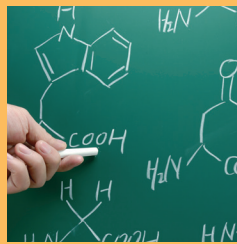




VALDOSTA  
STATE  
UNIVERSITY



# 2013 EMPLOYEE BENEFITS SUMMARY





VALDOSTA  
STATE  
UNIVERSITY

Dear Employee,

We evaluate our benefit programs each year to make sure that we accomplish several goals.

**We strive to:**

- Promote health and wellness among our employees and their dependents
- Provide employees with affordable access to health benefits
- Provide competitive and valuable benefits programs
- Educate employees on all of the benefits and resources available to them

Through our various insurance carriers there are many resources and online tools to help you better manage your health. Be sure to check out the ONLINE RESOURCES section of this booklet for more information. In addition to learning more about general good health, we encourage everyone to have an annual physical to identify and monitor any personal health risks. The new Women's Preventative Benefits, as required under the Affordable Care Act, will become available in 2013.

The purpose of this booklet is to provide a summary of the benefit package available to you and to provide education and assistance in making choices that are right for you. Understanding your health plan options and using them effectively can lower your medical expenses and ensure the best health care for all of us. You will find that we have added two new benefits programs for 2013, a VISION CARE PLAN and a LEGAL SERVICES PLAN. Please take a few minutes to review this booklet and share it with your family. The information contained in this Employee Benefits Summary is just a summary. If there is a discrepancy between the information in this summary and the Certificate of Insurance, the Certificate of Insurance will always govern how your benefits are provided.

Best regards,

Denise Bogart, Ph.D, PHR  
Director of Human Resources and Employee Development

## Our Benefits Summary Includes Information About:

- Medical
- Dental
- Life
- Disability
- Vision
- Long-Term Care
- Flexible Spending Accounts
- Legal Services
- Employee Assistance Program
- Retirement
- Benefit Costs
- Important Contact Information



## Making Changes to Your Benefits

SOME OF YOUR BENEFIT DEDUCTIONS ARE WITHHELD FROM YOUR PAYCHECK ON A PRE-TAX BASIS AND THEREFORE YOUR ABILITY TO MAKE CHANGES TO THESE BENEFITS IS RESTRICTED BY THE IRS. ONCE ENROLLED, PRE-TAX BENEFIT ELECTIONS CANNOT BE CHANGED UNTIL THE NEXT ANNUAL OPEN ENROLLMENT PERIOD UNLESS YOU HAVE A QUALIFYING STATUS CHANGE.



*Life and Disability Insurance changes may be subject to carrier approval.*

**To make benefit changes as a result of your Life Status Change or Family Status Change, as allowed under Section 125 of the IRS Code, you must:**

- Notify Human Resources within 30 days of the date of the qualifying event
- Complete and submit your enrollment or election changes through the ADP portal
- Provide proof of your status change event

### THE MOST COMMON STATUS CHANGES:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child



## Medical Benefits

IN 2013, FOR THOSE ENROLLED IN THE HSA OPEN ACCESS POS PLAN, THE UNIVERSITY SYSTEM OF GEORGIA (USG) WILL CONTINUE TO PAY 85% OF THE PREMIUM RATE. FOR THOSE ENROLLED IN THE OPEN ACCESS POS MEDICAL PLAN, USG WILL PAY 70% OF THE PREMIUM RATE.

THERE WILL BE NO CHANGES TO THE RX BENEFITS UNDER THE OPEN ACCESS POS PLAN IN 2013. HOWEVER, DUE TO THE MERGER OF MEDCO AND EXPRESS SCRIPTS, THE NAME USED IN 2013 WILL BE EXPRESS SCRIPTS.

Below and on the following pages we have provided a quick snapshot of the different medical plans and an overview of the tools and resources provided by Blue Cross Blue Shield of Georgia (BCBSGA). Our summaries are intended to highlight the principal provisions of the plans and show you how they differ. Please refer to the Certificate Booklet or the Board of Regents website at [www.usg.edu/HR/benefits](http://www.usg.edu/HR/benefits) for further details about the plan and specific plan exclusions.



A \$50 per month tobacco-use surcharge will be added to your portion of the monthly premium if you use a tobacco product in any form.

### OPEN ACCESS POS PLAN

**In-network preventive care visit** .....  
 .....Plan pays 100%  
 .....(deductible does not apply)  
**In-network copay for office visits** .... \$20  
**In-network coinsurance** .... Plan pays 90%  
 .....(after deductible has been met)  
**In-network calendar year deductible:**  
 ■ Individual .....\$300  
 ■ Family ..... \$900  
**In-network maximum annual out-of-pocket limit:**  
 ■ Individual ..... \$1,000  
 ■ Family ..... \$2,000  
**Network** ..... Blue Open Access POS  
**Out-of-network** ..... Members using out-of-network providers will pay more for those services.\*  
**Prescription drugs\*\***

\*Out-of-network benefits are subject to separate and higher annual deductibles and out-of-pocket maximums. Out-of-network benefits are paid based on 60% of the network rate and subject to balance billing.

\*\* RX benefits are provided through Express Scripts. See the Express Scripts section of this document for details.

### HSA OPEN ACCESS POS PLAN

**In-network preventive care visit** .....  
 .....Plan pays 100%  
 .....(deductible does not apply)  
**In-network office visits** ..... Plan pays 90%  
 .....(after deductible has been met)  
**In-network coinsurance** .... Plan pays 90%  
 .....(after deductible has been met)  
**In-network calendar year deductible:**  
 ■ Individual ..... \$1,500  
 ■ Family ..... \$3,000\*  
**In-network maximum annual out-of-pocket limit:**  
 ■ Individual ..... \$3,000  
 ■ Family ..... \$6,000  
**Network** ..... Blue Open Access POS  
**Out-of-network**  
 Members using out-of-network providers will pay more for those services.\*\*  
**Prescription drugs** ..... Plan pays 90%  
 .....(after deductible has been met)

\*For a family contract, all eligible members share a combined family deductible.

\*\* Out-of-network benefits are subject to separate and higher out-of-pocket maximums. Out-of-network benefits are paid at 70% of the network rate and subject to balance billing.



If you have a dependent age 45 or older, the dependent's SSN must be on file with the insurance carrier in order for you to retain their medical coverage.

## BCBSGA Member Benefits

EMPLOYEES ENROLLED IN ANY OF OUR BCBSGA MEDICAL PLANS ALSO HAVE ACCESS TO 360° HEALTH, A PROGRAM THAT PROVIDES CUSTOMIZED HEALTH CARE RELATED SERVICES THAT EMPOWER MEMBERS WITH THE RESOURCES, TOOLS, GUIDANCE AND SUPPORT TO HELP THEM MANAGE THEIR HEALTH WHILE MANAGING THEIR HEALTH CARE COSTS.

### 360° Health

360° Health is a revolutionary shift in health care related services that really means “life care”—MDs and RNs proactively working with plan members to help them to lead healthier lives and feel better every day. Some people, no matter how they choose to live, just get sick. 360° Health helps members to live better, even when they are sick, by providing health guidance and health management services.



Once you are enrolled in your benefits, log on to Member Access at [bcbsga.com/bor](http://bcbsga.com/bor) and select the 360° Health tab to learn more about the benefits of this program.

### ▶ TRACK YOUR PERSONAL HEALTH INFORMATION

BCBSGA members can use MyHealth Record to maintain and track personal health information and keep it organized in one secure location.

You can use the tool to consolidate your medical history if you see multiple doctors and provide them with a comprehensive health history to use when planning care, which can eliminate duplicate services and potential adverse drug interactions.



To access MyHealth Record, log onto Member Access at [bcbsga.com/bor](http://bcbsga.com/bor) and select 360° Health and then MyHealth Record.

### ▶ CONDITIONCARE Additional Support from Industry Professionals

Most physicians and clinical staffs have limited time with their patients. Some people are in denial about their chronic illnesses and others can feel overwhelmed by all the information available. Any of these factors can lead to poor condition management and poor overall health.

BCBSGA's ConditionCare program works with your physician to provide additional support from nurses, dietitians, exercise physiologists, pharmacists, health educators, and other health care professionals to help members better understand and manage their condition.



Call 800.785.0006 to reach a ConditionCare professional.

### ▶ MYHEALTH COACH One-on-One Health Coaching

Once you enroll in MyHealth Coach, a health coach will be assigned to you and your family members. Your health coach can help you learn about your benefits, get care, and help you to improve your health.

Your health coach can help you with a range of health topics from losing weight to lowering your stress. If you have a surgery scheduled, they can even help you prepare for surgery or plan your recovery.



To get started, call 800.785.0006.

### ▶ 24/7 NURSELINE Health Information With Just a Call or a Click

Health issues happen in the middle of the night, during vacation or while traveling for business. Determining whether a problem requires medical attention or self-care isn't always clear.

BCBSGA's 24/7 Nurseline offers access to qualified registered nurses anytime—to help members of any of our plans make informed decisions about the appropriate level of care and avoid unnecessary worry.



To reach the 24/7 Nurseline, call: 800.785.0006.





## Getting Care When You Need It NOW

*MANY HEALTH PROBLEMS NEED TO BE TAKEN CARE OF RIGHT AWAY BUT AREN'T TRUE EMERGENCIES. WHEN YOU CAN'T SEE YOUR PRIMARY CARE DOCTOR, YOU CAN STILL ACCESS GREAT HEALTH CARE WITHOUT VISITING AN EMERGENCY ROOM.*

Retail health clinics and urgent care centers often cost about the same as a regular doctor visit (much less than an ER visit) and they often take a lot less time than a trip to the ER. Plus most are open weeknights and weekends.

### Retail Health Clinic

A retail health clinic is staffed by medical professionals who provide basic medical services to walk-in patients. They are usually found in major pharmacy chains or retail stores. These clinics can diagnose a range of illnesses from flu to strep, and write and fill prescriptions onsite.

### Urgent Care Center

An urgent care center is staffed by doctors and nurses who treat illnesses or injuries that should be looked at right away but aren't emergencies. Urgent care centers usually have the equipment to do X-rays, lab tests, and stitches.

To find an alternative to the ER, call the BCBSGA 24/7 Nurseline at 800.785.0006 or visit [bcbsga.com/eralt](http://bcbsga.com/eralt). A Nurseline nurse can also help you determine which type of care makes the most sense for you.

### BEFORE YOU GO TO A HEALTH CLINIC OR URGENT CARE CENTER

Call the office or clinic and ask:

- What are your hours?
- Do you offer the services I need?
- Will this be covered by my health plan?



*Call 911 or go to the emergency room if you think you could put your health at serious risk by delaying care.*

## Open Access POS Plan

Maximum Lifetime Benefits	Unlimited	
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK*</b>
Calendar Year Deductible	\$300 individual / \$900 family	\$400 individual / \$1,200 family
Calendar Year Out-of-Pocket Maximum	\$1,000 individual / \$2,000 family	\$2,000 individual / \$4,000 family
<i>** NOTE: The calendar year out-of-pocket maximum does not include the calendar year deductible; In-network and out-of-network deductibles and coinsurance amounts do not cross accumulate; copays for office visits, prescription drugs and emergency room services do not apply towards the deductible or out-of-pocket maximum; non-covered charges do not apply towards the deductible or out-of-pocket maximum</i>		
Pre-existing Conditions	Not Applicable	Not Applicable
Out-of-State/Out-of-Country Coverage	In-network coverage out-of-state utilizes the BlueCard National Network and out-of-country uses BlueCard Worldwide	
Primary Care Provider (PCP)/Referral Required	No	No
<b>PHYSICIAN SERVICES PROVIDED IN AN OFFICE SETTING</b>		
PCP & Specialist Provider - Office Visits	\$20 copay (applies to office visit only)	Plan pays 60% after deductible
Wellness/Preventive Care	Plan pays 100%; not subject to deductible	Not Covered
Routine Eye-Exam w/Ophthalmologist or Optometrist	Plan pays 100%; not subject to deductible	Not Covered
Laboratory Services (In-Network Lab is LabCorp)	Plan pays 90% after deductible	Plan pays 60% after deductible
Maternity Care	\$20 copay first visit only, then Plan pays 90%; not subject to deductible	Plan pays 60% after deductible
Surgery In-Office, Allergy Testing	Plan pays 90% after deductible	Plan pays 60% after deductible
Allergy Shots & Serum	Plan pays 100%; not subject to deductible; if physician is seen \$20 office visit copay will apply	Plan pays 60% after deductible
<b>INPATIENT HOSPITAL SERVICES - PRE-CERTIFICATION REQUIRED EXCEPT FOR EMERGENCY</b>		
Physician Services - may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery	Plan pays 90% after deductible	Plan pays 60% after deductible
Hospital Facility Services -Inpatient care (includes inpatient short-term rehabilitation services)	Plan pays 90% after deductible (limited to semi private room)	Plan pays 60% after deductible
Maternity Delivery & Laboratory Services	Plan pays 90% after deductible	Plan pays 60% after deductible
Hospice Care	Plan pays 100% after deductible	Plan pays 60% after deductible
Skilled Nursing Facility (30 days per calendar year; combined for in- and out-of-network)	Plan pays 90% after deductible	Plan pays 60% after deductible
<b>OUTPATIENT HOSPITAL/FACILITY SERVICES - PRE-CERTIFICATION REQUIRED EXCEPT FOR EMERGENCY</b>		
Physician Services - may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery	Plan pays 90% after deductible	Plan pays 60% after deductible
Hospital Facility Services - Outpatient surgery and diagnostic testing	Plan pays 90% after deductible	Plan pays 60% after deductible
Care in Hospital Emergency Room (deductible waived if admitted within 24 hours)	Plan pays 90% after \$50 copay; subject to deductible	Plan pays 90% after \$50 copay; subject to deductible
Ambulance Services - land or air ambulance when medically necessary	Plan pays 90% after deductible	Plan pays 90% after deductible
Urgent Care Services	Plan pays 90% after deductible	Plan pays 60% after deductible
<b>OTHER SERVICES</b>		
Home Health & Home Nursing Care, Durable Medical Equipment	Plan pays 90% after deductible	Plan pays 60% after deductible
Chiropractic Care (40 visits per calendar year; combined for in- and out-of-network)	Plan pays 90% after deductible	Plan pays 60% after deductible
Physical, Speech, Occupational & Cardiac Therapy (40 visits per calendar year; combined for in- and out-of-network)	Plan pays 90% after deductible	Plan pays 60% after deductible
<b>BEHAVIORAL HEALTH &amp; SUBSTANCE ABUSE</b>		
Inpatient Care & Outpatient Care	Plan pays 90% after deductible	Plan pays 60% after deductible
<b>PHARMACY SERVICES</b>		
Prescription Drugs - through Express Scripts (See the following page)		

\* Services provided by out-of-network providers are paid based on network rates and subject to balance billing.

## Open Access POS Plan - Express Scripts Pharmacy Benefit

THE BOARD OF REGENTS SELECTED MEDCO (NOW KNOWN AS EXPRESS SCRIPTS) TO MANAGE PHARMACY BENEFITS FOR MEMBERS IN THE OPEN ACCESS POS PLAN.

Your pharmacy benefit options are:

**Retail Pharmacies:** Use a participating retail pharmacy for short-term prescriptions (such as antibiotics to treat infections). Be sure to show your Plan ID card to the pharmacist.

**Mail Order Pharmacies:** When you use the Home Delivery Services, you can get up to a 90-day supply of long-term medications (those taken for 3 months or more). When you order online, you can save money by getting up to a 90-day supply of each covered medication for just one mail-order payment, and standard shipping is free. The applicable copay for a 90-day supply is charged even if your prescription is for a 31-day supply. Medications are dispensed by registered pharmacists and are usually delivered directly to your home or office within 5 days after the order is received.



To find a participating retail pharmacy near you or order refills, visit [www.express-scripts.com](http://www.express-scripts.com) or call 877.300.5139 to use the interactive pharmacy locator – 24 hours a day, 7 days a week.

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### Retail Pharmacy (Up to a 30-day supply)

\$10 Generic Copay / \$30 Preferred Brand-Name Copay

Nonpreferred Brand Name: 20% copayment of nonpreferred brand-name drug cost, with minimum member copay of \$45 and a maximum member copay of \$125, for up to a 30-day supply

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### Mail Order Pharmacy (Up to a 90-day supply, the applicable copay for a 90-day supply will be charged even if your prescription is for a 31-day supply.)

\$25 Generic Copay / \$75 Preferred Brand-Name Copay

Nonpreferred Brand Name: 20% copay of nonpreferred brand-name drug cost, with minimum member copay of \$112.50 and a maximum member copay of \$250, for up to a 90-day supply

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### Additional Copay information

- If the usual and customary charge for a generic or preferred brand-name drug is less than the copay, the member will pay the lesser of the two.
- If a physician indicates "Brand Necessary" on a prescription, then only a preferred or nonpreferred brand-name medication can be dispensed. The member will be responsible for the preferred/nonpreferred brand-name medication copay.
- If a physician does not indicate "Brand Necessary" and the member chooses a preferred/nonpreferred brand-name medication over its available generic equivalent, the member will be required to pay the generic copay. In addition to paying the generic copay, the member will also be responsible for paying the difference in the cost between the generic and the preferred/nonpreferred brand-name drug. This difference in member cost is sometimes referred to as an "ancillary charge."

**Annual Out-of-Pocket Maximum** The following annual out-of-pocket maximum amounts for members who obtain generic and preferred brand-name prescription medications will apply:

Employee: \$1,000

Employee + Child: (2 covered members): \$2,000

Employee + Spouse: (2 covered members): \$2,000

Family: (3 or more covered members): \$3,000

*Upon a member reaching his or her annual out-of-pocket maximum, his or her prescription drug copays will be waived for any additional generic and preferred brand-name medications for the remainder of that year.*

**Maintenance Medications** are those prescription drugs that a member may obtain for a period of up to 90 days.

The member will be charged one retail copay for each supply of medication up to a 30-day supply. For Mail Order prescriptions, the member will pay the applicable mail order copay for up to a 90-day supply.

Note:

- Copays for nonpreferred brand-name medications will NOT apply to the annual out-of-pocket maximum benefit.
  - Prescription drug copays do NOT apply to USG medical annual deductibles or to medical maximum annual out-of-pocket limits.
  - If the member purchases a preferred brand-name prescription drug that is not indicated as "Brand Necessary," and there is a generic equivalent available, only the generic member copay will be applied to the annual maximum out-of-pocket member benefit. The difference in cost between the generic equivalent and the preferred brand-name medication will NOT apply to the annual maximum out-of-pocket member benefit.
  - Some medications are not covered unless you receive approval through a coverage review (prior authorization). Other drugs may be covered, but with limits (for example, only a certain amount or for certain uses) unless you receive approval through a review. If you go to a pharmacy and you are informed that your prescription cannot be filled because it requires a prior authorization, please have your physician contact Express Scripts to complete the coverage review.
  - There is no Coordination of Benefits for allowed pharmacy charges between this pharmacy plan and another pharmacy/medical plan.
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## HSA Open Access POS Plan

Maximum Lifetime Benefits		Unlimited
Calendar Year Deductible (for a family contract, all eligible members share a combined family deductible)		\$1,500 individual / \$3,000 family
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK*</b>
Calendar Year Out-of-Pocket Maximum (includes Calendar Year Deductible; In-network and out-of-network coinsurance amounts do not cross accumulate)	\$3,000 individual / \$6,000 family	\$6,000 individual / \$12,000 family
Pre-existing Conditions	Not Applicable	Not Applicable
Out-of-State/Out-of-Country Coverage	In-network coverage out-of-state utilizes the BlueCard National Network and out-of-country uses BlueCard Worldwide	
Primary Care Provider (PCP)/Referral Required	No	No
<b>PHYSICIAN SERVICES PROVIDED IN AN OFFICE SETTING</b>		
PCP & Specialist Provider - Office Visits	Plan pays 90% after deductible	Plan pays 70% after deductible
Wellness/Preventive Care	Plan pays 100%; not subject to deductible	Plan pays 70%; not subject to deductible
Routine Eye-Exam w/Ophthalmologist or Optometrist	Plan pays 100%; not subject to deductible	Plan pays 70%; not subject to deductible
Laboratory Services (in-network Lab is LabCorp)	Plan pays 90% after deductible	Plan pays 70% after deductible
Maternity Care, Surgery In-Office, Allergy Testing, Shots & Serum	Plan pays 90% after deductible	Plan pays 70% after deductible
<b>INPATIENT HOSPITAL SERVICES - PRE-CERTIFICATION REQUIRED EXCEPT FOR EMERGENCY</b>		
Physician Services - may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery	Plan pays 90% after deductible	Plan pays 70% after deductible
Hospital Facility Services - Inpatient care (includes inpatient short-term rehabilitation services)	Plan pays 90% after deductible	Plan pays 70% after deductible
Maternity Delivery, Laboratory Services	Plan pays 90% after deductible	Plan pays 70% after deductible
Hospice Care	Plan pays 100% after deductible	Plan pays 100% after deductible
Skilled Nursing Facility (30 days per calendar year; combined for in- and out-of-network)	Plan pays 90% after deductible	Plan pays 70% after deductible
<b>OUTPATIENT HOSPITAL/FACILITY SERVICES - PRE-CERTIFICATION REQUIRED EXCEPT FOR EMERGENCY</b>		
Physician Services - may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery	Plan pays 90% after deductible	Plan pays 70% after deductible
Hospital Facility Services - Outpatient surgery and diagnostic testing	Plan pays 90% after deductible	Plan pays 70% after deductible
Care in Hospital Emergency Room	Plan pays 90% after deductible	Plan pays 70% after deductible
Ambulance Services - land or air ambulance when medically necessary	Plan pays 90% after deductible	Plan pays 70% after deductible
Urgent Care Services	Plan pays 90% after deductible	Plan pays 70% after deductible
<b>OTHER SERVICES</b>		
Home Health & Home Nursing Care, Durable Medical Equipment	Plan pays 90% after deductible	Plan pays 70% after deductible
Chiropractic Care, Physical Therapy, Athletic Trainers, and Occupational Therapy (combined 20-visit limit; combined for in- and out-of-network)	Plan pays 90% after deductible	Plan pays 70% after deductible
Speech Therapy (20-visit limit; combined for in- and out-of-network)	Plan pays 90% after deductible	Plan pays 70% after deductible
Respiratory Therapy (30-visit limit; combined for in- and out-of-network)	Plan pays 90% after deductible	Plan pays 70% after deductible
Cardiac Therapy	Plan pays 90% after deductible	Plan pays 70% after deductible
<b>BEHAVIORAL HEALTH &amp; SUBSTANCE ABUSE</b>		
Inpatient Care & Outpatient Care	Plan pays 90% after deductible	Plan pays 70% after deductible
<b>PHARMACY SERVICES</b>		
Prescription Drugs	Plan pays 90% after deductible / 30-day supply limit (90-day supply limit for maintenance drugs) not subject to a formulary but some medications may require pre-authorization or step-therapy. Mail order coverage not available.	

\* Services provided by out-of-network providers are paid based on network rates and subject to balance billing.

## Health Savings Account (HSA)

*HSA OPEN ACCESS POS PLAN MEMBERS ARE ELIGIBLE TO SET UP AN HSA. USG WILL MATCH THE EMPLOYEE'S CONTRIBUTION TO THEIR HSA PLAN UP TO \$375 FOR SOMEONE WITH SINGLE COVERAGE AND UP TO \$750 FOR SOMEONE WITH FAMILY COVERAGE. THIS MATCH IS MADE CONCURRENTLY WITH THE EMPLOYEE'S CONTRIBUTION.*



An HSA is a tax-favored account that allows you to set aside funds to save and pay for qualified medical expenses incurred by you, your spouse, and any of your qualified dependents. Money in your HSA can be used for current medical expenses or as savings towards future medical expenses. Medical expenses paid out of the HSA can be used to meet your health plan deductible or pay for dental or vision care.

### Money in your HSA is YOURS

Money left in your HSA rolls over each year and accumulates interest to help you save for your future medical expenses, dependent medical expenses, or retirement. There are no “use it or lose it rules” like in Flexible Spending Accounts (FSA). Your HSA fund is portable should you terminate employment or choose to move to a traditional plan in the future.

- Unspent account balances remain in your account, accruing interest, until you spend them
- You can save money by staying healthy and leading a healthy lifestyle
- You can save money by shopping around for the best value for health care services

## HSA Frequently Asked Questions

**How do I make deposits to my account?** HSA deposits can be made through automatic pre-tax payroll deductions, after-tax monthly contributions from your checking account, or via mail anytime during the year. Unlike an FSA, you can change your payroll deductions for the HSA during the year, and make after-tax contributions and deduct them from your income when you file your taxes. You will only receive the USG matching funds based on your payroll deductions. If you are contributing more than your payroll deductions to your HSA, you must make sure that you are not contributing a combined amount that is more than the IRS allows. Contributions cannot exceed \$3,250 (or \$2,875 net of USG match) for individuals or \$6,450 (or \$5,700 net of USG match) for families. If you are 55 or older you may also make an additional “catch up” contribution of \$1,000.

The University System of Georgia will continue to provide HSA administrative services through US Bank. For account balances under \$2,500 the monthly maintenance fee is \$2.25. The monthly maintenance fee is waived for account balances of \$2,500 and higher.

**Who verifies that my HSA was used for qualified expenses?** Save your receipts — in the event of an IRS audit, you are responsible for providing documentation to the IRS.

**Can I have an HSA and an FSA?** You cannot have a Health Care FSA if you participate in the HSA. However, you can still have a Dependent Care FSA.

**Do doctors require payment at the time of service?** Most network physicians will file your claim with BCBSGA first and then bill you for your adjusted costs.

**What happens to my HSA if I never withdraw funds, change jobs, or retire?** Funds in your HSA are yours, even if you change employers or retire. The less that you spend on current medical expenses, the more that stays in your account accumulating interest. Under IRS guidelines, HSAs are treated like IRAs. HSA funds are never taxed or penalized if they are used for qualified medical expenses. Funds can be withdrawn for any reason, without penalty, once you reach age 65.

**Can I pay for services with my HSA Debit Card if the cost for the service is more than my HSA balance?** No, your HSA balance must be sufficient to cover the expense before funds are withdrawn or you must wait until you have enough money in the account and then submit the expense for reimbursement.

**Do I have to meet my annual deductible even before I can receive benefits for Preventive Care Services?** No, the annual deductible does not apply to Preventive Care Services received from In-network Providers.

# Pharmacy

## Prescription Drugs

*THE BOARD OF REGENTS OFFERS A LOW COPAY ON MANY PRESCRIPTION DRUGS. HOWEVER, YOU MAY FIND THAT YOU CAN SAVE EVEN MORE BY SWITCHING TO A GENERIC DRUG AND PURCHASING IT AT A PHARMACY WITH LOW DISPENSING COSTS.*

Generic drugs often provide a good alternative to expensive brand name drugs. A generic drug is a copy of a brand-name drug that is the same in dosage, safety, how it is taken, quality, performance, intended use, and meets strict FDA requirements. Generics use the same active ingredients and are shown to work the same way with the same risks and benefits as their brand name counterparts.

### Save Money With Generic Prescription Drugs

Generic drugs cost less because their manufacturers don't have to recoup the investment in research, development, and marketing incurred by new drug manufacturers who invest in developing and launching new products. To encourage innovation, new drugs are developed under patent protection, giving new drug manufacturers the sole right to sell the drug during the patent period, and recoup their initial investment. As patents expire, other manufacturers apply for FDA approval to sell generic versions.



### Special Pricing at Local Pharmacies

Most local pharmacy, grocery, or super center stores offer some type of discount program on common generic drugs. Check out your preferred store's website for information or contact any of the retailers below to find out more about their discount programs. You may be surprised to find out how much you can save!

### 30-Day Generic Prescriptions Filled for \$4

The following pharmacies offer hundreds of generic drugs for \$4 for a 30-day supply and \$10 for a 90-day supply.

- Kroger
- Target
- Wal-Mart and Sam's Club
- Ingles Advantage Prescription Club: \$3 for a 30-day supply for club members (membership fee applies)

### Free Antibiotics at Publix

Certain common generic antibiotics are free at Publix. New or current customers can bring in a prescription for one of the generic oral antibiotics listed below and receive up to a 14-day supply FREE. There are no limits on the number of prescriptions you can have filled.

- Amoxicillin
- Cephalexin
- Sulfamethoxazole/trimethoprim (SMZ-TMP)
- Penicillin VK
- Ciprofloxacin (excluding Ciprofloxacin XR)
- Ampicillin
- Ethylsuccinate
- Doxycycline Hyclate (capsules)



*Neither Valdosta State University nor the Board of Regents endorses any of the above retailers or makes guarantees about the duration of these programs.*

## HAVE A HEART!

*IT IS TIME TO BATTLE CARDIOVASCULAR DISEASE AND EDUCATE OURSELVES ON WHAT WE CAN DO TO LIVE HEART-HEALTHY LIVES. HEART DISEASE, INCLUDING STROKE, IS THE LEADING CAUSE OF DEATH FOR MEN AND WOMEN AND A MAJOR CAUSE OF DISABILITY IN THE UNITED STATES.*

### What is heart disease?

Coronary heart disease (CHD), also called coronary artery disease, is a condition in which plaque builds up inside the coronary arteries. These arteries supply oxygen-rich blood to your heart muscle. Plaque is made up of fat, cholesterol, calcium, and other substances found in the blood. When plaque builds up in the arteries, the condition is called atherosclerosis. The buildup of plaque occurs over many years. Over time, plaque hardens and narrows your coronary arteries. This limits the flow of oxygen-rich blood to your heart muscle.

Eventually, an area of plaque can rupture (break open) causing a blood clot to form on the surface of the plaque. If the clot becomes large enough, it can partially or completely block blood flow through a coronary artery. If the flow of oxygen-rich blood to your heart muscle is reduced or blocked, angina or a heart attack may occur.

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- **Shortness of breath.** May occur with or without chest discomfort.
- **Other signs.** These may include breaking out in a cold sweat, nausea, or lightheadedness.

Women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain. If you feel heart attack symptoms, do not delay. Remember, minutes matter! Do not wait for more than a few minutes (5 minutes at most) to call 911. Your family will benefit most if you seek fast treatment.

### Diseases and Conditions that Put Your Heart at Risk

Other conditions that affect your heart or increase your risk of death or disability include arrhythmia, heart failure, and peripheral artery disease (PAD). High cholesterol, high blood pressure, obesity, diabetes, tobacco use, unhealthy diet, physical inactivity, and secondhand smoke are also risk factors associated with heart disease. You can make healthy changes to lower your risk of developing heart disease. Controlling and preventing risk factors is also important for people who already have heart disease.



*Walking is inexpensive, and you can walk almost anywhere and at any time. Remember to talk to your primary care provider before starting, or significantly increasing, your physical activity level.*



### Control and Prevent Risk Factors

- Quit smoking and stay away from secondhand smoke
- Get active and eat healthy
- Talk to your doctor about taking aspirin every day if you are a man over the age of 45, or a woman past menopause
- Manage stress
- Watch your weight
- Drink alcohol only in moderation

The good news is that physical activity can protect your heart in a number of important ways. To get benefits, you don't have to have a gym membership, buy expensive workout clothes, or run a marathon. Regular activity — something as simple as a brisk, 30-minute walk — most days of the week can produce the following benefits:

- Gives you more energy and stamina and lifts your mood
- Tones your muscles and strengthens your bones
- Increases the number of calories your body uses
- Lowers your risk of health problems, such as high blood pressure, heart disease, high cholesterol, and type 2 diabetes
- Gives you an opportunity to actively socialize with friends and family

### Steps to ensure success!

- Choose a safe place to walk
- Wear shoes with proper arch support, a firm heel, and thick flexible soles
- Wear clothes that will keep you dry and comfortable
- Stretch lightly after warm-up and cool-down
- Spread your walking evenly throughout the week
- To avoid stiff or sore muscles and joints, start gradually
- Break up your walk into multiple sessions throughout the day if you have a busy schedule
- Keep track of your progress with a walking journal or log
- Record your set goals and reward yourself



## Ready to End Your Tobacco Addiction?

*ON AVERAGE, ADULTS WHO SMOKE DIE 13 TO 14 YEARS EARLIER THAN NONSMOKERS. TOBACCO USE REMAINS THE LEADING PREVENTABLE CAUSE OF DISEASE, DEATH, AND DISABILITY IN THE UNITED STATES.*

Even second-hand tobacco smoke is deadly; it contains a mix of chemicals such as formaldehyde, ammonia, arsenic, carbon monoxide and lead. Each year, about 3,400 non-smoking adults die of lung cancer and another 46,000 non-smokers die from heart disease, all as a result of breathing second-hand smoke.



*A \$50 per month tobacco-use surcharge will be added to your portion of the monthly premium if you use a tobacco product in any form.*

## Health Benefits of Quitting

### Within 20 minutes:

- Your heart rate drops

### Within 12 hours:

- The carbon monoxide level in your blood is normal

### Within 2 weeks to 3 months:

- Your circulation improves and your lung function returns to normal

### Within 1 to 9 months:

- Your coughing and shortness of breath decrease

### Within 1 year:

- Your risk of heart disease is about half that of a tobacco user



### Within 5 years:

- Your risk of stroke equals that of a non-tobacco user



## Resources

Georgia Tobacco Quitline  
**1.877.270.STOP**

St. Joseph's Hospital  
Knock Out Nicotine  
Atlanta, GA  
**678.843.7454**

American Cancer Society  
**1.800.ACS.2345**  
**[www.cancer.org](http://www.cancer.org)**

American Lung Association  
**[www.quitterinyou.org](http://www.quitterinyou.org)**

CDC-Tobacco Information  
and Prevention Source (TIPS)  
**[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)**  
**1.800.QUIT.NOW**

Kill the Can  
**[www.killthecan.org](http://www.killthecan.org)**

SmokeFree.Gov  
**[www.smokefree.gov](http://www.smokefree.gov)**  
**1.877.44U.QUIT**

## Finding the Right Tobacco Cessation Program

*THE PROGRAM THAT WORKS BEST FOR YOU MAY BE VERY DIFFERENT FROM THE PROGRAM THAT WORKS BEST FOR SOMEONE ELSE.*

Talk to your primary care physician, that person is one of your best resources for finding cessation programs designed to meet your total health needs. Your physician can discuss over-the-counter and prescription medications, and provide a reference as well



*Studies show that tobacco cessation treatment programs through a facility or physician that also include therapy and social support, are usually most effective for long-term success than other alternatives.*

## Employee Assistance Program (EAP)

*LIFE PRESENTS OPPORTUNITIES AND CHALLENGES AND SOMETIMES WE ALL JUST NEED A LITTLE HELP. TO ASSIST YOU AND YOUR FAMILY IN GETTING THE HELP YOU NEED, WE HAVE A FREE AND CONFIDENTIAL EAP THROUGH THE HARTFORD AND COMPSYCH.*

Whether managing everyday issues such as job pressures, relationships, retirement planning; or coping with grief, loss, or the impact of a disability, Ability Assist is your resource for professional support. You, your spouse, and your dependents have access to Ability Assist at no additional cost.

Counselors are available 24/7, 365 days a year. Simply call 1.800.96HELPS (1.800.964.3577) toll-free for assessment and consultations. A Master's or Ph.D level counselor will conduct an initial telephone assessment of concerns and, if appropriate, provide a referral to resources and in-person providers as needed.

### **Straightforward answers to help you face life's challenges.**

Ability Assist® includes up to three face-to-face confidential sessions per occurrence per year with a counselor.

- **Personal answers.** Access emotional and work-life counseling for a wide range of topics, such as stress, family or marital conflicts, major life changes, depression, effective parenting, chronic illness, and child and elder care.
- **Legal and financial assistance from experienced professionals is available by telephone during business hours (8 a.m. – 6 p.m., CST).**
- **Legal answers.** Get help for legal concerns, including buying a home, divorce, or adoption.
- **Financial answers.** Receive financial planning support for retirement planning, budgets, saving for college, debt, and more.



### **Prefer Online Support?**

GuidanceResources Online (offered by ComPsych), is available to you to provide trusted, expert information, resources, referrals and answers to everyday questions at your convenience.

- Chat sessions with expert moderators.
- Research hundreds of personal health topics or search for child care, elder care, attorneys or financial planners.

When you visit [www.guidanceresources.com](http://www.guidanceresources.com) as a first-time user, you will be asked to provide the following information on the profile page:

- Company/Organization ID: HLF902
- Company name: abili
- Create your own confidential user name and password.

*Use of these services is completely confidential. Your employer is not given personal information about who has used the service without written consent, except where required by law.*



## Dental Insurance

WE OFFER DENTAL THROUGH METLIFE. AS A PLAN MEMBER, YOU CAN CHOOSE TO SEE ANY DENTIST YOU WANT. HOWEVER, YOU WILL PAY LESS IF YOU CHOOSE AN IN-NETWORK PROVIDER.

### MetLife Dental Plan Highlights

- Maximum annual benefit is \$1,500 per individual per calendar year
- \$50 Individual deductible (deductible will apply to all family members)
- Plan pays 100% of allowable charges for preventive dental services
- Plan pays 80% of other allowable charges after the deductible has been met
- Certain services will require a waiting period of at least 2 years following enrollment in the plan before benefits are payable
- Non-network dentists may require you to pay the entire bill and wait for reimbursement
- Orthodontic services are covered up to a \$1,000 lifetime maximum and require a waiting period of at least 6 months following plan enrollment. However, the waiting period does not apply to new enrollees currently in treatment



### METLIFE PLAN SUMMARY

<b>Annual Deductible Per Covered Member</b>	\$50
<b>Annual Plan Maximum Per Covered Member</b>	\$1,500
<b>Lifetime Maximum Orthodontic Benefit Per Covered Member (separate from Annual Plan Maximum)</b>	\$1,000

#### Preventative Dental Care

- Dental exam and routine scaling and cleaning of teeth (limited to two instances in any one calendar year) 100% of PDP Fee, not subject to deductible
- Topical application of sodium fluoride or stannous fluoride to teeth every 12 months for covered members under age 19
- Dental x-rays – Limited to full mouth x-rays once every 60 months; Bitewing x-rays once per year for adults and once every six months for children Members who elect to use a non-network provider will be subject to balance billing
- Sealants for permanent teeth (limited to covered dependent children between the ages of 6 years and 18 years, once per tooth every 36 months)
- Space Maintainers to replace prematurely lost teeth

#### Basic Dental Care

- Fillings to restore diseased or broken teeth (multiple fillings on a single tooth surface will be considered a single filling) 80% of PDP Fee, subject to deductible
- Extraction of a tooth that is not impacted
- General anesthesia when used in conjunction with oral surgery or other dental treatment and determined to be medically necessary Members who elect to use a non-network dental provider will be subject to balance billing
- Injections of antibiotic drugs
- Endodontic treatment, including root canal therapy
- Periodontal treatment, including gingivectomy and treatment of other diseases of the gums and tissues of the mouth

#### Restorative Dental Care

- Inlays, onlays and crowns 80% of PDP Fee; subject to deductible
- Repairs or recementing of crowns, inlays, bridgeworks or dentures as well as the relining of denture
- Bridge Pontic, Oral Surgery, Osseous surgery
- Initial installation or addition of full or partial dentures or fixed bridgework, if they are necessary as the result of injured or diseased natural teeth being extracted while covered under this plan Members who elect to use a non-network dental provider will be subject to balance billing
- Replacement or alternation of full or partial dentures or fixed bridgework, if necessary as a result of an accidental injury requiring oral surgery, or oral surgery treatment involving the repositioning of muscle attachments, or the removal of a tumor, cyst, torus or redundant tissue, while covered under this plan
- Replacement of full denture, if it is required as the result of structural change within the mouth, and it is made more than five years after the denture was installed (*waiting period of at least 2 years following enrollment in the plan*)
- Replacement of a crown, if the replacement is made more than five years after the crown was installed (*waiting period of at least 2 years following enrollment in the plan*)

#### Orthodontic Dental Care (Including orthodontic appliances and treatment received during the orthodontic treatment. Orthodontic dental

- care will begin after one is covered by the plan.) Required waiting period of at least 6 months following enrollment in the plan 80% of PDP Fee; subject to deductible
- Preventive treatment procedures
  - Removable or fixed appliance therapy Lifetime benefit limit of \$1,000
  - Treatment of transitional and permanent dentition Members who elect to use a non-network dental provider will be subject to balance billing

## Vision Plan

OUR EYEMED VISION CARE PLAN PROVIDES ACCESS TO ROUTINE EYE EXAMS AT A LOW COST AND SAVES YOU MONEY ON YOUR EYE CARE PURCHASES. THE PLAN IS AVAILABLE THROUGH THOUSANDS OF PROVIDER LOCATIONS PARTICIPATING IN THE EYEMED ACCESS NETWORK. TO FIND A NETWORK PROVIDER NEAR YOU VISIT [WWW.EYEMEDVISIONCARE.COM](http://WWW.EYEMEDVISIONCARE.COM) AND SELECT "ACCESS" AS YOUR NETWORK FROM THE PROVIDER LOCATOR DROPDOWN BOX OR CALL 1.866.723.0513.

## Vision Plan Summary

### FREQUENCY

Examination	Once Every 12 Months
Lenses or Contact Lenses	Once Every 12 Months
Frames	Once Every 24 Months

### Did you know?

#### Regular vision exams can help to detect symptoms of:

- Diabetes
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders



#### Vision doctors can also help treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy
- Glaucoma
- Macular degeneration



	IN-NETWORK MEMBER COSTS	OUT-OF-NETWORK REIMBURSEMENT MAXIMUMS
Exam with Dilation as Necessary	\$10 Copay	Up to \$40
Contact Lens Fit & Follow-Up (available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	Retail less 10%	N/A
Frames	\$0 Copay; You pay \$0 up to a \$150 allowance; plus balance over \$150 less 20%	Up to \$50
<b>Standard Plastic Lenses</b>		
Single Vision	\$15 Copay	Up to \$40
Bifocal Vision	\$15 Copay	Up to \$60
Trifocal Vision	\$15 Copay	Up to \$80
Lenticular	\$15 Copay	Up to \$80
Standard Progressive Lens	\$80	Up to \$60
Premium Progressive Lens	\$80, plus 80% of charge less \$120 allowance	Up to \$60
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$15 Copay	N/A
Tint (Solid and Gradient)	\$15 Copay	N/A
Standard Plastic Scratch Coating	\$0 Copay	Up to \$11
Standard Polycarbonate — Adults / Kids under 19	\$40 Copay / \$0 Copay	N/A / Up to \$28
Standard Anti-Reflective Coating	\$45 Copay	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lens (Contact Lens allowance includes material only)</b>		
Conventional	\$0 Copay; You pay \$0 up to \$150 allowance; plus 85% of balance over \$150	Up to \$105
Disposable	\$0 Copay; You pay \$0 up to \$150 allowance; plus balance over \$150	Up to \$105
Medically Necessary	\$0 Copay; Paid In Full	Up to \$210
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	Retail Price less 15% or Promotional Price less 5%	N/A

Members also receive 40% off additional eyewear purchases, 20% off non-prescription sunglasses and 20% off remaining balance beyond plan coverage.

### Replacement Contact Lens Purchases

Visit [www.eyemedcontacts.com](http://www.eyemedcontacts.com) to order replacement contact lenses for shipment to your home at less than retail price.



## Basic Life Insurance and AD&D

*WE PROVIDE ALL ACTIVE REGULAR (BENEFITS ELIGIBLE) EMPLOYEES WORKING AT LEAST 30 HOURS OR MORE PER WEEK WITH \$25,000 OF BASIC LIFE INSURANCE AND \$25,000 BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D) AT NO COST. IN ADDITION, YOU MAY PURCHASE SUPPLEMENTAL LIFE AND AD&D COVERAGE FOR YOURSELF, AS WELL AS DEPENDENT LIFE INSURANCE FOR YOUR SPOUSE AND CHILD(REN).*



## Supplemental Life and AD&D

You may purchase an additional amount of Life and AD&D insurance equal to your basic annual earnings rounded to the next higher multiple of \$1,000 and multiplied by one, two, three, four or five times, up to a maximum benefit of \$1,150,000 (Basic and Supplemental combined). When you purchase the Supplemental Life, you must also purchase a matching amount of AD&D. Each year during the annual enrollment period, if you are already enrolled in the Supplemental Life/AD&D, but only for the 1x or 2x benefit level, you will be given the opportunity to buy-up one level (1x your basic annual earnings) without providing Evidence of Insurability. All other increases will require that you demonstrate Evidence of Insurability.

Dependent Life Insurance (no AD&D) is available for your spouse and child(ren). You may elect a benefit amount of \$10,000 up to \$250,000 for your spouse, and/or a flat benefit of \$10,000 for each dependent child age six months up to 19 years, or between the ages of 19 and 26 years if they are a full time student. Children at least two weeks old but less than six months old may be insured for \$2,000. You do not have to purchase Supplemental Life for yourself in order to be able to purchase coverage for your spouse and/or child(ren).

### **Why buy life and AD&D coverage?**

Life and AD&D provides a lump sum cash benefit to surviving dependents to cover immediate expenses such as funeral expenses or ongoing living expenses. Life insurance benefits often help survivors adjust to the loss of income related to the death of a wage earner, or provide funds for college or retirement for the survivors.

Life insurance covers most death-related incidents and AD&D covers accident-related deaths. To illustrate the difference, if the insured's passing was related to a medical condition such as cancer, life insurance would provide a payout, but not AD&D. If the insured individual's passing was related to an automobile accident, both life and AD&D would provide a payout. In addition to receiving a benefit for the covered loss of life, limb, hand, foot, sight, speech, hearing in both ears, thumb and index finger or four fingers on the same hand and paralysis, you may be entitled to an additional Seat Belt Benefit, Air Bag Benefit and/or Coma Benefit.



### Benefit Reduction

At age 67, benefits reduce to 65% of your combined Basic and Supplemental Life benefit, or \$25,000, whichever is greater. At age 70, benefits reduce to 50% of the combined Basic and Supplemental Life benefit, or \$25,000, whichever is greater, with a maximum of \$40,000. Supplemental AD&D benefits will terminate at age 70.

Your spouse's benefit (if enrolled) will reduce to 65% at age 67. At age 70, benefit reduces to 50% or \$15,000, whichever is lesser.

### Evidence of Insurability

If you enroll in the plan within 30 days of the initial date of eligibility, you can purchase Supplemental Life/AD&D and/or Dependent Life insurance up to the Maximum Benefit Guaranteed without demonstrating Evidence of Insurability (EOI). Carriers require EOI in order for employees to purchase insurance above certain amounts. EOI requirements mean you (or your spouse, if applying for Dependent Life insurance on your spouse) must complete a medical questionnaire, obtain a physical (at the carrier's request), and receive carrier approval before the insurance takes effect. If you or your spouse have medical conditions that make it difficult to purchase life insurance on your own, this amount is relevant to you. Evidence of Insurability is never required on dependent children.

### Portability

Should you ever leave your job, you may be able to convert your Basic Life Benefit to an individual policy under the Conversion Option. If you have the Supplemental Life Insurance, you may be eligible for the Portability Option and/or the Conversion Option. You should contact CIGNA to determine which option(s) are available to you. Portability rates are lower than Conversion rates, however, evidence of insurability is required and you must be under age 70.

If you elect the Supplemental Life/AD&D Insurance, your:

Maximum Benefit Guaranteed:	The lesser of 3 times your basic annual earnings or \$1,125,000
Maximum Benefit:	The lesser of 5 times your basic annual earnings or \$1,125,000
Benefit Options:	1x, 2x, 3x, 4x or 5x your basic annual earnings

If you elect the Dependent Life Insurance for your spouse, the:

Maximum Benefit Guaranteed:	\$30,000
Maximum Benefit:	\$250,000
Benefit Options:	\$10,000 to \$250,000, in \$10,000 increments

*Premiums for the plan year will be based on the insured's age as of January 1st of the same plan year.*



*For more information on your life/AD&D benefits through the Board of Regents, including when you must provide Evidence of Insurability, and benefits for disabled employees, visit the Regents website at: [www.usg.edu/hr/benefits/life\\_insurance](http://www.usg.edu/hr/benefits/life_insurance)*

## Disability Insurance

*ONE THIRD OF ALL AMERICANS BETWEEN THE AGES OF 35 AND 65 WILL BECOME DISABLED FOR MORE THAN 90 DAYS, ACCORDING TO THE AMERICAN COUNCIL OF LIFE INSURERS.*

Typically disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance and as a result, your current earnings are less than 80% of your pre-disability earnings. Active permanent full-time employees working a minimum of 30 hours weekly may purchase long-term disability insurance to provide income if they are ever unable to work due to a qualifying disability. Disability benefit income may be reduced by other income you receive.

### Long-Term Disability (LTD)

You may purchase coverage that will pay you a benefit after the end of an elimination period if you are considered disabled. You pick the elimination period that is right for you, either 90 days or 150 days, during which time if you are disabled, no LTD benefits are payable. At the end of the elimination period, if you are eligible to receive a disability benefit, your maximum monthly benefit will be the lesser of 60% of your monthly basic earnings (pre-disability earnings); or 70% of your monthly basic earnings (pre-disability earnings) less Other Income Benefits (disability and retirement benefits you are eligible for due to your disability, including social security benefits to you and your family). However, the maximum monthly benefit will never exceed \$10,000 per month.

To be disabled means You are prevented from performing one or more of the Essential Duties of Your Occupation during the Elimination Period and for the 24 months following the Elimination Period, and as a result Your Current Monthly Earnings are less than 80% of Your Indexed Pre-disability Earnings. Once a period of disability exceeds 24 months beyond the end of the elimination period, you must be prevented from performing one or more of the essential duties of any occupation. Any occupation means an occupation for which you are qualified by education, training or experience, and that has an earnings potential greater than the lesser of: 1) 60% of your indexed pre-disability earnings; or 2) \$10,000. As long as you are considered disabled, your LTD benefits will continue subject to the later of the schedule as outlined in your Certificate of Insurance, or your normal social security retirement age. Certain benefit limitations and/or exclusions may apply to disabilities related to mental illness, alcoholism or substance abuse, and pre-existing conditions.

### IF YOU WERE DISABLED AND UNABLE TO WORK, HOW WOULD YOU PAY YOUR BILLS?

Disability Insurance provides income protection to ensure that you have a consistent flow of income if you are unable to work for an extended period of time due to a disabling illness or injury.

If you suffer from an illness or injury and are unable to work, do you know how you will pay your rent or mortgage, car payments, utilities, and health insurance? The loss of income can be so devastating that the U.S. Department of Housing and Urban Development estimates that 46% of all home foreclosures are caused by a disability.

If you are like most Americans, your monthly expenses eat up most of your paycheck and little is left for saving. If you worry that you haven't set aside a big enough emergency fund, then you should consider purchasing disability insurance.



## MetLaw Legal Services

*WE BELIEVE THAT THE EMPLOYEES OF AN ORGANIZATION ARE ITS GREATEST ASSET. TO HELP PROVIDE OUR EMPLOYEES WITH PEACE OF MIND IN TODAY'S INCREASINGLY COMPLEX CONSUMER ENVIRONMENT, WE ARE OFFERING A LEGAL SERVICES PLAN TO OUR EMPLOYEES CALLED METLAW, ADMINISTERED BY HYATT LEGAL PLANS, A METLIFE® COMPANY.*

Finding an affordably priced lawyer to represent you when you have trouble with creditors, are trying to buy or sell your home, or even prepare your will can be a challenge. Our MetLaw Legal Services Plan offers convenient, affordable access to legal services through any attorney, anywhere, anytime to represent you, your spouse and dependents at a price that won't break your budget. Now you can have a resource at your fingertips for important, everyday legal services, as well as the unexpected legal matters. The administrator of this Plan, Hyatt Legal Plans, is the largest provider of group legal plans in the United States, offering access to more than 12,000 Plan Attorneys nationwide.

Plan members have the freedom to choose the attorney they want and the type of service they want (i.e., office visit, phone consultation, e-mail, fax or service via general mail). When a plan member uses an in-network attorney, all covered services are provided for under the cost of the monthly payroll deduction premium. When an out-of-network attorney is used, MetLaw provides a fee reimbursement schedule that spells out the maximum amount payable for specific services under the plan. If the out-of-network attorney charges fees in excess of the maximum amount payable, the excess is the responsibility of the employee. Once you enroll in the MetLaw Legal Services Plan, you must remain in the Plan for the entire Plan year.



### Here is what you get with our MetLaw Legal Services Plan:

- n Broad Coverage: Our plan provides coverage for many frequently needed personal legal matters for you, your spouse and your dependent children. We encourage usage so employees receive maximum return on their benefit dollars. The MetLaw Legal Services Plan covers the most commonly utilized Legal Services such as: Court Appearances, Traffic Offenses, Document Review & Preparation, Debt Collection Defense, Wills, Family Law, and Real Estate. In-Network attorneys' services for covered legal matters are fully paid for by the plan.
- n Ease of Use and Payment: With our plan, employees have direct and immediate access to their choice of local attorneys, both in- and out-of-network. Low monthly premium payments are deducted directly from your paycheck.
- n Office Visits for an Unlimited Number of Matters: We encourage office visits. Face-to-face consultations allow employees to develop solid relationships with their attorneys, just as they do with their doctors and dentists.
- n Extraordinary Customer Service: Our Client Service Center phones are staffed for peak-time usage. During business hours, phones are answered "live" in five seconds by professional Client Service Representatives who help maximize the value of the legal plan. We operate a full-service, award-winning web site with an easy "Attorney Locator Search Engine" and many helpful resources.
- n Attorney Code of Excellence: We require plan attorneys to participate in our Code of Excellence to help ensure that plan members will receive the highest quality of service.
- n Multilingual Services: We have both English- and Spanish-speaking representatives. All representatives are trained to transfer Spanish calls to a Spanish speaking team member. Most of our participating law firms have multilingual capabilities.

*Unlimited use for covered matters. No waiting periods. No deductibles. No co-pays or claim forms when employees receive service from in-network attorneys, making MetLaw a user-friendly benefit.*

### How do employees access attorneys?

Employees simply call the MetLaw Client Service Center toll free at 1.800.821.6400 or use the convenient "Attorney Locator Search Engine" on the web site at [www.legalplans.com](http://www.legalplans.com) and enter password 6090426 or GETLAW.

### What matters are excluded?

MetLaw provides a consultation benefit for most personal legal matters. However, what is excluded from all coverage under the plan are the following:

- n Employment-related matters, including company or statutory benefits
- n Appeals and class actions
- n Matters involving the employer, plan attorneys, MetLife and affiliates
- n Patent, trademark and copyright matters
- n Costs and fines
- n Frivolous or unethical matters
- n Matters in which there is a conflict of interest between the employee and spouse or dependents, in which case services are excluded for the spouse and dependents
- n Farm and business matters, including rental issues when the plan member is the landlord
- n Matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits

## Long-Term Care Insurance

*LONG-TERM CARE (LTC) INSURANCE IS SPECIALLY DESIGNED TO HELP COVER THE COSTS OF LONG-TERM CARE. IT GIVES YOU THE PEACE OF MIND THAT COMES WITH KNOWING YOU ARE PREPARED FOR THE FUTURE.*

LTC involves a variety of different personal and household services for people who cannot care for themselves. These services range from basic help with daily activities at home like bathing or dressing, to care in a nursing home or assisted living facility. The need for care could be the result of injury from an accident, or it could relate to a chronic illness like Multiple Sclerosis or Alzheimer's Disease — it may surprise you to know that almost 37% of CNA insureds receiving long-term care benefits are working-age adults 65 or younger.

LTC policies are designed to provide coverage for one or more therapeutic, rehabilitative, maintenance, or personal care services received in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home. You must be diagnosed with a qualifying impairment that is expected to last for at least 90 days to be eligible for LTC benefits. A qualifying impairment would involve your inability to perform without assistance or substantial supervision from another person at least two of the following daily activities: bathing, toileting, transferring, continence, eating or dressing. Or you may be eligible if you have a cognitive impairment that requires you to have substantial supervision by another person because you engage in behavior which poses a health or safety hazard to yourself or to others.

Newly eligible employees who are actively at work and under the age of 70 will not be subject to underwriting if they enroll during the initial eligibility period. Spouses of employees are eligible but will have to complete a Short Form Application. Coverage is not guaranteed. All other eligible classes may obtain coverage subject to completion of the Long Form Application and underwriting approval.

### Benefits Provided Under LTC policy

**Nursing Home Care:** Nursing home care consists of nursing care and custodial care. It must be received in a nursing home licensed by the state in which it is located and which meets the other requirements stated in the policy. A nursing home may be a free standing facility or a ward, wing or unit of a hospital or other institution. And if while in a nursing home you need to be admitted to a hospital, the plan pays up to 21 days per calendar year to reserve your bed in the nursing home until you return.

**Community-Based Care:** Community-based care consists of home health care, adult day care, assisted living care and adult foster care. It must be received from a provider which is licensed or certified by the state in which it is located and which meets the other requirements stated in the certificate.

### GROUP LONG TERM CARE FROM CNA

**Long-Term Care Benefit** CNA will pay you up to 100% of your selected benefit of \$80, \$100 or \$120 per day for nursing home care. CNA will pay up to 60% of the amount elected above per day for community based care.

**Waiting Period** (1) 60 days of nursing home care for the benefit payable for nursing home care.  
(2) 15 days of community based care for the benefit payable for community based care.  
*A day of long-term care which counts toward the waiting period for the benefit payable for nursing home care simultaneously counts toward the waiting period for the benefit payable for community based care and vice versa.*

### LIFETIME MAXIMUM BENEFIT

Daily Benefit for Nursing Home Care	Corresponding Lifetime Maximum Benefit	Corresponding maximum per day Community-Based Care Benefit
\$80	\$160,000	\$48
\$100	\$200,000	\$60
\$120	\$240,000	\$72

### ADDITIONAL BENEFITS:

- Emergency Alert System Benefit
- Caregiver Training Benefit
- Respite Benefit
- Two Inflation Protection Options
- Portability



## Flexible Spending Accounts

A FLEXIBLE SPENDING ACCOUNT (FSA) ALLOWS EMPLOYEES TO USE PRE-TAX MONEY FOR QUALIFIED EXPENSES.

The rising cost of health and dependent care (or day care) is encouraging more employees to take advantage of FSAs. You can save anywhere from 10% - 30% by using an FSA, which allows you to use pre-tax money to pay for health or dependent care expenses incurred during the plan year. FSAs are funded through voluntary pre-tax payroll deductions and deposited into an account in your name. Funds are accessed using your debit card at the time of service, or by submitting a receipt after-the-fact.

### Health Care FSA

Health Care FSA — used to pay for qualified medical, dental and vision expenses incurred by you and your dependents. See box for examples of eligible expenses. Note:

- Annual maximum contribution is \$2,500
- You have access to your full annual contribution at anytime during the plan year for qualified expenses incurred during the plan year
- There are limits to when you can change your annual contribution amount during the plan year, so be conservative in determining the amount you decide to contribute
- Deadline for manual claim submission is 90 days after the end of the plan year

### Important Rules Regarding FSAs

- Accounts are separate and you cannot commingle funds
- Accounts are subject to the USE IT OR LOSE IT provision, unused balances do not rollover
- Generally, you cannot change the elections you have made after the beginning of the Plan Year\*

\*You are permitted to change elections if you have a "change in status" and you make an election change that is consistent with the change in status.

### Dependent Care FSA

Dependent Care FSA — used to pay for qualified dependent child care or elder care expenses, to allow you (and/or your spouse if married) to work or go to school full-time. Note:

- Annual maximum contribution is \$5,000
- You ONLY have access to funds that have been withheld from your paycheck. If you submit receipts for a higher amount, you will be automatically reimbursed as future payroll deductions are deposited into your account
- There are limits to when you can modify future payroll deductions during the year
- Deadline for submission of manual claims is 90 days after the end of the plan year

### HEALTH CARE FSA ELIGIBLE EXPENSES

- Medical plan copays and deductible
- Dental and orthodontia expenses
- Vision care expenses including lasik, glasses and contact lenses
- Tobacco cessation programs
- Infertility treatment
- Psychology and psychoanalysis medical expenses
- Massage therapy when deemed medically necessary
- Weight-loss programs (when deemed medically necessary)
- Services not covered under your health plan as long as medically necessary
- Medically necessary cosmetic surgery

Please refer to our plan document for a full list of eligible expenses and exclusions.



You are not eligible to participate in the Health Care FSA if you participate in the HSA.



## Retirement

*SETTING ASIDE MONEY FOR RETIREMENT ON A REGULAR BASIS IS ONE OF THE BEST WAYS TO MAKE SURE YOU ARE FINANCIALLY PREPARED TO RETIRE.*

### Teachers Retirement (TRS)

TRS is a state plan which requires a 6.00% base salary employee contribution. The employer contributes 11.41% to support the retirement plan. Ten years of creditable service are required in order to be vested. Effective July 1, 2013, the employee will be required to contribute 6.00%, and the employer contribution will increase to 12.28%.

### Optional Retirement Plan (ORP)

ORP is available to salaried employees only. This is a portable plan which requires 6% base salary employee contribution in 2013; employer contributes 9.24% to the ORP vendor who then invests these funds on behalf of the employee (immediate vesting). The ORP vendors are: VALIC, TIAA-CREF, and Fidelity Investments.

### Supplemental Retirement Programs

The advantages of pre-tax savings programs under the provisions of Section 403(b) and 457 of the I.R.S. code are available to all employees: faculty, regular staff and temporary staff. While the details of different tax-deferred plans vary, they all work the same way: Money goes straight from your paycheck to an investment account, reducing your current income taxes. What's more, your potential investment earnings won't be taxable until you withdraw them in retirement.

Please contact a provider for more information.

- Fidelity Investments
- Teachers Insurance & Annuity Assoc (TIAA-CREF)\*\*
- Variable Annuity Life Ins. Company (VALIC)\*\*

\*\*457(b) in addition to 403(b)

### Health Savings Account (HSA)

If you enroll in the HSA Open Access POS Plan, then you have another option for saving. The HSA, a tax-advantaged medical savings account, is available if you participate in the high-deductible health plan. The funds contributed to this account are not subject to federal income tax at the time of deposit. And unlike an FSA, funds roll over and accumulate year to year if not spent, and the funds belong to you. HSA funds may currently be used to pay for qualified medical expenses at any time without federal tax liability or penalty. Withdrawals for non-medical expenses are treated very similarly to those in an Individual Retirement Account (IRA) in that they may provide tax advantages if taken after retirement age, but incur penalties if taken earlier.

### Social Security

All employees with benefits are required to contribute to Social Security. The Social Security taxes withheld from an individual's pay are reflected in two deductions: 6.2% (on wages up to \$113,700 in 2013), for the old age, survivors, and disability insurance tax, and 1.45% for the Medicare tax. In addition to withholding Medicare tax at 1.45%, an additional Medicare Tax of 0.9% will be withheld from wages in excess of \$200,000 in a calendar year. All wages that are subject to the Medicare tax are subject to the additional Medicare Tax withholding if paid in excess of the \$200,000 withholding threshold.



## Somebody Help Me!

*DID YOU KNOW THAT YOU HAVE ACCESS TO WEBSITES THAT CAN PROVIDE THE HELP YOU NEED TO GET CONTROL OF YOUR HEALTH AND STAY FIT? HERE ARE SOME OF THE RESOURCES THAT ARE AVAILABLE TO YOU:*

### **BlueCross BlueShield of Georgia – [www.bcbsga.com/health-insurance/health-and-wellness/hw-overview](http://www.bcbsga.com/health-insurance/health-and-wellness/hw-overview)**

On the 360° Health website, you can:

- Determine your health status by completing the MyHealth Assessment (must be enrolled in one of the BCBSGA Health Plans to access)
- Access information on various health topics such as Heart Health, Diabetes, Pregnancy, and Tobacco Use
- View health videos on Ovarian Cancer, Childhood Wellness, Men's Health, and much more. (Some health videos cannot be viewed unless you are enrolled in a BCBSGA Medical Plan.)
- Learn about preventive health for your specific age group – [www.bcbsga.com/health-insurance/health-and-wellness/preventive-care](http://www.bcbsga.com/health-insurance/health-and-wellness/preventive-care)

### **Cigna – [www.cigna.com/individualsandfamilies/healthwellness](http://www.cigna.com/individualsandfamilies/healthwellness)**

This Health and Well-being Library provides information on topics such as:

- Managing Your Health
- Dealing with the Unexpected
- Health and Well-being Tools
- Diseases and Conditions

**The Cigna Healthy Rewards® program** provides discounts on health programs and services. Visit [www.CIGNA.com/rewards](http://www.CIGNA.com/rewards) (password: savings) or call 1-800-258-3312, and save money on:

- Weight management and nutrition, e.g. Jenny Craig, Weight Watchers®, NutriSystem®, and others
- Vision and hearing care – e.g., Lasik vision correction, hearing exams and aids, etc.
- Programs for tobacco cessation
- Fitness club memberships
- Vitamins, health, and wellness products

### **American Heart Association – [www.heart.org](http://www.heart.org)**

This website provides information on:

- Getting healthy through nutrition, physical activity, weight management, stress management, and more
- Conditions such as arrhythmia, cholesterol, congenital defects, diabetes, heart attack, and high blood pressure



## 2013 Plan Costs (Your Monthly Contributions)

### OPEN ACCESS POS

Employee Only	\$ 180.00
Employee + Child	\$ 323.00
Employee + Spouse	\$ 377.00
Family	\$ 521.00

### HSA OPEN ACCESS POS

Employee Only	\$ 47.00
Employee + Child	\$ 83.00
Employee + Spouse	\$ 96.00
Family	\$132.00

### METLIFE DENTAL

Employee Only	\$30.84
Employee + Child	\$58.58
Employee + Spouse	\$61.66
Family	\$98.66

### EYEMED VISION PLAN

Employee Only	\$6.98
Employee + Spouse	\$13.30
Employee + Child(ren)	\$14.00
Family	\$20.56

### METLAW LEGAL SERVICES PLAN

Employee Only	\$18.00
Employee + Spouse	\$18.00
Employee + Child(ren)	\$18.00
Family	\$18.00



### HARTFORD LONG-TERM DISABILITY PLAN

Your premium rate will be based on the Elimination Period you elect and the Retirement Plan in which you are currently participating. The rate is per \$100 of covered monthly salary. Maximum covered monthly salary is \$16,666.67.

90-Day Elimination Period : ..... TRS = \$.40 per \$100

..... ORP = \$.26 per \$100

150-Day Elimination Period : ..... TRS = \$.20 per \$100

..... ORP = \$.18 per \$100

### CIGNA - EMPLOYEE SUPPLEMENTAL LIFE & ADD INSURANCE

Age	Rate Per \$1000 of Insurance Benefit
Under 25	\$ .068
25-29	\$ .078
30-34	\$ .098
35-39	\$ .108
40-44	\$ .128
45-49	\$ .168
50-54	\$ .248
55-59	\$ .448
60-64	\$ .688
65-69	\$1.368
70+ (does not include matching AD&D)	\$2.340

### CIGNA - SPOUSE LIFE INSURANCE

Under 25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.110
45-49	\$0.150
50-54	\$0.230
55-59	\$0.430
60-64	\$0.670
65-69	\$1.350
70+	\$2.340

### CIGNA - DEPENDENT CHILD(REN) LIFE INSURANCE

Child(ren) - \$10,000

Monthly rate per unit - \$1.00

*One monthly rate per unit will insure all your dependent children regardless of the number of children you have insured.*

*NOTE: if you were enrolled for Dependent Life in 2012, but made no Open Enrollment Election for 2013, you will continue to be enrolled in Dependent Life at \$10,000 for spouse and child(ren) at a monthly rate of \$4.70 per Unit.*



*A tobacco surcharge of \$50 will be added to your monthly medical premium if you use tobacco products. The \$50 Tobacco Surcharge applies to any form of tobacco use.*

*The rates for your CNA Long-Term Care Plan are available through your HR Department.*



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## Important Contacts

### Medical Plans

- Blue Cross Blue Shield  
[www.bcbsga.com/bor](http://www.bcbsga.com/bor)  
1.800.424.8950
- Express Scripts Pharmacy  
[www.express-scripts.com](http://www.express-scripts.com)  
1.877.300.5139

### Dental Plan

- MetLife  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
1.866.832.5759

### Vision Plan

- EyeMed Vision Care  
ACCESS Network  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)  
1.866.723.0513

### Disability Plan

- The Hartford  
[www.thehartfordatwork.com](http://www.thehartfordatwork.com)  
1.866.945.4558

### EAP

- Ability Assist  
[www.guidanceresources.com](http://www.guidanceresources.com)  
1.800.964.3577

### Long-Term Care

- CNA  
1.800.528.4582

### Legal Services Plan

- MetLaw/Hyatt Legal Plans  
[www.legalplans.com](http://www.legalplans.com)  
1.800.821.6400

*The material in this booklet is for informational purposes and is not a contract. It is intended only to highlight the principal benefits of each plan. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan documents, the Plan documents govern. It is the responsibility of each active member to read all Plan-provided materials to fully understand the provisions of the option chosen.*