

2012

HEALTH CARE BASICS: CHOOSING THE BEST OPTION FOR YOUR HEALTH



"Creating A More Educated Georgia"



Medical Options for Plan Year 2012

The University System of Georgia's Plan Year 2012 Open Enrollment will begin October 24, 2011 and will end November 18, 2011.

The Board of Regents will offer the following health care options:

- Blue Choice HMO
- Kaiser Permanente HMO
- HSA Open Access POS
- Open Access POS

Please take the time to carefully weigh the plans available, and choose the option that's best for you. If you have questions, or should you need assistance, please contact your campus Human Resources office.

The following benefit changes will take effect January 1, 2012:

- Blue Choice HMO is frozen for new enrollment
- Kaiser Permanente HMO is frozen for new enrollment for active employees only (Senior Advantage Plan 65+ is still open for new enrollment)
- BCBS PPO and HSA PPO are no longer an option (these plans are replaced with Open Access POS and HSA Open Access POS, which are the same benefits with a different Georgia network of providers)
- Consumer Choice Option for plans are no longer available
- Benefits eligible employee equals 30 hours per week (health benefits start first of month after enrollment)
- Match HSA up to the 2011 seeds
 - Single - \$375.00
 - Family - \$750.00
- Minor changes to the Open Access POS (Medco) prescription plan (see page 24)
- Premiums (see rates before each plan)

Through Blue Cross and Blue Shield of Georgia, Inc.

We continue to emphasize and encourage you and your family to both practice preventive care and take advantage of the 360° Health® programs for maintaining your health. 360° Health from Blue Cross and Blue Shield of Georgia (BCBSGa) is an integrated suite of resources and health programs designed to give you the information and support you need to reach your own level of optimal wellness. From Web-based resources to personalized interactions with a registered nurse, 360° Health can help you become more engaged in your health care decisions that are right for you.

360° Health organizes its programs and resources into three categories:

- Tools and resources, including online health and wellness information, as well as discounts on health-related products and alternative medicine therapies
- Health guidance and support 24/7 from registered nurses
- Health management with programs like ConditionCare for those with ongoing conditions like diabetes; and Comprehensive Medical Management for those coping with serious health issues. These Health Management programs help members with chronic or acute conditions by supporting them in adhering to their physicians' care plans and national clinical guidelines.

For more information and to access the phone numbers for the 360° Health programs, please see page 23 of this guide.

Through Kaiser Permanente

Kaiser Permanente has been providing members with innovative disease management programs for over 60 years. In recent years, our programs have evolved into a patient-centered model of total health called the Kaiser Permanente Complete Care Program.

Our Complete Care disease management (DM) program includes:

- Asthma (adult/pediatric)
- Diabetes
- Cardiovascular Disease
- Chronic Heart Failure (CHF)
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Hypertension (integrated with CAD/CHF)

- Sickle Cell Anemia
- HIV/AIDS (chronic condition)
- Low Back problems (chronic condition)
- Osteoporosis (chronic condition)
- Obesity/Weight Management – Eating disorders (chronic condition)

Each of these programs has a variety of components, including evidence-based guidelines for screening and treatment; general and targeted outreach and reminders to members; patient education and self-management tools and resources for member engagement and compliance; specialty services (e.g., diabetic nurse educators, and Clinical Pharmacy Services to improve cholesterol control for members with CAD); and physician feedback regarding performance measures. Our fully integrated delivery system allows for a high degree of physician participation in these programs.

Comparison Guide

To assist you in making your health care plan decisions for Plan Year 2012, we have included a brief comparison of all of your health plan options in this booklet. In addition, premium rates for the 2012 offerings are outlined in this booklet.

The BlueChoice HMO and Kaiser Permanente health care plan options are deemed to be managed health care plans. Please be reminded of the 2002 Georgia statute, which states that members who participate in a managed health care plan are hereby advised of the following limitation: “For reimbursement, your health care plan may restrict the choice of who may treat you or your family, and where you may be treated.” These plans are frozen to new enrollment in 2012.

Kaiser Permanente is the only HMO health care plan option that provides Board of Regents members with access to a Medicare Advantage plan. The Kaiser Permanente Medicare option is called “Senior Advantage.” Eligibility requirements to enroll in the Senior Advantage program are identified on page 20 of this Health Benefits Comparison Chart. For our retirees who wish to receive their entire medical and enhanced drug benefits from one source, the Kaiser Permanente Senior Advantage option provides an integrated benefit covering hospital, physician and drug costs.

Thank you for your service to the University System of Georgia. Please continue your long-standing practice of using your health care plan benefits responsibly. We are pleased to share the following information that affects a critically important aspect of everyone’s life – his or her health.

Pharmacy Benefits for Open Access POS (Medco)

The Board of Regents has chosen Medco to manage our Pharmacy Benefit for the Open Access POS plan and to manage a Coverage Review Program. This program helps manage costs while ensuring you and your family have access to the medications you need to stay healthy. Information regarding this program may be found on page 24 of the Health Benefits Comparison Guide.

Medicare Part D Coverage

For our Medicare-eligible covered members, the federal Medicare Prescription Drug Improvement and Modernization Act of 2003 became effective January 1, 2006. The more familiar name for this federal statute is “Medicare Part D.”

Medicare-eligible covered members will be required to make an important decision – whether to continue with their prescription drug coverage offered through the health care plans of the Board of Regents or whether to enroll in a Medicare prescription drug plan offered by an external vendor approved by Medicare.

If you are a current Kaiser Permanente Senior Advantage member, Kaiser Permanente will automatically serve as your Medicare Part D provider. If you are a new member who selects Senior Advantage as your retiree health care plan option for 2012, your application will include Part D enrollment information. For additional information regarding this benefit, please call Kaiser Permanente Customer Service at 404-233-3700 or 800-232-4404.

As in the past, we will submit an actuarial attestation to the Centers for Medicare & Medicaid Services (CMS), as required by federal statute, which documents that the Board of Regents pharmacy benefit plan is comparable to the standard Medicare prescription drug coverage that will be provided by a CMS-approved external vendor. Detailed information about Medicare plans that offer prescription drug coverage may be viewed at www.medicare.gov or by calling Medicare at 800-Medicare (800-633-4227)/TDD 877-486-2048.

Please ensure that you carefully compare the costs and the plan design if you decide to use an external CMS-approved, Medicare Part D pharmacy vendor. Some external plans may offer coverage at a higher cost than what you currently pay, and the covered medications under an external vendor’s plan may be more limited than your current Board of Regents preferred drug list.

Open Access POS Healthcare Plan Premiums Active Employee Rates

Open Access POS Premium	
	2012
Employee Only	
Employee	\$ 175.34
Employer	\$ 409.14
Total Rate	\$ 584.48
Employee + Child	
Employee	\$ 315.62
Employer	\$ 736.42
Total Rate	\$ 1,052.04
Employee + Spouse	
Employee	\$ 368.22
Employer	\$ 859.18
Total Rate	\$ 1,227.40
Family	
Employee	\$ 508.46
Employer	\$ 1,186.42
Total Rate	\$ 1,694.88

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

Open Access POS Retiree Healthcare Plan Premiums

	Open Access POS 2012		
	Enrolled	Not Enrolled	One Enrolled
Retiree (Medicare Eligible)			
Employee	\$ 99.00	\$ 199.00	
Employer	\$ 231.00	\$ 464.36	
Total Rates	\$ 330.00	\$ 663.36	
Retiree (Medicare Eligible) w/Child			
Employee	\$ 239.26	\$ 339.26	
Employer	\$ 558.30	\$ 791.62	
Total Rates	\$ 797.56	\$1,130.88	
Retiree w/Spouse (both Medicare Eligible)			
Employee	\$ 197.98	\$ 397.98	\$ 297.98
Employer	\$ 461.98	\$ 928.64	\$ 695.30
Total Rates	\$ 659.96	\$ 1,326.62	\$ 993.28
Retiree (Non-Medicare Eligible) w/Medicare Eligible Spouse			
Employee	\$ 274.34	\$ 374.34	
Employer	\$ 640.12	\$ 873.46	
Total Rates	\$ 914.46	\$ 1,247.80	
Retiree (Medicare Eligible) w/ Non-Medicare Eligible Spouse			
Employee	\$ 291.88	\$ 391.88	
Employer	\$ 681.06	\$ 914.40	
Total Rates	\$ 972.94	\$ 1,306.28	

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

Note: Retirees who are not eligible for Medicare will be paying the “active” rates. Retirees and Spouses reaching age 65 have the option to enroll in Medicare Part B or pay full cost of insurance.

Open Access POS

Retiree Healthcare Plan Premiums *continued*

	Open Access POS 2012		
	Enrolled	Not Enrolled	One Enrolled
Retiree w/Spouse (Both Medicare Eligible) w/ Family			
Employee	\$ 338.24	\$ 538.24	\$ 438.24
Employer	\$ 789.24	\$ 1,255.92	\$ 1,022.58
Total Rates	\$ 1,127.48	\$ 1,794.16	\$ 1,460.82
Retiree (Non-Medicare Eligible) w/Medicare Eligible Spouse & Family			
Employee	\$ 424.18	\$ 524.18	
Employer	\$ 989.78	\$ 1,223.10	
Total Rates	\$ 1,413.96	\$ 1,747.28	
Retiree (Medicare Eligible) w/ Non-Medicare Eligible Spouse & Family			
Employee	\$ 431.90	\$ 531.90	
Employer	\$ 1,007.76	\$ 1,241.12	
Total Rates	\$ 1,439.66	\$ 1,773.02	

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

Note: Retirees who are not eligible for Medicare will be paying the “active” rates. Retirees and Spouses reaching age 65 have the option to enroll in Medicare Part B or pay full cost of insurance.



Key Benefits	Plan Provisions and Benefits Georgia In-Network	Plan Provisions and Benefits Out-of-Network
Description of Plans	Major medical coverage, including diagnosis and/or treatment of illness, injury or medical conditions. Benefits include physician, hospital, surgical, ConditionCare, pharmacy benefit management, behavioral health (mental health/substance abuse), and transplant services. Members who elect to use the services of out-of-network doctors and hospitals will receive a lower level of benefit coverage and are subject to balance billing.	
Maximum Lifetime Benefits	Unlimited	
Maximum Annual Deductible Individual Family (3 or more covered members)	\$300 \$900	\$400 \$1,200
Members who use both in-network (including Blue Card National Network) providers and out-of-network providers will be responsible for two separate deductibles and for two separate maximum out-of-pocket limits (stop loss). Annual deductibles, annual maximum out-of-pocket limits (stop loss), and annual visit limitations, will be based on a January 1 - December 31 plan year.		
Maximum Annual Out-of-Pocket Limit (Stop Loss) Individual Family (3 or more covered members)	\$1,000 \$2,000	\$2,000 \$4,000
Member copayments for physician office visits, for emergency room services, and/or for prescription drugs do not apply toward the annual deductible(s) or toward the maximum annual out-of-pocket (stop loss) limit(s). Member costs incurred for balance billing will not apply toward the annual deductible(s) or toward the maximum annual out-of-pocket (stop loss) limit(s).		
Pre-Existing Conditions	None	
Physician Services Provided In An Office Setting		
Physician Office Visit For treatment of illness or injury	100% of network rate after \$20 copayment per visit; applies to non-surgical services; not subject to deductible. The \$20 copayment applies to the physician's office visit only.	60% of network rate for non-surgical services; subject to deductible and balance billing.
Wellness Care/Preventive Health Care	Paid at 100% of network rate; not subject to deductible.	Not covered Non-covered charges do not apply to annual deductible or annual out-of-pocket maximum.
Behavioral Health/Substance Abuse Services	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Laboratory Services	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Maternity Care (Routine prenatal care, delivery and postnatal)	90% of network rate after an initial visit copayment of \$20; not subject to deductible. There will be no copayments charged for subsequent visits.	60% of network rate; subject to deductible and balance billing.
Outpatient Surgery Pre-certification may be required.	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Second Surgical Opinion (Elective Surgery)	100% of network rate after a \$20 copayment per visit; not subject to deductible.	60% of network rate; subject to deductible and balance billing.
Allergy Testing	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Allergy Shots & Serum	100% for allergy shots & serum; not subject to deductible. If a physician is seen, the visit is treated as an office visit and is subject to a \$20 copayment per visit.	60% of network rate; subject to deductible and balance billing.

Board of Regents of the University System of Georgia **Open Access POS Plan**

January 1, 2012

Key Benefits	Plan Provisions and Benefits Georgia In-Network	Plan Provisions and Benefits Out-of-Network
Treatment of TMJ (Temporomandibular Joint Disorders) For diagnostic testing & non-surgical treatment Pre-certification may be required.	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Inpatient Hospital Services		
Physician Services Physician Care/Surgery Physician services may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery. Pre-certification is required.	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Hospital Services Other Than Those For Emergency Room Care Inpatient Care (Includes inpatient short-term rehabilitation services) Pre-certification is required.	90% of network rate; limited to semi-private room; subject to deductible; not subject to balance billing.	60% of network rate; subject to deductible and balance billing.
Behavioral Health/Substance Abuse Services	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Maternity Care (Delivery)	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Laboratory Services X-ray, Laboratory Work, Diagnostic Testing. Provided in conjunction with treatment of an illness or injury. Pre-certification for diagnostic testing may be required.	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Skilled Nursing Facility Pre-certification is required.	90% of network rate; subject to deductible. 30-day calendar year maximum.	60% of network rate; subject to deductible and balance billing. 30-day calendar year maximum.
Hospice Care Pre-certification is required.	100% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Outpatient Hospital/Facility Services		
Wellness Care/Preventive Health Care	Paid at 100% of network rate; not subject to deductible.	Not covered Non-covered charges do not apply to annual deductible or annual out-of-pocket maximum.
Behavioral Health/Substance Abuse Services	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Laboratory Services	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.

Key Benefits	Plan Provisions and Benefits Georgia In-Network	Plan Provisions and Benefits Out-of-Network
Home Hyperalimentation Pre-certification is required.	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing. Lifetime benefit limit of \$500,000.
Home Nursing Care Pre-certification is required.	90% of network rate; limited to (two) 2 hours of care in a 24-hour day; subject to deductible.	60% of network rate; limited to (two) 2 hours of care in a 24-hour day; subject to deductible and balance billing.
Hospice Care Pre-certification is required.	100% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Ambulance Services Land or air ambulance for medically necessary emergency transportation only.	90% of network rate; subject to deductible; subject to balance billing for non-participating providers of ambulance services.	90% of network rate; subject to the BCBSGA in-network deductible and balance billing.
Cochlear Implants	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Chiropractic Care	90% of network rate; subject to deductible. Limited to 40 visits per member per plan year.	60% of network rate; subject to deductible and balance billing. Limited to 40 visits per member per plan year.
Durable Medical Equipment (DME)	90% of network rate; subject to deductible.	60% of network rate; subject to deductible and balance billing.
Outpatient Short-Term Rehabilitation Services Pre-certification may be required.	90% of network rate; subject to deductible. Physical, speech, cardiac and occupational therapies are limited to 40 visits per incident type per plan year.	60% of network rate; subject to deductible and balance billing. Physical, speech, cardiac and occupational therapies are limited to 40 visits per incident type per plan year.

Prescription Drugs

Pharmacy Benefits Manager: Medco Health Solutions, Inc. 877-300-5139

How to locate Georgia Providers for Open Access POS

1. Go to bcbsga.com/bor.
2. Click on "Find a Doctor."
3. Click on "Georgia Providers." You will be prompted to select the type of provider you are searching for.
4. Click on "Search Location" at the bottom of the page. You will be prompted to enter the demographic information for your search.
5. Click on "Your Insurance" at the bottom of the page.
6. Select the state of "Georgia." (You have the option of entering the alpha prefix as well.)
7. Select "Point of Service."
8. Select "Blue Open Access POS," and click "Search" at the bottom of the page.

How to locate national providers

1. Go to bcbsga.com/bor.
2. Click on "Find a Doctor."
3. Click on "National Medical Providers." You will be prompted to select the type of provider you are searching for.
4. Click on "Search Location" at the bottom of the page. You will be prompted to enter the demographic information for your search.
5. Click on "Your Insurance" at the bottom of the page.
6. Click on "Find my plan using my Alpha Prefix."
7. Enter the first three letters of the ID number on your ID card, and click "Search" at the bottom of the page.

BlueChoice HMO Healthcare Plan Premiums

	BlueChoice HMO Premium
2012	
Employee Only	
Employee	\$ 130.40
Employer	\$ 304.28
Total Rate	\$ 434.68
Employee + Child	
Employee	\$ 234.74
Employer	\$ 547.70
Total Rate	\$ 782.44
Employee + Spouse	
Employee	\$ 273.86
Employer	\$ 638.98
Total Rate	\$ 912.84
Family	
Employee	\$ 378.18
Employer	\$ 882.42
Total Rate	\$ 1,260.60



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

Key Benefits	Plan Provisions and Benefits
Description of plans	<p>A Health Maintenance Organization (HMO) delivers comprehensive medical care to its members on a prepaid basis. An HMO is comprised of a network of physicians, hospitals, and other health care providers. An HMO facilitates the medical and health care services for its members, including preventive care, hospital/facility services, and pharmacy services. HMO plan participants must use network providers to receive benefit coverage, except in an emergency.</p> <p>Enrolled employees/retirees and covered family members will be required to select a primary care physician (PCP) from the HMO network. The selected PCP will coordinate the medical services for a member and will issue a referral to a network specialist for specialty care as needed. PCPs include general practitioners, family medicine practitioners, internal medicine practitioners, and pediatricians.</p>
Out-of-Pocket Calendar Year Maximum – Individual (excludes deductible) – Family (excludes deductible) Deductible: one deductible for employee, one for spouse, one for all children combined – Individual – Family Coinsurance: the percentage of eligible charges for which you are responsible	No maximum No maximum \$0 \$0 Plan pays 100%
Lifetime Maximum	Unlimited
Office Visits	In-Network Benefit Level (no coverage for out-of-network)
Office Visits: Preventive Care	
· Well-child care, immunization	Plan pays 100%
· Physical examinations	Plan pays 100%
· Annual gynecology examination (no PCP referral required – must use network provider)	Plan pays 100%
Illness or Injury	
Primary Care Physician (PCP) office visit (includes lab, radiology and office surgery)	\$15 copayment
Specialty care physician office visit (PCP referral required)	\$15 copayment
Second surgical opinion (PCP referral required)	\$15 copayment
Maternity services (prenatal, delivery and postpartum)	All physician charges related to prenatal, delivery and postpartum care are covered by \$15 copayment at first office visit
Allergy care (primary care physician office visit, specialty care, allergy shots, serum and testing)	\$15 copayment
Vision care services provided by network ophthalmologist or optometrist for the treatment of acute conditions (no PCP referral required)	\$15 copayment
Services provided by a network dermatologist (no PCP referral required)	\$15 copayment
Emergency Room Services	
Life-threatening illness, serious accidental injury or with a PCP referral	\$75 copayment, waived if admitted
Non-emergency use of the emergency room	Not covered

Board of Regents of the University System of Georgia **BlueChoice Healthcare Plan HMO**

January 1, 2012

Inpatient Services	
Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic X-ray and lab services; newborn nursery care	Plan pays 100% after a \$200 copayment
Physician services (surgery, anesthesia, radiology, pathology, etc.)	Plan pays 100%
Outpatient Services	
	In-Network Benefit Level (no coverage for out-of-network)
· Facility/hospital charges (including diagnostic X-ray and lab services)	Plan pays 100%, after a \$50 copayment
· Physician services (surgery, anesthesia, radiology, pathology, etc.)	Plan pays 100%
· Therapy Services	
- Speech Therapy	\$15 copayment; 30-visit calendar year maximum
- Physical, Occupational Therapy	\$15 copayment; 40-visit calendar year maximum
- Respiratory Therapy	Plan pays 100%; 40-visit calendar year maximum
- Radiation Therapy, Chemotherapy	Plan pays 100%
- Chiropractic care (No referral required)	\$15 copayment; 20-visit calendar year maximum
Behavioral Health/Substance Abuse Services	
	No PCP referral required. Services must be authorized by BCBSGa Behavioral Health at 800-292-2879.
· Inpatient (facility and physician fee)	Plan pays 100%
· Outpatient	Plan pays 100%
· Inpatient alcohol or substance abuse detoxification	Plan pays 100%
Other Services	
· Skilled Nursing Facility	Plan pays 100%; 30-day calendar year maximum
· Home Health Care	Plan pays 100%; 120-visit calendar year maximum
· Hospice Care	Plan pays 100%
· Ambulance	Plan pays 100% when medically necessary
Prescription Drugs	
	Prescriptions must be written by a network physician or an emergency room physician
· Participating pharmacies include: CVS, Ingles, Kmart, Kroger, Publix, Rite Aid, Target, Wal-Mart and many independent pharmacies.	\$10 copayment for generic (up to a 30-day supply), no 90 day supply discount available \$25 copayment for name brands (up to a 30-day supply), no 90 day supply discount available

How to locate an HMO provider

1. Go to bcbsga.com/bor.
2. Click on "Find a Doctor."
3. Click on "Georgia Providers." You will be prompted to select the type of provider you are searching for.
4. Click on "Search Location" at the bottom of the page. You will be prompted to enter the demographic information for your search.
5. Click on "Your Insurance" at the bottom of the page.
6. Select the state of "Georgia." (You have the option of entering the alpha prefix as well.)
7. Select "Health Maintenance Organization."
8. Select "BlueChoice Healthcare Plan," and click "Search" at the bottom of the page.

Choose Wisely and Spend Wisely with Our HSA Open Access POS

You don't have to settle for bare-bones benefits to save money. The HSA Open Access POS plan gives you access to a wide range of benefits, including preventive care coverage. You get a plan that puts you in the driver's seat, with more control over your health care dollars. A plan that helps you make more informed choices. A plan that's no temporary fix, but a sensible, long-term solution.



Choose a Better Plan for Better Health

The HSA Open Access POS consumer-driven health plan starts with a Health Savings Account (HSA) to help you pay for covered medical services and prescriptions. Nationally recommended preventive care is covered up to 100%. Plus, you get traditional health coverage that kicks in after your deductible to help protect you further. That's just for starters.

The HSA Open Access POS plan also comes fully equipped with health tools and programs that help support a healthy lifestyle and help you make more informed decisions about your health care.

Our HSA Open Access POS plan is coupled with a health savings account, which may be new to you. But these plans feel familiar, too. That's because they all include traditional coverage you can count on. Here's how the HSA Open Access POS plan works:

- **Your Health Savings Account helps pay for covered medical services and prescriptions.** The health account works much like a bank account. You use its funds to pay for covered medical services and to help meet your deductible. Your HSA offers first-dollar coverage and unused funds roll over from year to year, which can help reduce future out-of-pocket expenses when you stay with this employer-sponsored plan. The BOR will match what you contribute to your HSA in 2012 up to the 2011 seed money.
- **Preventive care helps keep you healthy.** The plan pays up to 100% for covered preventive care services received from network providers. There are no funds taken from the health account and there are no additional out-of-pocket costs.
- **Traditional health coverage kicks in after your annual deductible.** After you meet your annual deductible, your traditional health coverage helps protect you from large health care expenses. Your annual out-of-pocket maximum limits the amount you pay during the plan year.

HSA Open Access Point of Service Health Care Plan Premiums

	HSA Open Access Premium
2012	
Employee Only	
Employee	\$ 43.70
Employer	\$247.68
Total Rate	\$291.38
Employee + Child	
Employee	\$ 76.38
Employer	\$432.78
Total Rate	\$509.16
Employee + Spouse	
Employee	\$ 88.62
Employer	\$502.24
Total Rate	\$590.86
Family	
Employee	\$121.30
Employer	\$687.34
Total Rate	\$808.64
Retiree w/Medicare	
Employee	\$ 43.70
Employer	\$247.68
Total Rate	\$291.38
Retiree + One (both w/Medicare)	
Employee	\$ 88.62
Employer	\$502.24
Total Rate	\$590.86



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

Note: Retirees who are not eligible for Medicare will be paying the “active” rates. Retirees and Spouses reaching age 65 have the option to enroll in Medicare Part B or pay full cost of insurance.

Board of Regents of the University System of Georgia
HSA Open Access POS

January 1, 2012

All benefits, including Pharmacy, are subject to the deductible unless otherwise stated.

- Members are responsible for deductibles as described below.
- Members are also responsible for all costs over the plan maximums.
- When using Out-of-Network providers, members may be responsible for any difference between the allowed amount and actual charges, as well as any deductibles.

Key Benefits	In-Network (INN)	Out-of-Network (OON)
Description of Plans	Major medical coverage, including diagnosis and/or treatment of illness, injury or medical conditions. Benefits include physician, hospital, surgical, ConditionCare, pharmacy benefit management, mental health/substance abuse, and transplant services. When a member requires medical care/services, he or she can elect to see providers who are not in the Blue Cross and Blue Shield of Georgia (BCBSGa) Open Access POS Participating Provider Network or in the BlueCard Network. Failure to access these BCBS networks or programs will result in the member being subject to balance billing.	
Lifetime Maximum	Unlimited	
Calendar Year Deductible - Individual (single coverage) - Family (two or more individuals) Combined In & Out-of-Network Benefits. For a family contract, all eligible members share a combined family deductible.	\$1,500 \$3,000	
Coinsurance	Plan pays 90% after deductible	Plan pays 70% after deductible
Out-of-Pocket Calendar Year Maximum - Individual (single coverage) - Family (two or more individuals) Includes the Calendar Year Deductible. INN and OON amounts remain separate - they do not cross-accumulate.	\$3,000 \$6,000	\$6,000 \$12,000
Covered Services	In-Network (INN)	Out-of-Network (OON)
Preventive Care		
Adult and child Not subject to deductible. Unlimited per person, per plan year. Based on national guidelines for age- and gender-appropriate services.	Plan pays 100%	Plan pays 70% subject to balance billing.
Illness or Injury		
Preferred physician office visit Includes diagnostic X-ray and lab services performed in physician's office	Plan pays 90%	Plan pays 70% subject to balance billing.
Surgery in physician's office	Plan pays 90%	Plan pays 70% subject to balance billing.
Allergy care Includes testing, serum, and shots	Plan pays 90%	Plan pays 70% subject to balance billing.
Maternity physician services Includes prenatal, delivery, postpartum	Plan pays 90%	Plan pays 70% subject to balance billing.

Board of Regents of the University System of Georgia
HSA Open Access POS

January 1, 2012

Covered Services	In-Network (INN)	Out-of-Network (OON)
Emergency Room Services		
Life-threatening illness or serious accidental injury	Plan pays 90%	Plan pays 70%, subject to balance billing.
Non-emergency use	Plan pays 90%	Plan pays 70%, subject to balance billing.
Hospital Inpatient Services - Pre-Certification is Required		
Daily room, board and general nursing care at semi-private room rate - ICU/CCU charges - Newborn nursery care - Other medically necessary hospital charges such as diagnostic X-ray and lab services	Plan pays 90%	Plan pays 70% subject to balance billing.
Physician Surgeon, anesthesiologist, radiologist, pathologist, etc.	Plan pays 90%	Plan pays 70% subject to balance billing.
Outpatient Services		
Facility/hospital charges Including diagnostic X-ray and lab services	Plan pays 90%	Plan pays 70%, subject to balance billing.
Physician Surgeon, anesthesiologist, radiologist, pathologist, etc.	Plan pays 90%	Plan pays 70%, subject to balance billing.
Therapy Services		
Physical, occupational, chiropractic care, athletic trainers Visits per calendar year, combined specialties Visits combined for INN and OON, 20 visits	Plan pays 90%	Plan pays 70%, subject to balance billing.
Respiratory therapy Visits per calendar year Visits combined for INN and OON, 30 visits	Plan pays 90%	Plan pays 70%, subject to balance billing.
Speech therapy Visits per calendar year Visits combined for INN and OON, 20 visits	Plan pays 90%	Plan pays 70%, subject to balance billing.
Radiation therapy and chemotherapy	Plan pays 90%	Plan pays 70%, subject to balance billing.
Mental Health/Substance Abuse		
Inpatient <i>INN and OON amounts apply to the medical lifetime maximum</i>	Plan pays 90%	Plan pays 70%, subject to balance billing.
Outpatient	Plan pays 90%	Plan pays 70%, subject to balance billing.

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Covered Services	In-Network	Out-of-Network
Other Services		
Ambulance <i>When medically necessary</i>	Plan pays 90%	Plan pays 70%, subject to balance billing.
Home health care Visits per calendar year, combined for INN and OON, 120 visits	Plan pays 90%	Plan pays 70%, subject to balance billing.
Hospice care	Plan pays 90%	Plan pays 70%, subject to balance billing.
Skilled nursing facility Days per calendar year, combined for INN and OON, 30 visits	Plan pays 90%	Plan pays 70%, subject to balance billing.
Pharmacy		
Prescription Drugs Unless otherwise indicated in the Certificate Booklet, each prescription has a 30-day supply limit. Members must file a claim for reimbursement when using an Out-of-Network pharmacy.	Plan pays 90%	Plan pays 90%

How to locate Georgia Providers for HSA Open Access POS

1. Go to bcbsga.com/bor.
2. Click on "Find a Doctor."
3. Click on "Georgia Providers." You will be prompted to select the type of provider you are searching for.
4. Click on "Search Location" at the bottom of the page. You will be prompted to enter the demographic information for your search.
5. Click on "Your Insurance" at the bottom of the page.
6. Select the state of "Georgia." (You have the option of entering the alpha prefix as well.)
7. Select "Point of Service"
8. Select "Blue Open Access POS," and click "Search" at the bottom of the page.

How to locate national providers

1. Go to bcbsga.com/bor.
2. Click on "Find a Doctor."
3. Click on "National Medical Providers." You will be prompted to select the type of provider you are searching for.
4. Click on "Search Location" at the bottom of the page. You will be prompted to enter the demographic information for your search.
5. Click on "Your Insurance" at the bottom of the page.
6. Click on "Find my plan using my Alpha Prefix."
7. Enter the first three letters of the ID number on your ID card, and click "Search" at the bottom of the page.

**Kaiser Permanente HMO
Retiree Healthcare Plan Premiums**

Kaiser HMO Premium	
2012	
Retiree w/Medicare*	
Employee	\$ 114.02
Employer	\$ 266.08
Total Rates	\$ 380.10
Retiree w/Spouse, Both w/Medicare*	
Employee	\$ 228.06
Employer	\$ 532.16
Total Rates	\$ 760.22
Retiree w/Child w/Medicare	
Employee	\$ 243.74
Employer	\$ 568.70
Total Rates	\$ 812.44
Retiree w/Spouse, One w/Medicare	
Employee	\$ 243.74
Employer	\$ 568.70
Total Rates	\$ 812.44
Retiree w/Spouse & Family, One w/Medicare	
Employee	\$ 366.94
Employer	\$ 856.22
Total Rates	\$1,223.16
Retiree w/Spouse & Family, Both w/Medicare	
Employee	\$ 357.76
Employer	\$ 834.78
Total Rates	\$1,192.54



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

Deductible Individual/Family	Not Applicable
Maximum Benefit While Covered	Unlimited ¹
Coinsurance	Not Applicable
Benefit	You Pay
Office Services	
Primary Care (including routine laboratory and radiology services)	\$15 copayment
Specialty Care (including routine laboratory and radiology services)	\$15 copayment
High Tech Radiology Services (MRI, CT, PET, others performed in an office or free-standing center)	\$15 copayment
Preventive Services	Plan Pays 100% ²
Maternity (obstetrician/midwife)	Plan Pays 100%
Outpatient Services	
Rehabilitation Therapies (Physical, Occupational, Speech) unlimited visits	\$15 copayment
Outpatient Facility, Hospital or Surgical Facility	\$50 copayment
Laboratory and Radiology Services (performed in an outpatient hospital setting)	\$50 copayment
High Tech Radiology Services (MRI, CT, PET, others performed in an outpatient facility / hospital setting)	\$50 copayment
Physician and Other Professional Charges	Plan Pays 100%
Emergency Services	
Emergency Services (per visit; waived if admitted)	\$50 copayment
After-Hours Urgent Care (per visit)	\$30 copayment
Ambulance (per trip)	\$75 copayment
Inpatient Services	
Hospital (facility charge)	\$200 copayment
Physician and Other Professional Charges	Plan Pays 100%
Mental Health Services	
Outpatient Mental Health (unlimited visits)	\$15 copayment
Inpatient Mental Health Facility (unlimited days)	\$200 copayment
Inpatient Mental Health Professional charges	Plan Pays 100%
Chemical Dependency Services	
Outpatient Individual Chemical Dependency Therapy (unlimited visits)	\$15 copayment
Inpatient Chemical Dependency Treatment (unlimited days)	\$200 copayment
Other Services	
DME / Prosthetics and Orthotics	Plan Pays 80%
Vision Exam	\$15 copayment
Optical Hardware	\$100 credit every two years
Chiropractic Services (up to 20 visits per year)	\$15 copayment

This plan summary is intended to only highlight some of the principle provisions of the plan. Please refer to the Group Agreement or Evidence of Coverage for further details of the plan or for specific limitations and exclusions.

Benefit	You Pay
Pharmacy Services Mail Order Pharmacy (30-day supply) Generic Drugs Brand Drugs	Mail Order Available \$10 at Kaiser Permanente Pharmacies & \$16 at Network Pharmacies \$25 at Kaiser Permanente Pharmacies & \$31 at Network Pharmacies
PCP Selection	If a PCP is not chosen upon enrollment, one will be assigned based on the subscriber's home address.
Customer Service	404-233-3700 800-232-4404 toll free Monday – Sunday 8:00 a.m. until 8:00 p.m.
Referral	Self referral to Mental Health/Chemical Dependency, Dermatology, Ophthalmology and OB/GYN Care. All other specialty care services require prior authorization from your PCP.

Additional Information

This benefit chart is a summary of the questions most frequently asked about your benefits and their copayments. This is not a contract. Specific benefits, exclusions, and limitations are contained in the Group Agreement we have with your employer and the Evidence of Coverage you will receive. In the case of a conflict between this benefit chart and the Evidence of Coverage, the Evidence of Coverage will prevail. For specific questions about coverage, please ask your employer's benefits office or contact Kaiser Permanente Customer Service at 404-233-3700. Benefits are subject to approval by the Georgia Department of Insurance and CMS.

For a complete list of exclusions and limitations, refer to your Evidence of Coverage (EOC). We do not cover the following services under this plan: Services that are not medically necessary; Certain exams and other services required for obtaining or maintaining employment, for insurance or licensing, for foreign travel, on court order or for parole or probation; Cosmetic services; Custodial or intermediate care; Services that an employer is required by law to provide; Experimental or investigational services; Eye surgery, such as laser surgery, to correct refractive defects; Services that a government agency is required by law to provide; Services for conditions arising from military service; Routine foot care; Sexual reassignment services; Non-human or artificial organs or their implantation; Reversal of voluntary infertility; Transportation and lodging expenses; Conditions covered by workers' compensation or under employer liability law; Services not generally and customarily available in our service area. In order for Services to be covered, a Plan Physician must determine that the Services are medically necessary to prevent, diagnose, or treat your medical condition. With the exception of emergency services, all covered Services must be provided, prescribed, authorized, or directed by a Plan Physician. You must receive the Services at a Plan Facility inside our Service Area, except where specifically noted to the contrary in the Evidence of Coverage. Certain covered services require pre-authorization by Medical Group.

This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to www.kaiserpermanente.org on the web. People who have low incomes or live in long-term care facilities may have different out-of-pocket drug costs. Contact the plan's Customer Service at 404-233-3700, for details.

Kaiser Permanente members enrolled in Senior Advantage do not have to make any elections to get Medicare Part D prescription drug benefits. Senior Advantage members will automatically receive the Part D benefit with their Kaiser Permanente membership. Therefore, you do not need to take any action at this time to enroll in the new Medicare Part D prescription drug benefit.

Senior Advantage members can only participate in one Medicare prescription drug plan at a time. Kaiser Permanente Senior Advantage members who join another Medicare prescription drug plan will automatically lose their Kaiser Permanente health plan membership and health care providers.

For details on the benefit and claims review and adjudication procedures, please refer to the EOC.

Kaiser Permanente maintains policies regarding the confidentiality, protection, and disclosure of personal health and member identifiable information, including policies related to access to medical records. If you have questions about our policies and procedures to maintain the confidentiality of personal information or would like a more comprehensive notice describing how Kaiser Permanente collects and uses personal information, please call Customer Service at 404-233-3700.

¹Some benefits may have limitations.

²Office visit copayment may apply.

This plan summary is intended to only highlight some of the principle provisions of the plan. Please refer to the Group Agreement or Evidence of Coverage for further details of the plan or for specific limitations and exclusions.

Kaiser Permanente HMO Healthcare Plan Premiums Active Employee Rates

	Kaiser HMO Premium
2012	
Employee Only	
Employee	\$ 132.30
Employer	\$ 308.68
Total Rates	\$ 440.98
Employee + Child	
Employee	\$ 238.14
Employer	\$ 555.64
Total Rates	\$ 793.78
Employee + Spouse	
Employee	\$ 277.82
Employer	\$ 648.26
Total Rates	\$ 926.08
Family	
Employee	\$ 383.64
Employer	\$ 895.18
Total Rates	\$1,278.82



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

Board of Regents of the University System of Georgia Kaiser Permanente HMO

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Deductible Individual/Family	Not Applicable
Maximum Benefit While Covered	Not Applicable
Coinsurance	Not Applicable
Benefit	You Pay
Office Services	
Primary Care (including routine laboratory and radiology services)	\$15 copayment
Specialty Care (including routine laboratory and radiology services)	\$15 copayment
High Tech Radiology Services (MRI, CT, PET, others performed in an office or free-standing center)	\$15 copayment
Preventive Services	Plan Pays 100% ²
Maternity (obstetrician/midwife)	Plan Pays 100%
Outpatient Services	
Physical and Occupational Therapy (Up to 20 visits per year)	\$15 copayment
Outpatient Hospital or Surgical Facility (including laboratory and radiology services)	\$50 copayment
High Tech Radiology Services (MRI, CT, PET, others performed in an outpatient hospital setting)	\$50 copayment
Physician and Other Professional Charges	Plan Pays 100%
Emergency Services	
Emergency Services (per visit; waived if admitted)	\$75 copayment
After-Hours Urgent Care (per visit)	\$30 copayment
Ambulance (per trip)	\$75 copayment
Inpatient Services	
Hospital (facility charge)	\$200 copayment
Physician and Other Professional Charges	Plan Pays 100%
Mental Health & Chemical Dependency Services	
Outpatient Mental Health (unlimited visits)	\$15 copayment
Inpatient Mental Health Facility (unlimited days)	\$200 copayment
Inpatient Mental Health Professional	Plan Pays 100%
Outpatient Individual Chemical Dependency Therapy (unlimited visits)	\$15 copayment
Inpatient Chemical Dependency Treatment (unlimited days)	\$200 copayment
Pharmacy Services	
Mail Order Pharmacy	Mail Order Available
Mail Order Pharmacy (2 copayments per 90 day supply)	Mail Order Available
Generic Drugs	\$10 at Kaiser Permanente Pharmacies & \$16 at Network Pharmacies
Brand Drugs	\$25 at Kaiser Permanente Pharmacies & \$31 at Network Pharmacies

This plan summary is intended to only highlight some of the principle provisions of the plan. Please refer to the Group Agreement or Evidence of Coverage for further details of the plan or for specific limitations and exclusions.

Benefit	You Pay
<p>Other Services DME/Prosthetics and Orthotics Vision Exam Chiropractic Services (Up to 20 visits per year)</p>	<p>Plan Pays 50% \$15 copayment \$15 copayment</p>
<p>PCP Selection</p>	<p>If a PCP is not chosen upon enrollment, one will be assigned based on the subscriber's home address.</p>
<p>Customer Service</p>	<p>404-261-2590 888-865-5813 toll free Monday – Friday 7:00 a.m. until 9:00 p.m. Saturday, Sunday 8:00 a.m. until 2:00 p.m.</p>

Additional Information

This is a summary of your benefits and their copayments. This is not a contract. A complete list, exclusions, and limitations are contained in the Group Agreement we have with your employer and the Evidence of Coverage you will receive. In the case of a conflict between this benefit chart and the Evidence of Coverage, the Evidence of Coverage will prevail. For specific questions about coverage, please ask your employer's benefits office or contact Kaiser Permanente Customer Service at 404-261-2590. Benefits are subject to approval by the Georgia Department of Insurance.

For a complete list of exclusions and limitations, refer to your Evidence of Coverage. We do not cover the following services under this plan: Services that are not medically necessary; Certain exams and other Services required for obtaining or maintaining employment, for insurance or licensing, for foreign travel, on court order or for parole or probation; Cosmetic services; Experimental or investigational services; Eye surgery, such as laser surgery, radial keratotomy to correct refractive defects; Services related to the treatment of morbid obesity (except certain health education programs are covered); Routine foot care; Sexual reassignment services; Reversal of voluntary infertility; Transportation and lodging expenses.

For details on the benefit and claims review and adjudication procedures, please refer to your Evidence of Coverage.

Kaiser Permanente maintains policies regarding the confidentiality, protection, and disclosure of personal health and member identifiable information, including policies related to access to medical records. If you have questions about our policies and procedures to maintain the confidentiality of personal information or would like a more comprehensive notice describing how Kaiser Permanente collects and uses personal information, please call Customer Service at 404-261-2590.

This plan summary is intended to only highlight some of the principle provisions of the plan. Please refer to the Group Agreement or Evidence of Coverage for further details of the plan or for specific limitations and exclusions.

Blue Cross and Blue Shield of Georgia 360° Health® Programs

ConditionCare Programs 800-785-0006

- Diabetes (pediatric and adult)
- Asthma (pediatric and adult)
- Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- 24/7 NurseLine 800-785-0006
- MyHealth Coach 800-785-0006
 - Hypertension
 - Hyperlipidemia
 - Low-Back Pain
 - Oncology (addressing prostate, skin, breast, colon & lung cancer)

Online Member Access at (bcbsga.com/bor) - A secure online transaction service that allows you to:

- Request a new member ID card.
- Check claims status.
- View your benefits details, benefits/deductibles used.
- Search the online provider directory to find network physicians, hospitals, specialists, and many other health care professionals, refine the search by gender and/or office availability, and print a map and driving directions.

360° Health is the gateway into leading a healthier life and becoming a more informed health care consumer.

- MyHealth Assessment: Receive an overall wellness snapshot (it compares your score against peers); reduce health risks to improve overall health status.
- Nutrition Improvement Program: Helps you to understand more about yourself and your food choices.
- Childhood Immunization Scheduler: Provides relevant age-related tools and information for newborns through children six years old.
- Exercise Program: Created by an Olympic coach, this program lets you measure and manage your fitness, or be guided by fitness and health experts.
- Special Offers: Wide-ranging discount program that allows you and your family to take a personal path towards wellness. Complementary and alternative medicine, fitness and nutrition, vision services products, and more.
- Smoking Cessation program: Combines conventional smoking cessation and interactive Web experiences. Designed by a former smoker, the comprehensive 10-session/4-week program is based on solid behavioral change science. The program is offered free of charge. For more information, view the Lifestyle Improvement programs on the Health and Wellness tab at bcbsga.com/bor.

Kaiser Permanente Programs

Kaiser Permanente has been providing members with innovative disease management programs for more than 60 years. In recent years, our programs have evolved into a patient-centered model of total health called the Kaiser Permanente Complete Care Program.

Our Complete Care disease management (DM) program includes:

- Asthma (adult/pediatric)
- Diabetes
- Cardiovascular Disease
- Chronic Heart Failure (CHF)
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Hypertension (integrated with CAD/CHF)
- Sickle Cell Anemia
- HIV/AIDS (chronic condition)
- Low-Back problems (chronic condition)
- Osteoporosis (chronic condition)
- Obesity / Weight Management – Eating disorders (chronic condition)

Each of these programs has a variety of components, including evidence-based guidelines for screening and treatment; general and targeted outreach and reminders to members; patient education and self-management tools and resources for member engagement and compliance; specialty services (e.g., diabetic nurse educators, and Clinical Pharmacy Services to improve cholesterol control for members with CAD); and physician feedback regarding performance measures. Our fully integrated delivery system allows for a high degree of physician participation in these programs.

kp.org

Our members'-only website (www.kp.org) adds to members' care experience in several important ways.

Members can:

- Use the Knowledge Base (health encyclopedia) to find answers to their questions about a certain disease or drug.
- Use our specialized chat rooms providing interaction and support in a large number of areas of health interest and concerns.
- Refill prescriptions either for mail order or pick up from a Kaiser Permanente pharmacy.
- Access featured health topics, including a member version of our clinical practice guidelines.
- Access a confidential health risk assessment tool (measuring body mass index, calcium intake, pregnancy due dates, asthma triggers, and risk for depression, alcohol abuse, cancer and more); as well as behavior change modules such as our award-winning Balance® - healthy weight and fitness; Breathe® - smoking cessation; Nourish® - proper nutrition; and Relax® - stress reduction.
- Access the HealthyRoads program containing health information related to complementary and alternative medical choices, information on discounts to chiropractic services, acupuncture, massage therapy, and health clubs.
- Schedule an appointment to see a physician, send and receive email messages from their health coach or provider, ask questions of an advice nurse or pharmacist, review lab results, medical conditions, prescription information, and office visit summaries.
- Obtain information regarding treatment options and prevention tips about major medical conditions, review a listing of Shared Decision Making video topics, and speak with a health coach regarding which topic is right for them.

Pharmacy Benefit Manager

Open Access POS Plan: Medco

The Board of Regents has chosen Medco to manage our Pharmacy Benefit and to manage a Coverage Review Program. Effective January 1, 2010, your plan will include a Mail Order Benefit. 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. To find a participating retail pharmacy near you, visit www.medco.com and click "Locate a pharmacy" or call 877-300-5139 to use the Medco interactive pharmacy locator.

Medco by Mail pharmacies

When you use the Medco by Mail network of mail order pharmacies, 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 copayment for a 90-day supply will be 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 ordered is received. You can order refills online, by mail, or by phone – 24 hours a day, 7 days a week.

For more information on convenient payment options and online ordering, please visit www.medco.com or call Member Services at 877-300-5139.

RETAIL PHARMACY Up to a 30-day supply	Generic Copayment: \$10, Preferred Brand-Name Copayment: \$30 Nonpreferred Brand Name: 20% copayment of nonpreferred brand-name drug cost, with minimum member copayment of \$40/maximum member copayment of \$100, for up to a 30-day supply.
MEDCO BY MAIL Up to a 90-day supply	Generic Copayment: \$25, Preferred Brand-Name Copayment: \$75 Nonpreferred Brand Name: 20% copayment of nonpreferred brand-name drug cost, with minimum member copayment of \$100/maximum member copayment of \$250, for up to a 90-day supply. **The applicable copayment for a 90-day supply will be charged even if your prescription is for a 31-day supply.
ADDITIONAL COPAYMENT INFORMATION	<ul style="list-style-type: none"> · If the usual and customary charge for a generic or preferred brand-name drug is less than the copayment amount, 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 copayment. · 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 copayment. · In addition to paying the generic copayment, 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	<p>The following annual out-of-pocket maximum amounts (stop loss) for members who obtain generic and preferred brand-name prescription medications will apply:</p> <ul style="list-style-type: none"> · Employee: \$1,000 · Employee + Child: (Two (2) covered members): \$2,000 · Employee + Spouse: (Two (2) covered members): \$2,000 · Family: (Three (3) or more covered members): \$3,000 <p>Upon a member reaching his or her annual out-of-pocket maximum, his or her prescription drug copayments will be waived for any additional generic and preferred brand-name medications for the remainder of that year.</p>
MAINTENANCE MEDICATIONS	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 copayment for each supply of medication up to a 30-day supply. For Mail Order prescriptions, the member will pay the applicable mail order copayment for up to a 90-day supply.
COVERAGE REVIEWS/ PRIOR AUTHORIZATION	Some medications are not covered unless you receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe and effective. There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses) unless you receive approval through a review. During this review, Medco asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. Network pharmacists and physicians have been advised that the University System of Georgia will participate in this program. If you should 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 Medco to complete the coverage review.
IMPORTANT NOTES	<ul style="list-style-type: none"> · Copayments for nonpreferred brand-name medications will NOT apply to the annual out-of-pocket maximum benefit. · Prescription drug copayments do NOT apply to University System of Georgia medical annual deductibles or to medical maximum annual out-of-pocket limits (stop loss). · 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 copayment 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. · Prescription drug copayments covered by the health care plan will not be changed or overridden on an individual basis. · There is no Coordination of Benefits (COB) for allowed pharmacy charges between the Board of Regents pharmacy plan and another pharmacy/medical plan in which the member may be enrolled. · Specialty drug vendor is Accredo. · For Medicare Part B covered prescriptions please contact Medco Member Services at 877-300-5139.

Other Coverage Rules

For specific prescribed drugs, the plan may impose certain requirements. Those requirements may include prior authorization, limits on the day supply amount of the prescribed medication, and/or limits on the number of approved units/tablets of medication per prescription.

Coverage Management Program

Medco pharmacists, along with physicians, have developed a Coverage Management Program. This program is a prescription drug protocol management resource that promotes the utilization of first-line medications and/or therapeutic categories. Under this program, your plan will usually cover a proven, less expensive medication that is known to be safe and effective as an initial treatment strategy. If the initial covered medication(s) does not work for you, you or your physician may request a review to obtain coverage for an alternative treatment strategy. A coverage review or "prior authorization" may be required before a member is approved for coverage of a new prescription drug medication. This review is necessary to determine how your prescription drug plan may cover certain medications.

Organ and Transplant Program

Open Access POS Plans	HSA Open Access POS	BlueChoice HMO	Kaiser Permanente HMO
<p>The BCBSGa Centers of Expertise Program for organ and tissue transplants is a national network of credentialed medical providers. The Centers of Expertise Program directs patients to network heart, liver, lung, and bone marrow transplant specialists.</p> <p>Prior approval is required by BCBSGa.</p> <ul style="list-style-type: none"> In-network: 90% of vendor network rate at a BCBSGa contracted transplant center; subject to deductible and to a separate \$100 hospital copayment. Lifetime benefit limit for expenses related to the donor search for those individuals using a BCBSGa contracted transplant center is \$10,000. Out-of-network: 60% of UCR at a noncontracted BCBSGa transplant center; subject to deductible, to separate \$100 hospital copayment and to balance billing. There is no benefit coverage for expenses related to the donor search when using a noncontracted BCBSGa transplant center. Lifetime benefit limit of \$500,000. For additional information regarding the Centers of Expertise Program for organ and tissue transplants, please contact BCBSGa at 800-828-6518/TDD 800-368-4424. 	<p>The BCBSGa Centers of Expertise Program for organ and tissue transplants is a network of credentialed medical providers across the country. The Centers of Expertise Program directs patients to network heart, liver, lung, and bone marrow transplant specialists.</p> <p>For additional information regarding the Centers of Expertise Program for organ and tissue transplants, please contact BCBSGa at 800-828-6518/TDD 800-368-4424.</p> <p>Prior approval is required by BCBSGa.</p>	<p>100% covered; limited to semi-private room after a \$200 hospital copayment, per confinement.</p> <p>Precertification is required. Expenses related to the donor search are NOT covered.</p>	<p>100% covered; limited to semi-private room after a \$200 hospital copayment, per confinement. All related services require preauthorization.</p> <p>Precertification is required. Expenses related to the donor search are NOT covered.</p>



Plan Coverage for Retirees

Blue Cross and Blue Shield of Georgia

A retired member age 65 or older has the option to select the Open Access POS plan or the HSA Open Access POS plan. Please note if you are retired and Medicare eligible, you can elect the HSA Open Access POS, but you cannot open or contribute to a Health Savings Account (HSA). The BlueChoice HMO does not offer a Medicare-eligible retiree health care plan, therefore it is not available for retirees who are Medicare-eligible.

Kaiser Permanente SENIOR ADVANTAGE HMO Plan: A Medicare Advantage Plan with Part D

For a Medicare retiree to qualify for the Kaiser Permanente Senior Advantage HMO Plan, he or she and all of his or her covered dependents must have Medicare Parts A and B and must assign coverage to the HMO vendor. The Kaiser Permanente Senior Advantage HMO product will serve as the member's only health care plan. There will be no secondary benefits from Medicare.

If an individual fails to qualify for participation in the Kaiser Permanente Senior Advantage Plan, the respective HMO plans offered for active employees will NOT be available to Medicare-eligible retirees.

Service Area

Participating retirees must reside within the Medicare Advantage service area to be eligible for benefit coverage.

The Kaiser Permanente Senior Advantage HMO Plan is available to members who reside in the following metropolitan Atlanta counties: Barrow, Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding and Walton.

The Kaiser Permanente Senior Advantage Plan is a separate HMO product. The service area and the Physician Network are slightly different than those for the Kaiser Permanente HMO Plan.

The Kaiser Permanente Senior Advantage HMO product will NOT be available for Medicare-eligible retirees who do not reside in the Senior Advantage service area.

If you are interested in the Kaiser Permanente Senior Advantage Plan, please contact your campus Human Resources office for an enrollment packet. A member who enrolls in the Kaiser Permanente Senior Advantage Plan will be required to complete a separate Senior Advantage enrollment form and will be required to reside within the Senior Advantage service area.

Medicare Part D - Pharmacy Benefits

Medicare beneficiaries have the opportunity to receive subsidized prescription drug coverage through the Medicare Part D program. Those who wish to receive their entire medical and enhanced drug benefits from one source can join Kaiser Permanente Senior Advantage, which will provide an integrated benefit covering their hospital, physician and drug costs.

If you are an existing Kaiser Permanente Senior Advantage member, Kaiser Permanente will serve automatically as your Part D provider. If you are a new member selecting Kaiser Permanente Senior Advantage as your retiree option for 2012, your application will include Part D enrollment information. If you currently have an existing Part D Plan and enroll into Senior Advantage, your existing Part D Plan will automatically be cancelled by Medicare. Customer Service is available to answer your questions at 404-233-3700, or 800-232-4404.



For More Information

Blue Cross and Blue Shield of Georgia, Inc.

All BCBSGa Products:

BOR Dedicated Customer Service Unit	800-424-8950/TDD 404-842-8073
Behavioral Health Services	800-292-2879/TDD 404-842-8073
Online Tools and Provider Search	bcbsga.com/bor
24/7 NurseLine	800-785-0006/TDD 800-368-4424
Precertification	800-233-5765/TDD 800-368-4424
MyHealth Coach	800-785-0006/TDD 800-368-4424
ConditionCare	800-785-0006/TDD 800-368-4424
Pharmacy Benefits	800-424-8950/TDD 404-842-8073

Pharmacy Benefits Manager for Open Access POS

Medco Health Solutions, Inc. **877-300-5139/TDD 800-759-1089**

Call for information regarding your pharmacy benefit plan and covered benefits 24 hours a day, seven days a week. The number is also available during the open enrollment period. The 2012 Preferred Drug List will be available online at www.usg.edu/hr/benefits/health_insurance.

Board of Regents of the University System of Georgia

270 Washington Street, SW, Atlanta, GA 30334

The University System of Georgia will link vendor information to its website:

www.usg.edu/hr/benefits/health_insurance

Kaiser Permanente HMO

Kaiser Permanente **404-261-2590/TDD 800-255-0056**
outside of Atlanta **888-865-5813**

Kaiser Permanente Senior Advantage **404-233-3700/TDD 800-255-0056**
outside of Atlanta **800-232-4404**

For information regarding benefits and participating network providers:

Behavioral Health Services **404-261-2590/TDD 800-255-0056**
(Mental Health and Substance Abuse)
outside of Atlanta **888-865-5813**

Members may self-refer for these services. Kaiser Permanente must preauthorize all mental health/substance abuse treatment and care.

Kaiser Permanente's Advice Line metro Atlanta **404-365-0966**
outside of Atlanta **800-611-1811**

For emergency room referral and for medical information from a registered nurse, 24 hours a day, seven days a week.

Online Provider Information: www.kp.org/ga

Disclaimer

This material is for informational purposes and is not a contract. It is intended only to highlight principal benefits of the medical plans. 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 member, active or retired, to read all Plan-provided materials to fully understand the provisions of the option chosen.



“Creating A More Educated Georgia”