2023 USG COMPARISON GUIDE
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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Regular (30 hours or more)</th>
<th>Temporary (20-29 hours)</th>
<th>Temporary (less than 20 hours)</th>
<th>Temporary (30 hours or more)</th>
<th>Temporary (20-29 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare, dental, vision</td>
<td></td>
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<tr>
<td>Basic life insurance with accidental death and dismemberment (AD&amp;D)</td>
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<tr>
<td>Supplemental life insurance</td>
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<tr>
<td>Dependent life insurance</td>
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<tr>
<td>Accidental death and dismemberment</td>
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<tr>
<td>Long-term disability</td>
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<tr>
<td>Short-term disability</td>
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<tr>
<td>Flexible Spending Account</td>
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<tr>
<td>Health Savings Account</td>
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<tr>
<td>Employee Assistance Program</td>
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<tr>
<td>USG Well-being Program*</td>
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<tr>
<td>Accident Plan</td>
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<tr>
<td>Hospital Indemnity Plan</td>
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<tr>
<td>Critical Illness Plan</td>
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<tr>
<td>Identity protection</td>
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<tr>
<td>Pet insurance</td>
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<tr>
<td>Purchasing Power</td>
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<td>Perks at Work</td>
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<tr>
<td>529 College Savings Plan</td>
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<tr>
<td>Tuition reimbursement</td>
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<tr>
<td>Mandatory retirement</td>
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<tr>
<td>Supplemental retirement</td>
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</tr>
</tbody>
</table>

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

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.

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 document is reviewed and approved.

Dependent verification eligibility documentation

<table>
<thead>
<tr>
<th>Documentation needed</th>
<th>Dependent verification eligibility documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your legal spouse</td>
<td>You must provide both documents: Marriage certificate and proof of joint debt (for example, financial or residential documents).</td>
</tr>
<tr>
<td>Your child(ren), adopted, or stepchildren up to age 26</td>
<td>Birth certificate OR adoption/legal guardianship documents.</td>
</tr>
<tr>
<td>Your disabled child(ren) over the age of 26 with proof of disability</td>
<td>For disabled dependents enrolling in the healthcare plan, the child must be disabled prior to age 26 in order to be eligible for coverage.</td>
</tr>
</tbody>
</table>

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.
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.

**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.

**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.

**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.

2023 premium rates for active employees

<table>
<thead>
<tr>
<th></th>
<th>2023 monthly plan costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anthem Consumer Choice HSA</td>
</tr>
<tr>
<td>Employee only</td>
<td>$83.20</td>
</tr>
<tr>
<td>Employer</td>
<td>$511.76</td>
</tr>
<tr>
<td>Total rates</td>
<td>$594.96</td>
</tr>
<tr>
<td>Employee + child(ren)</td>
<td>$176.64</td>
</tr>
<tr>
<td>Employer</td>
<td>$894.30</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,070.94</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>$206.12</td>
</tr>
<tr>
<td>Employer</td>
<td>$1,043.32</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,249.44</td>
</tr>
<tr>
<td>Family</td>
<td>$294.44</td>
</tr>
<tr>
<td>Employer</td>
<td>$1,490.46</td>
</tr>
<tr>
<td>Total rates</td>
<td>$1,784.90</td>
</tr>
</tbody>
</table>

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

### 2023 Healthcare Benefits at a Glance (continued)

<table>
<thead>
<tr>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In network</td>
<td>Out of network</td>
<td>In network</td>
<td>Out of network</td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th></th>
<th>Employee only</th>
<th>Employee + 1 (spouse or child)</th>
<th>Employee + 2 or more covered members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum annual out-of-pocket limit</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td></td>
<td>$1,000</td>
<td>$2,000</td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td>$5,500</td>
<td>$11,000</td>
<td>$13,000</td>
</tr>
<tr>
<td></td>
<td>$2,250</td>
<td>$4,500</td>
<td>$6,000</td>
</tr>
<tr>
<td></td>
<td>$6,750</td>
<td>$13,500</td>
<td>$18,000</td>
</tr>
</tbody>
</table>

### Notes
- Employee only: Responsible for the single out-of-pocket (OOP) amount only.
- Employee + 1 or more covered members: Each member responsible for single OOP amount; family deductible/annual OOP amount up to the maximum amount.
- Member deductibles, copays, and coinsurance apply toward the annual medical OOP. The prescription drug benefits have a separate OOP. See page 22.

### Pre-existing Conditions

|                     | N/A | N/A | N/A | N/A |

### Out-of-state/out-of-country Coverage

<table>
<thead>
<tr>
<th></th>
<th>In network</th>
<th>Out of network</th>
<th>In network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield Global Core®</td>
<td>888-810-2563</td>
<td>Blue Cross Blue Shield Global Core®</td>
<td>888-810-2563</td>
</tr>
</tbody>
</table>

### Primary Care Physician/Referral Required

|                      | No | Yes | No | No |

### Physician Services Provided in an Office or Virtual Setting

#### Primary Care Physician Visit

<table>
<thead>
<tr>
<th></th>
<th>80%</th>
<th>60%</th>
<th>100% after $20 copay per visit, not subject to deductible; $20 copay applies to office visit service only</th>
<th>60%</th>
<th>Plan pays 100% after $35 copay</th>
<th>Plan pays 100% after $30 copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Health Clinics</td>
<td>80%</td>
<td>N/A</td>
<td>Plan pays 100% after $15 copay</td>
<td>N/A</td>
<td>Plan pays 100% after $15 copay</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Virtual Care Video Visit (Formerly LiveHealth Online)

|                      | 80%  | 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)

<table>
<thead>
<tr>
<th></th>
<th>Paid at 100%, not subject to the deductible</th>
<th>Paid at 60%, not subject to the deductible</th>
<th>Paid at 100%, not subject to the deductible</th>
<th>Paid at 60%, subject to deductible</th>
<th>Plan pays 100%</th>
<th>Plan pays 100%</th>
</tr>
</thead>
</table>

### Routine Eye Exam with Ophthalmologist or Optometrist

<table>
<thead>
<tr>
<th></th>
<th>Paid at 100%, not subject to the deductible</th>
<th>Paid at 60%, not subject to the deductible</th>
<th>Paid at 100%, not subject to the deductible</th>
<th>Not covered; noncovered charges do not apply to annual deductible or annual out-of-pocket maximum</th>
<th>Plan pays 100% after $45 copay to optometrist</th>
</tr>
</thead>
</table>

### Specialist Visit

<table>
<thead>
<tr>
<th></th>
<th>80%</th>
<th>60%</th>
<th>100% after $35 copay per visit, not subject to the deductible; $35 copay applies to office visit service only</th>
<th>60%</th>
<th>100% after $90 copay</th>
<th>100% after $45 copay</th>
</tr>
</thead>
</table>

### Laboratory Services (Office, Outpatient, Inpatient)

<table>
<thead>
<tr>
<th></th>
<th>80%</th>
<th>60%</th>
<th>100% covered in Kaiser Permanente medical office; $100 copay in outpatient setting</th>
<th>60%</th>
<th>100% after $90 copay</th>
<th>100% after $45 copay</th>
</tr>
</thead>
</table>

### Maternity Care

<table>
<thead>
<tr>
<th></th>
<th>80%</th>
<th>60%</th>
<th>100% after an initial visit copay of $25, not subject to the deductible; no copays charged for subsequent visits</th>
<th>60%</th>
<th>All physician charges related to prenatal, delivery and postpartum care covered at 100% after an initial copay of $90 or first office visit</th>
<th>Prenatal and first postpartum visit covered at 100%</th>
</tr>
</thead>
</table>

### Surgery in Office

<table>
<thead>
<tr>
<th></th>
<th>80%</th>
<th>60%</th>
<th>100% after $90 copay</th>
<th>100% after $45 copay in Kaiser Permanente medical office; $250 copay in outpatient setting</th>
</tr>
</thead>
</table>

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

* Preventive 3D mammograms are covered by Anthem.
* For out-of-state cancer screening test options, please call the number on the back of your ID card.
* Starting at $30, varies depending on service.
2023 healthcare benefits at a glance (continued)

<table>
<thead>
<tr>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In network</td>
<td>Out of network</td>
<td>In network</td>
<td>Out of network</td>
</tr>
<tr>
<td>In network</td>
<td>In network</td>
<td>In network</td>
<td>In network</td>
</tr>
<tr>
<td>Allergy testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>65%</td>
<td>60%</td>
<td>100% after $10 copay</td>
</tr>
<tr>
<td>100% after $45 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy shots &amp; serum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>65%</td>
<td>60%</td>
<td>100% after $10 copay</td>
</tr>
<tr>
<td>100% after $45 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital services — precertification required, except for emergencies</td>
<td></td>
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<td></td>
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<tr>
<td>Physician services (may include surgery, anesthesiology, pathology, radiology, and/or maternity care/delivery)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>65%</td>
<td>60%</td>
<td>100% after $600 copay</td>
</tr>
<tr>
<td>100% after $310 copay</td>
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<tr>
<td>Hospital facility services inpatient care (includes inpatient short-term rehabilitation services)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>65%</td>
<td>60%</td>
<td>100% after $600 copay</td>
</tr>
<tr>
<td>100% after $310 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>65%</td>
<td>60%</td>
<td>100% after $600 copay</td>
</tr>
<tr>
<td>100% after $310 copay</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Skilled nursing facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>65%</td>
<td>60%</td>
<td>100% after $600 copay</td>
</tr>
<tr>
<td>100% after $310 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% after $310 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient hospital/facility services — precertification required except for emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician services (may include surgery, anesthesiology, pathology, radiology, and/or maternity care/delivery)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>65%</td>
<td>60%</td>
<td>100% after $300 copay</td>
</tr>
<tr>
<td>100% after $250 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital facility services outpatient care (including outpatient surgery and diagnostic testing)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>65%</td>
<td>60%</td>
<td>100% after $300 copay</td>
</tr>
<tr>
<td>100% after $250 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All in-network services are subject to the deductible unless otherwise stated. All out-of-network services are subject to the out-of-network deductible and balance billing unless otherwise stated. Annual deductibles, annual maximum out-of-pocket limits, and annual cost 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)

<table>
<thead>
<tr>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In network</td>
<td>Out of network</td>
<td>In network</td>
<td>In network</td>
</tr>
</tbody>
</table>

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

Pharmacy services

**Prescription drugs**

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.

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.
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 you with 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.

Accolade does not practice medicine or provide patient care. It is an independent resource to support 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.

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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?

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.

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

<table>
<thead>
<tr>
<th>PCP</th>
<th>Virtual care</th>
<th>Retail health clinic</th>
<th>Urgent care center</th>
<th>Emergency room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually available during normal business hours and may also provide medical advice by phone after hours</td>
<td>24/7 access to doctors through the Sydney Health app, no appointment needed</td>
<td>Walk-in care clinics located in certain drugstores and major retailers</td>
<td>Stand-alone facilities, open extended hours</td>
<td>Stand-alone facilities or part of hospitals, open 24/7</td>
</tr>
</tbody>
</table>

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.

Mild asthma, back pain, flu-like symptoms, allergies, fever, sprains, diarrhea, eye or sinus infection, rash, or minor cut or scrape

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

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

Medical coverage while traveling

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.

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/travelassistance

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

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.

* Your travel member needs to call member services to order your QR code. Only 24/7 hours for members in Indiana (after going to the hospital in no case can BlueCross BlueShield’s National PPO network applies to the Comprehensive Care Plan and the Consumer Choice Plan for all coverage outside of Georgia. BlueCross BlueShield members have access to emergency only care outside of Georgia or the U.S.
**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.

<table>
<thead>
<tr>
<th>Prescription coinsurance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If the full drug cost is less than the minimum amount listed in the chart below, you pay the full drug cost.</td>
</tr>
<tr>
<td>• If the coinsurance calculation is less than the minimum amount listed in the chart below, you pay the minimum amount.</td>
</tr>
<tr>
<td>• If the coinsurance calculation is greater than the maximum amount listed in the chart below, you pay the maximum amount.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Important terms:</th>
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<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Coinsurance is a fixed percentage you pay for the cost of a medication.</td>
</tr>
<tr>
<td>• Copay is a flat dollar amount you pay.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Formulary (drug list) is the approved list of medications covered by the pharmacy plan.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Does the drug cost.</th>
<th>If the full drug cost is less than the minimum amount listed in the chart below, you pay the full drug cost.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If the coinsurance calculation is less than the minimum amount listed in the chart below, you pay the minimum amount.</td>
<td></td>
</tr>
<tr>
<td>• If the coinsurance calculation is greater than the maximum amount listed in the chart below, you pay the maximum amount.</td>
<td></td>
</tr>
</tbody>
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</tr>
</tbody>
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**Prescription drug benefits with the Consumer Choice HSA**

- Consumer Choice HSA coinsurance
- Comprehensive Care copay/coinsurance
- BlueChoice HMO copay/coinsurance

**Understanding your benefits**

<table>
<thead>
<tr>
<th>Consumer Choice HSA coinsurance</th>
<th>Comprehensive Care copay/coinsurance</th>
<th>BlueChoice HMO copay/coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail (30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>20%</td>
<td>$15</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>20%</td>
<td>$15 (minimum and $100 maximum)</td>
</tr>
<tr>
<td>Nonpreferred brand</td>
<td>20%</td>
<td>$15</td>
</tr>
<tr>
<td>Mail order (90-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>20%</td>
<td>$45</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>20%</td>
<td>$45 (minimum and $100 maximum)</td>
</tr>
<tr>
<td>Nonpreferred brand</td>
<td>20%</td>
<td>$45</td>
</tr>
<tr>
<td>Specialty (limited to 30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>20%</td>
<td>$75</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>20%</td>
<td>$75 (minimum and $150 maximum)</td>
</tr>
<tr>
<td>Nonpreferred brand</td>
<td>20%</td>
<td>$75</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>The annual out of pocket maximum amounts (for members employed in the Consumer Choice HSA plan) will be combined with the medical out of pocket maximum amounts (for example, single or family coverage)</td>
<td>$1,750</td>
</tr>
<tr>
<td>Employee + child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee + spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If 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 throughout the year. 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:

**Important information**

**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.
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.

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.

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.

HMO service area by county

<table>
<thead>
<tr>
<th>County</th>
<th>County</th>
<th>County</th>
<th>County</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeville</td>
<td>Cobb</td>
<td>Hamilton</td>
<td>Meriwether</td>
<td>Sumter</td>
</tr>
<tr>
<td>Aiken-Augusta (Border)</td>
<td>Columbia</td>
<td>Hampton-Augusta (Border)</td>
<td>Monroe</td>
<td>Talbot</td>
</tr>
<tr>
<td>Anderson</td>
<td>Coweta</td>
<td>Hancock</td>
<td>Montgomery</td>
<td>Taliaferro</td>
</tr>
<tr>
<td>Appling</td>
<td>Crawford</td>
<td>Harrold</td>
<td>Morgan</td>
<td>Tifton</td>
</tr>
<tr>
<td>Bacon</td>
<td>Dale</td>
<td>Harris</td>
<td>Murray</td>
<td>Taylor</td>
</tr>
<tr>
<td>Banks</td>
<td>Dawson</td>
<td>Hart</td>
<td>Muscogee</td>
<td>Telfair</td>
</tr>
<tr>
<td>Barbour</td>
<td>Defkalb</td>
<td>Heard</td>
<td>Newton</td>
<td>Toombs</td>
</tr>
<tr>
<td>Barnwell</td>
<td>Dodge</td>
<td>Henry</td>
<td>Oconee</td>
<td>Towns</td>
</tr>
<tr>
<td>Barrow</td>
<td>Dooley</td>
<td>Houston</td>
<td>Oglethorpe</td>
<td>Treutlen</td>
</tr>
<tr>
<td>Bartow</td>
<td>Douglas</td>
<td>Jackson</td>
<td>Pauding</td>
<td>Troup</td>
</tr>
<tr>
<td>Bibb</td>
<td>Edgefield-Augusta (Border)</td>
<td>Jasper</td>
<td>Peach</td>
<td>Twiggs</td>
</tr>
<tr>
<td>Bleckley</td>
<td>Effingham</td>
<td>Jefferson</td>
<td>Pickens</td>
<td>Union</td>
</tr>
<tr>
<td>Bradley</td>
<td>Elbert</td>
<td>Jenkins</td>
<td>Pierce</td>
<td>Upson</td>
</tr>
<tr>
<td>Bryan</td>
<td>Emanuel</td>
<td>Johnson</td>
<td>Pike</td>
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</tr>
<tr>
<td>Bulloch</td>
<td>Evans</td>
<td>Jones</td>
<td>Polk</td>
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<tr>
<td>Burke</td>
<td>Fannin</td>
<td>Lamar</td>
<td>Pulaski</td>
<td>Warren</td>
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<tr>
<td>Butts</td>
<td>Fayette</td>
<td>Laurens</td>
<td>Putnam</td>
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<tr>
<td>Candler</td>
<td>Floyd</td>
<td>Lee</td>
<td>Quitman</td>
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<tr>
<td>Carroll</td>
<td>Forsyth</td>
<td>Liberty</td>
<td>Rabun</td>
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<tr>
<td>Catosa</td>
<td>Franklin</td>
<td>Lincoln</td>
<td>Randolph</td>
<td>White</td>
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<tr>
<td>Chambers</td>
<td>Fulton</td>
<td>Long</td>
<td>Richmond</td>
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<td>Chatham</td>
<td>Gilmer</td>
<td>Lumpkin</td>
<td>Rockdale</td>
<td>Wilcox</td>
</tr>
<tr>
<td>Chattahoochee</td>
<td>Glasscock</td>
<td>Macon</td>
<td>Russell-Columbus (Border)</td>
<td>Wilkes</td>
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<tr>
<td>Chattooga</td>
<td>Gordon</td>
<td>Madison</td>
<td>Schley</td>
<td>Wilkinson</td>
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<td>Cherokee</td>
<td>Greene</td>
<td>Marion</td>
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<tr>
<td>Clarke</td>
<td>Gwinnett</td>
<td>McCormick</td>
<td>Spalding</td>
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<tr>
<td>Clayton</td>
<td>Habersham</td>
<td>McDiffie</td>
<td>Stephens</td>
<td></td>
</tr>
<tr>
<td>Cleburne-Rome (Border)</td>
<td>Hall</td>
<td>McIntosh</td>
<td>Stewart</td>
<td></td>
</tr>
</tbody>
</table>

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.

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.
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.

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

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.
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.

Getting started

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

**Step 1 – Make the call**
Once you receive your Kaiser Permanente ID card, call the dedicated New Member Desk number indicated on the sticker. If you can’t find your sticker, no problem. You can always call 404-365-0966. Either way, we’ll help schedule your first office visit with your new Kaiser Permanente doctor. If you need medication to last until then, we can usually help with that, too. After scheduling your doctor visit, we’ll also arrange for a pharmacy telephone consult (before you run out of your current medications).

**Step 2 – Visit your doctor**
At your visit, we’ll help make sure you have a medication plan that’s right for you.

**Step 3 – Fill your prescription**
You can fill your prescription at any one of the Kaiser Permanente pharmacies.

Getting refills

You have three easy options:

- Order online at kp.org/rxrefill.
- 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.

Pharmacy costs

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

*You may only fill a specialty medication 30 days at a time.
Let’s do this together

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

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points</td>
<td>5,000 points</td>
<td>15,000 points</td>
<td>25,000 points</td>
</tr>
<tr>
<td>USG well-being credit</td>
<td>$25</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Cumulative earnings</td>
<td>$25</td>
<td>$75</td>
<td>$125</td>
</tr>
</tbody>
</table>

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.

### Get started today!

Employees and their eligible spouses can access their USG well-being account through one of the following options below:

• Download the Virgin Pulse mobile app and use sponsor code USG.
• Visit one.usgconnect.usg.edu. Choose Manage My Benefits and select the USG Well-being tile from the home page.
• Visit ourwellbeing.usg.edu.

### 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.

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

<table>
<thead>
<tr>
<th>Earn points</th>
<th>Earn points</th>
<th>Level up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connect a device</td>
<td>200</td>
<td>30</td>
</tr>
<tr>
<td>Add five USG friends</td>
<td>250</td>
<td>31</td>
</tr>
<tr>
<td>Connect a calorie tracker</td>
<td>100</td>
<td>30</td>
</tr>
</tbody>
</table>

### Earn points

<table>
<thead>
<tr>
<th>Earn points</th>
<th>Earn points</th>
<th>Level up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take the Health Assessment survey</td>
<td>5,000</td>
<td>30</td>
</tr>
<tr>
<td>Complete a financial coaching appointment</td>
<td>1,000</td>
<td>31</td>
</tr>
<tr>
<td>Track your steps each week of a USG step challenge (2x/year)</td>
<td>2,000</td>
<td>30</td>
</tr>
<tr>
<td>Complete a biometric screening (on-site or via physician form)</td>
<td>10,000</td>
<td>31</td>
</tr>
<tr>
<td>Complete 3 preventive care activities in the My Care Checklist¹</td>
<td>1,000</td>
<td>30</td>
</tr>
<tr>
<td>Ideal or improved health measurements (up to 7)</td>
<td>500</td>
<td>31</td>
</tr>
<tr>
<td>Receive a flu shot and/or COVID-19 vaccine¹</td>
<td>Variable</td>
<td>30</td>
</tr>
<tr>
<td>Participate in a Well-being Wednesday Workshop (voucher)</td>
<td>Variable</td>
<td>31</td>
</tr>
</tbody>
</table>

### Earn points

<table>
<thead>
<tr>
<th>Earn points</th>
<th>Earn points</th>
<th>Level up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set your interests</td>
<td>300</td>
<td>30</td>
</tr>
<tr>
<td>Complete a Journey (3x/quarter)</td>
<td>500</td>
<td>31</td>
</tr>
<tr>
<td>Complete a Virgin Pulse coaching appointment (6x/year)</td>
<td>1,000</td>
<td>30</td>
</tr>
<tr>
<td>Monthly Milestone: 20 days in a month tracking 7,000 daily steps</td>
<td>200</td>
<td>31</td>
</tr>
<tr>
<td>Participate in a Money Monday Workshop</td>
<td>250</td>
<td>30</td>
</tr>
<tr>
<td>Participate in a Well-being Wednesday Workshop</td>
<td>250</td>
<td>31</td>
</tr>
</tbody>
</table>

### Earn points

<table>
<thead>
<tr>
<th>Earn points</th>
<th>Earn points</th>
<th>Level up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track steps (1,000 - 10,000 steps)</td>
<td>10 - 100</td>
<td>30</td>
</tr>
<tr>
<td>Track sleep (no device)</td>
<td>20</td>
<td>31</td>
</tr>
<tr>
<td>Track your Healthy Habits (3x/day)</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>Do your Daily Cards (2x/day)</td>
<td>10</td>
<td>31</td>
</tr>
<tr>
<td>Daily calorie tracking with MyFitnessPal</td>
<td>20</td>
<td>30</td>
</tr>
</tbody>
</table>

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 deltadentals.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.

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, which will give you a $0 copay eye exam and receive an additional $50 frame allowance. To find a network provider near you, visit eyemedvisioncare.com/usg and look for PLUS or Insight as your network from the provider locator drop-down box or call 866-800-5457.

Vision doctors can also help treat and manage:

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

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:

- Prescription lenses
- Prescription frames
- Medically necessary contact lenses
- Post-treatment stabilization (retention)
- Vision correction services
- Ophthalmology services
- Ophthalmology supplies
- Ophthalmology aids
- Vision correction aids
- Contact lenses
- Assistive devices
- Eye care products
- Accessories

Vision benefits are determined by the provider’s diagnosis and treatment recommendations. If you have questions about your vision benefits, call us at 855-248-2020 or your provider’s office.

Special savings offers:

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

- Savings on a wide range of hearing products at Amplifon. For additional information, check special offers at eyemed.com.
- 40% off a complete pair of prescription glasses (prescription lenses and frames).
- 20% off any noncovered item, e.g., nonprescription sunglassess and eyewear accessories.

International travel:

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

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

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

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.

Vision benefits for Delta Dental

<table>
<thead>
<tr>
<th>Delta Dental Base Plan</th>
<th>Delta Dental High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>In network</td>
<td>In network</td>
</tr>
<tr>
<td>Deductible (single/family)</td>
<td>Deductible (single/family)</td>
</tr>
<tr>
<td>Diagnostic/preventive services</td>
<td>Diagnostic/preventive services</td>
</tr>
<tr>
<td>Basic benefits services</td>
<td>Basic benefits services</td>
</tr>
<tr>
<td>Major benefits services</td>
<td>Major benefits services</td>
</tr>
<tr>
<td>Orthodontia (child and adult)</td>
<td>Orthodontia (child and adult)</td>
</tr>
<tr>
<td>Maximum annual benefit</td>
<td>Maximum annual benefit</td>
</tr>
<tr>
<td>In network</td>
<td>In network</td>
</tr>
<tr>
<td>$1,000 per person</td>
<td>$1,500 per person</td>
</tr>
<tr>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>N/A</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Vision benefits for EyeMed

<table>
<thead>
<tr>
<th>EyeMed Vision</th>
<th>In network</th>
<th>Out-of-network reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam1</td>
<td>$10 copay</td>
<td>$40</td>
</tr>
<tr>
<td>Single vision lens</td>
<td>$25 copay</td>
<td>$40</td>
</tr>
<tr>
<td>Standard lens</td>
<td>$80 copay</td>
<td>$55</td>
</tr>
<tr>
<td>Frames2</td>
<td>$150 allowance</td>
<td>$58</td>
</tr>
<tr>
<td>Contact lenses</td>
<td>$150 allowance</td>
<td>$130</td>
</tr>
<tr>
<td>Medically necessary contact lenses</td>
<td>Paid in full</td>
<td>$210</td>
</tr>
</tbody>
</table>

2023 monthly rates

<table>
<thead>
<tr>
<th>Category</th>
<th>2023 Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$31.98</td>
</tr>
<tr>
<td>Employee and spouse</td>
<td>$63.96</td>
</tr>
<tr>
<td>Employee and child(ren)3</td>
<td>$60.74</td>
</tr>
<tr>
<td>Family</td>
<td>$102.34</td>
</tr>
</tbody>
</table>

2023 monthly rates

<table>
<thead>
<tr>
<th>Category</th>
<th>2023 Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$6.90</td>
</tr>
<tr>
<td>Employee and spouse</td>
<td>$15.62</td>
</tr>
<tr>
<td>Employee and child(ren)</td>
<td>$13.12</td>
</tr>
<tr>
<td>Family</td>
<td>$20.34</td>
</tr>
</tbody>
</table>

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.
3 Benefit limits on full replacement of existing dentures or crowns apply. Wisdom teeth are covered under the dental plan.
Discover everything you need to know about saving for college and how the Path2College 529 Plan can help. Learn more at benefits.usg.edu.

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.

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).

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

Health Savings Accounts

Health Savings Account

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 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.

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.

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 contribution limits

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit</td>
<td>$3,850</td>
<td>$7,750</td>
</tr>
<tr>
<td>Catch-up</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

2023 HSA employer contribution match

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>$375</td>
<td>$750</td>
</tr>
</tbody>
</table>

For employees 55 or older and not enrolled in Medicare.

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, 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, the reduction to the paycheck is $47.88.

1 USG provides a dollar-for-dollar contribution to your HSA. In order to receive the employer match, you must contribute to your HSA through USG payroll deduction.
2 Calculations are for illustrative purposes only. Examples are quoted from a salary calculator using GA taxes, no allowances or exemptions. All situations may be different.
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 guaranteed by the bank. Investment losses that are replaced are subject to the annual contribution limits of the HSA.

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

HSA fast facts

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

For more information, see IRS notice 969 coverage.

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?

<table>
<thead>
<tr>
<th>Flexible Spending Account (FSA)</th>
<th>Consumer Choice HSA</th>
<th>Comprehensive Care</th>
<th>BlueChoice HMO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent care – Flexible Spending Account (FSA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Purpose Flexible Spending Account (LP-FSA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Other important information

- HSA Bank provides a single debit card for all your health accounts with HSA Bank. You can use the same debit card for 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 EOI.
- During Open Enrollment, you may elect or increase your supplemental coverage by one level, up to 3x your annual salary, not to exceed $500,000 without EOI.

**Spouse life**
- $10,000 increments, up to maximum of $500,000
- 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
  - Spouse and children:
    - Spouse: 50% of employee's amount of insurance
    - Each child: 10% of employee's amount of insurance
- 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
- Family plan (% of employee's AD&D coverage)
  - Spouse and children:
    - Spouse: 30% of employee's amount of insurance
    - Each child: 10% of employee's amount of insurance

**Bonus!** As part of the supplemental life insurance plan, you also receive:
- Will preparation
- Estate services
- Website for perks
- Digital legacy
- Travel assistance

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.

**Long-term disability (LTD)**
- Provides a benefit of 60% of your monthly earnings to a maximum of $1,500 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.

**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.*

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

**How can I calculate my rate?**

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

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

*Please note: enrollment in the short-term disability plan when newly eligible is not contingent upon satisfactory evidence of insurability. If you choose not to enroll in short-term disability when newly eligible, you will be considered a late entrant. Late entrants are subject to evidence of insurability. You may enroll in the short-term disability plan at any time and without evidence of insurability medical underwriting.

**STD rates**
- 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.*

**How can I calculate my rate?**

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

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

*Please note: enrollment in the short-term disability plan when newly eligible is not contingent upon satisfactory evidence of insurability. If you choose not to enroll in short-term disability when newly eligible, you will be considered a late entrant. Late entrants are subject to evidence of insurability. You may enroll in the short-term disability plan at any time and without evidence of insurability medical underwriting.
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.

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

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

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!
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

**Benefit amount**

<table>
<thead>
<tr>
<th>Initial accident treatment benefits</th>
<th>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.</th>
<th>Varies by benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization benefits</td>
<td>Benefits include: hospital admission, hospital confinement, hospital intensive care, intermediate intensive care step-down unit, family member lodging.</td>
<td>Varies by benefit</td>
</tr>
<tr>
<td>After-care benefits</td>
<td>Benefits include: appliances (cane, ankle brace, crutches, and more), accident follow-up treatment, rehabilitation, therapy, chiropractic or alternative therapy.</td>
<td>Varies by benefit</td>
</tr>
<tr>
<td>Life-changing events benefits</td>
<td>Benefits include: paralysis, prosthesis, prosthesis repair/replacement, residence/vehicle modification.</td>
<td>Varies by benefit</td>
</tr>
<tr>
<td>Wellness benefits rider</td>
<td>Payable once per calendar year for each insured employee, spouse, and child.</td>
<td>$50</td>
</tr>
<tr>
<td>Additional rider</td>
<td>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.</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Tier level Aflac**

<table>
<thead>
<tr>
<th>Employee</th>
<th>$6.80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee and spouse</td>
<td>$11.46</td>
</tr>
<tr>
<td>Employee and child(ren)</td>
<td>$13.06</td>
</tr>
<tr>
<td>Family</td>
<td>$17.72</td>
</tr>
</tbody>
</table>

### Category Covered conditions and benefits

**Benefit amount**

<table>
<thead>
<tr>
<th>Hospital confinement</th>
<th>Maximum of 31 days per confinement for each covered sickness or accident for each insured.</th>
<th>$600 per confinement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital intensive care</td>
<td>Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable in addition to the Hospital Confinement Benefit.</td>
<td>$125 per day</td>
</tr>
<tr>
<td>Intermediate intensive care step-down unit</td>
<td>Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable in addition to the Hospital Confinement Benefit.</td>
<td>$50 per day</td>
</tr>
<tr>
<td>Rehabilitation facility</td>
<td>Maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured.</td>
<td>$50 per day</td>
</tr>
<tr>
<td>Successor insured</td>
<td>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.</td>
<td>$50 per day</td>
</tr>
</tbody>
</table>

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.

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**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 care step-down unit
- Rehabilitation facility

### Monthly rates

**Tier level Aflac**

<table>
<thead>
<tr>
<th>Employee</th>
<th>$9.22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee and spouse</td>
<td>$18.48</td>
</tr>
<tr>
<td>Employee and child(ren)</td>
<td>$15.02</td>
</tr>
<tr>
<td>Family</td>
<td>$24.28</td>
</tr>
</tbody>
</table>

1 Unless you assign benefits otherwise.
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 base benefits payable for that same critical illness when the date of diagnosis is separated by at least six consecutive months.

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.

<table>
<thead>
<tr>
<th>Coverage type</th>
<th>Covered conditions and benefits</th>
<th>Benefit amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base benefits</strong></td>
<td>Coronary artery bypass surgery, noninvasive cancer</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Heart attack, stroke, kidney failure (end stage renal failure), major organ transplant, bone marrow transplant (stem cell transplant), sudden cardiac arrest, cancer (internal or invasive)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Skin cancer</strong></td>
<td>Payable for the diagnosis of skin cancer</td>
<td>$250 once per calendar year</td>
</tr>
<tr>
<td><strong>Health screening benefit</strong></td>
<td>Payable for health screening tests performed for insured employee, spouse, and dependent children as the result of preventive care</td>
<td>$50 once per calendar year</td>
</tr>
<tr>
<td><strong>Additional base benefits</strong></td>
<td>Coma,1 paralysis,1 loss of sight,1 loss of speech,1 loss of hearing,1 severe burns1</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Optional benefits rider</strong></td>
<td>Advanced Alzheimer’s disease, advanced Parkinson’s disease, benign brain tumor</td>
<td>100%</td>
</tr>
<tr>
<td><strong>New! Progressive diseases rider</strong></td>
<td>Amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>New! Specified disease rider</strong></td>
<td>Human coronavirus</td>
<td>Hospitalization: 4+ days 10% 1+ days 25% ICU 40% (single highest benefit applicable)</td>
</tr>
<tr>
<td><strong>New! Childhood conditions rider</strong></td>
<td>Cystic fibrosis, cerebral palsy, club foot or cleft palate, Down syndrome, phenylalanine hydroxylase deficiency disease (PKU), spina bifida, type 1 diabetes</td>
<td>50% of employee face amount $3,000 (one-time benefit)</td>
</tr>
</tbody>
</table>

**Critical Illness benefits initial diagnosis**

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

**Additional diagnosis**

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

**Reoccurrence**

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

**Monthly rates**

<table>
<thead>
<tr>
<th>Employee/non-tobacco/monthly rates</th>
<th>Spouse/non-tobacco/monthly rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attained age</strong></td>
<td><strong>Benefit amount</strong></td>
</tr>
<tr>
<td></td>
<td>$10,000</td>
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<tr>
<td></td>
<td>$20,000</td>
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<td>$30,000</td>
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<tr>
<td>18-25</td>
<td>$2.75</td>
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<tr>
<td>26-30</td>
<td>$3.30</td>
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<tr>
<td>31-35</td>
<td>$3.85</td>
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<tr>
<td>36-40</td>
<td>$5.17</td>
</tr>
<tr>
<td>41-45</td>
<td>$7.48</td>
</tr>
<tr>
<td>46-50</td>
<td>$9.79</td>
</tr>
<tr>
<td>51-55</td>
<td>$12.10</td>
</tr>
<tr>
<td>56-60</td>
<td>$16.28</td>
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<tr>
<td>61-65</td>
<td>$17.93</td>
</tr>
<tr>
<td>66+</td>
<td>$26.18</td>
</tr>
<tr>
<td><strong>Employee/tobacco/monthly rates</strong></td>
<td><strong>Spouse/tobacco/monthly rates</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Benefit amount</strong></td>
</tr>
<tr>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td></td>
<td>$20,000</td>
</tr>
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<td>31-35</td>
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<td>$5.17</td>
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<td>41-45</td>
<td>$7.48</td>
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<td>46-50</td>
<td>$9.79</td>
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<tr>
<td>51-55</td>
<td>$12.10</td>
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<tr>
<td>56-60</td>
<td>$16.28</td>
</tr>
<tr>
<td>61-65</td>
<td>$17.93</td>
</tr>
<tr>
<td>66+</td>
<td>$26.18</td>
</tr>
</tbody>
</table>

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:

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

20,000 attorneys covering all 50 states

Concierge help navigating common individual or family legal issues

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.

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Allstate Identity Protection Pro Plus®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>$8.94 per person/month</td>
</tr>
<tr>
<td></td>
<td>$16.94 per family/month</td>
</tr>
</tbody>
</table>

Questions?

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

The most comprehensive identity protection plan available

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

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

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.  

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.

How it works

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

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

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

Flexible coverage

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

- Preventive care coverage for an additional cost
  
  - Levels of coverage from $500 to unlimited
  
  - Reimbursement percentages from 50% to 100%

What is covered

- Accidental injuries
- Illnesses
- Exam fees
- Surgeries
- Medications
- Ultrasounds
- Hospital stays
- X-rays and diagnostic tests

Coverage also includes

- Hip dysplasia
- Hereditary conditions
- Congenital conditions
- Chronic conditions
- Alternative therapies
- Holistic care
- And much more

Additional value

- 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.
- If you're claim-free in a policy year, we'll automatically decrease your deductible by $50.
- Group discounts are available.

Purchasing Power

Our program allows you to access thousands of brand-name products and services. Through payroll deduction, you can 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.

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.

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.

1. The insurance is underwritten by the Insurance subsidiaries of Metropolitan Life Insurance Company ("MetLife Insurance"), a Delaware insurance company headquartered at 485 Madison Avenue, NY, NY 10022, and Metropolitan Casualty 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 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

2. 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.

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

4. 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.

5. 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 National Casualty Insurance Company ("NCI") at 15422 Metropolitan Omaha, NE, NE 68130, and Metropolitan Casualty 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 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

6. This discount is available in all states. This discount is available in all states. This discount is available in all states.
USG retirement plan participation

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

<table>
<thead>
<tr>
<th>Teachers Retirement System</th>
<th>Optional Retirement Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of plan</strong></td>
<td>403(b) defined benefit</td>
</tr>
<tr>
<td><strong>Benefit at retirement</strong></td>
<td>Based on formula: 2% x years of service x average of 24 highest consecutive months’ salary</td>
</tr>
<tr>
<td><strong>Vesting</strong></td>
<td>10 years of credited service</td>
</tr>
<tr>
<td><strong>Disability benefits</strong></td>
<td>Available after 10 years credited service</td>
</tr>
<tr>
<td><strong>Contribution rates</strong></td>
<td>Employee: 6%</td>
</tr>
</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>Features</th>
<th>403(b) plan</th>
<th>457(b) plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee salary reduction (pretax) contributions*</td>
<td>Permitted. Generally limited to the lesser of $20,500 or 100% of compensation in 2022.</td>
<td>Permitted. Generally limited to the lesser of $20,500 or 100% of compensation in 2022.</td>
</tr>
<tr>
<td></td>
<td>Check the IRS website for contribution limit updates for 2023.</td>
<td>Check the IRS website for contribution limit updates for 2023.</td>
</tr>
<tr>
<td>Employee Roth (after-tax) contributions*</td>
<td>Permitted. Generally limited to the lesser of $20,500 or 100% of compensation in 2022.</td>
<td>Permitted. Generally limited to the lesser of $20,500 or 100% of compensation in 2022.</td>
</tr>
<tr>
<td>Age 50 catch-up amounts — Section 414(v)</td>
<td>An additional $6,500 elective salary deferral may be permitted in 2022.</td>
<td>An additional $6,500 elective salary deferral may be permitted in 2022.</td>
</tr>
<tr>
<td></td>
<td>Age 50 catch-up contributions can be made to both 403(b) and 457(b) plans in the same year.</td>
<td>Age 50 catch-up contributions can be made to both 403(b) and 457(b) plans in the same year.</td>
</tr>
</tbody>
</table>

* 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.

**CAPTRUST**

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.
- If you or your spouse is Medicare-eligible but under age 65, you must enroll in Medicare parts A and B prior to your date of retirement to be eligible for the HRA.
- Your retiree dental, vision, and basic life default to the same USG plans you were enrolled in as an active employee.
- Your USG retiree health care plan 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.
- You may be able to continue certain voluntary benefits 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.

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)
- 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.

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

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.

For more information, visit benefits.usg.edu/Retired.

<table>
<thead>
<tr>
<th>Non-Medicare eligible</th>
<th>2023 monthly retiree costs</th>
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<tbody>
<tr>
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<td>Consumer Choice HSA</td>
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<tr>
<td>Pre-65 Medicare retiree or Pre-65 Medicare spouse only</td>
<td>$83.20</td>
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<tr>
<td>Pre-65 Medicare child 26 yrs old</td>
<td>$176.64</td>
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<tr>
<td>Pre-65 Medicare retiree or Pre-65 Medicare spouse + child(ren)</td>
<td>$166.40</td>
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<tr>
<td>Pre-65 Medicare retiree + Pre-65 Medicare spouse</td>
<td>$166.40</td>
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<tr>
<td>Family (Non-Medicare retiree + Non-Medicare spouse + child(ren))</td>
<td>$294.44</td>
</tr>
<tr>
<td>Family (Non-Medicare retiree + child(ren))</td>
<td>$176.64</td>
</tr>
<tr>
<td>Family (Non-Medicare spouse + child(ren))</td>
<td>$216.36</td>
</tr>
</tbody>
</table>

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.
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 premium, 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

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

<table>
<thead>
<tr>
<th>Who to call</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USG (questions on benefit choices or options)</strong></td>
<td></td>
</tr>
<tr>
<td>USG Benefits call center</td>
<td>844-587-4236</td>
</tr>
<tr>
<td><strong>Accolade</strong></td>
<td></td>
</tr>
<tr>
<td>Health Assistant and 24/7 Nurseline</td>
<td>866-204-9818</td>
</tr>
<tr>
<td><strong>Kaiser Permanente</strong></td>
<td></td>
</tr>
<tr>
<td>Customer service and advice line</td>
<td>404-365-0966</td>
</tr>
<tr>
<td><strong>Pharmacy benefits</strong></td>
<td></td>
</tr>
<tr>
<td>CVS/Caremark</td>
<td>877-362-3922</td>
</tr>
<tr>
<td>SilverScript</td>
<td>866-275-5247</td>
</tr>
<tr>
<td>Pre-65 Medicare retirees only</td>
<td>TDD 866-236-1069</td>
</tr>
<tr>
<td><strong>Well-being resources</strong></td>
<td></td>
</tr>
<tr>
<td>USG well being</td>
<td></td>
</tr>
<tr>
<td><strong>Health and well-being coaching</strong></td>
<td></td>
</tr>
<tr>
<td>Telephonic coaching</td>
<td>833-724-4874</td>
</tr>
<tr>
<td>Wellness coach</td>
<td>866-862-4295</td>
</tr>
<tr>
<td>Kepro Employee Assistance Program</td>
<td>844-243-4440</td>
</tr>
<tr>
<td>Company code: USGCares</td>
<td></td>
</tr>
<tr>
<td><strong>Tobacco cessation</strong></td>
<td></td>
</tr>
<tr>
<td>Georgia Tobacco Quit Line</td>
<td>877-270-7867</td>
</tr>
<tr>
<td>Virgin Pulse phone coaching</td>
<td>833-724-4874</td>
</tr>
<tr>
<td>QuitSmart Program</td>
<td>404-365-0966</td>
</tr>
<tr>
<td>CVS MinuteClinic</td>
<td>866-389-2727</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who to call</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes prevention, diabetes management, and weight loss</strong></td>
<td></td>
</tr>
<tr>
<td>Livongo</td>
<td>866-204-9818</td>
</tr>
<tr>
<td>Omada Health</td>
<td>404-365-0966</td>
</tr>
<tr>
<td>Weight Watchers</td>
<td>866-204-2885</td>
</tr>
<tr>
<td><strong>Dental and vision</strong></td>
<td></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>800-471-4214</td>
</tr>
<tr>
<td>EyeMed</td>
<td>866-800-5457</td>
</tr>
<tr>
<td><strong>Spending accounts (FSA and HSA)</strong></td>
<td></td>
</tr>
<tr>
<td>Health Benefits Accounts (HSA &amp; FSA), HSA Bank</td>
<td>833-228-9352</td>
</tr>
<tr>
<td><strong>Life and disability</strong></td>
<td></td>
</tr>
<tr>
<td>MetLife life insurance</td>
<td>800-638-6420</td>
</tr>
<tr>
<td>MetLife disability</td>
<td>800-300-4296</td>
</tr>
</tbody>
</table>

## Section 6

**Important numbers and notes**

- **Diabetes prevention, diabetes management, and weight loss**
  - Livongo
    - Members only: 866-204-9818
    - Website: well.livongo.com/USGBENEFITS
  - Omada Health
    - Members only: 404-365-0966
    - Website: go.omadahealth.com/kpga
  - Weight Watchers
    - Members only: 866-204-2885
    - Website: ww.com/us/usg

- **Dental and vision**
  - Delta Dental
    - Policy #16711: 800-471-4214
    - Website: deltadalentin.com/usg
  - EyeMed
    - Policy #1082280: 866-800-5457
    - Website: eyemedvisioncare.com/usg

- **Spending accounts (FSA and HSA)**
  - Health Benefits Accounts (HSA & FSA), HSA Bank: 833-228-9352
    - Website: hsabank.com/hsabank/homepage

- **Life and disability**
  - MetLife life insurance
    - Policy #307601: 800-638-6420
    - Website: LifeClaimSubmit@metlife.com
  - MetLife disability
    - Policy #307601: 800-300-4296
    - Website: mybenefits.metlife.com
# Important contact information

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

## Financial counseling and retirement

<table>
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<tr>
<th>Who to call</th>
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</table>
| CAPTRUST Independent Advice | 800-967-9948  
[captrustadvice.com/scheduler](http://www.captrustadvice.com/scheduler) |
| AIG | 866-279-1444  
[usg.valic.com](http://www.usg.valic.com) |
| Fidelity | 800-343-0860  
| TIAA | 800-842-2252  
[tiaa.org/public/tom/usg](http://www.tiaa.org/public/tom/usg) |
| Teachers Retirement System (TRS) | 800-352-0650  
[trsqa.com](http://www.trsq.com) |
| Retirement@Work | 844-231-7917  
[oneusgconnect.usg.edu](http://www.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](http://www.ers.ga.gov) |

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## Notes

- Employees’ Retirement System (ERS): 404-350-6300  
  [ers.ga.gov](http://www.ers.ga.gov)

- Teachers Retirement System (TRS): 800-352-0650  
  [trsqa.com](http://www.trsq.com)

- Legal (LegalEASE): 800-248-9000  
  [legalasssplan.com/usg](http://www.legalasssplan.com/usg)

- MetLife pet insurance: 800-438-6388  
  [metlife.com/getpetquote](http://www.metlife.com/getpetquote)

- Purchasing Power: 888-923-6236  
  [usg.purchasingpower.com](http://www.usg.purchasingpower.com)

- Perks at Work (Next Jump, Inc.): support@nextjump.com  
  [perksatwork.com/login](http://www.perksatwork.com/login)