



2016
Benefits
Information
for Retirees

# **Empower Your Life with Smart Choices**

USG remains committed to providing our retirees with access to quality healthcare coverage. This brochure provides an overview of the options that USG offers so you can empower yourself to make smart choices for 2016.

What if one spouse is age 65 and Medicareeligible, but the other spouse is not?

The individual who is age 65 (or older) and Medicare-eligible can enroll in 2016 healthcare coverage through the Aon Retiree Health Exchange.

If that individual's spouse is eligible, he or she can remain on USG group healthcare coverage.

When the spouse turns 65, he or she may also be eligible to enroll in a healthcare plan on the Aon Retiree Health Exchange.

If you are a Medicare-eligible If you are a retiree retiree age 65 or older under age 65 For 2016, you can select healthcare coverage for yourself and your Medicare-For 2016, you will continue to have eligible dependents through the Aon Your 2016 access to USG group healthcare, life, Retiree Health Exchange. If you're coverage options currently enrolled in USG life, dental or dental and vision coverage. vision coverage, you can continue that coverage in 2016.) Your needs change every year, as do In September, you received an plan details and pricing, so review this Enrollment Kit at your home address. brochure carefully. Open Enrollment is You have many options to consider for your once-a-year opportunity to change 2016, so make sure to keep the telephone Please remember healthcare plans (if you are currently appointment that has been scheduled for enrolled in USG healthcare coverage). you with your dedicated Benefits Advisor, You can drop dental, vision or life insurance who can help you select the coverage that coverage during Open Enrollment or at will fit you best for 2016. any time during the year. Throughout this guide, Throughout this guide, Look for this symbol look for this symbol. look for this symbol. Enroll for 2016 coverage Call the Aon Retiree Health Exchange at I-866-212-5052. For more usg-retireehealthexchange.com usg.edu/hr/benefits information, visit

University System of Georgia Benefits



# **Your healthcare options**

	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	КР НМО	
	In-network	In-network	In-network only	In-network only	
Deductible (Single/Family)	\$1,500/\$3,000	\$500/\$1,500	None	None	
Out-of-pocket max (Single/Family)	\$3,500/ <b>\$6,850</b>	\$1,250/\$2,500	\$5,500/\$9,900	\$6,350/\$12,700	
Primary care physician required	No	No	Yes	Yes	
Preventive care	100%	100%	100%	100%	
Physician office visit/ Specialist visit	80% after deductible	\$20 copay/\$30 copay	\$30 copay/\$50 copay	\$20 copay/\$25 copay	
Inpatient hospital services	80% after deductible	90% after deductible	\$500 copay	\$250 copay	
Emergency care	80% after deductible	\$150 copay, then 90% after deductible	\$250 copay	\$250 copay	
Prescription drugs					
Retail					
Generic		\$10 copay	\$10 copay	Kaiser pharmacies: \$10 copay Contracted non-Kaiser pharmacies: \$20 copay limited to a one-time fill per medication	
Preferred brand	80% after deductible	\$35 copay	\$35 copay	Kaiser pharmacies: \$35 copay Contracted non-Kaiser pharmacies: \$45 copay limited to a one-time fill per medication	
Nonpreferred brand		20% with \$45 min and \$125 max	20% with \$45 min and \$125 max	Not covered	
Mail order (90-day supply) Retail					
Generic		\$25 copay	\$25 copay	\$20 copay	
Preferred brand	80% after deductible	\$87.50 copay	\$87.50 copay	\$70 copay through Kaiser pharmacies only	
Nonpreferred brand	5575 ditel deddelible	20% with \$112.50 min and \$250 max	20% with \$112.50 min and \$250 max	Not covered	

Bold text in chart above indicates change for 2016.

# **45** Healthcare

When it comes to staying healthy, we've got you covered.

- Consumer Choice HSA Provided by Blue Cross Blue Shield of Georgia (BCBSGa), this plan offers coverage for both in-network and out-of-network providers. This plan has a higher deductible, but lower monthly premiums.
- **Comprehensive Care** Provided by BCBSGa, this plan offers coverage for both in-network and out-of-network providers.
- BlueChoice HMO You receive benefits when your care is coordinated by your BCBSGa primary care physician (PCP).
- **Kaiser Permanente (KP) HMO** You receive benefits when your care is coordinated by your KP PCP.

#### <65

#### (65) Has your Tobacco Use Status changed?

For 2016, you'll continue to see a \$75 monthly surcharge on your premiums if you use tobacco. You can make changes to your Tobacco Use Status at any time, and the change will be effective the first of the following month.

# **CVS/caremark**

CVS/caremark is the pharmacy benefit manager for retirees enrolled in BCBSGa healthcare plans. Pre-65 retirees will receive one ID card with BCBSGa and CVS/caremark benefit information.

### TIP! Check usg.edu/hr/benefits/oe to find out how much your medication will cost with the new pharmacy formulary.

CVS/caremark makes it easy to refill your prescriptions. You may visit a retail pharmacy — but also consider convenient mail service. You can save on the cost of your long-term maintenance medications by choosing to have a 90-day supply mailed safely to your home, a local CVS/caremark, or other location.

Visit **caremark.com** for more information, or call the number on the back of your healthcare plan ID card.

# **Your healthcare rates**

Non-Medicare Eligible Medical Rates	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	КР НМО
Retiree Only	\$74.00	\$173.00	\$188.00	\$149.00
Spouse Only	\$79.00	\$189.00	\$205.00	\$163.00
One Child Only	\$58.00	\$137.00	\$149.00	\$118.00
Children Only	\$116.00	\$274.00	\$298.00	\$236.00
Retiree +1 Child	\$132.00	\$310.00	\$337.00	\$267.00
Spouse + 1 Child	\$137.00	\$326.00	\$354.00	\$281.00
Retiree + Spouse	\$153.00	\$362.00	\$393.00	\$312.00
Retiree + Spouse + Child(ren)	\$211.00	\$501.00	\$543.00	\$431.00
Retiree + Children	\$211.00	\$501.00	\$543.00	\$431.00
Spouse + Children	\$211.00	\$501.00	\$543.00	\$431.00

These rates apply to non-Medicare eligible adults and/or their child(ren).

Pre-65 Medicare Eligible Medical Rates	Consumer Choice HSA	Comprehensive Care	BlueChoice HMO	КР НМО
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse Only	\$74.00	\$128.00	N/A	\$103.00
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + 1 Child	\$132.00	\$265.00	N/A	\$221.00
Non-Medicare Retiree + Pre-65 Medicare Spouse	\$148.00	\$301.00	\$393.00	\$252.00
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$148.00	\$256.00	N/A	\$206.00
Family (Non-Medicare Retiree + Pre-65 Medicare Spouse + Child(ren)	\$206.00	\$438.00	\$543.00	\$370.00
Pre-65 Medicare Retiree + Non-Medicare Spouse	\$153.00	\$317.00	N/A	\$266.00
Family (Pre-65 Medicare Retiree + Non-Medicare Spouse + Child(ren)	\$211.00	\$454.00	N/A	\$384.00
Family (Pre-65 Medicare Retiree + Child(ren)	\$206.00	\$393.00	N/A	\$324.00
Family (Pre-65 Medicare Spouse + Child(ren)	\$206.00	\$393.00	N/A	\$324.00
Family (Pre-65 Medicare Retiree + Pre-65 Medicare Spouse + Child(ren)	\$206.00	\$393.00	N/A	\$324.00

These rates apply to Pre-65 Medicare eligible/enrolled retirees and their dependents.



Life insurance coverage is provided by Minnesota Life. You may be contacted to update your beneficiaries. Your life insurance and premiums will remain the same for 2016.





# 465 Your dental options

You will continue to have a provider network through Delta Dental. Retirees who did not have dental coverage at the time of retirement may not elect new coverage.

Delta Dental	Base Plan	High Plan	
	In-network	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	

<sup>\*</sup>Preventive and diagnostic services don't count toward the annual maximum.

Dental rates will increase in 2016.

2016 Dental Rates	Base Plan	High Plan
Employee	\$31.06	\$38.38
Employee + Child(ren)	\$58.98	\$72.90
Employee + Spouse	\$62.10	\$76.72
Family	\$99.38	\$122.78



Vision coverage will be through EyeMed in 2016. Retirees who did have not have vision coverage at the time of retirement may not elect new coverage. Your vision plan premiums will remain the same in 2016.

EyeMed	Vision Plan		
	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	

2016 Vision Rates	Vision Plan
Employee	\$6.38
Employee + Child(ren)	\$12.14
Employee + Spouse	\$14.38
Family	\$18.84

Remember: If you drop any USG-provided coverage, you will not be able to re-enroll in the future.

## Get help when you need it

Have questions about your benefits? We have answers. Visit **usg.edu/hr/benefits** or call your institution's HR/Benefits Office. When you need to contact our benefit partners ...

<65	Healthcare	BCBSGa	I-800-424-8950	bcbsga.com/usg
		Consumer Choice HSA		
		Comprehensive Care		
		BlueChoice HMO		
		KP HMO and Kaiser Senior Advantage	1-404-261-2590 1-888-865-5813 (Outside of Atlanta)	kp.org
<65	Pharmacy	CVS/caremark	1-877-362-3922	caremark.com
65+	Healthcare/Pharmacy	Aon Retiree Health Exchange	1-866-212-5052	retiree.aon.com/usg
65+ <65	Dental	Delta Dental	1-800-471-4214	deltadentalins.com/usg
65+ <65	Vision	EyeMed	I-866-800-5457	eyemedvisioncare.com/usg
65+ <65	Life	Minnesota Life	I-866-293-6047	lifebenefits.com

<sup>\*\*</sup>Benefit limits on full replacement of existing dentures or crowns apply.