University System of Georgia **Benefits**

2027 USG Comparison Guide

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Your USG benefits

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Welcome to USG!

You are a vital part of our success. That's why we invest in our benefit plans and offer a comprehensive benefits package to help protect your health, income, and so much more. Learn more about the physical, emotional, and financial health options we offer. Also, consider how they help you build a secure future and provide you and your family with the stability to be prepared for the unexpected.

We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans, and choose what works best for you.

The University System of Georgia (USG) is comprised of 25 higher education institutions, including four research universities, four comprehensive universities, nine state universities, and eight state colleges, as well as the Georgia Public Library Service and the Georgia Film Academy.

The Comparison Guide is an overview of your available benefits as a USG employee, designed to help you with the selection process, and does not reflect each and every benefit, exclusion, or limitation that may apply to your coverage. The Plan Documents govern the operation and administration of our plans and contain detailed information regarding specific terms and conditions. If there is a difference between this guide and the plan document, the plan document will prevail.

Your USG benefits

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

Eligibility

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

Even if you do not work 30 hours or more per week, USG offers a number of benefits and programs for you and your eligible dependents. Visit the **benefits.usg.edu** website to see a full USG benefits eligibility chart.

Cover those who matter

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

- your legal spouse;
- your natural, adopted or stepchildren up to age 26; and
- your disabled child(ren) over age 26 with proof of disability. Your child(ren) must be certified no later than 30 days after the 26th birthday (or your initial enrollment if you are a new hire) to remain on the healthcare plan. Dental and vision only coverage cannot be continued. Reach out to OneUSG Connect – Benefits for further details regarding certification.

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

Dependent verification eligibility documentation

Dependent	Documentation needed
Your legal spouse	You must provide both documents: marriage certificate **and** proof of joint debt (for example, financial or residential documents).
Your natural, adopted or stepchildren up to age 26	Birth certificate **or** adoption/legal guardianship documents.
Your disabled child(ren) over the age of 26 with proof of disability	See specific terms and conditions in the healthcare plan document for the plan you are considering.

If you are adding a dependent due to a qualifying midyear event, documentation must be received within **30 days** of the enrollment change.
If both spouses are USG employees, they may NOT have duplicate coverage under any plan by covering each other under separate enrollments. Also, children of employees who are both USG employees may NOT be covered twice under both parents' plans.

When to enroll and when coverage begins

You have **30 days** from your date of hire or date of eligibility to enroll in 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.

Your benefits 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 a Flexible Spending Account (FSA); Health Savings Account (HSA); or Critical Illness, Accident, or Hospital Indemnity plan, your coverage will be effective the first of the month following the date of your election.

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

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

The date your mandatory retirement coverage becomes effective depends on the plan you elect. If you enroll in TRS, your coverage is effective on your date of hire. If you enroll in ORP, your coverage will be effective the first of the month following your election. Once you make your election, your decision is irrevocable. Visit **page 48** in this book for more details about USG's retirement plans.

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. OneUSG Connect - Benefits offers translation services in over 160 languages, with interpreters available during normal call center hours. If you need translation services, ask for an interpreter, and your customer care representative will take care of the rest.

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

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:

- birth and adoption of a child (including stepchildren and legally placed foster children);
- death of a covered dependent;
- marriage or divorce; and
- 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**.

USG healthcare plan surcharges

Tobacco surcharge

Employees and pre-65 retirees 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 and pre-65 retirees will pay a $150 per month surcharge if they certify tobacco use, do not certify their status during enrollment, or do not report completion of a tobacco cessation program within 90 days of the enrollment effective date.

The surcharge does not apply if:

- you are not covered under a USG health plan;
- you do not use tobacco products and complete the certification;
- you and/or your dependent stops using tobacco products; or
- you and/or your dependent reports completing 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, electronic cigarettes, or vape pens.

Resources to help you quit

Tobacco-cessation programs are available at no cost to you and your dependents.

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

Working-spouse surcharge

You will pay an additional **$150** per month if you 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 and does not receive an offer of subsidized coverage through their employer;
- your spouse is unemployed, self-employed or ineligible for healthcare; or
- your spouse has access to other employer healthcare but the employer does not subsidize the premium.

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

Make changes to your surcharge status

If you quit using tobacco, complete a cessation program, or your spouse no longer qualifies as a working spouse, you need to update your tobacco use or working spouse surcharge status.

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.

Enrollment checklist

As you prepare to enroll, here is a step-by-step list of actions to take during your enrollment window.

	Steps	Directions
❑	Step 1	**Read** this *Comparison Guide* to understand your benefits. Additional information is available at **benefits.usg.edu**.
❑	Step 2	Visit **oneusgconnect.edu** to access the benefits and retirement enrollment portal. Select Self Service, then choose Benefits from the drop-down menu. To enroll in healthcare and voluntary coverage select Manage My Benefits. For Retirement, select Retirement at Work. You must enroll within 30 days of your hire/eligibility date for benefits. You must enroll within 60 days for retirement. **Your retirement election is irrevocable**.
❑	Step 3	Visit **oneusgconnect.usg.edu** and select your campus's icon to access your benefits and retirement enrollment portals.
❑	Step 4	Estimate your medical, dental, vision, or child care expenses in the coming year to deternine if you will contribute to a **Flexible Spending** or **Health Savings Account**.
❑	Step 5	**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. You must enroll and submit supporting documentation within **30 days** of your date of hire or eligibility date. You must add each dependent to the plan in which you want them enrolled.
❑	Step 6	**Add a beneficiary** for your Life Insurance, Health Savings Account (if enrolled), and your Retirement Plan(s).

USG healthcare plans

The University System of Georgia provides several healthcare plan options designed to help you and your family stay healthy. All plans, regardless of the one you choose, include in-network preventive care and preventive medications at no cost to you. The key differences between plans are how much you pay for care and premiums, the flexibility to choose providers, and whether out-of-network services are covered.

When you're ready to enroll you can go to **oneusgconnect.usg.edu** and click Manage My Benefits, call **1-844-587-4236** for live enrollment assistance, or enroll on the go using the Alight Mobile app.

Anthem EVERNORTH HEALTH SERVICES KAISER PERMANENTE®

BlueChoice HMO

- No Deductible
- More predictable costs (copays)
- PCP and referrals are required
- In-network coverage only (State of GA)
- Express Scripts for preventive, retail and mail order pharmacy benefits.

HMO

- More predictable costs (copays)
- Small Deductible for some services
- PCP is required
- Service at Kaiser facilities
- In-network coverage only (State of GA)
- Pharmacy benefits provided at Kaiser facilities.

Consumer Choice HSA

- Lowest Premium
- Highest deductible
- Coinsurance
- PCP is not required
- In and out-of network coverage
- Healthcare & Pharmacy costs count towards Out-of-pocket max
- Access to Health Savings Account (HSA)
- Express Scripts for preventive, retail and mail order pharmacy benefits.

Comprehensive Care

- Standard Deductible
- Coinsurance & Copays
- PCP is not required
- In and out-of-network coverage
- Express Scripts for preventive, retail and mail order pharmacy benefits.

2027 premium rates for active employees

Note: Premiums for 7/5ths employees can be found on pages 54–55.

2027 Monthly plan costs				
Type of premium	**Anthem Consumer Choice HSA**	**Anthem Comprehensive Care**	**Anthem BlueChoice HMO**	**Kaiser Permanente HMO**
Employee only	$109.74	$248.90	$301.84	$230.74
Employer	$778.78	$778.78	$778.78	$559.40
Total rates	$888.52	$1,027.68	$1,080.62	$790.14
Employee + child(ren)	$241.16	$491.66	$586.94	$451.12
Employer	$1,358.18	$1,358.18	$1,358.18	$971.12
Total rates	$1,599.34	$1,849.84	$1,945.12	$1,422.24
Employee + spouse	$281.36	$573.62	$684.78	$526.32
Employer	$1,584.52	$1,584.52	$1,584.52	$1,132.96
Total rates	$1,865.88	$2,158.14	$2,269.30	$1,659.28
Family	$401.94	$819.44	$978.24	$751.88
Employer	$2,263.62	$2,263.62	$2,263.62	$1,618.52
Total rates	$2,665.56	$3,083.06	$3,241.86	$2,370.40

Important note: surcharge certifications

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

2027 healthcare benefits at a glance

	Anthem Consumer Choice HSA		Anthem Comprehensive Care		Anthem BlueChoice HMO	Kaiser Permanente HMO
	In network	Out of network	In network	Out of network	In network	In network
Lifetime maximum						
	Unlimited		Unlimited		Unlimited	Unlimited
Network name (Use for provider search)						
	Blue Open Access POS		Blue Open Access POS		BlueChoice HMO	Kaiser Permanente facilities
Deductible: all services are subject to the deductible unless otherwise indicated						
Employee only	$3,200	$6,400	$1,500	$4,500	None	$100
Employee + 1 (spouse or child)	$6,400	$12,800	$3,000	$9,000		$200
Employee + 2 or more covered members	$6,400	$12,800	$4,500	$13,500		$200
Maximum annual out-of-pocket limit						
Employee only	$5,000	$10,000	$3,300	$9,900	$5,500	$6,350
Employee + 1 (spouse or child)	$10,000	$20,000	$6,600	$19,800	$9,900	$12,700
Employee + 2 or more covered members	$10,000	$20,000	$6,600	$19,800	$9,900	$12,700
Notes	**Employee only:** Responsible for the single deductible or out-of-pocket (OOP) amount **only**. **Employee + 1 or more covered members:** Responsible for family deductible or OOP **as a whole;** one family member could meet the entire amount or it could be met in a combination. OOP includes the annual deductible. In- and out-of-network coinsurance amounts accumulated remain separate. Both medical and pharmacy coinsurance apply toward the deductible and OOP limit. See page 19.		**Employee only:** Responsible for the single deductible or out-of-pocket (OOP) amount **only**. **Employee + 1 or more covered members:** Each member responsible for single deductible or OOP amount **within** the family deductible or OOP amount, up to the maximum amount. Member deductible, copays, and coinsurance apply toward the annual medical OOP. The prescription drug benefits have a separate OOP. See page 19.		**Employee only:** Responsible for the single out-of-pocket (OOP) amount **only**. **Employee + 1 or more covered members:** Each member responsible for single OOP amount **within** the family deductible or OOP amount, up to the maximum amount. Member copays for office-visits, inpatient admissions and emergency room (ER) services apply toward the annual medical OOP. The prescription drug benefits have a separate OOP limit. See page 19.	Member copays for physician office-visit services, inpatient admission, emergency room (ER) visits and pharmacy copays apply toward the annual out-of-pocket amount. See page 25.
Preexisting conditions						
	N/A		N/A		N/A	N/A
Out-of-state/out-of-country coverage						
	In-network coverage that is out of state utilizes the BlueCard national program. Out-of-country coverage uses BlueCard Global® Core at **800-810-2583**.				Emergency care only	You're covered for emergency and urgent care anywhere in the world. Call the Away From Home Travel line from both inside and outside the U.S. at **951-268-3900** for assistance before, during, and after travel.
Primary care physician/referral required						
	No		No		Yes	No

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

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

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

2027 healthcare benefits at a glance *(continued)*

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

1 Starting at $55; varies depending on service.
2 Preventive 3D mammograms are covered by Anthem.
3 For at-home colon cancer screening test options, please call the number on the back of your ID card.

2027 healthcare benefits at a glance *(continued)*

Anthem Consumer Choice HSA		Anthem Comprehensive Care		Anthem BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Allergy testing					
80%	60%	90%	60%	100% after $100 copay	100% after $75 copay
Allergy shots and serum					
80%	60%	100%; not subject to the deductible. If a physician is seen, the visit is treated as an office-visit and subject to the $50 copay per visit.	60%	100% after $100 copay	100% after $75 copay; $0 copay for serum
Inpatient hospital services — precertification required except for emergencies					
Physician services (may include surgery, anesthesiology, pathology, radiology, and/or maternity care/delivery)					
80%	60%	90%	60%	100%	100%
Hospital facility services inpatient care (includes inpatient short-term rehabilitation services)					
80%	60%	90%	60%	100% after $1,000 copay	$600 copay after deductible
Maternity delivery					
80%	60%	90%	60%	100% after $1,000 copay	$600 copay after deductible
Skilled nursing facility					
80%	60%	90%	60%	100%; 30-day limit per calendar year	100%; 30-day limit per calendar year
30 days per calendar year combined in network and out of network		30-day calendar-year maximum combined in network and out of network			
Hospice care					
100%		100%	60%	100%	100%
Outpatient hospital/facility services — precertification required except for emergency					
Physician services (may include surgery, anesthesiology, pathology, radiology, and/or maternity care/delivery)					
80%	60%	90%	60%	100%	100%
Hospital facility services outpatient care (including outpatient surgery and diagnostic testing)					
80%	60%	90%	60%	100% after $600 copay	$400 copay after deductible

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

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

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

2027 healthcare benefits at a glance *(continued)*

Anthem Consumer Choice HSA		Anthem Comprehensive Care		Anthem BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Care in hospital emergency room — facility services					
80%		90% after a $300 copay per visit; copay waived if admitted within 24 hours		100% after $600 copay per visit; copay	$400 copay after deductible; waived if admitted within 24 hours
Care in hospital emergency room — physician services					
80%		90%; subject to in-network deductible		100%	100%
Land ambulance services (for medically necessary emergency transportation only)					
80%; subject to in-network deductible		90%; subject to in-network deductible		$75 copay	100% after $75 copay per trip
Out-of-network land ambulance services apply to the in-network deductible and in-network out-of-pocket maximum, but it is important to remember you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Balance bill amounts will not apply to the deductible or out-of-pocket maximum.					
Air ambulance services (for medically necessary emergency transportation only)					
80%; subject to in-network deductible		90%; subject to in-network deductible		100%	100% after $75 copay per trip
Except as set forth in the Surprise Billing Legislation Notice, it is important to remember you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Out-of-network air ambulance services apply to the in-network deductible and in-network out-of-pocket maximum. Balance bill amounts will not apply to the deductible or out-of-pocket maximum.					
Urgent care services					
80%	60%	100% after $50 copay; not subject to deductible	60%	100% after $100 copay	100% after $75 copay

Other services

Home health					
80%	60%	90%	60%	100%; up to 120 visits	100%; 120 visits
Home nursing care					
80%	60%	90%	60%	100%	Contact plan for details
Durable medical equipment					
80%	60%	90%	60%	100%	50%
Hearing aids — children (18 years of age and under)					
80%	60%	90%	60%	100%	100%
Initial: 1 hearing aid per ear, with a limit of $3,000 per ear **Replacement:** 1 hearing aid per ear every 48 months		**Initial:** 1 hearing aid per ear, with a limit of $3,000 per ear **Replacement:** 1 hearing aid per ear every 48 months		**Initial:** 1 hearing aid per ear, with a limit of $3,000 per ear **Replacement:** 1 hearing aid per ear every 48 months	**Initial:** 1 hearing aid per ear, with a limit of $3,000 per ear **Replacement:** 1 hearing aid per ear every 48 months
Cochlear implants — covered if deemed medically necessary; preauthorization required					
80%	60%	90%	60%	100%	Covered if deemed medically necessary; preauthorization required
Chiropractic care, physical therapy, speech therapy, occupational therapy, cardiac therapy					
80%	60%	90%	60%	100% after $100 copay	100% after $45 copay; 20 visits
Physical and occupational therapy: 40 visits combined **Chiropractic care:** 20 visits **Speech therapy:** 20 visits **Respiratory therapy:** 30 visits in- and out-of-network visit limits are combined **Cardiac rehabilitation:** no visit limit		**Chiropractic care:** 40 visits **Physical, speech, occupational and cardiac therapies:** 40 visits per therapy; in- and out-of-network visit limits are combined		**Chiropractic care:** 20 visits **Physical and occupational therapy:** 40 visits **Speech therapy:** 30 visits **Cardiac rehabilitation:** no visit limit	100% after $75 copay; up to 20 visits for physical, occupational and speech combined 100% after $75 copay: up to 36 visits for cardiac rehabilitation

2027 healthcare benefits at a glance *(continued)*

Anthem Consumer Choice HSA		Anthem Comprehensive Care		Anthem BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Behavioral health and substance use					
Inpatient					
80%	80%	90%	60%	100% after $1,000 copay	$600 copay after deductible
Partial hospitalization					
80%	60%	90%	60%	100%	Contact plan for details.
Office-visit					
80%	60%	$25	60%	100%	Contact plan for details.
Outpatient facility					
80%	60%	90%	60%	100%	100% after $40 copay
Intensive outpatient					
80%	60%	90%	60%	100%	Contact plan for details.
Applied behavioral analysis (ABA)/autism therapy					
80%	60%	100% after $25 copay per office-visit; refer to plan benefits above for treatment outside of office-visit setting	60%	100% after $40 copay per office-visit; refer to plan benefits above for treatment outside of office-visit setting	100% after $40 copay per in-office or outpatient visit; unlimited visits; treatment requires prior authorization
Pharmacy services					
Prescription drugs					
See page 19.		See page 19.		See page 19.	See page 25.

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

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

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

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

If you are actively employed and enrolled in a USG health plan, you generally do not need to enroll in Medicare Part B or Part D, and your USG healthcare plan remains your primary coverage. If your spouse is covered by USG healthcare, this applies to them as well.

About 60-90 days before your 65th birthday, Medicare will send you information about enrolling in Medicare Parts A, B, and D. Review these materials carefully so you can understand your options.

If you choose to delay enrollment in Medicare Part B and Part D because you are covered under a USG health plan, you can generally enroll in those Medicare plans later when you retire or otherwise lose active employee coverage.

Your Anthem road map

Anthem is your healthcare partner offering medical coverage with a comprehensive network, incentives for healthy actions, programs that support you and your family, and tools and resources that help you stay connected to your health.

Getting started with your benefits

Download the Sydney® Health app

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

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.[1]

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.

We're here to help you!

- Do you have benefit or claims questions? Call **800-424-8950** for assistance or use the Sydney Health app to chat with a Health Advocate.
- Do you need assistance managing a health condition or coordinating care? Call **800-424-8950** and ask to be connected to a Nurse Case Manager.
- Do you need assistance with a behavioral health issue? Call **844-792-5141** for assistance and resources.
- Do you need assistance determining if you should seek care and where? Call **800-700-9184** to speak to a registered nurse 24/7.

To review the BlueChoice HMO county listing visit:

benefits.usg.edu/health-and-well-being/healthcare/healthcare-coverage-options

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

Your ID card

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

Your name

A summary of your medical benefits

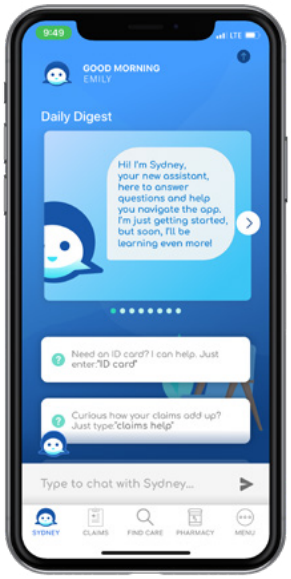
Important contact information, including the Member Services number

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

Anthem

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;
- connect to your other USG benefits;
- support you with nutritional tracking to quickly and accurately calculate food, macros, calories and daily nutrition using a smartphone camera; and
- 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.

Download Sydney Health today

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; and
- chat with a Health Advocate in English and Spanish

Download on the App Store

GET IT ON Google Play

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

Total Health, Total You

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

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

Support for you and your family

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-re-lated educational materials and information about helpful tools or programs. They are available anytime of the day or night, including weekends.

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.

Resources for you and your family

Health professionals

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**.

Digital & Educational

Through the Sydney Health app or anthem.com, you have access to a wealth of tools to assist you in meeting your health goals, managing an illness or just learning new ways to view your health journey.

Community

Assistance in your journey wherever you need it, whether that is finding a way to get to a doctors appointment or locating other resources, like a community garden.

Rewards

Earn dollars for completing health activities, some of which you are likely already doing.

We might call to check on you or your family members or share important information. These calls will appear as "Anthem" on your caller ID.

We promise it's us! We only want to help!

Emotional well-being 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

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

Express Scripts® Pharmacy Benefits

EVERNORTH HEALTH SERVICES

When you enroll in an Anthem healthcare plan, you are automatically enrolled in the prescription drug benefit through **Express Scripts®** Pharmacy Benefit Services, part of Evernorth Health Services. You can fill your prescription at any pharmacy location. 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, Express Scripts 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 Express Scripts pharmacy plan:

Type of supply	Tier	Consumer Choice HSA coinsurance after deductible	Comprehensive Care copay/coinsurance	BlueChoice HMO copay/coinsurance
Retail (30-day supply)	Generic	20%	$20	
	Preferred brand	20%	20% with $50 minimum and $125 maximum	
	Nonpreferred brand	20%	35% with $125 minimum and $250 maximum	
Mail order (90-day supply)	Generic	20%	$60	
	Preferred brand	20%	20% with $150 minimum and $375 maximum	
	Nonpreferred brand	20%	35% with $375 minimum and $750 maximum	
Specialty (limited to 30-day supply)[1]	Generic	20%	20% with maximum of $85	
	Preferred brand	20%	20% with maximum of $175	
	Nonpreferred brand	20%	35% with maximum of $250	
Annual out-of-pocket maximum	Employee	The annual out-of-pocket maximum amounts for members enrolled in the Consumer Choice HSA plan will be combined with the medical out-of-pocket maximum amounts (for example, single or family coverage).	$2,250	
	Employee + child(ren)		$4,500	
	Employee + spouse		$4,500	
	Family		$6,750	

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

Important information

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

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

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

Did you know?

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

Express Scripts® Pharmacy Benefits *(continued)*

EVERNORTH HEALTH SERVICES

Save time and money

Mail order. If you are taking ongoing maintenance medication, save time by trying mail order. Sign up at express-scripts.com/hd.

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.

Certain preventive medications and services may be covered at no cost to you as part of your prescription drug benefit. Under Affordable Care Act (ACA) guidelines, eligible preventive medications—including select contraceptives, smoking cessation products, and preventive vaccines—may be covered with a $0 copay, coinsurance, and deductible when they meet your plan's coverage requirements. Coverage is subject to your plan's formulary and applicable benefit rules. Learn more at benefits.usg.edu.

Prior authorization and quantity limits

Some prescription drugs require prior authorization and/or have quantity limits. These programs help ensure that medications are used safely, appropriately, and cost-effectively.

Coverage decisions are based on the plan's formulary and applicable clinical guidelines. If a medication requires prior authorization, your doctor must submit a request for review before the prescription can be covered under the plan. If approved, the medication will be covered according to your plan benefits.

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 Express Scripts pharmacy benefits Prior Authorization Department.

Express Scripts® Pharmacy Benefits *(continued)*

EVERNORTH HEALTH SERVICES

We put members at the center of all we do

Manage your pharmacy benefits anytime

Use Express Scripts mobile app to:

- review prescription coverage and formulary information
- compare medication prices before filling a prescription
- track prior authorization requests
- order and manage mail order delivery prescriptions
- locate in-network pharmacies near you.

Specialty medication support

Accredo Specialty Pharmacy Services is a dedicated network of clinicians, nurses, pharmacists, and healthcare experts working together to manage complex and chronic conditions to enhance the patient experience and improve clinical outcomes.

Members taking specialty medications have access to Therapeutic Resource Centers staffed by clinicians with expertise in specific conditions. These teams provide:

- personalized medication guidance
- education about treatment plans
- refill coordination
- adherence support
- assistance navigating prior authorization requirements
- ongoing clinical support throughout treatment.

Support when you need It

Our customer service advocates are available 24/7/365 to help with:

- coverage and formulary questions
- prior authorization status updates
- pharmacy network questionss
- home delivery support
- assistance with finding lower cost medication options.

Prescription questions?

Stay connected with Express Scripts. Once your prescription benefits are active, register and log in to your Express Scripts account to receive important updates about your medications. You can sign up for email or text notifications, manage and refill prescriptions, explore ways to save on your medications, and check your coverage and benefit information — all in one convenient place.

Your Kaiser road map

KAISER PERMANENTE®

The Kaiser HMO plan offers a connected healthcare experience to its members. Kaiser Permanente is a "closed network," meaning care must be coordinated by Kaiser, take place at a Kaiser facility, or with a referral or prior authorization. This plan is not available statewide, and is generally limited to employees who live or work in metro Atlanta and Athens. OneUSG Connect-Benefits can assist you with determining whether you are in this plan's service area.

However, you're covered if you ever need emergency care or care away from home while traveling. If you believe you have an emergency medical condition, call 911 or go to the nearest hospital.

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. Visit page 24 for more information on KP programs to help you live a fuller, richer, healthier life. Visit page 34 for information about how you can earn rewards.

Choose a doctor who's right for you

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

Transition your care seamlessly

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

Get care on your schedule

Need to schedule an appointment?

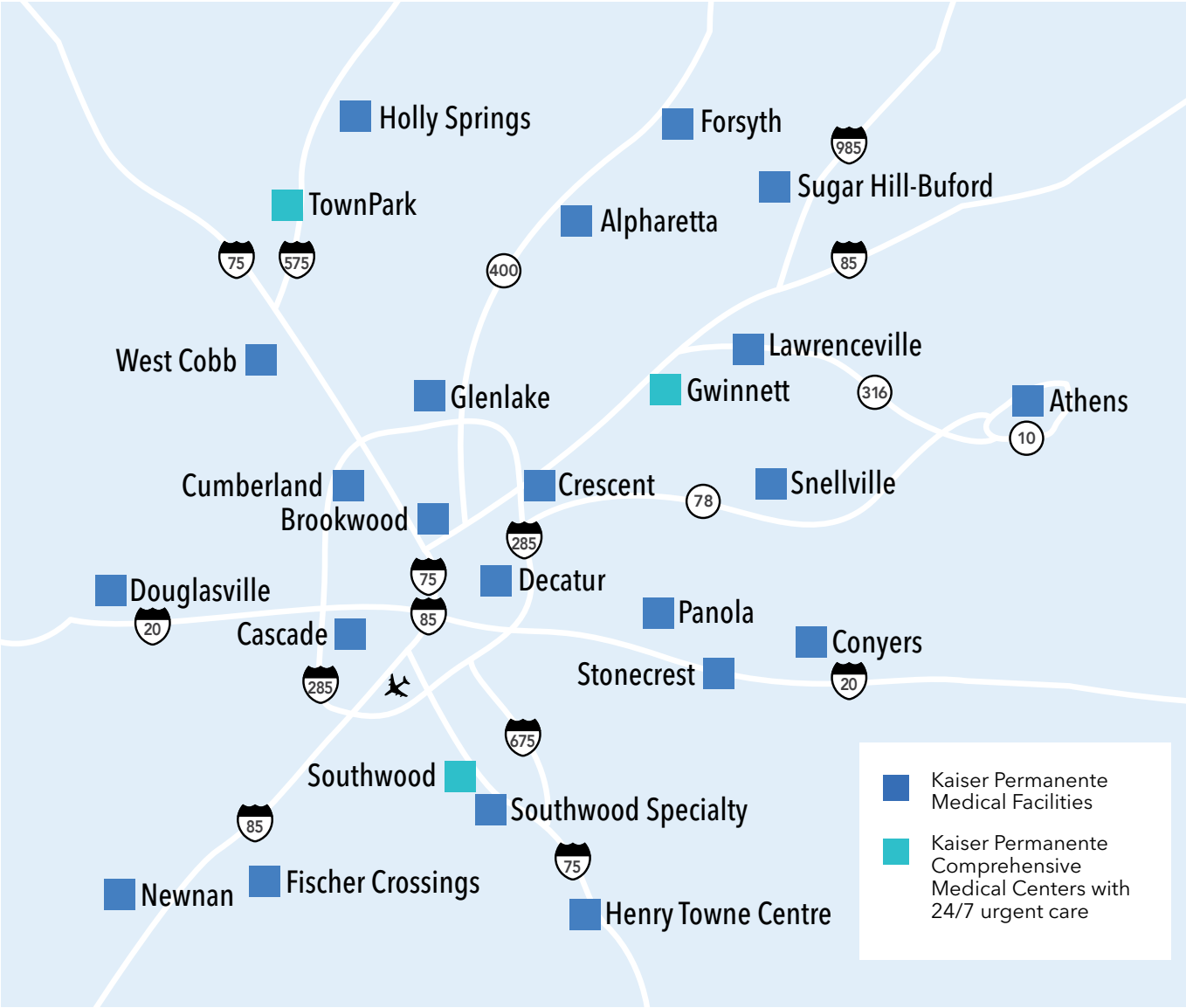
Have a nonurgent question you'd like to email to your doctor? Want your prescription refill mailed to your home? After you enroll, register for an online account at kp.org or get our mobile app.

How to find a provider:

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

Kaiser Permanente *(continued)*

KAISER PERMANENTE®



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 Georgia service area by county

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

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.

Chat with a nurse

Chat live online with a Kaiser Permanente nurse to get advice.

Get Care Now

On-demand video or phone visit with a clinician for urgent care. No appointment is needed.

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.

Perks and benefits

Acupuncture, massage therapy, chiropractic care, gym memberships

Enjoy reduced rates on services to help you stay healthy, plus enjoy thousands of digital workout videos. kp.org/exercise

Omada for diabetes prevention & weight management

If you're enrolled in the Kaiser health plan, you and your eligible spouse have access to Omada, a no-cost program that supports both diabetes prevention and weight management. Omada combines advanced digital tools with real human support to help you make small, sustainable lifestyle changes.

With Omada, you'll get:

- **Smart technology:** A wireless smart scale to track your progress
- **Dedicated health coach:** Personalized support to keep you motivated
- **Weekly tips:** Guidance on healthy eating, activity, sleep, and stress
- **Peer group:** A small group of fellow participants for encouragement

Learn more: usg.edu/well-being/DPP.

Wellness coaching

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

Self-care apps for your everyday life

Headspace Care

Everyone needs support for total health – mind, body, and spirit. These wellness apps make self-care easy, and are designed to help you live well and thrive. kp.org/selfcareapps

Kaiser Permanente pharmacy

KAISER PERMANENTE®

Getting started

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

Step 1 – Make the call

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

Step 2 – Visit your doctor

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

Step 3 – Fill your prescription

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

Getting refills

You have three easy options:

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

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

Questions

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

Pharmacy costs

Tier	$1,750 employee/$3,500 family pharmacy out-of-pocket maximum applies to all tiers
Generic	$20 for Kaiser Permanente (KP) pharmacies
	$30 for non-KP pharmacies one-time fill per medication
Preferred	$55 for KP pharmacies
	$65 for non-KP pharmacies one-time fill per medication
Nonpreferred	$100 for KP pharmacies
	$110 for non-KP pharmacies one-time fill per medication
Specialty[1]	30% up to $300
	30% for non-KP pharmacies one-time fill per medication
Mail-order pharmacy	Three copays per 90-day supply for KP pharmacies
	Three copays per 90-day supply for non-KP pharmacies

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

Flexible Spending Accounts

hsabank
a division of Santander Bank, N.A., Member FDIC

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

A Flexible Spending Account (FSA) lets you pay for everyday expenses with tax-free payroll contributions, reducing federal, state, and Social Security taxes. Plan carefully—funds are forfeited if unused.

Healthcare FSA

Enrolling in a **Healthcare FSA (HC-FSA)** helps reduce costs at any spending level by using pretax dollars for predictable expenses like medical, dental, or over-the-counter purchases such as allergy meds, first-aid supplied, digestive products and sunscreen. It pairs well with Comprehensive Care, BlueChoice HMO, and Kaiser Permanente HMO plans.

- For a list of eligible expenses, go to **IRS Publication 502 (PDF)**.

Dependent Care FSA

When enrolling in a **Dependent Care FSA (DC-FSA)** you can use your dependent care FSA for expenses connected to work-related care of children under age 13 or adult dependents who can't care for themselves. Eligible expenses may include after-school programs, nursery school, preschool, adult or senior day care and summer camps.

- For a list of eligible expenses, go to **IRS Publication 503 (PDF)**.
- Expenses to pay for tutoring, sleep-away camp or school tuition are not eligible with your DC-FSA.

Limited Purpose FSA

Using a **Limited Purpose Flexible Spending Account (LP-FSA)** is a great way to stretch your benefit dollars for eligible vision and dental expenses. This is an additional tax-free account that pairs well with the **Consumer Choice HSA** healthcare plan and Health Savings Account.

The IRS announces the annual contribution limits for Flexible Spending Accounts after the publication of this document. Please visit IRS.gov or benefits.usg.edu for the most updated annual contribution limits for healthcare, dependent care, and limited purpose FSAs.

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.

HSA Bank Mobile 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 **HSA Bank Mobile at Google Play™** or **download at the App Store®**.

Android iOS

Flexible Spending Accounts *(continued)*

How an FSA works

- Choose how much to add to your FSA for the rest of the year. Money is then deducted pretax from your paycheck in equal installments for the number of paychecks remaining in the year.
- Use your HSA Bank Benefits Card for eligible medical expenses for you and your family.
- You can pay out of pocket and reimburse yourself directly from your online account.
- Check your balance and account information anytime online or HSA Bank Mobile.

Moving from an FSA to an HSA?

If you change from an HC-FSA one calendar year to an HSA the next calendar year, IRS rules state that your HC-FSA balance must be zero on December 31 or you will not be able to contribute to your new HSA until April 1 (after the grace period is over).

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**.

Plan carefully!

For your 2027 FSA election, you must incur eligible expenses between January 1, 2027, and March 15, 2028, and submit them for reimbursement before **March 31, 2028**. 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, 2028**, giving you a little more time to use up your Healthcare FSA balance. **All USG FSAs have a grace period.**

Health Savings Accounts

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Health Savings Account

An HSA is a unique, tax-advantaged account that can be used to pay for current or future healthcare expenses, and can also be used for retirement savings. An HSA is available with the Consumer Choice HSA healthcare plan and needs to be elected when you enroll in benefits. 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. Contributions you make through payroll deductions are matched by USG.

How an HSA works

- Choose how much you want to put into your HSA each year—money comes out of your paycheck before taxes.
- Use your HSA to pay for eligible medical expenses for you, your spouse, and dependents.
- Pay with your HSA Bank Benefits Card, or pay yourself back later (or let the money grow).
- Any unused money rolls over each year and stays with you, even if you change jobs or plans.

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

- be covered under the Consumer Choice HSA healthcare plan;
- not be currently enrolled in Medicare or TRICARE;
- not be claimed as a dependent on another person's tax return; and
- not be 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.

2027 HSA contribution limits

Single: $4,500
(or $4,175 net before employer match)

Family: $9,000
(or $8,350 net before employer match)

Catch-up: $1,000 for employees 55 or older and not enrolled in Medicare

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

2027 HSA employer contribution match[1]
Single – $325 **Family – $650**

Double your money by contributing through payroll deductions to receive the full USG employer contribution.

For additional information, visit the USG Employee Resource Center at **hsabank.com/USG**.

1 USG provides a dollar-for-dollar contribution to your HSA. In order to receive the employer match, you must contribute to your HSA through USG payroll deduction.

Health Savings Accounts *(continued)*

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HSA investment options

Three investment options are available once you reach a minimum balance of $1,000 in your HSA.

- **Choice** – a large range of stocks, mutual funds and more.
- **Select** – a recommended list of mutual funds specific to an investor's unique risk tolerance and investment objectives based on a Risk Tolerance Questionnaire (RTQ).
- **Managed** – Investments are fully managed by the Registered Investment Advisor (RIA).

Investment accounts are not FDIC insured, may lose value, and are not a deposit or other obligation of, or guarantee by the bank. Investment losses that are replaced are subject to the annual contribution limits of the HSA.

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

HSA fast facts

- You and your spouse can both contribute, but together you can't go over the yearly family limit.
- If you're on Medicare, you can use HSA funds for Parts A, B, C and D premiums. You can't use the funds for premiums for Medigap policies.

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

What accounts am I eligible to have?

Account types	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Flexible Spending Account (FSA)[1]	No	Yes	Yes	Yes
Dependent care — Flexible Spending Account (FSA)	Yes	Yes	Yes	Yes
Health Savings Account (HSA)	Yes	No	No	No
Limited Purpose Flexible Spending Account (LP-FSA)	Yes	No	No	No

1 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.

Dental coverage that keeps you smiling

DELTA DENTAL

Maximize your savings by visiting a dentist in the Delta Dental PPO or Premier networks.

You save the most by visiting a Delta Dental PPO dentist. Your next best option is to visit a Delta Dental Premier dentist. Both PPO and Premier dentists cannot charge you more than their agreed upon fees, helping to lower your cost.

Your Delta Dental plans let you visit any licensed dentist, so if your dentist isn't in the Delta Dental network, you're still covered. Remember, you save the most by using a network dentist.

Where do you find a network dentist? Simply click here to use the Find a dentist tool: **Find a dentist**. Enter your zip code and select All of the above from the network drop down to include both PPO and Premier dentists in your search.

Your dental plans

	Delta Dental Base Plan		Delta Dental High Plan	
Type of benefit	**In network**	**Out of network[3]**	**In network**	**Out of network[3]**
Maximum annual benefit	$1,000 per person[1]		$1,500 per person[1]	
Deductible (single/family)	$50/$150	$50/$150	$50/$150	$50/$150
Diagnostic/preventive services[1]	100%	100%	100%	100%
Basic benefit services	80%	80%	80%	80%
Major benefit services[2]	50%	50%	80%	80%
Orthodontia (child and adult)	No coverage	No coverage	80%	80%
Lifetime orthodontia maximum	N/A		$1,000	

Tier	2027 monthly rates	
Employee	$39.38	$48.66
Employee and spouse	$78.78	$97.30
Employee and child(ren)	$74.82	$92.46
Family	$126.02	$155.76

How are orthodontic claims paid?

You must remain enrolled in the High Plan for the duration of orthodontic treatment. 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.

Creating an online account is easy and convenient and allows you to:

- Review your claims
- Access your digital ID card
- Estimate your dental costs and more

Use the QR code below to get started:

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

Vision benefits for every set of eyes

The EyeMed Vision Care plan saves you money on routine eye exams and materials. To find a network provider near you, visit member.eyemedvisioncare.com/usg and choose the **Insight network** in the dropdown. Pay special attention to PLUS providers — highlighted in pink — as they offer enhanced savings. You may also call **866-800-5457**.

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

Saving more with Eye360

The EyeMed plan includes Eye360, where members receive enhanced benefits at PLUS providers, highlighted in pink on the provider locator. At PLUS providers, members receive:

- $0 exam copay
- Extra $50 added to:
  - Frame allowance OR
  - Contact lens allowance
- No coupon codes required!

Tier	2027 monthly rates
Employee	$6.90
Employee and spouse	$15.52
Employee and child(ren)	$13.12
Family	$20.34

New! Hearing benefits powered by EyeMed

Our sense of sight and hearing are deeply connected. That's why our EyeMed vision plan now includes a hearing insurance benefit that provides coverage for both hearing exams and prescription hearing aids. There's no network, so you can go anywhere you choose (including Costco), and benefits are combinable with other coverage you might have access to.

	EyeMed Hearing	
Type of benefit	**Coverage**	**Frequency**
Hearing exam	$50 reimbursement	Once every 24 months for adults, once every 12 months for kids
Prescription hearing aids	$400 per ear reimbursement	Once every 48 months for adults, once every 24 months for kids

An elevated EyeMed member experience

EyeMed offeres a wide range of tools so we can maximize the use of our benefits. You can access these on the custom member website or via the EyeMed mobile app:

- **Know Before You Go** — a completely customized look at what your can expect to pay when you use your benefits
- **Special offers** — learn which providers are offering exculsive deals, so you always take your dollar further
- **Provider locator** — offers online appointment scheduling

USG Well-being

University System of Georgia
Our Journey. Our Well-being.

USG Well-being offers a wide range of programs, resources, tools, and events to help you thrive physically, emotionally, socially, and financially. From managing stress and building healthy habits to boosting financial wellness and connecting with your community, USG Well-being is here to support you every step of the way. Many programs are available to you and your family at no cost. You may even earn a reward of up to $100 each for you and your spouse if you are enrolled in a USG healthcare plan. Learn more at **usg.edu/well-being**.

New! While our standard program year runs January 1– September 30, starting this year, you have extra time to plan ahead! Any qualifying actions you complete between October 1 and December 31, 2026 will apply toward your 2027 reward cycle.

PreventT2 Diabetes Prevention Program

PREVENTT2
A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

In partnership with the University of Georgia Extension, USG Well-being offers the CDC-recognized PreventT2 program to all employees — even if you're not enrolled in a USG healthcare plan. PreventT2 is a structured lifestyle change program (in person or online) for people who have prediabetes or are at risk of type 2 diabetes.

Take a quick risk test and learn more: **usg.edu/well-being/DPP**

Earn rewards for a healthy lifestyle

Anthem

With the USG Well-being rewards program, employees enrolled in a USG Anthem healthcare plan — and their eligible, enrolled spouses — can each earn up to $100. Beginning in 2027, the first step to earning rewards is completing your Health Assessment. You'll unlock $20 right away, then continue building rewards by completing activities like getting a preventive exam, staying current on vaccines, tracking your steps, and more. All of your benefits and rewards are easy to access through the **Sydney® Health** app, your all-in-one hub for well-being support.

The earning period runs from January 1, 2027 through September 30, 2027.

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.
   - Track the rewards you have earned in the **My Rewards** section.

Earned rewards for employees and/or their spouse will be paid through payroll at the end of the calendar year. Your reward balance will reset to zero at the beginning of each new plan year. All earned rewards that are paid out are taxable.

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

Type of activity	Activities	Description	Reward
Required	Health assessment	Complete a health assessment and receive tailored health recommendations	$20
Preventive Receive your reward when claims are processed.	Preventive exam or well-woman exam[1]	Complete an annual preventive wellness exam or well-woman exam with your doctor	$25
	Flu or COVID-19 vaccine	Get an annual flu shot or COVID-19 vaccine	$10
	General vaccine	Get vaccines (for example, MMR, tetanus) — maximum reward is $10	$10
	Mammogram	Complete a routine or preventive mammogram	$15
	Colorectal cancer screening	Complete a colorectal cancer screening	$15
	Skin cancer screening	Complete a skin cancer screening	$15
	Prostate cancer screening	Complete your prostate cancer exam	$15
	Diamond Provider	Find a Diamond Provider on Find Care and have a visit	$15
	Biometrics	Complete a biometric screening (onsite event)	$15
Digital engagement Complete activities in the Sydney Health app or on **anthem.com**.	Sydney Health or **anthem.com** login	Log in to your Anthem account on the Sydney Health app or **anthem.com**	$5
	Chat with Anthem	Chat with a Health Guide at **anthem.com** or on the Sydney Health app	$5
	Track steps	Track your steps — $10 per month tracking a minimum of 150,000 steps — maximum reward of $40	$40
	Track sleep	Track your sleep — $5 per month of tracking sleep — maximum reward of $20	$20
	Track nutrition	Track your nutrition — $10 per month — maximum reward of $40	$40
	Challenges	Earn a reward for completing a challenge	$15
	Action Plan	Complete Action Plans	$25
Ongoing care Receive rewards for continuing your health journey.	Building Healthy Families	Help your family grow and thrive — $15 for participation — completing your health profile	$15
	Virtual care video visit — maternity	Complete a virtual visit with a lactation consultant	$15
	Diabetes Care Standards	Hemoglobin A1c test	$15
	Diabetes Care Standards	LDL or lipid test	$15
	Diabetes Care Standards	Microalbumin and eGFR (estimated glomerular filtration rate) lab tests	$15
	Personal wellness program	Complete a personal wellness program (attestation required)	$20
	Emotional Well-being (Learn to Live)	Use the Emotional Well-being Resources program (attestation required)	$15

1 Preventive or well-woman exam and biometric rewards cannot be combined.

An investment that's like no other

KAISER PERMANENTE®

If you are enrolled in the Kaiser plan, you and your covered spouse can earn a $100 reward each by completing the Kaiser Permanente 5-step Wellness Program during the 2027 earning period. **The earning period starts January 1, 2027 and ends September 30, 2027**.

Earn $100 by completing the 2027 5-step wellness program

1 Step 1: Log in to the portal

Sign on to **kp.org/engage** to get started.

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.[1]

Complete steps by September 30, 2027

Earned rewards for employees and/or their spouse will be paid through payroll at the end of the calendar year. Your reward balance will reset to zero at the beginning of each new plan year. All earned rewards that are paid out are taxable.

For details or general questions:
choose.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.

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

Employee Assistance Program

Acentra HEALTH

USG has partnered with Acentra Health 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.

No cost, confidential counseling sessions

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

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

Legal and financial counseling and assistance

- free 30-minute legal or financial consultation with an experienced attorney or qualified financial coach; and
- twenty-five percent reduction in fees if participants continue to work with the attorney or financial coach.

Daily living services and assistance

Providing referrals for services such as:

- home repairs and improvement
- home maintenance and cleaning
- pet services
- moving and relocation
- travel and entertainment
- event planning

Care and services for your loved ones

Providing referrals and resources such as:

- child and elder care
- transportation assistance
- meal programs
- special needs services
- Medicare and Medicaid guidance

Virtual resources

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

- grief and anxiety
- parenting
- child and elder care
- health and wellness
- financial and legal information and templates

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

Employee Assistance Program

Acentra HEALTH

Digital Access & Immediate Support

Acentra Health provides multiple ways for employees and family members to access support whenever and wherever they need it. Through the member website, mobile app, phone services, and text-based support options, participants can connect with resources that fit their preferences and schedules.

TalkNow® Immediate Counselor Access

Members can connect with a master's level EAP counselor on demand to receive support during difficult moments without waiting for a traditional counseling appointment for concerns such as:

- Stress and anxiety
- Grief and loss
- Life transitions
- Family challenges

Mobile App Resources

The Acentra mobile app offers convenient, 24/7 access to well-being tools and self-service resources like:

- Articles covering mental health, financial wellness, legal topics, fitness, and well being
- Mood tracking tools
- Self assessments to support personal growth and workplace well-being
- Real-time confidential support through chat and messaging features from any location

Tess Digital Mental Health Support

Tess is a text based mental health support tool that can serve as an additional layer of support between counseling sessions or whenever immediate guidance is needed. It engages members in guided conversations to provide coping strategies, well-being tips, and personalized mental health resources.

Secure Chat with a Counselor

Participants can connect directly with master's-level EAP counselors through secure online chat and text. This service provides:

- Real-time conversations with trained professionals
- Confidential support through the website or mobile app
- Guidance on personal, family, workplace, and emotional concerns
- Connections to additional EAP services and resources
- Coordinatiion of counseling referrals and appointments

Work/Life benefits

Shared Sick Leave Program

The Shared Sick Leave Program allows employees to donate a portion of their unused sick leave to a pool to help coworkers experiencing a serious health condition who have used all of their available paid leave.

Who Can Participate?

You may enroll in the program if you:

☑ Are a regular, benefits-eligible employee
☑ Work 20 or more hours per week
☑ Have completed your six-month probationary period
☑ Have at least 40 hours of sick leave remaining after making a donation
☑ Donate a minimum of 8 hours of sick leave

Enrollment

You can enroll and make donations during Open Enrollment. Once enrolled, you remain a member of the program throughout your benefits-eligible employment unless you choose to disenroll.

To enroll, contact your institution's Human Resources or Benefits Office.

Path2College 529 Plan

Turn small paycheck contributions into big opportunities for the people you care about.

The Path2College 529 Plan helps you save for future qualified education expenses through convenient payroll deductions and valuable tax advantages. You can start saving today for a child, grandchild, or another loved one with an amount that fits your budget. Even small contributions add up over time.

Learn more at usg.edu/well-being/your_finances.

Ready to start saving? Visit path2college529.com or call **1-877-424-4377** to speak with a college savings specialist.

Tuition Assistance Program (TAP)

The Tuition Assistance Program (TAP) can help you achieve our educational and professional goals while continuing your career with USG.

TAP provides a waiver of tuition and most fees for up to nine academic credit hours each semester at any University System of Georgia (USG) institution.

Are You Eligible?

You may participate in TAP if you:

☑ Work at least 40 hours per week in a benefits-eligible position
☑ Have completed six months of continuous employment in a benefits-eligible role
☑ Are enrolled in a degree or academic certificate program at a USG institution
☑ Are in active employment status on the first day of classes

Maternal Birth Leave and Parental Leave

USG supports growing families by providing eligible employees with:

- Up to 120 hours (3 weeks) of paid **Maternal Birth Leave** for employees who give birth, to support recovery and bonding immediately following childbirth
- Up to 240 hours (6 weeks) of paid **Parental Leave** for employees who become parents through childbirth, adoption, or foster care placement, to support bonding with a new child during the first 12 months following the qualifying event.

Learn More

Visit **benefits.usg.edu** and select the Work/Life tab for program details and application information.

Life insurance

MetLife

Help protect the people who matter most.

Term Life insurance from MetLife can help provide financial protection for your loved ones if something unexpected happens. Coverage is available for you, your spouse and your eligible children.

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

- Automatically enrolled at **$25,000**
- Includes matching AD&D coverage
- Company-paid benefit
- Coverage guaranteed

Supplemental life insurance with AD&D

- Elect coverage equal to **1x – 8x your annual salary**
- Coverage is rounded to the next higher $1,000
- Maximum benefit: **$2,500,000**
- Includes matching AD&D coverage
- Newly eligible employees may elect up to **3x annual salary (maximum $500,000)** without evidence of insurability (EOI), if enrolled within 30 days of eligibility
- Coverage above the guaranteed issue amount requires EOI
- During Open Enrollment, you may elect or increase coverage by one level, **up to 3x annual salary**, (maximum $500,000) without EOI

Spouse life insurance

- Available in **$10,000 increments**
- Maximum coverage: **$500,000**
- Up to **$50,000** available without EOI for newly eligible employees
- Spouse coverage increases during Open Enrollment require EOI
- Employees may elect spouse and child coverage without enrolling in supplemental employee life coverage

Child life insurance

Coverage options:

- **$5,000** ($0.55/month)
- **$10,000** ($1.10/month)
- **$15,000** ($1.65/month)
- Coverage available from live birth through age 26.

AD&D insurance

Employee coverage:

- Available in **$10,000 increments**
- Maximum coverage: **$500,000**

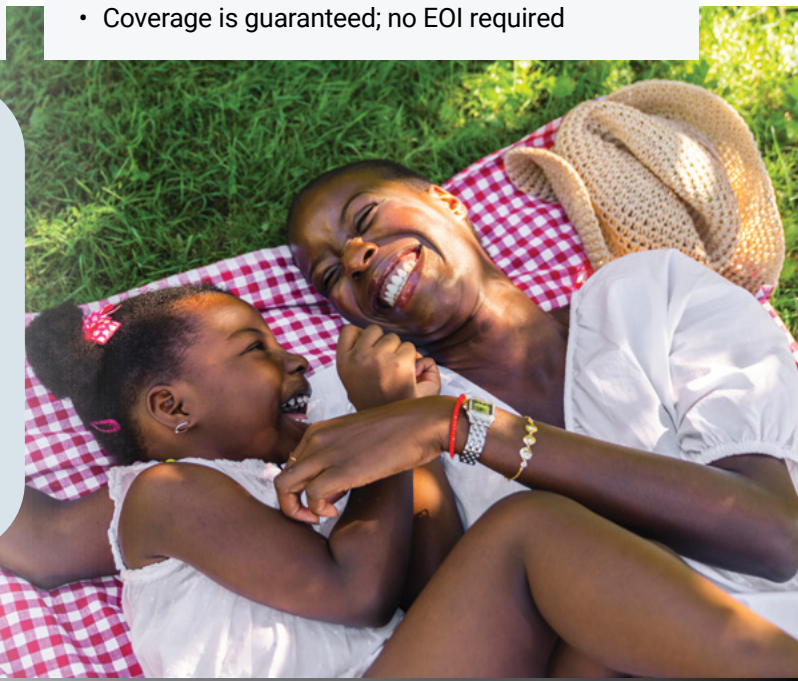
Family coverage:

- Spouse and child coverage available as a percentage of the employee's elected AD&D amount
- Maximum spouse coverage: **$250,000**
- Maximum child coverage: **$50,000**
- Coverage is guaranteed; no EOI required

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

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

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



Disability insurance

MetLife

Help protect your income if you're unable to work

Disability insurance from MetLife can help replace a portion of your income if you're unable to work due to a covered illness, injury or pregnancy.

Short-term disability (STD)

Short-term disability provides income protection during the initial weeks of a disability.

Coverage highlights:

- Replaces **60% of weekly earnings**
- Maximum benefit: **$2,500 per week**
- Benefits begin on the **15th day** of a qualifying disability
- Benefits may continue for up to **11 weeks**

Why consider STD coverage:

- Helps cover everyday expenses while you're out of work
- Can help protect your savings during recovery
- Benefits can be used for:
  - Mortgage or rent
  - Groceries
  - Utilities
  - Childcare
  - Car payments, (maximum $500,000) without EOI

Calculate your rate (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**

Long-term disability (LTD)

Long-term disability provides ongoing income protection if you're unable to work for an extended period.

Coverage highlights:

- Replaces **60% of monthly earnings**
- Maximum benefit: **$15,000 per month**
- Benefits begin on the **91st day** or after STD benefits end
- Benefits continue while you meet the policy's definition of disability or until normal Social Security retirement age

Why consider LTD coverage:

- Helps protect your income during an extended disability
- Can help preserve savings and other financial assets
- Provides continued financial support when recovery
- takes longer than expected

Calculate your rate (Monthly payroll):

Rate: $0.266/$100 covered salary

Annual salary = $56,000

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

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

Important notes

- STD requires evidence of insurability (EOI) unless you enroll within 30 days of becoming eligible[1]
- LTD does not require EOI but is subject to the plan's pre-existing condition limitation

For life and disability information, scan the QR code or visit **metlife.com/borusg** or **benefits.usg.edu**.

Additional support included

- ☑ Empathy leave support
- ☑ Return-to-work assistance and rehabilitation resources
- ☑ TELUS Health CBT virtual mental health support (LTD)
- ☑ Convenient claim management through MyBenefits and the MetLife mobile app

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

Accident insurance 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:

- Initial accident treatment
- Ambulance
- Major diagnostic testing
- Fractures and dislocations
- Burns and lacerations
- Hospital admission and confinement
- Rehabilitation and therapy
- Outpatient/inpatient surgery and anesthesia
- Travel to distant treatment centers

Monthly rates

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

Critical Illness insurance plan

Aflac

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. 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.

Monthly rates

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

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

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

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

Hospital Indemnity insurance 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 following types of costs are covered under this plan:

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

Monthly rates

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

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

Wellness benefits

You don't have to wait for an accident, illness or hospital stay to get value from your coverage

With your Accident, Critical Illness and Hospital Indemnity plans, you can earn a $50 wellness/health screening benefit once per year just for completing certain preventive tests.

- **$50 Accident Wellness Benefit**
- **$50 Critical Illness Health Screening Benefit**
- **$50 Hospital Indemnity Health Screening Benefit**

Each benefit is payable once per calendar year for the covered employee, spouse, and dependent childrenup to age 26.

- Annual physical
- Blood screening
- Blood test for trlglycertdes
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- DNA stool analysis
- Eye examinations
- Immunizations
- Fasting blood glucose test
- Flexible slgmoldoscopy
- Hemocult stool analysis
- HIV test performed via nucleic acid test (NAT)
- HPV test performed via Pap smear
- Human Coronavlrus testing
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of of HDL and LDL
- Serum protein electrophoresis (blood test for rnyeloma)
- Spiral CT screening for lung cancer
- Stress test on a bicycle or treadmlll
- Thermography
- Ultrasounds

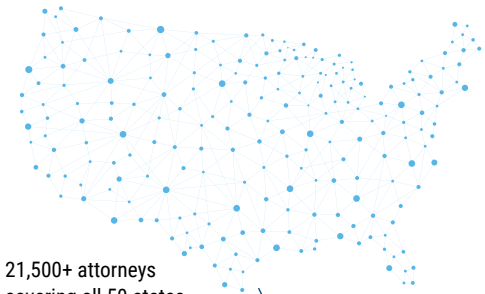
Wellness Benefit

Go to aflacgroupinsurance.com or access your account information using the MyAflac mobile app, or by scanning the QR code.

Legal plan

LegalEASE

The benefits of a USG legal plan



21,500+ attorneys covering all 50 states

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

Concierge help navigating common individual or family legal issues

LegalEASE Attorney Matching Portal (LAMP)

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

The American Bar Assocation says

70%

of Americans will need a lawyer in the next 12 months

LAMP
POWER YOUR CONNECTION

Plan cost: $15 per month via payroll deduction

Who's covered

Employee

Spouse

Dependent children
Up to the end of the month of the 26th birthday

Parents
Elder benefits designed for plan member's and spouse's parents

The value of a USG legal plan

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

Employees in their 20s

- landlord dispute with tenant
- first-time vehicle buyer
- student loan refinancing/collection defense
- consumer dispute
- financial advisor

Employees expecting and adopting

- living trust
- wills
- adoption
- guardianship/conservatorship

Employees retiring

- will and codicil
- healthcare coverage dispute
- investment/vacation home purchase
- elder law

Employees in their 30s

- will and estate planning
- purchasing your primary residence
- neighbor dispute
- small claims court

Employees getting married

- name change
- prenuptial agreement
- buying/selling your primary residence
- will and estate planning

Employees with teenagers

- juvenile proceedings
- misdemeanor defense
- traffic ticket defense
- noise reduction dispute

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

Limitations and exclusions apply. Please visit legaleaseplan.com/usg for specific plan benefits. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, LLC or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX 77056. This legal plan may not be regulated as insurance in some states but is available in all states. Plans are underwritten by insurance carrier partners in states where required. Please contact LegalEASE for complete details. ©2024 LegalEASE All rights reserved.

Identity protection

Allstate IDENTITY PROTECTION

Protect yourself and your loved ones

Life is increasingly connected, from online banking and shopping to managing personal information digitally. Allstate Identity Protection helps you and your eligible family members safeguard personal information and stay ahead of identity theft, scams, and other online risks.

With identity protection coverage, you'll have access to proactive monitoring, fraud resolution support, and resources to help you navigate today's digital world with confidence.

The Pro+ Cyber plan protects you before, during, and after fraud

- **Scam and identity alerts catch threats early**
  Alerting you when a transaction or other online activity looks suspicious.
- **Malware protection, VPN, and more tools protect how you browse**
  Covering you whenever you scroll, shop, or bank online.
- **Up to $50,000 reimbursement for scams losses[2]**
  Plus up to $5 million in identity theft expense reimbursement[3] and 24/7, U.S.-based expert support.
- **Your whole family, covered**
  With a family plan, enroll your spouse, children, parents, and even grandparents.

Plan pricing

Allstate Identity Protection Pro+ Cyber
$8.94 per person/month
$16.94 per family/month

Questions? Visit **myaip.com**

New features for 2027

- **Digital household assistant, powered by Trustworthy**
  We're simplifying how our members manage their identities with our secure, encrypted digital household assistant powered by Trustworthy.
- **Local safety alerts**
  Stay ahead of potential threats and up to date on developing situations in your area with our AI-powered local safety alerts.
- **Enhanced email threat scan**
  We're creating safer, smarter inboxes for members with improved email threat scanning that directly analyzes members' inboxes to identify threats the moment they appear.
- **Personalized scam alerts**
  Combating a new wave of scams that are more convincing than ever, our new scam alerting tracks emerging scam patterns and notifies members who may be connected to the organizations, behaviors, or trends being targeted.

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

Products and features are subject to change. Certain features require additional activation and may have additional terms.

No cap on family members under roof/under wallet or age 65+, regardless of if under roof/under wallet. Specific features may have different limits.

1 All comparison cost data pulled March 2026: 1) Bark, flat monthly rate, annual cost price based off monthly cost (list price for Pro+ Cyber family plan, individual pricing may be lower) 12 months; 2) Talkspace; 3) Bitdefender Total Security, price based off annual cost/12 months (annual cost: $139.99/yr family plan); 4) Nomorobo Max robocall blocker; (family plan); 5 AIP Blue consumer pricing (family plan); 6) Average cost between:AdGuard (family plan), AdblockPlus Premium, and TotalAdBlock; 7) Trustworthy Gold retail pricing.

2 Cyber insurance, which includes data recovery, cyber extortion, cyber crime and cryptocurrency coverage is underwritten by Houston Casualty Company, a Tokio Marine HCC Company. Please refer to the actual policy for all the terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

3 Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for information purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Pet insurance

MetLife

Help protect yourself from costly vet bills

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

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

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

How it works

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

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

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

Category	Types of benefits	
Flexible coverage	Create the plan that works for you and your pet. Options include: • preventive care coverage for an additional cost • levels of coverage from $500 to unlimited.[2]	• $0-$2,500 deductible options[3] • reimbursement percentages from 50% to 90%[4]
What is covered[5]	• accidental injuries • illnesses • exam fees • surgeries	• medications • ultrasounds • hospital stays • X-rays and diagnostic tests
Coverage also includes[5]	• hip dysplasia • hereditary conditions • congenital conditions • chronic conditions	• alternative therapies • holistic care
Additional value	• Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S. • Coverage of preexisting conditions is available when switching providers; no initial exam or previous vet records are needed to apply.[6]	• If you're claim-free in a policy year, we'll automatically decrease your deductible by $50.[7] • Group discounts are available.[8]

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

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

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

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

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

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

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

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

Auto and home insurance

Farmers Insurance Choice℠

More Choice. More Savings℠.

Access to auto, home, and renter's insurance that you can personalize through Farmers Insurance Choice. Quickly and easily compare and save with multiple quotes from carriers highly rated[1] by A.M. Best Company all in one place — in just minutes.

What is Farmers Insurance Choice?

Farmers Insurance Choice is a powerful tool that enables you to compare prices and choose the policies that work best for you. Farmers Insurance Choice makes it easier than ever to choose the coverage best suited for your unique needs at great prices.

What savings are available through Farmers Insurance Choice?

Farmers Insurance Choice gives you access to convenient payment options, some that come with additional discounts. Plus, save even more when you bundle auto and home or renter's policies together.

Choice of multiple quotes from highly rated carriers

Choose coverage best suited for your needs

Average savings of 23% by switching.[2]

It's fast. It's easy. Get your personalized quotes. Call 866-586-6048.

1 Ratings are based on A.M. Best Company's independent opinion of a company's financial strength and ability to meet its ongoing insurance policy and contract obligations. It is based on a comprehensive quantitative and qualitative evaluation of balance sheet strength, operating performance, and business profile. There are seven rating categories.

2 Savings based on the average nationwide annual savings in 2022 reported by new customers who called the Farmers GroupSelect employee and affinity member call center, switched their insurance to Farmers® branded insurance policies issued through the Farmers GroupSelect employee or affinity member program, and realized savings. Potential savings vary by customer and may vary by state and product. Statistics do not reflect sales ofproducts sold on Agent360℠.

Farmers Insurance Choice is used by Farmers General Insurance Agency, Inc. (the "Agency") and other independent agencies and captive agents to provide consumers a broad choice of insurance providers. Coverage may be underwritten by carriers unaffiliated with Farmers GroupSelect through the Agency: CA License #0D25399.
Advertisement produced on behalf of the following specific insurers seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance Company and certain of its affiliates: Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company, Farmers Direct Property and Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, or Farmers Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. List of licenses at www.farmers.com. Coverage, rates, discounts, and policy features vary by state and product and are available inmost states to those who qualify. 4946641.1 © 2023 Farmers Insurance®

USG Perks at Work

perks at work

Perks at Work is designed to help you find discounts and services that matter to Your Health, Your Family, Your Home and Car, and Your Knowledge.

You can access Community Online Academy to help you grow personally and professionally with more than 100 FREE live courses for kids and adults

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

- The program will tailor to you as you use it: As you shop, create a profile and provide feedback; it will help you find perks that matter to you.
- Earn rewards, called "WOWPoints," as you shop, and redeem your points at any merchant, anytime.
- **As an added benefit, employees can invite up to five family members.**

You can also download the mobile app from the Google Play or Apple store.

USG retirement plan participation

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

Features	Teachers Retirement System	Optional Retirement Plan
Type of plan	401(a) defined benefit	401(a) defined contribution
Benefit at retirement	Based on formula: 2% x years of service x average of 24 highest consecutive months' salary	Account balance accumulated at the time of retirement
Vesting	10 years of creditable service	Immediate
Disability benefits	Available after 10 years' creditable service	Account balance at the time of disability
Contribution rates[1] (subject to change annually)	Employee: 6% Employer: 22.32%[1]	Employee: 6% Employer: 9.24%
Responsibility for management of funds and investments	TRS; retirement benefit is guaranteed based on formula, not on investment returns	Employee takes active role; retirement benefit is based on investments and returns
Initial Contribution	Retroactive to month of hire	Prospective from point of election

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 $49,000, or even more if you are eligible for the catch-up contributions.

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

Features	403(b) plan	457(b) plan
Employee salary reduction (pretax) contributions[2]	• Permitted; generally is limited to the lesser of $24,500 or 100% of compensation in 2026. • Check the IRS website for contribution limit updates for 2027.	• Permitted; generally is limited to the lesser of $24,500 or 100% of compensation in 2026. • Check the IRS website for contribution limit updates for 2027.
Employee Roth (after-tax) contributions[3]	• Permitted; generally is limited to the lesser of $24,500 or 100% of compensation in 2026.	• Permitted; generally is limited to the lesser of $24,500 or 100% of compensation in 2026.
Catch-up amounts — Section 514(v)[4]	• An additional $8,000 elective salary deferral may be permitted in 2027 if you are age 50 to 59 and 64 or older; an additional $11,250 if you are 60 to 63 in 2026.	• An additional $8,000 elective salary deferral may be permitted in 2027 if you are age 50 to 59 and 64 or older; an additional $11,250 if you are 60 to 63 in 2026.

1 Rates as of July 1, 2026: The TRS employer rate of 22.32% is for fiscal year 2026, which began July 1, 2026, and ends June 30, 2027.
2 Contributions must be aggregated with Roth 403(b) and 457(b) contributions when applying limits.
3 Mandatory Roth: For individuals with calendar year FICA wages exceeding $145,000, all catch-up contributions must be designated as Roth (after-tax).
4 Age 50 catch-up contributions can be made to both 403(b) and 457(b) plans in the same year.

USG retirement plan participation *(continued)*

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.

Fidelity Investments	TIAA
netbenefits.com/usg	TIAA.org/usg
800-343-0860	844-230-7524

Personalized advice and education

Do you need help choosing the right retirement plan? CAPTRUST, USG's vendor partner, offers unbiased guidance on your mandatory retirement plan, supplemental 403(b) or 457(b) plans, and provides personalized financial advice. Schedule a call or virtual visit to build a financial plan aligned with your goals. **Best of all, this service is included in your benefits at no cost**.

Create Your Retirement Blueprint

A Retirement Blueprint is a comprehensive planning tool, complete with a set of investment recommendations, to help you plan more effectively for retirement. It is based on information you provide, combined with the advice you receive from your session with CAPTRUST and is intended to help you reach your individual retirement goals. You can update your retirement blueprint annually or at any time you have changes that may impact those goals.

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

CAPTRUST AT WORK

captrustadvice.com/scheduler/ 800-967-9948

How to enroll

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

- Visit oneusgconnect.usg.edu and select the OneUSG Connect button. Once you are logged in, select **Benefits** from the drop-down menu.
- If you enroll in ORP, 403(b), and/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.

USG retiree healthcare benefits

Your USG retirement

As you prepare for retirement, it's important to understand the steps needed to continue your healthcare coverage.

USG offers retiree healthcare benefits to employees who meet the eligibility requirements outlined in Board of Regents Policies 8.2.8.2 and 8.2.8.4. To continue USG healthcare coverage into retirement, you must be enrolled in a USG healthcare plan immediately before your retirement date.

Planning to retire within the next year? If you are not currently enrolled in a USG healthcare plan, consider enrolling during Open Enrollment before your retirement. Employees who are not enrolled in a USG healthcare plan immediately prior to retirement are not eligible to enroll in retiree healthcare coverage after retirement.

Retirement Healthcare Checklist

As you prepare for retirement, be sure to:

- ☑ Confirm you meet the Board of Regents' retiree eligibility requirements.
- ☑ Verify that you are enrolled in a USG healthcare plan before your retirement date.
- ☑ If you or your spouse are age 65 or older — or will become eligible for Medicare soon — contact the Social Security Administration to learn about enrolling in Medicare Parts A and B.
- ☑ Understand how Medicare enrollment may affect your healthcare coverage and any Health Savings Account (HSA) or Flexible Spending Account (FSA) contributions.
- ☑ Contact your institution's HR or Benefits Office to discuss your retirement timeline and benefit continuation options.

Benefits that continue in retirement

- **Pre-65 healthcare plans** — Anthem or Kaiser Permanente;
- **Medicare enrolled and 65 or older healthcare plan** — Must be enrolled in a plan through Alight Retiree Health Solutions;
- **Dental plan** — Basic or High Plan (HMO – Georgia Tech);
- **Vision plan**.
- **Basic life insurance** — $25,000 (employer paid);
- **Spouse life insurance** — $5,000 (max);
- **Child life insurance** — $5,000 (max);
- **Supplemental life for the retiree** — This reduces to $15,000. You can opt to continue the difference by contacting MetLife directly within 30 days of your retirement date; and
- **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 contact your campus HR or benefits office for assistance.

USG retiree healthcare benefits *(continued)*

Retiring prior to age 65

- Your USG retiree healthcare coverage will default to the same plan you and your pre-65 dependents were enrolled in as an active employee. If you're enrolled in a health maintenance organization (HMO) plan and move out of the service area, you'll be defaulted into the Comprehensive Care plan.
- If you or your spouse is Medicare-eligible but under age 65, you must enroll in Medicare parts A and B. USG provides an annual contribution to a Health Reimbursement Account (HRA) to help offset healthcare costs in retirement. To maintain eligiblity, you must enroll and remain enrolled in at least one Medicare Supplement, Prescription Drug Part D, or Medicare Advantage plan through the Alight Retiree Health Solutions (ARHS).
- You may be able to continue certain voluntary benefit plans that require you to take action within 30 days after your retirement. Please contact OneUSG Connect - Benefits for information about continuing voluntary benefits.

The USG shares the cost of healthcare coverage with eligible retirees. The amount USG contributes is based on your hire date and retiree classification (pre- or post-65. For retirees hired on or after January 1, 2013, the contribution is based on years of service with USG. Please see the years of service chart, and visit **benefits.usg.edu/retiree-premiums** to use the Retiree Healthcare Contribution Calculator to determine your USG retiree healthcare premium or HRA amount.

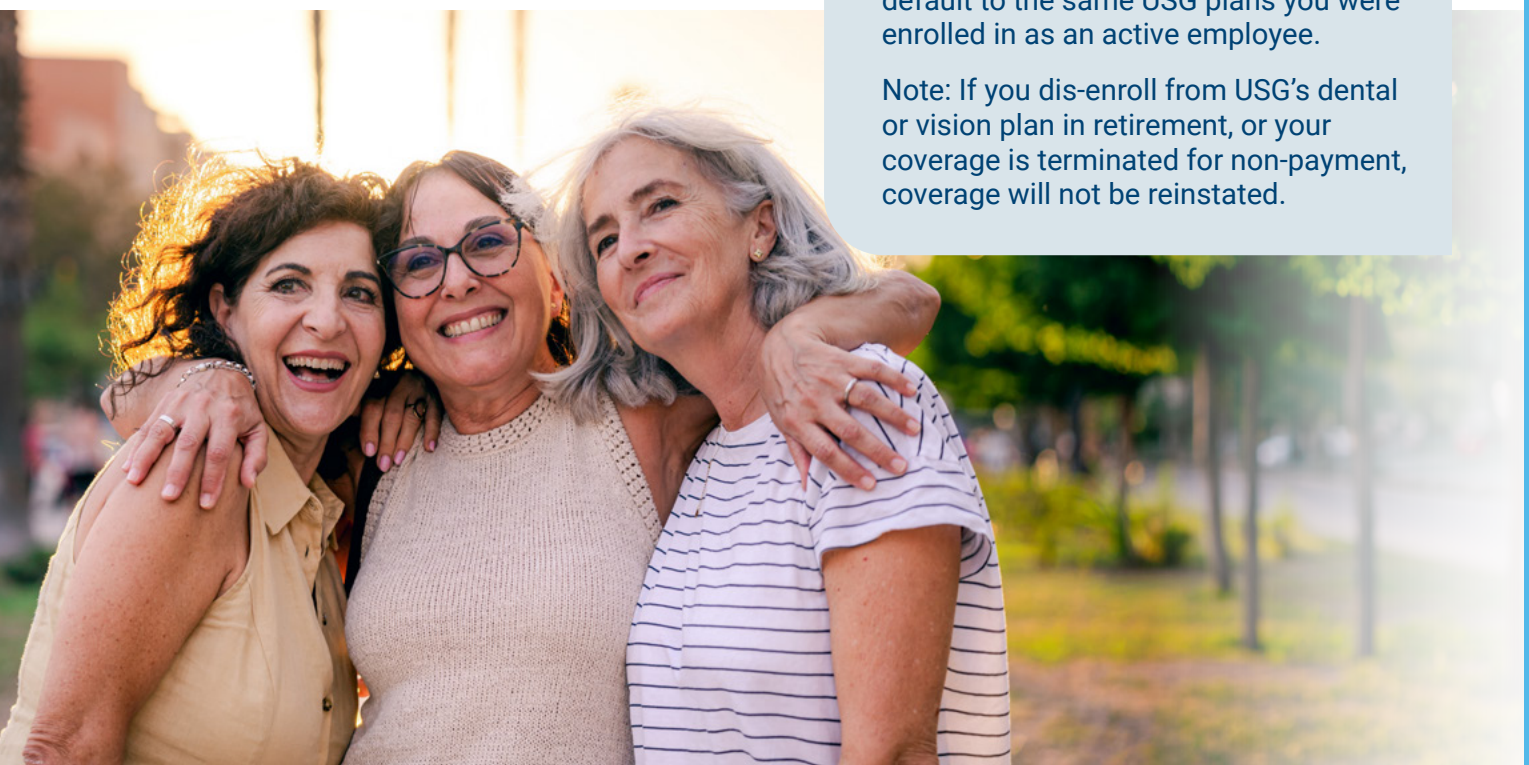
Retiring at age 65 or older

- If you retire at age 65 or later and are eligible for USG retiree healthcare benefits, USG provides an annual contribution to a Health Reimbursement Account (HRA) to help offset healthcare costs in retirement.

  The HRA can be used for eligible healthcare expenses, including Medicare premiums and other qualified medical expenses. Contributions are provided for each Medicare-enrolled retiree, spouse, and eligible dependent.
- You or your spouse must be enrolled in Medicare parts A and B prior to your date of retirement to be eligible for the HRA.
- To maintain eligibility, you must enroll and remain enrolled in at least one Medicare Supplement, Prescription Drug Part D, or Medicare Advantage plan through the Alight Retiree Health Solutions (ARHS).

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

Note: If you dis-enroll from USG's dental or vision plan in retirement, or your coverage is terminated for non-payment, coverage will not be reinstated.



USG retiree healthcare benefits

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 is located at **benefits.usg.edu**.

2027 Retiree healthcare monthly costs

Non-Medicare eligible type of premium	Consumer Choice HSA	Anthem Comprehensive Care	Anthem BlueChoice HMO	Kaiser Permanente HMO
Non-Medicare Retiree only	$109.74	$248.90	$301.84	$230.74
Employer	$778.78	$778.78	$778.78	$559.40
Total rates	$888.52	$1,027.68	$1,080.62	$790.14
Non-Medicare Spouse only	$171.62	$324.72	$382.94	$295.58
Employer portion	$805.74	$805.74	$805.74	$494.56
Total rates	$977.36	$1,130.46	$1,188.68	$790.14
Non-Medicare Child(ren) only	$131.42	$242.76	$285.10	$220.38
Employer	$579.40	$579.40	$579.40	$411.72
Total rates	$710.82	$822.16	$864.50	$632.10
Non-Medicare retiree + child(ren)	$241.16	$491.66	$586.94	$451.12
Employer	$1,358.18	$1,358.18	$1,358.18	$971.12
Total rates	$1,599.34	$1,849.84	$1,945.12	$1,422.24
Non-Medicare spouse + child(ren)	$303.04	$567.48	$668.04	$515.96
Employer	$1,385.14	$1,385.14	$1,385.14	$906.28
Total rates	$1,688.18	$1,952.62	$2,053.18	$1,422.24
Non-Medicare retiree + Non-Medicare spouse	$281.36	$573.62	$684.78	$526.32
Employer	$1,584.52	$1,584.52	$1,584.52	$1,132.96
Total rates	$1,865.88	$2,158.14	$2,269.30	$1,659.28
Family (Non-Medicare retiree + Non-Medicare spouse + child[ren])	$401.94	$819.44	$978.24	$751.88
Employer	$2,263.62	$2,263.62	$2,263.62	$1,618.52
Total rates	$2,665.56	$3,083.06	$3,241.86	$2,370.40

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; and
- USG pre- and post-65 Medicare enrolled retirees and dependents who are enrolled in a supplemental plan through Alight Retiree Health Solutions. Your healthcare benefit is an annual employer contribution into an HRA that can help pay for your healthcare premiums, Medicare Part B costs and other qualified expenses.

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

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

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

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

2027 7/5th premium rates for active employees

Academic year faculty pay premiums using a 7/5ths formula, paying 7 months of premiums January–May, no premiums for June or July, and "normal" premiums from August–December. The rates on these pages apply to January–May. Premiums for August–December are located on **page 9**.

Note: Premiums that are determined by factors such as age or salary, are not included here.

Monthly rates

Plan	Type of Premium	Monthly Plan Cost
Anthem Consumer Choice HSA	Employee Only	$153.64
Anthem Consumer Choice HSA	Employee + Spouse	$393.90
Anthem Consumer Choice HSA	Employee + Child(ren)	$337.62
Anthem Consumer Choice HSA	Family	$562.72
Anthem Comprehensive Care	Employee Only	$348.46
Anthem Comprehensive Care	Employee + Spouse	$803.07
Anthem Comprehensive Care	Employee + Child(ren)	$688.32
Anthem Comprehensive Care	Family	$1,147.22
BlueChoice HMO	Employee Only	$422.58
BlueChoice HMO	Employee + Spouse	$958.69
BlueChoice HMO	Employee + Child(ren)	$821.72
BlueChoice HMO	Family	$1,369.54
Kaiser Permanente HMO	Employee Only	$323.04
Kaiser Permanente HMO	Employee + Spouse	$736.85
Kaiser Permanente HMO	Employee + Child(ren)	$631.57
Kaiser Permanente HMO	Family	$1,052.63
Delta Dental Base Plan	Employee Only	$55.13
Delta Dental Base Plan	Employee + Spouse	$110.29
Delta Dental Base Plan	Employee + Child(ren)	$104.75
Delta Dental Base Plan	Family	$176.43
Delta Dental High Plan	Employee Only	$68.12
Delta Dental High Plan	Employee + Spouse	$136.22
Delta Dental High Plan	Employee + Child(ren)	$129.44
Delta Dental High Plan	Family	$218.06

2027 7/5th premium rates *(continued)*

Plan	Type of Premium	Monthly Plan Cost
Metlife Child Life $5,000	Child Only	$0.77
Metlife Child Life $10,000	Child Only	$1.54
Mertlife Child Life $15,000	Child Only	$2.31
EyeMed Vision Care	Employee Only	$9.66
EyeMed Vision Care	Employee + Spouse	$21.73
EyeMed Vision Care	Employee + Child(ren)	$18.37
EyeMed Vision Care	Family	$28.48
Aflac Accident	Employee Only	$9.52
Aflac Accident	Employee + Spouse	$16.04
Aflac Accident	Employee + Child(ren)	$18.28
Aflac Accident	Family	$24.81
Aflac Hospital Indemnity	Employee Only	$12.91
Aflac Hospital Indemnity	Employee + Spouse	$25.87
Aflac Hospital Indemnity	Employee + Child(ren)	$21.03
Aflac Hospital Indemnity	Family	$33.99
Allstate Identity Protection	Individual	$12.53
Allstate Identity Protection	Family	$23.73
LegalEase Legal Plan	Individual/Family	$21.00

Important contact information

Who to call	Contact information	
USG (questions on benefit choices or options)		
OneUSG Connect - Benefits	**844-587-4236**	**oneusgconnect.usg.edu**
Alight Retiree Health Solutions *Medicare eligible retirees*	**866-212-5052**	**retiree.alight.com**
Anthem Blue Cross and Blue Shield		
Member Services team	**800-424-8950**	**anthem.com**
Global Core (coverage while traveling outside of the U.S.)	**800-810-2583**	**bcbsglobalcore.com**
Express Scripts® Pharmacy Benefits		
Express Scripts *Anthem members*	**877-783-2283**	**express-scripts.com/USG**
Kaiser Permanente		
Customer service and advice line	**404-365-0966**	**my.kp.org/usg**
Away from Home Travel	**951-268-3900**	**kp.org/travel**
Well-being resources		
USG Well-being	**usgwellbeing@usg.edu**	**usg.edu/well-being**
Health and well-being coaching		
Health coaching *Anthem members*	**800-424-8950**	**anthem.com**
Wellness coach *Kaiser Permanente members*	**866-862-4295**	**kp.org/wellnesscoach**
Acentra Health *Employee Assistance Program*	**844-243-4440**	**usg.mylifeexpert.com** Company code: **USGCares**
Tobacco cessation		
Georgia Tobacco Quit Line	**877-270-7867**	**dph.georgia.gov/ready-quit**
QuitSmart Program *Kaiser Permanente members only*	**404-365-0966**	**kp.org/classes**
Diabetes prevention and weight loss		
Prevent T2 Diabetes Prevention Program *All healthcare enrolled employees and dependents*	**usg.edu/well-being/DPP**	
Omada Health *Kaiser Permanente members only*	**404-365-0966**	**go.omadahealth.com/kpga**

Important contact information *(continued)*

Who to call	Contact information	
Dental and vision		
Delta Dental Policy #GA 16711	**800-471-4214**	**deltadentalins.com/usg**
EyeMed Policy #1002280	**866-800-5457**	**eyemedvisioncare.com/usg**
Spending accounts (HSA and FSA)		
HSA Bank Health Benefit Accounts (HSA and FSA)	**833-228-9352**	**hsabank.com/USG**
Life and disability		
MetLife life insurance Policy #307601	**800-638-6420**	**LifeClaimSubmit@metlife.com**
Travel Assistance	**800-454-3679**	**metlife.com/travelassist**
MetLife disability Policy #307601	**800-300-4296**	**mybenefits.metlife.com**

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.

Important contact information *(continued)*

Who to call	Contact information	
Other voluntary benefits		
Aflac accident insurance Group #23010	**800-433-3036**	aflacgroupinsurance.com
Aflac critical illness Group #23054		
Aflac hospital indemnity insurance Group #23010		
Allstate identity protection Plan: Pro Plus	**800-789-2720**	myaip.com
Legal (LegalEASE) Policy #1000092	**800-248-9000** (Open Enrollment and new hires) **888-416-4313** (enrolled employees)	legaleaseplan.com/usg
MetLife pet insurance	**800-438-6388**	metlife.com/getpetquote
Purchasing Power	**888-923-6236**	usg.purchasingpower.com
Perks at Work (Next Jump, Inc.)	support@nextjump.com	perksatwork.com/login
Farmers Home/Auto Insurance	**866-586-6048**	metlife.com/borusg

Financial counseling and retirement		
CAPTRUST Independent Advice	**800-967-9948**	captrustadvice.com/scheduler
Corebridge Financial	**800-448-2542**	usg.corebridgefinancial.com
Fidelity	**800-343-0860**	nb.fidelity.com/public/nb/usg/home
TIAA	**800-842-2252**	tiaa.org/public/tcm/usg
Teachers Retirement System (TRS)	**800-352-0650**	trsga.com
Retirement@Work	**844-231-7917**	oneusgconnect.usg.edu, choose the **OneUSG Connect** button. After logging in, select **Benefits** in the drop-down menu.
Employees' Retirement System (ERS)	**404-350-6300**	ers.ga.gov

Notes

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