

GEORGIA SOUTHWESTERN STATE UNIVERSITY - SUMMARY OF BENEFITS: (Revised: January 2008 - 1 of 7)

| BENEFITS | WHEN ELIGIBLE | WHAT YOU RECEIVE - COMMENTS |
|------------------------------------|----------------------|---|
| GROUP HEALTH CARE INSURANCE | Upon Employment | Self-Insured through Board of Regents. Plan Administrator: Blue Cross/Blue Shield, Columbus, Georgia (1 / 800/ 424-8950) http://www.usg.edu/employment/benefits/ |

Employees and Retirees have a choice of **three** different health care options.

1. The **PPO (Preferred Provider Organization)** represents a commitment to controlling health care costs without sacrificing complete freedom to choose your physicians and hospitals. **The 1st Medical Network** is a comprehensive network of health care providers. **PPO Web-site:** www.healthypeorgia.com; Tel. 1/800/675-6492. Also included is a national PPO network of health care providers, Beech Street. It has a comprehensive network of physicians, hospitals, ancillary, and chiropractic providers located in every state. (For national PPO Network providers, contact Blue Cross for referrals: 1/800/424-8950).
2. **PPO, Consumer Choice**, permits an employee to nominate a provider to render medical care at in-network rates.
3. **The Indemnity Plan** offers the widest range of coverage with limited restrictions at a higher premium and annual out of pocket maximum cost.

UNICARE – Utilization Review/Pre-Certification Requirements: 1/ 800 / 233-5765; **MEDCALL:** Medical Information from Reg. Nurse 24 hrs. day / 7 days week: 1/ 800 / 785-0006.

- * Remember – Employee health contributions are pre-taxed from Federal/State taxes; * \$2,000,000 Lifetime Benefits per insured.
- * For additional information regarding the specifics of each plan, see health plan comparison chart booklet, or: www.usg.edu/employment/benefits/
- * Annual wellness exams (In-Network PPO provider or Indemnity Plan) are covered under wellness portion up to \$750 per person per plan year, usually at 100% of UCR.

DRUG PRESCRIPTION PROGRAM: Express Scripts, Minnesota: (1/877-650-9341; www.usg.edu/employment/benefits/ or www.express-scripts.com)

Member co-pay: Usually \$10 if Generic, \$25 if preferred, \$40 - \$100 if not on approved list; There is a quarterly out-of-pocket maximum for members who obtain generic & preferred brand name prescriptions.

| MONTHLY RATES AS OF 1/1/2008: | BOR - PPO PLAN | BOR - PPO, Consumer Choice | BOR INDEMNITY HEALTH PLAN | HIGH DEDUCTIBLE HEALTH PLAN | |
|--------------------------------------|-----------------------|---------------------------------------|--------------------------------------|--|--|
| EMPLOYEE ONLY HEALTH: | | | | | |
| Employee | \$ 105.18 | \$147.28 | \$140.62 | \$22.70 | (Through Blue Cross - See Book for details) |
| Employer | \$315.48 | \$315.46 | \$421.86 | \$204.34 | |
| Total | \$420.66 | \$462.74 | \$562.30 | \$227.04 | |
| EMPLOYEE + CHILD HEALTH: | | | | | |
| Employee | \$189.30 | \$265.04 | \$253.00 | \$39.68 | (Prescription Drugs Through Blue Cross) |
| Employer | \$567.86 | \$567.88 | \$759.02 | \$357.04 | |
| Total | \$757.16 | \$832.92 | \$1,012.02 | \$396.72 | |
| EMPLOYEE + SPOUSE HEALTH: | | | | | |
| Employee | \$220.84 | \$309.20 | \$295.20 | \$46.04 | |
| Employer | \$662.52 | \$662.52 | \$885.54 | \$414.32 | |
| Total | \$883.36 | \$971.72 | \$1,180.74 | \$460.36 | |
| FAMILY HEALTH: | | | | | |
| Employee | \$304.96 | \$426.94 | \$407.64 | \$63.00 | |
| Employer | \$914.86 | \$914.86 | \$1,222.84 | \$567.04 | |
| Total | \$1,219.82 | \$1,341.80 | \$1,630.48 | \$630.04 | |

| BENEFITS | WHEN ELIGIBLE | WHAT YOU RECEIVE - COMMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------------|---|-------------|-------------------------|-------|---|-------------|---------|-------|---|-------------|---------|-------|---|-------------|---------|-------|---|-------------|---------|-------|---|-------------|---------|-------|---|-------------|---------|-------|---|-------------|---------|-------|---|-------------|---------|-------|---|--------------|---------|-----------|---|--------------|-----------|
| GROUP BASIC LIFE INSURANCE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE | Upon Employment | <p>\$25,000 Basic Life & AD&D Insurance per eligible employee. University Pays \$15.00 per month. Self-Insured through Board of Regents; Plan Administrator: Connecticut Insurance General of North America (CIGNA)</p> <p>http://www.usg.edu/employment/benefits/</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPPLEMENTAL LIFE INSURANCE & AD&D | <p>Upon Employment</p> <p>Not pre-taxed</p> | <p>Extra life insurance on employee; Employee pays total monthly cost based on 1, 2, or 3 x salary, rounded; premium = age rated:</p> <p>http://www.usg.edu/employment/benefits/</p> <p>(Rates Effective 10-01-2002): (Not pre-taxed)</p> <table> <tr> <td>Less than 25</td> <td>=</td> <td>.09/\$1,000</td> <td>(Includes 3 cents AD&D)</td> </tr> <tr> <td>25-29</td> <td>=</td> <td>.10/\$1,000</td> <td>" " " "</td> </tr> <tr> <td>30-34</td> <td>=</td> <td>.12/\$1,000</td> <td>" " " "</td> </tr> <tr> <td>35-39</td> <td>=</td> <td>.13/\$1,000</td> <td>" " " "</td> </tr> <tr> <td>40-44</td> <td>=</td> <td>.15/\$1,000</td> <td>" " " "</td> </tr> <tr> <td>45-49</td> <td>=</td> <td>.20/\$1,000</td> <td>" " " "</td> </tr> <tr> <td>50-54</td> <td>=</td> <td>.29/\$1,000</td> <td>" " " "</td> </tr> <tr> <td>55-59</td> <td>=</td> <td>.52/\$1,000</td> <td>" " " "</td> </tr> <tr> <td>60-64</td> <td>=</td> <td>.80/\$1,000</td> <td>" " " "</td> </tr> <tr> <td>65-69</td> <td>=</td> <td>1.55/\$1,000</td> <td>" " " "</td> </tr> <tr> <td>70 & Over</td> <td>=</td> <td>2.46/\$1,000</td> <td>(No AD&D)</td> </tr> </table> <p>Self-Insured, Board of Regents, University System of Georgia Plan Administrator: CIGNA</p> <p>(Retiree rates are higher at retirement - See Human Resources Office for details).</p> | Less than 25 | = | .09/\$1,000 | (Includes 3 cents AD&D) | 25-29 | = | .10/\$1,000 | " " " " | 30-34 | = | .12/\$1,000 | " " " " | 35-39 | = | .13/\$1,000 | " " " " | 40-44 | = | .15/\$1,000 | " " " " | 45-49 | = | .20/\$1,000 | " " " " | 50-54 | = | .29/\$1,000 | " " " " | 55-59 | = | .52/\$1,000 | " " " " | 60-64 | = | .80/\$1,000 | " " " " | 65-69 | = | 1.55/\$1,000 | " " " " | 70 & Over | = | 2.46/\$1,000 | (No AD&D) |
| Less than 25 | = | .09/\$1,000 | (Includes 3 cents AD&D) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25-29 | = | .10/\$1,000 | " " " " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30-34 | = | .12/\$1,000 | " " " " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35-39 | = | .13/\$1,000 | " " " " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40-44 | = | .15/\$1,000 | " " " " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45-49 | = | .20/\$1,000 | " " " " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50-54 | = | .29/\$1,000 | " " " " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55-59 | = | .52/\$1,000 | " " " " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60-64 | = | .80/\$1,000 | " " " " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65-69 | = | 1.55/\$1,000 | " " " " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 & Over | = | 2.46/\$1,000 | (No AD&D) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPENDENT LIFE INSURANCE | <p>Upon Employment</p> <p>Not pre-taxed</p> | <p>Life Insurance on eligible family members at \$4.70 per month total. No AD&D. Spouse = \$10,000 Life Insurance; Children: Two weeks but less than 6 months old = \$2,000; Children: Over 6 months old = \$10,000 per eligible dependent Self-Insured Through Board of Regents: Plan Administrator = CIGNA</p> <p>http://www.usg.edu/employment/benefits/</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

GEORGIA SOUTHWESTERN STATE UNIVERSITY - SUMMARY OF BENEFITS: (Revised: January 2008 – 4 of 7)

| BENEFITS | WHEN ELIGIBLE | WHAT YOU RECEIVE - COMMENTS |
|--|---------------------------------------|---|
| TEACHERS RETIREMENT SYSTEM PLAN (TRS) | Upon Employment | Retirement Plan. TRS: Employee contributes 5% monthly gross salary (pre-taxed) ; Eff. 7/1/2006, State contributes 9.28% monthly. (10 years for vesting). (1/800/352-0650); www.trsga.com or http://www.usg.edu/employment/benefits/ |
| (or) | | |
| OPTIONAL RETIREMENT PLAN (ORP) | Upon Employment | Retirement Plan. ORP: Employee contributes 5% monthly gross salary (pre-taxed). Eff. 1/1/2008, State contributes 8.15% monthly; Vested Immediately. ORP = through TIAA-CREF (1/800/842-2003) or www.tiaa-cref.org ; AIG VALIC (478 / 953-3017) or www.aigvalic.com/ American Century Investments (1 / 800/ 345-3533) or www.americancentury.com or Fidelity Investments (1 / 800 / 343-0860) or www.fidelity.com http://www.usg.edu/employment/benefits/ |
| (Only available to faculty employees/positions requiring Board approval) | | |
| ----- | | |
| LONG TERM DISABILITY INSURANCE | Upon Employment | Provides up to 60% of your monthly income, less other disability benefits such as Social Security; Workers Compensation etc. if you are fully disabled and unable to work. There is a waiting period of 90 or 150 days before you receive benefits. (Rates Effective 1-01-2006): Optional Retirement System members - Monthly premium is either \$.30 (90-day waiting period) or \$.22 (150-day waiting period) per \$100 of employee's monthly salary, depending on chosen waiting period. Teachers Retirement System members (TRS) - Monthly premium is either \$.58 (90-day waiting period) or \$.24 (150-day waiting period) per \$100 of employee's monthly salary, depending on chosen waiting period. Premiums cannot be pre-taxed; eligibility termination normally at age 65. Carrier: ITT Hartford. |
| ----- | | |
| CANCER AND/OR INTENSIVE CARE INSURANCE/AND/OR SHORT-TERM DISABILITY | Upon Employment Not pre-taxed. | Specialized cancer care and/or intensive care insurance; Employee pays total monthly cost; premiums vary according to level of coverage. Carrier: American Family Life Assurance Company, Columbus, GA - (Buddy Willoughby: 924-6860); buddywaflac@aol.com |

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| BENEFITS | WHEN ELIGIBLE | WHAT YOU RECEIVE - COMMENTS |
|---|-----------------|--|
| FLEXIBLE REIMBURSEMENT SPENDING ACCOUNTS | Upon Employment | Tax savings on child care reimbursement (up to \$5,000) and unreimbursed medical bills (up to \$5,000) ; employee elects payroll deduction (tax-sheltered) and files claims against above IRS-allowable bills. Using these accounts, the employee must "use-it-or-lose it." Vendor = Ameriflex, with Debit Card included. See Human Resources Office for more details. |
| -----SOCIAL | | |
| SECURITY | Upon Employment | Retirement Benefit: Employee pays 6.20% of gross wages to maximum salary of \$102,000; State matching contribution; FICA Medicare = Employee pays 1.45% of gross wages. State matching contribution. |
| 403(b) TAX SHELTERED ANNUITY PROGRAM | Upon Employment | Additional retirement plan - payroll deduction; Employee pays total monthly cost. Companies allowed through payroll deduction: VALIC, TIAA-CREF, Lincoln National, Equitable, State Merit System, Vanguard Group, New York Life, and USAA Annuity. Contribution amounts are generally limited to 20% of compensation, up to \$15,500 yearly (Calendar/Tax Year 2007). (\$5,000 add'l if over age 50). (Contact Human Resources for contact information; Contact the TSA company for allowable exceptions). |
| 457 TAX SHELTERED ANNUITY PROGRAM | Upon Employment | Additional retirement plan – payroll deduction; employee pays total monthly cost. Companies allowed through payroll deduction: TIAA-CREF, VALIC, and State Merit System. Contribution amounts are generally limited to \$15,500 yearly (Calendar /Tax Year 2007). Contact Human Resources for contact information. |
| GA SECTION 529 HIGHER EDUCATION SAVINGS PLAN | Upon Employment | After- tax College Savings account. Withdrawals, when used for qualified expenses, will be exempt from both Federal & Georgia income tax. Qualified higher ed. expenses: Tuition, fees, required books, supplies, Room & board. Must be accredited post-secondary educational Institution (graduate or undergraduate). Vendor = TIAA-CREF. May be used in Georgia or within rest of country; includes Undergraduate, graduate, medical, law, and technical & vocational Colleges/Schools. www.gacollegesavings.com (1 / 877 – 424-4377). |
| SAVINGS BONDS | Upon Employment | Available to employees through payroll deduction; minimum bond = \$50 cost for \$100 Savings Bond. |

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|--|--|---|
| DOCOS REGIONAL FEDERAL CREDIT UNION | Upon Employment | Available to employees through payroll deduction - Dougherty Regional Federal Credit Union (DOCOS); main office in Albany, Georgia; branch office in Americus, on Tripp Street. (924-5475). Free services offered through convenient payroll deduction: On-line banking, Check-cashing, payroll direct deposit, checking/savings accounts, Christmas/Vacation accounts, auto loans, signature loans, student loans, home mortgages. |
| (Or) | | |
| STATE EMPLOYEES CREDIT UNION | | 1/800-659-7328 or 404/656-3748; www.secuga.org Also through payroll deduction |
| TUITION ASSISTANCE PROGRAM (TAP) | Full-Time Benefits Employees - Employed 6 months or longer | Can take up to 8 academic credit hours per term/semester at Home Institution (GSW) Or other University System of Georgia Institution; On space available basis. Tuition & Fees Waived; Must make up time if taken on work time. Board of Regents set application deadlines; Must have Supervisor's approval. Must register during special employee registration. For information/forms/registration deadlines, visit the web-site at: http://www.gsw.edu/~hr/forms/tuitionremissionapplication.pdf Information: www.usg.edu/employment/benefits/ |
| GSW FOUNDATION | Upon Employment | GSW employees are welcomed and encouraged to make contributions to the GSW Foundation by payroll deduction or direct payment |
| CHECK CASHING | Upon Employment | Employee personal checks may be cashed to maximum of \$50.00 per day - Cashier's Window, Business Office |
| DIRECT DEPOSIT OF PAYROLL CHECKS | Upon Employment | Employee payroll checks may be deposited by direct deposit. Form available from Human Resources Office or Payroll Office. |
| PAY DAY | Upon Employment | Exempt Employees: Paid Monthly - last work day of month; (10-Month Faculty are paid 1/10th monthly: August-May). Non-Exempt (Support Staff) Employees: Paid Bi-Weekly: Every other Friday |
| AMERICAN EXPRESS CORPORATE CARD | Upon Employment | American Express Corporate Charge Card (No Annual Fee), for GSW travel business expenses. For application form, contact Human Resources Office. |

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| BENEFITS | WHEN ELIGIBLE | WHAT YOU RECEIVE - COMMENTS |
|--|---|---|
| COURT DUTY | Upon Employment | Full pay while on court duty (jury or witness), with immediate return to work when excused by Court. |
| UNEMPLOYMENT COMPENSATION | Upon Employment | If eligible, weekly benefits as provided by GA Employment Security Law. |
| WORKER'S COMPENSATION | Upon Employment | Compensation for on-the-job injury. Employee must report accident to Supervisor immediately. Medical assistance provided if needed. |
| RETURN TO WORK PROGRAM | | Involves assisting employee in transitional employment when hurt on job until he/she can return to work in regular work status; contact Human Resources for details. |
| VACATION LEAVE | Upon Employment Eligibility: 12-month Appointment | 0-5 years = Accrual at 1-1/4 days month (15 days year) 5-10 years = Accrual at 1-1/2 days month (18 days year) Over 10 years = Accrual at 1-3/4 days month (21 days year) Accrues to maximum 45 days carry-over each January 1st , however, should be taken within same calendar year. |
| SICK LEAVE | Upon Employment | One day per calendar month: no limit on accrual |
| FMLA (Family Medical Leave Act) | After 12 months of employment/ Worked at least 1,250 hours during 12-month period immediately preceding leave | The FMLA Act provides that employees may be granted up to 12 weeks of job-protected leave during a 12-month period. Contact H.R. Office and/or refer to: http://www.usg.edu/employment/benefits/ |
| HOLIDAYS | Upon Employment | 12 Paid Holidays: 9 Scheduled & 3 Designated by Administration and Human Relations Council (Current Calendar Year Schedule Available from Human Resources Office) |