



# Pre-65 Retiree Benefits

## WHAT'S INSIDE

- Healthcare .....3
- Dental.....4
- Vision .....4
- Life Insurance.....4

Your life. Your health. **Your choices.**

**2017 Open Enrollment: October 31–November 11**

If you are satisfied with your current coverage, **you do not need to take any action.** Your coverage will continue into 2017.

**For more information, visit [usg.edu/hr/benefits](http://usg.edu/hr/benefits).**

If you are over 65 and have health and/or pharmacy coverage through the Aon Retiree Health Exchange, the healthcare plan information in this brochure does not apply to you.

University System of Georgia Benefits



**we provide • you decide**



## 2017 CHANGES

### CONSUMER CHOICE HSA HEALTHCARE PLAN

- Increase in-network and out-of-network deductibles for individual coverage from \$1,500/\$3,000 to \$2,000/\$4,000
- Increase in-network and out-of-network deductibles for family coverage from \$3,000/\$6,000 to \$4,000/\$8,000
- Increase in the family annual in-network out-of-pocket maximum from \$6,850 to \$7,000

### BLUECHOICE HMO HEALTHCARE PLAN

- Increase in Specialist and Urgent Care copay from \$50 to \$60
- Increase in Emergency Room copay from \$250 to \$300

### DENTAL PLAN

- Slight increase in premiums

## QUESTIONS TO CONSIDER

---

### ARE YOU SATISFIED WITH YOUR CURRENT COVERAGE?

If you are satisfied with your current coverage, you do not need to take any action. Your coverage will continue into 2017, although your rates may be different.

In addition, your Tobacco Use Status will remain the same as in 2016.

---

### WOULD YOU LIKE TO CHANGE OR DROP YOUR COVERAGE?

You may change your coverage (among healthcare plans and/or between dental plans), drop dependents or drop coverage during Open Enrollment each year. However, if you drop any USG-provided coverage, you will not be able to re-enroll or add dependents in the future.

---

### ARE YOU OR YOUR SPOUSE TURNING 65 IN 2017?

If you are a retiree or covered spouse, you will continue to have healthcare coverage until the month in which you turn 65. Be sure to enroll in Medicare Part B three months before you turn 65. Approximately two months before your 65th birthday, the Aon Retiree Health Exchange will reach out to you to help you enroll in retiree healthcare coverage.

---

### WHAT IF ONE SPOUSE IS AGE 65 AND MEDICARE-ELIGIBLE, BUT THE OTHER SPOUSE IS NOT?

The spouse who is Medicare-eligible can enroll in an individual healthcare and prescription drug plan to supplement Medicare benefits through the Aon Retiree Health Exchange. If the non-Medicare-eligible spouse is eligible for USG healthcare benefits, he or she can enroll separately in USG plans during the USG Open Enrollment period this fall as usual. Then, when that individual becomes Medicare-eligible, he or she may also be eligible for Aon Retiree Health Exchange coverage.

---

# HEALTHCARE

The University System of Georgia (USG) is pleased to continue to offer a variety of healthcare choices from BlueCross BlueShield of Georgia (BCBSGa) and Kaiser Permanente (KP).

## Your healthcare options

	<b>CONSUMER CHOICE HSA</b> Provides access to an HSA; BCBSGa in-network and out-of-network coverage	<b>COMPREHENSIVE CARE</b> BCBSGa in-network and out-of-network coverage	<b>BLUECHOICE HMO</b> You receive benefits when your care is coordinated by your BCBSGa primary care physician (PCP)	<b>KAISER PERMANENTE HMO</b> You receive benefits when your care is coordinated by your KP PCP
<b>Coverage</b>	In-network	In-network	In-network only	In-network only
<b>Deductible</b> (Single/Family)	<b>\$2,000/\$4,000</b>	\$500/\$1,500	None	None
<b>Out-of-pocket max</b> (Single/Family)	\$3,500/ <b>\$7,000</b>	\$1,250/\$2,500	\$5,500/\$9,900	\$6,350/\$12,700
<b>Primary care physician required</b>	No	No	Yes	Yes
<b>Preventive care</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Physician office visit/Specialist visit</b>	Plan pays 80% after deductible	\$20 copay/\$30 copay	\$30 copay/ <b>\$60</b> copay	\$20 copay/\$25 copay
<b>Inpatient hospital services</b>	Plan pays 80% after deductible	Plan pays 90% after deductible	\$500 copay	\$250 copay
<b>Care in emergency room</b>	Plan pays 80% after deductible	\$150 copay, then plan pays 90% after deductible	<b>\$300</b> copay	\$250 copay
<b>PRESCRIPTION DRUGS</b>				
<b>RETAIL</b>				
<b>Generic</b>	Plan pays 80% after deductible	\$10 copay \$35 copay	\$10 copay \$35 copay	Kaiser pharmacies: \$10 copay. Contracted non-Kaiser pharmacies: \$20 copay. Limited to a one-time fill per medication.
<b>Preferred brand</b>				Kaiser pharmacies: \$35 copay. Contracted non-Kaiser pharmacies: \$45 copay. Limited to a one-time fill per medication.
<b>Nonpreferred brand</b>		Plan pays 80% after deductible with \$45 min. and \$125 max.	Plan pays 80% after deductible with \$45 min. and \$125 max.	Not covered
<b>MAIL ORDER (90-DAY SUPPLY) RETAIL</b>				
<b>Generic</b>	Plan pays 80% after deductible	\$25 copay	\$25 copay	\$20 copay
<b>Preferred brand</b>		\$87.50 copay	\$87.50 copay	\$70 copay through Kaiser pharmacies only
<b>Nonpreferred brand</b>		Plan pays 80% after deductible with \$112.50 min. and \$250 max.	Plan pays 80% after deductible with \$112.50 min. and \$250 max.	Not covered
<b>2017 MONTHLY PREMIUMS FOR PRE-65 RETIREES</b>				
<b>Non-Medicare Retiree only</b>	\$74.00	<b>\$177.00</b>	<b>\$195.04</b>	<b>\$152.26</b>
<b>Non-Medicare Spouse only</b>	<b>\$88.72</b>	<b>\$211.64</b>	<b>\$231.46</b>	<b>\$181.40</b>
<b>One Child only</b>	<b>\$65.48</b>	<b>\$156.12</b>	<b>\$170.54</b>	<b>\$133.74</b>
<b>Children only</b>	<b>\$130.96</b>	<b>\$312.24</b>	<b>\$341.08</b>	<b>\$267.48</b>
<b>Non-Medicare Retiree + 1 Child</b>	<b>\$139.48</b>	<b>\$333.12</b>	<b>\$365.58</b>	<b>\$286.00</b>
<b>Non-Medicare Spouse + 1 Child</b>	<b>\$154.20</b>	<b>\$367.76</b>	<b>\$402.00</b>	<b>\$315.14</b>
<b>Non-Medicare Retiree + Non-Medicare Spouse</b>	<b>\$162.72</b>	<b>\$388.64</b>	<b>\$426.50</b>	<b>\$333.66</b>
<b>Family — Non-Medicare Retiree + Non-Medicare Spouse + Child(ren)</b>	<b>\$224.70</b>	<b>\$536.70</b>	<b>\$589.00</b>	<b>\$460.74</b>
<b>Family — Non-Medicare Retiree + Child(ren)</b>	<b>\$224.70</b>	<b>\$536.70</b>	<b>\$589.00</b>	<b>\$460.74</b>
<b>Family — Non-Medicare Spouse + Child(ren)</b>	<b>\$224.70</b>	<b>\$536.70</b>	<b>\$589.00</b>	<b>\$460.74</b>

Bold text in chart above indicates change for 2017. For pre-65 Medicare retiree rates, view the Comparison Guide at [usg.edu/hr/benefits](http://usg.edu/hr/benefits).



## CONTACT US

Have questions about your benefits? We have answers.

Visit [usg.edu/hr/benefits](http://usg.edu/hr/benefits) or call your institution's HR/Benefits Office. For information about coverage and claims, contact our benefit providers.

## HEALTHCARE

### BCBSGa

- Consumer Choice HSA
- Comprehensive Care
- BlueChoice HMO

1-800-424-8950

[bcbsga.com/usg](http://bcbsga.com/usg)

### KP HMO

1-404-261-2590 (Atlanta metro)

1-888-865-5813 (elsewhere)

[my.kp.org/boardofregents](http://my.kp.org/boardofregents)

## PHARMACY

### CVS/caremark

1-877-362-3922

[caremark.com](http://caremark.com)

## DENTAL

### Delta Dental

1-800-471-4214

[deltadentalins.com/usg](http://deltadentalins.com/usg)

## VISION

### EyeMed

1-866-800-5457

[eyemedvisioncare.com/usg](http://eyemedvisioncare.com/usg)

## LIFE

### Minnesota Life

1-866-293-6047

[lifebenefits.com](http://lifebenefits.com)

# DENTAL

USG offers dental options through Delta Dental. Your dental premiums will increase slightly in 2017. See the premium chart below.

	DELTA DENTAL BASE PLAN In-network	DELTA DENTAL HIGH PLAN In-network
<b>Annual maximum</b>	\$1,000 per person*	\$1,500 per person*
<b>Deductible</b> (Single/Family)	\$50/\$150	\$50/\$150
<b>Diagnostic/preventive services*</b>	100%	100%
<b>Basic benefit services</b>	80%	80%
<b>Major benefit services**</b>	50%	80%
<b>Orthodontia (child and adult)</b>	No coverage	80%
<b>Lifetime orthodontia maximum</b>	N/A	\$1,000
<b>Retiree Monthly Premiums</b>		
<b>Employee only</b>	\$31.60	\$39.04
<b>Employee + Child(ren)</b>	\$60.00	\$74.16
<b>Employee + Spouse</b>	\$63.18	\$78.04
<b>Family</b>	\$101.06	\$124.90

\* 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.

	EYEMED VISION	
	In-network	Out-of-network reimbursement
<b>Exam</b>	\$10 copay	\$40
<b>Single vision lens</b>	\$25 copay	\$40
<b>Frames contribution</b>	\$150 allowance	\$58
<b>Contact lenses</b>	\$150 allowance	\$130
<b>Medically necessary contact lenses</b>	Paid in full	\$210
<b>Retiree Monthly Premiums</b>		
<b>Employee only</b>	\$6.38	
<b>Employee + Child(ren)</b>	\$12.14	
<b>Employee + Spouse</b>	\$14.38	
<b>Family</b>	\$18.84	

# LIFE INSURANCE

Life insurance coverage is provided by Minnesota Life. You may be contacted to update your beneficiaries. If you are currently enrolled in life insurance coverage:

- It will automatically carry over to 2017.
- Your life insurance and premiums will remain the same for 2017, unless you change age brackets.