Empower Your Life with Smart Choices

2016 USG Comparison Guide

University System of Georgia Benefits
we provide · you decide

“Creating A More Educated Georgia”
Your Well-being Starts With Being Well Covered

Blue Cross and Blue Shield of Georgia and Kaiser Permanente of Georgia welcome you as a member enrolled in the healthcare plan sponsored by the University System of Georgia (USG). We want to give you the ability to decide how, when and where you spend your health care dollars. Please take some time to look through this guide to get the most from your USG benefits. You’ll want to keep it handy for future reference, because it has answers to many questions likely to come up.

BCBSGa tools and resources to help you make smart health decisions and resources to help you make smart health decisions

Our BlueCross BlueShield of Georgia website is designed to give you interactive tools built around you, your health and your benefits. And it’s secure. Set up a username and password on bcbsga.com/usg to:

• Easily find out what your healthcare plan covers — and other plan details.
• Find a doctor or healthcare facility and compare quality, cost and member ratings.
• Use Castlight to compare quality of care, cost and physican/facility ratings.
• Quickly check on the status of your claims.

Plus, remember to download the Blue Cross and Blue Shield of Georgia mobile app for help on the go. You can find a doctor or facility and have access to an electronic version of your ID card right on your mobile device.

Your health is your key to living well. We will work hard to offer health coverage that’s supportive and simple. To help you make the most of your benefits, a Blue Cross and Blue Shield of Georgia representative may call you to offer more information about available health and wellness programs, as well as, offer help and support during critical health periods. You can always choose to opt out of these calls.

If you have questions about your healthcare benefit plan, call Blue Cross and Blue Shield of Georgia’s dedicated Customer Service team at 1-800-424-8950.

Explore the Kaiser Permanente Difference

Kaiser Permanente is different, because we’re here to improve health, not sell insurance. As a member, you get access to our own, carefully selected doctors in our 26 convenient medical offices throughout metro Atlanta and in Athens. At most of our locations, you can see your doctor, plus get labs, X-rays, and prescriptions all under one roof, and all in one visit.

Your caregivers will all be connected through your electronic health record. So your care can be better coordinated to help eliminate hassles, keep you healthy, and get you back to health more quickly if you do get sick. And as a non-profit health plan, you can feel good knowing that we don’t just take care of you, we also give back to the community.

To learn why Kaiser Permanente has had the “Highest Member Satisfaction among Commercial Health Plans in the South Atlantic Region” for six years in a row, according to J.D. Power and Associates,* visit my.kp.org/boardofregents.

* Kaiser Foundation Health Plan of Georgia, Inc. received the highest numerical score among commercial health plans in South Atlantic Region (GA, NC, SC) in the Proprietary J. D. Power 2010-2015 U.S. Member Health Plan StudiesSM. 2015 study based on 31,543 total member responses, measuring eight plans in the South Atlantic Region (excludes Medicare and Medicaid). Proprietary study results are based on experiences and perceptions of members surveyed November-December 2014. Your experiences may vary. Visit jdpower.com.
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Choosing the Best Plan for You

Each plan offers different levels of coverage, but many of the same benefits:

• One of the largest networks of doctors and hospitals
• Eligible preventive care covered at 100%*
• Personal Health Consultant support for chronic conditions that you or members of your family may be managing

Tools that can help with your choice

We’d like you to have as much information as possible before you choose your healthcare plan. The following tools can help you make an informed decision and may reduce your health care expenses. Each tool listed below is available on our BCBSGa website (bcbsga.com/usg).

Castlight

Castlight is a personalized healthcare tool provided by USG for all BCBSGa Consumer Choice HSA and Comprehensive Care plan participants.

Castlight offers you a new way to shop for medical services, prescriptions and doctors by cost, quality and location. Find all the information you need to make more informed choices about healthcare for you and your covered family members.

BCBSGa plan comparison tool

Use this tool to help decide which BCBSGa healthcare plan is best for you. Enter your personal information (name, date of birth, etc.) into the tool to see which plan best meets your needs.

Find a BCBSGa in-network doctor

Use this tool to find a doctor, hospital or urgent care center.

• Consumer Choice Health Savings Account (HSA) Plan
• Comprehensive Care Plan
• BlueChoice Health Maintenance Organization (HMO) Plan

Or

• Search for providers outside of Georgia

If you’d like to talk to someone, call our Member Services line at 1-800-424-8950, or log in to our website.

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

*Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act.
What’s Changing in 2016?

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

New for 2016 (this is a summary only; more details are included in this comparison guide):

• **BCBSGa LiveHealth Online** – for Comprehensive Care, BlueChoice HMO and Consumer Choice HSA plan members – an online doctor visit with Rx capability. The copayment for an online visit is $15 for the Comprehensive Care and BlueChoice HMO plans. The Consumer Choice HSA plan will have a reduced online visit negotiated rate prior to a member satisfying the deductible.

• **CVS MinuteClinic office visit** – for Comprehensive Care, Consumer Choice HSA, and BlueChoice HMO plan members – A MinuteClinic visit is a $15 copayment processed through pharmacy benefits. The Consumer Choice HSA plan will have a negotiated office visit rate prior to a member satisfying the deductible.

• **New Advanced Control Specialty formulary** - an expansion of our current step therapy program for specialty medications. Specialty medications used to treat complex conditions may require injection, special handling and/or monitoring. Some examples of Specialty medications are those used for conditions such as Rheumatoid Arthritis, Multiple Sclerosis, Hepatitis C, and Cystic Fibrosis. The therapy classes chosen for Advanced Control Specialty have multiple specialty drugs available that have similar safety and effectiveness.

• **Site of care alignment** preserves member access to quality specialty infusion care at a lower cost. This strategy analyzes medication costs for clinician-infused drugs and identifies opportunities to achieve lower costs by shifting members to alternative sites of care.

Changes to the Consumer Choice HSA healthcare plan:

Decrease in the in-network family out-of-pocket maximum from $7,000 to $6,850 to comply with Affordable Care Act requirements.

**Health Savings Account**

Increase in the Family annual contribution maximum from $6,650 to $6,750. The Individual annual contribution maximum remains the same.

The HSA employer match amounts remain the same for 2016.

• $375 for Individual coverage.
• $750 for Family coverage (Employee + one or more dependents).

**Long Term Disability Insurance**

• 15% increase in premiums.

**Medicare Eligible Retirees 65 and over – Supplemental healthcare coverage**

• Medicare Eligible Retirees 65 and over will enroll in supplemental healthcare coverage through the Aon Retiree Health Exchange.

• Medicare Part A and Part B enrollment is required.

• New premium chart for Pre-65 retirees and their dependents.
Making Changes to Your Benefits

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

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

The Most Common Status Changes:

• Birth or adoption of a child (including stepchildren and legally placed foster children)
• Death of a covered dependent
• Marriage or divorce
• A change in employment status of a covered member, his/her spouse, or his/her covered dependent(s), that affects eligibility for coverage under a cafeteria or other qualified health care plan
• Loss of eligibility status by a covered dependent
• A campus-approved leave of absence without pay (maximum of 12 months)
• You and/or your spouse being called to full-time active military service/duty
• Losing or gaining health care coverage eligibility under Medicare or Medicaid
• A change in residence to a location outside of a health care plan’s service area
• Health care plan election choices made by spouses with different employers in which the employers have different health care plan years

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

Protect those who matter

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

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

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

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

Important Note: If both you and your spouse are eligible University System of Georgia employees, only one may elect to cover the other spouse and/or dependent children.
## 2016 Healthcare Benefits at a Glance

<table>
<thead>
<tr>
<th>Lifetime maximum</th>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### Deductible
*All services are subject to the deductible unless otherwise indicated*

| Individual single coverage | $1,500 | $3,000 | $500 | $1,500 | None |
| Family 2 or more covered members | $3,000 | $6,000 | $1,500 | $4,500 | None |

**Notes**
- Once individual deductible is met, claims will pay at 80%. For family, the deductible must be met in total before the plan pays at 80%.
- Once individual deductible is met, claims will pay at 90%. For a family, this can be met in any combination. However, the family deductible does not have to be satisfied for persons meeting their individual deductible of $500 to have claims paid at 90%.
- N/A

### Maximum annual out-of-pocket limit

| Individual single coverage | $3,500 | $7,000 | $1,250 | $3,750 | $5,500 | $6,350 |
| Family 2 or more covered members | $6,850 | $14,000 | $2,500 | $7,500 | $9,900 | $12,700 |

**Notes**
- Includes the Maximum Annual Deductible. In- and out-of-network co-insurance amounts accumulated remain separate. Both medical and pharmacy co-insurance apply toward the out-of-pocket limit.
- Member deductible, copayments, and coinsurance apply toward the annual medical out-of-pocket limit(s). The prescription drug benefits have a separate out-of-pocket limit. See page 12.
- Member copayments for office visits, inpatient admissions and emergency room services apply toward the annual medical out-of-pocket limit(s). The prescription drug benefits have a separate out-of-pocket limit. See page 12.
- Member copayments for physician office visit services, inpatient admission, ER visits, and Rx copays apply toward the annual out-of-pocket.

### Pre-existing conditions

<table>
<thead>
<tr>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

### Out-of-state/out-of-country coverage

- In-network coverage out-of-state utilizes the BlueCard National network and out-of-country uses BlueCard WorldWide
- Emergency Care only

### PCP/referral required

<table>
<thead>
<tr>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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

**Note:** BlueChoice HMO and Kaiser HMO have no out-of-network coverage. BlueChoice HMO members must receive referrals from a Primary Care Physician (PCP). Specialists in Kaiser Permanente medical facilities do not require a PCP referral.
## 2016 Healthcare Benefits at a Glance (continued)

<table>
<thead>
<tr>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
</tr>
<tr>
<td><strong>Physician services provided in an office setting</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care Provider/Office visit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>100% after $20 copayment per visit; not subject to deductible. The $20 copayment applies to the office visit service only.</td>
<td>60%</td>
</tr>
<tr>
<td><strong>CVS MinuteClinic office visit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>N/A</td>
<td>Plan pays 100% after $15 copayment</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>BCBSGa LiveHealth Online visit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>N/A</td>
<td>Plan pays 100% after $15 copayment</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Wellness/Preventive care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid at 100%; not subject to deductible</td>
<td>Paid at 60%; not subject to deductible</td>
<td>Paid at 100%; not subject to deductible</td>
<td>Not Covered. Non-covered charges do not apply to annual deductible or annual out-of-pocket maximum</td>
</tr>
<tr>
<td><strong>Routine Eye-Exam with Ophthalmologist or Optometrist</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid at 100%; not subject to deductible</td>
<td>Paid at 60%; not subject to deductible</td>
<td>Paid at 100%; not subject to deductible</td>
<td>Not Covered. Non-covered charges do not apply to annual deductible or annual out-of-pocket maximum</td>
</tr>
<tr>
<td><strong>Specialist Office-Visit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>100% after $30 copayment per visit; not subject to deductible. The $30 copayment applies to the office visit service only.</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Laboratory Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%; Lab is LabCorp</td>
<td>60%</td>
<td>90%; Lab is LabCorp</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Maternity Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>90% after an initial visit copayment of $20; not subject to deductible. There will be no copayments charged for subsequent visits</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Surgery in-office</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
</tbody>
</table>
## 2016 Healthcare Benefits at a Glance (continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td><strong>Allergy Testing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Allergy Shots &amp; Serum</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>60%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>not subject to deductible. If a physician is seen, the visit is treated as an office visit and is subject to the $50 copayment per visit</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services - Pre-certification required except for emergency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physician Services</strong> (may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Hospital Facility Services in-patient care</strong> (includes in-patient short-term rehabilitation services)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>60%</td>
<td>90% limited to semi-private room</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>after $500 copayment</td>
</tr>
<tr>
<td><strong>Maternity Delivery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Laboratory Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%;</td>
<td>60%</td>
<td>90%;</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>30 days per calendar year combined in- and-out-of-network</td>
<td>30-day calendar year maximum combined in- and out-of-network</td>
<td>30-day limit per calendar year</td>
<td>60-day limit per calendar year</td>
</tr>
<tr>
<td><strong>Hospice Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Outpatient Hospital/Facility Services - Pre-certification required except for Emergency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physician Services</strong> (may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Hospital Facility Services out-patient care</strong> (including out-patient surgery and diagnostic testing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>after $200 copayment</td>
</tr>
</tbody>
</table>

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

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

**Note:** BlueChoice HMO and Kaiser HMO have no out-of-network coverage. BlueChoice HMO members must receive referrals from a Primary Care Physician (PCP). Specialists in Kaiser Permanente medical facilities do not require a PCP referral.
## 2016 Healthcare Benefits at a Glance (continued)

<table>
<thead>
<tr>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Care in Hospital Emergency Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>80%</td>
<td>90%; after a $150 copayment per visit; subject to deductible, copayment is waived if admitted within 24 hours</td>
<td>90%; after a $150 copayment per visit; subject to deductible, copayment is waived if admitted within 24 hours</td>
</tr>
<tr>
<td>Ambulance Services (Land or air ambulance for medically necessary emergency transportation only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>90%; subject to deductible; subject to balance billing for non-participating providers of ambulance services</td>
<td>100%</td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>100% after $35 copay, not subject to deductible</td>
<td>60%</td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td>Home Nursing Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td>Cochlear Implants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td>Chiropractic Care; Physical Therapy; Speech Therapy; Occupational Therapy; Cardiac Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>60%</td>
<td>90%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Physical, occupational, athletic trainers and chiropractic care combined 20 visits
Speech therapy 20 visits
Respiratory therapy 30 visits
Note: In- and out-of-network visit limits are combined

Chiropractic limited to a 40-visit limit combined in- and out-of-network
Physical, speech, occupational, and cardiac therapies are limited to a 40-visit limit combined in- and out-of-network

100% after $50 copayment; 30-visit limit for Speech therapy and a 40-visit limit for Physical and Occupational therapy combined

100% after $25 copayment; 20-visit limit combined with Physical and Occupational therapy. Speech therapy 20-visit limit
### 2016 Healthcare Benefits at a Glance (continued)

<table>
<thead>
<tr>
<th>Behavioral Health &amp; Substance Abuse</th>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
<td>Out-of-network</td>
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<tr>
<td>Inpatient</td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
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<tr>
<td>Partial Hospitalization</td>
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<td>Outpatient Facility</td>
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<td>Intensive Outpatient</td>
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<td>Pharmacy Services</td>
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<tr>
<td>Prescription Drugs</td>
<td>See Page 12</td>
<td>See Page 12</td>
<td>See Page 12</td>
<td>See Page 12</td>
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</table>

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

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

**Note:** BlueChoice HMO and Kaiser HMO have no out-of-network coverage. BlueChoice HMO members must receive referrals from a Primary Care Physician (PCP). Specialists in Kaiser Permanente medical facilities do not require a PCP referral.

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

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

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

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 www.caremark.com.

<table>
<thead>
<tr>
<th>Retail Pharmacy</th>
<th>Consumer Choice HSA</th>
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<th>BlueChoice HMO</th>
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<tbody>
<tr>
<td>Up to a 30-day supply</td>
<td><strong>Generic:</strong> 20% after deductible&lt;br&gt;<strong>Preferred Brand:</strong> 20% after deductible&lt;br&gt;<strong>Non Preferred Brand:</strong> 20% after deductible</td>
<td><strong>Generic:</strong> $10 copay&lt;br&gt;<strong>Preferred Brand:</strong> $35 copay&lt;br&gt;<strong>Non preferred Brand:</strong> $20% with $45 minimum and $125 maximum</td>
<td><strong>Generic:</strong> $10 copay&lt;br&gt;<strong>Preferred Brand:</strong> $35 copay&lt;br&gt;<strong>Non preferred Brand:</strong> $20% with $45 minimum and $125 maximum</td>
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<table>
<thead>
<tr>
<th>Mail Order</th>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
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</thead>
<tbody>
<tr>
<td>Up to a 90-day supply</td>
<td><strong>Generic:</strong> 20% after deductible&lt;br&gt;<strong>Preferred Brand:</strong> 20% after deductible&lt;br&gt;<strong>Non Preferred Brand:</strong> 20% after deductible</td>
<td><strong>Generic:</strong> $25 copay&lt;br&gt;<strong>Preferred Brand:</strong> $87.5 copay&lt;br&gt;<strong>Non preferred Brand:</strong> $20% with $112.50 minimum and $250 maximum</td>
<td><strong>Generic:</strong> $25 copay&lt;br&gt;<strong>Preferred Brand:</strong> $87.50 copay&lt;br&gt;<strong>Non preferred Brand:</strong> $20% with $112.50 minimum and $250 maximum</td>
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<thead>
<tr>
<th>Annual Out-of-Pocket Maximum</th>
<th>Comprehensive Care and Blue Choice HMO</th>
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</thead>
<tbody>
<tr>
<td>The following annual out-of-pocket maximum amounts for members who obtain generic and preferred brand-name prescription medications will apply:</td>
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<td>• Employee: $1,100</td>
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<tr>
<td>• Employee + Child: (Two (2) covered members): $2,200</td>
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<tr>
<td>• Employee + Spouse: (Two (2) covered members): $2,200</td>
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<tr>
<td>• Family: (Three (3) or more covered members): $3,300</td>
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</table>

Upon members reaching their annual out-of-pocket maximums, their prescription drug copayments will be waived for any additional generic and preferred brand-name medications for the remainder of that year.

**Consumer Choice HSA**
The annual out-of-pocket maximum amounts for members enrolled in the Consumer Choice HSA plan and generic or preferred brand-name prescription medication will be combined with the medical out-of-pocket maximum amounts. (i.e., single or family coverage)

| Step Therapy and Prior Authorizations | Some medications are not covered unless you receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses considered reasonable, safe and effective. There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses) unless you receive approval through a review. During this review, CVS/caremark asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. Network pharmacists and physicians have been advised that the University System of Georgia will participate in this program. If you should go to a pharmacy and are informed that your prescription cannot be filled because it requires a prior authorization, please have your physician contact CVS/caremark to complete the coverage review. |

<table>
<thead>
<tr>
<th>Important Information</th>
<th>New for 2016!</th>
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<tbody>
<tr>
<td>A <strong>CVS MinuteClinic</strong> can be an easy, quick way to receive care. At a MinuteClinic, you can see a nurse practitioner for common illnesses like strep throat, ear infection, pink eye, cough and cold. You can also receive common vaccinations for flu, pneumonia, meningitis and hepatitis A and B. Just walk in to the MinuteClinic nearest you. For locations and services provided call 866.389.2727 or visit minuteclinic.com.</td>
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<tr>
<td><strong>Advanced Control Specialty Formulary</strong> is an expansion of our current step therapy program for specialty medications. Specialty medications used to treat complex conditions may require injection, special handling and/or monitoring. Some examples of Specialty medications are those used for conditions such as Rheumatoid Arthritis, Multiple Sclerosis, Hepatitis C, and Cystic Fibrosis. The therapy classes chosen for Advanced Control Specialty have multiple specialty drugs available that have similar safety and effectiveness.</td>
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<tr>
<td><strong>Site of Care Alignment</strong> preserves member access to quality specialty infusion care at a lower cost. This strategy analyzes medication costs for clinician-infused drugs and identifies opportunities to achieve lower costs by shifting members to alternative sites of care.</td>
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</table>
## Service Area by County

### BlueChoice HMO Service Area by County

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<thead>
<tr>
<th>County</th>
<th>Aiken - Augusta (Border)</th>
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<th>Bacon</th>
<th>Banks</th>
<th>Barrow</th>
<th>Bartow</th>
<th>Bibb</th>
<th>Bleckley</th>
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<th>Bulloch</th>
<th>Burke</th>
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### Kaiser Permanente Georgia Service Area by County

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<td>DeKalb</td>
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<td>Forsyth</td>
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<td>Douglas</td>
<td>Forsyth</td>
<td>Gordon</td>
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<td>Gwinnett</td>
</tr>
<tr>
<td>Oconee</td>
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<td>DeKalb</td>
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</tr>
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<tr>
<td>Paulding</td>
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<td>Dawson</td>
<td>DeKalb</td>
<td>Douglas</td>
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<td>Gwinnett</td>
</tr>
<tr>
<td>Pickens</td>
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<td>Dawson</td>
<td>DeKalb</td>
<td>Douglas</td>
<td>Forsyth</td>
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<td>Fulton</td>
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<tr>
<td>Pike</td>
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<tr>
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<tr>
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<tr>
<td>Walton</td>
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<td>DeKalb</td>
<td>Douglas</td>
<td>Forsyth</td>
<td>Gordon</td>
<td>Fulton</td>
<td>Gwinnett</td>
</tr>
</tbody>
</table>
## 2016 Premium Rates for Active Employees

<table>
<thead>
<tr>
<th></th>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$74.00</td>
<td>$173.00</td>
<td>$188.00</td>
<td>$149.00</td>
</tr>
<tr>
<td><strong>Employer</strong></td>
<td>$400.00</td>
<td>$391.00</td>
<td>$396.00</td>
<td>$325.82</td>
</tr>
<tr>
<td><strong>Total Rates</strong></td>
<td>$474.00</td>
<td>$564.00</td>
<td>$584.00</td>
<td>$474.82</td>
</tr>
<tr>
<td><strong>Employee + Child</strong></td>
<td>$132.00</td>
<td>$310.00</td>
<td>$337.00</td>
<td>$267.00</td>
</tr>
<tr>
<td><strong>Employer</strong></td>
<td>$721.00</td>
<td>$705.00</td>
<td>$714.00</td>
<td>$587.66</td>
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<tr>
<td><strong>Total Rates</strong></td>
<td>$853.00</td>
<td>$1,015.00</td>
<td>$1,051.00</td>
<td>$854.66</td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$153.00</td>
<td>$362.00</td>
<td>$393.00</td>
<td>$312.00</td>
</tr>
<tr>
<td><strong>Employer</strong></td>
<td>$842.00</td>
<td>$822.00</td>
<td>$833.00</td>
<td>$685.10</td>
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<tr>
<td><strong>Total Rates</strong></td>
<td>$995.00</td>
<td>$1,184.00</td>
<td>$1,226.00</td>
<td>$997.10</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$211.00</td>
<td>$501.00</td>
<td>$543.00</td>
<td>$431.00</td>
</tr>
<tr>
<td><strong>Employer</strong></td>
<td>$1,162.00</td>
<td>$1,134.00</td>
<td>$1,150.00</td>
<td>$945.90</td>
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<tr>
<td><strong>Total Rates</strong></td>
<td>$1,373.00</td>
<td>$1,635.00</td>
<td>$1,693.00</td>
<td>$1,376.90</td>
</tr>
</tbody>
</table>

### Important Note:

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

### Action Required!

If your Tobacco Use status changes at any time during the plan year, you are required to update your Tobacco Use Certification form immediately.

**Tobacco Use certification only applies if you are enrolled in a USG healthcare plan.**
## 2016 Premium Rates for Pre-65 Retirees

### 2016 Monthly Plan Costs

<table>
<thead>
<tr>
<th>NonMedicare Eligible</th>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>NonMedicare Retiree Only</td>
<td>$74.00</td>
<td>$173.00</td>
<td>$188.00</td>
<td>$149.00</td>
</tr>
<tr>
<td>NonMedicare Spouse Only</td>
<td>$79.00</td>
<td>$189.00</td>
<td>$205.00</td>
<td>$163.00</td>
</tr>
<tr>
<td>One Child only</td>
<td>$58.00</td>
<td>$137.00</td>
<td>$149.00</td>
<td>$118.00</td>
</tr>
<tr>
<td>Children only</td>
<td>$116.00</td>
<td>$274.00</td>
<td>$298.00</td>
<td>$236.00</td>
</tr>
<tr>
<td>NonMedicare Retiree + 1 Child</td>
<td>$132.00</td>
<td>$310.00</td>
<td>$337.00</td>
<td>$267.00</td>
</tr>
<tr>
<td>NonMedicare Spouse + 1 Child</td>
<td>$137.00</td>
<td>$326.00</td>
<td>$354.00</td>
<td>$281.00</td>
</tr>
<tr>
<td>NonMedicare Retiree + NonMedicare Spouse</td>
<td>$153.00</td>
<td>$362.00</td>
<td>$393.00</td>
<td>$312.00</td>
</tr>
<tr>
<td>Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))</td>
<td>$211.00</td>
<td>$501.00</td>
<td>$543.00</td>
<td>$431.00</td>
</tr>
<tr>
<td>Family (NonMedicare Retiree + Child(ren))</td>
<td>$211.00</td>
<td>$501.00</td>
<td>$543.00</td>
<td>$431.00</td>
</tr>
<tr>
<td>Family (NonMedicare Spouse + Child(ren))</td>
<td>$211.00</td>
<td>$501.00</td>
<td>$543.00</td>
<td>$431.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-65 Medicare Eligible</th>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-65 Medicare Retiree or Pre-65 Medicare Spouse Only</td>
<td>$74.00</td>
<td>$128.00</td>
<td>N/A</td>
<td>$103.00</td>
</tr>
<tr>
<td>Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + 1 Child</td>
<td>$132.00</td>
<td>$265.00</td>
<td>N/A</td>
<td>$221.00</td>
</tr>
<tr>
<td>NonMedicare Retiree + Pre-65 Medicare Spouse</td>
<td>$148.00</td>
<td>$301.00</td>
<td>$393.00</td>
<td>$252.00</td>
</tr>
<tr>
<td>Pre-65 Medicare Retiree + Pre-65 Medicare Spouse</td>
<td>$148.00</td>
<td>$256.00</td>
<td>N/A</td>
<td>$206.00</td>
</tr>
<tr>
<td>Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))</td>
<td>$206.00</td>
<td>$438.00</td>
<td>$543.00</td>
<td>$370.00</td>
</tr>
<tr>
<td>Pre-65 Medicare Retiree + NonMedicare Spouse</td>
<td>$153.00</td>
<td>$317.00</td>
<td>N/A</td>
<td>$266.00</td>
</tr>
<tr>
<td>Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))</td>
<td>$211.00</td>
<td>$454.00</td>
<td>N/A</td>
<td>$384.00</td>
</tr>
<tr>
<td>Family (Pre-65 Medicare Retiree + Child(ren))</td>
<td>$206.00</td>
<td>$393.00</td>
<td>N/A</td>
<td>$324.00</td>
</tr>
<tr>
<td>Family (Pre-65 Medicare Spouse + Child(ren))</td>
<td>$206.00</td>
<td>$393.00</td>
<td>N/A</td>
<td>$324.00</td>
</tr>
<tr>
<td>Family (Pre-65 Medicare Retiree + Pre-65 Medicare Spouse + Child(ren))</td>
<td>$206.00</td>
<td>$393.00</td>
<td>N/A</td>
<td>$324.00</td>
</tr>
</tbody>
</table>

**Important Note:**
A $75 Tobacco Surcharge will apply to your health care plan premium if you use tobacco and a $75 Tobacco Surcharge will apply per covered dependent age 18+ who uses tobacco.

**Important Note:**
If you would like to review the total cost of your healthcare plan, including the employer contribution, please visit the healthcare page of the USG website, [www.usg.edu/hr/benefits/healthcare](http://www.usg.edu/hr/benefits/healthcare).
Kaiser Permanente: Better Choice for Good Health

What you get
You choose your own doctor, and can get the great care you deserve—when and where you need it:

• Over 450 carefully-selected doctors from top schools like Emory and Harvard
• 26 medical offices, most including lab, X-rays, and pharmacy all under one roof
• 2 urgent care centers open 24/7, and over 45 affiliated urgent care centers
• 24/7 nurse advice
• 13 affiliated hospitals for inpatient care
• Emergency coverage anywhere you travel
• No referral needed to see any specialist in a Kaiser Permanente medical office
• Health resources like wellness and chronic conditions coaching, in-person health classes, online tools like emailing your doctor’s office, and discounts on health services like fitness clubs, vision, and more

Why it’s better
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.

<table>
<thead>
<tr>
<th>The Experience</th>
<th>With other health plans...</th>
<th>With Kaiser Permanente medical offices...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting care</td>
<td>You drive all around town to see doctors, take lab tests, get X-rays, or fill prescriptions.</td>
<td>You can see your doctor or specialist, plus get lab tests, X-rays, and prescriptions all in the same building at most of our 26 locations. See a doctor in another office whenever it’s more convenient.</td>
</tr>
<tr>
<td>Coordinating care</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Getting approval</td>
<td>Your doctor asks the insurance company to approve a test or procedure, which means you may wait days for an answer.</td>
<td>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.</td>
</tr>
<tr>
<td>Out-of-pocket costs</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>In between visits</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>
Planning to Retire?

Here’s what you need to know:

• To continue your USG healthcare, life, dental and/or vision coverage, you and any eligible dependents must be enrolled in these plans at the time you retire. If you are not currently enrolled in these plans and wish to carry coverage as a retiree, you will need to enroll in these during Open Enrollment the year prior to your retirement date.

• If you are under 65 when you retire, your healthcare plan options will be the same as active employees and the Tobacco Surcharge will apply to you and your covered dependents age 18+. Once you or your covered dependents are within one year to 6 months of turning 65, you will be contacted by the Aon Retiree Health Exchange to make a new healthcare coverage selection.

• If you will be 65 or older when you retire, you will enroll in supplemental healthcare coverage through the Aon Retiree Health Exchange. You will receive a designated amount in a Health Reimbursement Account (HRA) from the University System of Georgia to help pay for your healthcare plan premiums and other eligible healthcare expenses. You must enroll in 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, www.usg.edu/hr/benefits/retiree or contact your institution’s HR/Benefits office for assistance.

Important Note:

Employees hired after January 1, 2013 will be subject to the New Hire Retiree Contribution chart, which can be found on the USG website, http://www.usg.edu/hr/benefits/retiree_benefits.
Case Study: Carol

Carol was excited about receiving a positive report on her preventive care visit last week. She immediately developed a plan to become more active. The next day, Carol was cycling around Stone Mountain and fell off her bike after riding down a steep hill. The fall caused a gash on her elbow and several cuts and bruises. Immediately, she went to the local urgent care facility to get stitches for her elbow. After a couple hours, she was back home resting.

Consumer Choice HSA plan in action

<table>
<thead>
<tr>
<th>Preventive care visit*</th>
<th>$800</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan pays for preventive care at 100%</td>
<td>$800</td>
</tr>
<tr>
<td>Carol pays</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent care stitches</td>
<td>$350</td>
</tr>
<tr>
<td>Carol's payment towards deductible</td>
<td>$350</td>
</tr>
<tr>
<td>Deductible balance remaining</td>
<td>$1,150</td>
</tr>
<tr>
<td>Carol pays</td>
<td>$350</td>
</tr>
</tbody>
</table>

Carol’s summary: Carol paid $350 out-of-pocket for her medical expenses. Her plan paid $0. When the calendar year deductible is met, the plan pays 80% - the member is responsible for 20% with the exception of eligible preventive services. Eligible preventive services are paid by the plan at 100%.

*The in-network deductible is $1,500 for individual (single coverage) and $3,000 for 2 or more members (family coverage).
*Preventive care is covered at 100%. Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act.
Comprehensive Care plan in action

<table>
<thead>
<tr>
<th>Preventive care visit*</th>
<th>$800</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan pays for preventive care at 100%</td>
<td>$800</td>
</tr>
<tr>
<td>Carol pays</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent care stitches</td>
<td>$350</td>
</tr>
<tr>
<td>Carol pays</td>
<td>$35</td>
</tr>
<tr>
<td>Carol pays</td>
<td>$35</td>
</tr>
</tbody>
</table>

**Carol’s summary:** Carol paid $35 out-of-pocket for her medical expenses. For Urgent Care stitches, her plan paid 100% of allowable charges after the co-payment. For applicable services, there is a $500 deductible to be met each year before the plan starts to pay. When the calendar year deductible is met, the plan pays 90% - the member is responsible for 10% with the exception of eligible preventive services. Eligible preventive services are paid by the plan at 100%.

*The in-network deductible is $500 for individual (single coverage) and $1,500 for 3 or more members (family coverage).
*Preventive care is covered at 100%. Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act.

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BlueChoice HMO plan in action

<table>
<thead>
<tr>
<th>Preventive care visit*</th>
<th>$800</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan pays for preventive care at 100%</td>
<td>$800</td>
</tr>
<tr>
<td>Carol pays</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent care stitches</td>
<td>$350</td>
</tr>
<tr>
<td>Carol pays</td>
<td>$50</td>
</tr>
<tr>
<td>Carol pays</td>
<td>$50</td>
</tr>
</tbody>
</table>

**Carol’s summary:** Carol paid $50 out-of-pocket for her medical expenses. Their plan paid 100% of allowable charges after the co-payment. Eligible preventive services are paid by the plan at 100%.

*Preventive care is covered at 100%. Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act.

---

You should also consider the cost of your healthcare plan by reviewing the premiums.
Dental Coverage That Will Bring a Smile to Your Face

We offer three 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.

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental Base Plan (These rates may change)</th>
<th>Delta Dental High Plan (These rates may change)</th>
<th>Delta Dental HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible (Single/Family)</td>
<td>$50/$150</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Diagnostic/Preventive services*</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Benefit Services</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Major Benefit Services**</td>
<td>50%</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Orthodontia (child and adult)</td>
<td>No coverage</td>
<td>No coverage</td>
<td>80%</td>
</tr>
<tr>
<td>Lifetime Orthodontia Maximum</td>
<td>N/A</td>
<td></td>
<td>$1,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)*</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2016 Premiums</strong></td>
<td>$31.06</td>
<td>$62.10</td>
<td>$58.98</td>
<td>$99.38</td>
</tr>
<tr>
<td></td>
<td>$38.38</td>
<td>$76.72</td>
<td>$72.90</td>
<td>$122.78</td>
</tr>
</tbody>
</table>

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

**Benefit limits on full replacement of existing dentures or crowns apply.
A Vision Plan With a Clear Focus on Eye Health

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

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)

Did you know?

Regular vision exams can help detect signs of:

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

Your Vision Plan

Vision benefits are provided for the following services and supplies once per 12-month period.

<table>
<thead>
<tr>
<th>Vision benefit</th>
<th>In-network</th>
<th>Out-of-network reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$10 copay</td>
<td>$40</td>
</tr>
<tr>
<td>Single Vision Lens</td>
<td>$25 copay</td>
<td>$40</td>
</tr>
<tr>
<td>Frames Contribution</td>
<td>$150 allowance</td>
<td>$58</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>$150 allowance</td>
<td>$130</td>
</tr>
<tr>
<td>Medically Necessary Contact Lenses</td>
<td>Paid in full</td>
<td>$210</td>
</tr>
</tbody>
</table>

2016 Rates

<table>
<thead>
<tr>
<th>Plan</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$6.38</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$14.38</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)*</td>
<td>$12.14</td>
</tr>
<tr>
<td>Family</td>
<td>$18.84</td>
</tr>
</tbody>
</table>
Life Insurance

Protect your family’s income in the event of a death due to illness or accident.

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

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

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

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

Additional Accidental Death and Dismemberment (AD&D)

Employee Plan
- $10,000 increments to maximum of $500,000

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

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

See USG website for details http://www.usg.edu/hr/benefits/
Disability Insurance

Protect Your Income with Short and Long Term Disability through MetLife

<table>
<thead>
<tr>
<th>Short Term Disability (STD)</th>
<th>Long Term Disability (LTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides a benefit of 60% of your weekly earnings to a maximum of $2,500 per week.</td>
<td>• Provides a benefit of 60% of your monthly earnings to a maximum of $15,000 per month.</td>
</tr>
<tr>
<td>• Benefits begin on the 15th day of a qualifying disability and continue for a maximum of 11 weeks.</td>
<td>• Benefits begin on the 91st day or at the end of your STD benefits.</td>
</tr>
<tr>
<td>• See specific long term disability definition, benefit rules and return to work incentive information in the policy available on the USG website at <a href="http://www.usg.edu/hr/benefits">www.usg.edu/hr/benefits</a>.</td>
<td>• No benefits are payable under this plan for 12 months for any disability due to a condition in which you had any medical treatment, consultation, care or services, took prescription medication or had medications prescribed in the 3 months prior to enrollment in this policy.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• 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.</td>
</tr>
</tbody>
</table>

For complete short and long term benefit details, please refer to the policy available online at www.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 enrollees, EmployeeConnect Service is a free Employee Assistance Program – 1-800-511-3920 or members.mhn.com

<table>
<thead>
<tr>
<th>STD Calculation Example</th>
<th>LTD Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly payroll</strong></td>
<td><strong>Monthly payroll</strong></td>
</tr>
<tr>
<td>Rate: $.291/$10 covered benefit</td>
<td>Rate: $.258/$100 covered salary</td>
</tr>
<tr>
<td>Annual Salary = $56,000</td>
<td>Annual Salary = $56,000</td>
</tr>
<tr>
<td>$56,000/52 = $1,076.92 weekly covered salary</td>
<td>$56,000/12 = $4,666.67 covered monthly salary</td>
</tr>
<tr>
<td>$1,076.92 x .60 = $646.15 weekly benefit</td>
<td>$4,666.67 x .258/$100 = <strong>$12.04</strong></td>
</tr>
<tr>
<td>$646.15 x .291/$10 = <strong>$18.80</strong></td>
<td></td>
</tr>
<tr>
<td>STD weekly benefit maximum = <strong>$2,500</strong></td>
<td>LTD weekly benefit maximum = <strong>$15,000</strong></td>
</tr>
</tbody>
</table>

How can I calculate my rate?
Flexible Spending and Health Savings Accounts

Save money on healthcare and dependent care

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

HealthCare FSA

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

• Annual contribution limit - $2,550

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.


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

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

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

Health Savings Account (HSA)

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

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

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

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

Money in 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 Health Care Plan, you will be unable to make contributions to this account. Once you turn age 65, the funds may be used as supplemental income and will be taxed but not subject to a penalty.

HSA employer contribution match in 2016

– Single – $375
– Family – $750

HSA contribution limits for 2016 are as follows:

- Single: $3,350 (or $2,975 net before employer match)
- Family: $6,750 (or $6,000 net before employer match)
- Catch-up: $1,000 for employees 55 or older

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

Limited Purpose FSA

A Limited Purpose FSA is an additional tax-free account for those enrolled in the Consumer Choice HSA. You may contribute up to $2,550 for eligible dental and vision expenses only.
LifePerx Lifestyle Benefits

Superior Products and Services at Incredible Discounts

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

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

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

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

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

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

This plan is NOT insurance.

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

Not available to VT residents.

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<table>
<thead>
<tr>
<th>Package Options</th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
<th>Option D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Roadside Assistance</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Identity Theft Protection</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Legal Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tax Help Line</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Pet Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fitness Club Discounts</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Member Cost per Month</td>
<td>$8.35</td>
<td>$9.85</td>
<td>$9.85</td>
<td>$11.50</td>
</tr>
</tbody>
</table>

* All benefits include member, spouse and all legal dependents except ID Theft Protection
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. Employees must make an irrevocable election to participate in one of these plans within 60 calendar days of employment. All other non-exempt benefit eligible employees must participate in the TRS.

TRS - Defined Benefit Plan

TRS is a Defined Benefit Plan. In this type of plan, your retirement benefit is “defined” based on a predetermined designated formula. You are required to make mandatory pre-tax contributions to the plan and your employer makes matching contributions on your behalf. Your Retirement Benefit is calculated based upon your length of service and your average monthly salary derived from your highest consecutive 24 months of earnings. You do not make investment decisions nor do you assume the risks associated with investment decisions. You become 100% vested after 10 years of creditable service. If you leave employment with the USG prior to becoming vested, you have the option of leaving your contributions with TRS (accrues interest for 4 years), rollover your contributions to another qualified plan or IRA or request a lump-sum distribution (tax penalties may apply). For more information visit TRS at www.trsga.com

ORP – 401(a) Defined Contribution plan

ORP is a 401(a) Defined Contribution Plan. In this type of plan, the employer and employee make contributions to the plan on a regular basis. You are required to make mandatory pre-tax contributions to the plan and your employer makes matching contributions on your behalf. Your account balance is based upon employee/employer contributions and accumulated earnings. You become 100% vested immediately. You are responsible for making investment decisions and assumes the risks associated with investment decisions. You can divide your investments between 3 retirement plan vendors: TIAA-CREF, Fidelity and VALIC. If you elect to split up your contributions between retirement plan vendors, you must allocate at least 10% to each vendor. You are allowed to change vendors and/or amount invested once a quarter. To make changes to your ORP allocation, complete the ORP Allocation Change Form. If you leave employment with USG, you have the option of leaving your contributions with your retirement plan vendor, rollover your contributions to another qualified plan or IRA or request a lump-sum distribution (tax penalties may apply).

Refer to the Benefits section of the USG Web site at www.usg.edu/hr/benefits/retirement_plan_information for further retirement plan information.

Path2College 529 Savings Plan Offered by the State of Georgia

Giving your child or loved one the gift of a college education may be one of the most important gifts you can give. Start saving now.

For details, visit: https://www.path2college529.com/

For additional Retirement Savings account information, see your HR/Benefits office at your institution.
Castlight

Your healthcare benefits tool for BCBSGa Comprehensive Care and Consumer Choice HSA plan members.

Castlight can help you compare your health care provider and medical facility options based on cost, quality of care, and location. With Castlight, you’ll see how it can really pay to shop around!

How to Access Castlight...

1. Employees can register at mycastlight.com/usg, or through bcbsga.com/usg.

2. Download the Castlight mobile app. Search for “Castlight” in your app store, or visit mycastlight.com/usg from your smartphone.

Compare your medical options.  
Reduce your healthcare costs.  
Understand your past medical expenses.  
View your healthcare plan status.
LiveHealth Online

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

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

How does LiveHealth Online work?

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

Establishing an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and schedule online visits at times that fit your schedule. Once connected, you can talk and interact with the doctor as if you were in a private exam room.

Important note

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

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

How do I access the LiveHealth Online mobile app?

Download the LiveHealth Online mobile app for free on your mobile device by visiting the App Store™ or Google Play™.
CVS MinuteClinics

New Extra Savings Starting in 2016, when you visit a CVS MinuteClinic for convenient, quality healthcare.

Our Master’s-prepared nurse practitioners and physician assistants possess the licenses, certifications and clinical experience necessary to provide effective treatment for adults and children.

Both our nurse practitioners and physician assistants are qualified to:

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

MinuteClinics:

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

For MinuteClinic locations and services, call 866.389.2727 or visit MinuteClinic.com.

See 2016 Healthcare Benefits at a Glance on page 8 for the cost of a MinuteClinic office visit
Preventive Care

Preventive vs. Diagnostic Care

What’s the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age, and you have no symptoms — that’s preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what’s causing them — that’s diagnostic care.

To learn more about these benefits, visit bcsbsga.com/usg. Your preventive care is 100% covered.

Child Preventive Care. Preventive Physical Exams

Screening tests

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- Human papillomavirus (HPV) screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections

Immunizations

- Tetanus, diphtheria, and pertussis for whooping cough (Tdap)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)
Preventive Care (continued)

Women’s Preventive Care

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: including, but not limited to, gestational diabetes, hepatitis and asymptomatic

Adult and Child Preventive Care

Screening tests

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Obesity: related screening and counseling
- Prostate cancer screening, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations

- Tetanus, diphtheria, and pertussis for whooping cough (Tdap)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

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1. The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy.

To learn more about what your plan covers, see your certificate of coverage or call the Customer Care number on your ID card.

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

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

4. This benefit also applies to those younger than 19.

5. A cost share may apply for other prescription contraceptives, based on your drug benefits.

6. Check your medical policy for details.
The University System of Georgia (USG) is developing a system-wide well-being initiative for the betterment of our institutions, our employees, and their families. The USG seeks to improve well-being by providing opportunities and resources for physical activity before, during, or after the workday. In addition, the program can enhance health and wellness by encouraging healthy eating habits and stress management.

**Ready to get started?**
Visit www.usg.edu/wellness/

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## Earn Your Well-being

### Better health is its own reward.

When it comes to your health, each lifestyle choice you make can have an impact on your overall well-being. Take the next step on your well-being journey by completing certain activities to help you learn to make better choices and achieve your well-being goals.

<table>
<thead>
<tr>
<th>Activity</th>
<th>BCBSGa</th>
<th>Kaiser</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Know your numbers</strong></td>
<td>Locate an in-network provider to schedule your wellness checkup at <a href="http://www.bcbsga.com/usg">www.bcbsga.com/usg</a>.</td>
<td>Locate an in-network provider to schedule your wellness checkup at <a href="http://www.kp.org">www.kp.org</a>.</td>
</tr>
<tr>
<td>Complete an annual Wellness checkup at your personal physician’s office. Check your blood pressure, cholesterol and other health indicators.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Get started</strong></td>
<td>1. <a href="http://www.bcbsga.com/usg">www.bcbsga.com/usg</a></td>
<td>kp.org/tha</td>
</tr>
<tr>
<td>Complete the online health assessment. It can help you identify lifestyle risks, reinforce healthy habits and learn about resources to help improve your health.</td>
<td>2. Health &amp; Wellness Tab&lt;br&gt;3. Take my HA now</td>
<td></td>
</tr>
<tr>
<td><strong>Take action</strong></td>
<td>Access coaching/health programs by calling 800-785-0006.</td>
<td>Access coaching/health programs by calling 866-862-4295.</td>
</tr>
<tr>
<td>Complete an online wellness education program or actively participate in a telephonic wellness coaching program. You can choose the type of program that best fits your personal health and well-being goals.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The University System of Georgia (USG) is developing a system-wide well-being initiative for the betterment of our institutions, our employees, and their families. The USG seeks to improve well-being by providing opportunities and resources for physical activity before, during, or after the workday. In addition, the program can enhance health and wellness by encouraging healthy eating habits and stress management.
Tobacco Cessation

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

Taking care of your health is important, and we’d like to help you do that. If you smoke, one of the best ways to improve your health is to stop smoking. Tobacco use remains the leading preventable cause of disease, death, and disability in the United States. Even secondhand tobacco smoke is deadly. Each year, about 3,400 nonsmoking adults die of lung cancer and another 46,000 nonsmokers die from heart disease, all as a result of breathing secondhand smoke.

Health benefits of quitting:

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

How to find the right “quit” program

The program that works best for you may be different from the program that works best for someone else.

Your doctor is one of your best resources for finding programs that meet your total health needs. Your doctor can discuss over-the-counter and prescription medications with you.

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

**Important Note:**

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

**Resources**

- **American Cancer Society**
  1-800-227-2345
- **American Lung Association**
  quitterinyou.org
- **CDC**
  cdc.gov/tobacco
  1-800-784-8669
- **Georgia Tobacco Quitline**
  1-877-270-7867

**Tobacco Cessation Assistance:**

- The USG healthcare plan provides coverage for most over-the-counter items and prescription tobacco cessation products.
- There is a $0 co-pay for these products.
- All products must be physician-prescribed in order to have a $0 co-pay.

Contact your healthcare provider for more information.

**Trade name description** | **Dosage form description**
--- | ---
Nicotine | Patch, transdermal 24 hours
Thrive nicotine | Gum
Chantix | Tablet
Buproban | Tablet, extended release
Nicotine gum | Gum
Nicotine | Lozenge
Stop smoking aid | Gum
Bupropion sr | Tablet, extended release
Quit 2 | Gum
Quit 4 | Gum

*Contact your institution’s Human Resources/Benefits Office for on campus cessation assistance.
Personal Health Consultant Programs

Personal Health Consultants

If you or covered dependents have a chronic health condition, let us help you get the most out of life. Our Personal Health Consultants help people of all ages with the symptoms of asthma and diabetes, as well as the treatment of certain types of cancer, vascular or musculoskeletal diseases or low back pain. They also work closely with adults dealing with chronic obstructive pulmonary disease (COPD), heart failure and coronary artery disease (CAD).

You may need the Personal Health Consultant if you have more than one health issue or a condition needing high levels of health care. This program can connect you, your family and your doctors with a Personal Health Coach and other experts to help you reach personal health goals and avoid costly hospital re-admissions.

If you’re coming home after surgery or a hospital stay, our Personal Health Consultant can help here, too. There’s no need to do anything; we’ll call you. A nurse will go over your doctor’s instructions about follow-up care and medications and even give personal lifestyle coaching. With our Personal Health Consultant program, you’ll get the information you need to feel your very best — day after day. To learn more call 800-785-0006 or visit bcbsga.com/usg.

Behavioral Health

Coping with both mental health and medical conditions can be confusing and frustrating. Our behavioral health program is here to help. Licensed health professionals will work closely with you to make a plan for reaching your goals and overcoming barriers. Our Behavioral Resource Center is available at any time, day or night.

Chronic Care

Personal Health Consultants help with managing asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart disease or coronary artery disease (CAD). Care coordination with your doctor. Personalized support helps you reach your health goals.

Case Management

A Personal Health Consultant will reach out to you after surgery, a hospital stay or if you have a serious health condition. We’ll answer your questions and go over your doctor’s instructions. Get help coordinating benefits for home therapy or medical supplies.

Pharmacy is administered by CVS/caremark.
Personal Health Consultant Programs (continued)

24/7 NurseLine
Get health advice from a registered nurse, day or night.

End-stage renal disease (ESRD)
Your Personal Health Consultant can help you:
• Schedule dialysis care and doctor visits.
• Follow your treatment plan and understand your medical equipment.
• Find helpful resources and information.

Centers of Medical Excellence for Transplant Program
Our Centers of Medical Excellence for Transplant (CME-T) program includes both our CMEs and Blue Distinction Centers for transplant:
• Get access to our transplant team
• Speak with case managers who have expertise in transplant care
• Get help in finding out about your benefits
• Get a care plan designed just for you to help you and your family.

Future Moms
Support for pregnant women and new moms
Having a healthy baby is every mom’s goal. And it starts with a healthy pregnancy. You want to make the right choices and take care of yourself so you can reach that goal. But it’s not always easy to do it alone.

Neonatal Intensive Care Unit (NICU)
Our case management program for high-risk births begins by first working with members in our Future Moms maternity program:
• Get a customized plan of care from a nurse with neonatal or pediatric nursing experience
• Learn how to best care for your child at home.

Sign up with Future Moms as soon as you know you're expecting!
Just call 1-800-785-0006 and one of our registered nurses will help you get started so you feel supported in this special journey.
Discounts at bcsbsga.com/usg

Big savings await you

Saving money is good. Saving money on things that are good for you — even better. Great discounts await you at bcsbsga.com/usg. Check out over 50 discounts on products and services that help promote better health and well-being. It’s just one of the perks of being a teammate.

Here are a few discounted products you can save money on.

Vision and Hearing

• 1-800-CONTACTS® — Get contact lenses quick and easy — plus discounts only available to BCBSGa members, like $20 off when you spend $100 or more and free shipping.

• Amplifon — Get a low-price guarantee with the seven top companies that work with Amplifon. Save $50 on one hearing aid or $125 on two. Plus, get a three-year repair/loss/damage warranty and a free two-year supply of batteries.

• Beltone™ — Get hearing screenings and in-home service at no additional cost, and up to 50% off all Beltone hearing aids.

• Glasses.com — Get the latest, brand-name frames for just a fraction of the cost at typical retailers — every day. Plus, you get an additional $20 off orders of $100 or more, free shipping and free returns.

• Premier LASIK — Save 15% on LASIK with all in-network providers. Prices are as low as $695 per eye with select providers.

Family and Home

• ASPCA Pet Health Insurance — Get 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

• LifeMart — Get great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

• LinkWell — Get coupons for healthier products.

• Safe Beginnings® — Babysproof your home while saving 15% on everything from safety gates to outlet covers.

• VPI Pet Insurance — Get 5% off pet insurance. Get peace of mind knowing that you have help paying the medical costs for your pet’s accidents, illnesses and routine medical care.

• WINFertility — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

Fitness and Health

• ChooseHealthy™ — Get preferred pricing on fitness club memberships and a one-week free trial. Enjoy discounts on acupuncture, chiropractors and massage — plus 40% off certain wellness products.

• FitOrbit — Get your own personal trainer for less than $2 a day. Fitness legend Jake Steinfeld (Body by Jake®) created FitOrbit — giving everybody the ability to afford a personal trainer.

• GlobalFit™ — Save on gym memberships, home fitness equipment and GlobalFit’s Virtual Gym.

• Jenny Craig® — Join Jenny Craig and get a 30-day trial at no additional cost and 50% off enrollment.

• Lindora® — Save 20% on weight loss programs.

• Performance Bicycle — Get $20 off a purchase of $80 or more in store or online.

• SelfHelpWorks — Choose one of the online Living programs and get a 40% discount to help you lose weight, stop smoking, manage stress or face an alcohol problem.

• Allergy Control Products — Save 25% on Allergy Control encasings for your bed. Plus, save 20% on a variety of doctor recommended products for a healthier home and enjoy free shipping on orders of $150 or more.

• Murad® — Save $25 and get a free gift with any purchase of $100 or more on skin care products.

• National Allergy Supply — Save 15% on mattress encasings, air filtration products, compressors and other products to help relieve your allergy, asthma and sinus symptoms.

• Puritan’s Pride — Save 10% and get free shipping on a large selection of vitamins, minerals, herbs, supplements and much more.
Your ID Card

Your Member ID card

Using your benefits starts with your member ID card — it has all of the information you need. Be sure to show your member ID card each time you visit a provider. If you lose your card, you can get another one by going to bcsbsga.com/usg. You and your covered dependents will each receive your own member ID card.

Your card has:
1. Your name
2. Your member ID number under your name. You’ll need this number when you visit a health care provider or when you call Member Services.
3. Important phone numbers, including Member Services.

Follow these steps to print a temporary ID card

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

To print a temporary ID card:

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

Keep your ID card handy on your mobile device

When you download the Blue Cross and Blue Shield of Georgia mobile app, you can view, email or fax your ID card once you log in to your account.
Coverage While Traveling

When you travel, your health care needs don’t always take time off. That’s when the BlueCard® PPO program can help. The BlueCard PPO program gives you access to more than 92% of doctors and 96% of hospitals in the U.S.

Follow these five easy steps for health coverage when you’re away from home:

1. Always carry your current Blue Cross and Blue Shield of Georgia ID card:
   - Doctors and hospitals know you have access to the BlueCard PPO program because of a special suitcase picture on your ID card — it’s either empty or has the PPO product name.

2. In an emergency, go straight to the nearest hospital:
   - Precertification is not needed for emergency admissions and care. (Precertification is a review of your health condition before you are admitted to the hospital.)
   - If a doctor wants you to stay in a hospital, to make sure you’re covered, you or your family must tell Blue Cross and Blue Shield of Georgia about the emergency services within 24 hours or as soon as reasonably possible.

3. To find names and addresses of nearby doctors and hospitals, you have these choices:
   - Go to bcbsga.com/usg.
     - Under Useful Tools on the right, select Find a Doctor.
     - Select Search for providers Outside of Georgia

4. Call Blue Cross and Blue Shield of Georgia to make sure that you are covered for the health care services and, if needed, obtain precertification or prior authorization, which is receiving approval before you get services. The phone number is on your Blue Cross and Blue Shield of Georgia ID card.

5. When you go to the doctor’s office or hospital, show them your Blue Cross and Blue Shield of Georgia ID card.

When you get care from a BlueCard PPO program provider:

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

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

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

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

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

1. Log in to bcsbsga.com/usg. If you haven’t registered yet, you will need to register before you can log in.
2. Select Profile.
3. Scroll down to choose how you would like to get your medical EOB.
4. Choose Go Paperless. Please note that only the subscriber can pick this option.

Here is a sample of an EOB that shows the key parts and what they mean:

1. **Patient** — The person who received care.
2. **Insured ID** — This is the identification (ID) number of the subscriber, who is the employee covered by Blue Cross and Blue Shield of Georgia. This number is also on your member ID card.
3. **Provider** — A doctor, specialist, hospital, lab, facility or other health care professional who provided services for the patient. The provider name shown may be different than your provider’s name, because services such as tests, X-rays and visits may be provided by other health care professionals or facilities if your doctor uses them.
4. **Claim #** — This is the number that refers to the claim.
5. **Amount provider may bill you, if not already paid** — This is how much you owe to the provider.
6. **Your benefit snapshot** — This gives you an overview of benefits, including how much you have paid so far for your deductible. The deductible is the amount you pay for services before your health plan starts paying for your care.
7. **Date(s) of service** — This is when you received care.
8. **Type of service** — This is a description of each service listed in the claim.
9. **Charge** — This is how much the provider billed for each service. Note: If the charges include Medicare or Complementary services, this is the amount billed to Medicare.
10. **Provider responsibility and reason code(s)** — Providers in our network agree to accept a certain amount for services as payment in full. If the provider charges more for a service, the provider is responsible for the difference, and the member does not have to pay this amount. This is in addition to any discounts that may apply to the claim. The codes shown in the column to the right refer to notes about each claim. These notes explain the provider’s responsibility.
11. **Additional member responsibility and reason code(s)** — This is how much you owe the provider, plus any deductible or coinsurance for this claim. The codes shown to the right refer to notes about each claim. These notes explain what you owe and why you may be responsible for paying for a service.
12. **Note** — This column may read Amount paid to provider, Amount paid to member or Amount paid to alternate depending on who is getting payment for the claim. An example of an alternate is a custodial parent.
Where You Go for Care Matters

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

Is it an emergency?

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

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

- **LiveHealth Online** — a doctor is available to you 24/7, 365 days a year. LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam.

- **Retail health clinic** — a clinic staffed by medical professionals who provide basic medical services to walk-in patients. It’s usually found in a major pharmacy or retail store.

- **Urgent care center** — a group of doctors who treat conditions that should be looked at right away, but aren’t as severe as emergencies. These facilities can often do X-rays, lab tests and stitches.

- **Walk-in doctor’s office** — you don’t need to be an existing patient or have an appointment at these offices. These handle most routine care and common family illnesses.

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

### Deciding Where To Go

<table>
<thead>
<tr>
<th>Type of provider</th>
<th>Sprains, strains</th>
<th>Animal bites</th>
<th>X-rays</th>
<th>Stitches</th>
<th>Mild asthma</th>
<th>Minor headaches</th>
<th>Back pain</th>
<th>Nausea, vomiting, diarrhea</th>
<th>Minor allergic reactions</th>
<th>Coughs, sore throat</th>
<th>Bumps, cuts, scrapes</th>
<th>Rashes, minor burns</th>
<th>Minor fever’s, colds</th>
<th>Ear or sinus pain</th>
<th>Burning with urination</th>
<th>Bites swelling, irritation, redness or pain</th>
<th>Vaccinations</th>
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<tr>
<td>Retail health clinic</td>
<td>Physician assistant or nurse practitioner</td>
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<td>Walk-in doctor’s office</td>
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<td>Urgent care center</td>
<td>Internal medicine, family practice, pediatric and ER doctors</td>
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### Examples of ER medical emergencies

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

If you get care from a provider who is NOT part of your health plan network, you may have much higher out-of-pocket costs.
Need Health Benefits Information in Another Language?

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

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

Translation Assistance Is Just a Phone Call Away

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

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

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

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

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

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

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

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

## Healthcare Programs and Information

<table>
<thead>
<tr>
<th>BCBSGa Plans</th>
<th>Kaiser Permanente</th>
<th>Pharmacy Benefit Information</th>
<th>Voluntary Benefits Information</th>
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<tbody>
<tr>
<td>• USG Dedicated Customer Service Unit (includes Castlight)</td>
<td>• Kaiser Permanente</td>
<td>• CVS/caremark</td>
<td>• Dental: Delta Dental</td>
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<td></td>
<td>• 1-800-424-8950</td>
<td>• 1-877-362-3922</td>
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<td>• TDD 1-404-842-8073</td>
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<td>• Vision: EyeMed</td>
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<td>Online tools and provider search</td>
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<td>• 1-866-800-5457</td>
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<td>bcbsga.com/usg</td>
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<td>• HSA &amp; FSA: US Bank</td>
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<td>• 1-877-470-1771</td>
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<td>• Life and AD&amp;D: Minnesota Life</td>
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<td>• 1-866-293-6047</td>
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<td>• EAP: EmployeeConnect Services (LTD enrollees only)</td>
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<td>• 1-800-511-3920</td>
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<td>• Disability: MetLife</td>
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<td>If you have questions about your benefit choices or options, here is the contact information</td>
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<td>• Shared Services Center Team (ADP Institutions)</td>
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<td>• Georgia Tech (Ga Tech)</td>
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<td>• 1-404-894-4847</td>
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<td>• Georgia Regents (GRU)</td>
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<td>• University of Georgia (UGA)</td>
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<td>• 1-706-542-2222</td>
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<td>• The University System of Georgia website:</td>
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<td></td>
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<td>• usg.edu/hr/benefits</td>
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</tbody>
</table>

## Pharmacy Benefit Information

- **CVS/caremark**
  - 1-877-362-3922
  - TDD 1-800-231-4403

- **SilverScript**
  - 1-866-275-5247
  - TDD 1-866-236-1069

## Voluntary Benefits Information

- **Dental: Delta Dental**
  - 1-800-471-4214

- **Vision: EyeMed**
  - 1-866-800-5457

- **HSA & FSA: US Bank**
  - 1-877-470-1771

- **Life and AD&D: Minnesota Life**
  - 1-866-293-6047

- **EAP: EmployeeConnect Services (LTD enrollees only)**
  - 1-800-511-3920

- **Disability: MetLife**
  - 1-866-832-5759

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

- **Shared Services Center Team (ADP Institutions)**
  - 1-855-214-2644

- **Georgia Tech (Ga Tech)**
  - 1-404-894-4847

- **Georgia Regents (GRU)**
  - 1-706-721-3770

- **University of Georgia (UGA)**
  - 1-706-542-2222

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