



University System
of Georgia **Benefits**



Centered
on **YOU**

2022
USG COMPARISON GUIDE



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Welcome to USG!



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





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 you can cover, and how to enroll.

Eligibility

Regular employees working 30 hours or more per week are eligible to enroll in the USG healthcare or voluntary benefits 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 benefit programs that you and your eligible dependents can participate in. See the eligibility chart below for more details.

USG benefits eligibility chart					
Benefit	Regular (30 hours or more)	Regular (20-29 hours)	Regular (less than 20 hours)	Temporary (30 hours or more)	Temporary (20-29 hours)
Healthcare, dental, vision (Pretax)	●				
Basic life insurance with accidental death and dismemberment (AD&D)	●				
Supplemental life insurance	●				
Dependent life insurance	●				
AD&D	●				
Long-term disability	●				
Short-term disability	●				
Flexible Spending Account	●				
Health Savings Account	●				
Employee Assistance Program	●	●			
USG Well-being Program*	●	●	●	●	●
Accident Plan	●				
Hospital Indemnity Plan	●				
Critical Illness Plan	●				
Identity protection	●				
Pet insurance	●	●	●	●	●
Purchasing Power	●	●		●	
Perks at Work	●	●		●	●
529 College Savings Plan	●	●	●	●	●
Tuition reimbursement	●				
Mandatory retirement	●	●			
403(b) and 457(b)	●	●	●	●	●

*Daily live event and campus programming is available to all, regardless of how many hours worked. However only employees enrolled in a USG Healthcare plan are eligible to earn well-being credits.

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
- Your disabled child(ren) over the age of 26 with proof of disability

When you first enroll or if you change coverage mid-year 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 of eligibility documentation	
	Documentation needed
Your legal spouse	You must provide two: Marriage certificate and proof of joint debt (for example, financial or residential documents).
Your child(ren), 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	For disabled dependents enrolling in the healthcare plan, the child must be disabled prior to age 26 in order to be eligible for coverage.

If you are adding a dependent due to a qualifying mid-year 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 spouses 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 your healthcare and voluntary benefits. If you do not elect benefits within your first 30 days, you will not have coverage and your next opportunity to enroll will be during the next Open Enrollment period, unless you experience a qualifying life event.

With a few exceptions, your coverage will become effective the first day of the month following your date of hire (unless you become benefits-eligible on the first of the month, in which case your coverage would begin immediately).

Because your contributions to your flexible spending account (FSA) or health savings account (HSA) cannot be retroactive, they will become 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) voluntary savings plan at any time during the year.

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.

USG healthcare plan surcharges



Tobacco surcharge

Employees enrolled in a USG healthcare plan must certify their spouse and their covered dependents' (age 18+) tobacco user status upon initial enrollment and annually each enrollment period. Employees who certify that they are a tobacco user will incur an additional \$100 per month for each tobacco user age 18+. Additionally, employees who do not complete their tobacco user certification each year, through OneUSG Connect- Benefits will be subject to the \$100 surcharge.

'Tobacco user' refers to the use of 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 tobacco, such as hookahs, or simulate the use of tobacco, such as electronic cigarettes.



Resources to help you quit

We know it's not easy to quit, but we'll give you the support you need. Therefore, a reasonable alternative is made available during the certification process for individuals who want to quit using tobacco. The opportunity allows 90 days to complete a tobacco cessation program.

Tobacco cessation programs are available at no cost to you and your dependents. Please contact these helpful resources to help you quit:

- **Georgia Tobacco Quit Line: 877-270-7867**
- **Kaiser Permanente: 866-862-4295**
- **Virgin Pulse:** Schedule by going to the USG Well-being platform. Select Programs > Coaching by phone with Virgin Pulse > Start Now > Be Tobacco-Free.

If you quit using tobacco or complete a cessation program, you must update your tobacco user status with OneUSG Connect – Benefits within 90 days of your cessation election.



Working spouse surcharge

To keep costs as low as possible for all of our employees and the State of Georgia's taxpayers, the USG will apply a \$100 per month working spouse surcharge for employees who choose to cover their spouse under a USG healthcare plan, if the employee's spouse works for another employer and receives an offer of coverage from that employer. The working spouse surcharge does not apply to USG retirees.

The working spouse surcharge applies if your spouse:

- Works for any employer other than the USG and has an offer of other coverage from that employer where the employer makes a contribution to the cost of the healthcare coverage. Non USG employers include private sector organizations, the State of Georgia, and/or other government agencies.

The working spouse surcharge does not apply if your spouse:

- Works for the USG.
- Is covered under COBRA and/or is eligible or enrolled in Medicare or TRICARE.
- Is unemployed, self-employed, or ineligible for healthcare coverage.
- Has healthcare available through their employer but the employer does not contribute to insurance.

During benefits enrollment, employees who elect to cover a spouse in the USG healthcare plan will be required to complete the working spouse certification through OneUSG Connect – Benefits. This certification is required upon initial enrollment and annually during each open enrollment period. Employees who cover a spouse with an offer of other coverage or who do not certify their working spouse status will have the \$100 surcharge applied. Refunds will not be given.

If you have questions or need to update your surcharge certifications, please visit oneusgconnect.usg.edu or call the OneUSG Connect – Benefits Call Center at 844-5-USGBEN (844-587-4236).



Managing your benefits

After your initial benefit elections, you may only change your benefit elections during the Open Enrollment period, unless you experience a qualifying life event, as defined by IRS 125 guidelines. The most common life events are listed below:

- Birth and adoption of a child (including stepchildren and legally placed foster children)
- Death of a covered dependent
- Marriage or divorce
- Change in employment status that impacts benefits eligibility (for covered employee and eligible dependents)

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

How to make benefit changes

If you experience a qualifying life event, benefit updates must be completed within **30 days** of the life event.



Visit oneusgconnect.usg.edu, select **Manage My Benefits**, and select the **Change Your Coverage** tile, or you can call OneUSG Connect - Benefits Call Center at **844-587-4236**. 8 a.m. - 5 p.m., ET, Monday - Friday.

You may be required to provide documentation to support the Life Event change and dependent status if adding new dependents.

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

The OneUSG Connect - Benefits Call Center offers translation services for all calls in over 160 languages.

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

USG Healthcare Plans

The University System of Georgia offers four comprehensive healthcare options. Regardless of the plan you choose, each plan protects you and your family's health. The main differences between the plans comes down to things like how much you pay when you get care, how much you pay each paycheck, and how much flexibility you have in choosing providers and where you can receive care.

Consumer Choice HSA

This plan has the lowest monthly premium but the highest deductible. With this plan, you pay 100% of cost up to the deductible before the plan's coinsurance kicks in, except for in-network preventative care. This plan also provides in- and out-of-network coverage and access to a pretax Health Savings Account (HSA), with an employer HSA match.



BlueChoice HMO

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



Comprehensive Care

This is a traditional healthcare plan with deductibles, copays, and coinsurance. This plan offers a great deal of flexibility as it does not require a primary care physician (PCP) or referral to see specialists. Additionally, it provides both in-network and out-of-network coverage. There is a separate out-of-pocket maximum for medical and pharmacy benefits.

Kaiser Permanente HMO

See page 24 in this booklet for information about the Kaiser HMO plan.

2022 premium rates for active employees

	2022 monthly plan costs			
	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Employee only	\$83.20	\$193.34	\$228.32	\$171.64
Employer	\$473.12	\$473.12	\$473.12	\$383.42
Total rates	\$556.32	\$666.46	\$701.44	\$555.06
Employee + child(ren)	\$176.64	\$374.92	\$437.88	\$329.30
Employer	\$824.72	\$824.72	\$824.72	\$669.82
Total rates	\$1,001.36	\$1,199.64	\$1,262.60	\$999.12
Employee + spouse	\$206.12	\$437.42	\$510.88	\$384.18
Employer	\$962.16	\$962.16	\$962.16	\$781.46
Total rates	\$1,168.28	\$1,399.58	\$1,473.04	\$1,165.64
Family	\$294.44	\$624.88	\$729.82	\$548.84
Employer	\$1,374.52	\$1,374.52	\$1,374.52	\$1,116.38
Total rates	\$1,668.96	\$1,999.40	\$2,104.34	\$1,665.22

Healthcare Questions?

For employees enrolled in a USG Anthem Healthcare plan, you continue to have the flexibility to see the doctors you want, with the added support of an Accolade personal healthcare assistant who will help answer your questions, coordinate care, and support you along your healthcare journey. Your Accolade health assistant is your single point of contact for all your healthcare and pharmacy questions!

Important note: Surcharge certifications

Please be advised that when you certify your tobacco use or working spouse status, you are attesting that the information is true and correct to the best of your knowledge. USG expects employees to uphold the highest standards of intellectual honesty and integrity, in compliance with the USG Ethics policy. Therefore, you should respond honestly in regards to your status. If you knowingly and willfully make a false or fraudulent statement to the 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 nor more than five years, or both.

2022 premium rates for pre-65 retirees

Non-Medicare eligible	2022 monthly plan costs			
	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Non-Medicare retiree only	\$83.20	\$193.34	\$228.32	\$171.64
Non-Medicare spouse only	\$122.92	\$244.08	\$282.56	\$212.54
Child(ren)	\$93.44	\$181.58	\$209.56	\$157.66
Non-Medicare retiree + child(ren)	\$176.64	\$374.92	\$437.88	\$329.30
Non-Medicare spouse + child(ren)	\$216.36	\$425.66	\$492.12	\$370.20
Non-Medicare retiree + non-Medicare spouse	\$206.12	\$437.42	\$510.88	\$384.18
Family (non-Medicare retiree + non-Medicare spouse + child(ren))	\$294.44	\$624.88	\$729.82	\$548.84
Family (non-Medicare retiree + child(ren))	\$176.64	\$374.92	\$437.88	\$329.30
Family (non-Medicare spouse + child(ren))	\$216.36	\$425.66	\$492.12	\$370.20

Pre-65 Medicare eligible	2022 monthly plan costs			
	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Pre-65 Medicare retiree or Pre-65 Medicare spouse only or Pre-65 Medicare child +26 yrs old	\$83.20	\$169.17	N/A	\$136.00
Pre-65 Medicare retiree or Pre-65 Medicare spouse + child(ren)	\$176.64	\$350.75	N/A	\$293.66
Non-Medicare retiree + Pre-65 Medicare spouse	\$166.40	\$362.51	\$510.88	\$307.64
Pre-65 Medicare retiree + Pre-65 Medicare spouse	\$166.40	\$338.34	N/A	\$272.00
Family (non-Medicare retiree + Pre-65 Medicare spouse + child(ren))	\$259.84	\$544.09	\$729.82	\$465.30
Pre-65 Medicare retiree + non-Medicare spouse	\$206.12	\$413.25	N/A	\$348.54
Family (pre-65 Medicare retiree + Non-Medicare spouse + child(ren))	\$299.56	\$594.83	N/A	\$506.20
Family (pre-65 Medicare retiree + child(ren))	\$176.64	\$350.75	N/A	\$293.66
Family (pre-65 Medicare spouse + child(ren))	\$176.64	\$350.75	N/A	\$293.66
Family (pre-65 Medicare retiree + Pre-65 Medicare spouse + child(ren))	\$259.84	\$519.92	N/A	\$429.66



Important note:

All Pre-65 Medicare eligible retirees and dependents will remain on the USG healthcare plans until they reach age 65. At age 65, they will move to the Aon Exchange where Medicare will become their primary health plan.

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



2022 healthcare benefits at a glance

	Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO	
	In network	Out of network	In network	Out of network	In network	In network	
Lifetime maximum	Unlimited		Unlimited		Unlimited	Unlimited	
Network name	Open Access POS		Open Access POS		BlueChoice HMO	Kaiser facilities	
Deductible: All services are subject to the deductible unless otherwise indicated							
Employee only	\$2,200	\$4,400	\$750	\$2,250	None	None	
Employee + 1 (spouse or child)	\$4,400	\$8,800	\$1,500	\$4,500			
Employee + 2 or more covered members	\$4,400	\$8,800	\$2,250	\$6,750			
Maximum annual out-of-pocket limit							
Employee only	\$4,000	\$8,000	\$1,750	\$5,250	\$5,500	\$6,350	
Employee + 1 (spouse or child)	\$4,000	\$16,000	\$3,500	\$10,500	\$9,900	\$12,700	
Employee + 2 or more covered members	\$8,000	\$16,000	\$3,500	\$10,500	\$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 20.		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 20.		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 services apply toward the annual medical OOP. The prescription drug benefits have a separate out-of-pocket limit. See page 20.		Member copays for physician office visit services, inpatient admission, ER visits, and pharmacy copays apply toward the annual out-of-pocket. See page 26.
Pre-existing 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 uses Blue Cross Blue Shield Global Core® at 800-810-2583.				Emergency care only	You're covered for emergency and urgent care anywhere in the world. Call the new Away From Home Travel Line from both inside and outside the U.S. at 951-268-3900 for assistance before, during, and after travel.	
Primary care physician/referral required	No		No		Yes	No	

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.

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

2022 healthcare benefits at a glance *(Continued)*

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Physician services provided in an office or virtual setting					
Primary care physician visit					
80%	60%	100% after \$20 copay per visit; not subject to deductible; \$20 copay applies to office visit service only	60%	Plan pays 100% after \$35 copay	Plan pays 100% after \$20 copay
Retail health clinics					
80%	N/A	Plan pays 100% after \$15 copay	N/A	Plan pays 100% after \$15 copay	N/A
LiveHealth Online visit					
80%; \$59 prior to deductible	N/A	Plan pays 100% for the first 3 visits; then 100% after \$15 copay per visit	N/A	Plan pays 100% for the first 3 visits; then 100% after \$15 copay per visit	Plan pays 100%; no visit limit
Wellness/preventive care* (calendar year)					
Paid at 100%; not subject to deductible	Paid at 60%; not subject to deductible	Paid at 100%; not subject to deductible	Not covered; noncovered charges do not apply to annual deductible or annual out-of-pocket maximum	Plan pays 100%	Plan pays 100%
Routine eye exam with ophthalmologist or optometrist					
Paid at 100%; not subject to deductible	Paid at 60%; not subject to deductible	Paid at 100%; not subject to deductible	Not covered; noncovered charges do not apply to annual deductible or annual out-of-pocket maximum	Not covered	Plan pays 100% after \$35 copay to Optometrist
Specialist visit					
80%	60%	100% after \$35 copay per visit; not subject to deductible; \$35 copay applies to office visit service only	60%	100% after \$70 copay	100% after \$35 copay
Laboratory services					
80% when lab is LabCorp	60%	90% when lab is LabCorp	60%	100% when lab is LabCorp	100% covered in Kaiser Permanente medical office; \$100 copay in outpatient setting
Maternity care					
80%	60%	90% after an initial visit copay of \$20; not subject to deductible; no copays charged for subsequent visits	60%	All physician charges related to prenatal, delivery and postpartum care covered at 100% after an initial copay of \$70 at first office visit	Prenatal and first postpartum visit covered at 100%
Surgery in office					
80%	60%	90%	60%	100% after \$70 copay	100% after \$35 copay in Kaiser Permanente medical office; \$100 copay in outpatient setting

* Preventive 3-D mammograms are covered by Anthem.

* For at-home colon cancer screening test options, please call the number on the back of your ID card.

2022 healthcare benefits at a glance *(Continued)*

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Allergy testing					
80%	60%	90%	60%	100% after \$70 copay	100% after \$35 copay
Allergy shots & serum					
80%	60%	100%; not subject to deductible if a physician is seen, the visit is treated as an office visit and subject to the \$35 copay per visit.	60%	100% after \$70 copay	100% after \$35 copay; \$0 copay for serum
Inpatient hospital services – 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% limited to semi-private room	60%	100% after \$500 copay	100% after \$250 copay
Maternity delivery					
80%	60%	90%	60%	100% after \$500 copay	100% after \$250 copay
Laboratory services (LabCorp is in network)					
80%	60%	90%	60%	100%	100%
Skilled nursing facility					
80%	60%	90%	60%	100%; 30-day limit per calendar year	100%; 60-day limit per calendar year
30 days per calendar year combined in network and out of network		30-day calendar-year maximum combined in network and out of network			
Hospice care					
100%	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 \$250 copay	100% after \$100 copay

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.

2022 healthcare benefits at a glance *(Continued)*

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Care in hospital Emergency Room					
80%	80%	90% after a \$250 copay per visit; subject to deductible; copay waived if admitted within 24 hours	90% after a \$250 copay per visit; subject to deductible; copay waived if admitted within 24 hours	100% after \$300 copay	100% after \$250 copay
Ambulance services (land or air ambulance for medically-necessary emergency transportation only)					
80%	60%	90%; subject to in-network deductible		100%	100% after \$75 copay per trip
Urgent care services					
80%	60%	100% after \$35 copay; not subject to deductible	60%	100% after \$70 copay	100% after \$30 copay
Subject to balance billing for nonparticipating providers; balance bill amounts will not apply to the deductible or out-of-pocket maximum.					
Other services					
Home health					
80%	60%	90%	60%	100%; up to 120 visits	100%; 120 visits
Home nursing care					
80%	60%	90%	60%	100%	Contact plan for details
Durable medical equipment					
80%	60%	90%	60%	100%	50%
Hearing aids — children (18 years of age and under)					
80%	60%	90%	60%	100%	50%
Initial: 1 hearing aid per ear, with a limit of \$3,000 per ear Replacement: 1 hearing aid per ear every 48 months		Initial: 1 hearing aid per ear, with a limit of \$3,000 per ear Replacement: 1 hearing aid per ear every 48 months		Initial: 1 hearing aid per ear, with a limit of \$3,000 per ear Replacement: 1 hearing aid per ear every 48 months	Initial: 1 hearing aid per ear, with a limit of \$3,000 per ear Replacement: 1 hearing aid per ear every 48 months
Cochlear implants - 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 \$70 copay;	100% after \$35 copay; 20 visits
Physical, occupational, and chiropractic care: combined 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 \$35 copay; up to 20 visits for physical, occupational, and speech combined 100% after \$35 copay: up to 36 visits for Cardiac rehabilitation

2022 healthcare benefits at a glance *(Continued)*

Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser Permanente HMO
In network	Out of network	In network	Out of network	In network	In network
Behavioral health and substance abuse					
Inpatient					
80%	80%	90%	60%	100% after \$500 copay	100% after \$250 copay
Partial hospitalization					
80%	60%	90%	60%	100%	Contact plan for details.
Office visit					
80%	60%	\$20	60%	100%	Contact plan for details.
Outpatient facility					
80%	60%	90%	60%	100%	100% after \$20 copay
Intensive outpatient					
80%	60%	90%	60%	100%	Contact plan for details.
Applied behavioral analysis (ABA)/autism therapy					
80%	60%	100% after \$20 copay per office visit; refer to plan benefits above for treatment outside of office visit setting	60%	100% after \$35 copay per office visit; refer to plan benefits above for treatment outside of office visit setting	100% after \$20 copay per office visit; unlimited visits; treatment requires prior authorization
Pharmacy services					
Prescription drugs					
See page 20 .		See page 20 .		See page 20 .	See page 26 .

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.



Personalized health and benefits support from Accolade

For employees enrolled in a USG Anthem Healthcare plan, you continue to have the flexibility to see the doctors you want, with the added support of an Accolade personal healthcare assistant who will help answer your questions, coordinate care, and support you along your healthcare journey.

Your Accolade health assistant is your single point of contact for all your healthcare and pharmacy questions! They will take the time to get to know you and understand your needs, while partnering with a team of nurses, doctors, pharmacists, and claims specialists to help support you each step of the way and guide you to the right care. Whether you have questions about your benefits, need advice about a new diagnosis, scheduling an appointment, or finding the best doctor for your situation, your personal health assistant is there to help you and your family.

Occasionally, your Health Assistant may check in with you to make sure you and your family are doing well and are getting the care you need. Whether it's following up on a doctor's visit or hospital stay, or understanding a treatment plan, your Health Assistant and nurse are here to help you navigate your healthcare and make the best decisions possible.

Accolade is completely confidential and takes the hassle out of benefits for USG employees.



Call your Accolade Health Assistant and nurse at **866-204-9818**, Monday to Friday, 8 a.m. to 11 p.m. ET.



member.accolade.com
Send a secure message through the member website or the Accolade mobile app.



You can ask your Health Assistant and nurse questions like these:



What other benefit programs might help me?



When am I eligible for benefits election?



I was just diagnosed with diabetes – now what?



Why was I billed for this test?



Can you help me find an in-network provider?



What questions should I ask my doctor?

Just Ask Accolade

Accolade can help you and your family:

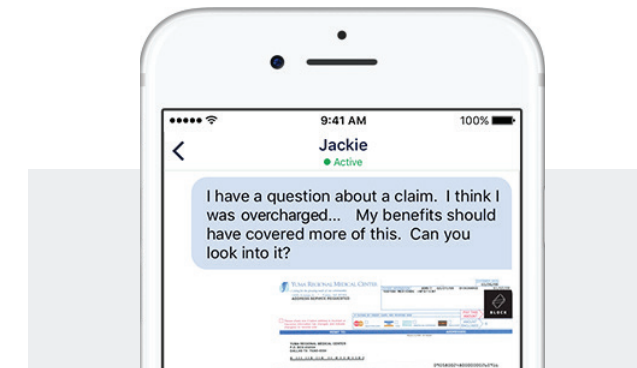
Find great doctors and healthcare facilities in your network. Speak with your Accolade Health Assistant or use the **Find Care** tool on your Accolade member portal or mobile app, for help finding an in-network doctor who is experienced in the care you need and meets your preferences on location, gender, language and more.

Get personalized support from someone who knows your USG benefits, inside and out. Not only can your Accolade Health Assistant help you understand your healthcare plan, but they can also educate and connect you with all of your other USG benefit plans, programs and resources.

Get the guidance and answers you need to make an informed decision about your healthcare. Talk to Accolade's team of nurses, doctors, and pharmacists about symptoms, medications, new diagnosis, or ongoing conditions and treatment options. They can also provide you with questions to ask your doctor so you can make an informed decision about your medical care and treatment options.

Save money, time and stress. Your Accolade Health Assistant understands the healthcare system and can help you get the information you need to make the best decisions for you and your family. From choosing a health plan to finding a lower price for your prescription, ask Accolade.

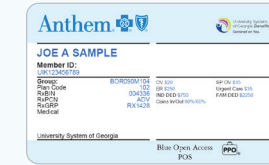
Understand coverage and costs. Your Health Assistant can help you understand your coverage and estimate your out-of-pocket healthcare costs ahead of time, so you can be financially prepared. You can also use the **Estimate Costs** tool in the Accolade member portal or mobile app to find out the cost of a test or procedure.



Resolve billing and claims issues. If you have questions about your healthcare costs, select the **Spending** tab in your account to view your claims and keep track of your spending. You can also connect with your Accolade Health Assistant for one-on-one support to understand a medical bill or identify next steps toward resolution – and we take on the legwork so you don't have to.

Nurse support

Connect to a nurse for medical questions, day or night. Your nurse will take the time to understand your care needs, and then help you take the next steps such as understanding symptoms, finding a specialist, getting help for a chronic condition, or discussing treatment options.



Keep your ID card handy on your mobile device.

When you download the Accolade mobile app you can view, email, or fax your ID card to your provider whenever or wherever you are.

1. Download the Accolade mobile app on the App Store or Google Play and register or log in.
2. Select **Profile**.
3. Select **Benefits Cards**.
4. Select + to add your benefits card.
5. Select which type of card to add (Medical, pharmacy, etc.).
6. Snap a photo of the front and back of the ID card, and select **Save**.



Helpful tip!

Accolade is listed as the phone number on the back of your ID card, so you can call with your health and benefits questions, big or small!

Start your Livongo journey today, offered for Anthem members

Livongo provides Diabetes Management, Diabetes Prevention and weight loss programs at no additional cost to help you live a healthier life.



Diabetes management: Make diabetes management easier.

- Connected meter and real-time insights
- Unlimited strips shipped right to you
- 24/7 support from expert coaches
- Smart scale and/or blood pressure monitor (depending on your health status)



Diabetes prevention: Lower your risk of developing type 2 diabetes.

- Connected smart scale
- Unlimited one-on-one coaching
- Community support and more



Weight Management: Take the guesswork out of weight loss.

- Connected smart scale
- Unlimited one-on-one coaching
- Mini guided challenges and more

Who can join

The program is offered at no additional cost to qualified employees and pre-65 retirees and their spouses who are enrolled in one of the USG Anthem healthcare plans.

What you receive

Integrated tools. Receive a new blood glucose meter with unlimited strips and lancets at no additional cost to you. Track your progress and manage your health in the Livongo app.

Better health monitoring. Livongo's connected devices automatically upload your readings right to your app. You'll also get personalized tips to support you on your health journey.

Expert support when you need it. Expert health coaches are ready to help, on your terms. Get tips on managing your blood sugar, healthy eating, weight, blood pressure, and more.

USG Well-being: For participants in USG Well-being, by completing 16+ weeks of Weight Management, Diabetes Prevention Program (DPP), or Diabetes Management, you can earn a \$50 well-being credit (1x/year). Only active employees and spouses on a USG healthcare plan can earn the credit.

To sign up or to learn more about this program, visit well.livongo.com/USGBENEFITS or you can call Livongo Member Support at **800 945-4355** and have your registration code **USGBENEFITS** ready.

Find affordable care options

We understand the importance of keeping yourself and your family healthy. When you need immediate care, there may be better choices than the emergency room (ER).

For more details around these options, reach out to Accolade, your personal healthcare assistant.



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

- **If it is an emergency,** head straight to the closest ER or call 911.
- **If you are not sure or want advice about where to go,** contact Accolade to speak with your personal healthcare assistant or nurse at **866-204-9818**.
- **If it is not an emergency,** consider a walk-in center or one of these convenient alternatives:
 - **LiveHealth Online** – Talk to doctors face-to-face, 24/7, through your mobile device or a computer with a camera. For employees enrolled in Comprehensive Care or BlueChoice HMO, the first three visits are free.
 - **Retail health clinic** – Often part of a major pharmacy or retail store, these clinics are staffed by healthcare professionals who provide basic medical services to walk-in patients. To find a provider near you, call the number or visit the website on the back of your ID card.
 - **Urgent care center** – These centers treat problems that need attention, such as stitches, X-rays, or lab work, but are not true emergencies. Like walk-in centers and retail health clinics, they're typically open evenings and weekends.

LiveHealth Online is the trade name of Health Management Corporation.

Coverage while traveling or living outside the U.S.

Even when traveling abroad you have coverage available to you through the Blue Cross Blue Shield Global Care Program:

- Comprehensive Care – doctor, hospital, and emergency care
- Consumer Choice – doctor, hospital, and emergency care
- BlueChoice HMO – emergency care only



Before you travel, contact Accolade for coverage details and instructions on how to locate a doctor or hospital.

- Always carry your Anthem ID card.

CVS pharmacy benefits summary



When you enroll in an Anthem healthcare plan, you are automatically enrolled in the prescription drug benefit through CVS Caremark. Your formulary offers a wide selection of clinically-sound, cost-effective generic, and brand-name prescription drugs. Additionally, CVS Caremark offers many convenient and affordable options to fill your prescriptions, such as retail pharmacies, mail-order, and specialty orders.

The plan includes several utilization management programs to promote safety along with appropriate and cost-effective use of prescription medications.

		Consumer Choice HSA coinsurance after deductible	Comprehensive Care copay/coinsurance	BlueChoice HMO copay/coinsurance
Retail (30 day supply)	Generic	20%	\$15	\$15
	Preferred brand	20%	20% with \$40 minimum and \$100 maximum	20% with \$40 minimum and \$100 maximum
	Nonpreferred brand	20%	35% with \$100 minimum and \$200 maximum	35% with \$100 minimum and \$200 maximum
Mail order (90 day supply)	Generic	20%	\$45	\$45
	Preferred brand	20%	20% with \$120 minimum and \$300 maximum	20% with \$120 minimum and \$300 max
	Nonpreferred brand	20%	35% with \$300 minimum and \$600 maximum	35% with \$300 minimum and \$600 maximum
Specialty	Generic	20% Limited to 30-day supply.	20% with maximum of \$75. Limited to 30-day supply.	20% with maximum of \$75. Limited to 30-day supply.
	Preferred brand	20% Limited to 30-day supply.	20% with maximum of \$150. Limited to 30-day supply.	20% with maximum of \$150. Limited to 30-day supply.
	Nonpreferred brand	20% Limited to 30-day supply.	35% with maximum of \$200. Limited to 30-day supply.	35% with maximum of \$200. Limited to 30-day supply.
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).	\$1,500	
	Employee + child(ren)		\$3,000	
	Employee + spouse		\$3,000	
	Family		\$4,500	

If approved for a 60-90-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.
- You request the brand-name drug at the time you fill your prescription.

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



Did You Know?

To promote good health and help prevent the need for costly care, your plan covers a number of preventive medications at \$0 copay. These include women's contraceptives, diabetes supplies, and hypertension drugs recommended for coverage by the U.S. Preventive Services Task Force. Coverage of these drugs requires a prescription (even for over-the-counter items) and are subject to certain age and gender criteria. Learn more at benefits.usg.edu.



Understanding your benefits

How it works

Prescription coinsurance:

- If the full cost of the medication is less than the minimum amount listed, you will pay the full cost of the medication.
- If the coinsurance is less than the minimum amount listed, you pay the minimum.
- If the coinsurance calculation is greater than the maximum amount, you pay the maximum amount.

Exceptions:

If a generic is available, but you or your doctor request 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.

Specialty:

Specialty medications are often used to treat complex, chronic conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia. They are expensive, require complicated treatment regimens, may have many side effects, and require special storage which may lead to adherence issues.

As a result, beginning January 1, 2022, the pharmacy benefit will limit all new specialty medications to a 30-day supply per fill. Additionally, we are introducing a new specialty tier for the BlueChoice HMO and Comprehensive Care plans in which you will pay a percentage of the drug cost, also known as coinsurance up to a maximum per 30-day supply.

Example assumes 30-day prescription, under Comprehensive Care Plan (does not include specialty)


Type	Generic	Preferred	Nonpreferred
Out-of-pocket costs	\$	\$\$	\$\$\$
If the cost is	\$200	\$350	\$650
Coinsurance/copay	\$15 copay	20% (\$40 minimum)	35% (\$100 minimum)
You pay	\$15 copay	\$70	\$200
Maximum per medication	\$15 copay	\$100 maximum	\$200 maximum


Example assumes 30-day supply of a specialty medication


	Drug costs	Comprehensive Care		BlueChoice HMO	
		Coinsurance	You pay	Coinsurance	You pay
Generic	\$750	20%, with \$75 maximum	\$75	20%, with \$75 maximum	\$75
Preferred	\$2,500	20%, with \$150 maximum	\$150	20%, with \$150 maximum	\$150
Nonpreferred	\$7,500	35%, with \$200 maximum	\$200	35%, with \$200 maximum	\$200
Annual out-of-pocket maximum	Pharmacy costs are not combined with your medical out-of-pocket maximum. See page 20.				


For a list of specialty medications that fall under this tier, review the Specialty Drug list on benefits.usg.edu website.

Save money

 **If you are taking a brand-name or nongeneric drug,** talk to your doctor to determine if switching to a lower-cost alternative medication may be an option for you. If your doctor prescribes a brand-name drug when an equivalent generic is available, you will automatically receive a generic.

 **Mail order.** If you are taking ongoing maintenance medication, save time by trying mail order. Sign up at [caremark.com/mailservice](https://www.caremark.com/mailservice).

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

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



Helpful tip!

Use your HSA or FSA to pay for your prescriptions

Prior authorization

Prescriptions for certain medications require a prior authorization, also known as a coverage review, to ensure the drug is safe, clinically appropriate, and cost effective for your condition. The review uses both formulary and clinical guidelines to determine if the plan will pay for certain medicines. If your prescription requires a prior authorization, your doctor must submit a request for coverage review for approval.

Dispense as written (DAW)

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

Prescription questions?

Your Accolade Health Assistant can help you with things like understanding your pharmacy benefit coverage and claims, what medications are covered, as well as, understanding the costs and/or discount available. Contact Accolade at [member.accolade.com](https://www.member.accolade.com) or **866-204-9818**.



HMO service area by county

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

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	

A DIFFERENT experience from the start.

There's only one healthcare company that's refreshingly unlike the others. The Kaiser HMO plan makes healthcare simple with everything you need, including PCPs, specialty care providers, lab, and pharmacy, all conveniently located under one roof. However, if you select this plan, you will have to use Kaiser Permanente providers and facilities. There are no out-of-network benefits (except in case of an emergency), and you must designate a PCP who will coordinate all of your care.

What makes Kaiser Permanente DIFFERENT?

A better way to do care. DIFFERENT means you're at the center of a 360-degree care experience. Our physician-led teams work together to tailor the most effective evidence-based care plan for your every need.

Convenient ways to get care. DIFFERENT means access to your doctor your way. Not some doctor, some way. Whether by phone, email, video, or 24/7 advice, your Kaiser Permanente care team has access to your real-time medical record and is ready to see you.

Healthy resources and perks. DIFFERENT means taking care of the whole you, not just the sick you. It also means you get exclusive access to rich content, healthy resources, and members-only perks!

Locations. DIFFERENT means having state-of-the-art medical facilities with lab, radiology, pharmacy, and more all under one roof.

Choose a doctor who's right for you

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

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 and find out just how easy DIFFERENT can be.

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.

How to find a provider:

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



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

Scan the QR code.



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.

So many ways to choose and receive care

- Video**
Want a convenient, secure way to see a doctor wherever you are? Meet face-to-face online. Ask your doctor if video visits are available to you.
- Phone**
Have a condition that doesn't require an in-person exam? Save yourself a trip to the office by scheduling a call with a Kaiser Permanente clinician.
- In person**
Visit your doctor for routine care, preventive services, care when you're not feeling well, and more. You may also be able to schedule same-day appointments.



The Kaiser Permanente digital membership card lets you:

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

Other ways to receive care in the moment

- E-visit**
Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente provider.
- Online**
Chat live online with a Kaiser Permanente doctor to get advice, referrals, prescriptions, and more.
- 24/7 care and advice by phone**
Call us for advice when you need it most. We'll help you find out what care is right for you, schedule appointments, and more.
- 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](https://www.kp.org).

Kaiser Permanente ID cards

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

- Call Member Services at **404-261-2590** or toll free at **888-865-5813**. If you're hearing or speech-impaired, call **TTY 711**.
- Log on to your account at [kp.org](https://www.kp.org).
- Download digital copies of your ID card on your smartphone via the Kaiser Permanente app.
- New members will automatically receive their card in the mail.

Getting started

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

Step 1 – Make the call

Once you 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:

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

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

Questions

If you have questions or would like a copy of our preferred drug list, call us directly at **404-261-2590** or visit [kp.org/formulary](https://www.kp.org/formulary).

Pharmacy costs

	\$1,500 Rx out-of-pocket maximum applies to all tiers
Generic	\$15 (Kaiser Permanente (KP) pharmacies) \$25 for non-KP pharmacies one-time fill per medication
Preferred	\$45 for KP pharmacies \$55 for non-KP pharmacies one-time fill per medication
Nonpreferred	\$65 for KP pharmacies \$75 for non-KP pharmacy one-time fill per medication
Specialty	20% up to \$200
Mail-order pharmacy	3 copays per 90-day supply for KP pharmacies 3 copays per 90-day supply for non-KP pharmacies

2022 USG Well-being Program

The 2022 program will offer a \$200 well-being credit with an expanded list of activities to earn the credits. USG Well-being will ensure members have access to resources surrounding diabetes education, prevention, and management as well as weight loss programming for those who qualify.

Complete healthy activities by September 30, 2022. To receive the credit, you must be a current full-time employee or spouse enrolled in a USG healthcare plan during the pay period in which the credit is paid. USG has partnered with Virgin Pulse for well-being services. Your health information is confidential and will not be shared with USG. The USG Well-being Program is entirely voluntary and confidential. Have a question about your privacy or other details of the program? Find answers in the FAQ, which is available at usg.edu/well-being. You can also read the Virgin Pulse privacy policy at virginpulse.com/privacy-policy.

★ Highlights

- Employees and spouses covered on a USG healthcare plan can each **earn up to a \$200 well-being credit** for participating in healthy activities!
- **Money Monday and Well-being Wednesday** – Earn \$5 for each monthly workshop, up to five times. You can participate in as many webinars as you wish! Visit usg.edu/well-being under “events” to register.
- **Receive your flu shot and/or COVID-19 vaccination** through your plan pharmacy, doctor’s office, or retail clinic and earn \$10 of well-being credit.
- **Weight Management and Diabetes Support** – **Earn \$50** by completing 16 weeks or more of a USG approved diabetes or weight management program. These programs will help you reach your health goals, whether losing weight,

gaining energy, or improving your overall health. Earning period: January 1, 2022 to September 30, 2022.

- Anthem members: Livongo
- Kaiser Permanente members: Omada



Sign in to your account

Employees can access their USG Well-being account at oneusgconnect.usg.edu > Manage My Benefits. Employees and spouses can access directly at ourwellbeing.usg.edu.



What’s new?

Complete the health assessment to receive \$25 in well-being credits.

Complete a biometric screening at an onsite event or via your physician to receive \$50 in well-being credits.

Track 8,000 steps 20+ days in a month to earn \$10 in well-being credits up to nine times per year.

Looking for additional resources? Just visit the **Programs** page in your USG Well-being account to access additional tools to eat healthy, get fit, sleep better, manage stress, and more.



Do healthy things



Earn credits



Celebrate success

Here’s how you can earn credits:

Complete the Health Assessment to receive \$25 in well-being credits and unlock opportunities to earn more. You must register your USG Well-being account and complete the health assessment by September 30, 2022, to be eligible to earn well-being credits in 2022. In this short questionnaire, you’ll answer questions about your health habits and get personalized recommendations so that you can make the most of your well-being experience.

	Do healthy things	Earn credits
Once	Connect a device	\$5
	Add five USG friends	\$5
	Receive the COVID-19 vaccine	\$10
Yearly	Complete the Health Assessment	\$25
	Receive a flu shot ^{1,2}	\$10
	Complete a biometric screening ¹ onsite or via physician form	\$50
	Complete a financial coaching appointment ¹ with AIG Retirement, CAPTRUST, Fidelity, TIAA	\$20
	Complete 4+ Virgin Pulse phone coaching appointments ¹	\$25
	Complete the Livongo Diabetes Management Program (Anthem members) ³	\$50
	Complete the Livongo Diabetes Weight Management Program (Anthem members) ³	\$50
	Complete the Livongo Diabetes Prevention Program (Anthem members) ³	\$50
Complete the Omada Diabetes Prevention Program (Kaiser members) ³	\$50	
2 times per year	Track your steps each week of a USG challenge	\$20
	Track your activities each week in a USG focused well-being program ¹	\$20
	Volunteer or participate in community events ¹	\$10
3 times per year	Complete Journeys [®] digital coaching ¹	\$10
5 times per year	Participate in a Money Monday Workshop ¹	\$5
	Participate in a Well-being Wednesday Workshop ¹	\$5
9 times per year	New! Track 8,000 steps 20+ days in a month	\$10

Employees and spouses covered on a USG healthcare plan can each earn up to \$200 well-being credits for participating in USG well-being. The USG Well-being program is completely voluntary and confidential. You may participate in the program all year, but you must complete activities by September 30, 2022, to earn credits. The well-being credit will be paid in November 2022. To receive the credit, you must be a current full-time employee or spouse enrolled in a USG healthcare plan during the pay period in which the credit is paid.

¹ Some activity earnings began October 1, 2021.

² Kaiser Permanente members who complete KP activities are required to accept the wellness agreement at kp.org/engage to receive credit.

³ Anthem members can participate in the Livongo healthy activities while Kaiser Permanente members can participate in the Omada Diabetes Prevention Program.

Dental coverage that will bring a smile to your face



We offer two dental plans through Delta Dental's PPO and Premier networks. Keep in mind that you'll pay less if you use an in-network dentist. Visit a dentist in the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Find a PPO dentist at deltadentalins.com/usg. If you can't find a PPO dentist, consider a Delta Dental Premier dentist. These dentists have also agreed to set fees, giving you another opportunity to save.

Visit your dentist regularly

Regular preventive care visits to your dentist can help protect your overall health. Studies have linked gum disease to problems in other areas of the body. In fact, studies by the Centers for Disease Control and Prevention show there may be a link between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births. Under your dental plans, diagnostic and preventive services do not count against the annual maximum.

Your dental options

Create an online account to access eligibility, claims, and your electronic ID card. Then, plan ahead for a visit with the Cost Estimator through your Delta Dental online account. It gives you a personalized estimate of how much you pay at your next dentist visit.

1. Log in to your account at deltadentalins.com/usg (If you don't have one yet, select **Register**).
2. Select the **Cost Estimator** link by your name. Or, select **plan ahead for a visit > Estimate costs**.
3. Choose from these dental options through **Delta Dental**.

	Delta Dental Base Plan		Delta Dental High Plan	
	In network	Out of network	In network	Out of network
Annual maximum	\$1,000 per person ¹		\$1,500 per person ¹	
Deductible (single/family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic/preventive services¹	100%	100%	100%	100%
Basic benefit services	80%	80%	80%	80%
Major benefit services²	50%	50%	80%	80%
Orthodontia (child and adult)	No coverage	No coverage	80%	80%
Lifetime orthodontia maximum	N/A		\$1,000	
2022 monthly rates				
Employee	\$31.98		\$39.52	
Employee and spouse	\$63.96		\$79.00	
Employee and child(ren)¹	\$60.74		\$75.08	
Family	\$102.32		\$126.46	

¹ Preventive and diagnostic services don't count toward the annual maximum.
² Benefit limits on full replacement of existing dentures or crowns apply.



How are orthodontic claims paid?

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

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

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

A vision plan with a clear focus on eye health



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



Vision doctors can also help treat and manage:

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

Savings include:

- Up to \$150 off an annual supply of contact lenses at Target Optical
- An extra \$50 off at LensCrafters in addition to your EyeMed benefits
- \$50 toward your purchase at Pearle Vision
- 10% off at ContactsDirect

Unlock your offers in minutes by registering at eyemed.com and selecting **Special Offers**.

Members-only special offers:

You deserve special savings just for being an EyeMed member. That's why on eyemed.com there is a page that only registered members like you can see. It's a mix of the latest discounts and extra savings that give your benefits a boost for keeping your eyes healthy and saving money while you're at it.

Know before you go

With EyeMed's Know Before You Go out-of-pocket cost estimator, you can get a feel for what you might pay before you even step foot into a store or doctor's office. The tool includes simple, clear definitions of common lens types and options, all while calculating a range of costs with each selection. So you can feel confident from check-in to check-out. Just log in to your member account at eyemedvisioncare.com/usg and find our Know Before You Go out-of-pocket cost estimator.

Your vision plan

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

	EyeMed Vision	
	In network	Out-of-network reimbursement
Exam*	\$10 copay	\$40
Single vision lens	\$25 copay	\$40
Standard lens	\$80 copay	\$55
Frames*	\$150 allowance	\$58
Contact lenses	\$150 allowance	\$130
Medically necessary contact lenses	Paid in full	\$210

2022 monthly rates	
Employee	\$6.90
Employee and spouse	\$15.52
Employee and child(ren)	\$13.12
Family	\$20.34

* If you use an EyeMed PLUS provider, you will have a \$0 eye exam copay and an additional \$50 frame allowance.

Additional Employee Programs

The shared sick leave program allows you to donate accrued sick leave to a shared pool to help other employees who have exhausted all accumulated paid leave and who are experiencing an FMLA qualifying health condition. To join, you must be a regular benefits-eligible employee working 20 or more hours, have completed your 6-month probationary period, and have a minimum of 40 hours of sick leave remaining after your 8 hour donation. **Enroll or donate during Open Enrollment. Contact your institution HR office for more information.**



Tuition Assistance Program (TAP) provides a tuition waiver for up to 9 credit hours per semester, to full-time, benefits-eligible employees working 40 hours. See benefits.usg.edu for details.

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



Flexible Spending Accounts



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

A Flexible Spending Account (FSA) with HSA Bank can save you money on everyday expenses. Your contributions are tax-free, saving you money on federal and state income taxes and Social Security taxes. USG offers three types of FSA accounts:

HealthCare FSA

The **HealthCare FSA** is used for eligible out-of-pocket expense for healthcare, prescription, dental, and vision expenses for you and your eligible dependents.

- For a list of eligible expenses, go to irs.gov/pub/irs-pdf/p502.pdf.
- Annual contribution limit: \$2,750.

Dependent Care FSA

The **Dependent Care FSA** helps you set aside and pay for dependent care expenses such as daycare, after-school care, adult daycare, or summer day camp for qualifying dependents through pretax payroll.

- Expenses for children **under age 13** or elderly parents.
- For a list of eligible expenses, go to irs.gov/pub/irs-pdf/p503.pdf.
- Annual contribution limit: \$5,000 or \$2,500 if married filed separately.

How an FSA works:

- Decide what you want to contribute to your FSA for the year. Money is then deducted pretax from your paycheck in equal installments.
- Use your HSA Bank Health Benefits Debit Card to pay for qualified medical expenses for yourself, your spouse, and your dependents.
- Or, pay out of pocket for eligible expenses and submit a claim for reimbursement.
- Check your balance and account information on the Member Website or HSA Bank mobile app 24/7.

Plan carefully! Money left in your FSA at the end of the grace period is forfeited and cannot be returned to you. This is called the “use-it-or-lose-it” rule. **You must incur eligible expenses by March 15, 2023 and submit them for reimbursement before March 31, 2023.**

Grace period. The USG provides a grace period of 2 ½ months after the end of the calendar year. This means you can continue to incur eligible healthcare expenses through **March 15, 2023**, giving you a little more time to use up your HealthCare FSA balance. **All USG FSAs have a grace period.**

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

Limited Purpose FSA

Using a Limited Purpose Flexible Spending Account (LPFSA) is a great way to stretch your benefit dollars. This is an additional tax-free account if you're enrolled in the Consumer Choice HSA healthcare plan.

You contribute pretax dollars to your LPFSA to reimburse yourself for eligible out-of-pocket vision and dental expenses. That means you can enjoy tax savings and increased take-home pay.

- Can only be used for eligible dental and vision expenses.
- Annual contribution limit: \$2,750.

Why get an LPFSA?

Your HSA contributions are limited to a certain amount each year. When you add an LPFSA for dental and vision expenses, you can make more pretax contributions, thus reducing your taxable income. However, keep in mind, a LPFSA is a “use-it-or-lose-it” account, so plan conservatively.

Flexible Spending Accounts



FSA fast facts

- FSAs (Medical, Dependent Care and Limited Purpose) must be elected during your new hire eligibility period and reelected each year during annual open enrollment for the next year. You are not automatically reenrolled each year.
- **Remember that IRS rules require you to forfeit any balance left in your FSAs at the end of the grace period. This is the “use- it-or-lose-it” rule.**
- **For your 2022 FSA election, you must incur eligible expenses between January 1, 2022 and March 15, 2023 and submit them for reimbursement before March 31, 2023.**
- An LPFSA can be used only by a participant who is enrolled in the Consumer Choice HSA healthcare plan, and the LPFSA is limited to reimbursement for eligible dental and vision care expenses.

If you terminate your employment with USG you have 90 days to file for reimbursement under the plan. The date of service on any claims you submit must be equal to or before the end of the month in which you terminate.



Health Savings Accounts



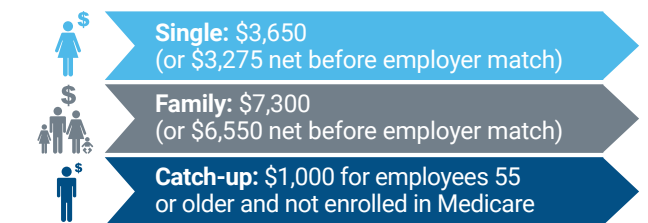
Health Savings Account (HSA)

If you are enrolled in the Consumer Choice HSA healthcare plan, you're eligible to have a Health Savings Account with HSA Bank. Unlike an FSA, money left in your HSA at the end of the year rolls over year after year which allows you to save the money for future years including retirement. You own the account, so the money is yours to keep even if you leave employment or move to another plan option, plus you have the ability to invest your HSA dollars in a variety of self-directed investment options. The Consumer Choice HSA plan is a high deductible healthcare plan.

How an HSA works:

- Decide what you want to contribute to your HSA for the year. Money is deducted pretax from your paycheck.
- Pay for qualified medical expenses for yourself, your spouse, and your dependents. You can reimburse yourself for any eligible expense after you opened your HSA.
- Use your HSA Bank Health Benefits Debit Card to pay directly or pay out of pocket for reimbursement or to grow your HSA funds.
- Roll over any unused funds year to year. It's your account and stays with you even if you leave USG or enroll in another plan.

2022 HSA contribution limits:



For more information about health savings accounts, please visit the USG website at: benefits.usg.edu or the IRS website at: irs.gov/pub/irs-pdf/p969.pdf.

HSA investment options

- HSA Bank offers self-directed investment options to invest your HSA dollars through a Devenir mutual fund account, a TD Ameritrade brokerage account, or both.
- Investment options are available once you reach a minimum balance threshold of \$1,000.
- Investment accounts are not FDIC insured, may lose value, and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA.
- For more details visit hsabank.com/investments.

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

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

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

2022 HSA employer contribution match
 Single – \$375 Family – \$750

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



HSA fast facts

- Only individuals enrolled in high-deductible health plans can contribute to HSAs. HSA funds can be rolled over from year to year. USG matches employee contributions up to certain amounts for HSAs.
- An individual with an HSA may also have an FSA for Dependent Care FSA expenses or Limited Purpose FSA.
- While both you and your spouse can have an HSA and make your own contributions, the IRS only allows a single household to contribute up to the family maximum, split between both accounts, regardless of what level of insurance coverage you each have. The total contributions for the year between both accounts can never exceed the family maximum.
- You own the account, so the money is yours to keep even if you leave employment or move to another plan option.
- You can keep contributing to your HSA as long as you remain in a qualified high-deductible healthcare plan (and are not enrolled in **any** other healthcare, including Medicare and TRICARE. For more information, see IRS notice **969 coverage**).
- Once you are on Medicare, you can use HSA funds to pay for Medicare premiums, including Medicare Part B, which covers outpatient care, and Part D, which covers prescription drugs. (Most people don't pay premiums for Part A.) You can't, however, use the funds for premiums for supplemental, or Medigap policies.

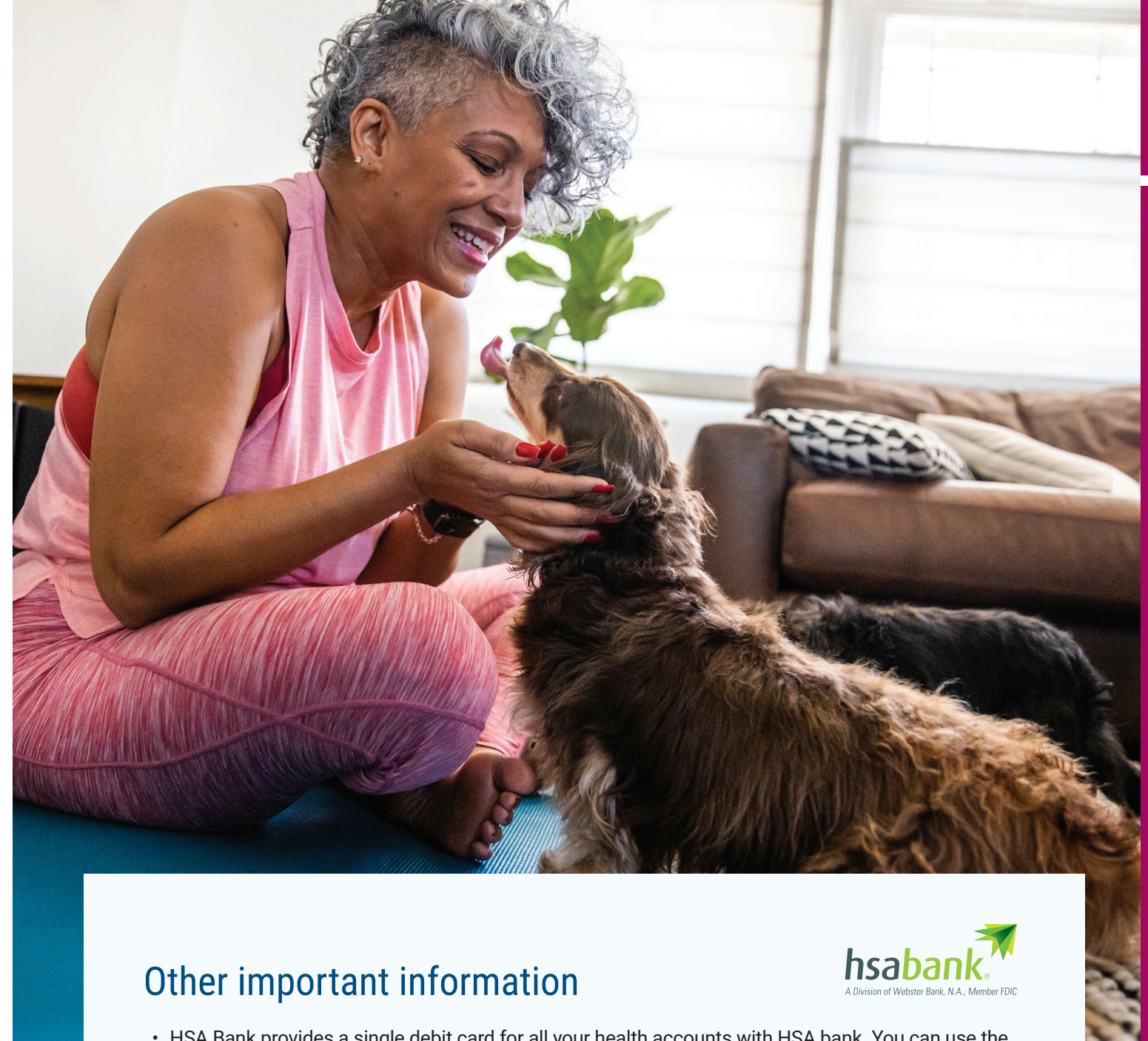
What accounts am I eligible to have?

	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	Kaiser Permanente HMO
Flexible Spending Account (FSA)	See note below.	●	●	●
Dependent care – Flexible Spending Account (FSA)	●	●	●	●
Health Savings Account (HSA)	●			
Limited Purpose Flexible Spending Account (LPFSA)	●			

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

You are:

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



Other important information



- HSA Bank provides a single debit card for all your health accounts with HSA bank. You can use the same debit card for the products (HSA, Healthcare FSA, Dependent Care FSA and Limited Purpose FSA). However, if you elect to contribute to an HSA you may not also contribute to a Healthcare FSA.
- The HSA Bank Mobile app offers real-time access for all your account needs, 24 hours a day, 7 days a week. It's simple, intuitive, and convenient. You can download the **HSA Bank Mobile App** at **Google Play** or the **App Store**. HSA Bank Mobile app is a free download; however, you should check with your wireless provider for any associated fees for accessing the internet from your device.
- To view the annual HSA, FSA and DCFSA contribution limits and eligible expenses, visit hsabank.com/irs-guidelines.

Protect your family's income from death due to illness or accident with life insurance and accidental death and dismemberment insurance provided by MetLife.

What coverage is available to you and your family?

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

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

Supplemental life with accidental death and dismemberment (AD&D)

- 1x, 2x, 3x, 4x, 5x, 6x, 7x, or 8x annual salary, rounded to the next higher \$1,000
- Maximum of \$2,500,000
- Elect coverage of up to 3x your annual salary, not to exceed \$500,000 without evidence of insurability (EOI). Amount elected must be a multiple of your annual salary within 30 days of your eligibility date.
- Elections above the allowed amount require an EOI
- Matching amount of AD&D insurance
- During open enrollment, you may elect or increase your supplemental coverage by one level, up to 3x your annual salary, not to exceed \$500,000. Amount elected must be a multiple of your annual salary.

Spouse life

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

Child life

- Rates are \$5,000 (.50/month), \$10,000 (\$1/month) or \$15,000 (\$1.50/month)
- Children are eligible from live birth to 26 years of age
- A child may be covered by only one USG parent

Accidental death and dismemberment (AD&D)

Employee plan

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

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

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



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

- Will preparation
- Estate services
- Digital legacy

See benefits.usg.edu for rates and additional information.

Travel Assistance (Provided by MetLife via AXA Assistance)

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

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

Log on to: metlife.com/travelassist

Username: **axa** Password: **travelassist**

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

Short-term disability (STD)

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

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



Important notes:

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

LTD employee assistance is now LifeWorks: **888-319-7819**.

STD

\$0.282/\$10 of covered benefit

Long-term disability (LTD)

- Provides a benefit of 60% of your monthly earnings to a maximum of \$15,000 per month.
- Benefits begin on the 91st day or at the end of your STD benefits.
- See specific long-term disability definition, benefit rules, and return to work incentive information in the policy available on the USG website at benefits.usg.edu.
- No benefits are payable under this plan for any disability due to a condition in which you had any medical treatment, consultation, care or services, took prescription medication or had medications prescribed in the 3 months prior to enrollment, if you have been actively at work for less than 12 consecutive months after the date your disability insurance takes effect.
- Benefits continue as long as you meet the definition of disabled under the policy, subject to the later of the schedule in the policy, or your normal Social Security retirement age.

LTD

\$0.266/\$100 of covered salary

How can I calculate my rate?

STD calculation example

Monthly payroll

Rate: \$0.282/\$10 covered benefit

Annual salary = \$56,000

$\$56,000 / 52 = \$1,076.92$ weekly covered salary

$\$1,076.92 \times 0.60 = \646.15 weekly benefit

$\$646.15 \times 0.282 / \$10 = \mathbf{\$18.22}$

LTD calculation example

Monthly payroll

Rate: \$0.266/\$100 covered salary

Annual salary = \$56,000

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

$\$4,666.67 \times 0.266 / \$100 = \mathbf{\$12.41}$

* Please note 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/medical underwriting.

Mental health and emotional well-being

One of the most important things you can do for your health is to spend time taking care of yourself and your mental health. The USG provides programs and resources to keep you moving on the right track and help you when you and your family need it most. Kepro, USG's Employee Assistance Program is a great place to start. Other programs and resources can be found on the USG Well-being website at usg.edu/well-being.



Anthem enrolled employees and their families

Call or connect with Accolade to get matched with a mental health program that is customized to your needs at **866-204-9818** or member.accolde.com.

LiveHealth Online

Psychiatrists and psychologists are available for virtual visits at livehealthonline.com. Choose psychology or psychiatry.

Kaiser Permanente enrolled employees and their families

Visit kp.org (search under mental health) or call **404-365-0966** to get information about phone coaching, virtual care, and online classes.

Well-being apps through Kaiser Permanente

- myStrength
- Calm



Employee Assistance Program (EAP)



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

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

Work/life

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

Counseling

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

Online

- Monthly webinars
- To access the online services, go to usg.mylifeexpert.com and log in using company code **USGCares**
- The website offers a wealth of on-demand resources, including articles, self-assessments, and trainings on a wide range of topics such as addiction, grief, anxiety, and parenting. You will also find information on:
 - Child care services
 - Financial
 - Older adult services
 - Legal forms
 - Health and Wellness
 - Fraud and ID theft

To request services, please contact Kepro at **844-243-4440**, or go to usg.mylifeexpert.com for information.
Password: USGCares

USG Accident Plan



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

How can accident insurance help?

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

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

What benefits may I qualify for?

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

- Accident hospital care
- Follow-up care
- Common injuries
- Emergency room treatment
- Urgent care facility treatment
- Sports accident

See your certificate of insurance for specific details.

Who is eligible for accident insurance?

You – all active employees working 30+ hours per week in a benefit eligible position.

Your spouse – Coverage is available only if employee coverage is elected.

Your child(ren) – to age 26. Coverage is available only if employee coverage is elected.

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

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

Benefits per insured*	Voya
Hospital admission	\$1,000/admission
Daily hospital confinement	\$300/day, up to 365 days
Hospital ICU	\$475/day, up to 15 days
Urgent care	\$150/acc.
Ambulance	\$200/acc.; Air: \$1,000
Fractures - open	To \$5,000
Physical therapy	\$30/visit, 6 visits
Sports accident benefit	Additional 25% of accident hospital care, accident care, or common injuries benefit if the result of an organized sporting activity; maximum of \$1,000

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

Monthly rates

Tier level	Voya
Employee	\$7.12
Employee + spouse	\$11.86
Employee + child(ren)	\$13.94
Family	\$18.68

USG Hospital Indemnity Plan



What is hospital indemnity insurance?

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

Who is eligible for hospital indemnity insurance?

You – All active employees working 30+ hours per week in a benefit eligible position.

Your spouse – Coverage is available only if employee coverage is elected.

Your child(ren) – to age 26. Coverage is available only if employee coverage is elected.

How can hospital Indemnity Insurance help?

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

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

What hospital indemnity insurance benefits are available?

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

- **Hospital** – \$100 per day, up to 30 days confinement
- **Critical care unit** – \$200 per day, up to 15 days per confinement
- **Rehabilitation facility** – \$50 per day, up to 30 days per confinement
- **Initial confinement benefit** – \$500 additional benefit for the first day you spend in a hospital, critical care unit, or rehabilitation center.

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

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

Are there any exclusions or limitations?

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

Monthly rates

Tier level	Voya
Employee	\$9.82
Employee + spouse	\$19.98
Employee + child(ren)	\$14.86
Family	\$25.02

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

USG Critical Illness Plan



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

Plan benefits

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

Coverage type	Covered conditions and additional benefits	Benefit amount
Base benefits	Coronary artery bypass surgery, noninvasive cancer	25%
	Heart attack, stroke, kidney failure (end-stage renal failure), major organ transplant, bone marrow transplant (stem cell transplant), sudden cardiac arrest, cancer (internal or invasive)	100%
Skin cancer	Skin cancer	\$250 per calendar year
Health screening benefit	Payable for health screening tests performed as the result of preventive care. Not payable for dependent children.	\$50 per calendar year
Additional base benefits	Coma ¹ , severe burns ² , paralysis ¹ , loss of sight ¹ , loss of speech ¹ , loss of hearing ¹	100%
Benefits rider	Advanced Alzheimer's disease, advanced Parkinson's disease	25%
	Benign brain tumor	100%

¹ These benefits are payable for loss due to a covered underlying disease or a covered accident.
² This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.
 For the initial diagnosis, you may be eligible for up to 100% of the benefit amounts listed above. See plan details for payment related to additional or recurring diagnosis.



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



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

Monthly rates

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

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

A legal insurance plan can ease the biggest stresses – finding and paying for legal expertise when you need it most.

LegalEASE offers an insurance plan that provides support and protection from unexpected personal legal issues.

What you get with a USG Legal Plan:

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

Plan details: The USG Legal Plan \$16.96 monthly, 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
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The value of a USG Legal Plan

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

<p>Home and residential Purchase, sale, refinancing of primary residence/vacation or investment home, tenant dispute, tenant security deposit dispute, landlord dispute with tenant, security deposit dispute with tenant, construction defect dispute, neighbor dispute, noise reduction dispute, and foreclosure</p>	<p>Auto and traffic Serious traffic matters (resulting in suspension or revocation of license), DUI/DWI defense, license suspension (administrative proceeding), traffic ticket, first-time vehicle buyer, vehicle repair, and Lemon Law litigation</p>
<p>Financial and consumer Debt collection defense, bankruptcy, tax audit, student loan refinancing/collection defense, document preparation, consumer dispute, small claims court, mail order/internet purchase dispute, bank fee dispute, cell phone contract dispute, warranty dispute, healthcare coverage disputes and records, financial advisor, and identity theft defense</p>	<p>Family Separation, post-divorce proceedings, divorce, name change, guardianship/conservatorship, adoptions, juvenile court proceedings, prenuptial agreement, and elder law</p>
<p>Estate planning and wills Will or codicil, living will/healthcare or advanced directive, health care or medical power of attorney, revocable or irrevocable living trust document, and probate of small estate</p>	<p>General Civil litigation defense, initial law office consultation, review of simple documents, mediation, misdemeanor defense, identity theft assistance, incompetency defense, and discounted contingency fees</p>

For 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, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. 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. ©2021 LegalEASE All rights reserved.

Protect today. Thrive tomorrow.

Allstate Identity Protection delivers the next generation of identity protection with Allstate Identity Protection, a proactive monitoring service that alerts you at the first sign of fraud.

Receive complete identity protection with Allstate Identity Protection so you can focus on what matters most.

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



Plan and pricing

Allstate Identity Protection Pro Plus®
\$8.94 per person/month
\$16.94 per family/month

Questions?

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

The most comprehensive identity protection plan available

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

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.

Pet insurance



Discover the greatest pet insurance plans ever offered

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

- Choose your reimbursement level of 50% or 70%¹
- Exclusive to employees, not available to the general public
- Best deal: average savings of 30% over similar plans from other pet insurers²
- Avian and exotic pet plan available by calling the enrollment number

Choose a plan that's as unique as your pet

Visit any vet, anywhere. Premiums are made monthly. Payment is made directly to Nationwide Insurance.

Enrollment

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

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

Choose your level of coverage with My Pet Protection®

50%
reimbursement
\$20-\$35/month³

70%
reimbursement
\$27-\$47/month³

¹ Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2018); National Casualty Company (all other states).
² Average based on similar plans from top competitors' websites for a 4-year-old Labrador retriever in California, 90631. Data provided using information available as of December 2017.
³ Starting prices indicated. Final cost varies according to plan, species and ZIP code.

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



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- Appliances
- Automotive care
- Baby and kids
- Computer and electronics
- Education
- Home, furniture, and patio
- Sports, fitness, and recreation
- Travel
- TV and entertainment

Learn more at USG.PurchasingPower.com or call **888-923-6236**.

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USG Perks at Work

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

Access your account at perksatwork.com. If you are a first-time user, 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, any time.
- **As an added benefit, employees can invite up to five family members.**
- USG Perks at Work is mobile-friendly; just start from your smartphone by going to perksatwork.com.

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

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 or the Optional Retirement Plan (ORP). This decision must be made within 60 calendar days of employment or eligibility and 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.

	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* (subject to change annually)	Employee: 6% Employer: 19.81%*	Employee: 6% Employer: 9.24%*
Responsibility for management of funds and investments	Teachers Retirement System; retirement benefit is guaranteed based on formula, not on investment returns	Employee takes active role; retirement benefit is based on investments and returns

Refer to the *USG Benefits*, section Retirement Plans Overview, for more information at benefits.usg.edu/retirement-and-savings-plan/retirement-plans-overview.

*Rates as of July 1, 2021. The TRS employer rate of 19.81% is for fiscal year 2022, which begins July 1, 2021, and ends June 30, 2022. Beginning July 1, 2022, the TRS rate will be 19.98%.

USG supplemental retirement plans

Features	403(b) plan	457(b) plan
Eligibility and participation	All USG employees are eligible to participate upon hire. Employees who are enrolled as students are excluded.	All USG employees are eligible to participate upon hire. Employees who are enrolled as students are excluded.
Employee salary reduction (pretax) contributions	<ul style="list-style-type: none"> Permitted. Generally limited to the lesser of \$19,500 or 100% of compensation in 2021. Contributions must be aggregated with Roth 403(b) contributions when applying limits. Governed by Sections 415 and 402(g) limits. 	<ul style="list-style-type: none"> Permitted. Generally limited to the lesser of \$19,500 or 100% of compensation in 2021. Contributions must be aggregated with Roth 457(b) contributions when applying limits. Governed by Section 457(e)15.
Employee Roth (after-tax) contributions	<ul style="list-style-type: none"> Permitted. Generally limited to the lesser of \$19,500 or 100% of compensation in 2021. Contributions must be aggregated with salary reduction contributions when applying limits. Governed by Sections 415 and 402(g) limits. 	<ul style="list-style-type: none"> Permitted. Generally limited to the lesser of \$19,500 or 100% of compensation in 2021. Contributions must be aggregated with salary reduction contributions when applying limits. Governed by Section 457(e)15.
Age 50 catch-up amounts — Section 414(v)	<ul style="list-style-type: none"> An additional \$6,500 elective salary deferral may be permitted in 2021. Age 50 catch-up contributions can be made to both 403(b) and 457(b) plans in the same year. 	<ul style="list-style-type: none"> An additional \$6,500 elective salary deferral may be permitted in 2021. Age 50 catch-up contributions can be made to both 403(b) and 457(b) plans in the same year.

USG retirement plan participation

How to enroll

To enroll in TRS, ORP, 403(b) and/or 457(b) log onto **Retirement@Work** to make your retirement elections. If you enroll in ORP, 403(b), or 457(b) you must also choose your retirement provider, and select your investment options. USG employees have three retirement provider options: TIAA, Fidelity, and AIG. For a list of fees and investment options by provider, visit the USG Benefits Retirement Plan overview at benefits.usg.edu/retirement-and-savings-plan/retirement-plans-overview.

To access **Retirement@Work**, visit oneusgconnect.usg.edu and select the OneUSG Connect button. Once you are logged into **OneUSG Connect**, select *Benefits* from the drop down menu. Or, if you prefer to enroll by phone, you can call the **Retirement@Work** call center at **844-231-7917**. You can also contact your chosen provider directly for answers to questions or to schedule an individual advice session using the information below.

TIAA: **800-732-8353**

Fidelity: **800-642-7131**

AIG: **800-448-2542**



Personalized advice and education

Do you need help deciding which retirement plan or plans are right for you? CAPTRUST can provide unbiased guidance related to your mandatory retirement election, as well as your whether or not the 403(b) or 457(b) may be right for you. Schedule a call with CAPTRUST or virtual visit, to create a financial blueprint or get advice on how to create the right investment mix based on your financial goals. Best of all, this service is free.

Schedule an appointment and get answers to your financial questions and leave with clear action steps to help you achieve your retirement goals. Plus earn a \$20 well-being credit after completing a blueprint.

CAPTRUST: **800-967-9948** or captrustadvice.com/usg



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

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

If you're turning 65 this year, you will receive a Medicare enrollment kit approximately 60-90 days before your 65th birthday. This enrollment kit gives you the option to enroll in Medicare Parts A, B, and D. Please read the Medicare materials carefully. It helps to know all you can when you make a decision about enrolling in Medicare.

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

For more information, visit the Medicare website, [medicare.gov](https://www.medicare.gov) or contact OneUSG Connect - Benefits Call Center at **844-587-4236**.

Your USG retirement

- The USG provides healthcare benefits in retirement to employees who meet the definition of retiree under the Board of Regents' Policy 8.2.8.2. You must be an active USG healthcare plan participant immediately before you retire. If you are not currently enrolled in a USG healthcare plan, you should enroll during Open Enrollment in the year prior to your retirement to be eligible to continue USG retiree healthcare benefits into retirement.
- Schedule an appointment with the Social Security administration to discuss the enrollment process for Medicare A and B and FSA/HSA contribution rules.

Retiring prior to age 65?

- Your USG retiree healthcare coverage will default to the same plan you and your pre-65 dependents were enrolled in as an active employee. If you're enrolled in an 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. Medicare will pay primary and the USG healthcare plan will pay secondary.
- 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 more information concerning your benefit options and eligibility for retirement, please visit, benefits.usg.edu or contact your institution's HR/Benefits office for assistance.

Retiring at age 65 or older?

- Your USG retiree healthcare benefit is an annual contribution into a Health Reimbursement Account (HRA) that can help you pay for your healthcare premiums, Medicare and other qualified expenses. You receive funding for each Medicare enrolled retiree, spouse and/or dependent.
- You 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 Aon Retiree Health Exchange (ARHE).
- Your retiree dental, vision and basic life default to the same USG plans you were enrolled in as an active employee.

Benefits that continue in retirement

- **Pre-65 healthcare plans** – Anthem or Kaiser
- **Dental plan** – Basic or High Plan (HMO – Georgia Tech)
- **Vision plan**
- **Basic Life insurance** – \$25,000 (employer paid)
- **Child Life insurance** – \$5,000 (max)
- **Spouse Life insurance** – \$5,000 (max)
- **Supplemental life for the retiree** – reduces to a minimum of \$15,000. You can opt to continue the difference by contacting Minnesota Life directly within 30 days of your retirement date.
- **Flexible Spending Account (FSA)/Health Savings Account (HSA)** – you will no longer be able to make contributions to either account. HSA funds may be used per IRS rules until depletion.

USG Retiree Benefits Billing

USG policy requires retirees to enroll in direct debit to pay your monthly USG retiree benefit premiums. Payment will be due on the first of the month.

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

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 Part B and enrolled in a supplemental plan through the Aon Healthcare Exchange in order to receive the employer contribution to your HRA.

Important contact information

Who to call	Contact information	
USG (Questions on benefit choices or options)		
OneUSG Connect <i>Benefits Call Center</i>	844-587-4236	oneusgconnect.usg.edu
Aon Retiree Health Exchange	866-212-5052	retiree.aon.com
Accolade		
Health Assistant and 24/7 Nurseline <i>Anthem only</i>	866-204-9818	member.accolade.com
Anthem Blue Cross and Blue Shield		
Preauthorization and appeals	800-424-8950 TDD 404-842-8073	
Kaiser Permanente		
Customer service and advice line	404-365-0966	my.kp.org/usg
Pharmacy Benefits		
CVS/Caremark <i>Active employees</i>	877-362-3922 TDD 800-231-4403	Caremark.com
Silverscript <i>Pre-65 Medicare retirees only</i>	866-275-5247 TDD 866-236-1069	
Well-being resources		
USG well-being	ourwellbeing.usg.edu	usgwellbeing@usg.edu
Health and well-being coaching		
Telephonic coaching <i>Active Employees</i>	833-724-4874	support@virginpulse.com
Wellness coach <i>Kaiser Members</i>	866-862-4295	kp.org/wellness Coach
Kepto <i>Employee Assistance Program</i>	844-243-4440	EAPHelplink.com Company Code: USGCares
Tobacco cessation		
Georgia Tobacco Quit Line	877-270-7867	dph.georgia.gov/ready-quit
Virgin Pulse phone coaching	833-724-4874	
QuitSmart Program <i>Kaiser members only</i>	404-365-0966	kp.org/classes
CVS Minute Clinic <i>Anthem members only</i>	866-389-2727	cvs.com/minuteclinic/resources/ smokingcessation

Important contact information

Who to call	Contact information	
Well-being resources		
Diabetes prevention, diabetes management and weight loss		
Livongo <i>Anthem members only</i>	866-204-9818	well.livongo.com/USGBENEFITS
Omada Health <i>Kaiser members only</i>	404-365-0966	go.omadahealth.com/kpga
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 (FSA and HSA)		
Health Benefits Accounts (HSA & FSA), HSA Bank	833-228-9352	myaccounts.hsabank.com/login.asp
Life and disability		
MetLife life insurance Policy #307601	800-638-6420	LifeClaimSubmit@metlife.com
MetLife disability Policy #307601	800-300-4296	mybenefits.metlife.com
Other voluntary benefits		
Voya accident insurance Policy #69586-6	844-228-8692	voya.com
Voya hospital indemnity Policy #69586-6		For claims: voya.com/claims

Important contact information *(Continued)*

Who to call	Contact information	
Aflac critical illness Policy #23054	800-433-3036	aflacgroupinsurance.com
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
Nationwide pet insurance	877-738-7874 (Enrollment only) 800-540-2016 (Enrolled employees)	petinsurance.com/usg (Enrollment only) my.petinsurance.com (Enrolled employees)
Purchasing Power	888-923-6236	usg.purchasingpower.com
Perks at Work (Next Jump, Inc.)	support@nextjump.com	perksatwork.com/login

Financial counseling and retirement		
CAPTRUST Independent Advice	800-967-9948	captrustadvice.com/usg
AIG	866-279-1444	usg.valic.com
Fidelity	800-343-0860	nb.fidelity.com/public/nb/georgiaorp/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, click the OneUSG Connect button. After logging in, select Benefits in the drop down menu.

Notes

benefits.usg.edu



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