



ABOUT THIS BROCHURE

Inside, you'll find information on 2019 USG dental, vision and life insurance coverage for eligible retirees, as well as USG healthcare for eligible pre-65 retirees.



USG Retiree Benefits

Your health. Your choices. Your well-being.

2019 Open Enrollment: October 29–November 9

Action Needed: Enroll in Your Healthcare Plan and Certify Your Tobacco Use Status

When you enroll in a healthcare plan for 2019, you'll also need to certify your Tobacco Use Status during Open Enrollment. You must take action during Open Enrollment for your coverages in 2019.

See next page for more information.

For more information, visit oneusgconnect.usg.edu.

WHAT'S INSIDE

- Pre-65 Healthcare 3
- Dental 4
- Vision..... 4
- Life Insurance 4

2019 BENEFIT CHANGES

Below are highlights of 2019 changes. Visit oneusgconnect.usg.edu for more information, including the Comparison Guide.

COMPREHENSIVE CARE AND CONSUMER CHOICE HSA HEALTHCARE PLANS

- Increase in premiums
- Increase to in-network deductible and annual out-of-pocket maximum

BLUECHOICE HMO HEALTHCARE PLAN

- Increase in premiums and copays

COMPREHENSIVE CARE AND BLUECHOICE HMO PHARMACY BENEFITS

- Increase in copays

CALL. CLICK. CONNECT.

To view, change or drop your USG retiree benefits, go online to oneusgconnect.usg.edu. Under **Manage My Benefits** on the right side of the screen, click the button for USG retirees.

Or contact the OneUSG Connect - Benefits Call Center toll-free at **1-844-5-USGBEN (1-844-587-4236)**.

Remember you must certify your Tobacco Use Status or you'll be listed as a tobacco user.

QUESTIONS TO CONSIDER

DO YOU USE TOBACCO?

When you choose healthcare coverage for 2019, you must also certify your Tobacco Use Status. Note, if you do not certify:

- When you choose healthcare coverage for 2019, your status will default to "tobacco user" and a \$75 monthly surcharge will be added to your monthly premium.
- The status of any covered dependents (age 18 and older) will also default to "tobacco user" and an additional \$75 surcharge on your monthly premium will apply.

You may change your Tobacco Use Status at any time (effective on the first day of the following month). The \$75 surcharge is nonrefundable so be sure to accurately certify your Tobacco Use Status during Open Enrollment. Please visit usg.edu/hr/benefits for more information.

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.

CAN YOU ENROLL IN RETIREE BENEFIT PLANS AFTER YOU RETIRE IF YOU DID NOT TAKE THE COVERAGE AT THE TIME OF RETIREMENT?

If you were eligible for retiree benefits when you left USG and you declined that coverage at that time, you are not allowed to enroll in USG healthcare, dental, vision or life insurance at a later date after you retire.

ARE YOU OR YOUR SPOUSE TURNING 65 IN 2019?

If you are a retiree or a covered spouse of a retiree, 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. **Note:** Consider attending an information session. For dates, times and locations, visit usg.edu/hr/benefits.

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. The non-Medicare eligible spouse will remain in USG healthcare coverage if currently enrolled. Then, when that individual becomes Medicare-eligible, he or she may also be eligible for Aon Retiree Health Exchange coverage.



PRE-65 HEALTHCARE

The University System of Georgia (USG) is pleased to continue to offer pre-65 retirees a variety of healthcare choices from Anthem Blue Cross and Blue Shield (Anthem), formerly known as BlueCross BlueShield of Georgia, and Kaiser Permanente (KP). **Note:** If you are age 65 or older and have coverage through the Aon Retiree Health Exchange, visit retiree.aon.com/usg or call your dedicated Benefits Advisor at 1-866-212-5052 for more information.

Your healthcare options

	CONSUMER CHOICE HSA Provides access to an HSA; Anthem in-network and out-of-network coverage	COMPREHENSIVE CARE Anthem in-network and out-of-network coverage	BLUECHOICE HMO You receive benefits when your care is coordinated by your Anthem primary care physician (PCP)	KAISER PERMANENTE HMO You receive benefits when your care is coordinated by your KP PCP
Coverage	In-network	In-network	In-network only	In-network only
Deductible (Single/Family)	\$2,200/\$4,400	\$750/\$2,250	None	None
Out-of-pocket max (Single/Family)	\$3,700/\$7,400	\$1,750/\$3,500	\$5,500/\$9,900	\$6,350/\$12,700
Primary care physician required	No	No	Yes	Yes
Preventive care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician office visit/Specialist visit	Plan pays 80% after deductible	\$20 copay/\$30 copay	\$35 copay/\$70 copay	\$20 copay/\$25 copay
Inpatient hospital services	Plan pays 80% after deductible	Plan pays 90% after deductible	\$500 copay	\$250 copay
Care in emergency room	Plan pays 80% after deductible	\$150 copay, then plan pays 90% after deductible	\$300 copay	\$250 copay
PRESCRIPTION DRUGS				
RETAIL				
Generic	Plan pays 80% after deductible	\$15 copay	\$15 copay	Kaiser pharmacies: \$10 copay. Contracted non-Kaiser pharmacies: \$20 copay. Limited to a one-time fill per medication.
Preferred brand		\$40 copay	\$40 copay	Kaiser pharmacies: \$35 copay. Contracted non-Kaiser pharmacies: \$45 copay. Limited to a one-time fill per medication.
Nonpreferred brand		Plan pays 80% after deductible with \$50 min. and \$130 max.	Plan pays 80% after deductible with \$50 min. and \$130 max.	Not covered
MAIL ORDER (90-DAY SUPPLY) RETAIL				
Generic	Plan pays 80% after deductible	\$37.50 copay	\$37.50 copay	\$20 copay through Kaiser pharmacies only
Preferred brand		\$100 copay	\$100 copay	\$70 copay through Kaiser pharmacies only
Nonpreferred brand		Plan pays 80% after deductible with \$125 min. and \$260 max.	Plan pays 80% after deductible with \$125 min. and \$260 max.	Not covered
2019 MONTHLY PREMIUMS FOR PRE-65 RETIREES				
Non-Medicare Retiree only	\$75.12	\$177.46	\$206.90	\$157.70
Non-Medicare Spouse only	\$111.48	\$224.04	\$256.40	\$195.26
One Child only	\$84.82	\$166.68	\$190.22	\$144.84
Children only	\$169.64	\$333.36	\$380.44	\$289.68
Non-Medicare Retiree + 1 Child	\$159.94	\$344.14	\$397.12	\$302.54
Non-Medicare Spouse + 1 Child	\$196.30	\$390.72	\$446.62	\$340.10
Non-Medicare Retiree + Non-Medicare Spouse	\$186.60	\$401.50	\$463.30	\$352.96
Family — Non-Medicare Retiree + Non-Medicare Spouse + Child(ren)	\$257.68	\$554.46	\$639.80	\$487.38
Family — Non-Medicare Retiree + Child(ren)	\$257.68	\$554.46	\$639.80	\$487.38
Family — Non-Medicare Spouse + Child(ren)	\$257.68	\$554.46	\$639.80	\$487.38

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



CONTACT US

Have questions about your benefits?
We have answers.

Visit oneusgconnect.usg.edu or contact the OneUSG Connect - Benefits Call Center toll free at 1-844-5-USGBEN (1-844-587-4236).

For information about coverage and claims, contact our benefit providers.

HEALTHCARE

Anthem

- Consumer Choice HSA
- Comprehensive Care
- BlueChoice HMO

1-800-785-0006

anthem.com/USG (after January 1, 2019)

KAISER PERMANENTE HMO

1-404-261-2590 (Atlanta metro)

1-888-865-5813 (elsewhere)

my.kp.org/usg

PHARMACY

CVS/caremark

1-877-362-3922

caremark.com

DENTAL

Delta Dental

Base Policy # GA16711;

High Policy # 76723

1-800-471-4214

deltadentalins.com/usg

VISION

EyeMed

Policy # 9888546

1-866-800-5457

eyemedvisioncare.com/usg

LIFE

Securian Life

1-866-293-6047

lifebenefits.com



DENTAL

USG offers dental options through Delta Dental.

	DELTA DENTAL BASE PLAN In-network	DELTA DENTAL HIGH PLAN In-network
Annual maximum	\$1,000 per person*	\$1,500 per person*
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Diagnostic/preventive services*	100%	100%
Basic benefit services	80%	80%
Major benefit services**	50%	80%
Orthodontia (child and adult)	No coverage	80%
Lifetime orthodontia maximum	N/A	\$1,000
Retiree Monthly Premiums		
Retiree only	\$31.60	\$39.04
Retiree + Child(ren)	\$60.00	\$74.16
Retiree + Spouse	\$63.18	\$78.04
Family	\$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. Your vision premiums will increase in 2019. Benefits are provided for services and supplies once per 12-month period.

	EYEMED VISION	
	In-network	Out-of-network reimbursement
Exam	\$10 copay	\$40
Single vision lens	\$25 copay	\$40
Frames contribution	\$150 allowance	\$58
Contact lenses	\$150 allowance	\$130
Medically necessary contact lenses	Paid in full	\$210
Retiree Monthly Premiums		
Retiree only	\$6.90	
Retiree + Child(ren)	\$13.12	
Retiree + Spouse	\$15.52	
Family	\$20.34	



LIFE INSURANCE

If you are currently enrolled in life insurance coverage (provided by Securian Life):

- It will automatically carry over to 2019.
- Your life insurance will remain the same for 2019, unless you change age brackets.
- Supplemental premiums will increase.

You can confirm and update your beneficiaries at oneusgconnect.usg.edu.