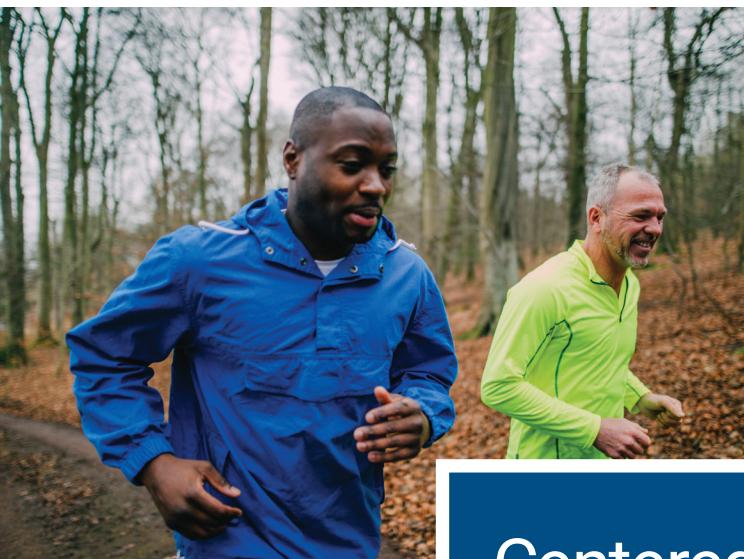




University System
of Georgia **Benefits**



Better Together



Centered
on **YOU**



2023 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 in order to 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 benefit plans. Employees working 20 hours or more per week must enroll in a mandatory retirement plan.

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

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	●				
Basic life insurance with accidental death and dismemberment (AD&D)	●				
Supplemental life insurance	●				
Dependent life insurance	●				
Accidental death and dismemberment	●				
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	●	●			
Supplemental retirement	●	●	●		●

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

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 eligibility documentation

	Documentation needed
Your legal spouse	You must provide both documents: 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 employees who are both USG employees may NOT be covered twice under both parents' plans.

When to enroll and when coverage begins

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

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

Exceptions:

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

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

You may enroll in a 403(b) or 457(b) supplemental retirement plan at any time during the year. Visit benefits.usg.edu/benefits-resources/planning-for-retirement for more information about USG's retirement plans.

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 tobacco user status for themselves, their spouse, and their children age 18+ upon initial enrollment and **each** subsequent Open Enrollment period. Employees who certify they are a tobacco user or who do not certify their user status during Open Enrollment will pay a **\$150** surcharge per month for each employee, spouse and/or child(ren) 18+.

The surcharge does **not** apply if:

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

"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 or simulate tobacco, such as hookahs or electronic cigarettes.



Resources to help you quit

We know it's not easy to quit, but we'll give you the support you need. 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:** Select **Programs > Coaching by phone with Virgin Pulse > Start now > Be tobacco-free.**

If you stop using tobacco or complete a cessation program, you must update your tobacco user status with **OneUSG Connect - Benefits** to stop being charged

the surcharge. Your surcharge will end on the first of the month following the date you update your status.



Working spouse surcharge

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

The working spouse surcharge does **not** apply if:

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

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

When you can make changes to your surcharge status

You may update your tobacco user and working spouse surcharge status at any time during the year by calling the OneUSG Connect - Benefits Call Center at **844-587-4236**.

All changes to your surcharge status will become effective the first of the month following the date you make the change. Visit the **USG Benefits Website/Surcharges** for more information.

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



Managing your benefits



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

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

For a complete list of qualifying life events and documentation required to make a change, visit **benefits.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 the OneUSG Connect - Benefits Call Center at **844-587-4236** Monday to Friday, 8 a.m. to 5 p.m. ET.

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

Translation services available

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

Interpreters are available during normal call center hours. If you need translation services, contact the OneUSG Connect - Benefits Call Center at **844-587-4236**, ask for an interpreter, and your customer care representative will take care of the rest.

USG Healthcare Plans

The University System of Georgia offers several comprehensive healthcare options. To keep you healthy, regardless of the plan you choose, each plan covers in-network preventive care and medications with zero (\$0) employee cost share.

The main differences between the plans comes down to things like how much you pay when you get care, how much you pay each paycheck, how much flexibility you have when choosing providers, and whether you have out-of-network coverage.

Anthem Consumer Choice HSA

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



Anthem BlueChoice HMO

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



Kaiser Permanente HMO

This plan has predictable costs (copays) and does not have a deductible. However, there is no out-of-network coverage (except emergencies), and all of your care must be coordinated by your Kaiser Permanente primary care physician in a Kaiser Permanente facility. Note: This plan is not available for all campus locations. See page 27 for more information.

Anthem Comprehensive Care

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

2023 premium rates for active employees

	2023 monthly plan costs			
	Anthem Consumer Choice HSA	Anthem Comprehensive Care	Anthem BlueChoice HMO	Kaiser Permanente HMO
Employee only	\$83.20	\$193.34	\$228.32	\$171.64
Employer	\$511.76	\$512.86	\$522.06	\$438.92
Total rates	\$594.96	\$706.20	\$750.38	\$610.56
Employee + child(ren)	\$176.64	\$374.92	\$437.88	\$329.30
Employer	\$894.30	\$896.24	\$912.78	\$769.72
Total rates	\$1,070.94	\$1,271.16	\$1,350.66	\$1,099.02
Employee + spouse	\$206.12	\$437.42	\$510.88	\$384.18
Employer	\$1,043.32	\$1,045.60	\$1,064.90	\$898.02
Total rates	\$1,249.44	\$1,483.02	\$1,575.78	\$1,282.20
Family	\$294.44	\$624.88	\$729.82	\$548.84
Employer	\$1,490.46	\$1,493.72	\$1,521.30	\$1,282.88
Total rates	\$1,784.90	\$2,118.60	\$2,251.12	\$1,831.72

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 Health 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. Contact Accolade at **866-204-9818** or visit member.accolade.com to get started.

Important note: surcharge certifications

When you certify your tobacco use or working spouse status, you are attesting that the information is true and correct to the best of your knowledge. USG expects employees to uphold the highest standards of intellectual honesty and integrity in compliance with the USG Ethics policy. Therefore, you should respond honestly in regard to your status. If you knowingly and willfully make a false or fraudulent statement to 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 or more than five years, or both.

2023 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	In network	In network		
Lifetime maximum										
	Unlimited		Unlimited		Unlimited		Unlimited			
Network name										
	Anthem Open Access POS		Anthem Open Access POS		Anthem BlueChoice HMO		Kaiser Permanente facilities			
Deductible: All services are subject to the deductible unless otherwise indicated										
Employee only	\$2,500	\$5,000	\$1,000	\$3,000	None	None				
Employee + 1 (spouse or child)	\$5,000	\$10,000	\$2,000	\$6,000						
Employee + 2 or more covered members	\$5,000	\$10,000	\$3,000	\$9,000						
Maximum annual out-of-pocket limit										
Employee only	\$4,500	\$9,000	\$2,250	\$6,750	\$5,500	\$6,350				
Employee + 1 (spouse or child)	\$9,000	\$18,000	\$4,500	\$13,500	\$9,900	\$12,700				
Employee + 2 or more covered members	\$9,000	\$18,000	\$4,500	\$13,500	\$9,900	\$12,700				
Notes	Employee only: Responsible for the single deductible or out-of-pocket (OOP) amount <u>only</u> . 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 22 .		Employee only: Responsible for the single deductible or out-of-pocket (OOP) amount <u>only</u> . Employee + 1 or more covered members: Each member responsible for single deductible or OOP amount <u>within</u> 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 22 .		Employee only: Responsible for the single out-of-pocket (OOP) amount <u>only</u> . Employee + 1 or more covered members: Each member responsible for single OOP amount <u>within</u> 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 22 .		Member copays for physician office visit services, inpatient admission, ER visits, and pharmacy copays apply toward the annual out-of-pocket amount. See page 29 .			
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 coverage 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 Away From Home Travel Line from both inside and outside the U.S. at 951-268-3900 for assistance before, during, and after travel.					
Primary care physician/referral required										
	No		No		Yes		No			

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

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

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

2023 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	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 \$30 copay	
Retail health clinics								
	80%	N/A	Plan pays 100% after \$15 copay		N/A	Plan pays 100% after \$15 copay	N/A	
Virtual care video visit (formerly LiveHealth Online)								
	80% ¹	N/A	Plan pays 100% for the first 3 visits; then 100% after \$15 copay per visit		N/A	Plan pays 100% for the first 3 visits; then 100% after \$15 copay per visit	Plan pays 100%; no visit limit	
Wellness/preventive care* (calendar year)								
	Paid at 100%; not subject to the deductible	Paid at 60%; not subject to the deductible	Paid at 100%; not subject to the deductible		Paid at 60%; subject to deductible	Plan pays 100%	Plan pays 100%	
Routine eye exam with ophthalmologist or optometrist								
	Paid at 100%; not subject to the deductible	Paid at 60%; subject to deductible	Paid at 100%; not subject to the deductible	Not covered; noncovered charges do not apply to annual deductible or annual out-of-pocket maximum		Paid at 100%; in network only	Plan pays 100% after \$45 copay to optometrist	
Specialist visit								
	80%	60%	100% after \$35 copay per visit; not subject to the deductible; \$35 copay applies to office visit service only		60%	100% after \$90 copay	100% after \$45 copay	
Laboratory services (office, outpatient, inpatient)								
	80% when lab is Labcorp	60%	90% when lab is Labcorp		60%	100% when lab is Labcorp	100% covered in Kaiser Permanente medical office; \$100 copay in outpatient setting	
Maternity care								
	80%	60%	90% after an initial visit copay of \$20; not subject to the 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 \$90 at first office visit	Prenatal and first postpartum visit covered at 100%	
Surgery in office								
	80%	60%	90%		60%	100% after \$90 copay	100% after \$45 copay in Kaiser Permanente medical office; \$250 copay in outpatient setting	

* Preventive 3D mammograms are covered by Anthem.

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

¹ Starting at \$59; varies depending on service.

2023 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 \$90 copay	100% after \$45 copay		
Allergy shots & serum							
80%	60%	100%; not subject to the deductible if a physician is seen; the visit is treated as an office visit and subject to the \$35 copay per visit.	60%	100% after \$90 copay	100% after \$45 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 \$600 copay	100% after \$350 copay		
Maternity delivery							
80%	60%	90%	60%	100% after \$600 copay	100% after \$350 copay		
Skilled nursing facility							
80%	60%	90%	60%	100%; 30-day limit per calendar year	100%; 30-day limit per calendar year		
30 days per calendar year combined in network and out of network		30-day calendar-year maximum combined in network and out of network					
Hospice care							
100%	100%	60%	100%	100%	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 \$300 copay	100% after \$250 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.

2023 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%	90% after a \$300 copay per visit; subject to deductible; copay waived if admitted within 24 hours	90% after a \$300 copay per visit; subject to deductible; copay waived if admitted within 24 hours	100% after \$400 copay	100% after \$300 copay	
Land ambulance services (for medically necessary emergency transportation only)					
80%; subject to in-network deductible	90%; subject to in-network deductible	100%	100% after \$75 copay per trip		
Out-of-network land ambulance services apply to the in-network deductible and in-network out-of-pocket maximum, but it is important to remember you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Balance bill amounts will not apply to the deductible or out-of-pocket maximum.					
Air ambulance services (for medically necessary emergency transportation only)					
80%; subject to in-network deductible	90%; subject to in-network deductible	100%	100% after \$75 copay per trip		
Except as set forth in the Surprise Billing Legislation Notice, it is important to remember you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Out-of-network air ambulance services apply to the in-network deductible and in-network out-of-pocket maximum. Balance bill amounts will not apply to the deductible or out-of-pocket maximum.					
Urgent care services					
80%	60%	100% after \$35 copay; not subject to deductible	60%	100% after \$90 copay	100% after \$40 copay
Other services					
Home health					
80%	60%	90%	60%	100%; up to 120 visits	100%; 120 visits
Home nursing care					
80%	60%	90%	60%	100%	Contact plan for details
Durable medical equipment					
80%	60%	90%	60%	100%	50%
Hearing aids – children (18 years of age and under)					
80%	60%	90%	60%	100%	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	
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	
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 \$90 copay	100% after \$35 copay; 20 visits
Physical and occupational therapy: 40 visits combined		Chiropractic care: 40 visits		Chiropractic care: 20 visits	
Physical, speech, occupational, and cardiac therapies: 40 visits per therapy in- and out-of-network		Physical, speech, occupational, and cardiac therapies: 30 visits in- and out-of-network		Physical and occupational therapy: 40 visits	
visit limits are combined.		visit limits are combined.		Speech therapy: 30 visits	
Cardiac rehabilitation: no visit limit		Cardiac rehabilitation: no visit limit		Cardiac rehabilitation: no visit limit	
				100% after \$45 copay; up to 20 visits for physical, occupational, and speech combined	
				100% after \$45 copay; up to 36 visits for cardiac rehabilitation	

2023 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 \$600 copay	100% after \$350 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 22.		See page 22.	See page 22.	See page 29.	



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

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

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

Enrollment checklist

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

- Step 1** **OneUSG Connect** is your self-service portal to update your personal and direct deposit information and to enter time off. It's always your gateway to your healthcare and retirement enrollment. To log on, visit oneusgconnect.usg.edu, click **OneUSG Connect**, and select your campus's icon.
- Step 2** **Read** this Comparison Benefits Guide and attend a new hire orientation to understand your benefits. Additional information is available at benefits.usg.edu.
- Step 3** **Collect** all the necessary documentation for eligible dependents you wish to enroll into coverage. You will need the legal name, date of birth, and Social Security number for each eligible dependent. See the **Cover Those Who Matter** page for a list of documents you need to submit. You must enroll and submit supporting documentation within **30 days** of your date of hire or eligibility date.
- Step 4** If applicable, review your prior-year health and child care expenses. Also, make note of any potential medical, dental, or vision services you have planned for the year. Based on the summary of your estimated expenses, you can estimate how much you may want to contribute to a Flexible Spending or Health Savings Account.
- Step 5** For **Healthcare** and voluntary benefits enrollment, visit oneusgconnect.usg.edu. Log in to **OneUSG Connect-Benefits** by selecting **Manage my Benefits**. You must enroll within **30 calendar days** of your hire date to make your elections. For **Retirement** elections, visit oneusgconnect.usg.edu and select the **OneUSG Connect** button. Next, choose **Benefits** from the drop-down menu and select **Retirement at Work**. See the USG Retirement website for complete enrollment instructions. You must enroll within **60 calendar days** of your hire/eligibility date. Once your make your election, your decision is irrevocable.
- Step 6** **Add a beneficiary.** Even if you're not enrolling in healthcare, you will need to add a beneficiary for your Life Insurance, Health Savings Account, and your Retirement plans. You will need to add your beneficiary's name, contact information, and Social Security number.
 - **Life Insurance:** During your enrollment, you will be prompted to add a beneficiary.
 - **Health Savings Account:** You will need to add a beneficiary through the HSA Bank portal at myaccounts.hsabank.com/Login.aspx.
 - **Retirement Accounts:** You will need to add a beneficiary with Teacher's Retirement System (TRS) or your Optional Retirement vendor. See page 52 for plan information.
- Step 7** If you elect a life insurance option that requires evidence of insurability (EOI), please complete and return your EOI directly to MetLife within **30 days** of your enrollment event. You will be placed in the life insurance up to the guaranteed issue amount until your EOI is approved.

Accolade



You have a voice in your healthcare

Healthcare is complicated, but with Accolade, it doesn't have to be. USG has partnered with Accolade to help employees enrolled in an Anthem Healthcare plan receive the best care, at the right time and the right place.

Think of Accolade as your personal health assistant. They are your advocate, champion, and first point of contact for all of your benefits, billing, and healthcare questions. As a single point of contact, your Accolade Health Assistant provides healthcare support and connects your doctors and health plan. This simplifies your experience so you can focus on what matters.

Contact Accolade for questions about your coverage or understanding a new diagnosis, treatment plan, or medication. If you need assistance scheduling appointments, coordinating care, translating insurance terms, or understanding a confusing healthcare bill, your Accolade Health Assistant is there to help you get the answers you need.

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 portal or the Accolade mobile app.

Download on the
App Store

GET IT ON
Google Play

Accolade does not practice medicine or provide patient care. It is an independent resource to support and assist you as you use the healthcare system and receive medical care from your own doctors, nurses, and healthcare professionals. If you have a medical emergency, please contact 911 immediately. ©2020 Accolade. All rights reserved. All product names, logos, and brands are the property of their respective owners.

Accolade



We've got your coverage covered

Services we are here to provide:



Finding the right doctor in your network

Call your Accolade Health Assistant or use the **Find Care** tool in your mobile app or member.accolade.com portal to get help finding a doctor with the right experience, who understands your needs and makes you feel comfortable.



Understanding your benefits

Not only can your Accolade Health Assistant help you understand the ins and outs of your healthcare coverage, but they can also educate and connect you with all of your other USG benefit plans, programs, and resources.



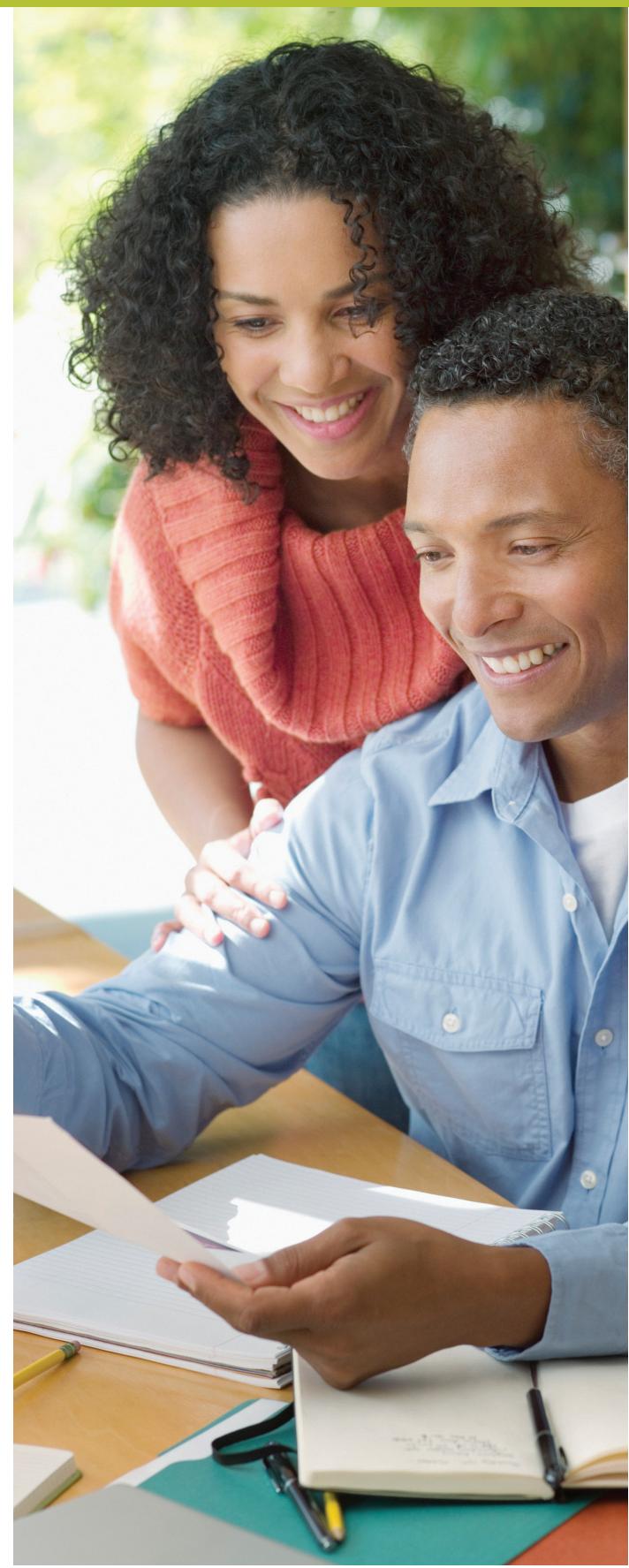
Not just insurance – reassurance

Behind your Accolade Health Assistant is a team of experts: physicians, nurses, and pharmacists who are here to listen, support, and inform you of all your options. They can suggest questions to ask your doctor, explain all the treatment options, medications, and procedures available to you or simply offer you the reassurance that someone knowledgeable is always paying attention.



Estimate healthcare cost

Because your Accolade Health Assistant understands the healthcare system, they can help you get the information you need to make the best decisions not just for your family, but also for your wallet. From choosing the right health plan to finding a lower price for your prescription – we can even estimate your out-of-pocket healthcare costs ahead of time, so you can be financially prepared. Speak with your Health Assistant or use the **Estimate Costs** tool in the Accolade member portal or mobile app to calculate the cost of a test or procedure.



Accolade

Resolve billing and claims issues

When you have questions about charges or costs, just select the **Spending** tab in your Accolade mobile app or online member portal to view your claims and track your spending. You can also connect with your Accolade Health Assistant one-on-one to get clarity about a charge or to identify next steps toward resolution. They'll even advocate for you directly with the provider or Anthem to reach a fair resolution.

Your nurse is standing by

A member of the Accolade nursing staff is on call to take your medical questions, day or night. They will take the time to understand your care needs, help you recognize and respond to symptoms, find a specialist, get help for a chronic condition, or explain treatment options.

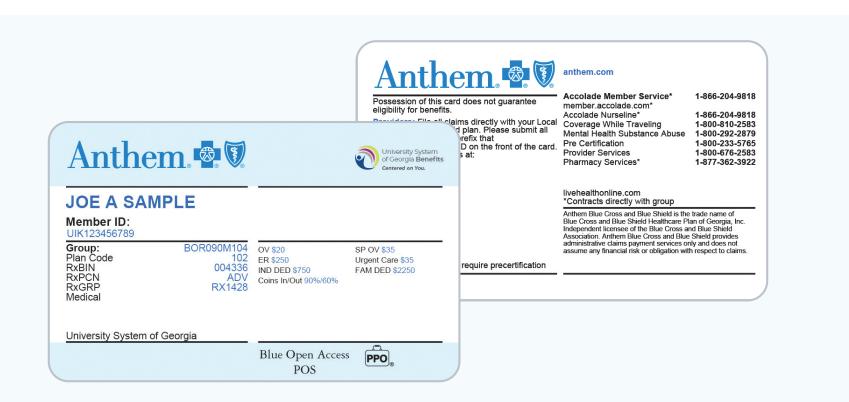
Great question. We can help.

Ask your Accolade Health Assistant any question relating to your care.

- Can you help me understand this bill?
- When is my Open Enrollment period?
- Can you help me find a specialist in my network?
- Why was I charged for this test?
- What's the difference between an FSA and an HSA?
- Can I get a second opinion?

You have our number

To reach your Accolade Health Assistant, nurse, or any member of your care and coverage team, call the Member Services phone number on the back of your ID card.



Your phone is your lifeline

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, then select **Save**.



Livongo: Helping you live healthier on the go

Livongo provides diabetes management, diabetes prevention, and weight management programs at no additional cost to help you live a healthier life.

Diabetes management made easier

- Advanced glucose meter with unlimited strips and lancets shipped right to you at no additional cost.
- Access to a range of digital courses and support tailored to your individual mental health needs
- 24/7 support from expert coaches
- Smart scale and/or blood pressure monitor (depending on your health status)

"Livongo keeps me aware of my glucose levels without the worry of running out of supplies."
– USG employee

Diabetes prevention: lower your risk of developing type 2 diabetes

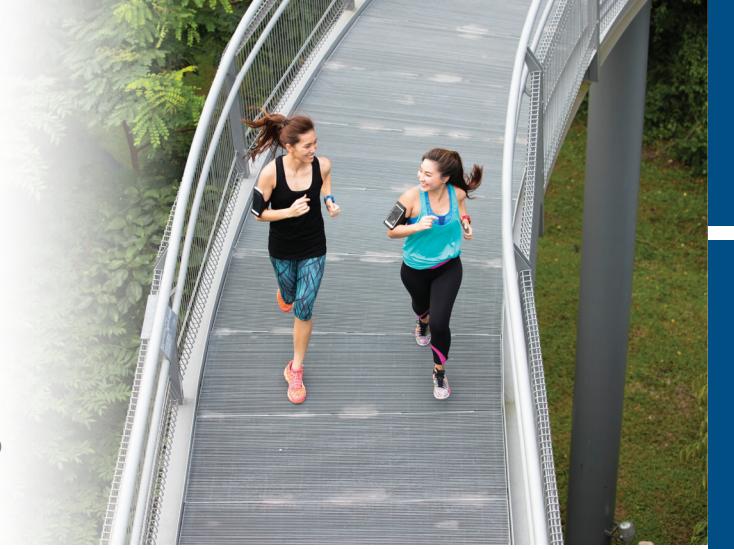
- Connected smart scale
- Unlimited one-on-one coaching
- Community support and more

"Livongo helps me make healthier choices."
– USG employee

Weight management: take the guesswork out of weight loss

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

"I lost weight and feel more energized."
– USG employee



Who can join

The program is offered 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: Track your progress, get real-time insights, and manage your health with 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.

Earn USG Well-being credit: Active employees and covered spouses can earn well-being points by participating in one of the Livongo programs.



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**. Have your registration code, **USGBENEFITS**, ready.

Know before you go



We understand the importance of getting the right care, from the right place, at the right time. If you have a healthcare need and are not sure where to go, speak with your Accolade Health Assistant or nurse at **866-204-9818** or chat via the mobile app or website at member.accolade.com.

Where you go for care matters

A primary care physician (PCP) serves as your main doctor and is your first stop when you need care.

PCP	Virtual care	Retail health clinic	Urgent care center	Emergency room
Usually available during normal business hours and may also provide medical advice by phone after hours	24/7 access to doctors through the Sydney SM Health app, no appointment needed	Walk-in care clinics located in certain drugstores and major retailers	Stand-alone facilities, open extended hours	Stand-alone facilities or part of hospitals, open 24/7
				
cost ¹ \$\$	cost \$	cost \$\$	cost \$\$\$	cost \$\$\$\$
average wait ² 18 min	average wait ³ 10 min	average wait ⁴ 30 min	average wait ⁵ 30 min	average wait ⁶ 90 min
Mild asthma, back pain, flu-like symptoms, allergies, fever, sprains, diarrhea, eye or sinus infection, rash, urinary tract infection (UTI), sore throat, earaches, bumps, minor cuts and scrapes, and other nonemergency symptoms	Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, UTI	Sore throat, earaches, bumps, minor cuts and scrapes, UTI	Sprain and strains, nausea, diarrhea, ear or sinus pain, minor allergic reactions, cough, sore throat, minor headache, UTI	Signs of a heart attack (chest pain) or stroke (sudden numbness and slurred speech), difficulty breathing, and severe burn or bleeding – and any other symptoms where it is reasonable to think you are having a life-threatening emergency or your health is in serious jeopardy

¹ Costs are ranked according to the member's estimated out-of-pocket costs and average health plan copays. Each plan may have different costs. Nonemergency care outside of your network may cost more out of pocket or may not be covered at all. \$ = lower cost, and \$\$\$ = higher cost. Call the Member Services number on your ID card if you have questions about your plan.

² Business Wire: *9th Annual Vitals Wait Time Report Released* (accessed July 2021): businesswire.com.

³ LiveHealth Online, internal data 2020.

⁴ Healthcare Finance: *Patient wait times show notable impact on satisfaction scores, Vitals study shows* (accessed July 2021): healthcarefinancenews.com.

⁵ Urgent Care Association: *UCA 2019 Benchmarking Report* (accessed July 2021): ucaoa.org.

⁶ Harvard Business Review: *To Reduce Emergency Room Wait Times, Tie Them to Payments* (accessed July 2021): hbr.org. Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022.

Care while traveling

Medical coverage while traveling

Ways to access care across the U.S.:

	Call 911 or go to the nearest hospital in an emergency.*
	Go to member.accolade.com , log in, and use the Find Care tool to search for a doctor or hospital. Care outside of Georgia uses the National preferred provider organization (PPO) network.
	Use the Accolade mobile app to search for a doctor or hospital.
	Call the Member Services number on your ID card. They can help you find a doctor or hospital.

Ways to access care outside the U.S.:

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



Travel Assistance (Provided by MetLife via AXA Assistance)

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

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

Log on to: metlife.com/travelassist

To log in, complete the registration process and set up a unique username, password, and email address.

* You or a family member needs to call the Member Services number on your ID card within 24 hours (48 hours for members in Indiana) after going to the hospital or as soon as you can.

BlueCard PPO (National PPO Network) applies to the Comprehensive Care plan and the Consumer Choice plan for all coverage outside of Georgia. BlueChoice HMO members have access to emergency-only care outside of Georgia or the U.S.



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

- **Within Kaiser Permanente service areas in the U.S.**, members get routine, urgent, and emergency care at our care facilities or at non-Kaiser Permanente locations such as MinuteClinic or Concentra.

- **In non-Kaiser Permanente service areas in the U.S.**, members can access emergency and urgent care at non-Kaiser Permanente facilities while only paying their standard cost share.

- **Internationally**, members can receive emergency and urgent care at non-Kaiser Permanente facilities around the world.

New! Kaiser Permanente members now have access to Cigna's national network of doctors for emergency and urgent care visits. The copay and applicable employee cost share is the same as Kaiser Permanente facilities.

Support while you're away

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



1. Scan the QR code using the camera on your smartphone.
2. Make sure the QR code is inside the box on your screen.
3. Tap the pop-up notification that appears and you will be taken to the **Care while traveling** webpage.

CVS pharmacy benefits summary



When you enroll in an Anthem healthcare plan, you are automatically enrolled in the prescription drug benefit through CVS Caremark. You can fill your prescription at any pharmacy location, including non-CVS locations. The formulary, also known as the covered drug list, covers a wide selection of clinically sound and cost-effective medications.

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

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

		Consumer Choice HSA coinsurance after deductible copay/coinsurance	Comprehensive Care copay/coinsurance	BlueChoice HMO copay/coinsurance
Retail (30-day supply)	Generic	20%		\$15
	Preferred brand	20%	20% with \$40 minimum and \$100 maximum	
	Nonpreferred brand	20%	35% with \$100 minimum and \$200 maximum	
Mail order (90-day supply)	Generic	20%		\$45
	Preferred brand	20%	20% with \$120 minimum and \$300 maximum	
	Nonpreferred brand	20%	35% with \$300 minimum and \$600 maximum	
Specialty (limited to 30-day supply)*	Generic	20%	20% with maximum of \$75	
	Preferred brand	20%	20% with maximum of \$150	
	Nonpreferred brand	20%	35% with maximum of \$200	
Annual out-of-pocket maximum	Employee			\$1,750
	Employee + child(ren)	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).		\$3,500
	Employee + spouse			\$3,500
	Family			\$5,250

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

Important information

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

- Your doctor writes "dispense as written" (DAW) on the prescription.
- 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?

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



Understanding your benefits



Prescription drug benefits with the Consumer Choice HSA

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

Prescription drug benefits with the Comprehensive Care and BlueChoice HMO

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

How it works

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

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

Prescription coinsurance:

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

Important terms

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

CVS pharmacy benefits summary (continued)

Save time and money

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

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

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



Prior authorization and quantity limits

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

Dispense as written (DAW)

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

Prescription questions?

Your Accolade Health Assistant can help you with things like understanding your pharmacy benefit coverage and claims, what medications are covered, and understanding your costs and/or discount program available. Contact Accolade at member.accolade.com or 866-204-9818.

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

HMO service area by county

BlueChoice HMO service area by county

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

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	

Kaiser Permanente



A total health system like no other

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

What makes Kaiser Permanente special?

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

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

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

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



Choose a doctor who's right for you

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



Transition your care seamlessly

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



Get care on your schedule

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

How to find a provider:

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

Kaiser Permanente



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

1. Scan the QR code using the camera on your smartphone.
2. Make sure the QR code is inside the box on your screen.
3. Tap the pop-up notification that appears.



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

Kaiser Permanente



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.



Other ways to receive care in the moment



E-visit

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



Online

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



24/7 virtual care

Personalized support. Around the clock. Talk with a clinician 24/7 by video or phone at no cost.



Email

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



App

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

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.

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.
- 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.

Kaiser Permanente pharmacy



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.

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	\$75 for KP pharmacies \$55 for non-KP pharmacies one-time fill per medication
Specialty*	30% up to \$250
Mail order pharmacy	Three copays per 90-day supply for KP pharmacies Three copays per 90-day supply for non-KP pharmacies

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



Getting refills

You have three easy options:

- Order online at kp.org/rxrefill.
- Order from your mobile device by using the Kaiser Permanente app, which can be downloaded 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 to five business days.



Questions

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

Let's do this together



New!
More ways
to earn \$200
in 2023!

The USG Well-being Program (in partnership with Virgin Pulse) is here to support you with programs, live events, coaching, and tools that will help you stay motivated to achieve your well-being goals. You'll build healthy habits, have fun with coworkers, and experience the lifelong rewards of better health and well-being.

How it works

This year, you will earn credits by completing healthy activities that are worth points. With more ways to earn well-being points, it's easy to earn up to \$200 in well-being credits! The more healthy activities you complete, the more points you earn.

- Complete USG well-being activities between October 1, 2022, and September 30, 2023. This window is called the "earning period."
- Do healthy things, earn well-being points, and reach levels. Each time your points reach a level, you will unlock well-being credits! See the chart below.
- USG will apply the earned credit to your last paycheck in November 2023.*

Program Year: 10/1/2022 – 9/30/2023			
	Level 1	Level 2	Level 3
Points	5,000 points	15,000 points	25,000 points
USG well-being credit	\$25	\$50	\$50
Cumulative earnings	\$25	\$75	\$125
			\$200

Questions? Send us an email at support@virginpulse.com or give us a call at 833-724-4874.

*You must be enrolled in a USG Healthcare plan at the time the credit is applied to receive the credit.



Do healthy things



Earn points



Level up

The more you do, the more you earn!

The following chart outlines the variety of ways you can earn well-being credits with USG well-being. Make sure you register your USG well-being account by September 30, 2023, to be eligible to earn well-being credits in 2023.

Note: This is not a complete list of earning opportunities. Please see the **Rewards** page in your well-being account for a complete list. Additional learning opportunities can be added throughout the year!

	Do healthy things	Earn points
Once ever	Connect first activity device	200
	Add five USG friends	250
	Connect a calorie tracker	100
	Take the Health Assessment survey	5,000
	Complete a financial coaching appointment	1,000
	Track your steps each week of a USG step challenge (2x/year)	2,000
	Complete a biometric screening (on-site or via physician form)	10,000
	Complete 3 preventive care activities in the My Care Checklist ¹	1,000
	Ideal or improved health measurements (up to 7)	500
	Receive a flu shot and/or COVID-19 vaccine ¹	1,000
Annually	Participate in a Well-being Wednesday Workshop (voucher)	Variable
	Set your interests	300
	Complete a Journey (3x/quarter)	500
	Complete a Virgin Pulse coaching appointment (6x/year)	1,000
Monthly	Monthly Milestone: 20 days in a month tracking 7,000 daily steps	200
	Participate in a Money Monday Workshop	250
	Participate in a Well-being Wednesday Workshop	250
Weekly	Track steps (1,000 - 10,000 steps)	10 - 100
	Track sleep (via device)	20
	Track your Healthy Habits (3x/day)	10
	Do your Daily Cards (2x/day)	10
	Daily calorie tracking with MyFitnessPal	20

Earning highlights

- Get to level 2 immediately when you complete the health assessment and a biometric screening, earning 15,000 points (\$75 in well-being credits).
- **New!** Earn points for getting your preventive screenings.
- Connect a device to get well-being credit for your steps, active minutes, and sleep.

Your health information is confidential and will not be shared with USG. The USG Well-being Program is entirely voluntary and confidential. You can read the Virgin Pulse privacy policy at virginpulse.com/privacy-policy.

¹ Some activity earnings began October 1, 2023.

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

Dental coverage that will bring a smile to your face



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

Maximize your savings by visiting a dentist in the PPO network

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

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



	Delta Dental Base Plan		Delta Dental High Plan	
	In network	Out of network	In network	Out of network
Maximum annual benefit		\$1,000 per person ¹		\$1,500 per person ¹
Deductible (single/family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic/preventive 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	
2023 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	

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

¹ Preventive and diagnostic services don't count toward the annual maximum.

² Benefit limits on full replacement of existing dentures or crowns apply. Wisdom teeth are covered under the dental plan.

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, usually due to old age).
- Glaucoma.

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
Exam²	\$10 copay	\$40
Single vision lens	\$25 copay	\$40
Standard lens	\$80 copay	\$55
Frames²	\$150 allowance	\$58
Contact lenses	\$150 allowance	\$130
Medically necessary contact lenses	Paid in full	\$210

2023 monthly rates	
Employee	\$6.90
Employee and spouse	\$15.52
Employee and child(ren)	\$13.12
Family	\$20.34

¹ These are rotating offers subject to change.

² If you use an EyeMed PLUS provider, you will have a \$0 eye exam copay and an additional \$50 frame allowance.

Shared sick leave

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



The Tuition Assistance Program (TAP) is available to benefits-eligible employees who work 40 hours or more and who have successfully completed at least six months of employment in a benefits-eligible position. The program provides up to nine semester credit hours per semester. See benefits.usg.edu for more 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 healthcare expenses. Your contributions are tax-free via payroll deduction, saving you money on federal, state income, and Social Security taxes.

HealthCare FSA

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

- For a list of eligible expenses, go to irs.gov/pub/irs-pdf/p502.pdf.
- The annual contribution limit is \$2,850.

Dependent Care FSA

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

- For a list of eligible expenses, go to irs.gov/pub/irs-pdf/p503.pdf.
- Dependent Care FSA applies to expenses for children under age 13 or elderly parents.
- Your annual contribution limit is \$5,000. If you are married and filing separately, your annual contribution limit is \$2,500.

Limited Purpose FSA

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

- The annual contribution limit is \$2,850.

Why get an LP-FSA?

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

Flexible Spending Accounts

How an FSA works

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

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

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.

FSA fast facts

- FSAs (Healthcare, Dependent Care, and Limited Purpose) must be elected during your new hire eligibility period and reelected each year during annual Open Enrollment for the next year. You are not automatically reenrolled each year.
- Remember that IRS rules require you to forfeit any balance left in your FSAs at the end of the plan year. This is the "use-it-or-lose-it" rule.
- Plan Carefully!** For your 2023 FSA election, you must incur eligible expenses between January 1, 2023, and March 15, 2024, and submit them for reimbursement before **March 31, 2024**. Funds left in your FSA at the end of the grace period is forfeited and cannot be returned to you.
- Grace period.** USG provides a grace period of two and a half months after the end of the calendar year. This means you can continue to incur eligible healthcare expenses through **March 15, 2024**, giving you a little more time to use up your Healthcare FSA balance. **All USG FSAs have a grace period.**



Health Savings Accounts

Health Savings Account

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

How an HSA works

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

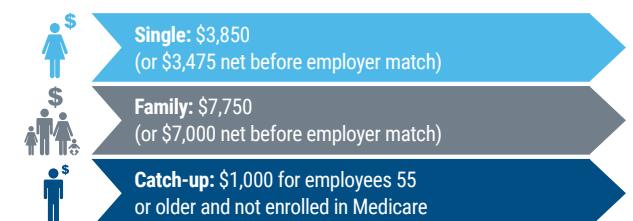
To be eligible to open an HSA, you must meet the following criteria:

- Must be covered under the Consumer Choice HSA healthcare plan.
- Not currently enrolled in Medicare or TRICARE.
- Not claimed as a dependent on another person's tax return.
- Not receiving medical benefits through the Veterans Affairs during the preceding three months.

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



2023 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.

2023 HSA employer contribution match¹
Single – \$375 Family – \$750

Maximizing your HSA contributions

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

These examples are for illustrative purposes only.

Employee makes \$35,000 annually and is paid bi-weekly.

They are enrolled in the Consumer Choice HSA Employee-only coverage.

If they contribute \$14.42 per paycheck, they will have contributed \$375 by December 31.

USG will also contribute \$375, which adds up to a total of \$750 at the end of the year.

Since these contributions are pretax,² the reduction to the paycheck is \$10.76.

Employee makes \$45,000 annually and is paid monthly.

They are enrolled in the Consumer Choice HSA Family coverage.

If they contribute \$62.50 per month, they will have contributed \$750 by December 31.

USG also contributes \$750, which adds up to a total of \$1,500 at the end of the year.

Since these contributions are pretax,² the reduction to the paycheck is \$47.88.

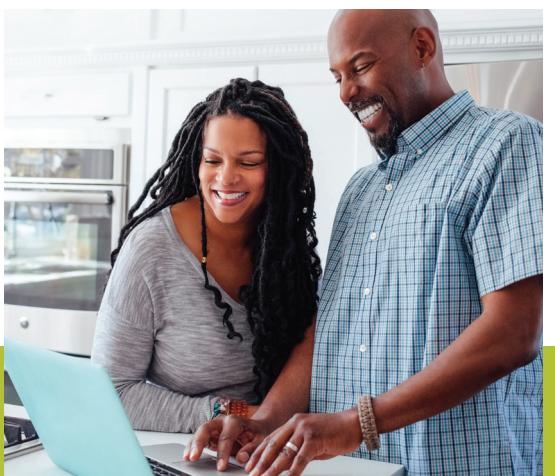
Health Savings Accounts

HSA investment options

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

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

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



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

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 (LP-FSA)	●			

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



HSA fast facts

- Only employees enrolled in the Consumer Choice HSA plan can contribute to the HSA. HSA funds can be rolled over from year to year, and the money is yours to keep if you leave USG or move to another plan option.
- Employees with an HSA may also contribute to a Dependent Care FSA for child care expenses or a Limited Purpose FSA for dental and vision expenses.
- While both you and your spouse can make contributions to an HSA, the IRS only allows the household to contribute up to the family maximum. This amount can be split between both accounts, but the total contributions for the year between both accounts can never exceed the family maximum.
- 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.



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.



Life insurance

What coverage is available to you and your family?

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

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

- Automatically enrolled at \$25,000 with matching AD&D at no cost to you
- Coverage guaranteed

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

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

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

- Will preparation
- Estate services
- Website for perks
- Digital legacy
- Travel assistance



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 USG employee coverage
- Employees may elect spouse and child life without enrolling for employee supplemental life
- Any increases to your spouse life during Open Enrollment require an EOI

Child life

- Rates are \$5,000 (\$0.50/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. If the child is a USG employee, they would not have coverage under a parent.

Accidental death and dismemberment (AD&D)

Employee plan

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

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

- Spouse and children:
 - Spouse: 40% of employee's 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



For rates and additional information, see benefits.usg.edu and metlife.com/BORUSG.

Disability insurance



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

Short-term disability (STD)

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

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

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.*

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 and at metlife.com/BORUSG.
- Benefits continue as long as you meet the definition of disabled under the policy or you reach the normal Social Security retirement age.

How can I calculate my rate?

STD calculation example

Monthly payroll

Rate: \$0.274/\$10 covered benefit

Annual salary = \$56,000

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

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

$\$646.15 \times 0.274/\$10 = \$17.70$

LTD calculation example

Monthly payroll

Rate: \$0.266/\$100 covered salary

Annual salary = \$56,000

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

$\$4,666.67 \times 0.266/\$100 = \$12.41$

Mental health and emotional well-being

One of the most important things you can do for your health is spend time taking care of yourself. If you are faced with life's challenges, sometimes it helps to talk to someone. USG has resources that can help! Whether you need virtual coaching, one-on-one therapy, or help practicing mindfulness, helpful programs can be found at usg.edu/well-being.



Kaiser Permanente members can get connected to a mental health professional by calling **404-365-0966** or visiting my.kp.org.

Members have access to phone coaching, virtual care, and apps such as Ginger, myStrength, and Calm to help 24/7.

Get connected to additional care

Employees enrolled in one of the Anthem healthcare plans have access to a variety of mental health resources. Connect with your Accolade Health Assistant at member.accolade.com or **866-204-9818** to get matched with a program or a doctor that meets your needs.



Virtual care video visit (formerly LiveHealth Online)

Schedule a virtual appointment through LiveHealthOnline (LHO). Psychiatrists and psychologists are available for 365/24/7 with same-day visits.



Employee Assistance Program



USG has partnered with Kepro to provide employees and their dependents with a comprehensive Employee Assistance Program (EAP). Services are free and confidential. The EAP is available 24/7/365.

Eligibility

Employees working at least 20 hours per week, their dependents, and all household members are eligible for the Employee Assistance Program (EAP). The EAP is available on the first day of employment and does not require enrollment in a USG Healthcare plan. Additionally, you do not need to enroll in the program to take advantage of the services provided.

Free confidential counseling sessions

The EAP offers short-term counseling to help participants deal with a full range of mental and emotional health situations. Participants receive:

- Up to four counseling sessions per issue per year with a licensed counselor.
- The choice of in-person or virtual counseling sessions.

Legal and financial counseling and assistance

- A free 30-minute telephone or in-person legal consult with a 25% reduction in fees for ongoing services
- A complimentary 30-minute telephone consultation with a qualified financial planner

The Employee Assistance Program is available 24 hours a day, 7 days a week, 365 days a year.

To request any service and or get information, call **844-243-4440**.

TIP: Store the EAP number in your phone so it's there when you need it!

Daily living services and assistance

The EAP helps employees find resources and referrals for services such as:

- Home repairs and improvement
- Home maintenance and cleaning
- Pet services
- Moving and relocation
- Travel and entertainment
- Event planning

Workplace services and assistance

- Unlimited telephone consults with Kepro's Management Services Team for all supervisors
- Critical Incident Support, which provides in-person or virtual counseling to employees when a traumatic episode occurs that impacts the workplace
- A wide variety of training topics with live sessions conducted virtually

Care and services for your loved ones

Family caregiving consultations, resources, and referrals for a variety of family matter topics, such as:

- Child and elder care
- Transportation assistance
- Meal programs
- Special needs services
- Medicare and Medicaid guidance

Virtual resources

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

- Grief and anxiety
- Parenting
- Child and elder care
- Health and wellness
- Financial and legal

USG Accident Plan



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

Plan benefits

The USG Accident Insurance plan provides payments directly to you, unless assigned otherwise, for the following types of expenses:

- Emergency treatment.
- Ambulance.
- Hospital admission and confinement.
- Fractures and dislocations.
- Outpatient and inpatient surgery and anesthesia.
- Rehabilitation, therapy, and many more.

• For complete plan details, visit benefits.usg.edu.

Category	Covered conditions and benefits ²	Benefit amount
Initial accident treatment benefits	Benefits include: initial treatment (ER/urgent care/doctor's office), ambulance, major diagnostic testing, blood/plasma/platelets, concussion, coma, burns, emergency dental work, eye injury, dislocations, fractures, lacerations, outpatient and inpatient surgery and anesthesia, facilities fee for outpatient surgery, transportation.	Varies by benefit
Hospitalization benefits	Benefits include: hospital admission, hospital confinement, hospital intensive care, intermediate intensive care step-down unit, family member lodging.	Varies by benefit
After-care benefits	Benefits include: appliances (cane, ankle brace, crutches, and more), accident follow-up treatment, rehabilitation, therapy, chiropractic or alternative therapy.	Varies by benefit
Life-changing events benefits	Benefits include: paralysis, prosthesis, prosthesis repair/replacement, residence/vehicle modification.	Varies by benefit
Wellness benefits rider	Payable once per calendar year for each insured employee, spouse, and child.	\$50
Additional rider	Organized Athletic Activity Rider pays an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.	25%



USG Hospital Indemnity Plan

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

Plan benefits

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

The plan provides you¹ with cash benefits to help with the following types of costs:

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



Monthly rates

Tier level	Aflac
Employee	\$9.22
Employee and spouse	\$18.48
Employee and child(ren)	\$15.02
Family	\$24.28

Category	Covered conditions and benefits ²	Benefit amount
Hospital confinement	Maximum of 31 days per confinement for each covered sickness or accident for each insured.	\$600 per confinement
Hospital intensive care	Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable in addition to the Hospital Confinement Benefit.	\$125 per day
Intermediate intensive care step-down unit	Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable in addition to the Hospital Confinement Benefit.	\$50 per day
Rehabilitation facility	Maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured.	\$50 per day
Successor insured	Surviving spouse may elect to continue coverage if spouse coverage is in force at time of employee's death. Coverage would continue per existing plan and include dependent children in force at the time.	\$50 per day

¹ Unless you assign benefits otherwise.

² In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.

USG Critical Illness Plan



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

Plan benefits

The USG Critical Illness insurance plan can help with the treatment costs of a covered critical illness, allowing you to focus on recuperation instead of the distraction of medical expenses. Plus, you'll receive the lump-sum cash benefits directly — unless you assign them otherwise.

You may elect \$10,000, \$20,000, or \$30,000 for your coverage. Your spouse is eligible to be covered for up to half of the coverage amount you elect. Children are automatically covered at 50% of your benefit amount at no additional cost.

For the initial diagnosis, you may be eligible for up to 100% of the benefit amounts listed below. See plan details for payment related to additional or recurring diagnosis.

Coverage type	Covered conditions and benefits ²	Benefit amount
Base benefits	Coronary artery bypass surgery, noninvasive cancer	25%
	Heart attack, stroke, kidney failure (end-stage renal failure), major organ transplant, ¹ bone marrow transplant (stem cell transplant), sudden cardiac arrest, cancer (internal or invasive)	100%
Skin cancer	Payable for the diagnosis of skin cancer	\$250 once per calendar year
Health screening benefit	Payable for health screening tests performed for insured employee, spouse, and dependent children as the result of preventive care	\$50 once per calendar year
Additional base benefits	Coma, ² paralysis, ² loss of sight, ² loss of speech, ² loss of hearing, ² severe burns ³	100%
Optional benefits rider	Advanced Alzheimer's disease, advanced Parkinson's disease, benign brain tumor	100%
New! Progressive diseases rider	Amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS)	100%
New! Specified disease rider	Human coronavirus	Hospitalization: 4+ days 10% 10+ days 25% ICU 40% (single highest benefit applicable)
	Cystic fibrosis, cerebral palsy, cleft lip or cleft palate, Down syndrome, phenylalanine hydroxylase deficiency disease (PKU), spina bifida, type 1 diabetes	50% of employee face amount \$3,000 (one-time benefit)

USG Critical Illness benefits



Critical Illness benefits initial diagnosis⁴

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

Additional diagnosis⁴

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

Reoccurrence⁴

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



Monthly rates

Employee/non-tobacco/monthly rates				Spouse/non-tobacco/monthly rates			
Attained age	\$10,000	\$20,000	\$30,000	Attained age	\$5,000	\$10,000	\$15,000
18-25	\$2.75	\$5.50	\$8.25	18-25	\$1.38	\$2.75	\$4.13
26-30	\$3.30	\$6.60	\$9.90	26-30	\$1.65	\$3.30	\$4.95
31-35	\$3.85	\$7.70	\$11.55	31-35	\$1.93	\$3.85	\$5.78
36-40	\$5.17	\$10.34	\$15.51	36-40	\$2.59	\$5.17	\$7.76
41-45	\$7.48	\$14.96	\$22.44	41-45	\$3.74	\$7.48	\$11.22
46-50	\$9.79	\$19.58	\$29.37	46-50	\$4.90	\$9.79	\$14.69
51-55	\$12.10	\$24.20	\$36.30	51-55	\$6.05	\$12.10	\$18.15
56-60	\$16.28	\$32.56	\$48.84	56-60	\$8.14	\$16.28	\$24.42
61-65	\$17.93	\$35.86	\$53.79	61-65	\$8.97	\$17.93	\$26.90
66+	\$26.18	\$52.36	\$78.54	66+	\$13.09	\$26.18	\$39.27

Employee/tobacco/monthly rates				Spouse/tobacco/monthly rates			
Attained age	\$10,000	\$20,000	\$30,000	Attained age	\$5,000	\$10,000	\$15,000
18-25	\$3.30	\$6.60	\$9.90	18-25	\$1.65	\$3.30	\$4.95
26-30	\$4.07	\$8.14	\$12.21	26-30	\$2.04	\$4.07	\$6.11
31-35	\$5.72	\$11.44	\$17.16	31-35	\$2.86	\$5.72	\$8.58
36-40	\$7.48	\$14.96	\$22.44	36-40	\$3.74	\$7.48	\$11.22
41-45	\$11.99	\$23.98	\$35.97	41-45	\$6.00	\$11.99	\$17.99
46-50	\$15.84	\$31.68	\$47.52	46-50	\$7.92	\$15.84	\$23.76
51-55	\$17.93	\$35.86	\$53.79	51-55	\$8.97	\$17.93	\$26.90
56-60	\$26.40	\$52.80	\$79.20	56-60	\$13.20	\$26.40	\$39.60
61-65	\$28.60	\$57.20	\$85.80	61-65	\$14.30	\$28.60	\$42.90
66+	\$42.79	\$85.58	\$128.37	66+	\$21.40	\$42.79	\$64.19

¹ 25% of this benefit is payable when the insured is placed on a transplant list for a major organ transplant.

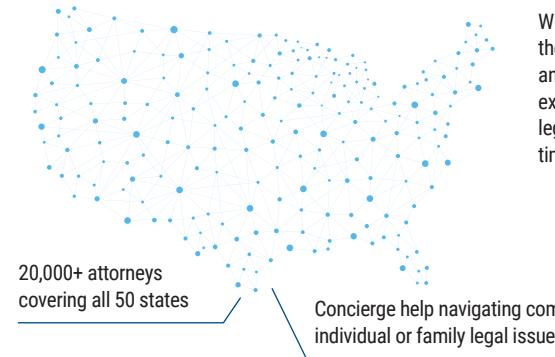
² These benefits are payable for loss due to a covered underlying disease or a covered accident.

³ This benefit is only payable for burns due to, caused by, and attributed to a covered accident.

⁴ If the claim is for a cancer diagnosis, the insured member must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

USG Legal Plan

The benefits of a USG legal plan:



Plan cost: \$15.00 per month via payroll deduction

Who's covered



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

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

The value of a USG legal plan:

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

Employees in their 20s

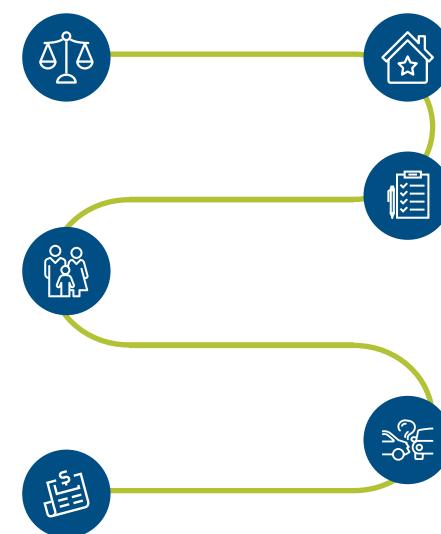
- Landlord dispute with tenant
- First-time vehicle buyer
- Student loan refinancing/collection defense
- Consumer dispute
- Financial advisor

Employees expecting and adopting

- Living trust
- Wills
- Adoption
- Guardianship/conservatorship

Employees retiring

- Will and codicil
- Healthcare coverage dispute
- Investment/vacation home purchase



Employees in their 30s

- Will and estate planning
- Purchasing your primary residence
- Neighbor dispute
- Small claims court

Employees getting married

- Name change
- Prenuptial agreement
- Buying/selling your primary residence
- Will and estate planning

Employees with teenagers

- Juvenile proceedings
- Misdemeanor defense
- Traffic ticket defense
- Noise reduction dispute

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

LEGALEASE[®]

ABA says
70%
of Americans will
need a lawyer in the
next 12 months*
LegalCORNER

Attorney search

Members and non-members
can view our online attorney
network and search by:

- Zip code
- Area of law
- Choosing an attorney
in the directory

Identity protection

Protect today. Thrive tomorrow.

Identity theft can happen to anyone. In fact, 1 in 6 Americans have been impacted by an identity theft. That's why USG is offering you **Allstate Identity Protection Pro Plus**.

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

Enhanced features for 2023

Family protection and monitoring

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

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

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

Elder fraud center

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

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

Pet insurance

Help protect your pet from costly vet bills

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

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

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

Flexible coverage	Create the plan that works for you and your pet. Options include: <ul style="list-style-type: none"> Preventive care coverage for an additional cost Levels of coverage from \$500 to unlimited² 	<ul style="list-style-type: none"> \$0-\$2,500 deductible options³ Reimbursement percentages from 50% to 100%⁴
What is covered⁵	<ul style="list-style-type: none"> Accidental injuries Illnesses Exam fees Surgeries 	<ul style="list-style-type: none"> Medications Ultrasounds Hospital stays X-rays and diagnostic tests
Coverage also includes⁵	<ul style="list-style-type: none"> Hip dysplasia Hereditary conditions Congenital conditions Chronic conditions 	<ul style="list-style-type: none"> Alternative therapies Holistic care And much more
Additional value	<ul style="list-style-type: none"> Take your pet to any licensed veterinarian, specialist, or emergency clinic in the U.S. Coverage of pre-existing conditions when switching providers, no initial exam or previous vet records to apply.⁶ 	<ul style="list-style-type: none"> If you're claim-free in a policy year, we'll automatically decrease your deductible by \$50.⁷ Group discounts are available.⁸

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

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

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

4 Reimbursement options include: 70%, 80%, 90%, and 100%. In addition, there is also a 50% option for MetGen underwritten policies only and a 65% option for IAIC underwritten policies only.

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

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

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

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



How it works



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



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



Send the bill and your claim to us and receive reimbursement² by check or direct deposit if the claim expense is covered under the policy.

Purchasing Power



Our program allows you to access thousands of brand-name products and services. Through payroll deduction, you make manageable payments over a six- to 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.



Register and view online catalog



Select items to buy



Purchase items



Items delivered to home



Payments made from paycheck

All our products are brand names and delivered up front

- 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**.

* Individual eligibility requirements, including minimum salary and tenure, apply. See site for details. "Purchasing Power" is a registered trademark of Purchasing Power, LLC. Other trademarks or registered trademarks used are the property of their respective owners. © 2022 Purchasing Power, LLC. All rights reserved.

USG Perks at Work



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

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

- The program will tailor to you as you use it: As you shop, create a profile, and provide feedback, it will help you find perks that matter to you.
- Earn rewards called "WOWPoints" as you shop, and redeem your points at any merchant, anytime.
- As an added benefit, employees can invite up to five family members.**
- 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 (TRS) or the Optional Retirement Plan (ORP). This decision must be made within **60 calendar days** of employment or eligibility. Once the decision is made, it is irrevocable. If no decision is made within 60 days, the election will default to TRS. Nonexempt employees must participate in TRS and will be enrolled upon hire or date of eligibility.

	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: 19.98%*	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

* Rates as of July 1, 2022: The TRS employer rate of 19.98% is for fiscal year 2023, which began July 1, 2022, and ends June 30, 2023. TRS contribution rates will remain the same for FY2024.

USG supplemental retirement plans

All USG employees, except students, have the option to enroll in the 403(b) or 457(b). These plans help you maximize your retirement contributions and create a solid foundation for your financial future. You can make contributions to the 403(b) and/or 457(b), in addition to your participation in either the TRS or ORP. This means you can set aside \$41,000 or more annually, if you are eligible for the age 50 catch-up contribution.

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

Features	403(b) plan	457(b) plan
Employee salary reduction (pretax) contributions*	<ul style="list-style-type: none"> Permitted. Generally limited to the lesser of \$20,500 or 100% of compensation in 2022. Check the IRS website for contribution limit updates for 2023. 	<ul style="list-style-type: none"> Permitted. Generally limited to the lesser of \$20,500 or 100% of compensation in 2022. Check the IRS website for contribution limit updates for 2023.
Employee Roth (after-tax) contributions*	<ul style="list-style-type: none"> Permitted. Generally limited to the lesser of \$20,500 or 100% of compensation in 2022. 	<ul style="list-style-type: none"> Permitted. Generally limited to the lesser of \$20,500 or 100% of compensation in 2022.
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 2022. 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 2022. Age 50 catch-up contributions can be made to both 403(b) and 457(b) plans in the same year.

* Contributions must be aggregated with Roth 403(b) and 457(b) contributions when applying limits.

USG retirement plan participation

Personalized advice and education

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

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



captrustadvice.com

800-967-9948

How to enroll

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

- Visit oneusgconnect.usg.edu and select the OneUSG Connect button. Once you are logged in, select *Benefits* from the drop-down menu.
- If you enroll in ORP, 403(b), or 457(b), you must also choose your retirement provider and select your investment options. Note: Please wait 24 hours before selecting your retirement vendor and investment options.

For additional information about enrolling or your retirement options, visit the [USG Benefits Website/Retirement](#).

Creating your retirement investment strategy

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

AIG Retirement Services
usg.aigrs.com
888-569-7055

Fidelity Investments
netbenefits.com/usg
800-343-0860

TIAA
TIAA.org/usg
844-230-7524

Planning to retire

Your USG retirement

- USG provides healthcare benefits in retirement to employees who meet the definition of retiree under the Board of Regents' Policy 8.2.8.2. 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 the USG HR/Benefits office for assistance.

USG retiree benefits billing

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

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 Alight Retiree Health Solutions (ARHS).
- Your retiree dental, vision, and basic life default to the same USG plans you were enrolled in as an active employee.

Benefits that continue in retirement

- Pre-65 healthcare plans** – Anthem or Kaiser Permanente
- 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** – This reduces to a minimum of \$15,000. You can opt to continue the difference by contacting MetLife directly within 30 days of your retirement date.
- 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.

Retiree healthcare rates for retirees hired before January 1, 2013

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

Additional information can be located on benefits.usg.edu/Retired.

2023 monthly retiree costs				
Non-Medicare eligible	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

2023 monthly retiree costs				
Pre-65 Medicare eligible	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 Alight Retiree Health Solutions, where Medicare will become their primary health plan.

To review the total cost of your plan, including the employer contribution, please visit the USG website: benefits.usg.edu.

Employer healthcare contribution for retirees hired on or after January 1, 2013

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

To calculate your retiree healthcare premiums, you will multiple the employer rates listed below by the applicable employer contribution percentage based on your years of service, listed on page 57. Then add the difference to the monthly retiree cost on page 55. For 2023, the USG post-65 annual employer contribution is \$2,736.

For illustrative purposes, review the two scenarios to the right.

Scenario 1

Pre-65 retiree with 15 years of service

Enrolled in Comprehensive Care
Non-Medicare retiree only

Monthly employer cost:	\$512.86
15 years of service:	43%
USG employer contribution:	\$220.52

Scenario 2

65 and older retiree with 10 years of service

Enrolled in Medicare and a Medicare Supplement, Medicare Advantage, or Medicare Prescription Drug plan with Alight Retiree Health Solutions

Annual employer HRA contribution:	\$2,736.00
10 years of service:	21%
USG annual employer contribution:	\$574.56

Employer healthcare contribution for retirees hired on or after January 1, 2013

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

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

For more information about the USG retiree rules or USG employer healthcare contributions, visit benefits.usg.edu/benefits-resources/planning-for-retirement.

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 A and B and at least one plan (Medicare Supplement, Medicare Advantage, or Medicare Prescription) through Alight Retiree Health Solutions to receive the annual employer contribution to your Health Reimbursement Account (HRA).

Important contact information

Who to call	Contact information	
USG (questions on benefit choices or options)		
OneUSG Connect <i>Benefits call center</i>	844-587-4236	oneusgconnect.usg.edu
Alight Retiree Health Solutions	866-212-5052	retiree.alight.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	usgwellbeing@usg.edu	ourwellbeing.usg.edu
Health and well-being coaching		
Telephonic coaching <i>Active employees</i>	833-724-4874	support@virginpulse.com
Wellness coach <i>Kaiser Permanente members</i>	866-862-4295	kp.org/wellnesscoach
Kepro <i>Employee Assistance Program</i>	844-243-4440	usg.mylifeexpert.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 Permanente members only</i>	404-365-0966	kp.org/classes
CVS MinuteClinic <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 Permanente members only</i>	404-365-0966	go.omadahealth.com/kpga		
Weight Watchers <i>Kaiser Permanente members only</i>	866-204-2885	ww.com/us/usg		
Dental and vision				
Delta Dental <i>Policy #GA 16711</i>	800-471-4214	deltadentalins.com/usg		
EyeMed <i>Policy #1002280</i>	866-800-5457	eyemedvisioncare.com/usg		
Spending accounts (FSA and HSA)				
Health Benefits Accounts (HSA & FSA), HSA Bank	833-228-9352	hsabank.com/hsabank/homepage		
Life and disability				
MetLife life insurance <i>Policy #307601</i>	800-638-6420	LifeClaimSubmit@metlife.com		
MetLife disability <i>Policy #307601</i>	800-300-4296	mybenefits.metlife.com		

Important contact information

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

Financial counseling and retirement		
CAPTRUST Independent Advice	800-967-9948	captrustadvice.com/scheduler
AIG	866-279-1444	usg.valic.com
Fidelity	800-343-0860	nb.fidelity.com/public/nb/usg/home
TIAA	800-842-2252	tiaa.org/public/tcm/usg
Teachers Retirement System (TRS)	800-352-0650	trsga.com
Retirement@Work	844-231-7917	oneusgconnect.usg.edu , choose the OneUSG Connect button. After logging in, select Benefits in the drop-down menu.
Employees' Retirement System (ERS)	404-350-6300	ers.ga.gov

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benefits.usg.edu

