



University System of Georgia Retiree Health Reimbursement Account (HRA)

Summary Plan Description
University System of Georgia

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Introduction

About This SPD

This Summary Plan Description (SPD) provides a summary of the University System of Georgia (USG) Retiree Health Reimbursement Account (the “HRA” or “Plan”). Additional terms of the HRA may be found in other legal documents and instruments governing the Plan. This SPD, together with the other legal documents and instruments governing the Plan, comprise the HRA, effective January 1, 2016. If there are any discrepancies between this SPD and any of the other legal documents or instruments, the appropriate legal documents or instruments will govern. USG reserves the right to modify, suspend, or terminate any of the benefits referenced in this SPD at any time. The benefits described in this SPD are provided at the discretion of USG and do not create a contract of employment.

Because of the many detailed provisions of the Plan, no one other than the office of the Plan Administrator and the delegated representatives indicated in this SPD are authorized to advise you as to your benefits. For this reason, USG cannot be bound by statements made by unauthorized personnel.

About the HRA

The USG Retiree Health Reimbursement Account (HRA) offers you and your eligible dependent(s) a way to be reimbursed for certain health care costs that you pay out of your pocket, such as premiums for coverage and your share of eligible health care expenses if you purchase individual health care coverage through the Aon Retiree Health Exchange — an independent health care plan exchange for Medicare-eligible Individuals.

If you have any questions about the HRA or how it works after reading this SPD, contact Your Spending Account™¹ (the HRA administrator) by calling the Aon Retiree Health Exchange. You can also obtain information directly on the Aon Retiree Health Exchange website. The website address, as well as the phone number for the Aon Retiree Health Exchange, is listed at the bottom of each page of this SPD for your convenience.

Note: Certain terms are capitalized when they appear in this SPD. These terms are defined in the *Glossary* section.

¹ Your Spending Account is a trademark of Hewitt Associates LLC.

Participation in the HRA

Eligible Retirees

General Rule

As a USG Retiree, you are eligible for the HRA if you:

- Meet the USG eligibility rules for retiree health care benefits;
- Are age 65 or over; and
- Purchase a Medicare supplemental health care and/or prescription drug policy through the Aon Retiree Health Exchange.¹

Note: To maintain your eligibility for an HRA, you must be enrolled in an individual Medicare supplemental health care policy purchased through Aon Retiree Health Exchange once you are eligible and continuously thereafter.

In addition to the above, you must also meet USG's eligibility requirements for retiree benefits as follows:

- Be enrolled in a USG health care plan as of your Retirement Date; and
- Be enrolled in Medicare Parts A and B as of your Retirement Date.

Ineligible Retirees

You are not eligible for an HRA if you:

- Are not eligible for USG retiree health care benefits;
- Previously opted out of USG's Group Health Plan;
- Are eligible for retiree health care benefits, but choose not to purchase an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange;
- Enroll through a state or federal exchange instead of through the Aon Retiree Health Exchange; or
- Reside in the continental United States² in an area in which the Aon Retiree Health Exchange sells individual health care policies, and do not purchase an individual health care policy through the Aon Retiree Health Exchange as of the later of January 1, 2016 or the first day of the month in which you become eligible and do not remain enrolled in an individual health care policy purchased through the Aon Retiree Health Exchange.

² USG may waive the requirement to purchase coverage through the Aon Retiree Health Exchange for retirees permanently residing outside of the United States.

Eligible Dependents

Your Spouse

If you purchase an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange and are eligible for an HRA, you may receive an HRA Contribution from USG for your Spouse who is Medicare-eligible due to retirement, as described below, as long as your Spouse purchases an individual Medicare supplemental health care policy offered by the Aon Retiree Health Exchange, effective as of the later of January 1, 2016 or the first day of the month in which he or she becomes eligible for coverage under an individual Medicare supplemental health care policy. In addition, your Medicare-eligible Spouse must continue to purchase individual Medicare supplemental health care policies through Aon Retiree Health Exchange each year.

Your Disabled Child Age 65 or Over

In general, your Children are *not* eligible to participate in the HRA nor are their health care expenses reimbursable under the HRA. However, if you have a disabled Child age 65 or over who is enrolled in the USG Group Health Care Plan on December 31, 2015, is Medicare-eligible, and is enrolled in an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange, a Contribution to your HRA will be made on this Child's behalf if you report this disabled Child as a qualified tax dependent. (This Child must have been enrolled in the USG Group Health Care Plan immediately before purchasing an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange.) For more information, call the Aon Retiree Health Exchange.

Note: Going forward, the term "dependent" will refer to both eligible Spouses and eligible disabled Children age 65 or over when applicable.

Important!

Once Medicare-eligible due to retirement, if you or your eligible Spouse does not purchase an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange by the later of January 1, 2016 or the first day of the month in which you or your Spouse, as applicable, becomes Medicare-eligible, you or your Spouse, as applicable, will permanently forfeit eligibility for the USG-funded HRA. (Also see "Your Disabled Child Age 65 or Over" above.)

About Aon Retiree Health Exchange

The Aon Retiree Health Exchange is an independent health care plan exchange that contracts with health care carriers to offer Medicare-eligible individuals a variety of individual Medicare supplemental health care policies and offers assistance in helping you choose the one that best meets your health care coverage needs.

Establishing an HRA

For You

If you are eligible to participate in the HRA, a USG-funded HRA will be established automatically.

Your Spending Account administers the HRA through the Aon Retiree Health Exchange.

You will receive enrollment information from Aon Retiree Health Exchange approximately 60 to 90 days before the first day of the month in which you become Medicare-eligible due to retirement. Since the health care plans offered are individual Medicare supplemental health care policies, the enrollment period is defined by Medicare.

Note: You must also meet the following eligibility criteria:

- Have been enrolled in the USG Group Health Care Plan before reaching age 65; and
- Be Medicare-eligible

For Your Dependents

If you have a Spouse who is age 65 or over and Medicare-eligible and you would like to receive a Contribution to your HRA for him or her, your Spouse must also purchase an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange effective as of the first day of the month in which he or she becomes Medicare-eligible.

If you have a disabled dependent Child age 65 or over who is Medicare-eligible and you would like to receive a Contribution to your HRA for him or her, your disabled dependent Child must also purchase an individual Medicare supplemental health care policy through Aon Retiree Health Exchange effective as of the first day of the month in which he or she becomes Medicare-eligible.

Note: Your Spouse and/or your disabled dependent Child must have been enrolled in the USG Group Health Care Plan immediately before purchasing an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange. For more information, call the Aon Retiree Health Exchange.

Contributions to Your HRA

The Contribution credited to your HRA is a flat dollar amount as determined by USG each year.

Amount of the Contribution

The Contribution, if any, credited to your HRA is based on when you become eligible to retire during the year, whether your dependent is covered under the HRA, and the effective date of your HRA. In the fall of each year, USG will designate the amount of the Contribution that will be credited to your HRA for the following calendar year.

For each calendar year that you are covered under an individual Medicare supplemental health care policy purchased through Aon Retiree Health Exchange, USG will credit the full year's Contribution to your HRA as of January 1. If you become Medicare-eligible due to retirement during the year, the Contribution credited to your HRA will be prorated. For example, if your HRA is established on March 1, your Contribution will be 10/12 of the amount that would have been contributed if the HRA had been established on January 1.

If your Medicare-eligible dependent purchases an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange and meets all other eligibility requirements, an amount will be credited to your HRA for that calendar year for the dependent. If, after your Medicare-eligible dependent purchases an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange, he or she terminates that coverage, the Contribution USG made to your account for that dependent will not be forfeited, but no further Contributions for your Medicare-eligible dependent will be made to your HRA.

Call the Aon Retiree Health Exchange if you have questions about how your HRA Contribution is determined. Your Campus Human Resources office is also a resource for your questions. For Campus Human Resources contact information, visit usg.edu/hr/officers.

Tax Information

The Contribution credited to your HRA and any expenses reimbursed generally are not taxable.

Highly Compensated Individuals

If you are a Highly Compensated Individual, HRA reimbursements may be limited or treated as taxable compensation to comply with Section 105(h) of the Internal Revenue Code (IRC), as determined by the Plan Administrator. Contact your tax advisor to determine if you are a Highly Compensated Individual and, if you are, how this impacts you.

Remaining HRA Balances

If you do not use all of your HRA during the year for reimbursement of eligible health care expenses, any unused remaining balance is automatically rolled into your next year's HRA — as long as you continue to have coverage through the Aon Retiree Health Exchange and remain eligible for a Contribution.

Forfeiting Your HRA Balance

The Contributions credited to an HRA will be forfeited in the situations described below. Contributions that are forfeited are not available to you, your Spouse, your child(ren), or your estate.

- If you have an HRA, die, and, as of the date of your death, you do not have a Surviving Spouse who was Medicare-eligible before the date of your death, your estate or a representative of your estate will have six months from the date of your death to file claims for reimbursement for any eligible expenses incurred while coverage was in force. After six months, your HRA is closed.
- If you have an HRA and die, any balance remaining in the HRA as of the date of your death is forfeited. If your Surviving Spouse is not eligible for the HRA at the time of your death, he or she will have six months from the date of your death to file claims for reimbursement for any eligible expenses incurred while coverage was in force. After six months, your HRA is closed.
- If you terminate your individual Medicare supplemental health care coverage purchased through the Aon Retiree Health Exchange, the Contributions remaining in your HRA, less any eligible reimbursable expenses, will be forfeited. (See the bullet below.)
- Any expense reimbursements (for example, benefit checks) from the HRA that are unclaimed by the close of the year following the year in which the expense was incurred are forfeited.

Note: Benefit checks are valid for 180 days after issue and then expire. However, if a benefit check expires, you may ask for the check to be reissued. There is not a deadline for requesting a reissued check.

Account Statements

You will receive an HRA Balance Reminder after January 1 of each year to confirm the annual funding has been made to your account for the year. You also will receive an HRA statement in the fourth quarter of each year showing your available balance and amounts paid to date. Your available balance and any Contribution or reimbursement history can be obtained at any time on the Aon Retiree Health Exchange website or by calling the Aon Retiree Health Exchange.

Eligible Expenses

Eligible expenses that do not exceed the balance in your HRA can be reimbursed from your HRA if the expenses are incurred during the time you participate in the HRA. Expenses that exceed the balance in your HRA as of the date on which the claim is processed will not be reimbursed.

Note: Expenses are eligible only to the extent that they are not paid for by health care coverage you have. In addition, the expenses must be incurred by an Individual participating in the HRA.

Examples of eligible expenses include, but are not limited to:

- Acupuncture;
- Alcoholism and drug abuse treatment;
- Ambulance;
- Artificial limb;
- Blood pressure monitor;
- Chiropractor;
- Christian Science practitioners;
- COBRA premiums;
- Deductibles, copayments (copays), and coinsurance;
- Dental treatment;
- Hearing aids;
- Heart defibrillators;
- Hospital expenses;
- Immigration immunizations;
- Insulin;
- Laboratory fees and X-rays;
- Health care alert programs (when accompanied by a physician's diagnosis letter);
- Pill crushers;
- Premiums for health care coverage, including premiums for individual Medicare supplemental health care policies through the Aon Retiree Health Exchange, COBRA premiums, and premiums for Medicare Part B and Part D;
- Prescription drugs;
- Psychiatric care;
- Radial keratotomy;
- Smoking drugs that require a prescription and programs to stop smoking;
- Vaccines;
- Vision care; and
- Wheelchairs.

Note: Over-the counter (OTC) medication expenses, such as pain relievers and cold medications, will be eligible for reimbursement only with your health care provider's prescription or statement of medical necessity.

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A list of expenses eligible for reimbursement under the HRA is available on the Aon Retiree Health Exchange website or by contacting the Aon Retiree Health Exchange. Also, refer to Internal Revenue Service (IRS) Publication 502, available by calling **1-800-TAX-FORM (829-3676)**. You can also access IRS Publication 502 by logging on to the IRS website at <http://www.irs.gov>. A list of eligible expenses and ineligible expenses is also available on the Aon Retiree Health Exchange website.

Reimbursement for Catastrophic Prescription Drug Expenses

Catastrophic prescription drug expenses are prescription drug expenses that exceed your annual Medicare “True Out-of-Pocket” limit and for which Medicare will not reimburse you. The Medicare “True Out-of-Pocket” limit for 2016 is \$4,850.

Once you have met your Medicare “True Out-of-Pocket” limit for prescription drug expenses and you are eligible for reimbursement of your catastrophic prescription drug expenses, USG will reimburse you dollar for dollar, separately from your HRA, for your Medicare Part D copay and coinsurance expenses.

A prescription drug expense is only eligible for reimbursement under the HRA if it is an otherwise eligible prescription drug expense under your Medicare Part D coverage.

You will receive an Explanation of Benefits (EOB) informing you that you have met your Medicare “True Out-of-Pocket” and advising of next steps on how to request reimbursement for prescription drug expenses.

Ineligible Expenses

Expenses not eligible for reimbursement from your HRA include, but are not limited to:

- Clothing;
- Cosmetic procedures;
- Cushions;
- Dental bleaching or other teeth whitening;
- Electric tooth brush replacement brushes;
- Hair transplants;
- Late payment interest;
- Lens replacement insurance;
- Missed appointment fees;

- Over-the-counter medications without your health care provider's prescription or statement of medical necessity;
- Pill bags; and
- Vitamins for general well-being.

A list of expenses not eligible for reimbursement under the HRA is available on the Aon Retiree Health Exchange website or by contacting the Aon Retiree Health Exchange. Also, refer to Internal Revenue Service (IRS) Publication 502, available by calling **1-800-TAX-FORM (829-3676)**. You can also access IRS Publication 502 by logging on to the IRS website at <http://www.irs.gov>. A list of eligible and ineligible expenses is also available on the Aon Retiree Health Exchange website.

Additional Information About Expenses

If you terminate coverage purchased through Aon Retiree Health Exchange, neither you nor your Spouse (or disabled Child age 65 or over, if applicable) will be eligible for any reimbursement of expenses incurred after the date on which coverage is terminated.

End of Participation

When Participation Ends

Retirees

Your participation in the HRA ends on the earliest of the date on which:

- You die;
- You stop being eligible for the HRA for any reason;
- You are no longer enrolled in an individual Medicare supplemental health care plan through the Aon Retiree Health Exchange; or
- The HRA is terminated.

Dependents

Your Spouse

Your Spouse's participation in the HRA ends on the earliest of the date on which:

- You and your Spouse are divorced (subject to COBRA);
- Your Spouse dies;
- Your Spouse is no longer Medicare-eligible;
- Your Spouse no longer meets the HRA's eligibility requirements;
- Your Spouse is no longer enrolled in an individual Medicare supplemental health care plan through Aon Retiree Health Exchange or
- The HRA is terminated.

Your Disabled Child Age 65 or Over

If your disabled Child age 65 or over who is Medicare-eligible participates in the HRA, his or her participation will end on the earliest of the date on which:

- Your disabled Child dies;
- Your disabled Child is no longer Medicare-eligible;
- Your disabled Child no longer meets the HRA's eligibility requirements;
- Your disabled Child is no longer enrolled in an individual Medicare supplemental health care plan through the Aon Retiree Health Exchange; or
- The HRA is terminated.

Reimbursement After Your Death

If you die while a Participant in the HRA, reimbursement from your HRA is not available for expenses incurred after your death. However, if your Surviving Spouse is not eligible for the HRA, he or she may request reimbursement of eligible health care expenses incurred before your death (up to your remaining HRA balance) and while you were participating in the HRA, as long as a request for reimbursement is filed within six months following the date of your death. Requests for reimbursements filed after the six-month period will be denied.

If you die while participating in the HRA and your Medicare-eligible Surviving Spouse is participating in the HRA at the time of your death, your eligible Surviving Spouse will become the HRA holder as long as he or she continues to meet eligibility requirements. Your Surviving Spouse will continue to receive a Contribution to the HRA — if he or she continues to meet the eligibility requirements — until the earlier of his or her death or the termination of the Plan.

Your eligible disabled Child age 65 or over will also continue to receive an annual Contribution under your Surviving Spouse's HRA for as long as the Child and your Surviving Spouse are eligible for an HRA. As long as your disabled Child age 65 or over remains eligible under the HRA, Contributions to the HRA for this child may be continued and a survivor account will be established in the Medicare-eligible Child's name if your Surviving Spouse dies or ceases to be eligible for an HRA.

Surviving Spouse (or Disabled Child) Under Age 65

If your Surviving Spouse (or disabled Child) is under age 65 and participating in the USG Group Health Care Plan at the time of your death, he or she will be eligible to participate in the HRA when this individual reaches age 65, becomes Medicare-eligible, and has had continuous coverage under the USG Group Health Care Plan. Additionally, your Surviving Spouse (or disabled Child) must meet the following criteria. He or she:

- Enrolls in an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange as of the later of January 1, 2016 or the first day of the month in which he or she turns age 65;
- Is Medicare-eligible; and
- Otherwise remains eligible for participation in the HRA.

Continuing Coverage Under COBRA

Divorce

If you and your Spouse divorce, your former Spouse may have rights to a portion of the balance of the HRA as of the date of the divorce to the extent allowed under COBRA. He or she will not have any rights to future Contributions to your HRA. For more information, contact USG.

COBRA Notification

A notice regarding COBRA rights will be sent to you when you become eligible under the HRA. Your former Spouse will also receive this notice at the time of divorce or loss of eligibility and again at the end of the COBRA continuation coverage period.

Electing COBRA Coverage

Your former Spouse will receive notification that continuation of coverage under COBRA is available. Upon notification, he or she will receive a more detailed explanation of COBRA rights and an application form.

When COBRA Coverage Ends

COBRA continuation coverage under the HRA will end on the earliest of the following:

- The date on which the payment is due (except for the first premium) if payment is not made within 30 days of the due date;
- The last day of the COBRA coverage period;
- The date on which USG terminates the HRA; or
- The date on which the Individual obtains coverage under another group health plan.

Claims Information

Deadline for Claims

You have six months to file requests for reimbursement after you are no longer eligible for the HRA. The six-month deadline does not apply to you, as long you remain eligible to receive Contributions to your HRA.

How to Get Expenses Reimbursed

Aon Hewitt (the Claims Administrator) administers the HRA for USG through Your Spending Account (YSA). Reimbursements are issued from a YSA bank account operated by UMB.

Auto-Reimbursement

During your enrollment call with the Aon Retiree Health Exchange, the representative will explain the auto-reimbursement process to you. In most cases, you are automatically enrolled in “auto-reimbursement” when you initially purchase an individual Medicare supplemental health care policy through Aon Retiree Health Exchange. (See the note below.) Once you have paid your premium, your premium will automatically be reimbursed to you from your HRA — up to the current balance. If you prefer not to be enrolled in auto-reimbursement or decide to cancel auto-reimbursement in the future, when you call the Aon Retiree Health Exchange, ask to be transferred to YSA.

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Note: Most individual Medicare supplemental health care policy providers offer the auto-reimbursement option. If you enroll with a health care provider that does not offer this option, you will need to submit a request for reimbursement of premiums.

If you do not want the auto-reimbursement feature when you enroll in an individual Medicare supplemental health care policy through the Aon Retiree Health Exchange for the first time, contact the Aon Retiree Health Exchange when you enroll. You may also decline auto-reimbursement in the future by contacting the Aon Retiree Health Exchange.

Filing a Form for Reimbursement

You may request reimbursement for eligible expenses by completing and filing the Your Spending Account Claim Form.

This form can be obtained by going online to the Aon Retiree Health Exchange. If you do not have online access, contact the Aon Retiree Health Exchange.

Through the Your Spending Account program, you benefit from many conveniences that make submitting claims and getting reimbursed as effortless as possible.

Here is how:

- Reimbursement requests are processed daily;
- You can receive your money even faster by faxing your claim form and copies of receipts to the dedicated fax number at **1-888-211-9900** (although you do have the option of mailing the claim form and copies of receipts to the address listed on the claim form and below) or uploading your claims on the site; and
- You will be reimbursed by check. However, for faster reimbursement, you may sign up to have reimbursements electronically deposited to your bank account. With electronic reimbursement, these funds are immediately available to you; you do not need to wait for a check to clear.

Note: Banking laws do not permit electronic deposit (direct deposit) to international bank accounts. (This does not apply to U.S. territories such as Puerto Rico.)

Claims Process for Reimbursement

To make a claim for reimbursement, you *must* complete the Your Spending Account Claim form, which includes signing the form verifying the expenses have not been reimbursed by another policy or plan and dating the form. (In this SPD, a “claim for reimbursement” from your HRA for eligible expenses incurred by either you, your Spouse, or by your eligible Child is referred to as “your claim.” A “claim” is a written request for benefits.)

You must also include supporting documentation with your claim form, showing the following:

- Premium amount(s) paid;
- Coverage period start date (typically the first day of the month); and
- Proof of payment.

Common documents may include:

- Bank statements;
- Copies of mailed checks; and
- Statements provided by your insurance carrier.

When submitting a claim for reimbursement of your out of pocket expenses, your supporting documentation should include the following:

- Type of service;
- Date of service;
- Service provider;
- Whom the service is for; and
- Requested reimbursement amount.

Note: Verbal or handwritten information for general merchandise, illegible receipts, credit card receipts, and statements with a forwarding balance will not be accepted.

Submit your claims directly to the Claims Administrator:

Aon Hewitt — Your Spending Account
P.O. Box 785040
Orlando, FL 32878-5040

OR

Fax # **1-888-211-9900**

Receiving Reimbursements

You can request and receive reimbursements for your or your eligible Spouse's eligible health care expenses up to your current HRA balance. This includes eligible expenses incurred by your qualified tax dependent who is not eligible for or enrolled in individual health care coverage through the Aon Retiree Health Exchange.

Note: Only eligible expenses incurred while the Individual is participating in the HRA are reimbursable.

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Appeals Process

In this SPD, a claim for reimbursement from your HRA of eligible expenses received by you, your Spouse, or by one of your eligible Dependents is referred to as “your claim.” An “appeal” is a written request for benefits for a claim that has been denied.

If you file a claim for reimbursement and one or more of your expenses are not reimbursed, you or the person you have designated as your authorized representative may file an appeal using the following procedures.

Filing an HRA Reimbursement Appeal

If your claim for reimbursement is denied, you must submit a written request, with supporting documentation, to Claims and Appeals Management (the Appeal Reviewer).

Once you have filed an appeal, Claims and Appeals Management will notify you of its decision as soon as possible, but no later than 30 days after receipt of your appeal. If you do not follow the required procedures for filing an appeal, Claims and Appeals Management will notify you and explain the proper procedures to follow in filing your appeal.

If Claims and Appeals Management needs more information to process your appeal, within 30 days after receiving your appeal, Claims and Appeals Management will notify you, in writing, of the specific information required and the date when you can expect a determination. You will have 45 days to provide the additional information. The determination period to respond to your claim will be suspended as of the date Claims and Appeals Management sends the notice and will resume again once you have provided the additional information. This determination date will be no later than 45 days after the date you filed your initial appeal.

If you do not provide the requested information within the specified timeframe, Claims and Appeals Management will decide the claim without the requested information.

If Claims and Appeals Management, due to reasons beyond its control, determines that extra time is required to process your appeal, it will notify you, in writing, of the reasons for the extension and the new due date for Claims and Appeals Management’s response to your appeal. Claims and Appeals Management will notify you of the extension within 30 days after its initial receipt of your appeal. The new due date will be no later than 45 days after the date you filed your initial appeal.

If Your Appeal Is Denied

If your appeal is denied, in whole or in part, Claims and Appeals Management will send you a written notice of its decision including:

- The specific reason(s) for the denial of the appeal;
- Reference to the specific HRA provision(s) on which the denial is based;

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- A description of any additional information necessary for your claim to be granted, as well as an explanation of why such information is necessary;
- If applicable, a copy of the internal rule, guideline, or protocol that was relied upon to make the determination for your appeal; and
- If the appeal is denied based upon a medical necessity or experimental treatment or similar exclusion limitation, an explanation of the scientific or clinical judgment relied upon.

Appealing Your Adverse Determination

If your appeal is denied, you will have 180 days following the receipt of the denial notice to file a written appeal with Claims and Appeals Management.

You may submit your Level II Appeal in writing or by fax to Claims and Appeals Management, USG will review the facts, the reasons for the claim decision, and the information you have provided. USG will respond, in writing, within 60 days following the receipt of your Level II Appeal.

The following procedures will apply in considering your Level II Appeal:

- You may submit written comments, documents, records, and other information relevant to your claim.
- Upon request, you will be provided (free of charge) copies of all Claims and Appeals Management's documents, records, and other information relevant to your appeal.
- The review of your Level II Appeal will consider all comments, documents, records, and other information you submit on the Level II Appeal and will not afford deference to the initial denial of your claim.
- USG will notify you, in writing, of its decision of your appeal as soon as possible, but no later than 60 days after its receipt of your Level II Appeal request. If USG determines that an extension of time for processing the Level II Appeal is needed, it will notify you of the reasons for the extension and the extended due date before the end of the 60-day period.

If Your Level II Appeal Is Denied

If your Level II Appeal is denied, you will receive written notice of the decision, including the following information:

- The specific reason(s) for the denial of the Level II Appeal;
- Reference to the specific HRA provision on which the denial is based; and
- If applicable, a copy of the internal rule, guideline, or protocol that was relied upon to make the Level II Appeal determination.

Upon request to USG, you will also be provided (free of charge) copies of all of the documents, records, and other information relevant to your claim.

Administrative Information

Discretionary Authority of the Plan Administrator

The Board of Regents of the University System of Georgia (the Plan Administrator) has responsibility for the interpretation and construction of the HRA and final authority for the operation and administration of the HRA, including its day-to-day operation and administration. The Plan Administrator has the power and the duty to take all actions and to make all decisions necessary or proper to carry out its responsibilities, powers, and duties under the HRA. All determinations of the Plan Administrator as to any question involving its responsibilities, powers, and duties under the HRA, including interpretation of the HRA or as to any discretionary actions to be taken under the HRA are solely at the discretion of the Plan Administrator and are final, conclusive, and binding on all persons claiming to have any right or interest in or under the HRA.

In addition to any implied powers and duties, the specific powers and duties of the Plan Administrator include the power and duty to:

- Determine the eligibility of any Individual to participate in the HRA and the amount of Contributions, if any, an Individual is eligible for under the HRA;
- Determine when, to whom, in what amount, and in what form reimbursements are to be made under the HRA;
- Construe and interpret the terms and provisions of the HRA and all documents which relate to the HRA and to decide any and all matters arising there under, including the right to remedy possible ambiguities, inconsistencies, or omissions;
- Investigate and make such factual or other determinations as will be necessary or advisable for the administration of the HRA or for the determination of benefits under the HRA;
- Make and enforce such rules and regulations as it deems necessary or proper for the efficient administration of the HRA;
- Review benefit claims and approve or deny any such benefit claims;
- Appoint such agents, counsel, accountants, Consultants, and other persons as may be required to assist in administering the HRA; and
- Allocate and delegate its responsibilities under the HRA and to designate other persons to carry out any of its responsibilities under the Plan.

Discretionary Authority of USG

USG has responsibility for reviewing, and the powers and duty to review, appeals of adverse benefit determinations by the Plan Administrator. USG will have the power and the duty to take all actions and to make decisions necessary or proper to carry out its responsibility, powers, and duty under the HRA.

January 1, 2016

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Monday through Friday from 9 a.m. to 9 p.m. Eastern time (except holidays)

All USG determinations as to any question involving its responsibility, powers, and duties under the HRA, including, without limitation, interpretation of the HRA or as to any discretionary items to be taken under the HRA, will be solely at USG' discretion and will be final, conclusive, and binding on all persons claiming to have any right or interest in or under the HRA.

Note: Benefits under the HRA will be paid only if USG decides, in its discretion, that you are entitled to them.

In addition to any implied powers and duties USG has, to carry out its responsibilities under the HRA, USG also has, in connection with such responsibilities, the power and duty to:

- Construe and interpret the terms and provisions of the HRA and all documents related to the HRA and to decide any and all matters arising under the HRA consistent with such responsibility; and
- Investigate and make factual or make other determinations necessary or advisable for the resolution of appeals of adverse determinations.

Clerical Error

A clerical error or other administrative error does not create benefits under the HRA. You are responsible for the accuracy of information pertaining to your participation in the HRA including, but not limited to, your birthday, address, and Social Security Number. It is your responsibility to confirm the accuracy of statements made by USG or its designees that are based on such information and to promptly report errors to the Plan Administrator.

Plan Funding and Administration

No funding medium of any kind is used for the accumulation of HRA assets, and no insurance company, trust fund, or any other institution maintains a fund through which the HRA is funded or account reimbursements are provided. Aon Hewitt (through its Your Spending Account program) acts as a third-party Claims Administrator (the Third Party Administrator [TPA]) that USG has hired to process claims. The activities of the TPA may include receiving, processing, and evaluating your claim, billing USG for the amount due under your claim, and paying your claim. The TPA does not guarantee the payment of any claims under the HRA in any contract or insurance policy. USG is ultimately responsible for the payment of your claims.

Future of the HRA

USG reserves the right to amend or terminate the HRA at any time and for any reason. If the HRA is terminated, you will not be reimbursed for any expenses incurred on or after the HRA termination date, and you will need to file requests for reimbursement for expenses incurred before the termination date by the filing deadline established by the Plan Administrator. The Claims Administrator will not accept reimbursement requests filed after the deadline. Contributions, if any, that remain credited to any HRA after timely filed requests for reimbursement have been processed will be the sole property of USG.

January 1, 2016

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Nonassignment of Benefits

Assignment or alienation of any reimbursements provided by the Plan will not be permitted or recognized except as otherwise required by applicable law. This means that, except as required by applicable law, reimbursements provided under the HRA are not subject to sale, assignment, anticipation, alienation, attachment, garnishment, levy, execution, or any other form of transfer.

Additional Administrative Details

Name of the Plan

USG Retiree Health Reimbursement Account

Plan Sponsor

Board of Regents of the University System of Georgia
270 Washington Street S.W.
Atlanta, GA 30334

Plan Administrator

Board of Regents of the University System of Georgia
270 Washington Street S.W.
Atlanta, GA 30334

1-404-962-3130

Claims Administrator

Aon Hewitt
Your Spending Account
P.O. Box 785040
Orlando, FL 32878-5040

1-877-458-9656

Appeal Reviewer

Claims and Appeals Management
P. O. Box 1407
Lincolnshire, IL 60069-1407

Plan Year

The Plan Year is the calendar year (January 1 through December 31).

January 1, 2016

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Employer Identification Number

58-6002348

Agent for Service of Legal Process

Legal process regarding the HRA may be served on:

University System of Georgia

Attn: Legal Affairs

270 Washington St. S.W.

Atlanta, GA 30334

Service may also be made on the Plan Administrator named above.

January 1, 2016

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Glossary

Appeal Reviewer

Aon Claims and Appeals Management (Level I)

USG (Level II).

Child(ren)

An age 65 or over disabled (as defined by Medicare) biological Child, stepchild, legally adopted Child, Child placed for adoption, foster Child, Child for which the you or your eligible Spouse is the legal guardian, as long as the Child is claimed as a federal tax exemption by you or your eligible Spouse, or the Child is covered under a Qualified Medical Child Support Order (QMCSO).

A disabled dependent child is only eligible for the HRA if he or she has the qualifying conditions for dependent disabled child benefits under Medicare.

Claims Administrator

Aon Hewitt, the company that administers the HRA for USG through Your Spending Account (YSA).

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

Contribution

The amount, in U.S. dollars, determined annually in the sole discretion of the Plan Administrator and credited to a Participant's HRA.

Highly Compensated Individual

An Individual defined under Section 105(h) of the Internal Revenue Code (IRC), as amended, as a "Highly Compensated Individual."

HRA

The USG-funded non-interest-bearing recordkeeping account under the HRA established for a Medicare-eligible retiree and his or her eligible Spouse (and eligible disabled Child age 65 or over, if applicable).

Individual

The retiree or his or her Spouse (or eligible disabled Child age 65 or over, if applicable) participating in or eligible for the HRA, depending on its usage within this SPD.

January 1, 2016

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Medicare

The program administered by the United States government, providing health insurance coverage to people who are age 65 or over, to those who are under age 65 and are permanently physically disabled or who have a congenital physical disability, and to those who meet other special criteria.

Medicare-eligible

An Individual who is eligible for Medicare.

Participant(s)

A Medicare-eligible retiree who meets the USG retiree health care and HRA eligibility requirements or, if the retiree is not Medicare-eligible and, therefore, not covered under the HRA, the eligible Spouse or eligible Surviving Spouse, as the case may be, of the retiree, in each case, who is eligible for the HRA and for whom an HRA has been established. A Participant may also be an eligible disabled Child age 65 or over.

Pre-Medicare

Not eligible for Medicare.

Retirement Date

The effective date on which your retirement from USG begins, following the end of your employment with USG.

Spouse

An Individual who is legally married, as determined under applicable state law, to a Participant or a Pre-Medicare retiree. A spouse is only eligible for the HRA if he or she has met the qualifying conditions for spouse benefits.

Surviving Spouse

An Individual who was the Spouse of a Participant or a Pre-Medicare retiree as of the date of the retiree's death. A surviving spouse is only eligible for the HRA if he or she has met the qualifying conditions for surviving spouse benefits.

USG Group Health Care Plan

Effective January 1, 2016, the retiree health care plan sponsored by USG, that is available to eligible retired Employees and their eligible Spouses and dependents who are under age 65.

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January 1, 2016

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