2013 Employee Benefits

This Summary of Benefits booklet along with each health plan comparison guide is intended to provide you with a general description of the benefits of employment with Columbus State University (CSU). If anything described in this summary differs from that set forth in the health plan comparison guide or policy manual, the terms and provisions of the summary plan description or policy manual shall govern.

Eligibility for Benefits: Regularly employed CSU staff working at least 30 or more hours per week and full time faculty are eligible to participate in the benefit plans.

Columbus State University Benefits Include:

Basic Benefits Paid by Columbus State University (CSU):
- Life Insurance - $25,000
- Accidental Death and Dismemberment - $25,000

Optional Benefits You share in part of the cost or pay the entire cost of the following benefits:
- Medical
- High Deductible Health Plan with HSA
- Dental
- Vision
- Short Term Disability
- Long Term Disability
- Supplemental Life (Employee, Spouse and Child)
- Supplemental Accidental Death & Dismemberment
- Health and/or Dependent Care Spending Accounts
Medical Insurance

You have a choice of four medical plan options. The following descriptions and chart are for summary purposes only. Detailed plan information can be found at www.usg.edu/hr/benefits/health_insurance/.

**HMO Options**: In Network coverage only, requires primary care physician (PCP) Selection
- BCBS Blue Choice HMO
- Kaiser Permanente HMO

**BCBS Open Access POS Plan**: This plan utilizes co-pays and co-insurance each time you access medical care up to the annual out-of-pocket limit. In-network office visits and prescriptions are not subject to the deductible.

**BCBS HSA/HDHP Open Access POS Plan**: In this plan, all medical care and prescriptions are subject to a high deductible. After the deductible is met, the plan works similar to traditional coverage. You are eligible to open a Health Savings Account (HSA). Premiums are lower to offset the high deductible.

**HSA**: An HSA allows you to set aside pre-tax savings to use towards the deductible and future healthcare expenses. You must open an HSA at US Bank to contribute pre-tax savings and to receive the matching contribution.

**HSA Matching Contribution**: CSU will match your HSA contribution dollar for dollar each paycheck until you reach the annual maximum employer contribution of $575 for employee only coverage or $750 for family coverage.

**2013 HSA Contribution Limits**:
- $3,250 for employee only coverage (or $4,875 net of match contribution)
- $6,450 for family coverage (or $8,700 net of match contribution)
- $1,000 Catch-up contribution allowed for age 55 and older

The Open Access POS plan and the HSA/HDHP Open Access POS plan both provide in and out-of-network coverage and utilize the Blue Open Access POS network. Save money by staying in-network! In-network wellness visits are covered at 100% for both plans.

Blue Open Access POS Provider Network is available on the BCBS website at www.bcbsca.com/pos. Click on “Find a Doctor”.

A $50 tobacco surcharge will be added to your monthly medical premium if you utilize tobacco products. This surcharge can be removed anytime you become tobacco free.

### Medical Plan Options

<table>
<thead>
<tr>
<th>Benefits</th>
<th>BCBS HMO</th>
<th>Kaiser HMO</th>
<th>BCBS Open Access POS</th>
<th>HSA / HDHP Open Access POS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible: Single / Family</strong></td>
<td>None</td>
<td>None</td>
<td>$300 / $900</td>
<td>$400 / $1,200</td>
</tr>
<tr>
<td><strong>Out of Pocket Limit: Single / Family</strong></td>
<td>None</td>
<td>None</td>
<td>$1,000 / $2,000</td>
<td>$2,000 / $4,000</td>
</tr>
<tr>
<td><strong>Wellness Visits</strong></td>
<td>Paid at 100%</td>
<td>Paid at 100%</td>
<td>Paid at 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td>Referrals and/ or precertification may be required</td>
<td>SUBJECT TO DEDUCTIBLE (except where specified)</td>
<td>SUBJECT TO DEDUCTIBLE</td>
<td></td>
</tr>
<tr>
<td><strong>Physician Office Visit</strong></td>
<td>$15 co-payment</td>
<td>$15 co-payment</td>
<td>$20 co-payment not subject to deductible</td>
<td>60% of network rate</td>
</tr>
<tr>
<td><strong>Specialist Office Visit</strong></td>
<td>$25 co-payment</td>
<td>$25 co-payment</td>
<td>$20 co-payment not subject to deductible</td>
<td>90% of network rate</td>
</tr>
<tr>
<td><strong>Lab Services (X-Rays)</strong></td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
<td>90% of network rate</td>
<td>90% of network rate</td>
</tr>
<tr>
<td><strong>Maternity Care</strong></td>
<td>$25 co-payment after initial visit, then covered at 100%</td>
<td>$25 co-payment after initial visit, then covered at 100%</td>
<td>60% of network rate</td>
<td>90% of network rate</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>Referrals and/ or precertification may be required</td>
<td>SUBJECT TO DEDUCTIBLE &amp; PRECERTIFICATION</td>
<td>SUBJECT TO DEDUCTIBLE</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td>$250 co-payment (semi-private room)</td>
<td>$250 co-payment (semi-private room)</td>
<td>90% of network rate</td>
<td>60% of network rate</td>
</tr>
<tr>
<td><strong>Outpatient Hospital</strong></td>
<td>Referrals and/ or precertification may be required</td>
<td>SUBJECT TO DEDUCTIBLE</td>
<td>SUBJECT TO DEDUCTIBLE</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$100 co-payment</td>
<td>$100 co-payment</td>
<td>90% of network rate</td>
<td>60% of network rate</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$150 co-payment, waived if admitted</td>
<td>$150 co-payment, waived if admitted</td>
<td>$75 co-payment, then 90% of network rate</td>
<td>$75 co-payment, then 90% of network rate</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>Generic $10 co-payment</td>
<td>$10* / $20 *Kaiser Pharmacy</td>
<td>$10 co-payment</td>
<td>90% of the lower discounted rate or actual charge</td>
</tr>
<tr>
<td></td>
<td>Brand Name $25 co-payment</td>
<td>$25* / $35 *Kaiser Pharmacy</td>
<td>$30 co-payment for Preferred Brand Name; 20% co-payment for non-preferred Brand Name</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Retiree Coverage not a Medicare eligible plan</td>
<td>Sr. Advantage plan</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Dental
You have a choice of two dental plans for you and your family:
- CSU Delta Dental Plan
- BOR MetLife Dental Plan

The plan information provided below is for summary purposes only:

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>CSU Delta Dental Plan In-network*</th>
<th>BOR MetLife Dental Plan In-network*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$50 per person / $150 max per family</td>
<td>$50 per person</td>
</tr>
<tr>
<td>Plan Maximum per person</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Lifetime Maximum Orthodontia</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Preventive Care*</td>
<td>Paid 100% of network rate (not subject to deductible)</td>
<td>Paid 100% of network rate (not subject to deductible)</td>
</tr>
<tr>
<td>Cleanings, oral exams</td>
<td>80% of network rate</td>
<td>80% of network rate</td>
</tr>
<tr>
<td>Basic Care</td>
<td>50% of network rate** (services require waiting period of six months following enrollment)</td>
<td>80% of network rate** (services require waiting period of six months following enrollment)</td>
</tr>
<tr>
<td>Major*</td>
<td>80% of network rate** (services require waiting period of two years following enrollment)</td>
<td>80% of network rate** (services require waiting period of six months following enrollment, unless currently receiving ortho treatment)</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>50% of network rate** (services require waiting period of six months following enrollment)</td>
<td>80% of network rate** (services require waiting period of six months following enrollment)</td>
</tr>
</tbody>
</table>

*non-network subject to balance billing  **subject to deductible

Vision
CSU offers a vision plan provided by EyeMed. This plan provides a once a year professional vision and eye health exam, including a complete analysis of visual functions for you and your family.

<table>
<thead>
<tr>
<th>Vision Plan Option</th>
<th>Frequency of Service</th>
<th>CSU Lincoln Financial Life Plan</th>
<th>BOR CIGNA Life Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of Service</td>
<td>Eye Exam: $10.00, Lenses: $25.00</td>
<td>$25,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Co-payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Medically Necessary: $0 Copay, Paid in full</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>$120 allowance, 20% off balance over $120</td>
<td>1, 2, 3, 4 or 5 times per year, payable in full</td>
<td>1, 2, 3, 4 or 5 times per year, payable in full</td>
</tr>
<tr>
<td>LASIK</td>
<td>15% off retail price or 5% promotional price (US. Laser Network)</td>
<td>1, 2, 3, 4 or 5 times per year, payable in full</td>
<td>1, 2, 3, 4 or 5 times per year, payable in full</td>
</tr>
</tbody>
</table>

Flexible Spending Account
Using a Flexible Spending Account (FSA) is a great way to save on taxes for designated medical care or dependent day care expenses!

You have the option of enrolling in two accounts – the Health Care Account and Dependent Care Account.

Annual Plan Maximums
- Health Care Reimbursement Maximum – $2,500
- Dependent Care Reimbursement Maximum – $5,000

*$2,500 Dependent Care Reimbursement Maximum for married
employees filing separate tax returns.

How it Works
You designate a portion of your pay for qualified medical care or dependent day care expenses. Your contributions are made by payroll deduction, are pre-tax, and taken out of your paycheck in equal amounts over the course of the year. For qualified Health Care Reimbursements, you will be issued a card to use at the point of purchase. You will be contacted if a receipt is needed for substantiation. For Dependent Care reimbursements, submit the receipt and/or documentation to be reimbursed.

Short Term Disability (STD)
New in 2013: If you become disabled due to a non-occupational accident or sickness (including pregnancy), you are eligible to receive benefits that help to replace lost income. Your benefits include:
- Income replacement of 60% of your weekly pay to a maximum of $1,500
- Benefits begin on the 15th day after an injury or sickness
- Benefits continue up to a maximum duration of 11 or 20 weeks

To apply for Short Term Disability benefits, you must complete the Lincoln Short Term Disability claim packet. Lincoln approves or denies all claims. Premiums for STD are based on age.

Long Term Disability (LTD)
Long Term Disability insurance provides you with income replacement should you become disabled for an extended period of time. You have the opportunity to enroll in LTD through CSU with a benefit of 60% of your monthly earnings up to a maximum of $5,000.

Benefits begin after a waiting period of 90 days and continue as long as you are disabled up to your Social Security Retirement Age.

Life AD&D and Supplemental Life
CSU offers Life Insurance and Accidental Death and Dismemberment (AD&D) plans that provide important financial coverage for you and your family. These plans pay benefits if you, and/or an eligible family member suffer a covered loss. You have a choice to enroll in a Supplemental Life plan through CIGNA or the CSU Lincoln Plan.

NOTE: If you elect to enroll in the CSU Supplemental Life plan, your coverage under the Board of Regents Basic Life plan with AD&D ($25,000) will continue.
Retirement Savings Plans (Voluntary)

CSU offers a 403(b) plan and a 457 plan as voluntary, tax-deferred, retirement savings plans to supplement TRS and ORP plans. You have the opportunity to invest pre-tax money into one or both of the voluntary retirement plans.

Choice of Vendors includes: Fidelity, TIAA-CREF and VALIC.

Eligible Dependents

Dependent Definition for Medical plans: Legal Spouse, natural, adopted or step child(ren) up to age 26; disabled children beyond the age 26 with proof of incapacity.

Dependent Definition for Dental, Vision and Life Insurance Plans: Legal Spouse, natural, adopted or step child(ren) who reside with the employee under age 19 or to age 26 if verified as a full time student.

To enroll dependents in coverage under the plans, Documentation verifying your dependents meet the eligibility definition is required to enroll them in coverage; documentation includes marriage certificates, birth certificates, recently filed tax returns.

Please Note:

If both a husband and wife are benefits-eligible employees of the University System of Georgia, only one may elect to provide coverage for the other spouse and/or dependents.

Changes to Your Benefits Coverage

Other than the annual open enrollment period, the only other time Federal Law allows you to make a change to your coverage is if you experience a qualifying event.

Qualifying Events

Some examples of qualifying events include:

- A change in your marital status;
- The birth or adoption of a child;
- The death of a covered dependent;
- A change in the employment status of a covered member, his/her spouse, or his/her covered dependent(s), that affects eligibility for coverage under a qualified health care plan;
- The loss of eligibility status by a covered dependent;
- HR approved leave of absence without pay (maximum of 12 months);
- You and/or your spouse being called to full-time active military service;
- Losing or gaining healthcare coverage eligibility under Medicare or Medicaid;
- A change in residence to a location outside of the healthcare plan’s service area;
- Healthcare plan election choices made by spouses with different employers in which the employers have a different healthcare plan year or spouses open enrollment is different;
- CSU receives a Qualified Medical Child Support Order in your name.

Please Note:

You have 30 calendar days from your qualifying event to submit your enrollment change and documentation. A failure to complete and submit the enrollment change and documentation to the Office of Human Resources will prohibit you from making such changes until the next open enrollment period.

The effective date for changes in healthcare coverage will be either the effective date of the qualifying event or the first day of the month following the qualifying event.

To make a change to your benefits due to a qualifying event, use the ADP Portal, www.portal.adp.com, click on the benefits tab, MY BENEFITS, and click on FAMILY STATUS CHANGE. Select the reason using the drop-down. Documentation of the event must be submitted to HR before the change in coverage will go into effect.

For more detailed information and rates, please contact CSU’s Human Resources department at Columbus State University 706-507-8920.