

AU Health System 2022 Benefits Summary

AU Health System is pleased to offer a variety of health care and financial benefit options to all regular employees with a work commitment of .5 fte (20 hours per week) or greater. This is a summary of benefits, we encourage you to read through the Enrollment Guide available on our [website](#) if you need to learn more about your options and responsibilities before making benefit decisions.

Plan Options and Premiums for 2022

| Exempt/Monthly Rate | | | | | Non-Exempt/Bi-Weekly Rate | | | | | | |
|-------------------------|--|----------|----------|----------|---------------------------|-------------------------|----------|----------|----------|--------|---------|
| Medical Options* | | Base | Choice | Select | Medical Options* | | Base | Choice | Select | | |
| Employee Only | | \$96.77 | \$132.04 | \$223.65 | Employee Only | | \$44.66 | \$60.94 | \$103.22 | | |
| Employee + Spouse | | \$294.92 | \$295.51 | \$501.62 | Employee + Spouse | | \$136.12 | \$136.39 | \$231.52 | | |
| Employee + Child(ren) | | \$197.04 | \$197.43 | \$334.83 | Employee + Child(ren) | | \$90.94 | \$91.12 | \$154.54 | | |
| Employee + Family | | \$360.18 | \$360.88 | \$612.79 | Employee + Family | | \$166.24 | \$166.56 | \$282.83 | | |
| Dental Options | | | Core | Value | Dental Options | | | Core | Value | | |
| Employee Only | | | \$36.87 | \$29.48 | Employee Only | | | \$17.02 | \$13.61 | | |
| Employee + Spouse | | | \$61.75 | \$49.36 | Employee + Spouse | | | \$28.50 | \$22.78 | | |
| Employee + Child(ren) | | | \$64.83 | \$51.83 | Employee + Child(ren) | | | \$29.93 | \$23.92 | | |
| Employee + Family | | | \$92.64 | \$74.06 | Employee + Family | | | \$42.76 | \$34.18 | | |
| Vision Options | | | Elite | Value | Vision Options | | | Elite | Value | | |
| Employee Only | | | \$12.07 | \$11.19 | Employee Only | | | \$ 5.57 | \$5.16 | | |
| Employee + Spouse | | | \$22.87 | \$21.20 | Employee + Spouse | | | \$10.56 | \$9.78 | | |
| Employee + Child(ren) | | | \$22.87 | \$21.20 | Employee + Child(ren) | | | \$10.56 | \$9.78 | | |
| Employee + Family | | | \$26.92 | \$24.95 | Employee + Family | | | \$12.42 | \$11.52 | | |
| Spousal Life | | 10K | 30K | 50K | 100K | Spousal Life | | 10K | 30K | 50K | 100K |
| | | \$2.56 | \$7.68 | \$12.80 | \$25.60 | | | \$1.19 | \$3.55 | \$5.91 | \$11.82 |
| Spousal AD&D | | 10K | 30K | 50K | 100K | Spousal AD&D | | 10K | 30K | 50K | 100K |
| | | \$0.35 | \$1.05 | \$1.75 | \$3.50 | | | \$0.16 | \$0.48 | \$0.81 | \$1.62 |
| Child Life | | 10K | 15K | 20K | | Child Life | | 10K | 15K | 20K | |
| | | \$0.60 | \$0.90 | \$1.20 | | | | \$0.28 | \$0.42 | \$0.55 | |
| Child AD&D | | 10K | 15K | 20K | | Child AD&D | | 10K | 15K | 20K | |
| | | \$0.35 | \$0.53 | \$0.70 | | | | \$0.16 | \$0.24 | \$0.32 | |

Premiums and contributions for the followings plans are based on criteria specific to individual employees.

- Retirement Savings Plan(s) Contributions
- Supplemental Life Insurance
- Supplemental AD&D Insurance
- Short/Long Term Disability
- Pet Insurance
- Auto/Home Insurance
- Accident / Cancer / Medical Indemnity/ Critical Illness supplemental plans

Enrolling

The online enrollment system list the premiums for each benefit and what benefits are paid for by your employer and therefore are at no cost to you. You choose the benefits that best suit the needs for you and your family. When you have completed your benefit elections, the online enrollment system will provide you with the employer and employee cost for each benefit with a total cost per pay period

Tobacco-Free Attestation

Employees are required to attest stating whether they, or any member covered under their Health System health plan, use tobacco products or not, and if they will abstain from tobacco use during the insurance year. The use of tobacco products will increase premiums by \$41.67 per month (\$500 annually).

Spousal Surcharge

Employees adding a spouse to their medical plan will need to attest stating whether or not their spouse has the ability to obtain group health insurance through their own employer. For employees who want to continue coverage of their spouse on the Health System health plan when they have access to group health insurance through their own employer, an additional \$100/month (monthly) or \$46.15 (biweekly) spousal surcharge will be applied to their premium.

Medical

AU Health System is dedicated to providing quality care for our employees and their families and has a network of providers from which employees and their families may obtain medical care. AU Health System offers three medical plan options. Each plan provides for an employer and employee cost share for services. The AU Health System (AUHS) network includes AU Health physicians, facilities and in-network community providers. The United Healthcare (UHC) network includes UHC Options network physicians. It does not include facilities outside of our AU Health facilities unless related to mental health/substance abuse and emergency care. Out of network (OON) coverage will only be available to plan members in the instances of emergency care or services not available within the UHC Options network. Complete details are contained in the Summary Plan Document (SPD), which legally govern the operation of the program. Benefits described here is a summary of the benefits offered and not intended to provide all details. The SPD governs any conflict between this document and the SPD. Information for each plan is listed in the Plan Comparison Chart.

Medical Plan Comparison Chart

| Medical Plan Features | Select Plan (PPO) | Choice Plan (HDHP) | Base Plan (PPO) Default Plan |
|---|--------------------------------------|------------------------------------|--------------------------------------|
| | Network Coverage AUHS/UHC/OON | Network Coverage AUHS/ UHC /OON | Network Coverage AUHS/ UHC /OON |
| ANNUAL DEDUCTIBLE INDIVIDUAL | \$500/\$750/ Not Covered (NC) | \$1500/\$2000/ Not Covered (NC) | \$2000/\$4000/Not Covered (NC) |
| ANNUAL DEDUCTIBLE FAMILY | \$1,000/\$1,500/NC | \$3,000/\$4,000/NC | \$6,000/\$8,000/NC |
| ANNUAL MEDICAL OUT-OF-POCKET MAXIMUM EMPLOYEE ONLY | \$4,000/\$5,000/NC | \$4,500/\$6,000/NC* | \$5,000/\$5,100/NC |
| ANNUAL MEDICAL OUT-OF-POCKET MAXIMUM FAMILY ONLY | \$8,000/\$10,000/NC | \$9,000/\$12,000/NC | \$10,000/\$10,200/NC |
| ANNUAL PRESCRIPTION OUT-OF-POCKET MAXIMUM | \$1,500/Individual \$3,000/Family | COMBINED WITH MEDICAL | \$1,500/Individual \$3,000/Family |

| | Co-pay/Co-insurance | Co-pay/Co-insurance | Co-pay/Co-insurance |
|--|---------------------|---------------------|---------------------|
| Outpatient services | | | |
| Preventive care | \$0/\$0/NC | \$0/\$0/NC | \$0/\$0/NC |
| Office visit (3) | \$25/45%/NC | 20%/30%/NC | 35%/50%/NC |
| Specialty office visit (3) | \$35/55%/NC | 20%/30%/NC | 35%/50%/NC |
| Outpatient surgery | 20%/NC/NC | 20%/NC/NC | 35%/NC/NC |
| Outpatient lab/x-ray/non-hospital tests | \$0/NC/NC | 20%/NC/NC | 35%/NC/NC |
| Mental health care/substance abuse***(2) (3) | \$0/\$0/NC | 20%/20%/NC | 35%/35%/NC |
| Inpatient services | | | |
| Inpatient care/surgery (per admit/surgery) | 20%/NC/NC | 20%/NC/NC | 35%/NC/NC |
| Mental health care/substance abuse***(2) | 20%/20%/NC | 20%/20%/NC | 35%/35%/NC |
| Emergency and Urgent Care | | | |
| Emergency Room(1) (3) | \$250/\$250/\$250 | 30%/30%/30% | 35%/35%/35% |
| Urgent/convenience care | \$40/\$40/NC | 20%/20%/NC | 35%/35%/NC |

* The maximum any one individual will pay out of pocket is \$6,550 each calendar year in the Choice HDHP, Family option

**Number of visits may be limited based on services. See Summary Plan Documents for details

*** It is our intent to comply with required terms of federal regulations related to health care reform and mental health parity

(1) Emergency room services are covered for any provider or network

(2) Mental health care/substance abuse services are covered for any United Health Care Network Provider

(3) Deductible does not apply to Tier 1 AUHS Network

Pharmacy

Employees enrolled in an AU Health System plan will be able to enjoy the benefits of having quality customer service, dedicated pharmacists, reduced costs, and, convenience at the employee pharmacy. Retail pharmacy coverage is also available.

Annual OOP Maximums (includes deductible)

| OOP Maximums | Select PPO (In Network/UHC) | Choice HDHP (Combined Medical/Rx) (In Network/UHC) | Base PPO (In Network/UHC) |
|--------------|--------------------------------|--|--------------------------------|
| Employee | \$1,500 Rx \$4,000 Medical | \$4,500 / \$6,000 | \$1,500 Rx \$5,000 Medical |
| Family | \$3,000 Rx \$8,000 Medical | \$9,000 / \$12,000 | \$3,000 Rx \$10,000 Medical |

| | In-Network Provider Employee Pharmacy | Out-of-Network Provider Employee Pharmacy | Retail Pharmacy |
|------------------|--|--|------------------------------------|
| Days Supply | 30 day supply / 90 day supply | 30 day supply / 90 day supply | 30 day supply |
| Tier 1 | \$5 / \$10 | \$10 / \$20 | \$20 + 35% to a max of \$450 |
| Tier 2 | \$10 / \$20 | \$20 / \$40 | \$20 + 50% to a max of \$450 |
| Tier 3 | \$30 / \$60 | \$40 / \$80 | Must fill at the Employee Pharmacy |
| Specialty | \$50 (30 day supply) | \$80 (30 day supply) | Must fill at the Employee Pharmacy |
| Select Specialty | \$500 (30 day supply) | \$500 (30 day supply) | Must fill at Employee Pharmacy |

Wellness Incentives

Employees enrolled in AU Health System Select, Base, or Choice medical plans may earn up to a maximum of \$500 annually in either employer-provided HSA contributions (for Choice HDHP members) or in premium relief (for Select or Base PPO members), based on meeting the following requirements:

- The employee must be enrolled in an AUHS Group Health Plan prior to January 1, 2022
- Both the Biometric Screening and Health Risk Assessment must be completed between November 2021 and March 2022 and
- Proof of completed activities must be submitted based on specific deadlines as set forth by Employee Health.
- Incentives will be provided twice during the calendar year in the months of July and November

Savings and Spending Accounts

Health Savings Account

Similar to electing health insurance, you may elect a Health Savings Account each year. Your HSA is a federally regulated savings account at Bank of America. You own your account and can take it with you when you leave AU Health System employment.

- \$100 minimum annual employee contribution
- Annual maximum contributions for this plan year are \$3,650/individual and \$7,300/family accounts.

Flexible Spending Accounts

The Health System offers two types of Flexible Spending Accounts (FSAs). Each year during Open Enrollment, you decide how much of your pre-tax income you want to put into your FSA. For this plan year you may contribute:

- Between \$100 and \$2,750 into your Health Care FSA (traditional or Limited Purpose), and
- Between \$100 and \$5,000 into your Dependent Care FSA.

Dental

The dental plans offered through Delta Dental have a preventive incentive that will pay benefits for routine exams, cleanings, full mouth and bitewing x-rays, as well as fluoride treatments, without applying those paid benefits towards your annual maximum benefit.

A side by side comparison of Dental Plans. All dollar amounts and percentages reflect employee responsibility.

| | Value Dental Option | Core Dental Option |
|--------------------------------------|--|--|
| Annual Deductible | \$25 individual/\$75 family | \$25 individual/\$75 family |
| Coinsurance | 0% preventive > 20% basic > 50% major Note: Periodontics covered under Major Services rather than Basic Services. | 0% preventive > 20% basic (includes periodontics) 50% major and orthodontic |
| Annual Maximum Benefit | \$1,000 per member Note: Benefits paid for Preventive/Diagnostic services are NOT applied towards the annual benefit maximum. | \$1,350 per member Note: Benefits paid for Preventive/Diagnostic and Orthodontia services are NOT applied towards the annual benefit maximum. |
| Orthodontia Lifetime Maximum Benefit | No coverage | \$1,500 per member |

Vision

The vision plans offer benefits through EyeMed Vision Care in conjunction with Fidelity Security Life. Vision plan services include frames, standard plastic lenses, lens options, contact lenses and laser vision correction. In addition to these benefits, Eye Exams are included in the Elite Plan.

A side by side comparison of Vision Plans

| | Vision Value Plan | Vision Elite Plan |
|-----------------|--|--|
| Eyeglass Frames | \$200 retail benefit, plus 20% off balance over \$200 | \$200 retail benefit, plus 20% off balance over \$200 |
| Eyeglass Lenses | \$10 copay for standard plastic lenses | \$10 copay for standard plastic lenses |
| Contacts | \$250 retail benefit; 15% discount on balance over \$250 for conventional lenses | \$250 retail benefit; 15% discount on balance over \$250 for conventional lenses |
| Eye Exam | No Coverage | \$10.00 co-pay |

Life and AD&D Benefits

The Health System's Life and AD&D Insurance plans are administered by Prudential. Evidence of Insurability (EOI), also known as Proof of Good Health, may apply.

Employee Life Insurance

Basic life and AD&D coverage of 1X annual salary (minimum of \$25,000 and maximum of \$500,000) is provided to benefits eligible employees at no cost to you.

Supplemental Life of 1X-6X annual salary up to \$1.5M, with a guaranteed issue amount of the lesser of 3X annual salary or \$500K, is available. Premiums are age and salary based. Reference the "Employee Supplemental Life Insurance" chart for rates.

| Employee Supplemental Life Rates | |
|----------------------------------|--|
| Employee Age | Total Monthly Cost per \$1,000 of coverage |
| <30 | 0.041 |
| 30-34 | 0.048 |
| 35-39 | 0.061 |
| 40-44 | 0.082 |
| 45-49 | 0.129 |
| 50-54 | 0.230 |
| 55-59 | 0.390 |
| 60-64 | 0.541 |
| 65-69 | 0.883 |
| 70-74 | 1.610 |
| 75+ | 2.060 |

Dependent Life Insurance

You may elect a flat benefit amount of \$10,000, \$30,000, \$50,000, or \$100,000 for your spouse, and/or a flat amount of \$10,000, \$15,000, or \$20,000 for your dependent child/ren.

Accidental Death & Dismemberment (AD&D) Insurance

You may elect AD&D Insurance coverage for yourself at levels of 1X to 6X your annual salary, elections must match your supplemental life coverage. You may also elect AD&D coverage for your spouse or child at rates that equal the amount of spousal or child life coverage elected.

| | Bi-Weekly Costs | Monthly Costs |
|---------------|-------------------|-------------------|
| Employee Only | 0.009 per \$1,000 | 0.020 per \$1,000 |
| Spouse | 0.016 per \$1,000 | 0.035 per \$1,000 |
| Child | 0.016 per \$1,000 | 0.035 per \$1,000 |

Disability

AU Health System’s Short Term Disability (STD) and Long Term Disability (LTD) benefits through Mutual of Omaha provide you with a replacement income if you are disabled and cannot work.

Short Term Disability (STD)

STD is a financial benefit that pays a percentage of your salary for a specified amount of time, if you are ill or injured, and cannot perform the duties of your job. The Health System provides you with a 50% STD benefit at no cost to the employee. There is an optional “buy up” STD plan of an additional 10% available. Evidence of insurability (EOI) may be required for buy up option.

| Short Term Disability | | | |
|--------------------------------|---|------------------------------|-----------------------------|
| 50% of Base Pay Benefit | \$.45/\$10 weekly benefit (employer paid) | Additional 10% Buy Up | \$1.830/\$10 weekly benefit |

Long Term Disability (LTD)

LTD provides financial protection if illness or injury keeps you out of work for a long period of time. Approved LTD benefit payments and duration is based on the plan level chosen. The Health System provides you up to a 50% benefit at no cost to the employee.

| Long Term Disability | | | |
|--------------------------------|--|-------------------------------|------------------------------|
| 50% of Base Pay Benefit | \$.220/\$100 covered payroll (employer paid) | 60% of Base Pay Option | \$.825/\$100 covered payroll |

Voluntary Benefits

We are proud to continue to offer voluntary benefits that represent the best in their class. To enroll in one of these voluntary benefits, you will need to contact the provider directly using the information listed in the Contact Information section.

Note: Voluntary benefits are employee paid.

- Retirement Savings Plan(s) Contributions
- Pet Insurance
- Auto/Home Insurance
- Cancer/Critical Illness/Medical Indemnity/Accident Insurance
- 529 College Savings

Contact Information

| Plan | Company | Phone | Website |
|---|---|---|---|
| AU Health System Benefits Office | | (p)706-721-7909 (f)706-721-9307 | |
| 529 College Savings Plan | BlackRock (Administered by AIG RETIREMENT SERVICES) | 706-722-4600 | www.blackrock.com |
| Accident / Cancer / Medical Indemnity/ Critical Illness | Allstate Benefits | 1-877-204-8456 | https://awd.benselect.com/Enroll/Lib/loginAllState.aspx?ReturnUrl=%2fenroll Note: Username: Employee ID OR Social Security Number Password: Last 4 of social + Last 2 of birth year |
| Dental Plan | Delta Dental | 1-800-521-2651 | www.deltadentalins.com |
| Disability Plans (STD & LTD) | Mutual of Omaha | 1-800-877-5176 | www.mutualofomaha.com |
| HSA and FSA | Bank of America | 1-866-791-0250 | www.myhealth.bankofamerica.com |
| Home and Auto | Travelers | 1-888-695-4640 | www.travelers.com/AUMC |
| Legal Assistance | Hyatt Legal Plans | 1-800-821-6400 | www.legalplans.com |
| Life and AD&D | Prudential | 1-800-524-0542 | www.prudential.com |
| Medical Plan | UMR | 1-866-868-7406 | www.umar.com |
| Pet Insurance | Nationwide | 1-877-PETS-VPI | www.nationwide.com |
| Pharmacy | Navitus | 1-866-268-2501 | www.navitus.com/ |
| Retirement Savings Plan | AIG Valic RETIREMENT SERVICES | Local Office: 706-722-4600 Loan Requests: 1-800-448-2542 | www.valic.com |
| Vision Plan | EyeMed | 1-866-723-0513 | www.eyemed.com |

The benefits described in this document are brief summaries of the benefits offered and are not intended to provide all details regarding these benefits. Complete details of each plan are contained in the plan documents and contracts with third-party administrators which legally govern the operation of the program. If there is any conflict between this booklet and any of the plan documents, the plan documents will always govern. AU Health System reserves the right to change, amend or terminate the program at any time. This communication does not constitute a contract of employment or a contract of any other nature between AU Health System and any employee/dependent.

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