



2020 USG Comparison Guide

University System of Georgia Benefits



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What's Changing in 2020?

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

There will be premium increases for many USG healthcare plans for 2020.



Changes to the Comprehensive Care healthcare plan:

- Specialist visit from \$30 to \$35 copay
- Emergency room visit from \$150 to \$250 copay
- Three LiveHealth Online medical visits at \$0 copay per year



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

Retail Rx:

- **Preferred brand:** from \$40 copay to 20% coinsurance with \$40 minimum and \$100 maximum
- **Nonpreferred brand:** from 20% coinsurance with \$50 minimum and \$130 maximum to 35% coinsurance with \$100 minimum and \$200 maximum

Mail Order Rx:

- **Preferred brand:** from \$100 copay to 20% coinsurance with \$100 minimum and \$250 maximum
- **Nonpreferred brand:** from 20% coinsurance with \$125 minimum and \$260 maximum to 35% coinsurance with \$250 minimum and \$500 maximum
- **Pharmacy out-of-pocket maximum:** \$1,500/member capped at \$4,500 family



Health Savings Account

- Increase in the single annual contribution limit from \$3,500 to \$3,550
- Increase in the family annual contribution limit (two or more) from \$7,000 to \$7,100
- \$375 employer match for single coverage
- \$750 employer match for family coverage (Employee + one or more dependents)



Changes to the Blue Choice HMO healthcare plan

- Three LiveHealth Online medical visits at \$0 copay per year



Changes to Kaiser Permanente's HMO healthcare plan benefits:

- **Specialist visit:** from \$25 to \$35 copay
- **Generic:** from \$10 to \$15 copay with Kaiser Permanente; from \$20 to \$25 copay with other in-network pharmacy
- **Retail preferred brand:** from \$35 to \$45 copay with Kaiser Permanente; from \$45 to \$55 copay with other in-network pharmacy
- **Retail nonpreferred brand:** from \$55 to \$65 copay with Kaiser Permanente
- **Specialty:** 20% with \$200 maximum
- **Pharmacy out-of-pocket maximum:** \$1,500/member capped at \$3,000 family



Changes to USG Well-being

In 2020, USG Well-being is reinvigorating its platform with a new website and app. Look forward to a more straightforward and user-friendly experience with expanded options, more resources, and additional ways to earn your well-being credit. Participate in activities to help with nutrition, exercise, weight management, stress, and smoking cessation. Your path to well-being is a journey, not a destination. Live your best life today.

New activities include:

- Phone coaching
- Well-being challenges
- Invite your friends
- Healthy habits
- Daily cards

What's Changing in 2020? (Cont.)

NEW! Life insurance

As of January 1, 2020, we'll be replacing our life insurance vendor, Securian, with MetLife.

NEW! Identity protection

Through InfoArmor, PrivacyArmor Plus plan:

- Identity monitoring and alerts
- Full-service remediation
- Identity theft reimbursement
- Monitoring of your credit scores and reports for any changes or errors

NEW! Pet insurance

Through Nationwide, My Pet Protection:

- Coverage for cats and dogs, as well as avian and exotic pets
- 90% reimbursement
- Wellness visits
- \$7,500 annual benefit

Enhanced benefits

- Aflac – Health Advocacy
- Voya – increased benefit to pay out

NEW! Employee Assistance Program (EAP)

USG has partnered with KEPRO to provide employees and their family members with a comprehensive EAP. Full-time and part-time employees, family, and household members have access to the program. Services are free and confidential. The EAP is available 24/7/365 at **1-844-243-4440**, or go to **www.eaphelpink.com** (password: USGcares).

Easy ways to access your benefits

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

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



USG Healthcare Plan Surcharges

Tobacco surcharge

Effective January 1, 2020, employees enrolled in the USG healthcare plans and their covered dependents (age 18+) will be charged a \$100 per tobacco user per month surcharge for using tobacco products. During the 2020 open enrollment period, you must certify your status as a tobacco user or non user, as well as the status of any dependents (age 18+) enrolled in your University System of Georgia (USG) healthcare plan through OneUSG Connect – Benefits.

A reasonable alternative is made available during the certification process for individuals who would like to become non-tobacco users. This allows 90 days to complete a tobacco cessation program. Tobacco cessation programs are available at no cost to you and your dependents. Please contact these helpful resources for tobacco cessation programs:

- Georgia Tobacco Quit Line: **1-877-270-7867**
- Kaiser Permanente: **1-866- 862-4295**

If you become a non-tobacco user or complete a tobacco cessation program under the reasonable alternative option, please call the **OneUSG Connect – Benefits Call Center** at **1-844-5-USGBEN (1-844-587-4236)** to change your status.

Working spouse surcharge

In an effort to keep costs as low as possible for all our employees and the State of Georgia’s taxpayers, beginning in 2020, there will be a new surcharge of \$100 per month applied to employees who choose to cover their spouses in the USG healthcare plan if the employee’s spouse works for an employer other than the USG and receives an offer of coverage from that employer.

During open enrollment, employees who elect to enroll a spouse in the USG healthcare plan must complete the working spouse surcharge certification through OneUSG Connect – Benefits.

Working spouse surcharge WILL apply if:

- Your spouse works for any employer other than the USG, has an offer of coverage from that employer, and that employer makes a contribution towards the cost of the coverage. Non-USG employers include private sector organizations as well as other government agencies.

Working spouse surcharge WILL NOT apply if:

- Your spouse works for USG.
- Your spouse is covered under COBRA.
- Your spouse is eligible and/or enrolled in Medicare or Tricare.
- Your spouse is self-employed, regardless of whether your spouse offers insurance to his or her employees.
- Your spouse is a part-time employee and has NO access to health coverage.
- Your spouse has insurance available through his or her own employer, but the employer makes NO contribution toward the cost of the insurance.
- Your spouse is not employed.

If you have questions or need assistance regarding USG healthcare plan surcharges, please call the **OneUSG Connect – Benefits Call Center** at **1-844-5-USGBEN (1-844-587-4236)**.

If you do not complete the tobacco or working spouse certification during open enrollment, your status will default to surcharge. No refunds will be given.



**OneUSG Connect –
Benefits Call Center
1-844-587-4236**

Making Changes to Your Benefits

Benefit changes occurring as a result of a life event change require the following actions per IRS 125 guidelines:

- Process your enrollment or election change on the OneUSG Connect – Benefits website, **oneusgconnect.usg.edu**. Or call the OneUSG Connect – Benefits Call Center at **1-844-587-4236**.
- Provide proof of your Life Event.

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



Most common life event changes

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

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



Protect those who matter

As an active benefit – eligible employee, working 30+ hours per week, you can also cover your eligible dependents:

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

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



Important Note:

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



USG Well-being

USG cares about your health and well-being. That's why we provide you with a variety of tools that make it easy for you to incorporate healthy habits into your daily life. Complete healthy activities between January 1 and September 30, 2020, and you can earn up to a \$100 well-being credit.

The well-being credit is only available to employees and spouses covered by a USG healthcare plan. USG has partnered with Virgin Pulse for the well-being services. Your health information is confidential and will not be shared with USG.

The USG Well-being program is completely voluntary and confidential. Have a question about your privacy or other details of the program? Find answers in the FAQ, which is available at usg.edu/well-being. You can also read the Virgin Pulse privacy policy at virginpulse.com/privacy-policy.



Choose your path to better health

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

Activate your account by going to ourwellbeing.usg.edu. You will then create a unique username and password that is different from your USG login information.

You can also do it all from the app! Download the app by searching for Virgin Pulse on the App Store® or Google Play™.



Complete the health assessment – Earn



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

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

USG has partnered with Virgin Pulse for the well-being services. Your health information is confidential and will not be shared with the USG.



Activity tracking – Earn up to



Track 7,000 steps for 20+ days in a month and earn \$15 for each month! And, if you use a wearable device or fitness app, you can sync it and watch your steps add up automatically. **Plus, you'll earn \$10 for syncing!** Devices and apps include Fitbit, Garmin, Apple Health, MapMyFitness, Jawbone, Misfit, Moves, Runkeeper and Withings.



Financial coaching – Earn



USG employees are welcome to schedule a free confidential appointment with a financial coach. Get answers to your financial questions and become better prepared for your future. Coaching programs are offered through Fidelity, TIAA and AIG Retirement. Call to get started. Mention you are a USG Well-being participant. Note that calls for balance inquiries are not eligible for credit.

Fidelity: 1-800-343-0860

TIAA: 1-800-842-2252

AIG Retirement: 1-866-279-1444



Digital coaching – Earn up to



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

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



USG Well-being (Cont.)

NEW! Phone coaching – Earn up to

One-on-one expert guidance and support

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

- **Virgin Pulse:** Schedule by going to your well-being portal and selecting **Programs**. Choose the type of coaching that's best for you.
- **Anthem:** Call **1-800-785-0006**. Participate in coaching for asthma, diabetes, heart failure, coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD).
- **Kaiser Permanente:** Call **1-866-862-4295**. Mention you are a USG Well-being participant and ask for personal lifestyle coaching.

Community and local events – Earn up to

Make a difference in your community. Earn a well-being credit for volunteering, participating in events such as community 5K run/walk, or other events of your choosing. Any activity where you feel you donate your time and give back to your community counts. Examples include donating blood, helping out a local homeless shelter, volunteering at a church or religious institution of your choosing, participating in a neighborhood night out or packing food at a food pantry. You will earn \$15 for each activity. Note that the activity does not need to be physically demanding.



Flu shots – Earn

Free flu shots for employees and dependents covered under a USG healthcare plan. **Protect yourself and everyone around you. Get your flu shot!** Flu shots are covered at 100% when received at a plan pharmacy, doctor's office or retail health clinic.

- USG Anthem members: Use your Anthem ID card.
- USG Kaiser Permanente members: Receive a flu shot at any Kaiser Permanente facility.
- Receive a flu shot at your local pharmacy or retail health clinic.

Money Monday – Earn up to

Money Monday is a monthly financial education workshop with a WebEx format that will be broadcast to the entire USG. This workshop provides:

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

Earn \$15 for attending three webinars that will go toward your well-being credit for participating. Earn up to \$30 for attending six webinars. You can participate in as many webinars as you wish!

Diabetes coaching

If you have diabetes, it doesn't have to control you. Phone coaching opportunities are available to help you keep your diabetes in check. Calls are confidential, can be scheduled at your convenience and usually last about 20 minutes.

- **Virgin Pulse:** Schedule by going to your well-being portal and selecting **Programs**. Choose **Diabetes Coaching**.
- **Anthem:** Call **1-800-785-0006**. Participate in diabetes coaching for children and adults.
- **Kaiser Permanente:** Call **1-866-862-4295**. Mention you are a USG Well-being participant and ask for personal lifestyle coaching.

USG Well-being (Cont.)

Tobacco cessation coaching

Is today the day you start living a tobacco-free life? No matter where you are now, USG healthcare plans provide coverage with a \$0 copay (with a prescription) for most over the counter and prescription Nicotine Replacement Therapy resources. You also have access to phone coaching resources that can help you quit – and stay quit.

- **Virgin Pulse:** Schedule by going to your well-being portal and selecting **Programs**. Choose **Tobacco Cessation Coaching**.

Well-being Wednesday – Earn up to

Well-being Wednesday will raise awareness about health, stress, and disease to motivate you to make important changes that will reduce health risks and enhance the quality of your life.

Earn \$15 for attending three webinars that will go toward your well-being credit for participating. Earn up to \$30 for attending six webinars. You can participate in as many webinars as you wish!

NEW! Participate in a USG challenge – Earn up to

Participate in a challenge. Challenges are a fun way to focus on a new healthy habit or get in more physical activity. They will be added throughout the year. Participate and complete the challenges to earn \$25, up to twice a year. You can participate in as many challenges as you wish.

NEW! Invite your friends – Earn

Have you ever wished you could share this program with a friend or family member? Now, you can invite up to five friends to participate. Your invitees can participate in challenges, digital coaching, activity tracking and more. Their participation is free and confidential; they cannot earn well-being credit.

NEW! Complete healthy habits – Earn up to

Choose and track your healthy habits, such as staying organized, drinking water, keeping good posture, bringing your lunch to work and more. Track and complete healthy habits 20+ days in a month and earn \$5 for each month.

NEW! Complete your daily cards – Earn up to

Daily cards are personalized recommendations, information and inspiration that exist on your home page online and in the app. Complete 20+ daily cards a month and earn \$5 for each month.

Note: To receive credits for activities completed through Kaiser Permanente, you must sign your Wellness Program Agreement each year. Visit kp.org/engage, sign in and accept the agreement.



2020 Premium Rates for Active Employees

	2020 Monthly Plan Costs			
	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Employee Only	\$81.86	\$187.96	\$222.98	\$170.66
Employer	\$463.81	\$463.81	\$463.81	\$381.22
Total Rates	\$545.67	\$651.77	\$686.79	\$551.88
Employee + Child(ren)	\$173.52	\$364.50	\$427.54	\$327.40
Employer	\$808.68	\$808.68	\$808.68	\$665.98
Total Rates	\$982.20	\$1,173.18	\$1,236.22	\$993.38
Employee + Spouse	\$202.44	\$425.26	\$498.80	\$381.96
Employer	\$943.45	\$943.45	\$943.45	\$776.99
Total Rates	\$1,145.89	\$1,368.71	\$1,442.25	\$1,158.95
Family	\$280.02	\$598.32	\$703.38	\$535.60
Employer	\$1,356.98	\$1,356.98	\$1,356.98	\$1,120.04
Total Rates	\$1,637.00	\$1,955.30	\$2,060.36	\$1,655.64



Action Required!

If your Tobacco Use status changes at any time during the plan year, you are required to update your Tobacco Use Certification immediately. Call the OneUSG Connect – Benefits Call Center at 1-844-587-4236 (1-844-5-USGBEN).

Tobacco Use Certification only applies if you are enrolled in a USG healthcare plan.

Important Note: Surcharge Certifications

If you enroll in a USG healthcare plan in 2020, you will need to certify your and your enrolled dependents' (age 18+) tobacco use status and, if you cover a spouse, working spouse status or a \$100 surcharge per certification will apply.

Important note about accurately certifying your surcharge status and penalties of fraud:

- Please be advised that 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 the USG Ethics policy. Therefore, you should respond honestly in regards to your status. If you knowingly and willfully make a false or fraudulent statement to the University System of Georgia regarding your insurance coverage, you may be subject to criminal prosecution. Under state law (at O.C.G.A. Section 16-10-20), if you are convicted, you shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both.
- Tobacco cessation programs are available at no cost to you and your dependents. Information and resources are available on the USG Well-being *Tobacco & Smoke Free* page at www.usg.edu/well-being/site/topic/category/tobacco_smoke_free.

2020 Premium Rates for Pre-65 Retirees

Non-Medicare Eligible	2020 Monthly Plan Costs			
	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Non-Medicare Retiree Only	\$81.86	\$187.96	\$222.98	\$170.66
Non-Medicare Spouse Only	\$120.58	\$237.30	\$275.82	\$211.30
One Child Only	\$91.66	\$176.54	\$204.56	\$156.74
Children Only	\$91.66	\$176.54	\$204.56	\$156.74
Non-Medicare Retiree + 1 Child(ren)	\$173.52	\$364.50	\$427.54	\$327.40
Non-Medicare Spouse + 1 Child(ren)	\$212.24	\$413.84	\$480.38	\$368.04
Non-Medicare Retiree + Non-Medicare Spouse	\$202.44	\$425.26	\$498.80	\$381.96
Family (Non-Medicare Retiree + Non-Medicare Spouse + Child(ren))	\$280.02	\$598.32	\$703.38	\$535.60
Family (Non-Medicare Retiree + Child(ren))	\$173.52	\$364.50	\$427.54	\$327.40
Family (Non-Medicare Spouse + Child(ren))	\$212.24	\$413.84	\$480.38	\$368.04

Pre-65 Medicare Eligible	2020 Monthly Plan Costs			
	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse Only or Pre-65 Medicare Child +26 yrs old	\$81.86	\$164.46	N/A	\$135.22
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child	\$173.52	\$341.00	N/A	\$291.96
Non-Medicare Retiree + Pre-65 Medicare Spouse	\$163.72	\$352.42	\$498.80	\$305.88
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$163.72	\$328.92	N/A	\$270.44
Family (Non-Medicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$255.38	\$528.96	\$703.38	\$462.62
Pre-65 Medicare Retiree + Non-Medicare Spouse	\$202.44	\$401.76	N/A	\$346.52
Family (Pre-65 Medicare Retiree + Non-Medicare Spouse + Child(ren))	\$294.10	\$578.30	N/A	\$503.26
Family (Pre-65 Medicare Retiree + Child(ren))	\$173.52	\$341.00	N/A	\$291.96
Family (Pre-65 Medicare Spouse + Child(ren))	\$173.52	\$341.00	N/A	\$291.96
Family (Pre-65 Medicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$255.38	\$505.46	N/A	\$427.18



Important Note:

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

Important Note:

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

2020 Healthcare Benefits at a Glance

	Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
	In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Lifetime maximum						
	Unlimited		Unlimited		Unlimited	Unlimited
Deductible: All services are subject to the the deductible unless otherwise indicated.						
Individual single coverage	\$2,200	\$4,400	\$750	\$2,250	None	None
Employee + 1 (spouse or child)	\$4,400	\$8,800	\$1,500	\$4,500		
Employee + 2 or more covered members	\$4,400	\$8,800	\$2,250	\$6,750		
Notes	Once individual deductible is met, claims will pay at 80%. For a family, the deductible must be met in total before the plan pays at 80%.		Once individual deductible is met, claims will pay at 90%. For a family, this can be met in any combination. However, the family deductible does not have to be satisfied for persons meeting their individual deductible of \$750 to have claims paid at 90%.		N/A	N/A
Maximum annual out-of-pocket limit						
Individual single coverage	\$3,700	\$7,400	\$1,750	\$5,250	\$5,500	\$6,350
Employee + 1 (spouse or child)	\$7,400	\$14,800	\$3,500	\$10,500	\$9,900	\$12,700
Employee + 2 or more covered members	\$7,400	\$14,800	\$3,500	\$10,500	\$9,900	\$12,700
Notes	This includes the maximum annual deductible. In- and -out-of-network coinsurance amounts accumulated remain separate. Both medical and pharmacy coinsurance apply toward the out-of-pocket limit.		Member deductible, copays, and coinsurance apply toward the annual medical out-of-pocket limit(s). The prescription drug benefits have a separate out-of-pocket limit. See page 15.		Member copays for office visits, inpatient admissions and emergency room services apply toward the annual medical out-of-pocket limit(s). The prescription drug benefits have a separate out-of-pocket limit. See page 15.	Member copays for physician office visit services, inpatient admission, ER visits, and Rx copays apply toward the annual out-of-pocket.
Pre-existing conditions						
	Not Applicable		Not Applicable		Not Applicable	Not Applicable
Out-of-state/out-of-country coverage						
	In-network coverage that is out-of-state utilizes the BlueCard national program. Out-of-country uses Blue Cross Blue Shield Global Core at 1-800-810-2583 .				Emergency Care only	You're covered for emergency and urgent care anywhere in the world. Call the new Away From Home Travel Line from both inside and outside the U.S. at 1-951-268-3900 for assistance before, during and after travel.
Primary Care Physician/referral required						
	No		No		Yes	No

Note: 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.

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

Note: BlueChoice HMO and Kaiser 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.

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

2020 Healthcare Benefits at a Glance (Cont.)

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Physician services provided in an office setting					
Primary Care Physician/Office Visit					
80%	60%	100% after \$20 copay per visit; not subject to deductible; \$20 copay applies to office visit service only	60%	Plan pays 100% after \$35 copay	Plan pays 100% after \$20 copay
Retail Health Clinics					
80%	N/A	Plan pays 100% after \$15 copay	N/A	Plan pays 100% after \$15 copay	N/A
Online Visit					
80%; \$59 prior to deductible	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* (Calendar Year) <i>For at-home Colon Cancer screening test options, please call the dedicated customer service team at 1-800-424-8950 for in-network coverage options.</i>					
Paid at 100%; not subject to deductible	Paid at 60%; not subject to deductible	Paid at 100%; not subject to deductible	Not covered; noncovered charges do not apply to annual deductible or annual out-of-pocket maximum	Plan pays 100%	Plan pays 100%
Routine Eye Exam with Ophthalmologist or Optometrist					
Paid at 100%; not subject to deductible	Paid at 60%; not subject to deductible	Paid at 100%; not subject to deductible	Not covered; noncovered charges do not apply to annual deductible or annual out-of-pocket maximum	Not covered	Plan pays 100% after \$35 copay to Optometrist
Specialist Office Visit					
80%	60%	100% after \$35 copay per visit; not subject to deductible; \$35 copay applies to office visit service only	60%	100% after \$70 copay	100% after \$35 copay
Laboratory Services					
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 \$20; not subject to 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 \$70 at first office visit	Prenatal and first postpartum visit covered at 100%
Surgery In-Office					
80%	60%	90%	60%	100% after \$70 copay	100% after \$35 copay in Kaiser Permanente medical office; \$100 copay in outpatient setting

* Preventive 3-D mammograms are covered by Anthem.

2020 Healthcare Benefits at a Glance (Cont.)

	Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
	In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Allergy Testing						
	80%	60%	90%	60%	100% after \$70 copay	100% after \$35 copay
Allergy Shots & Serum						
	80%	60%	100%; not subject to deductible if a physician is seen, the visit is treated as an office visit and subject to the \$35 copay per visit.	60%	100% after \$70 copay	100% after \$35 copay; \$0 copay for serum
Inpatient Hospital Services — Pre-certification 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% limited to semi-private room	60%	100% after \$500 copay	100% after \$250 copay
Maternity Delivery						
	80%	60%	90%	60%	100% after \$500 copay	100% after \$250 copay
Laboratory Services (LabCorp is in-network)						
	80%	60%	90%	60%	100%	100%
Skilled Nursing Facility						
	80%	60%	90%	60%	100%; 30-day limit per calendar year	100%; 60-day limit per calendar year
	30 days per calendar year combined in- and out-of-network		30-day calendar-year maximum combined in- and out-of-network			
Hospice Care						
	100%	100%	100%	60%	100%	100%
Outpatient Hospital/Facility Services - Pre-certification required except for emergency						
Physician Services (may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery)						
	80%	60%	90%	60%	100%	100%
Hospital Facility Services outpatient care (including outpatient surgery and diagnostic testing)						
	80%	60%	90%	60%	100% after \$250 copay	100% after \$100 copay

Note: 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.

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

Note: BlueChoice HMO and Kaiser 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.

2020 Healthcare Benefits at a Glance (Cont.)

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Care in Hospital Emergency Room					
80%	80%	90% after a \$250 copay per visit; subject to deductible; copay waived if admitted within 24 hours	90% after a \$250 copay per visit; subject to deductible; copay waived if admitted within 24 hours	100% after \$300 copay	100% after \$250 copay
Ambulance Services (Land or air ambulance for medically necessary emergency transportation only)					
80%	60%	90%; subject to deductible		100%	100% after \$75 copay per trip
Urgent Care services					
80%	60%	100% after \$35 copay; not subject to deductible	60%	100% after \$70 copay	100% after \$30 copay
Subject to balance billing for nonparticipating providers; balance bill amounts will not apply to the deductible or out-of-pocket maximum.					
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%	50%
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					
80%	60%	90%	60%	Covered if deemed medically necessary; pre-authorization required	Covered if deemed medically necessary; pre-authorization required
Chiropractic Care; Physical Therapy; Speech Therapy; Occupational Therapy; Cardiac Therapy					
80%	60%	90%	60%	100% after \$70 copay;	100% after \$35 copay; 20 visits
Physical, occupational, and chiropractic care: combined 20 visits Speech therapy: 20 visits Respiratory therapy: 30 visits Note: 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 Note: In- and out-of-network visit limits are combined. Cardiac Rehabilitation: no visit limit		Chiropractic care: 20 visits Physical and occupational therapy: 40 visits Speech therapy: 30 visits Cardiac Rehabilitation: no visit limit	100% after \$35 copay; up to 20 visits for physical, occupational and speech combined 100% after \$35 copay: up to 36 visits for Cardiac Rehabilitation

2020 Healthcare Benefits at a Glance (Cont.)

	Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
	In-network	Out-of-network	In-network	Out-of-network	In-network	In-network
Behavioral Health & Substance Abuse						
Inpatient						
	80%	60%	90%	60%	100% after \$500 copay	100% after \$250 copay
Partial Hospitalization						
	80%	60%	90%	60%	100%	Contact plan for details.
Office Visit						
	80%	60%	\$20	60%	100%	Contact plan for details.
Outpatient Facility						
	80%	60%	90%	60%	100%	100% after \$20 copay
Intensive Outpatient						
	80%	60%	90%	60%	100%	Contact plan for details.
Applied Behavioral Analysis (ABA)/Autism Therapy						
	80%	60%	100% after \$20 copay per office visit; refer to plan benefits above for treatment outside of office visit setting	60%	100% after \$30 copay per office visit; refer to plan benefits above for treatment outside of office visit setting	100% after \$20 copay per office visit; unlimited visits; treatment requires prior authorization
Pharmacy Services						
Prescription Drugs						
	See page 17.		See page 17.		See page 17.	See page 22.

Note: 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.

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

Note: BlueChoice HMO and Kaiser 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.

How to find a doctor For Anthem members:

1. Go to anthem.com/usg.
2. On the home page, go to *Medical Plan Details* and select the plan you want to view. Choose **Find a doctor, hospital, or urgent care center in this plan**.
3. Select a plan type:
 - Consumer Choice HSA Plan
 - Comprehensive Care Plan
 - BlueChoice HMO Plan
 Or
 - Search for providers outside of Georgia

4. Using the drop-down boxes, select what type of doctor and the location you're looking for, then, select **Search**.
5. For more information about a provider (like skills and training), just select that name in the directory.

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

For Kaiser Permanente members:

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

Pharmacy Benefits Summary

CVS/Caremark			
	<p>CVS/Caremark is your pharmacy benefit manager. Its goal is to offer you convenient and affordable prescription fill options, many of which you will be able to choose online through its prescription benefits site. To ensure you're getting as much as you can out of your prescription benefit plan, create your secure, personal online account at Caremark.com.</p>		
Retail Pharmacy Up to a 30-day supply	Consumer Choice HSA <i>Generic:</i> 20% after deductible <i>Preferred Brand:</i> 20% after deductible <i>Nonpreferred Brand:</i> 20% after deductible	Comprehensive Care <i>Generic:</i> \$15 copay <i>Preferred Brand:</i> 20% with \$40 minimum and \$100 maximum copay <i>Nonpreferred Brand:</i> 35% with \$100 minimum and \$200 maximum copay	BlueChoice HMO <i>Generic:</i> \$15 copay <i>Preferred Brand:</i> 20% with \$40 minimum and \$100 maximum copay <i>Nonpreferred Brand:</i> 35% with \$100 minimum and \$200 maximum copay
	Mail Order Up to a 90-day supply	Consumer Choice HSA <i>Generic:</i> 20% after deductible <i>Preferred Brand:</i> 20% after deductible <i>Nonpreferred Brand:</i> 20% after deductible	Comprehensive Care <i>Generic:</i> \$37.50 copay <i>Preferred Brand:</i> 20% with \$100 minimum and \$250 maximum copay <i>Nonpreferred Brand:</i> 35% with \$250 minimum and \$500 maximum copay
Annual Out-of-Pocket Maximum	<p>Comprehensive Care and Blue Choice HMO The following annual out-of-pocket maximum amounts for members who obtain generic and preferred brand-name prescription medications will apply:</p> <ul style="list-style-type: none"> • Employee: \$1,500 • Employee + Child: (Two (2) covered members): \$3,000 • Employee + Spouse: (Two (2) covered members): \$3,000 • Family: (Three (3) or more covered members): \$4,500 <p>When members reach their annual out-of-pocket maximums, their prescription drug copays will be waived for any additional generic and preferred brand-name medications for the remainder of that year.</p> <p>Consumer Choice HSA The annual out-of-pocket maximum amounts for members enrolled in the Consumer Choice HSA plan and for generic or preferred brand-name prescription medication will be combined with the medical out-of-pocket maximum amounts (i.e., single or family coverage). Nonpreferred drug coinsurance amounts do not apply to the out-of-pocket maximum on any plan.</p>		
Considering Pharmacy Mail Service?	<p>The CVS/Caremark Mail Service Pharmacy Your prescription benefit plan administered by CVS/Caremark includes the use of a mail service pharmacy. If you take one or more maintenance medicines, you may save time and money with mail service.</p> <p>With the CVS/Caremark Mail Service Pharmacy, you can:</p> <ul style="list-style-type: none"> • Receive an extended supply of medicine. • Enjoy convenient delivery to the location of your choice, with free shipping. • Speak to a registered pharmacist 24 hours a day, seven days a week. • Contact a pharmacist with your questions online at Caremark.com. • Order prescription refills online or by phone anytime, day or night. 		
Important Information	<p>Copay Card Programs – Reminder! Are you enrolled in a copay card program? Manufacturer copay card programs are often used to help lower patient copay/coinsurance amounts for prescription drugs. USG members may continue to use manufacturer copay card programs. Just remember only the amount you actually pay for your prescriptions will be applied toward your deductible or out-of-pocket maximum.</p> <p>Save Money With Generics – If you or your doctor requests a brand-name prescription when a generic equivalent is available, you will pay the brand copay plus the difference in cost between the brand-name and the generic medicine. These guidelines will only apply to multi-source brand drugs that have an FDA-approved generic equivalent.</p>		
Specialty Medications Pharmacy	<p>Specialty medications are available through the CVS specialty pharmacy. You or your provider may call 1-866-387-2573 to submit a subscription to the specialty pharmacy. CVS specialty can deliver your prescription to the location of your choice.</p>		

2020 CVS Prescription Drug Cost-saving Options and Considerations

If you are currently taking a preferred brand or nonpreferred brand drug, you may see changes in the out-of-pocket cost of your prescriptions in 2020, based on the example shown below:

Example	Member Cost 2019	Member Cost 2020
Generic Drug A pharmacy negotiated price \$200	Up to \$15 (copay)	Up to \$15 (copay)
Preferred Drug B pharmacy negotiated price \$350	\$40 (copay)	\$70 20% coinsurance (\$40 min./\$100 max)
Nonpreferred Drug C pharmacy negotiated price \$500	\$100 20% coinsurance (\$50 min./\$130 max)	\$175 35% coinsurance (\$100 min./\$200 max)

Recommended cost-saving actions and options to consider:

- Consult with your doctor and let them know that your USG prescription drug plan will be changing for 2020.
- Review the 2020 CVS Formulary Drug List with your doctor along with your current treatment plan or prescription drugs you are currently taking.
- Determine if switching to a lower-cost alternative medication will be an option for you.

Generic medication alternatives

Generic medications are an excellent way to maintain adherence to a prescribed drug from your physician. They provide the same quality at a lower cost. One way to consider a generic equivalent to your brand-name medication is by doing the following:

- If you are taking a brand-name medication, ask your doctor if a generic is available to replace it. Or you can ask the pharmacist when you are refilling it.
- Any time you are prescribed a new medication, be sure to ask your doctor if a generic is available when it is being written.

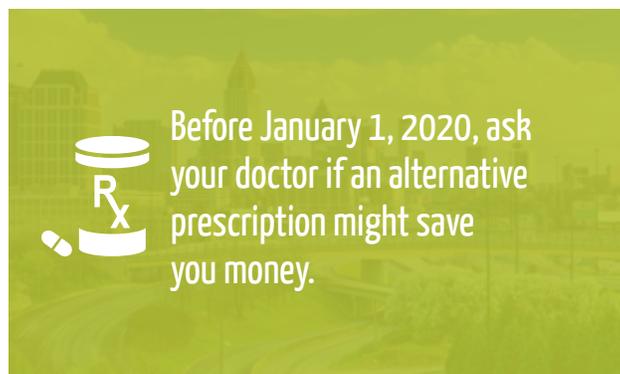
For example, Dexilant today costs \$45 per 30-day supply. Starting January 1, 2020, you could pay between \$63 and \$100 for that same 30-day supply, or you can ask your doctor about a generic alternative and pay a max of \$15 per 30-day supply.

CVS digital tools

CVS digital tools make it easy to find ways to save money on your medications, and save time managing them for you and your family. Cost- and time-saving tools to assist with reducing out-of-pocket costs for prescription drugs include:

- Consider Mail Order Services for your prescriptions. Sign up at CVS www.caremark/mailservice or call CVS Customer Care at **1-877-362-3922**
- Check your drug costs for your prescriptions and alternative options at www.caremark.com. The check drug cost tools are also available on the USG Pharmacy Benefits page.

To view the formulary drug list for your plan, register at Caremark.com, download the CVS Caremark app or visit USG Benefits Pharmacy page. We encourage you to talk to your doctor today about which covered medications are best for you. For questions about your prescription benefit plan, please call **1-877-362-3922**.



Before January 1, 2020, ask your doctor if an alternative prescription might save you money.

HMO Service Area by County

BlueChoice HMO Service Area by County

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

Kaiser Permanente Georgia Service Area by County

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

Kaiser Permanente: Care and coverage that fits your life

With Kaiser Permanente, you get great benefits:

- Choose from more than 600 doctors and specialists anytime
- 26 medical offices, most including lab, X-rays, and pharmacy all under one roof
- 3 urgent care centers open 24/7, and over 80 affiliated urgent care centers
- 24/7 nurse advice by phone
- 20 affiliated hospitals for inpatient care
- Emergency or urgent care coverage anywhere you travel
- No referrals needed to see most Kaiser Permanente specialists
- Health resources, including wellness and chronic conditions coaching, in-person health classes, and online tools like emailing your doctor's office
- Phone visits, video visits, and E-visits at no copay
- Same-day appointments
- Email your doctor with nonurgent questions at any time

The Kaiser Permanente difference

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

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

Kaiser Permanente: Care when and where you need it

Get care anytime, anywhere

- **Care near you:** With multiple locations to choose from, it's easy to find one near home or work. We offer same-day, next-day, after-hours, and weekend services at many of our locations, along with ob-gyn, pediatrics, and other specialty departments. You can also see different doctors at different locations – whatever works best for you.
- **Urgent Care:** In addition to our many affiliated urgent care locations, we have three Kaiser Permanente Comprehensive Medical Centers. These state-of-the-art facilities feature 24/7 advanced urgent care for situations that, while not exactly emergencies, require prompt medical attention.¹
- **Emergency Care:** If you ever need emergency care, you're covered. You have access to any hospital emergency room – anywhere in the world – whether it's affiliated with Kaiser Permanente or not.²

Care away from home

- If you get hurt or sick while traveling, we'll help you get care. We can also help you before you leave town by checking to see if you need a vaccination, prescription refills, and more. Just call our 24/7 Away from Home Travel Line at **1-951-268-3900** or visit **kp.org/travel**.³

Other ways to get care

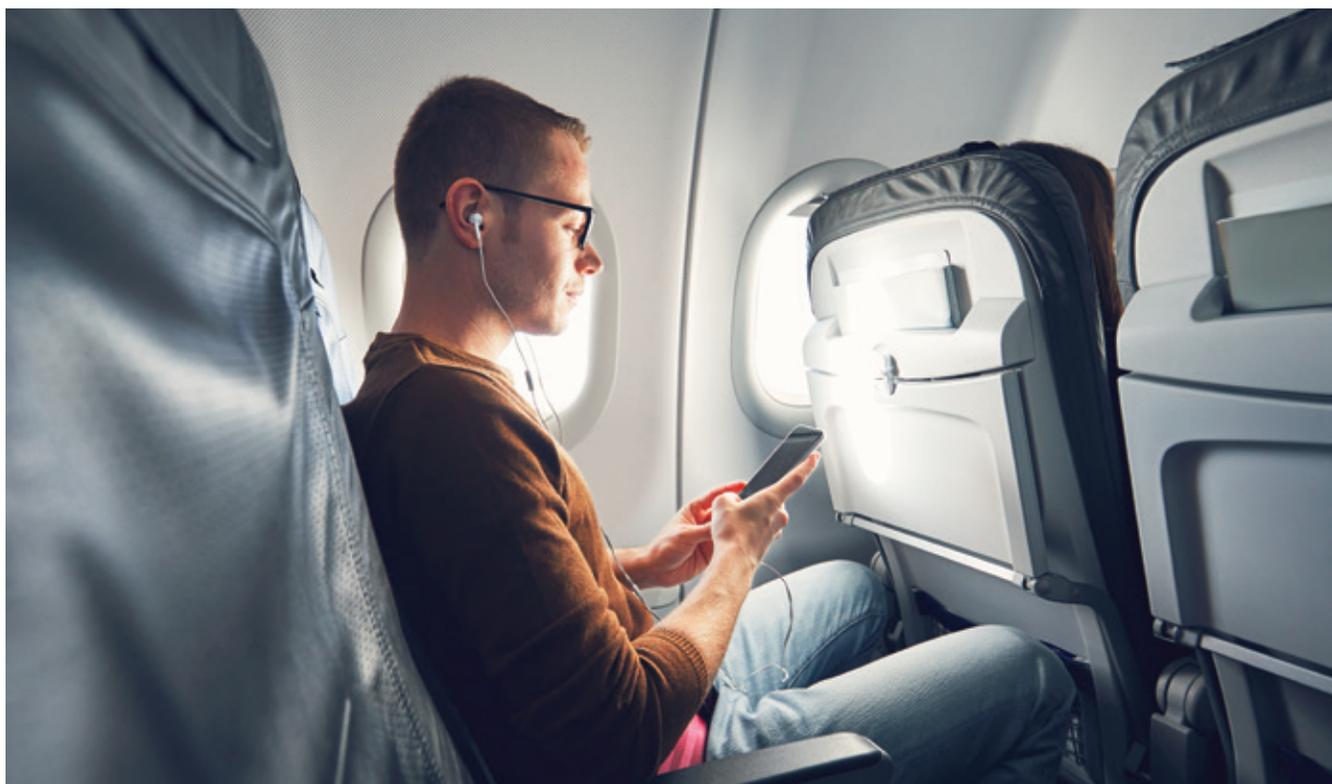
- **Phone:** Have a condition that doesn't require an in-person exam? Save yourself a trip to the office by scheduling a telephone visit with a Kaiser Permanente doctor.⁴
- **Video:** Want a convenient, secure way to see a doctor wherever you are? Meet face-to-face online.⁴ Call us or email your doctor's office to see if video visits are available to you.
- **E-visit:** For certain common ailments, you can complete an online questionnaire and – depending on your responses and symptoms – you'll be prompted with recommended self-help or over-the-counter remedies.
- **Email:** Message your doctor's office anytime with nonurgent health questions.⁴ You can also email a pharmacist with questions about medications.

¹ An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating.

² If you reasonably believe you have an emergency medical condition, call 911 or go to the nearest emergency department. An emergency medical condition is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents.

³ This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

⁴ For members who are registered on kp.org and have seen their doctor in the past year. Ask if a phone, video, or e-visit is right for you. To register on kp.org, visit kp.org/registernow.



Kaiser Permanente Pharmacy

Our award-winning pharmacy system is the very heart of our ‘under one roof’ care experience. In 25 of our 26 medical offices, you can pick up your prescription or consult a Kaiser Permanente pharmacist on your way out the door. No more traffic. No more stops.

Kaiser Permanente Pharmacy changes	Member Cost 2020
Generic copay	\$15 for Kaiser Permanente Pharmacy; \$25 for in-network pharmacies; \$30 mail order for 31-90 day supply
Preferred copay	\$45 for Kaiser Permanente Pharmacy; \$75 for in-network pharmacies; \$130 mail order for 31-90 day supply
Nonpreferred copay	\$65 for Kaiser Permanente Pharmacy; \$90 mail order for 31-90 day supply
Specialty	20% coinsurance up to \$200 maximum
Out-of-pocket maximum	\$1,500 single; \$3,000 family

Getting started

Whether you're transitioning from another provider or simply starting out fresh, it's easier than you think to get started at Kaiser Permanente.

STEP 1 – Make the call

Once you get 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 **1-404-365-0966**. 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 and available at your copay.

STEP 3 – Fill your prescription

You can get your prescription filled at any one of the pharmacies located in our many Kaiser Permanente medical offices throughout metro Atlanta.

Getting refills

You have three easy options for getting refills:

- Order online at kp.org/rxrefill.
- Order from your mobile device by visiting m.kp.org or through the Kaiser Permanente app (download for free from your preferred app site).
- Call our 24-hour refill line at **1-770-434-2008**.

You can even skip the trip! Most refills can be mailed directly to your home in about three business days. You'll usually receive them within three to five business days, and can save a copay on a 90-day supply.

Questions

If you have questions or would like a copy of our preferred drug list, call us directly at **1-404-261-2590** or visit kp.org/formulary.



Maximize Your Health With Lower-cost Care Options

The emergency room (ER) isn't always the best choice when you need immediate care. As an Anthem member, you have other options that can save you time and money.



Here's what to do when you need care fast:

- **If you believe it's an emergency**, head straight to the closest ER or call 911.
- **If you're not sure or want advice about where to go**, contact your doctor or the 24/7 NurseLine, where you can talk to a registered nurse toll free. Just call **1-888-724-2583**.
- **If it's not an emergency**, consider a walk-in center or one of these convenient alternatives:
 - **LiveHealth Online** — Talk to doctors face-to-face, 24/7, through your mobile device or a computer with a webcam. As a plan benefit, LiveHealth Online visits should cost less than a primary care office visit. To get started, go to **livehealthonline.com** or download the free LiveHealth Online mobile app from the App Store® or Google Play™.
 - **First three medical visits are FREE**; then, subsequent visits apply at a \$15 copay.
 - This does not apply to the Consumer Choice plan due to IRS rules surrounding eligibility for HSA accounts. The cost of the visit is \$59 prior to meeting the deductible.
 - **Retail health clinic** — Often part of a major pharmacy or retail store, these clinics are staffed by health care professionals who provide basic medical services to walk-in patients. You can find one near you at **anthem.com/usg** or with the Anthem Sydney Health mobile app.
 - **Urgent care center** — These centers treat problems that need attention, such as stitches, X-rays or lab work, but aren't true emergencies. Like walk-in centers and retail health clinics, they're typically open evenings and weekends.

Deciding where to go

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

Examples of ER medical emergencies

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

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

LiveHealth Online

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

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

How does LiveHealth Online work?

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

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

How do I access the LiveHealth Online mobile app?

Download the LiveHealth Online mobile app for free by visiting the App StoreSM or Google PlayTM. You can also visit **livehealthonline.com**.

Important Note:

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

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

*Appointments subject to availability of a therapist.



Your Member ID Card

Using your benefits starts with your member ID card.

Your Anthem ID card has:

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

Can't find your card?

There's no need to worry — you can request a replacement card and print a temporary ID card on anthem.com/usg.

To print a temporary ID card:

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



Keep your ID card handy on your mobile device.

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

Kaiser Permanente ID cards

Kaiser Permanente members can receive a new ID card in three ways:

- Call Member Services at **1-404-261-2590** or toll free at **1-888-865-5813**. If you're hearing- or speech-impaired, call **TTY 711**.
- Log on to your account at kp.org.
- Download digital copies of your ID card on your smartphone via the Kaiser Permanente app.



Big savings await you! Just go to anthem.com/usg and select **Discounts** under the “Resources & Tools” tab.

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



The Kaiser Permanente Digital Membership Card lets you:

- View membership card information.
- Check in for services at KP facilities and affiliated providers.
- Pick up prescriptions at Kaiser Permanente pharmacies.
- Call Member Services from the “tap and call” feature.

Coverage While Traveling or Living Outside the U.S.

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

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

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

When you get care from a BlueCard PPO program provider:

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

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

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

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

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

Travel Assistance (Provided by MetLife via AXA Assistance)

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

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

AXA contact information:

U.S./Canada: **1-800-454-3679**

All other locations: **+1 312-935-3783 (collect)** or

Log on to: **webcorp.axa-assistance.com**

Username: **axa**

Password: **travelassist**





Need Health Benefits Information in Another Language?

No need to worry — Anthem offers translation assistance.

When our Member Services team receives calls from members who speak a language other than English, a representative will contact an interpreter by phone to assist with translations. The representative will remain on the line with the member and the interpreter until all issues are resolved. Translators work with our representatives to communicate with members in more than 150 languages, including Cantonese, Japanese, Korean, Mandarin, Portuguese, Russian, Spanish and Vietnamese. This free service helps ensure that our non-English speaking members receive prompt, accurate and confidential interpretation and translation services.

Translation assistance is just a phone call away.

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

Servicios de Traducción con Solo Una Llamada Telefónica

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

Basta una telefonata per ricevere assistenza per la traduzione

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

Eine Übersetzungshilfe ist nur einen Telefonanruf entfernt

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

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

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

Flexible Spending and Health Savings Accounts

Save money on healthcare and dependent care

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

HealthCare FSA

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

- For a list of eligible expenses, go to irs.gov/pub/irs-pdf/p502.pdf
- Annual contribution limit: \$2,700

Dependent Care FSA

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

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

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

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

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

Limited Purpose FSA

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

Health Savings Account (HSA)

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

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

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

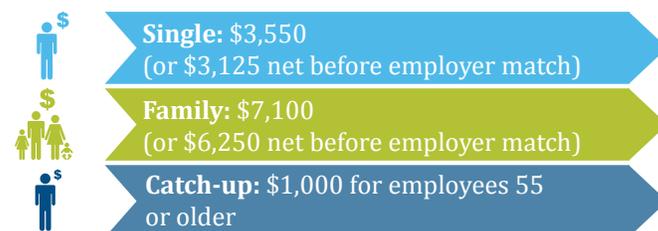
Money in an HSA rolls over from year to year. If you leave employment or move to another plan option, this account is always yours and the funds are available to use toward eligible out-of-pocket medical expenses. However, unless you are enrolled in a high deductible healthcare plan, you cannot make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

2020 HSA employer contribution match

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

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

2020 HSA contribution limits:



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

* Includes USG matching contributions.

Spending Account Snapshot

What accounts am I eligible to have?

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

Fast facts

- FSAs can either be used for healthcare expenses (health) or child care expenses (dependent care).
- FSAs (Medical, Dependent Care and Limited Purpose) must be elected during your new hire eligibility period and reelected each year during annual open enrollment for the next year. You are not automatically reenrolled each year.
- **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.**
- **You must incur eligible expenses by December 31 and submit them for reimbursement before April 1. There is a grace period, so you can use remaining funds to pay for the next calendar-year expenses incurred through March 15.**
- **Important note: In order to be eligible to enroll in an HSA, you cannot be currently enrolled in Medicare or Tricare.**
- Only individuals enrolled in high-deductible health plans can contribute to HSAs. HSA funds can be rolled over from year to year. USG matches employee contributions up to certain amounts for HSAs.
- An LPFSA can be used only by a participant who is enrolled in the Consumer Choice HSA healthcare plan, and the LPFSA is limited to reimbursement for eligible dental and vision care expenses.
- An individual with an HSA may also have an FSA for dependent care expenses.
- **Why get an LPFSA?** Your HSA contributions are limited to a certain amount each year. When you add an LPFSA for dental and vision expenses, you can make more pre-tax contributions, thus reducing your taxable income. However, keep in mind, a LPFSA is a “use it or lose it” account, so plan conservatively.
- **Can I still contribute to an HSA if I am actively employed at age 65?** Yes, you may if you are not enrolled in any Medicare coverage (Part A, B, D, etc.).
To do so, you may have to contact Medicare prior to your 65th birthday to make sure you are not automatically enrolled.



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

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

You are:

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

Employee Assistance Program (EAP)



USG has partnered with KEPRO to provide employees and their family members with a comprehensive Employee Assistance Program (EAP). Full-time and part-time employees, family and household members have access to the program. Services are free and confidential, within the bounds of the law. Contact KEPRO at **1-844-243-4440** or go to **www.eaphelplink.com** (password: USGcares).

The EAP is available 24/7/365 and provides the following services:

Work-life

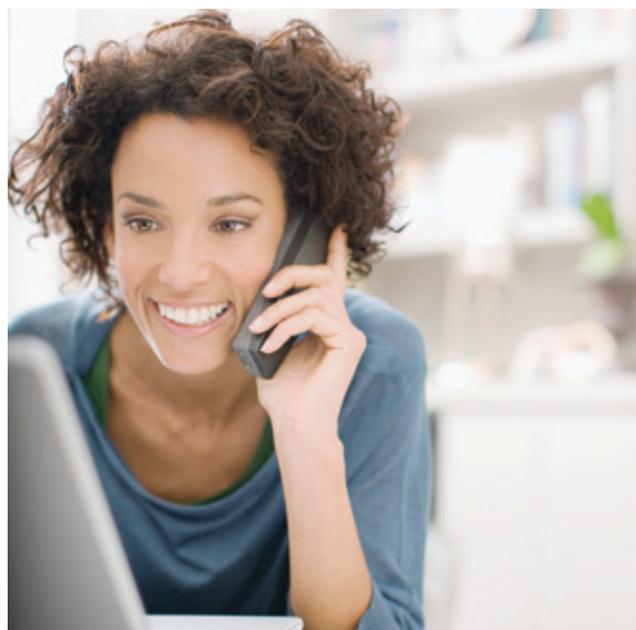
- **Legal services:** A 30-minute phone or in-person consultation is available to help answer basic legal questions and simplify the process of getting legal help.
- **Financial services:** A 30-minute consultation with a qualified financial consultant is available to assist with a variety of financial concerns.
- **Family caregiving services:** Family caregiving consultation, resources, and referrals are available on a variety of family matters, such as child care, elder care, and adoption.
- **Convenience services:** Complimentary convenience services are available to help you make the most of your money and free time. Call to request referrals for a range of services:
 - Academic resources and referrals to tutors
 - Pet care services, like referrals to breeders, groomers, walkers, sitters, kennels and vets
 - Special needs services and referrals for various special needs, such as heart disease, ADHD, disabilities, diabetes and more
 - Daily living and concierge resources, such as home improvement resources, cleaning services, travel information and more
 - Relocation services and referrals for moving companies, housing options, utility companies, schools and more

Counseling

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

Online

- Monthly webinars
- To access the online services, go to **www.eaphelplink.com** and log in using your password: **USGcares**
- The website offers a wealth of on-demand resources, including articles, self-assessments, and trainings on a wide range of topics such as addiction, grief, anxiety and parenting. You will also find information on:
 - Child Care Services
 - Older Adult Services
 - Health and Wellness
 - Financial
 - Legal Forms
 - Fraud and ID Theft



To request services, please contact KEPRO at **1-844-243-4440**, or go to **www.eaphelplink.com** for information. Password: **USGcares**

Dental Coverage That Will Bring a Smile to Your Face



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

Visit your dentist regularly

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

Your dental options

Choose from these dental options through Delta Dental.



	Delta Dental Base Plan		Delta Dental High Plan	
	In-network	Out-of-network	In-network	Out-of-network
Annual Maximum	\$1,000 per person ¹		\$1,500 per person ¹	
Deductible (Single/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic/Preventive Services¹	100%	100%	100%	100%
Basic Benefit Services	80%	80%	80%	80%
Major Benefit Services²	50%	50%	80%	80%
Orthodontia (child and adult)	No coverage	No coverage	80%	80%
Lifetime Orthodontia Maximum	N/A		\$1,000	
	2020 Monthly Rates			
Employee	\$31.98		\$39.52	
Employee & Spouse	\$63.96		\$79.00	
Employee & Child(ren)¹	\$60.74		\$75.08	
Family	\$102.32		\$126.46	

¹ Preventive and diagnostic services don't count toward the annual maximum.

² Benefit limits on full replacement of existing dentures or crowns apply.



How are orthodontic claims paid?

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

A Vision Plan With a Clear Focus on Eye Health

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

Vision doctors can also help treat and manage:

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



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 click. So you can feel confident from check-in to checkout. Just log in to your member account at eyemed.com and find our Know Before You Go out-of-pocket cost estimator.

Your vision plan

Vision benefits are provided for the following services and supplies once per 12-month period.	EyeMed Vision	
	In-network	Out-of-network reimbursement
Exam	\$10 copay	\$40
Single Vision Lens	\$25 copay	\$40
Standard Progress Lens	\$80 copay	\$55
Frames	\$150 allowance	\$58
Contact Lenses	\$150 allowance	\$130
Medically Necessary Contact Lenses	Paid in full	\$210
	2020 Monthly Rates	
Employee	\$6.90	
Employee & Spouse	\$15.52	
Employee & Child(ren)	\$13.12	
Family	\$20.34	

USG Accident Plan



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

How can Accident Insurance help?

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

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

What benefits may I qualify for?

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

- Accident Hospital Care
- Follow-up Care
- Common Injuries
- Emergency Room Treatment Benefit
 - Urgent Care Facility Treatment Benefit
 - Sports Accident Benefit
 - Wellness Benefit

See your certificate of insurance for specific details.

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

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

Benefits Per Insured	Voya
Hospital Admission	\$1,000/admission
Daily Hospital Confinement	\$300/day, up to 365 days
Hospital ICU	\$475/day, up to 15 days
Urgent Care	\$150/acc.
Ambulance	\$200/acc.; Air: \$1,000
Fractures - Open	To \$5,000
Physical Therapy	\$30/visit, 6 visits
Sports Accident Benefit	Additional 25% of Accident Hospital Care, Accident Care, or Common Injuries benefit if the result of an organized sporting activity; max of \$1,000

Are there any exclusions or limitations?*

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

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

*Exclusions and limitations may vary by state. Consult your certificate of insurance for exact language found at usg.edu/hr/benefits.

Monthly rates

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

What is Hospital Indemnity insurance?

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

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

How can Hospital Indemnity Insurance help?

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

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

What Hospital Indemnity Insurance benefits are available?

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

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

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

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



USG Hospital Indemnity Plan (Cont.)



Are there any exclusions or limitations?*

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

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

*Exclusions and limitations may vary by state. Consult your certificate of insurance found at usg.edu/hr/benefits for exact language.

Monthly Rates

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



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

Plan benefits

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

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

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

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

Critical illness benefits

Initial Diagnosis+

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

Additional Diagnosis+

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

Reoccurrence+

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

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

Monthly rates

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

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

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

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

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. AGC1601841R1 IV (7/18)

Meet Health Advocacy, available through Aflac

When you enroll in a USG Critical Illness Plan, you will have access to Health Advocacy. Health Advocacy provides a team of experts who can help solve your health care and insurance-related questions. They can help you with a variety of needs, like finding specialists, clarifying coverage, addressing claim issues and getting second opinions.

Health Advocacy can help you:

- Find doctors and treatment centers.
- Coordinate care and second opinions.
- Untangle medical bill and claim issues.
- 24/7, anytime, anywhere.

When your coverage begins, call **1-855-423-8585** or visit healthadvocate.com/aflac. Available through Aflac, powered by Health Advocate.

Value-added services

Get confidential, personalized help with Health Advocate:

- **Find doctors**, specialists, hospitals and other providers.
- **Schedule appointments** for treatments and tests.
- **Coordinate** second opinions and care.
- **Resolve issues**, from claims problems and medical bills to coordinating benefits.
- **Get help with elder care issues**, including Medicare and related healthcare issues for your parents and parents-in-law.
- **Get answers** about your test results, treatments, prescriptions and more.
- **Work with your insurance companies** to get approvals and clarify coverage.
- **Transfer medical records**, lab results and X-rays.
- **Enjoy the convenience of 24/7 access** by app or phone.



Life Insurance



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

What coverage is available to you and your family?

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

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

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

- 1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x annual salary, rounded to the next higher \$1,000
- Maximum of \$2,500,000
- Elect coverage of up to 3x your annual salary, not to exceed \$500,000 without evidence of insurability. Amount elected must be a multiple of your annual salary.
- Elections above the allowed amount require an EOI
- Matching amount of AD&D insurance
- During open enrollment, you may elect or increase your supplemental coverage by one level, up to 3x your annual salary, not to exceed \$500,000. Amount elected must be a multiple of your annual salary.

Spouse Life

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

Child Life

- Rates are \$5,000 (.50/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.

Additional Accidental Death and Dismemberment (AD&D)

Employee Plan

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

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

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



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

- Will preparation
- Digital legacy
- Travel assistance
- Estate services

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

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

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

Spouse Life (Rates increase with age)

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

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

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

Protect your income with short- and long-term disability through MetLife

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

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

Important Notes:

For STD, Evidence of Insurability (EOI) is required unless you are enrolling as a newly hired employee within 30 days of employment. For LTD, no EOI is required, but subject to pre-existing condition limitation.

Employee assistance is now LifeWorks: **1-888-319-7819**.

STD	LTD
\$0.282/\$10 of covered benefit	\$0.266/\$100 of covered salary

How can I calculate my rate?

STD Calculation Example	LTD Calculation Example
<p>Monthly payroll</p> <p>Rate: \$0.282/\$10 covered benefit Annual Salary = \$56,000 $\\$56,000/52 = \\$1,076.92$ weekly covered salary $\\$1,076.92 \times 0.60 = \\646.15 weekly benefit $\\$646.15 \times 0.282/\\$10 = \mathbf{\\$18.22}$</p>	<p>Monthly payroll</p> <p>Rate: \$0.266/\$100 covered salary Annual Salary = \$56,000 $\\$56,000/12 = \\$4,666.67$ covered monthly salary $\\$4,666.67 \times 0.266/\\$100 = \mathbf{\\$12.41}$</p>

USG Legal plan can ease the biggest stresses — finding and paying for a better lawyer.

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

What you get with a USG Legal plan:

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

Plan Details: The USG Legal plan

<p>\$16.96 monthly, via payroll deduction</p>	<p>Who's covered:</p>	 <p>Member</p>	 <p>Spouse</p>	 <p>Dependent Children Up to the end of the month of the 26th birthday</p>
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The value of a USG Legal plan

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



HOME & RESIDENTIAL

Purchase/sale/refinancing of primary residence or vacation/investment home, Tenant dispute², Tenant security deposit dispute², Landlord dispute with tenant¹, Security deposit dispute with tenant¹, Construction defect dispute², Neighbor dispute², Noise reduction dispute², Foreclosure²



AUTO & TRAFFIC

First-time vehicle buyer¹, Vehicle repair/lemon law litigation¹, Traffic ticket, Serious traffic matters (resulting in suspension or revocation of license), License Suspension (Administrative proceeding)



FINANCIAL & CONSUMER

Debt collection², Identity Theft Assistance³, Bankruptcy (chapter 7 or 13)², Tax audit², Document preparation, Consumer dispute², Small claims court¹, Mail order/Internet purchase dispute¹, Bank fee dispute¹, Cell phone contract dispute¹, Warranty dispute¹, Healthcare Coverage disputes & records¹, Student loans¹, Financial advisor³



FAMILY

Separation¹, Divorce^{1,2}, Name change, Guardianship/Conservatorship^{1,2}, Adoptions^{1,2}, Juvenile Court Proceedings², Prenuptial agreement, Elder Law³



ESTATE PLANNING & WILLS

Will or codicil, Living will, Health Care Power of Attorney, Living Trust Document, Probate of small estate¹, Complex Will⁴



GENERAL

Identity theft defense², Civil litigation defense², Incompetency defense², Misdemeanor defense², Mediation³, Initial consultation¹, Review of simple documents¹

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

1 Limitations apply

2 Subject to Managed Case Rules

3 Additional Benefits

4 Flat Rate or Discounted Rates



For more information, visit: legaleaseplan.com/usg

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. If this benefit summary conflicts in any way with the Policy issued, the policy shall prevail. Group legal plans are administered by LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states. Product available in all states. Underwritten by Nationwide Mutual Insurance Company and affiliated companies in all states except, HI, ID, NH, NC, OH, PA, SC, TX, and WY, where underwriting is not required. Nationwide, Nationwide is on your side and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company. © 2020 Nationwide Mutual Insurance Company.

NEW! Identity Protection

Protect today. Thrive tomorrow.

InfoArmor delivers the next generation of identity protection with PrivacyArmor Plus®, a proactive monitoring service that alerts you at the first sign of fraud.

Get complete identity protection with PrivacyArmor Plus® so you can focus on what matters most.

Our tools find what others can't. Get alerts for credit inquiries, financial transactions, new accounts, and more. If fraud occurs, our Privacy Advocates® fully manage and restore your identity.

Plan and pricing

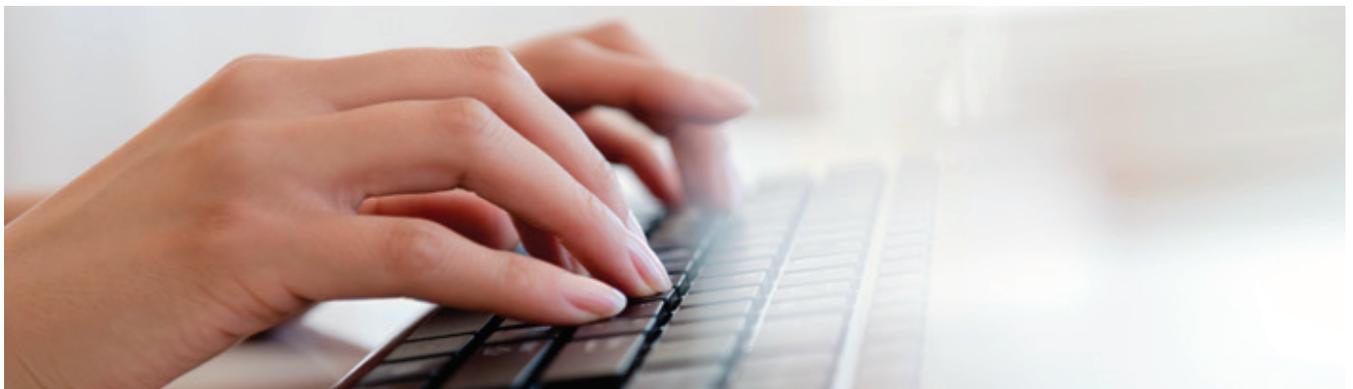
PrivacyArmor Plus
\$8.95 per person/month
\$16.95 per family/month

Questions?

Go to [MyPrivacyArmor.com](https://myprivacyarmor.com)
or call **1-800-789-2720**.

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 fund reimbursement
- Tax fraud refund advance
- 401(k) and HSA reimbursement



PrivacyArmor

NEW! Pet Insurance



Nationwide®



my pet protection®
with wellness

Discover the greatest pet insurance plans ever offered

My Pet Protection® is offered exclusively to employees and gives your pet superior protection at an unbeatable price through Nationwide Insurance.

- 90% back on vet bills¹
- Exclusive to employees, not available to the general public
- Same price for pets of all ages²
- Best deal: average savings of 30% over similar plans from other pet insurers³
- Wellness plan option that includes spay/neuter, vaccinations and more
- Avian and exotic pet plan available by calling the enrollment number

Choose a plan that's as unique as your pet

Get back 90% of the vet bill for these items and more.¹ Visit any vet, anywhere. Premiums are made monthly. Payment is made directly to Nationwide Insurance.

Enrollment

For premiums and enrollment, visit petinsurance.com/usg or call **1-877-738-7874**. Your monthly premium will be paid directly to Nationwide Insurance.

Just like all other pet insurers, we don't cover pre-existing conditions. However, we go above and beyond with extra features, such as emergency boarding, lost pet advertising and more. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

	My Pet Protection with wellness	My Pet Protection
Accidents, including poisonings and allergic reactions	☑ Yes	☑ Yes
Injuries, including cuts, sprains and broken bones	☑ Yes	☑ Yes
Common illnesses, including ear infections, vomiting and diarrhea	☑ Yes	☑ Yes
Serious/chronic illnesses, including cancer and diabetes	☑ Yes	☑ Yes
Hereditary and congenital conditions	☑ Yes	☑ Yes
Surgeries and hospitalization	☑ Yes	☑ Yes
X-rays, MRIs and CT scans	☑ Yes	☑ Yes
Prescription medications and therapeutic diets	☑ Yes	☑ Yes
Wellness exams	☑ Yes	
Vaccinations	☑ Yes	
Spay/neuter	☑ Yes	
Flea and tick prevention	☑ Yes	
Heartworm testing and prevention	☑ Yes	
Routine blood tests	☑ Yes	

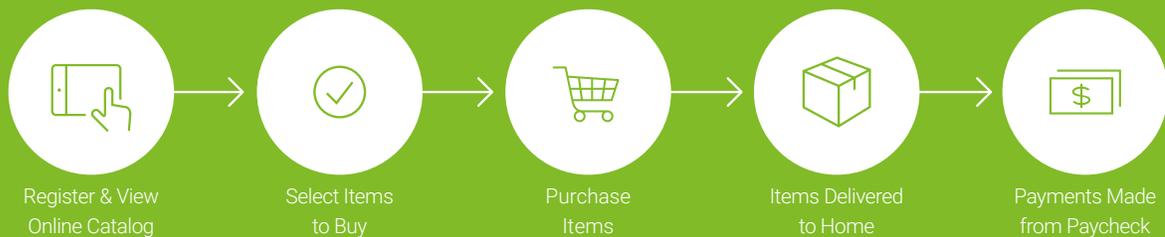
¹ Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions.

² Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2018); National Casualty Company (all other states).

³ Average based on similar plans from top competitors' websites for a 4-year-old Labrador retriever in Calif., 90631. Data provided using information available as of December 2017.

USG offers an employee purchasing program, administered by Purchasing Power, for employees with limited cash and credit options. Purchasing Power can be an affordable way to pay for necessary purchases over time.

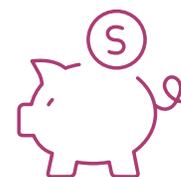
Our program allows you to access thousands of brand-name products and services. Through payroll deduction, you make manageable payments over a 6- or 12-month period with no credit check and no late fees. We believe transparency is critical; with Purchasing Power, what you see is what you get.



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

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

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



FREE FINANCIAL WELLNESS TOOLS FOR ALL EMPLOYEES

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

Purchasing Power is a registered trademark of Purchasing Power, LLC. Other trademarks or registered trademarks used are the property of their respective owners. Pub. Date 06.2017 © 2017 Purchasing Power, LLC. All rights reserved

USG Perks at Work

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

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

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

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



Health Matters

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



Family Matters

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



Savings Matters

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



Learning Matters

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

USG Retirement Plan Participation

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

	Teachers Retirement System	Optional Retirement Plan
Type of plan	401(a) Defined Benefit	401(a) Defined Contribution
Benefit at retirement	Based on formula: 2% x years of service x avg. of 24 highest consecutive months salary	Account balance accumulated at the time of retirement
Vesting	10 years of creditable service	Immediate
Disability benefits	Available after 10 years creditable service	Account balance at the time of disability
Contribution rates* (subject to change annually)	Employee: 6% Employer: 21.14%*	Employee: 6% Employer: 9.24%*
Responsibility for management of funds & investments	Teachers Retirement System; retirement benefit is guaranteed based on formula, not on investment returns	Employee takes active role; retirement benefit is based on investments and returns

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

*Rates as of 1/1/2020. The TRS employer rate of 21.14% is for fiscal year 2020, which begins July 1, 2019, and ends June 30, 2020. Beginning July 1, 2020, the TRS employer rate will be 19.06%.

Planning to Retire?

Here's what you need to know:

- You must be an active USG health plan participant immediately before you retire. If you are not currently enrolled in a USG healthcare plan, you should enroll during Open Enrollment in the year prior to your retirement to be eligible for retiree healthcare benefits.
- If you are under 65 when you retire, your healthcare plan options will be the same as active employees and the Tobacco Surcharge (if applicable) will apply to you and your covered dependents age 18+. Once you or your covered dependents are within 60 to 90 days of turning 65, you will be contacted by the Aon Retiree Health Exchange to make a new healthcare coverage selection.
- If you will be 65 or older when you retire, you must be enrolled in Medicare A & B and you will enroll in supplemental healthcare coverage through the Aon Retiree Health Exchange. You will receive a designated amount in a Health Reimbursement Account (HRA) from the University System of Georgia to help pay for your healthcare plan premiums and other eligible healthcare expenses. You (and your covered spouse 65+) must enroll in health and/or pharmacy coverage through the Aon Retiree Health Exchange to receive the USG funding in the HRA.

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



Retiree Employer Healthcare Contribution

For employees hired on or after January 1, 2013, the employer contribution for healthcare will be based on years of service with the USG. Employees retiring with 10 years of service with the USG will receive 21% of the employer contribution toward their retiree healthcare costs, up to a maximum of 100% of the employer contribution for 30 or more years of service.

Retiree eligible for Medicare but not enrolled in Part B (or Medicare Advantage)	No employer contributions
30 or more years of service	Employer contribution
	100% of active or retiree cost
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%

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



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

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

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

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

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

Important Numbers

Healthcare Programs and Information

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

<ul style="list-style-type: none"> OneUSG Connect – Benefits Call Center 	<ul style="list-style-type: none"> 1-844-587-4236 	oneusgconnect.usg.edu
<ul style="list-style-type: none"> University System of Georgia website 		usg.edu/hr/benefits

Anthem Blue Cross and Blue Shield Plans

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

<ul style="list-style-type: none"> Kaiser Permanente 	<ul style="list-style-type: none"> 1-404-261-2590 TTY: 711 Outside of Atlanta 1-888-865-5813 	my.kp.org/usg
<ul style="list-style-type: none"> Behavioral Health Services Mental Health and Substance Abuse 	<ul style="list-style-type: none"> 1-404-365-0966 TTY: 711 Outside of Atlanta 1-800-611-1811 	Members may self-refer for these services.
<ul style="list-style-type: none"> Kaiser Permanente's Advice Line 	<ul style="list-style-type: none"> Metro Atlanta 1-404-365-0966 Outside of Atlanta 1-800-611-1811 	Get medical advice from a registered nurse 24 hours a day, 7 days a week.

Pharmacy Benefits Information

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

USG Well-being

<ul style="list-style-type: none"> USG Well-being/Virgin Pulse 	<ul style="list-style-type: none"> 1-833-724-4874 	ourwellbeing.usg.edu support@virginpulse.com usgwellbeing@usg.edu
<ul style="list-style-type: none"> Kaiser Permanente 	<ul style="list-style-type: none"> 1-866-862-4295 	Telephonic Coaching: kp.org/wellnesscoach QuitSmart Program kp.org/classes or call to register; 404-365-0966
<ul style="list-style-type: none"> CVS MinuteClinic 	<ul style="list-style-type: none"> 1-866-389-2727 	cvs.com/minuteclinic/resources/ smoking-cessation
<ul style="list-style-type: none"> Georgia Tobacco Quit Line 	<ul style="list-style-type: none"> 1-877-270-STOP (877-270-7867) 	dph.georgia.gov/ready-quit
<ul style="list-style-type: none"> Financial Coaching 	<ul style="list-style-type: none"> Fidelity: 1-800-343-0860 TIAA: 1-800-842-2252 AIG Retirement: 1-866-279-1444 	
<ul style="list-style-type: none"> Well-being/Diabetes/Tobacco Phone Coaching 	<ul style="list-style-type: none"> Virgin Pulse: 1-833-724-4874 Anthem: 1-800-785-0006 Kaiser Permanente: 1-866-862-4295 	

Important Numbers (Cont.)

Voluntary Benefits Information

<ul style="list-style-type: none"> • KEPRO – Employee Assistance Program 	<ul style="list-style-type: none"> • 1-844-243-4440 	EAPHelplink.com Code: USGcares
<ul style="list-style-type: none"> • Dental: Delta Dental (Policy #: GA 16711) 	<ul style="list-style-type: none"> • 1-800-471-4214 	deltadentalins.com/usg
<ul style="list-style-type: none"> • Vision: EyeMed (Policy #: 1002280) 	<ul style="list-style-type: none"> • 1-866-800-5457 	eyemedvisioncare.com/usg
<ul style="list-style-type: none"> • Accident: Voya (Policy #: 69586-6) • Hospital Indemnity: Voya (Policy #: 69586-6) 	<ul style="list-style-type: none"> • 1-844-228-8692 	voya.com
<ul style="list-style-type: none"> • Critical Illness: Aflac Customer Service (Policy #: 23054) 	<ul style="list-style-type: none"> • 1-800-433-3036 	aflacgroupinsurance.com
<ul style="list-style-type: none"> • Life and AD&D: MetLife (Policy #: 307601) 	<ul style="list-style-type: none"> • 1-888-319-7819 	metlifeeeap.lifeworks.com Username: metlifeeeap Password: eap
<ul style="list-style-type: none"> • Disability: MetLife (Policy #: 307601) 	<ul style="list-style-type: none"> • 1-866-832-5759 	mybenefits.metlife.com
<ul style="list-style-type: none"> • EAP: EmployeeConnect Services (LTD enrollees only) 	<ul style="list-style-type: none"> • 1-888-319-7819 	lifeworks.com
<ul style="list-style-type: none"> • HSA & FSA: Optum 	<ul style="list-style-type: none"> • 1-877-470-1771 	mycdh.optum.com
<ul style="list-style-type: none"> • Legal: LegalEASE (Policy #: 1000092) • Enrollment Hotline: Member Services: 	<ul style="list-style-type: none"> • 1-800-248-9000 (Questions during Open enrollment and for new hires prior to enrollment) • 1-888-416-4313 (for enrolled members after 1/1/2020) 	legaleaseplan.com/usg
<ul style="list-style-type: none"> • Pet Insurance: Nationwide 	<ul style="list-style-type: none"> • 1-800-738-7874 (enrollment only) • 1-800-540-2016 (for enrolled members after January 1, 2020) 	petinsurance.com/usg (enrollment only) my.petinsurance.com
<ul style="list-style-type: none"> • Identity Protection: InfoArmor (Plan: PrivacyArmor) 	<ul style="list-style-type: none"> • 1-888-970-1535 	myprivacyarmor.com
<ul style="list-style-type: none"> • Purchasing Power 	<ul style="list-style-type: none"> • 1-866-670-3479 	usg.purchasingpower.com
<ul style="list-style-type: none"> • Perks at Work: Next Jump, Inc. 	<ul style="list-style-type: none"> • support@nextjump.com 	perksatwork.com/login perksatwork.com/help/loginhelp (for assistance)

USG Retirement

<ul style="list-style-type: none"> • Teachers Retirement System of Georgia (TRS) 	<ul style="list-style-type: none"> • 1-800-352-0650 	trsga.com
<ul style="list-style-type: none"> • Fidelity 	<ul style="list-style-type: none"> • 1-800-343-0860 	nb.fidelity.com/public/nb/georgiaorp/home
<ul style="list-style-type: none"> • TIAA 	<ul style="list-style-type: none"> • 1-800-842-2252 	tiaa.org/public/tcm/usg
<ul style="list-style-type: none"> • AIG Retirement 	<ul style="list-style-type: none"> • 1-800-448-2542 	usg.valic.com



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