or **anthem.com**	$5
	Health assessment	Complete a health assessment and receive tailored health recommendations	$20
	Chat with Anthem	Chat with a Health Guide at **anthem.com** or on the Sydney Health app	$5
	Track steps	Track your steps — $10 per month tracking a minimum of 150,000 steps — maximum reward of $40	$40
	Track sleep	Track your sleep — $5 per month of tracking sleep — maximum reward of $20	$20
	Track nutrition	Track your nutrition — $10 per month — maximum reward of $40	$40
	Challenges	Earn a reward for completing a challenge	$15
Ongoing care Receive rewards for continuing your health journey.	Building Healthy Families	Help your family grow and thrive — $15 for participation — completing your health profile	$15
	Virtual care video visit — maternity	Complete a virtual visit with a lactation consultant	$15
	Diabetes Care Standards	Hemoglobin A1c test	$15
	Diabetes Care Standards	LDL or lipid test	$15
	Diabetes Care Standards	Microalbumin and eGFR (estimated glomerular filtration rate) lab tests	$15
	Emotional Well-being (Learn to Live)	Use the Emotional Well-being Resources program (attestation required)	$15

If you need help with your rewards, please call your Anthem Health Advocate at **800-424-8950**.

An investment that's like no other

KAISER PERMANENTE®

If you are enrolled in the Kaiser Permanente plan, you and your covered spouse each must complete the Kaiser Permanente Wellness Program to receive a $100 reward card — $200 per household to spend on anything you choose!

Earn $100

2024 5-step wellness program

1. **Step 1: Accept your agreement**

   Sign on to kp.org/engage to accept your 2024 Wellness Program Agreement — if you check "no" or if you do not complete this step, you will not earn credit for your Kaiser Permanente Wellness Program activities.

2. **Step 2: Take your total health assessment**

   Complete your Kaiser Permanente Total Health Assessment (THA) online. The questionnaire is confidential and takes about 10 minutes.

3. **Step 3: Know your numbers**

   Complete a Biometric Screening at a Kaiser Permanente medical office.

4. **Step 4: Get yourself screened**

   Complete all age and gender appropriate preventive screenings for breast, cervical, or colorectal cancer.

5. **Step 5: Make a lifestyle change**

   Your choice — participate in either Wellness Coaching by Phone or complete a mission through the healthy lifestyle programs.*

For details or general questions:
my.kp.org/usg

Rewards questions (including appeals) can be directed to:

Rewards Customer Service
866-300-9867 Monday through Friday, 8 a.m. to 8 p.m. ET, or **email rewardscustomerservice@kp.org**

Visit kp.org/engage to view and track the status of your activities.

Complete steps by December 31, 2024

* You can take the Total Health Assessment or the healthy lifestyle programs as often as you like, but you can only earn credit for the assessment or check in for the first week of any mission once during the reward period.

Employee Assistance Program

Acentra HEALTH

USG has partnered with Acentra Health, formerly Kepro, to provide employees, their spouses and dependents with a comprehensive Employee Assistance Program (EAP) to help them build and maintain professional and personal well-being.

Eligibility

Employees working at least 20 hours a week, their spouses, dependents (up to the age of 26) and all household members are eligible for EAP services. EAP is available on the first day of employment and does not require enrollment in a USG Healthcare plan.

Employees do not need to enroll in the program to use the services, as it is automatically provided to them and their families.

Free, confidential counseling sessions

Short-term counseling is available to help participants deal with a full range of mental and emotional health situations.

- Up to four counseling sessions per concern per year with a licensed counselor.
- Sessions can be conducted virtually or in person.

Legal and financial counseling and assistance

- Free 30-minute telephone or in-person legal consults with an experienced attorney.
- Complimentary 30-minute telephone consultations with a qualified financial coach.
- Twenty-five percent reduction in fees if participants continue to work with the attorney or financial coach.

Daily living services and assistance

Providing referrals for services such as:

- Home repairs and improvement.
- Home maintenance and cleaning.
- Pet services.
- Moving and relocation.
- Travel and entertainment.
- Event planning.

Workplace services and assistance

- Critical Incident Support, which provides in-person or virtual counseling to employees when a traumatic episode occurs that impacts the workplace.
- Unlimited telephone consults with Acentra Health's (formerly Kepro) Management Services team for supervisors to help with personnel issues.
- Trainings held live or virtually that are facilitated by a subject matter expert and cover a wide variety of mental health topics.

Care and services for your loved ones

Providing referrals and resources such as:

- Child and elder care.
- Transportation assistance.
- Meal programs.
- Special needs services.
- Medicare and Medicaid guidance.

Virtual resources

The EAP website, **usg.mylifeexpert.com, offers a wealth of resources, articles, trainings and tools**.
Use the company code **USGCares** to log in.

- Grief and anxiety.
- Parenting.
- Child and elder care.
- Financial and legal information and templates.

EAP is available 24/7, 365 days a year.

Call **844-243-4440** to get referrals, information or to ask questions.

Tip! Store the EAP number in your phone so you have it when you need it.

Mental health support

Anthem resources

If you or a loved one needs help with a mental health issue, you're not alone. Through your Anthem benefits, you can find expert, compassionate and confidential care — often at low or no extra cost. Access our wide range of programs and services online, on the phone, in person or through video — whatever is most convenient for you.

Employees enrolled in one of the Anthem healthcare plans have access to a variety of mental health resources:

Emotional well-being resources

The Emotional Well-being Resources program, administered by Learn to Live, provides the support you need to develop resilience, reduce stress and practice mindfulness. The online programs and personalized coaching help you work through thoughts and behaviors that affect your emotional well-being. You'll learn effective ways to manage stress, anxiety, depression and sleep issues — at no extra cost to you. **Log in to anthem.com**, go to *My Health Dashboard*, choose **Programs** and select **Emotional Well-being Resources** to begin.

Behavioral health resource

Extra support can make a big difference when facing issues such as anxiety, depression, eating disorders or substance use. Our caring experts will work with you at no extra cost to find treatment programs and arrange confidential counseling and support services that meet your individual and family needs. Available 24/7.

Virtual care video visit (formerly LiveHealth Online)

Schedule a virtual appointment. Psychiatrists and psychologists are available for same-day visits.

Live events

Find USG Well-being webinars on mental health and emotional well-being on the USG Well-being Events website.

Kaiser Permanente resources

In support of your emotional well-being, Kaiser Permanente members can get connected to a mental health professional by calling **404-365-0966** or **visiting my.kp.org**. Members have access to phone coaching; virtual care; and apps such as Ginger, myStrength and Calm to help 24/7.

Well-being apps

myStrength **Calm** **Ginger**

For additional resources from your EAP, Acentra Health (formerly Kepro), see page 33.

Diabetes/WeightWatchers

WeightWatchers

USG has partnered with WeightWatchers® to support healthcare for enrolled members. Anthem members will have virtual support options.

Kaiser Permanente members will have virtual and in-person options.

omada

Kaiser Permanente members may be eligible for Omada, a no-cost diabetes prevention program that offers personal support from a health coach to make small, simple changes to the way you eat, move, sleep and manage stress.

Visit the USG Well-being website for all program details at usg.edu/well-being/.

Dental coverage that will bring a smile to your face

We offer two dental plans through Delta Dental. Under these plans, you have access to the **Delta Dental PPO™** and **Premier®** networks.

Maximize your savings by visiting a dentist in the PPO network

These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. If you can't find a PPO dentist, consider a Premier dentist. These dentists also have set fees, giving you another opportunity to save. Find a PPO or Premier dentist by using the **Find a dentist search tool at deltadentalins.com/usg**.

Still not sure? Ask your dentist if they are a contracted Delta Dental dentist. All dentists will accept Delta Dental; however, noncontracted dentists can balance bill and unbundle services.

Your dental plans

	Delta Dental Base Plan		Delta Dental High Plan	
Type of Benefit	**In network**	**Out of network**	**In network**	**Out of network**
Maximum annual benefit	$1,000 per person[1]		$1,500 per person[1]	
Deductible (single/family)	$50/$150	$50/$150	$50/$150	$50/$150
Diagnostic/preventive services[1]	100%	100%	100%	100%
Basic benefit services	80%	80%	80%	80%
Major benefit services[2]	50%	50%	80%	80%
Orthodontia (child and adult)	No coverage	No coverage	80%	80%
Lifetime orthodontia maximum	N/A		$1,000	

Tier	2024 monthly rates	
Employee	$34.22	$42.30
Employee and spouse	$68.46	$84.56
Employee and child(ren)[1]	$65.02	$80.36
Family	$109.52	$135.36

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.

As a Delta Dental enrollee, you have access to LASIK and hearing aid discounts. With access to QualSight and Amplifon Hearing Health Care, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429.**

BrushSmart™ is a wellness program with personalized solutions, oral care tips and products that improve your dental care routine shipped to your home. **Sign up at brushsmart.org**.

1 Preventive and diagnostic services don't count toward the annual maximum.
2 Benefit limits on full replacement of existing dentures or crowns apply. Wisdom teeth are covered under the dental plan.

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. In addition to the **Insight network**, you now have access to **EyeMed's Plus Provider Network**, where you will have a $0 copay eye exam and receive an additional $50 frame allowance. To find a network provider near you, **visit eyemedvisioncare.com/usg** and look for PLUS or Insight as your network from the provider locator drop-down box or call **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 aging).

Know before you go

With EyeMed's Know Before You Go out-of-pocket cost estimator, you can get a feel for what you might pay before you even step foot into a store or doctor's office. The tool includes simple, clear definitions of common lens types and options, all while calculating a range of costs with each selection. So you can feel confident from check-in to check-out. Just **log in to your member account at eyemedvisioncare.com/usg** and find our Know Before You Go out-of-pocket cost estimator.

Special savings offers[1]

At **eyemed.com, you will see a page** with the latest discounts and extra savings that give your benefits a boost for keeping your eyes healthy and save you money while you're at it. Unlock your offers in minutes by **registering at eyemed.com** and selecting **Special Offers**:

- Savings on a wide range of hearing products at Amplifon. For additional information, **check special offers at eyemed.com**.
- Forty percent off a complete pair of prescription glasses (prescription lenses and frames).
- Twenty percent off any noncovered item, such as nonprescription sunglasses and eyewear accessories.

International travel: While traveling, if something happens to your eyewear, emergency glasses can be delivered within 24 hours. **Log in to your account at eyemed.com** and select **international** for details.

Your vision plan

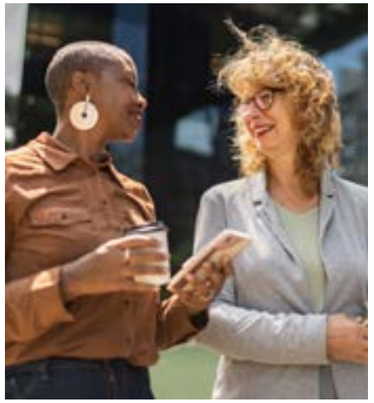
Vision benefits are provided for the following services and supplies once per 12-month period.	EyeMed Vision	
Type of Benefit	**In network**	**Out-of-network reimbursement**
Exam[2]	$10 copay	$40
Single vision lens	$25 copay	$40
Standard lens	$80 copay	$55
Frames[2]	$150 allowance	$58
Contact lenses	$150 allowance	$130
Medically necessary contact lenses	Paid in full	$210

Tier	2024 monthly rates
Employee	$6.90
Employee and spouse	$15.52
Employee and child(ren)	$13.12
Family	$20.34

1 These are rotating offers subject to change.
2 If you use an EyeMed PLUS provider, you will have a $0 eye exam copay and an additional $50 frame allowance.

The **shared sick leave program** allows you to donate accrued sick leave to a shared pool to help other employees who have exhausted all accumulated paid leave and who are experiencing a Family and Medical Leave Act (FMLA) qualifying health condition. To join, you must be a regular benefits-eligible employee working 20 or more hours, have completed your six-month probationary period, and have a minimum of 40 hours of sick leave remaining after your eight-hour donation. **Enroll or donate during Open Enrollment. Contact your institution's HR or benefits office for more information.**

The Tuition Assistance Program (TAP) is available to employees who work 40 hours or more and have completed six months in a benefits-eligible position. The program provides up to nine semester credit hours per semester. **Learn more at benefits.usg.edu under the Work/Life tab.**



Discover everything you need to know about saving for college and how the **Path2College 529 Plan** can help. **Learn more at benefits.usg.edu under the Money and Financial Protection tab.**

Flexible Spending Accounts

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A Division of Webster Bank, N.A., Member FDIC

Save money on healthcare, pharmacy, dental, vision and dependent care expenses

A **Flexible Spending Account (FSA)** with HSA Bank can save you money on everyday healthcare expenses. Your contributions are tax-free via payroll deduction, saving you money on federal and state income and Social Security taxes.

Healthcare FSA

Enrolling in a **Healthcare FSA (HC-FSA)** helps you set aside pretax money for eligible out-of-pocket expenses associated with healthcare, prescription, and dental and vision treatment. This account pairs well with the Comprehensive Care, BlueChoice HMO and Kaiser Permanente HMO medical plans.

- **For a list of eligible expenses, go to IRS Publication 502 (PDF).**
- The annual contribution limit is $3,050.

Dependent Care FSA

Enrolling in a **Dependent Care FSA (DC-FSA)** helps you set aside money pretax and pay for dependent care expenses such as daycare, afterschool care, adult daycare or summer day camp for qualifying dependents. You can enroll in this plan whether or not you choose to enroll in a USG medical plan.

- **For a list of eligible expenses, go to IRS Publication 503 (PDF)**.
- Dependent Care FSA applies to expenses for children under the age of 13, dependents of any age who are physically or mentally incapable of self-care or elderly parents.
- Your annual contribution limit is $5,000. If you are married and filing separately, your annual contribution limit is $2,500.

Limited Purpose FSA

Using a **Limited Purpose Flexible Spending Account (LP-FSA)** is a great way to stretch your benefit dollars. This is an additional tax-free account that pairs well with the **Consumer Choice HSA** healthcare plan and Health Savings Account for eligible out-of-pocket vision and dental expenses. That means you can enjoy tax savings and increased take-home pay. The annual contribution limit is $3,050.

Why get an LP-FSA?

Your **Health Savings Account (HSA)** contributions are limited to a certain amount each year. When you add an LP-FSA for dental and vision expenses, you can make more pretax contributions, thus reducing your taxable income. However, keep in mind: You must use or lose your contributions to an LP-FSA account, so plan conservatively.

Tip

If you experience a qualifying life event during the calendar year to decrease your annual FSA election, you will not be reimbursed for more than the amount you have contributed for the calendar year.

Flexible Spending Accounts *(continued)*

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How an FSA works

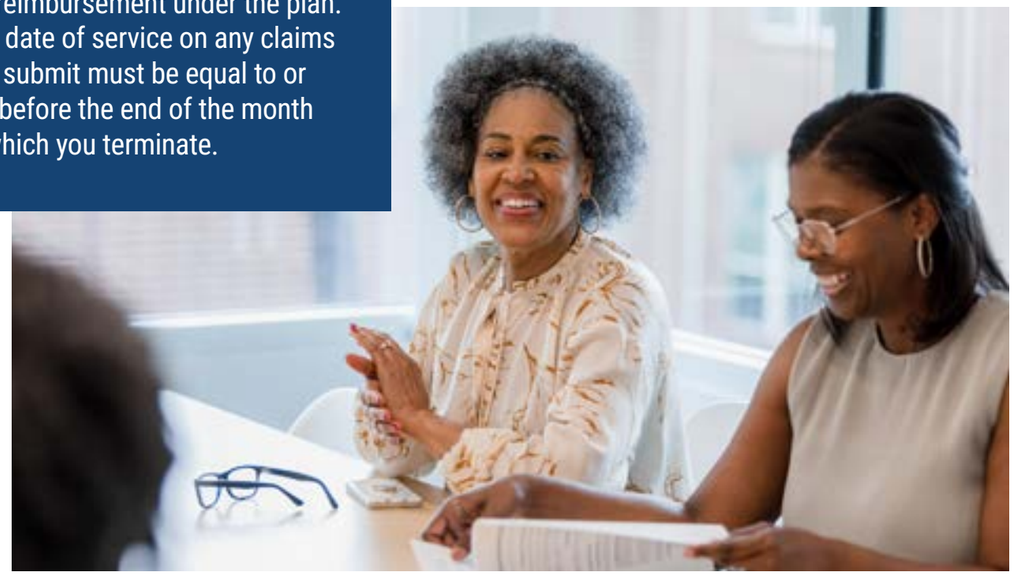
- Decide what you want to contribute to your FSA for the remainder of the year when you're hired. Money is then deducted pretax from your paycheck in equal installments for the number of paychecks remaining in the year.
- Use your HSA Bank Health Benefits Debit Card to pay for qualified medical expenses for yourself, your spouse and your dependents.
- Or pay out of pocket for eligible expenses and submit a claim for reimbursement.
- Check your balance and account information on the member website or HSA Bank Mobile app 24/7.

Moving from an FSA to an HSA? If you change from an HC-FSA one calendar year to an HSA the next calendar year, IRS rules state that your HC-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).

If you terminate your employment with USG, you have 90 days to file for reimbursement under the plan. The date of service on any claims you submit must be equal to or fall before the end of the month in which you terminate.

FSA fast facts

- FSAs (Healthcare, 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.
- Remember that IRS rules require you to forfeit any balance left in your FSAs at the end of the plan year. This is the "use-it-or-lose-it" rule.
- **Plan carefully!** For your 2024 FSA election, you must incur eligible expenses between January 1, 2024, and March 15, 2025, and submit them for reimbursement before **March 31, 2025**. Funds left in your FSA at the end of the grace period are forfeited and cannot be returned to you.
- **Grace period**. USG provides a grace period of two and a half months after the end of the calendar year. This means you can continue to incur eligible healthcare expenses through **March 15, 2025**, giving you a little more time to use up your Healthcare FSA balance. **All USG FSAs have a grace period**.



Health Savings Accounts

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Health Savings Account

If you elect to enroll in the Consumer Choice HSA healthcare plan, you're eligible to have an HSA with HSA Bank. Unlike the FSA, money left in your HSA at the end of the year rolls over year after year, which allows you to save money for future years, including retirement. Contributions you make to your HSA are matched by USG up to $375 for a single coverage and $750 for a family.

How an HSA works

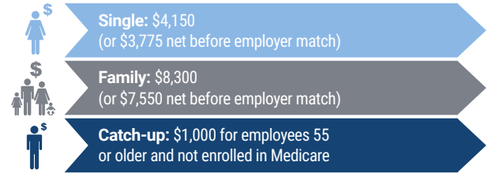
- Decide what you want to contribute to your HSA for the year. Money is deducted pretax from your paycheck.
- Pay for qualified medical expenses for yourself, your spouse and your dependents.
- Use your HSA Bank Health Benefits Debit Card to pay directly or pay out of pocket for reimbursement or to grow your HSA funds.
- Roll over any unused funds year to year. It's your account and stays with you even if you leave USG or enroll in another plan.

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

- Be covered under the Consumer Choice HSA healthcare plan.
- Not currently enrolled in Medicare or TRICARE.
- Not claimed as a dependent on another person's tax return.
- Not receiving medical benefits through the Veterans Affairs during the preceding three months.

If you are not eligible for an HSA based on the criteria above, you may consider contributing to a healthcare FSA.

2024 HSA contribution limits



For more information about health savings accounts, please **visit the USG website benefits.usg.edu** or the IRS Publication 969 (PDF).

2024 HSA employer contribution match[1]
Single – $375 **Family – $750**

Maximizing your HSA contributions

Double your money by contributing to an HSA. Think you can't afford to contribute? Look at the examples below. Contributing to an HSA account may be within your reach!

These examples are for illustrative purposes only.

Employee makes $35,000 annually and is paid biweekly.

They are enrolled in the Consumer Choice HSA employee-only coverage.

If they contribute $14.42 per paycheck, they will have contributed $375 by December 31.

USG will also contribute $375, which adds up to a total of $750 at the end of the year.

Because these contributions are pretax,[2] the reduction to the paycheck is $10.76.

Employee makes $45,000 annually and is paid monthly.

They are enrolled in the Consumer Choice HSA family coverage.

If they contribute $62.50 per month, they will have contributed $750 by December 31.

USG also contributes $750, which adds up to a total of $1,500 at the end of the year.

Because these contributions are pretax,[2] the reduction to the paycheck is $47.88.

1 USG provides a dollar-for-dollar contribution to your HSA. In order to receive the employer match, you must contribute to your HSA through USG payroll deduction.
2 Calculations are for illustrative purposes only; examples are quoted from a salary calculator using GA taxes, no allowances or exemptions. All situations may be different.

Health Savings Accounts *(continued)*

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HSA investment options

HSA Bank offers self-directed investment options to invest your HSA dollars through a Devenir mutual fund account, a TD Ameritrade brokerage account or both. There is no fee for Devenir for USG employees; however, trading fees for TD Ameritrade may apply.

- Investment options are available once you reach a minimum balance threshold of $1,000.
- Investment accounts are not FDIC insured, may lose value, and are not a deposit or other obligation of, or guarantee by the bank. Investment losses that are replaced are subject to the annual contribution limits of the HSA.

For more details about the fund lineup, **visit hsabank.com/investments**. As a USG employee, the fees listed for Devenir have been waived.

Tip: If you delay enrollment in Medicare until after age 65, you should stop contributing to your HSA six months before the first of the month you are entitled to Medicare.

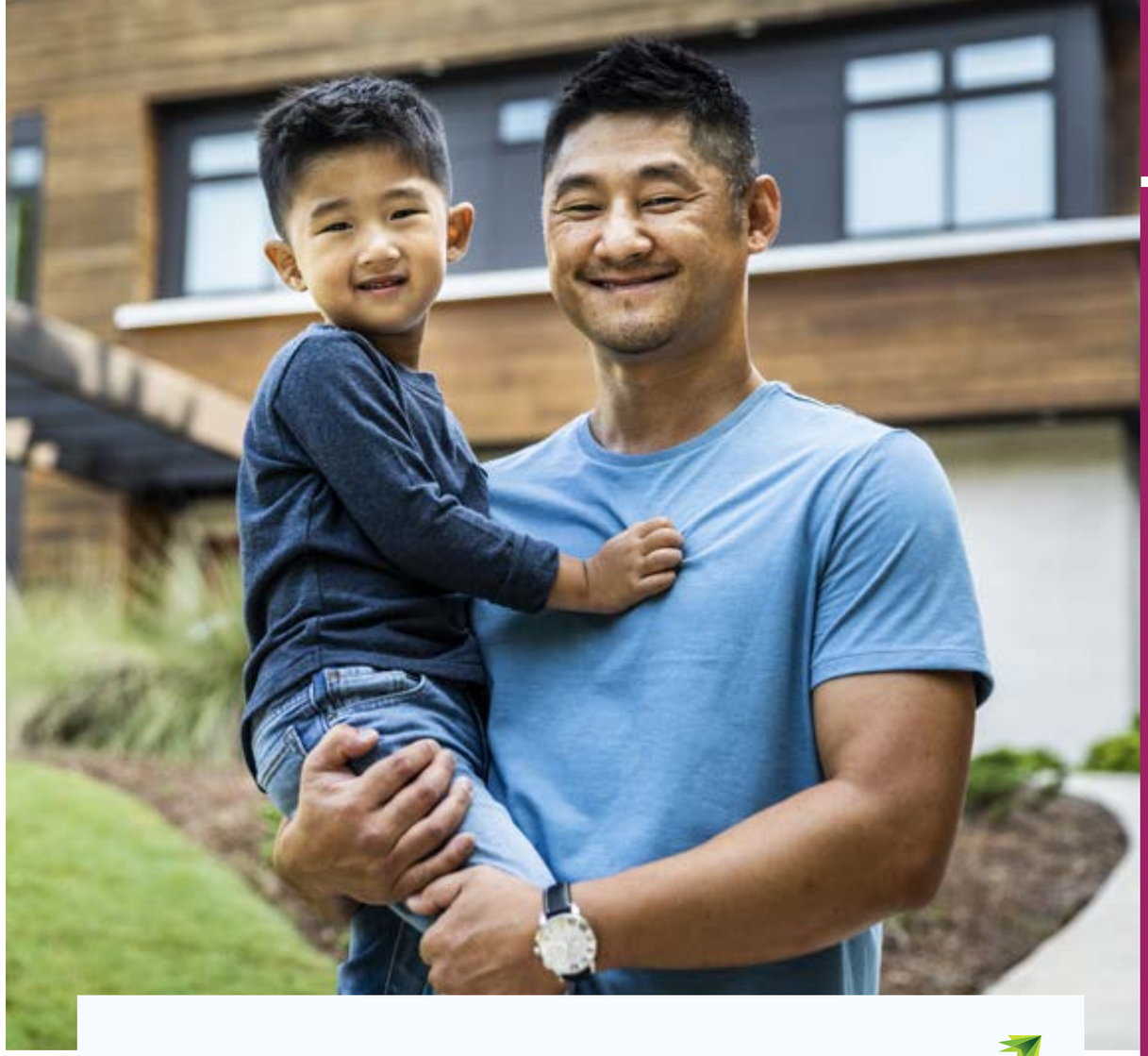
HSA fast facts

- Only employees enrolled in the Consumer Choice HSA plan can contribute to the HSA. HSA funds can be rolled over from year to year, and the money is yours to keep if you leave USG or move to another plan option.
- Employees with an HSA may also contribute to a Dependent Care FSA for child care expenses or a Limited Purpose FSA for dental and vision expenses.
- While both you and your spouse can make contributions to an HSA, the IRS only allows the household to contribute up to the family maximum. This amount can be split between both accounts, but the total contributions for the year between both accounts can never exceed the family maximum.
- Employees who change healthcare tiers to a lower level can't decrease their HSA contribution below what was already used and can't exceed the IRS limit for the calendar year.
- You can keep contributing to your HSA as long as you remain in a qualified high-deductible healthcare plan (and are not enrolled in **any** other healthcare, including Medicare or TRICARE). For more information, **see IRS Publication 969 (PDF)**.
- Once you are on Medicare, you can use HSA funds to pay for Medicare premiums, including Medicare Part B, which covers outpatient care, and Part D, which covers prescription drugs. (Most people don't pay premiums for Part A.) You can't, however, use the funds for premiums for supplemental or Medigap policies.

What accounts am I eligible to have?

Account types	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Flexible Spending Account (FSA)*	No	Yes	Yes	Yes
Dependent care — Flexible Spending Account (FSA)	Yes	Yes	Yes	Yes
Health Savings Account (HSA)	Yes	No	No	No
Limited Purpose Flexible Spending Account (LP-FSA)	Yes	No	No	No

* If you are unable to contribute to a Health Savings Account for reasons outlined in IRS Publication 969, you may want to contribute to a Flexible Spending Account.



Other important information

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- HSA Bank provides a single debit card for all your health accounts with HSA Bank. You can use the same debit card for all products (HSA, Healthcare FSA, Dependent Care FSA and Limited Purpose FSA). However, if you elect to contribute to an HSA, you may not also contribute to a Healthcare FSA.
- The HSA Bank Mobile app offers real-time access for all your account needs, 24 hours a day, seven days a week. It's simple, intuitive and convenient. You can **download the HSA Bank Mobile app at Google Play™** or **download the app at the App Store®**. HSA Bank Mobile app is a free download; however, you should check with your wireless provider for any associated fees for accessing the internet from your device.
- To view the annual HSA, FSA, and DC-FSA contribution limits and eligible expenses, **visit hsabank.com/irs-guidelines**.

Scan the QR code for more information.

Life insurance

What coverage is available to you and your family?

Term Life insurance from MetLife is a cost-effective way to protect your family's income if something unexpected happens.

Basic life with accidental death and dismemberment (AD&D)

- Automatically enrolled at $25,000 with matching AD&D at no cost to you.
- Coverage guaranteed.

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 (includes matching AD&D).
- Maximum of $2,500,000.
- Elect up to 3x your annual salary, not to exceed $500,000 without evidence of insurability (EOI), if you enroll within 30 days of your eligibility date. Amount elected must be a multiple of your annual salary.
- Elections above the allowed amount require an EOI.
- 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 EOI.

Bonus! As part of the life insurance plan, you also receive:

- Will preparation
- Estate services
- Funeral planning services
- Travel assistance

Find detailed information about these extra benefits at benefits.usg.edu.

Spouse life

- $10,000 increments, up to maximum of $500,000.
- No EOI is required on elections up to $50,000 for newly eligible employees.
- Spouses are not eligible if they are also eligible for USG employee coverage.
- Employees may elect spouse and child life without enrolling for employee supplemental life.
- Any increases to your spouse life during Open Enrollment require an EOI.

Child life

- Rates are $5,000 (50 cents/month), $10,000 ($1/month) or $15,000 ($1.50/month).
- Children are eligible from live birth to 26 years of age.
- A child may be covered by only one USG parent. If the child is a USG employee, they would not have coverage under a parent.

Accidental death and dismemberment (AD&D)

Employee plan

- $10,000 increments, up 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.

Disability insurance

Short-term and long-term disability insurance from MetLife can help you cover essential living expenses by replacing a portion of your income in the event you are unable to work due to pregnancy, a major illness or an extended illness.

Short-term disability (STD)

- Provides a benefit of 60% of your weekly earnings to a maximum of $2,500 per week.
- Benefits begin on the 15th day of a qualifying disability and continue for a maximum of 11 weeks.

Long-term disability (LTD)

- Provides a benefit of 60% of your monthly earnings to a maximum of $15,000 per month.
- Benefits begin on the 91st day or at the end of your STD benefits.
- Benefits continue as long as you meet the definition of disabled under the policy or you reach the normal Social Security retirement age.

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 preexisting condition limitation.*

How can I calculate my rate?

STD calculation example

Monthly payroll

Rate: $0.274/$10 covered benefit

Annual salary = $56,000

$56,000/52 = $1,076.92 weekly covered salary

$1,076.92 x 0.60 = $646.15 weekly benefit

$646.15 x 0.274/$10 = **$17.70**

LTD calculation example

Monthly payroll

Rate: $0.266/$100 covered salary

Annual salary = $56,000

$56,000/12 = $4,666.67 covered monthly salary

$4,666.67 x 0.266/$100 = **$12.41**

For life and disability information, use your phone's camera to scan the QR code. You can also visit **metlife.com/borusg** or **benefits.usg.edu**.

* Enrollment in the short-term disability plan when newly eligible is not contingent upon satisfactory completion of evidence of insurability. If you choose not to enroll in short-term disability when newly eligible, you will be considered a late entrant. Late entrants are subject to evidence of insurability. Entrance into the short-term disability plan is conditioned upon satisfactory evidence of insurability/medical underwriting.

Accident Plan

Accidents can happen in an instant — affecting you or a loved one — and there may be expenses you've never thought about. Aflac is designed to help families plan for the healthcare bumps ahead and take some of the uncertainty and financial insecurity out of getting better when you experience a covered accident. Use the benefits you receive from this plan to help pay for copays, deductible, child care and everyday expenses such as utilities.

Plan benefits

The USG Accident insurance plan provides payments directly to you, unless assigned otherwise, for the following types of expenses:

- Emergency treatment.
- Ambulance.
- Hospital admission and confinement.
- Fractures and dislocations.
- Outpatient and inpatient surgery and anesthesia.
- Rehabilitation and therapy.

Coverage type	Aflac
Employee	$6.80
Employee and spouse	$11.46
Employee and child(ren)	$13.06
Family	$17.72

For complete plan details, limitations and exclusions, **visit benefits.usg.edu to view the plan document**.

Category	Covered conditions and benefits[1]	Benefit amount
Initial accident treatment benefits	Benefits include: initial treatment (ER/urgent care/doctor's office), ambulance, major diagnostic testing, blood/plasma/platelets, concussion, coma, burns, emergency dental work, eye injury, dislocations, fractures, lacerations, outpatient and inpatient surgery and anesthesia, facilities fee for outpatient surgery, transportation.	Varies by benefit
Hospitalization benefits	Benefits include: hospital admission, hospital confinement, hospital intensive care, intermediate intensive care step-down unit, family member lodging.	Varies by benefit
Aftercare benefits	Benefits include: appliances (cane, ankle brace and crutches), accident follow-up treatment, rehabilitation, therapy, chiropractic or alternative therapy.	Varies by benefit
Life-changing events benefits	Benefits include: paralysis, prosthesis, prosthesis repair/replacement, residence/vehicle modification.	Varies by benefit
Wellness benefits rider	Payable once per calendar year for each insured employee, spouse and child.	$50
Additional rider	*Organized Athletic Activity Rider* pays an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.	25%

Hospital Indemnity Plan

If you are confined to the hospital, your USG health plan will cover many of your healthcare expenses. However, you may have additional expenses not covered by your health plan. With the Aflac Hospital Indemnity Plan, you can focus on getting better, knowing that you will have additional income to cover those unexpected out-of-pocket costs.

Plan benefits

The USG Hospital Indemnity insurance plan provides financial assistance to supplement your current medical coverage. It may help you avoid dipping into savings or having to borrow money to address out-of-pocket expenses your health plan was never intended to cover, such as transportation and meals for family members, help with child care, or time away from work.

The plan provides you[1] with cash benefits to help with the following types of costs:

- Hospital admission.
- Hospital confinement.
- Hospital intensive care.
- Intermediate intensive step-down unit.
- Rehabilitation facility.

For complete plan details, limitations and exclusions, **visit benefits.usg.edu to view the plan document**.

Monthly rates

Coverage type	Aflac
Employee	$9.22
Employee and spouse	$18.48
Employee and child(ren)	$15.02
Family	$24.28

Coverage type	Covered conditions and benefits[2]	Benefit amount
Hospital admission	Payable once per covered sickness or accident, per calendar year for each insured.	$600 per confinement
Hospital confinement	Maximum of 31 days per confinement for each covered sickness or accident for each insured.	$125 per day
Hospital intensive care	Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable in addition to the Hospital Confinement Benefit.	$50 per day
Intermediate intensive care step-down unit	Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable in addition to the Hospital Confinement Benefit.	$50 per day
Rehabilitation facility	Maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured.	$50 per day
Successor insured	Surviving spouse may elect to continue coverage if spouse coverage is in force at time of employee's death. Coverage would continue per existing plan and include dependent children in force at the time.	

1 Unless you assign benefits otherwise.
2 In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.

Critical Illness Plan

Chances are you know someone who's been diagnosed with a critical illness, such as cancer, heart attack (myocardial infarction), stroke, major organ transplant or end-stage renal failure. You can't help but notice the strain it's placed on the person's life — both physically and emotionally. What's not so obvious is the impact on that person's finances. If diagnosed, many would not have the money to cover medical out-of-pocket charges while still paying routine living expenses.

Plan benefits

The USG Critical Illness insurance plan can help with the treatment costs of a covered critical illness, allowing the focus to be on recuperation instead of the distraction of medical expenses. Plus, the plan offers a lump-sum cash benefit directly to the subscriber (unless assigned to someone else).

Coverage is offered at $10,000, $20,000 or $30,000. A spouse is eligible to be covered for up to half of the coverage amount. Children are automatically covered at 50% of the benefit amount at no additional cost.

For the initial diagnosis, you may be eligible for up to 100% of the benefit amounts listed below. See plan details for payment related to additional or recurring diagnosis. For complete plan details, limitations and exclusions, **visit benefits.usg.edu to view the plan document**.

Coverage type	Covered conditions and benefits[1]	Benefit amount
Base benefits	Coronary artery bypass surgery, noninvasive cancer	25%
	Heart attack, stroke, kidney failure (end-stage renal failure), major organ transplant,[2] bone marrow transplant (stem cell transplant), sudden cardiac arrest, cancer (internal or invasive)	100%
Skin cancer	Payable for the diagnosis of skin cancer	$250 once per calendar year
Health-screening benefit	Payable for health-screening tests performed for insured employee, spouse and dependent children as the result of preventive care	$50 once per calendar year
Additional base benefits	Coma,[1] paralysis,[1] loss of sight,[1] loss of speech,[1] loss of hearing,[1] severe burns[3]	100%
Optional benefits rider	Advanced Alzheimer's disease, advanced Parkinson's disease, benign brain tumor	100%
Progressive diseases rider	Amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS)	100%
Specified disease rider	Human coronavirus	Hospitalization: Four or more days — 10% 10 or more days — 25% ICU 40% (single-highest benefit applicable)
Childhood conditions rider	Cystic fibrosis, cerebral palsy, cleft lip or cleft palate, Down syndrome, phenylalanine hydroxylase deficiency disease (PKU), spina bifida, type 1 diabetes	50% of employee face amount $3,000 (one-time benefit)

1 These benefits are payable for loss due to a covered underlying disease or a covered accident.
2 25% of this benefit is payable when the insured is placed on a transplant list for a major organ transplant.
3 This benefit is only payable for burns due to, caused by and attributed to a covered accident.

Critical illness benefits

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 zero consecutive months.

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 six consecutive months.

Monthly rates

Employee/nontobacco/monthly rates			
Age	$10,000	$20,000	$30,000
18-25	$2.75	$5.50	$8.25
26-30	$3.30	$6.60	$9.90
31-35	$3.85	$7.70	$11.55
36-40	$5.17	$10.34	$15.51
41-45	$7.48	$14.96	$22.44
46-50	$9.79	$19.58	$29.37
51-55	$12.10	$24.20	$36.30
56-60	$16.28	$32.56	$48.84
61-65	$17.93	$35.86	$53.79
66+	$26.18	$52.36	$78.54

Spouse/nontobacco/monthly rates			
Age	$5,000	$10,000	$15,000
18-25	$1.38	$2.75	$4.13
26-30	$1.65	$3.30	$4.95
31-35	$1.93	$3.85	$5.78
36-40	$2.59	$5.17	$7.76
41-45	$3.74	$7.48	$11.22
46-50	$4.90	$9.79	$14.69
51-55	$6.05	$12.10	$18.15
56-60	$8.14	$16.28	$24.42
61-65	$8.97	$17.93	$26.90
66+	$13.09	$26.18	$39.27

Employee/tobacco/monthly rates			
Age	$10,000	$20,000	$30,000
18-25	$3.30	$6.60	$9.90
26-30	$4.07	$8.14	$12.21
31-35	$5.72	$11.44	$17.16
36-40	$7.48	$14.96	$22.44
41-45	$11.99	$23.98	$35.97
46-50	$15.84	$31.68	$47.52
51-55	$17.93	$35.86	$53.79
56-60	$26.40	$52.80	$79.20
61-65	$28.60	$57.20	$85.80
66+	$42.79	$85.58	$128.37

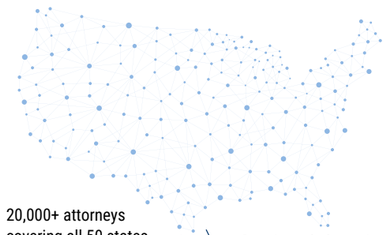
Spouse/tobacco/monthly rates			
Age	$5,000	$10,000	$15,000
18-25	$1.65	$3.30	$4.95
26-30	$2.04	$4.07	$6.11
31-35	$2.86	$5.72	$8.58
36-40	$3.74	$7.48	$11.22
41-45	$6.00	$11.99	$17.99
46-50	$7.92	$15.84	$23.76
51-55	$8.97	$17.93	$26.90
56-60	$13.20	$26.40	$39.60
61-65	$14.30	$28.60	$42.90
66+	$21.40	$42.79	$64.19

* 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.

Legal Plan

LegalEASE

The benefits of a USG legal plan



20,000+ attorneys covering all 50 states

With concierge help, we do the work for you — finding an attorney who has the expertise specific to your legal matter, saving you time and stress.

Concierge help navigating common individual or family legal issues

LegalEASE Attorney Matching Portal (LAMP)

LAMP is a way to better serve members by providing an enhanced customer experience online to quickly match and connect them to dedicated, qualified attorneys based on their preference selections. The portal is available 24/7, so you can open a case at your convenience. To access the portal, **visit legalcorner.legaleaseplan.com**.

The American Bar Association says

70%

of Americans will need a lawyer in the next 12 months

LAMP

Plan cost: $15 per month via payroll deduction

Who's covered

- **Employee**
- **Spouse**
- **Dependent children** Up to the end of the month of the 26th birthday
- **Parents** Elder benefits designed for plan member's and spouse's parents

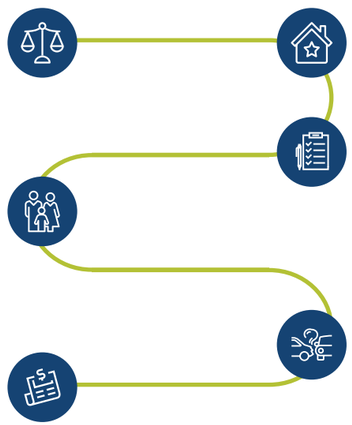
The value of a USG legal plan

Being a USG legal plan member saves costly legal fees and provides legal coverage for all stages in life, including:

Employees in their 20s
- Landlord dispute with tenant.
- First-time vehicle buyer.
- Student loan refinancing/collection defense.
- Consumer dispute.
- Financial advisor.

Employees expecting and adopting
- Living trust.
- Wills.
- Adoption.
- Guardianship/conservatorship.

Employees retiring
- Will and codicil.
- Healthcare coverage dispute.
- Investment/vacation home purchase.
- Elder law.



Employees in their 30s
- Will and estate planning.
- Purchasing your primary residence.
- Neighbor dispute.
- Small claims court.

Employees getting married
- Name change.
- Prenuptial agreement.
- Buying/selling your primary residence.
- Will and estate planning.

Employees with teenagers
- Juvenile proceedings.
- Misdemeanor defense.
- Traffic ticket defense.
- Noise reduction dispute.

To make sure there are attorneys near you or **to get more information, visit legaleaseplan.com/usg**.

Limitations and exclusions apply. Please visit legaleaseplan.com/usg for specific plan benefits. 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. Group legal plans are administered by Legal Access Plans, LLC or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX 77056. This legal plan may not be regulated as insurance in some states but is available in all states. Plans are underwritten by insurance carrier partners in states where required. Please contact LegalEASE for complete details. ©2021 LegalEASE All rights reserved.

Identity protection

Allstate IDENTITY PROTECTION

Protect today. Thrive tomorrow.

Identity theft can happen to anyone. In fact, one in six Americans have been impacted by an identity theft. That's why USG is offering you **Allstate Identity Protection Pro Plus**.

Get comprehensive identity monitoring and fraud resolution designed to help you protect yourself and your family against today's digital threats.

Enhanced features

Family protection and monitoring
Our suite of family digital safety tools helps you manage and protect your children's online lives by monitoring over 30 of the most popular apps and social media platforms, including direct messages and communications.

Family coverage, including parents, in-laws and grandparents age 65+
Our generous definition of family covers everyone who's "under roof and wallet." If they are dependent on you financially or live under your roof, they're covered.

Elder fraud center
Safeguard older family members from threats to their finances and identity. Our elder fraud center is a helpful resource hub built specifically for seniors, their families, and caretakers to easily understand and protect against scams or threats.

Plan and pricing

Allstate Identity Protection Pro Plus®
$8.94 per person/month
$16.94 per family/month

Questions?

Go to myaip.com or call **800-789-2720.**

The most comprehensive identity protection plan available

- Allstate Digital Footprint™.
- Dark web monitoring.
- Rapid alerts.
- High-risk transaction monitoring.
- Financial transaction monitoring.
- Unlimited TransUnion credit scores and credit reports.
- Accounts secured with two-factor authentication.
- Human-sourced intelligence.
- Social media reputation monitoring.
- Digital wallet storage and monitoring.
- Deceased family member coverage.
- Data breach notifications.
- Full-service 24/7 fraud remediation with a dedicated Privacy Advocate.
- $1 million identity theft insurance policy.
- Tri-bureau credit monitoring.
- Annual tri-bureau credit report and credit score.
- Credit freeze assistance.
- Credit lock (adult and child).
- Enhanced identity monitoring.
- Social media account takeover.
- IP address monitoring.
- Sex offender registry.
- Financial wellness toolbox.
- Credit report disputes.
- Stolen funds reimbursement.
- Tax fraud refund advance.
- 401(k) and HSA reimbursement.

Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policy described. Please refer to the actual policy for terms, conditions and exclusions of coverage. Coverage may not be available in all jurisdictions.

Pet insurance

MetLife

Help protect yourself from costly vet bills

More than ever, pets play such a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are covered for unplanned vet expenses such as covered accidents or illnesses with MetLife Pet Insurance.[1]

This plan offers one annual limit that can be shared across all enrolled pets in the family plan (up to three pets) with one annual deductible. There are customizable plan options available that include a mix of cats and dogs under one plan.

A small monthly payment can help you prepare for those unexpected vet expenses down the road.

How it works

Select and enroll in the **coverage that's right for you and your pet at metlife.com/borusg** and download our mobile app. Or you can enroll by calling **800-GETMET8 (800-438-6388)**.

Take your pet to the vet and pay the bill; manage your pet's health and wellness using the app.

Send the bill and your claim to us and receive reimbursement[2] by check or direct deposit if the claim expense is covered under the policy.

Category	Types of Benefits	
Flexible coverage	Create the plan that works for you and your pet. Options include: • Preventive care coverage for an additional cost. • Levels of coverage from $500 to unlimited.[2]	• $0-$2,500 deductible options.[3] • Reimbursement percentages from 50% to 90%.[4]
What is covered[5]	• Accidental injuries. • Illnesses. • Exam fees. • Surgeries.	• Medications. • Ultrasounds. • Hospital stays. • X-rays and diagnostic tests.
Coverage also includes[5]	• Hip dysplasia. • Hereditary conditions. • Congenital conditions. • Chronic conditions.	• Alternative therapies. • Holistic care.
Additional value	• Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S. • Coverage of preexisting conditions when switching providers, no initial exam or previous vet records to apply.[6]	• If you're claim-free in a policy year, we'll automatically decrease your deductible by $50.[7] • Group discounts are available.[8]

1 Pet insurance offered by MetLife Pet Insurance Solutions LLC is underwritten by Independence American Insurance Company ("IAIC"), a Delaware insurance company headquartered at 485 Madison Avenue, NY, NY 10022, and Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company headquartered at 700 Quaker Lane, Warwick, RI 02886, in those states where MetGen's policies are available. MetLife Pet Insurance Solutions LLC is the policy administrator authorized by IAIC and MetGen to offer and administer pet insurance policies. MetLife Pet Insurance Solutions LLC was previously known as PetFirst Healthcare, LLC and in some states continues to operate under that name pending approval of its application for a name change. The entity may operate under an alternate, assumed, and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC (New York and Minnesota); MetLife Pet Insurance Solutions Agency LLC (Illinois); and such other alternate, assumed, or fictitious names approved by certain jurisdictions.

2 Annual limit options range from $1,000 to $25,000 in $1,000 increments. In addition, there is also a $500 annual limit option for MetGen underwritten policies. Unlimited benefit option subject to availability.

3 Deductible options range includes: $0-$750 in $50 increments and $1,000, $1,250, $1,500, $2,000, and $2,500.

4 Reimbursement options include: 70%, 80% and 90%. In addition, there is also a 50% option for MetGen underwritten policies only and a 65% option for IAIC underwritten policies only.

5 Provided all terms of the policy are met. Application is subject to underwriting review and approval. Like most insurance policies, insurance policies issued by IAIC and MetGen contain certain deductibles, coinsurance, exclusions, exceptions, reductions, limitations, and terms for keeping them in force. For costs, complete details of coverage and exclusions, and a listing of approved states, please contact MetLife Pet Insurance Solutions LLC.

6 We do not cover all preexisting conditions, just those covered by the previous provider.

7 Your pet's deductible automatically decreases by $50 each policy year that you don't receive a claim reimbursement. May not be available in all states.

8 This discount is not available in Tennessee. This discount is only available to individuals who are eligible members or employees of an entity that has arranged for MetLife to offer pet insurance to its population.

USG Perks at Work

perks at work

Over 41,000 USG employees and their family and 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, select **Register for Free** and follow the instructions on the screen.

- The program will tailor to you as you use it: As you shop, create a profile and provide feedback; it will help you find perks that matter to you.
- Earn rewards called "WOWPoints" as you shop, and redeem your points at any merchant, anytime.
- **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 select **Contact Us** for help logging in.

USG Retirement Plan Participation

The University System of Georgia (USG) has two mandatory retirement plan options for exempt (salaried) employees: the Teachers Retirement System of Georgia (TRS) and the Optional Retirement Plan (ORP). Both the TRS and ORP are designed to help you build retirement savings that you can combine with your personal savings and Social Security benefits to meet your financial needs in retirement. Based on eligibility, you can elect to participate in the ORP or the TRS. ERS (Employees' Retirement System of Georgia) is only available for former state employees who are vested members. Vested members have the option to continue their membership in ERS or to select another plan option with USG. **For information, visit retirement.usg.edu.**

CAPTRUST

USG's vendor partner, CAPTRUST, provides unbiased financial, retirement and investment advice at no cost to you. To schedule an appointment, call CAPTRUST at 800-967-9948 or **use the online scheduler at: captrustadvice.com/scheduler**.

To enroll in USG voluntary 403(b)/457(b) retirement plans, **visit oneusgconnect.usg.edu**. Click **OneUSG Connect** in the *Active Employee* section. Select **Benefits** from the drop-down *Employee Self-Service* menu. Select the **My Retirement@Work** tile. Follow the prompts to complete your enrollment.

USG retirement plan participation

USG provides a retirement benefit for all regular employees working 20 hours or more. Exempt employees have the option to choose between the Teachers Retirement System (TRS) or the Optional Retirement Plan (ORP). This decision must be made within **60 calendar days** of employment or eligibility. Once the decision is made, it is irrevocable. If no decision is made within 60 days, the election will default to TRS. Nonexempt employees must participate in TRS and will be enrolled upon hire or date of eligibility.

Features	Teachers Retirement System	Optional Retirement Plan
Type of plan	401(a) defined benefit	401(a) defined contribution
Benefit at retirement	Based on formula: 2% x years of service x average of 24 highest consecutive months' salary	Account balance accumulated at the time of retirement
Vesting	10 years of creditable service	Immediate
Disability benefits	Available after 10 years' creditable service	Account balance at the time of disability
Contribution rates* (subject to change annually)	Employee: 6% Employer: 19.98%*	Employee: 6% Employer: 9.24%
Responsibility for management of funds and investments	TRS; retirement benefit is guaranteed based on formula, not on investment returns	Employee takes active role; retirement benefit is based on investments and returns

* Rates as of July 1, 2023: The TRS employer rate of 19.98% is for fiscal year 2024, which began July 1, 2023, and ends June 30, 2024.

USG supplemental retirement plans

All USG employees, except students, have the option to enroll in the 403(b) and/or 457(b) supplemental retirement plans. These plans help you maximize your retirement contributions and create a solid foundation for your financial future. You can make contributions to the 403(b) and/or 457(b), in addition to your participation in either the TRS or ORP. This means you can set aside $45,000 or more annually, if you are eligible for the age 50 catch-up contribution.

You can enroll when you are first eligible or at any time during the year.

Features	403(b) plan	457(b) plan
Employee salary reduction (pretax) contributions*	• Permitted. Generally limited to the lesser of $22,500 or 100% of compensation in 2023. • Check the IRS website for contribution limit updates for 2024.	• Permitted. Generally limited to the lesser of $22,500 or 100% of compensation in 2023. • Check the IRS website for contribution limit updates for 2024.
Employee Roth (after-tax) contributions*	• Permitted. Generally limited to the lesser of $22,500 or 100% of compensation in 2023.	• Permitted. Generally limited to the lesser of $22,500 or 100% of compensation in 2023.
Age 50 catch-up amounts — Section 514(v)	• An additional $7,500 elective salary deferral may be permitted in 2023. • Age 50 catch-up contributions can be made to both 403(b) and 457(b) plans in the same year.	• An additional $7,500 elective salary deferral may be permitted in 2023. • Age 50 catch-up contributions can be made to both 403(b) and 457(b) plans in the same year.

* Contributions must be aggregated with Roth 403(b) and 457(b) contributions when applying limits.

USG retirement plan participation *(continued)*

Personalized advice and education

Do you need help deciding which retirement plan or plans are right for you? CAPTRUST can provide unbiased guidance related to your mandatory retirement and whether the 403(b) or 457(b) may be right for you. Schedule a call or virtual visit with CAPTRUST to create a financial blueprint or to get advice on how to create the right investment mix based on your financial goals. Best of all, this service is included as part of your benefits at no additional cost.

Schedule an appointment to get answers to your financial questions and leave with clear action steps to help you achieve your retirement goals.

CAPTRUST **captrustadvice.com/scheduler/** **800-967-9948**

How to enroll

To enroll in your retirement plan(s), log in to your **Retirement@Work** account.

- **Visit oneusgconnect.usg.edu** and select the OneUSG Connect button. Once you are logged in, select **Benefits** from the drop-down menu.
- If you enroll in ORP, 403(b), or 457(b), you must also choose your retirement provider and select your investment options. Please wait 24 hours before selecting your retirement vendor and investment options.

For additional information about enrolling or your retirement options, **visit retirement.usg.edu**.

Creating your retirement investment strategy

When you enroll in the ORP or a supplemental retirement plan, you have three vendor options to invest your retirement contributions. USG provides a standardized investment fund lineup with the exception of a few provider-specific funds. Before selecting which accounts and funds to invest in, you should review and compare the investment options from each of the three providers.

Corebridge Financial
usg.corebridgefinancial.com
800-448-2542

Fidelity Investments
netbenefits.com/usg
800-343-0860

TIAA
TIAA.org/usg
844-230-7524

USG retiree healthcare benefits

Your USG retirement

- USG provides healthcare benefits in retirement to employees who meet the definition of retiree under the Board of Regents' Policy 8.2.8.2 or 8.2.8.4. You must be an active USG healthcare 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 to continue USG retiree healthcare benefits into retirement.
- Schedule an appointment with the Social Security Administration to discuss the enrollment process for Medicare parts A and B and FSA/HSA contribution rules.

Retiring prior to age 65

- Your USG retiree healthcare coverage will default to the same plan you and your pre-65 dependents were enrolled in as an active employee. If you're enrolled in a health maintenance organization (HMO) plan and move out of the service area, you'll be defaulted into the Comprehensive Care plan.
- If you or your spouse is Medicare-eligible but under age 65, you must enroll in Medicare parts A and B. Medicare will pay primary, and the USG healthcare plan will pay secondary.
- You may be able to continue certain voluntary benefit plans that require you to take action within 30 days after your retirement. Please contact OneUSG Connect - Benefits.

For more information concerning your benefit options and eligibility for retirement, **please visit benefits.usg.edu** or contact your campus HR or benefits office for assistance.

Retiring at age 65 or older

- Your USG retiree healthcare benefit is an annual contribution into a Health Reimbursement Account (HRA) that can help you pay for your healthcare premiums, Medicare and other qualified expenses. You receive funding for each Medicare-enrolled retiree, spouse and/or dependent.
- You must be enrolled in Medicare parts A and B prior to your date of retirement to be eligible for the HRA.
- To maintain eligibility, you must enroll and remain enrolled in at least one Medicare Supplement, Prescription Drug Part D, or Medicare Advantage plan through the Alight Retiree Health Solutions (ARHS).
- Your retiree dental, vision and basic life default to the same USG plans you were enrolled in as an active employee.

Benefits that continue in retirement

- **Pre-65 healthcare plans –** Anthem or Kaiser Permanente.
- **65 or older healthcare plan –** Must be enrolled in a plan through Alight Retiree Health Solutions.
- **Dental plan –** Basic or High Plan (HMO – Georgia Tech).
- **Vision plan.**
- **Basic life insurance –** $25,000 (employer paid).
- **Spouse life insurance –** $5,000 (max).
- **Child life insurance –** $5,000 (max).
- **Supplemental life for the retiree –** This reduces to a minimum of $15,000. You can opt to continue the difference by contacting MetLife directly within 30 days of your retirement date.
- **Health Savings Account (HSA) –** You will no longer be able to make contributions to this account, but HSA funds may be used per IRS rules until depletion.

USG retiree benefits billing

USG policy requires retirees to enroll in direct debit to pay your monthly USG retiree benefit premiums. Payment will be due on the first of the month. You must make timely payments or your coverage will be terminated and you will not have an opportunity to reenroll.

Retiree healthcare rates

The retiree rates below apply to **non-Medicare-eligible pre-65 retirees** and their covered dependents who were hired with USG **before January 1, 2013**, and meet the definition of a USG retiree as defined by the Board of Regents policy 8.2.8.2 or the Career State policy 8.2.8.4.

Additional information can be located at benefits.usg.edu.

Type of Premium	2024 monthly costs			
Non-Medicare eligible	**Consumer Choice HSA**	**Anthem Comprehensive Care**	**Anthem BlueChoice HMO**	**Kaiser Permanente HMO**
Non-Medicare retiree only	$88.94	$206.68	$253.20	$188.80
Employer	$568.04	$571.12	$576.36	$464.00
Total rates	$656.98	$777.80	$829.56	$652.80
Non-Medicare spouse only	$131.40	$260.92	$313.36	$233.80
Employer	$591.28	$594.66	$599.16	$419.00
Total rates	$722.68	$855.58	$912.52	$652.80
Child(ren) only	$99.88	$194.10	$232.40	$173.44
Employer	$425.70	$428.14	$431.26	$348.80
Total rates	$525.58	$622.24	$663.66	$522.24
Non-Medicare retiree + child(ren)	$188.82	$400.78	$485.60	$362.24
Employer	$993.74	$999.26	$1,007.62	$812.80
Total rates	$1,182.56	$1,400.04	$1,493.22	$1,175.04
Non-Medicare spouse + child(ren)	$231.28	$455.02	$545.76	$407.24
Employer	$1,016.98	$1,022.80	$1,030.42	$767.80
Total rates	$1,248.26	$1,477.82	$1,576.18	$1,175.04
Non-Medicare retiree + Non-Medicare spouse	$220.34	$467.60	$566.56	$422.60
Employer	$1,159.32	$1,165.78	$1,175.52	$948.28
Total rates	$1,379.66	$1,633.38	$1,742.08	$1,370.88
Family (Non-Medicare retiree + Non-Medicare spouse + child[ren])	$314.76	$668.00	$809.38	$603.72
Employer	$1,656.18	$1,665.40	$1,679.30	$1,354.68
Total rates	$1,970.94	$2,333.40	$2,488.68	$1,958.40

Retiree healthcare rates *(continued)*

The retiree rates below apply to **pre-65 Medicare-eligible retirees** and their covered dependents who were hired with USG **before January 1, 2013**, and meet the definition of a USG retiree as defined by the Board of Regents policy 8.2.8.2 or the Career State policy 8.2.8.4.

Additional information can be located at benefits.usg.edu.

Type of Premium	2024 monthly costs			
Pre-65 Medicare eligible	**Consumer Choice HSA**	**Anthem Comprehensive Care**	**Anthem BlueChoice HMO**	**Kaiser Permanente HMO**
Pre-65 Medicare retiree or pre-65 Medicare spouse or Medicare child only +26 years old	$88.94	$180.84	$253.20	$149.60
Employer	$568.04	$596.96	$576.36	$503.20
Total rates	$656.98	$777.80	$829.56	$652.80
Pre-65 Medicare retiree or pre-65 Medicare spouse + child(ren)	$188.82	$374.94	$485.60	$323.04
Employer	$993.74	$1,025.10	$1,007.62	$852.00
Total rates	$1,182.56	$1,400.04	$1,493.22	$1,175.04
Non-Medicare retiree + pre-65 Medicare spouse	$177.88	$387.52	$506.40	$338.40
Employer	$1,201.78	$1,245.86	$1,235.68	$1,032.48
Total rates	$1,379.66	$1,633.38	$1,742.08	$1,370.88
Pre-65 Medicare retiree + pre-65 Medicare spouse	$177.88	$361.68	$506.40	$299.20
Employer	$1,201.78	$1,271.70	$1,235.68	$1,071.68
Total rates	$1,379.66	$1,633.38	$1,742.08	$1,370.88
Family (Non-Medicare retiree + pre-65 Medicare spouse + child[ren])	$277.76	$581.62	$738.80	$511.84
Employer	$1,693.18	$1,751.78	$1,749.88	$1,446.56
Total rates	$1,970.94	$2,333.40	$2,488.68	$1,958.40
Pre-65 Medicare retiree + Non-Medicare spouse	$220.34	$441.76	$566.56	$383.40
Employer	$1,159.32	$1,191.62	$1,175.52	$987.48
Total rates	$1,379.66	$1,633.38	$1,742.08	$1,370.88
Family (Non-Medicare retiree + Non-Medicare spouse + child[ren])	$320.22	$635.86	$798.96	$556.84
Employer	$1,650.72	$1,697.54	$1,689.72	$1,401.56
Total rates	$1,970.94	$2,333.40	$2,488.68	$1,958.40
Family (pre-65 Medicare retiree + Non-Medicare spouse + child[ren])	$320.22	$635.86	$798.96	$556.84
Employer	$1,650.72	$1,697.54	$1,689.72	$1,401.64
Total rates	$1,970.94	$2,333.40	$2,488.68	$1,958.48
Family (pre-65 Medicare retiree and pre-65 Medicare spouse + child[ren])	$277.76	$555.78	$738.80	$472.64
Employer	$1,693.18	$1,777.62	$1,749.88	$1,485.56
Total rates	$1,970.94	$2,333.40	$2,488.68	$1,958.40
Pre-65 Medicare retiree or pre-65 Medicare spouse + child(ren)	$188.82	$374.94	$485.60	$323.04
Employer	$993.74	$1,025.10	$1,007.62	$852.00
Total rates	$1,182.56	$1,400.04	$1,493.22	$1,175.04

Important note

All pre-65 Medicare-eligible retirees and dependents will remain on the USG healthcare plans until they reach age 65. At age 65, they will move to the Alight Retiree Health Solutions, where Medicare will become their primary health plan. To review the total cost of your plan, including the employer contribution, **please visit the USG website: benefits.usg.edu**.

Years of service chart for retirees

For retirees hired on or **after January 1, 2013**, the employer contribution for retiree healthcare will be based on years of service with USG. This chart applies to:

- Pre-65 retirees enrolled in a USG healthcare plan.
- USG retirees 65 and older enrolled in a supplemental plan through Alight Retiree Health Solutions. As a post-65 USG retiree, your healthcare benefit is an annual employer contribution into an HRA that can help you pay for your healthcare premiums, Medicare Part B costs and other qualified expenses.

To calculate your USG retiree healthcare premium or HRA amount, **please visit benefits.usg.edu/retiree-premiums** to use the online Retiree Healthcare Contribution Calculator.

Retirees enrolled in USG retiree benefits	Employer contribution
30 or more years of service	100% of employer contribution
29	97%
28	94%
27	91%
26	89%
25	86%
24	81%
23	77%
22	73%
21	69%
20	64%
19	60%
18	56%
17	51%
16	47%
15	43%
14	39%
13	34%
12	30%
11	26%
10	21%
Fewer than 10 years	0%

If employee meets Board of Regents retirement eligibility requirements, USG will recognize former state service as years of service for the employer contribution.

As a retiree, you must be enrolled in Medicare parts A and B and at least one plan (Medicare Supplement, Medicare Advantage or Medicare Prescription) through Alight Retiree Health Solutions to receive the annual employer contribution to your Health Reimbursement Account (HRA).

Important contact information

Who to call	Contact information	
USG (questions on benefit choices or options)		
OneUSG Connect - Benefits	844-587-4236	**oneusgconnect.usg.edu**
Alight Retiree Health Solutions *Post-65 retirees*	866-212-5052	**retiree.alight.com**
Anthem Blue Cross and Blue Shield		
Member Services team	800-424-8950	**anthem.com**
CVS pharmacy benefits		
CVS/Caremark *Anthem members*	877-362-3922 TDD 800-231-4403	**caremark.com**
SilverScript *Pre-65 Medicare retirees enrolled in Anthem*	866-275-5247 TDD 866-236-1069	
Kaiser Permanente		
Customer service and advice line	404-365-0966	**my.kp.org/usg**
Well-being resources		
USG Well-being	**usgwellbeing@usg.edu**	**usg.edu/well-being**
Health and well-being coaching		
Health coaching *Anthem members*	800-424-8950	**anthem.com**
Wellness coach *Kaiser Permanente members*	866-862-4295	**kp.org/wellnesscoach**
Acentra Health (formerly Kepro) *Employee Assistance Program*	844-243-4440	**usg.mylifeexpert.com** Company code: **USGCares**
Tobacco cessation		
Georgia Tobacco Quit Line	877-270-7867	**dph.georgia.gov/ready-quit**
QuitSmart Program *Kaiser Permanente members only*	404-365-0966	**kp.org/classes**
CVS MinuteClinic *Anthem members only*	866-389-2727	**cvs.com/minuteclinic/services/smoking-cessation**

Important contact information *(continued)*

Who to call	Contact information	
Well-being resources (cont'd)		
Diabetes prevention and weight loss		
Omada Health *Kaiser Permanente members only*	404-365-0966	**go.omadahealth.com/kpga**
WeightWatchers *Kaiser Permanente members only*	866-204-2885	**ww.com/us/usg**
WeightWatchers *Anthem members only*	866-204-2885	**ww.com/USGAnthem**
Dental and vision		
Delta Dental Policy #GA 16711	800-471-4214	**deltadentalins.com/usg**
EyeMed Policy #1002280	866-800-5457	**eyemedvisioncare.com/usg**
Spending accounts (HSA and FSA)		
Health Benefits Accounts (HSA and FSA), HSA Bank	833-228-9352	**hsabank.com/hsabank/homepage**
Life and disability		
MetLife life insurance Policy #307601	800-638-6420	**LifeClaimSubmit@metlife.com**
MetLife disability Policy #307601	800-300-4296	**mybenefits.metlife.com**

Important contact information

Who to call	Contact information	
Other voluntary benefits		
Aflac accident insurance Group #23010	800-433-3036	**aflacgroupinsurance.com**
Aflac hospital indemnity Group #23010		
Aflac critical illness Group #23054		
Allstate identity protection Plan: Pro Plus	800-789-2720	**myaip.com**
Legal (LegalEASE) Policy #1000092	800-248-9000 (Open Enrollment and new hires) 888-416-4313 (enrolled employees)	**legaleaseplan.com/usg**
MetLife pet insurance	800-438-6388	**metlife.com/borusg**
Perks at Work (Next Jump, Inc.)	**support@nextjump.com**	**perksatwork.com/login**
Financial counseling and retirement		
CAPTRUST Independent Advice	800-967-9948	**captrustadvice.com/scheduler**
Corebridge Financial	800-448-2542	**usg.corebridgefinancial.com**
Fidelity	800-343-0860	**nb.fidelity.com/public/nb/usg/home**
TIAA	800-842-2252	**tiaa.org/public/tcm/usg**
Teachers Retirement System (TRS)	800-352-0650	**trsga.com**
Retirement@Work	844-231-7917	**oneusgconnect.usg.edu**, choose the **OneUSG Connect** button. After logging in, select **Benefits** in the drop-down menu.
Employees' Retirement System (ERS)	404-350-6300	**ers.ga.gov**

Notes

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