HEALTHCARE

The University System of Georgia (USG) is pleased to offer a variety of healthcare choices from Blue Cross Blue Shield of Georgia (BCBSGa) and Kaiser Permanente (KP). For details, please see the table on page 3.

Save time and money on healthcare

SEE A DOCTOR 24/7 WITH LIVEHEALTH ONLINE
LiveHealth Online offers access to doctors through a mobile device or computer with a webcam. The copay is $15 for Comprehensive Care or BlueChoice HMO members. Visit livehealthonline.com to get started.

PAY LESS FOR HEALTHCARE AT CVS MINUTECLINIC®
MinuteClinics specialize in family healthcare. The copay is $15 for Comprehensive Care and BlueChoice HMO members. If you’re enrolled in the Consumer Choice HSA, a MinuteClinic visit can be more affordable than a trip to the doctor’s office! Visit minuteclinic.com to find a location near you.

FIND YOUR BEST VALUE WITH CASTLIGHT
Make sure you’re getting your best healthcare value with Castlight—a free online tool that helps BCBSGa members compare the cost and quality of healthcare providers and pharmacies. Learn more at mycastlight.com/USG.

KEEPING HEALTHCARE AFFORDABLE

Because healthcare costs continue to rise, USG is considering changes for 2018, including a potential spousal healthcare surcharge for working spouses who have access to healthcare coverage through another employer. This potential change will not affect your 2017 benefits.

MENTAL HEALTH PARITY

Group health plans sponsored by state and local governmental employers generally must comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from some of these requirements for any part of the plan that is self-funded by the employer, rather than provided through a health insurance policy. The University System of Georgia has elected to exempt each of the University System of Georgia Healthcare Plans from the Mental Health Parity and Addiction Equity Act of 2008. This means that the Plans may impose restrictions on mental health and substance use disorders that do not apply to medical and surgical benefits covered by the Plans. This exemption will be in effect for 2017 but may be renewed for subsequent years.
## Your healthcare options

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>CONSUMER CHOICE HSA</th>
<th>COMPREHENSIVE CARE</th>
<th>BLUECHOICE HMO</th>
<th>KAISER PERMANENTE HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage</strong></td>
<td>In-network</td>
<td>In-network</td>
<td>In-network only</td>
<td>In-network only</td>
</tr>
<tr>
<td><strong>Deductible (Single/Family)</strong></td>
<td>$2,000/$4,000</td>
<td>$500/$1,500</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Out-of-pocket max (Single/Family)</strong></td>
<td>$3,500/$7,000</td>
<td>$1,250/$2,500</td>
<td>$5,500/$9,900</td>
<td>$6,350/$12,700</td>
</tr>
<tr>
<td><strong>Primary care physician required</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Physician office visit/Specialist visit</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td><strong>Inpatient hospital services</strong></td>
<td>Plan pays 80% after deductible</td>
<td>$20 copay/$30 copay</td>
<td>$30 copay/$50 copay</td>
<td>$20 copay/$25 copay</td>
</tr>
<tr>
<td><strong>Care in emergency room</strong></td>
<td>Plan pays 80% after deductible</td>
<td>$150 copay, then plan pays 90% after deductible</td>
<td>$300 copay</td>
<td>$250 copay</td>
</tr>
</tbody>
</table>

### PRESCRIPTION DRUGS

**RETAIL**

<table>
<thead>
<tr>
<th>Brand Type</th>
<th>CONSUMER CHOICE HSA</th>
<th>COMPREHENSIVE CARE</th>
<th>BLUECHOICE HMO</th>
<th>KAISER PERMANENTE HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>Plan pays 80% after deductible</td>
<td>$10 copay $35 copay</td>
<td>$10 copay $35 copay</td>
<td>Kaiser pharmacies: $10 copay. Contracted non-Kaiser pharmacies: $20 copay. Limited to a one-time fill per medication.</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>Plan pays 80% after deductible</td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>Kaiser pharmacies: $35 copay. Contracted non-Kaiser pharmacies: $45 copay. Limited to a one-time fill per medication.</td>
</tr>
<tr>
<td>Nonpreferred brand</td>
<td>Plan pays 80% after deductible with $45 min. and $125 max.</td>
<td>Plan pays 80% after deductible with $45 min. and $125 max.</td>
<td>Plan pays 80% after deductible with $45 min. and $125 max.</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

**MAIL ORDER (90-DAY SUPPLY)**

<table>
<thead>
<tr>
<th>Brand Type</th>
<th>CONSUMER CHOICE HSA</th>
<th>COMPREHENSIVE CARE</th>
<th>BLUECHOICE HMO</th>
<th>KAISER PERMANENTE HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>Plan pays 80% after deductible</td>
<td>$25 copay</td>
<td>$25 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>Plan pays 80% after deductible</td>
<td>$87.50 copay</td>
<td>$87.50 copay</td>
<td>$70 copay through Kaiser pharmacies only</td>
</tr>
<tr>
<td>Nonpreferred brand</td>
<td>Plan pays 80% after deductible with $112.50 min. and $250 max.</td>
<td>Plan pays 80% after deductible with $112.50 min. and $250 max.</td>
<td>Plan pays 80% after deductible with $112.50 min. and $250 max.</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

**2017 MONTHLY PREMIUMS**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>CONSUMER CHOICE HSA</th>
<th>COMPREHENSIVE CARE</th>
<th>BLUECHOICE HMO</th>
<th>KAISER PERMANENTE HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$74.00</td>
<td>$177.00</td>
<td>$195.04</td>
<td>$152.26</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$162.72</td>
<td>$388.64</td>
<td>$426.50</td>
<td>$333.66</td>
</tr>
<tr>
<td>Employee + One Child</td>
<td>$139.48</td>
<td>$333.12</td>
<td>$365.58</td>
<td>$286.00</td>
</tr>
<tr>
<td>Family</td>
<td>$224.70</td>
<td>$536.70</td>
<td>$589.00</td>
<td>$460.74</td>
</tr>
</tbody>
</table>
DENTAL

USG offers dental options through Delta Dental.

<table>
<thead>
<tr>
<th></th>
<th>DELTA DENTAL BASE PLAN</th>
<th>DELTA DENTAL HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual maximum</td>
<td>$1,000 per person*</td>
<td>$1,500 per person*</td>
</tr>
<tr>
<td>Deductible (Single/Family)</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Diagnostic/preventive services*</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic benefit services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Major benefit services**</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Orthodontia (child and adult)</td>
<td>No coverage</td>
<td>80%</td>
</tr>
<tr>
<td>Lifetime orthodontia maximum</td>
<td>N/A</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Delta Dental Monthly Premiums

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000 per person*</td>
<td>$31.60</td>
<td>$63.18</td>
<td>$60.00</td>
<td>$101.06</td>
</tr>
<tr>
<td>$1,500 per person*</td>
<td>$39.04</td>
<td>$78.04</td>
<td>$74.16</td>
<td>$124.90</td>
</tr>
</tbody>
</table>

* Preventive and diagnostic services do not count toward the annual maximum.
** Benefit limits apply on full replacement of existing dentures or crowns.

VISION

USG offers vision coverage through EyeMed, whose provider network includes top national retail chains. Benefits are provided for services and supplies once per 12-month period.

<table>
<thead>
<tr>
<th></th>
<th>EYEMED VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
</tr>
<tr>
<td>Exam</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Single vision lens</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Frames contribution</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>Contact lenses</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>Medically necessary contact lenses</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

EyeMed Vision Monthly Premiums

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$6.38</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$14.38</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$12.14</td>
</tr>
<tr>
<td>Family</td>
<td>$18.84</td>
</tr>
</tbody>
</table>

Money-Saving Benefits

USG Perks at Work — free to USG employees!

Take advantage of employee-only discounts and programs, plus savings on your favorite brands. As an added benefit, employees can invite up to five family members to join for free, too. Sign up for USG Perks at Work at any time by visiting perksatwork.com.

LifeStyle Benefits

Save money without sacrificing quality. LifeStyle Benefits offers discounts on roadside assistance, tax help, identity theft protection, pet services and fitness center memberships.

Learn more about all of your LifeStyle Benefits options by visiting usg.lifeperx.com.
FINANCIAL PROTECTION

We provide you with choices to protect your finances against the unexpected.

Disability coverage

SHORT-TERM DISABILITY (STD)
After you’ve been disabled for 14 days, this benefit replaces 60% of your weekly salary, up to $2,500 per week. Benefits may last up to 11 weeks. If you did not elect STD coverage when you first became eligible, Evidence of Insurability (EOI) is required if you elect this coverage during Open Enrollment.

SHORT-TERM DISABILITY (STD) PREMIUMS
Rate: $0.291 / $10 of covered benefit

STD calculation example: monthly payroll
Annual Salary: $56,000
Weekly Covered Salary: $56,000 ÷ 52 = $1,076.92
Weekly Benefit: $1,076.92 x 0.60 = $646.15
Monthly Premium: $646.15 x $0.291 / $10 = $18.80
STD weekly benefit maximum: $2,500

LONG-TERM DISABILITY (LTD)
After you’ve been disabled for 90 days, this benefit replaces 60% of your monthly salary, up to $15,000 per month. No EOI is required.

LONG-TERM DISABILITY (LTD) PREMIUMS
Rate: $0.266 / $100 of covered salary

LTD calculation example: monthly payroll
Annual Salary: $56,000
Monthly Covered Salary: $56,000 / 12 = $4,666.67
Monthly Premium: $4,666.67 x $0.266 / $100 = $12.41
LTD weekly benefit maximum: $15,000

Do you have a medical condition? If you purchase LTD coverage, you may not be eligible for LTD benefits for 12 months if you received treatment for that condition within three months of when your coverage begins.

BONUS! When you purchase supplemental life insurance or additional AD&D coverage, you’ll also receive beneficiary financial counseling, legacy planning services, legal services and travel assistance.

Life insurance

BASIC LIFE WITH AD&D
You’ll receive life insurance with Accidental Death & Dismemberment (AD&D) coverage equal to $25,000 at no cost to you.

VOLUNTARY AD&D PREMIUMS

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.016 per $1,000 per month</td>
<td>$0.028 per $1,000 per month</td>
</tr>
</tbody>
</table>

SUPPLEMENTAL LIFE WITH AD&D
You can buy supplemental life insurance coverage from one to eight times your salary, up to a maximum of $2.5 million. Without having to provide EOI, you can elect or increase your coverage each year by one times your salary up to the limit of the lesser of three times your salary or $500,000.

SUPPLEMENTAL LIFE WITH AD&D PREMIUMS

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 25</th>
<th>25 - 29</th>
<th>30 - 34</th>
<th>35 - 39</th>
<th>40 - 44</th>
<th>45 - 49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate / $1,000 / month</td>
<td>$0.057</td>
<td>$0.066</td>
<td>$0.083</td>
<td>$0.091</td>
<td>$0.109</td>
<td>$0.143</td>
</tr>
<tr>
<td>Age</td>
<td>50 - 54</td>
<td>55 - 59</td>
<td>60 - 64</td>
<td>65 - 69</td>
<td>70 and over</td>
<td></td>
</tr>
<tr>
<td>Rate / $1,000 / month</td>
<td>$0.212</td>
<td>$0.384</td>
<td>$0.590</td>
<td>$1.175</td>
<td>$2.026</td>
<td></td>
</tr>
</tbody>
</table>

SPouse and CHILD LIFE
You can choose life insurance coverage for your dependents, too. Spouse coverage options range from $10,000 to $500,000. EOI is required for all requests for spouse coverage during Open Enrollment. Child(ren) coverage options are $5,000 ($0.50/month), $10,000 ($1/month) or $15,000 ($1.50/month).

SPOUSE LIFE

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 25</th>
<th>25 - 29</th>
<th>30 - 34</th>
<th>35 - 39</th>
<th>40 - 44</th>
<th>45 - 49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate / $1,000 / month</td>
<td>$0.043</td>
<td>$0.052</td>
<td>$0.070</td>
<td>$0.079</td>
<td>$0.087</td>
<td>$0.133</td>
</tr>
<tr>
<td>Age</td>
<td>50 - 54</td>
<td>55 - 59</td>
<td>60 - 64</td>
<td>65 - 69</td>
<td>70 - 74</td>
<td></td>
</tr>
<tr>
<td>Rate / $1,000 / month</td>
<td>$0.205</td>
<td>$0.385</td>
<td>$0.592</td>
<td>$1.140</td>
<td>$1.850</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL AD&D COVERAGE
You can buy additional AD&D coverage at the employee-only or family level. Employee coverage is available in amounts ranging from $10,000 to $500,000.

Learn more at usg.edu/hr/benefits
SECURITY FOR YOUR FAMILY

USG offers you even more choices to protect your finances and your family.

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

**USG CRITICAL ILLNESS PLAN**
The USG Critical Illness plan can help you and your family recover from the financial stress of a critical illness. This coverage assists you with meeting your financial obligations, such as out-of-pocket medical bills and deductibles, as well as indirect costs (like mortgage payments and other living expenses). You’ll receive a direct, lump sum cash payment if you or your dependent is diagnosed with or treated for a covered critical illness.

**USG ACCIDENT PLAN**
The USG Accident plan provides benefits in the event of a covered accident. This coverage can protect you and your family from the potential financial impact of an accident by helping to offset out-of-pocket costs, such as increasing deductibles and copayments, which are not paid by your healthcare plan. This plan is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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

**USG LEGAL PLAN**
The USG Legal plan provides legal support for services including:

- **Home and residential**: Buying a home, landlord or neighbor disputes
- **Financial and consumer**: Debt collection, bankruptcy
- **Estate planning and wills**: Will, living will, healthcare power of attorney
- **Auto and traffic**: First-time vehicle buyer, traffic tickets
- **Family**: Separation, divorce, name change, prenuptial agreement
- **General**: Identity theft, civil litigation defense
WHOM CAN I COVER?

- Your USG healthcare, dental, vision, life and AD&D benefits cover your eligible dependents: your legal spouse; your natural, adopted or stepchild(ren) through the end of the month of their 26th birthday; and your disabled child(ren) with proof of disability.
- If you are adding new dependents to any coverage, you may be required to provide documentation of your relationship or your child’s age. Examples include a marriage certificate, birth certificate, adoption certificate and income tax returns.
- If both you and your spouse are eligible University System of Georgia employees, only one may elect to cover the other spouse and/or dependent children.
CONTACT US
Have questions about your benefits? We have answers. Visit usg.edu/hr/benefits or call your institution’s HR/Benefits Office.

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Healthcare
BCBSGa
Consumer Choice HSA
- Comprehensive Care
- BlueChoice HMO
1-800-424-8950
bcbsga.com/usg

KP HMO
1-404-261-2590 (Atlanta metro)
1-888-865-5813 (elsewhere)
my.kp.org/boardofregents

Pharmacy (BCBSGa plans)
CVS/caremark
1-877-362-3922
caremark.com

Walk-in clinic (BCBSGa plans)
CVS MinuteClinic
1-866-389-2727
minuteclinic.com

Online healthcare
(BCBSGa plans)
LiveHealth Online
1-855-603-7985
livehealthonline.com

Healthcare cost & quality
(Comprehensive Care and Consumer Choice HSA plans only)
Castlight
1-800-424-8950 (first-level service support provided by BCBSGa)
my.castlight.com/usg

Dental
Delta Dental
1-800-471-4214
deltadentalins.com/usg

Vision
EyeMed
1-866-800-5457
eyemedvisioncare.com/usg

HSA & FSA
Optum
1-877-470-1771
mycdh.optum.com

Disability
MetLife
1-866-832-5759
mybenefits.metlife.com

Life and AD&D
Minnesota Life
1-866-293-6047
lifebenefits.com

USG Critical Illness plan
Aflac
1-800-433-3036
aflacgroupinsurance.com

USG Accident and Hospital
Indemnity plans
Voya Financial
1-844-228-8692

USG Legal plan
Nationwide® Insurance
1-888-416-4313
legaleaseplan.com/usg

Discounts on services
LifeStyle Benefits
1-855-647-6766
my.memberportal.com

Online discount purchasing
USG Perks at Work
perksatwork.com /login

CHOOSE WELL-BEING
USG offers support for your well-being. If you choose coverage through a USG healthcare plan, you’ll have free access to a well-being coach. Your personal coach can help you lose weight, quit smoking, prepare to be a parent or deal with a chronic illness.

- BCBSGa members: Call 1-800-785-0006
- Kaiser members: Call 1-888-862-4295

USG offers workplace wellness programs and system-wide well-being challenges, too. Learn more at usg.edu/wellness.

*Messaging and data rates may apply. Frequency of alerts depends on account preference. For Terms & Conditions, go to benetext.com/usg. Reply STOP to cancel.

The University System of Georgia Health Plan meets the Affordability requirement under the Affordable Care Act. Therefore, generally, University System of Georgia employees will not be eligible for a tax credit in 2017 through the Health Insurance Marketplace created under the Affordable Care Act.