The University System of Georgia (USG) is comprised of 26 higher education institutions, including four research universities, four comprehensive universities, nine state universities, and nine state colleges, as well as the Georgia Public Library Service and the Georgia Film Academy.

Your benefits are provided through the University System of Georgia. We know that USG benefits are important to you and your family. They offer protection, peace of mind and comfort — and we want you to make the most of them. Your life and needs may change, so it is always a good idea to review your options in order to make benefit choices that work for you and your family.
Our comprehensive benefits package is designed to support your personal health, well-being, and retirement needs, now and in the future. In this section, you will find information to help you understand what benefits are available to you, who can be covered and how to enroll.

Eligibility

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

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

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

When to enroll and when coverage begins

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

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

Exceptions:

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

If you are an exempt (salaried) employee who works 20 hours or more per week, you will automatically be enrolled into the TRS plan. You may enroll in a 403(b) or 457(b) supplemental retirement plan at any time during the year. Your enrollment will begin the first of the month after you enroll.

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

Tobacco surcharge

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

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

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

Working-spouse surcharge

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

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

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

When you can make changes to your surcharge status

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

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

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

Managing your benefits

After your initial benefits enrollment window closes, you may only change your benefit elections during the annual Open Enrollment period, unless you experience a qualifying life event, as defined by IRS section 125 guidelines. The most common life events are listed below:
- Birth and adoption of a child (including stepchildren and legally placed foster children).
- Death of a covered dependent.
- Marriage or divorce.
- Change in employment status that impacts benefits eligibility (for covered employee and eligible dependents).

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

How to make benefit changes

If you experience a qualifying life event, benefit updates must be completed within 30 days of the life event. Log in at oneusgconnect.usg.edu, select Manage My Benefits, and select the Change Your Coverage tile, or you can call OneUSG Connect - Benefits at 844-587-4236 Monday through Friday, 8 a.m. to 5 p.m. ET.

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

Translation services available

OneUSG Connect - Benefits offers translation services in over 160 languages. Interpreters are available during normal call center hours. If you need translation services, contact OneUSG Connect - Benefits at 844-587-4236, ask for an interpreter, and your customer care representative will take care of the rest.
USG Healthcare plans

The University System of Georgia offers several comprehensive healthcare options. To keep you healthy, regardless of the plan you choose, each plan covers in-network preventive care and medications with zero ($0) employee cost share. The main differences between the plans come down to things like how much you pay when you get care, how much you pay each paycheck, how much flexibility you have when choosing providers and whether you have out-of-network coverage.

**Anthem Consumer Choice HSA**

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

**Kaiser Permanente HMO**

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

**Anthem BlueChoice HMO**

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

**Anthem Comprehensive Care**

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

2024 premium rates for active employees

<table>
<thead>
<tr>
<th>Type of Premium</th>
<th>Anthem Consumer Choice HSA</th>
<th>Anthem Comprehensive Care</th>
<th>Anthem BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$88.94</td>
<td>$206.68</td>
<td>$253.20</td>
<td>$188.80</td>
</tr>
<tr>
<td>Employer</td>
<td>$568.04</td>
<td>$571.12</td>
<td>$576.36</td>
<td>$464.00</td>
</tr>
<tr>
<td>Total rates</td>
<td>$656.98</td>
<td>$777.80</td>
<td>$829.56</td>
<td>$652.80</td>
</tr>
<tr>
<td>Employee + child(ren)</td>
<td>$188.82</td>
<td>$400.78</td>
<td>$485.60</td>
<td>$362.24</td>
</tr>
<tr>
<td>Employer</td>
<td>$993.74</td>
<td>$999.26</td>
<td>$1,007.62</td>
<td>$812.80</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,182.56</td>
<td>$1,400.04</td>
<td>$1,493.22</td>
<td>$1,175.04</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>$220.34</td>
<td>$467.60</td>
<td>$566.56</td>
<td>$422.60</td>
</tr>
<tr>
<td>Employer</td>
<td>$1,159.32</td>
<td>$1,165.78</td>
<td>$1,175.52</td>
<td>$948.28</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,379.66</td>
<td>$1,633.38</td>
<td>$1,742.08</td>
<td>$1,370.88</td>
</tr>
<tr>
<td>Family</td>
<td>$314.76</td>
<td>$668.00</td>
<td>$809.38</td>
<td>$603.72</td>
</tr>
<tr>
<td>Employer</td>
<td>$1,666.18</td>
<td>$1,665.40</td>
<td>$1,679.30</td>
<td>$1,354.68</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,970.94</td>
<td>$2,333.40</td>
<td>$2,488.68</td>
<td>$1,958.40</td>
</tr>
</tbody>
</table>

**Important note: surcharge certifications**

When you certify your tobacco use or working-spouse status, you are attesting that the information is true and correct to the best of your knowledge. USG expects employees to uphold the highest standards of intellectual honesty and integrity in compliance with USG Ethics policy. Therefore, you should respond honestly in regard to your status. If you knowingly and willfully make a false or fraudulent statement to USG regarding your insurance coverage, you may be subject to criminal prosecution. Under state law (at OCGA Section 16-10-20), if you are convicted, you shall be punished by a fine no more than $1,000 or by imprisonment for no less than one or more than five years, or both.
### 2024 healthcare benefits at a glance

<table>
<thead>
<tr>
<th>Network Name</th>
<th>Anthem Consumer Choice HSA</th>
<th>Anthem Comprehensive Care</th>
<th>Anthem BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In network</td>
<td>$9,400</td>
<td>$6,000</td>
<td>$18,800</td>
<td>$9,900</td>
</tr>
<tr>
<td>Out of network</td>
<td>$18,000</td>
<td>$12,000</td>
<td>$7,800</td>
<td>$2,850</td>
</tr>
<tr>
<td>Deductible: all services are subject to the deductible unless otherwise indicated</td>
<td>$9,400</td>
<td>$6,000</td>
<td>$18,800</td>
<td>$9,900</td>
</tr>
<tr>
<td>Employee only</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Employee +1 (spouse or child)</td>
<td>$9,400</td>
<td>$6,000</td>
<td>$18,800</td>
<td>$9,900</td>
</tr>
<tr>
<td>Employee +2 or more covered members</td>
<td>$9,400</td>
<td>$6,000</td>
<td>$18,800</td>
<td>$9,900</td>
</tr>
<tr>
<td>Maximum annual out-of-pocket limit</td>
<td>$9,400</td>
<td>$6,000</td>
<td>$18,800</td>
<td>$9,900</td>
</tr>
<tr>
<td>Network name</td>
<td>Anthem Open Access POS</td>
<td>Anthem Open Access POS</td>
<td>Anthem BlueChoice HMO</td>
<td>Kaiser Permanente facilities</td>
</tr>
<tr>
<td>Preexisting conditions</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-state/out-of-country coverage</td>
<td>In-network coverage that is out of state utilizes the BlueCard national program.</td>
<td>In-network coverage</td>
<td>In-network coverage</td>
<td>In-network coverage</td>
</tr>
<tr>
<td>Primary care physician/referal required</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Notes
- Employee only: Responsible for the single deductible or out-of-pocket (OOP) amount only.
- Employee +1 or more covered members: Each member is responsible for the single deductible or OOP amount within the family deductible or OOP amount, up to the maximum amount. Member deductible, copays, and coinsurance apply toward the annual medical and pharmacy OOP limit. See page 22.
- BlueChoice HMO members must receive referrals from a PCP. No referrals needed to see most Kaiser Permanente specialists. Refer to national primary care physician independent specialists.

### Preexisting conditions
- Covered members: Covered members are covered for preexisting conditions, including conditions that existed prior to the effective date of the health plan. Such conditions may not be excluded from coverage.
- Noncovered members: Noncovered members are not covered for preexisting conditions, including conditions that existed prior to the effective date of the health plan. Such conditions may be excluded from coverage.

### Deductible:
- Deductible: The deductible is the amount you must pay out of pocket for covered services before the health plan pays any portion of the costs. Deductible limits apply separately for medical and pharmacy benefits. The annual deductible limit applies at the end of each calendar year.

### Maximum annual out-of-pocket limit:
- Maximum annual out-of-pocket limit: The maximum amount you will be responsible for paying out of pocket in a plan year for covered services. This limit applies separately for medical and pharmacy benefits.

### Preexisting conditions
- Covered members: Covered members are covered for preexisting conditions, including conditions that existed prior to the effective date of the health plan. Such conditions may not be excluded from coverage.
- Noncovered members: Noncovered members are not covered for preexisting conditions, including conditions that existed prior to the effective date of the health plan. Such conditions may be excluded from coverage.

### Out-of-state/out-of-country coverage
- In-state/out-of-state utilization: Utilizes the BlueCard national program. Out-of-state coverage is for BlueCard Global Care at 800-810-2083.

### Emergency care only
- You’re covered for emergency and urgent care anywhere in the world. Call the Away From Home Travel line from both inside and outside the U.S. at 951-268-3900 or assistance before, during, and after travel.

### 2024 healthcare benefits at a glance (continued)

<table>
<thead>
<tr>
<th>Network Name</th>
<th>Anthem Consumer Choice HSA</th>
<th>Anthem Comprehensive Care</th>
<th>Anthem BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In network</td>
<td>$12,000</td>
<td>$7,800</td>
<td>$2,850</td>
<td>$9,400</td>
</tr>
<tr>
<td>Out of network</td>
<td>$3,900</td>
<td>$1,300</td>
<td>$9,900</td>
<td>$2,850</td>
</tr>
<tr>
<td>Deductible: all services are subject to the deductible unless otherwise indicated</td>
<td>$12,000</td>
<td>$7,800</td>
<td>$2,850</td>
<td>$9,400</td>
</tr>
<tr>
<td>Employee only</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Employee +1 (spouse or child)</td>
<td>$12,000</td>
<td>$7,800</td>
<td>$2,850</td>
<td>$9,400</td>
</tr>
<tr>
<td>Employee +2 or more covered members</td>
<td>$12,000</td>
<td>$7,800</td>
<td>$2,850</td>
<td>$9,400</td>
</tr>
<tr>
<td>Maximum annual out-of-pocket limit</td>
<td>$12,000</td>
<td>$7,800</td>
<td>$2,850</td>
<td>$9,400</td>
</tr>
<tr>
<td>Network name</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Preexisting conditions</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-state/out-of-country coverage</td>
<td>In-network coverage that is out of state utilizes the BlueCard national program.</td>
<td>In-network coverage</td>
<td>In-network coverage</td>
<td>In-network coverage</td>
</tr>
<tr>
<td>Primary care physician/referal required</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Notes
- Employee only: Responsible for the single deductible or out-of-pocket (OOP) amount only.
- Employee +1 or more covered members: Each member is responsible for the single deductible or OOP amount within the family deductible or OOP amount, up to the maximum amount. Member deductible, copays, and coinsurance apply toward the annual medical and pharmacy OOP limit. See page 22.
- Member copays for physician office-visit services, hospital admission, emergency room (ER) visits, and pharmacy copays apply toward the annual out-of-pocket amount. See page 29.
- In-network specialty care that is out of state utilizes the BlueCard national program. Out-of-state/Out-of-country utilization is for BlueCard Global Care at 800-810-2083.

### Emergency care only
- You’re covered for emergency and urgent care anywhere in the world. Call the Away From Home Travel line from both inside and outside the U.S. at 951-268-3900 or assistance before, during, and after travel.

### Primary care physician/referal required
- Yes | No | Yes | No

### All out-of-network services are subject to the out-of-network deductible and balance billing unless otherwise stated.
- Annual deductible, annual maximum out-of-pocket limits and annual visit limitations are based on a January 1 to December 31 plan year. BlueChoice HMO and Kaiser Permanente HMO have no out-of-network coverage.

### Section 2: Healthcare and pharmacy
### 2024 healthcare benefits at a glance (continued)

<table>
<thead>
<tr>
<th>Anthem Consumer Choice HSA</th>
<th>Anthem Comprehensive Care</th>
<th>Anthem BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In network</strong></td>
<td><strong>Out of network</strong></td>
<td><strong>In network</strong></td>
<td><strong>Out of network</strong></td>
</tr>
<tr>
<td><strong>Allergy testing</strong></td>
<td>80%</td>
<td>60%</td>
<td>100% after $90 copay</td>
</tr>
<tr>
<td></td>
<td>60%</td>
<td>60%</td>
<td>100% after $75 copay</td>
</tr>
<tr>
<td><strong>Allergy shots and serum</strong></td>
<td>80%</td>
<td>60%</td>
<td>100% after $90 copay</td>
</tr>
<tr>
<td></td>
<td>60%</td>
<td>60%</td>
<td>100% after $75 copay</td>
</tr>
</tbody>
</table>

**Inpatient hospital services — precertification required except for emergencies**

- **Physician services (may include surgery, anesthesiology, pathology, radiology, and/or maternity care/delivery)**
  - 80%                        
  - 60%                        
  - 60%                        
  - 100%                      
  - 100%                      

- **Hospital facility services inpatient care (includes inpatient short-term rehabilitation services)**
  - 80%                        
  - 60%                        
  - 60%                        
  - 100%                      
  - 100%                      

- **Maternity delivery**
  - 80%                        
  - 60%                        
  - 60%                        
  - 100%                      
  - 100%                      

- **Skilled nursing facility**
  - 80%                        
  - 60%                        
  - 60%                        

- **30 days per calendar year combined in network and out of network**
  - 30-day limit per calendar year
  - 30-day limit per calendar year

- **Hospice care**
  - 100%                      
  - 100%                      
  - 100%                      
  - 100%                      
  - 100%                      

**Outpatient hospital/facility services — precertification required except for emergency**

- **Physician services (may include surgery, anesthesiology, pathology, radiology, and/or maternity care/delivery)**
  - 80%                        
  - 60%                        
  - 60%                        
  - 100%                      
  - 100%                      

- **Hospital facility services outpatient care (including outpatient surgery and diagnostic testing)**
  - 80%                        
  - 60%                        
  - 60%                        
  - 100%                      
  - 100%                      

All in-network services are subject to the deductible unless otherwise stated. All out-of-network services are subject to the out-of-network deductible and balance billing unless otherwise stated. Annual deductibles, annual maximum out-of-pocket limits and annual visit limitations are based on a January 1 to December 31 plan year. BlueChoice HMO and Kaiser Permanente HMO have no out-of-network coverage. BlueChoice HMO members must receive referrals from a primary care physician (PCP). No referrals are needed to see most Kaiser Permanente specialists. Referral required for non-Kaiser Permanente independent specialists.

### 2024 healthcare benefits at a glance (continued)

<table>
<thead>
<tr>
<th>Anthem Consumer Choice HSA</th>
<th>Anthem Comprehensive Care</th>
<th>Anthem BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In network</strong></td>
<td><strong>Out of network</strong></td>
<td><strong>In network</strong></td>
<td><strong>Out of network</strong></td>
</tr>
</tbody>
</table>
| **Care in hospital emergency room — facility services**
  - 80%                      
  - 60% after $350 copay per visit; copay waived if admitted within 24 hours
  - 100% after $500 copay per visit; copay waived if admitted within 24 hours
| **Care in hospital emergency room — physician services**
  - 80%                      
  - 90%; subject to in-network deductible
  - 100%                      
| **Land ambulance services (for medically necessary transportation only)**
  - 80% subject to in-network deductible
  - 90% subject to in-network deductible
  - 100%                      
  - 100% after $75 copay per trip

Out-of-network land ambulance services apply to the in-network deductible and in-network out-of-pocket maximum. It is important to remember you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance billing). Balance bill amounts will not apply to the deductible or out-of-pocket maximum.

- **Air ambulance services (for medically necessary transportation only)**
  - 80%, subject to in-network deductible
  - 90%, subject to in-network deductible
  - 100%                      
  - 100% after $75 copay per trip

Except as set forth in the Surprise Billing Legislation Notice, it is important to remember you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance billing). Out-of-network air ambulance services apply to the in-network deductible and in-network out-of-pocket maximum. Balance bill amounts will not apply to the deductible or out-of-pocket maximum.

| **Urgent care services**
  - 80%                      
  - 60% after $50 copay, not subject to deductible
  - 60% after $750 copay
  - 100% after $90 copay
  - 100% after $75 copay

| **Other services**
| **Home health**
  - 80%                      
  - 60% after $45 copay
  - 50% after $30 copay per visit
  - 100%, up to 30 visits
  - 100%, up to 30 visits

| **Home nursing care**
  - 80%                      
  - 60% after $45 copay
  - 50% after $30 copay per visit
  - 100% after $75 copay
  - 100%, up to 40 visits

| **Durable medical equipment**
  - 80%                      
  - 60% after $45 copay
  - 50% after $30 copay per visit
  - 100%, up to 30 visits

| **Hearing aids — children (18 years of age and under)**
  - Initial: 1 hearing aid per ear, with a limit of $3,000 per ear
  - Replacement: 1 hearing aid per ear every 48 months

| **Cochlear implants — covered if deemed medically necessary; preauthorization required**
  - Initial: 1 hearing aid per ear, with a limit of $3,000 per ear
  - Replacement: 1 hearing aid per ear every 48 months

| **Chiropractic care, physical therapy, speech therapy, occupational therapy, cardiac therapy**
  - Initial: 1 hearing aid per ear, with a limit of $3,000 per ear
  - Replacement: 1 hearing aid per ear every 48 months

| **Physical and occupational therapy: 40 visits combined**
  - Chiropractic care: 20 visits
  - Speech therapy: 20 visits

| **Chiropractic care: 20 visits**
  - Physical and occupational therapy: 40 visits
  - Speech therapy: 10 visits
2024 healthcare benefits at a glance (continued)

<table>
<thead>
<tr>
<th>Behavioral health and substance use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>100% after $750 copay</td>
</tr>
<tr>
<td>100% after $450 copay</td>
</tr>
<tr>
<td>Partial hospitalization</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>90%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>100% after $600 copay</td>
</tr>
<tr>
<td>Office visit</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>$25</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>100% after $40 copay</td>
</tr>
<tr>
<td>100% after $40 copay</td>
</tr>
<tr>
<td>Applied behavioral analysis (ABA)/autism therapy</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>90%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>100% after $50 copay per office-visit; refer to plan benefits above for treatment outside of office-visit setting</td>
</tr>
<tr>
<td>100% after $40 copay per office-visit; refer to plan benefits above for treatment outside of office-visit setting</td>
</tr>
<tr>
<td>Intensive outpatient</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>100% after $40 copay</td>
</tr>
<tr>
<td>Pharmacy services</td>
</tr>
<tr>
<td>Prescription drugs</td>
</tr>
<tr>
<td>See page 22.</td>
</tr>
<tr>
<td>See page 22.</td>
</tr>
<tr>
<td>See page 22.</td>
</tr>
<tr>
<td>See page 29.</td>
</tr>
</tbody>
</table>

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

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

BlueChoice HMO members must receive referrals from a primary care physician (PCP). No referrals needed to see most Kaiser Permanente specialists.

Referral required for non-Kaiser Permanente independent specialists.

Enrollment checklist

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

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

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

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

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

Getting started with your benefits

1. **Download the Sydney™ Health app**
   Use the app to access your benefits, connect to care and find well-being resources.

2. **Explore what’s available to you**
   Your health plan includes a wide range of offerings, including preventive care benefits, condition management, health coaching and other support tools that help you meet your health goals.
   - Visit pages 18–19 for more information on Anthem programs that can help you make the most of your benefits.
   - Visit page 31 for information about how you can earn incentives.

3. **Find an in-network provider or access virtual care**
   Use the Sydney Health app or visit anthem.com to search for doctors, specialists, hospitals and facilities in your plan’s network or have a virtual care visit.

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

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

Your ID card

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

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

Care, support and information at your fingertips

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

The app will:

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

To get started, have your ID ready.

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

Use the app anytime to:

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

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

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

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

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

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

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

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

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

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

You’ll find:
• Tools to help you stay organized.
• Health and wellness expertise for you and your family.
• Personalized pregnancy support.

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

*Primary care physician (PCP). This is your first stop when you need care, available during business hours and by phone after hours.
*Virtual care. 24/7 access to doctors through the Sydney Health app, no appointment needed.
*Retail health clinic. This clinic can provide basic healthcare services to walk-in patients and is located in a major pharmacy or retail store.
*Urgent care center. Visit this center for conditions that should be looked at right away but aren’t as severe as emergencies.

<table>
<thead>
<tr>
<th>Reason for care</th>
<th>PCP</th>
<th>Virtual care</th>
<th>Retail health clinic</th>
<th>Urgent care center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprains, strains</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Animal bites</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>X-rays</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Stitches</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Mild asthma</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Minor headaches</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Back pain</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Nausea, vomiting, diarrhea</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Minor allergic reactions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Coughs, sore throat</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bumps, cuts, scrapes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Rashes, minor burns</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Minor cuts, colds</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Ear or sinus pain</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Burns with or without smoke</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Eye swelling, irritation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

When to go to the ER

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

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

Call the number on the back of your ID card or the 24/7 NurseLine.
To find a location, visit anthem.com or use our Sydney Health app.

Care while traveling

Medical coverage while traveling

**Ways to access care across the U.S.:**

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

**Ways to access care outside the U.S.:**

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

**Travel Assistance (provided by MetLife via AXA Assistance)**

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

**Medical Coverage:**

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

**Support while you’re away**

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

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

---

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

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

Internationally, members can receive emergency and urgent care at non-Kaiser Permanente facilities around the world. Kaiser Permanente members have access to Cigna’s national network of doctors for emergency and urgent care visits. The copay and applicable employee cost share is the same as Kaiser Permanente facilities.
When you enroll in an Anthem healthcare plan, you are automatically enrolled in the prescription drug benefit through CVS Caremark. You can fill your prescription at any pharmacy location, including non-CVS locations. The formulary, also known as the covered drug list, covers a wide selection of clinically sound and cost-effective medications.

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

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

### Table: Prescription Coverage Summary

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

*As approved for a 30 to 90-day supply, you will be responsible for 20% of the coinsurance.

**Important information**

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

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

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

### Understanding your benefits

#### Prescription drug benefits with the Consumer Choice HSA

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

#### Prescription drug benefits with the Comprehensive Care and BlueChoice HMO

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

### How it works

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

**Diary note:** The data below correctly reflects the coinsurance percentage and copay amount calculated using the example amount of $150.

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

<table>
<thead>
<tr>
<th>Your cost share</th>
<th>Generic</th>
<th>Preferred</th>
<th>Nonpreferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket costs</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>If the drug cost is $200</td>
<td>$150 copay</td>
<td>$100 maximum</td>
<td>$200 maximum</td>
</tr>
<tr>
<td>Coinsurance/coinsurance</td>
<td>20%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>You pay</td>
<td>$150 copay</td>
<td>$70</td>
<td>$200</td>
</tr>
</tbody>
</table>

**Prescription coinsurance:**

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

**Important terms**

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

**Did you know?**

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

**Important terms**

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**Note:** Does not include specialty tier. Please see chart on previous page for cost share.
Save time and money

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

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

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

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

Prior authorization and quantity limits

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

Dispense as written (DAW)

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

Prescription questions?

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

HMO service area by county
A total health system like no other

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

What makes Kaiser Permanente special?

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

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

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

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

Choose a doctor who’s right for you

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

Transition your care seamlessly

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

Get care on your schedule

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

How to find a provider:

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

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

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

So many ways to choose and receive care

Video Phone In person

Other ways to receive care in the moment

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

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

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

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

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

Kaiser Permanente perks and benefits

Acupuncture, massage therapy, chiropractic care Enjoy reduced rates on services to help you stay healthy. kp.org/choosehealthy

Reduced rates on gym memberships Stay active by joining a local fitness center, plus enjoy thousands of digital workout videos. kp.org/choosehealthy

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

Kaiser Permanente pharmacy

Getting started

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

Step 1 – Make the call

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

Step 2 – Visit your doctor

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

Step 3 – Fill your prescription

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

Questions

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

Pharmacy costs

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

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

getting refills

You have three easy options:

1. Order online at kp.org/refill.
2. Order from your mobile device by using the Kaiser Permanente app, which can be downloaded for free from your preferred app site.

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

Getting refills

Ginger

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

Calm

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

myStrength

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

Classpass

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

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

Earn rewards for a healthy lifestyle

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

Here’s how it works

1. Download or log in to your no-cost Sydney Health app.
2. Select My Health Dashboard.
   • To earn your rewards, scroll down and select My Rewards to view activities that you can complete.
   • To redeem your rewards, scroll down and choose Redeem Rewards.

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

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

If you need help with your rewards, please call your Anthem Health Advocate at 800-424-8950.
An investment that’s like no other

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

Earn $100
2024 5-step wellness program

1. Step 1: Accept your agreement
   Sign on to kp.org/engage to accept your 2024 Wellness Program Agreement — if you check “no” or if you do not complete this step, you will not earn credit for your Kaiser Permanente Wellness Program activities.

2. Step 2: Take your total health assessment
   Complete your Kaiser Permanente Total Health Assessment (THA) online. The questionnaire is confidential and takes about 10 minutes.

3. Step 3: Know your numbers
   Complete a Biometric Screening at a Kaiser Permanente medical office.

4. Step 4: Get yourself screened
   Complete all age and gender appropriate preventive screenings for breast, cervical, or colorectal cancer.

5. Step 5: Make a lifestyle change
   Your choice — participate in either Wellness Coaching by Phone or complete a mission through the healthy lifestyle programs.*

For details or general questions:
my kp.org/usg
Rewards questions (including appeals) can be directed to:
Rewards Customer Service
866-300-9867 Monday through Friday, 8 a.m. to 8 p.m. ET or email
rewardscustomerservice@kp.org
Visit kp.org/engage to view and track the status of your activities.

Complete steps by December 31, 2024

Employee Assistance Program

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

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

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

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

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

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

Daily living services and assistance
Providing referrals for services such as:
- Home repairs and improvement.
- Moving and relocation.
- Home maintenance and cleaning.
- Travel and entertainment.
- Pet services.
- Event planning.

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

Care and services for your loved ones
- Providing referrals and resources such as:
  - Child and elder care.
  - Transportation assistance.
  - Meal programs.
  - Medicare and Medicaid guidance.
  - Special needs services.
  - Grief and anxiety.
  - Parenting.
  - Child and elder care.
  - Financial and legal information and templates.

Virtual resources
The EAP website, usg.mylifeexpert.com, offers a wealth of resources, articles, trainings and tools.

Use the company code USGCares to log in.

EAP is available 24/7, 365 days a year.
Call 844-243-4440 to get referrals, information or to ask questions.
Tip! Store the EAP number in your phone so you have it when you need it.

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

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Mental health support

Anthem resources

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

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

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

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

- **Virtual care video visit (formerly LiveHealth Online)**
  - Schedule a virtual appointment. Psychiatrists and psychologists are available for same-day visits.

Live events

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

Kaiser Permanente resources

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

Well-being apps

- myStrength
- Calm
- Ginger

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

Diabetes/WeightWatchers

USG has partnered with WeightWatchers® to support healthcare for enrolled members. Anthem members will have virtual support options. Kaiser Permanente members will have virtual and in-person options.

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

Visit the USG Well-being website for all program details at usg.edu/well-being/.
Dental coverage that will bring a smile to your face

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

Maximize your savings by visiting a dentist in the PPO network

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

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

Your dental plans

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Delta Dental Base Plan</th>
<th>Delta Dental High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum annual benefit</td>
<td>In network</td>
<td>Out of network</td>
</tr>
<tr>
<td>Deductible (single/family)</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Diagnostic/preventive services1</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic benefit services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Major benefit services2</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia (child and adult)</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Lifetime orthodontia maximum</td>
<td>N/A</td>
<td></td>
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</table>

Tier 2024 monthly rates

<table>
<thead>
<tr>
<th>Tier</th>
<th>Employee</th>
<th>Employee and spouse</th>
<th>Employee and child(ren)3</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$34.22</td>
<td>$55.46</td>
<td>$65.02</td>
<td>$109.52</td>
</tr>
<tr>
<td>Employee and spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee and child(ren)3</td>
<td></td>
<td></td>
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<tr>
<td>Family</td>
<td>$109.52</td>
<td>$135.36</td>
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</tr>
</tbody>
</table>

How are orthodontic claims paid?

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

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

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

A vision plan with a clear focus on eye health

Our EyeMed Vision Care plan saves you money on routine eye exams and eye care items. In addition to the Insight network, you now have access to EyeMed’s Plus Provider Network, where you will have a $0 copay eye exam and receive an additional $50 frame allowance. To find a network provider near you, visit eyemedvisioncare.com/usg and look for PLUS or Insight as your network from the provider locator drop-down box or call 866-800-5457.

Vision doctors can also help treat and manage:

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

Special savings offers1

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

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

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

Your vision plan

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

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Eyemed Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>In network</td>
<td>Out-of-network reimbursement</td>
</tr>
<tr>
<td>Exam1</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Single vision lens</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Standard lens</td>
<td>$80 copay</td>
</tr>
<tr>
<td>Frames2</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>Contact lenses</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>Medically necessary contact lenses</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

2024 monthly rates

<table>
<thead>
<tr>
<th>Tier</th>
<th>Employee</th>
<th>Employee and spouse</th>
<th>Employee and child(ren)4</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$9.89</td>
<td>$15.52</td>
<td>$13.12</td>
<td>$20.34</td>
</tr>
</tbody>
</table>

1 Preventive and diagnostic services don’t count toward the annual maximum.
2 Benefit limits on full replacement of existing lenses or cosmetic surgery. Eyewear costs are covered under the dental plan.
3 Life expectancy on the child(ren) is used to determine the maximum benefit.
4 If you are an EyeMed PLUS provider, you will receive 50% off your eye exam and an additional $200 frame allowance.

1 These are rotating offers subject to change.

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

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

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

Flexible Spending Accounts

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

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

Healthcare FSA

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

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

Dependent Care FSA

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

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

Limited Purpose FSA

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

Why get an LP-FSA?

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

Tip

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

How an FSA works

• Decide what you want to contribute to your FSA for the remainder of the year when you’re hired. Money is then deducted pretax from your paycheck in equal installments for the number of paychecks remaining in the year.

• Use your HSA Bank Health Benefits Debit Card to pay for qualified medical expenses for yourself, your spouse and your dependents.

• Or pay out of pocket for eligible expenses and submit a claim for reimbursement.

• Check your balance and account information on the member website or HSA Bank Mobile app 24/7.

Moving from an FSA to an HSA?

If you change from an HC-FSA one calendar year to an HSA the next year, you’re eligible to have an HSA with HSA Bank. Unlike the FSA, money left in your HSA at the end of the year rolls over year after year, which allows you to save money for future years, including retirement. Contributions you make to your HSA are matched by USG up to $375 for a single coverage and $750 for a family.

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

• Be covered under the Consumer Choice HSA healthcare plan.

• Not currently enrolled in Medicare or TRICARE.

• Not claimed as a dependent on another person’s tax return.

• Not receiving medical benefits through the Veterans Affairs during the preceding three months.

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

FSA fast facts

• FSAs (Healthcare, Dependent Care and Limited Purpose) must be elected during your new hire eligibility period and reelected each year during annual Open Enrollment for the next year. You are not automatically reenrolled each year.

• Remember that IRS rules require you to forfeit any balance left in your FSAs at the end of the plan year. This is the “use-it-or-lose-it” rule.

• Plan carefully! For your 2024 FSA election, you must incur eligible expenses between January 1, 2024, and March 15, 2025, and submit them for reimbursement before March 31, 2025. Funds left in your FSA at the end of the grace period are forfeited and cannot be returned to you.

• Grace period. USG provides a grace period of two and a half months after the end of the calendar year. This means you can continue to incur eligible healthcare expenses through March 15, 2025, giving you a little more time to use up your Healthcare FSA balance. All USG FSAs have a grace period.

Health Savings Account

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

How an HSA works

• Decide what you want to contribute to your HSA for the year. Money is deducted pretax from your paycheck.

• Pay for qualified medical expenses for yourself, your spouse and your dependents.

• Use your HSA Bank Health Benefits Debit Card to pay directly or pay out of pocket for reimbursement or to grow your HSA funds.

• Roll over any unused funds year to year. It’s your account and stays with you even if you leave USG or enroll in another plan.

2024 HSA employer contribution match

Single: $375       Family: $750

Maximizing your HSA contributions

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

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

These examples are for illustrative purposes only.

<table>
<thead>
<tr>
<th>Employee makes $35,000 annually and is paid biweekly. They are enrolled in the Consumer Choice HSA employee-only coverage.</th>
<th>Single - $375</th>
<th>Family - $750</th>
</tr>
</thead>
<tbody>
<tr>
<td>If they contribute $14.42 per paycheck, they will have contributed $375 by December 31. USG will also contribute $375, which adds up to a total of $750 at the end of the year. Because these contributions are pretax, the reduction to the paycheck is $10.74.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Employee makes $45,000 annually and is paid monthly. They are enrolled in the Consumer Choice HSA family coverage. | | |
|---|---|
| If they contribute $62.50 per month, they will have contributed $750 by December 31. USG also contributes $750, which adds up to a total of $1,500 at the end of the year. Because these contributions are pretax, the reduction to the paycheck is $47.88. | | |
Health Savings Accounts (continued)

HSA investment options

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

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

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

HSA fast facts

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

What accounts am I eligible to have?

<table>
<thead>
<tr>
<th>Account types</th>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Spending Account (FSA)*</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dependent care — Flexible Spending Account (FSA)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Limited Purpose Flexible Spending Account (LP-FSA)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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

Other important information

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

What coverage is available to you and your family?

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

Basic life with accidental death and dismemberment (AD&D)
- Automatically enrolled at $25,000 with matching AD&D at no cost to you.
- Coverage guaranteed.

Supplemental life with accidental death and dismemberment (AD&D)
- $1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x annual salary, rounded to the next higher $1,000 (includes matching AD&D).
- Maximum of $2,500,000.
- Elect up to 3x your annual salary not to exceed $500,000 without evidence of insurability (EOI), if you enroll within 30 days of your eligibility date. Amount elected must be a multiple of your annual salary.
- Elections above the allowed amount require an EOI.
- During Open Enrollment, you may elect or increase your supplemental coverage by one level, up to 3x your annual salary, not to exceed $500,000 without EOI.

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

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

Accidental death and dismemberment (AD&D)

Employee plan
- $10,000 increments, up to maximum of $500,000.

Family plan (% of employee’s AD&D coverage)
- Spouse and children:
  - Spouse: 40% of employee’s AD&D coverage
  - Each child: 10% of employee’s AD&D coverage
- Spouse and no children:
  - Spouse: 50% of employee’s AD&D coverage
  - Each child: 15% of employee’s AD&D coverage
- No spouse but children:
  - Each child: 15% of employee’s AD&D coverage
- Spouse and children:
  - Spouse: 50% of employee’s AD&D coverage
  - Each child: 15% of employee’s AD&D coverage

Maximum of $2,500,000.

During Open Enrollment, you may enrolls for employee supplemental life.

How can I calculate my rate?

STD calculation example
- Monthly payroll
- Rate:
  - $0.274/$10 covered benefit
  - Annual salary: $56,000
  - $56,000/52 = $1,076.92 weekly covered salary
  - $1,076.92 x 0.60 = $646.15 weekly benefit
  - $646.15 x 0.274/$10 = $17.70

LTD calculation example
- Monthly payroll
- Rate:
  - $0.266/$100 covered salary
  - Annual salary: $56,000
  - $56,000/12 = $4,666.67 covered monthly salary
  - $4,666.67 x 0.266/$100 = $12.41

Disability insurance

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

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

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

Important notes:
- For STD, evidence of insurability (EOI) is required unless you are enrolling as a newly hired employee within 30 days of employment. For LTD, no EOI is required, but subject to preexisting condition limitation.

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

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

Plan benefits
The USG Accident insurance plan provides payments directly to you, unless assigned otherwise, for the following types of expenses:
• Emergency treatment.
• Ambulance.
• Hospital admission and confinement.
• Fractures and dislocations.
• Outpatient and inpatient surgery and anesthesia.
• Rehabilitation and therapy.

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

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

Hospital Indemnity Plan

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

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

The plan provides you1 with cash benefits to help with the following types of costs:
• Hospital admission.
• Hospital confinement.
• Hospital intensive care.
• Intermediate intensive step-down unit.
• Rehabilitation facility.

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

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

Category | Covered conditions and benefits1 | Benefit amount | Covered conditions and benefits1 | Benefit amount
---|---|---|---|---
Initial accident treatment benefits | Benefits include: initial treatment (ER/urgent care/doctor’s office), ambulance, major diagnostic testing, blood/plasma/plaletats, concussion, coma, burns, emergency dental work, eye injury, dislocations, fractures, lacerations, outpatient and inpatient surgery and anesthesia, facilities fee for outpatient surgery, transportation. | Varies by benefit | Benefits include: initial treatment (ER/urgent care/doctor’s office), ambulance, major diagnostic testing, blood/plasma/plaletats, concussion, coma, burns, emergency dental work, eye injury, dislocations, fractures, lacerations, outpatient and inpatient surgery and anesthesia, facilities fee for outpatient surgery, transportation. | Varies by benefit
Hospitalization benefits | Benefits include: hospital admission, hospital confinement, hospital intensive care, intermediate intensive care step-down unit, family member lodging. | Varies by benefit | Benefits include: hospital admission, hospital confinement, hospital intensive care, intermediate intensive care step-down unit, family member lodging. | Varies by benefit
Aftercare benefits | Benefits include: appliances (cane, ankle brace and crutches), accident follow-up treatment, rehabilitation, therapy, chiropractic or alternative therapy. | Varies by benefit | Benefits include: appliances (cane, ankle brace and crutches), accident follow-up treatment, rehabilitation, therapy, chiropractic or alternative therapy. | Varies by benefit
Life-changing events benefits | Benefits include: paralysis, prosthesis, prosthesis repair/replacement, residence/vehicle modification. | Varies by benefit | Benefits include: paralysis, prosthesis, prosthesis repair/replacement, residence/vehicle modification. | Varies by benefit
Wellness benefits rider | Payable once per calendar year for each insured employee, spouse and child. | $50 | Payable once per calendar year for each insured employee, spouse and child. | $50
Additional rider | Organized Athletic Activity Rider pays an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event. | 25% | Organized Athletic Activity Rider pays an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event. | 25%

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

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

Plan benefits

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

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

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

Coverage type | Covered conditions and benefits1 | Benefit amount
---|---|---
Base benefits | Coronary artery bypass surgery, noninvasive cancer | 25%
| Heart attack, stroke, kidney failure (end-stage renal failure), major organ transplant / bone marrow transplant (stem cell transplant), sudden cardiac arrest, cancer (internal or invasive) | 100%
Skin cancer | Payable for the diagnosis of skin cancer | $250 once per calendar year
Health-screening benefit | Payable for health-screening tests performed for insured employee, spouse and dependent children as the result of preventive care | $50 once per calendar year
Additional base benefits |coma, paralysis, loss of sight, loss of speech, loss of hearing, severe burns2 | 100%
Optional benefits rider | Advanced Alzheimer’s disease, advanced Parkinson’s disease, benign brain tumor | 100%
Progressive diseases rider | Amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS) | 100%
Specified disease rider | Human coronavirus | Hospitalization: Four or more days — 10% 10 or more days — 25% ICU 40% (single highest benefit applicable)
Childhood conditions rider | Cystic fibrosis, cerebral palsy, club foot or club palate, Down syndrome, phenylketonuria hydroxyacid deficiency disease (PKU), spinal bifida, type 1 diabetes | 50% of employee face amount $3,000 (one-time benefit)

Critical illness benefits

Critical illness benefits initial diagnosis

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

Additional diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least zero consecutive months.

Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least six consecutive months.

Monthly rates

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee/nontobacco/monthly rates</th>
<th>Spouse/nontobacco/monthly rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>$2.75</td>
<td>$1.38</td>
</tr>
<tr>
<td>26-30</td>
<td>$3.30</td>
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<td>31-35</td>
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<td>36-40</td>
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<td>41-45</td>
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<th>Age</th>
<th>Employee/tobacco/monthly rates</th>
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<td>18-25</td>
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<tr>
<td>56-60</td>
<td>$17.93</td>
<td>$8.16</td>
</tr>
<tr>
<td>61-65</td>
<td>$23.76</td>
<td>$10.34</td>
</tr>
<tr>
<td>66+</td>
<td>$31.68</td>
<td>$13.09</td>
</tr>
</tbody>
</table>

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

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

Note: The critical illness rider and critical illness benefits rider are separate benefit riders and are subject to separate deductibles, waiting periods, benefit amounts and exclusions.

Visit benefits.usg.edu for complete plan information, limitations and exclusions.
The benefits of a USG legal plan

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

20,000+ attorneys covering all 50 states

Concierge help navigating common individual or family legal issues

Plan cost: $15 per month via payroll deduction

Who’s covered

- Employee
- Spouse
- Dependent children
- Parents
- Elder

Employee
- Landlord dispute with tenant.
- First-time vehicle buyer.
- Student loan refinancing/collection defense.
- Consumer dispute.
- Financial advisor.

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

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

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

Employees in their 20s
- Will and estate planning.
- Purchasing your primary residence.
- Neighbor dispute.
- Small claims court.

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

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

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

The value of a USG legal plan

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

- Elder law.
- Healthcare coverage dispute.
- Investment/vacation home purchase.
- Elder law.

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

Plan and pricing

Allstate Identity Protection Pro Plus®

- $8.94 per person/month
- $16.94 per family/month

Identity Protection

Protect today. Thrive tomorrow.

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

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

Enhanced features

Family protection and monitoring

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

Family coverage, including parents, in-laws and grandparents age 65+

Our generous definition of family covers everyone who’s “under roof and wallet.” If they are dependent on you financially or live under your roof, they’re covered.

Elder fraud center

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

Questions?

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

The most comprehensive identity protection plan available

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

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

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

Flexible coverage

Create the plan that works for you and your pet. Options include:

• Preventive care coverage for an additional cost.
• Levels of coverage from $500 to unlimited.4

What is covered?

• Accidental injuries.
• Illnesses.
• Exam fees.
• Surgeries.

Coverage also includes

• Hip dysplasia.
• Hereditary conditions.
• Congenital conditions.
• Chronic conditions.

Additional value

• Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S.
• Coverage of preexisting conditions when switching providers, no initial exam or previous vet records to apply.2

How it works

Select and enroll in the coverage that’s right for you and your pet at metlife.com/bonus and download our mobile app. Or you can enroll by calling 800-438-6388.

How it works

• Take your pet to the vet and pay the bill; manage your pet’s health and wellness using the app.
• Send the bill and your claim to us and receive reimbursement8 by check or direct deposit if the claim expense is covered under the policy.

USG Perks at Work

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

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

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

If you have questions, please visit the Help Center for assistance or select Contact Us for help logging in.
USG Retirement Plan Participation

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

CAPTRUST

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

USG retirement plan participation

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

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

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

USG supplemental retirement plans

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

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

Personalized advice and education

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

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

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

How to enroll

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

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

Creating your retirement investment strategy

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

Corebridge Financial  usg.corebridgefinancial.com  800-448-2542
Fidelity Investments  netbenefits.com/usg  800-343-0860
TIAA  TIAA.org/usg  844-230-7524

USG retiree healthcare benefits

Your USG retirement

- USG provides healthcare benefits in retirement to employees who meet the definition of retiree under the Board of Regents’ Policy 8.2.8.2 or 8.2.8.4. You must be an active USG retirement plan participant immediately before you retire. If you are not currently enrolled in a USG healthcare plan, you should enroll during Open Enrollment in the year prior to your retirement to be eligible to continue USG retiree healthcare benefits into retirement.

- Schedule an appointment with the Social Security Administration to discuss the enrollment process for Medicare parts A and B and FSA/HSA contribution rules.

Retiring prior to age 65

- Your USG retiree healthcare coverage will default to the same plan you and your pre-65 dependents were enrolled in as an active employee. If you’re enrolled in a health maintenance organization (HMO) plan and move out of the service area, you’ll be defaulted into the Comprehensive Care plan.

- If you or your spouse is Medicare-eligible but not yet enrolled in Medicare Part A and B, you may be able to continue Medicare Part B and enroll in a Medicare Advantage plan with vision and dental coverage. Additionally, a life insurance plan with spousal and dependents is available.

- If you withdraw from the Comprehensive Care plan, you’ll be enrolled in the same USG plans you were enrolled in as an active employee.

- Your retiree dental, vision and basic life default to the same USG plans you were enrolled in as an active employee.

Benefits that continue in retirement

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

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

USG retiree benefits billing

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

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

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

Retiree healthcare rates (continued)

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

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

<table>
<thead>
<tr>
<th>Type of Premium</th>
<th>2024 monthly costs</th>
<th>2024 monthly costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consumer</td>
<td>Anthem</td>
</tr>
<tr>
<td></td>
<td>Choice HSA</td>
<td>Comprehensive Care</td>
</tr>
<tr>
<td>Non-Medicare retiree only</td>
<td>$88.94</td>
<td>$206.68</td>
</tr>
<tr>
<td>Employer</td>
<td>$568.04</td>
<td>$571.12</td>
</tr>
<tr>
<td>Total rates</td>
<td>$656.98</td>
<td>$777.80</td>
</tr>
<tr>
<td>Non-Medicare spouse only</td>
<td>$131.40</td>
<td>$260.92</td>
</tr>
<tr>
<td>Employer</td>
<td>$591.28</td>
<td>$594.66</td>
</tr>
<tr>
<td>Total rates</td>
<td>$722.68</td>
<td>$855.58</td>
</tr>
<tr>
<td>Child(ren) only</td>
<td>$99.88</td>
<td>$194.10</td>
</tr>
<tr>
<td>Employer</td>
<td>$425.70</td>
<td>$428.14</td>
</tr>
<tr>
<td>Total rates</td>
<td>$525.58</td>
<td>$622.24</td>
</tr>
<tr>
<td>Non-Medicare retiree + child(ren)</td>
<td>$188.82</td>
<td>$400.78</td>
</tr>
<tr>
<td>Employer</td>
<td>$993.74</td>
<td>$999.26</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,182.56</td>
<td>$1,400.04</td>
</tr>
<tr>
<td>Non-Medicare spouse + child(ren)</td>
<td>$231.28</td>
<td>$455.02</td>
</tr>
<tr>
<td>Employer</td>
<td>$1,016.98</td>
<td>$1,023.80</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,248.26</td>
<td>$1,477.82</td>
</tr>
<tr>
<td>Non-Medicare retiree + Non-Medicare spouse</td>
<td>$220.34</td>
<td>$467.60</td>
</tr>
<tr>
<td>Employer</td>
<td>$1,159.32</td>
<td>$1,165.78</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,379.66</td>
<td>$1,633.38</td>
</tr>
<tr>
<td>Family (Non-Medicare retiree + Non-Medicare spouse + child(ren))</td>
<td>$314.76</td>
<td>$668.00</td>
</tr>
<tr>
<td>Employer</td>
<td>$1,665.18</td>
<td>$1,665.40</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,970.94</td>
<td>$2,333.40</td>
</tr>
</tbody>
</table>

Important note

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

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

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

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

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

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

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

## Important contact information

**Who to call**

<table>
<thead>
<tr>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USG (questions on benefit choices or options)</strong></td>
</tr>
<tr>
<td>OneUSG Connect - Benefits</td>
</tr>
<tr>
<td>Alight Retiree Health Solutions</td>
</tr>
<tr>
<td>Anthem Blue Cross and Blue Shield</td>
</tr>
<tr>
<td>CVS pharmacy benefits</td>
</tr>
<tr>
<td>CVS/Caremark</td>
</tr>
<tr>
<td>SilverScript</td>
</tr>
<tr>
<td>Pre-65 Medicare retirees enrolled in Anthem</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
</tr>
<tr>
<td>Customer service and advice line</td>
</tr>
<tr>
<td><strong>USG Well-being</strong></td>
</tr>
<tr>
<td><a href="mailto:usgwellbeing@usg.edu">usgwellbeing@usg.edu</a></td>
</tr>
<tr>
<td><strong>Health and well-being coaching</strong></td>
</tr>
<tr>
<td>Health coaching</td>
</tr>
<tr>
<td>Anthem members</td>
</tr>
<tr>
<td>Wellness coach</td>
</tr>
<tr>
<td>Kaiser Permanente members</td>
</tr>
<tr>
<td>Acentra Health (formerly Kepro)</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
</tr>
<tr>
<td><strong>Tobacco cessation</strong></td>
</tr>
<tr>
<td>Georgia Tobacco Quit Line</td>
</tr>
<tr>
<td>QuitSmart Program</td>
</tr>
<tr>
<td>Kaiser Permanente members only</td>
</tr>
<tr>
<td>CVS MinuteClinic</td>
</tr>
<tr>
<td>Anthem members only</td>
</tr>
</tbody>
</table>

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Section 7

Important numbers and notes

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## Important contact information (continued)

<table>
<thead>
<tr>
<th>Who to call</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes prevention and weight loss</strong></td>
<td></td>
</tr>
<tr>
<td>Omada Health</td>
<td>404-365-0966 [go.omadahealth.com/kpga]</td>
</tr>
<tr>
<td>WeightWatchers</td>
<td>866-204-2885 [ww.com/us/usg]</td>
</tr>
<tr>
<td>WeightWatchers</td>
<td>866-204-2885 [ww.com/USAnthem]</td>
</tr>
<tr>
<td><strong>Dental and vision</strong></td>
<td></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>800-471-4214 [deltadentalins.com/usg]</td>
</tr>
<tr>
<td>EyeMed</td>
<td>866-800-5457 [eyemedvisioncare.com/usg]</td>
</tr>
<tr>
<td><strong>Spending accounts (HSA and FSA)</strong></td>
<td></td>
</tr>
<tr>
<td>Health Benefits Accounts (HSA and FSA), HSA Bank</td>
<td>833-228-9352 [hsabank.com/hsabank/homepage]</td>
</tr>
<tr>
<td><strong>Life and disability</strong></td>
<td></td>
</tr>
<tr>
<td>MedLife life insurance</td>
<td>800-638-6420 [<a href="mailto:LifeClaimSubmit@metlife.com">LifeClaimSubmit@metlife.com</a>]</td>
</tr>
<tr>
<td>MedLife disability</td>
<td>800-300-4296 [mybenefits.metlife.com]</td>
</tr>
</tbody>
</table>

## Important contact information

<table>
<thead>
<tr>
<th>Who to call</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other voluntary benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Aflac accident insurance Group #22810</td>
<td>800-433-3036 [aflacgroupinsurance.com]</td>
</tr>
<tr>
<td>Aflac hospital indemnity Group #22810</td>
<td>800-248-9000 [legaleaseplan.com/usg]</td>
</tr>
<tr>
<td>Aflac critical illness Group #22814</td>
<td>800-789-2720 [myaip.com]</td>
</tr>
<tr>
<td>Allstate identity protection Plan: Pro Plus</td>
<td>800-438-6388 [metlife.com/borusg]</td>
</tr>
<tr>
<td>Legal (LegalEASE) Policy #100092 (Open Enrollment and new hires) 888-416-4313 (enrolled employees)</td>
<td></td>
</tr>
<tr>
<td>MetLife pet insurance</td>
<td>800-842-2252 [tiaa.org/public/tcm/usg]</td>
</tr>
<tr>
<td>Perks at Work (Next Jump, Inc.)</td>
<td>800-352-0650 [tiaa.org/Public/Tcm/usg]</td>
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<tr>
<td><strong>Financial counseling and retirement</strong></td>
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<tr>
<td>CAPTRUST Independent Advice</td>
<td>800-967-9948 [captrustadvice.com/scheduler]</td>
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<tr>
<td>Corebridge Financial</td>
<td>800-448-2542 [usg.corebridgefinancial.com]</td>
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<tr>
<td>Fidelity</td>
<td>800-343-0860 [r.b.fidelity.com/public/nb/usg/home]</td>
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<tr>
<td>TIAA</td>
<td>800-842-2252 [tiaa.org/Public/Tcm/usg]</td>
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<tr>
<td>Teachers Retirement System (TRS)</td>
<td>800-352-0650 [TRS.com]</td>
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<tr>
<td>Retirement@Work</td>
<td>844-231-7917 [oneusgconnect.usg.edu, choose the OneUSG Connect button. After logging in, select Benefits in the drop-down menu.]</td>
</tr>
<tr>
<td>Employees’ Retirement System (ERS)</td>
<td>404-350-6300 [ers.ga.gov]</td>
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