Augusta University Benefit Plan Summary

Full benefits are available to Residents/Housestaff who have a work commitment of .75 or more. Residents/Housestaff who have a work commitment between .50 and .74 are eligible supplemental retirement.

Plan	Coverage Information	Monthly Premiums (January 2021-December 2021)				
HEALTH	Comprehensive health care insurance plans administered by Anthem (BCBS of Georgia), including dependent coverage. Approximately 70%		Comprehensive	Consumer		
	of the cost is paid by Augusta University. New	Employee Only	Care	Choice HSA	HMO	
	employees have the choice of plans: (1)	Employee Premium	\$187.96	\$81.86	\$222.98	
	Comprehensive Care (2) Consumer Choice HSA (3)		\$459.16	\$459.16	\$460.08	
	HMO.	Total	\$647.94	\$541.02	\$683.03	
		EE+Child(ren)	A0/450	4470 FO	407.54	
	*If you, your spouse and any dependent over the	Employee Premium	\$364.50	\$173.52	\$427.54	
	age of 18 are a tobacco user, you will incure a	Employer Portion	\$801.79	\$800.32 \$973.84	\$801.91	
	\$100.00 per month tobacco usage surcharge.	Total	\$1,166.29	\$973.84	\$1,229.45	
	**If you cover your spouse on medical and your	EE+Spouse Employee Premium	\$425.26	\$202.44	\$498.80	
	spouse has an offer of subsidized coverage through		\$935.41	\$933.70	\$935.56	
	their employer, you will incure a \$100.00 per month	Total	\$1,360.67	\$1,136.14	\$1,434.36	
	working spouse surcharge.	Family	ψ1,300.07	ψ1,130.14	ψ1,434.30	
	working spouse surcharge.	Employee Premium	\$603.94	\$283.18	\$709.20	
	***J-1 Visa holders are not eligible for the Consumer	. ,	\$1,339.88	\$1,339.88	\$1,339.89	
	Choice HSA plan.	Total	\$1,943.82	\$1,623.06	\$2,049.09	
DENTAL	Augusta University provides two comprehensive		Delta Base Plan	Delta High Plan		
	dental plans through Delta Dental Insurance.	Employee	\$31.98	\$39.52		
		EE+Child (Children)	\$60.74	\$75.08		
		EE+Spouse	\$63.96	\$79.00		
		Family	\$102.32	\$126.46		
VISION	Augusta University provides a vision plan through	Employee	\$6.90			
	EyeMed.	Employee EE+Child (Children)	\$13.12			
		EE+Spouse	\$15.52			
		Family	\$20.34			
BASIC LIFE	Free \$25,000 coverage for employee only.	Employer Cost \$16.33 per month.				
SUPPLEMENTAL LIFE	1 to 8 times annual salary. Coverage is for	Under 25= {\$0.057} 25-29={\$0.066}	30-34={\$0.083}	35-39={\$0.091}		
3011 ELIVIENTAL LII E	employees only. Coverage per \$1,000.00 of annual	40-44={\$0.109} 45-49={\$0.143}	50-54={\$0.212}	55-59={\$0.384}		
	salary. Age calculated. Max is \$2,500,000.	60-64={\$0.590} 65-69={\$1.175}	70+={\$2.026}			
CHILD LIFE	Coverage is for dependent children only. No	\$5,000 = \$0.50				
	dependent can be covered by more than one	\$10,000 = \$1.00				
	employee.	\$15,000 = \$1.50				
SPOUSE LIFE	Spouse can be enrolled in increments of \$10,000 up		30-34={\$0.070}	35-39={\$0.079}		
	to a maximum of \$500,000.	40-44={\$0.087} 45-49={\$0.133}	50-54={\$0.205}	55-59={\$0.385}		
		60-64={\$0.592} 65-69={\$1.140}	70-74={\$1.850}	75+={\$3.001}		
PERSONAL ACCIDENT INSURANCE	For employees: elect in increments of \$10,000 not to exceed the maximum of \$500,000. For employee and family: coverage for spouse if no children, is 50% of employee's coverage. If there are children, spouse's coverage is 40%, each child is 10%.	Employee Only: \$0.16 per month per \$10,000 of coverage. Family: \$0.28 per month per \$10,000 of coverage.				
SHORT TERM DISABILITY	Provides income in the event of your disability. There is a 14 day waiting period. Premiums are calculated based upon your age and salary.	ALL Ages \$0.282 per \$10 of covered benefit.				
LONG TERM DISABILITY	Provided at no cost to Residents/Housestaff. Premiums are paid by AU for the duration of employment.	Coverage provided is \$2,000 per month.				
CRITICAL ILLNESS PLAN	Provides cash benefits when an insured person is diagnosed with or treated for a covered critical illness. Benefits are paid directly to you. Plan offered by AFLAC.	Premiums vary depending on the plans and level of coverage.				

ACCIDENT PLAN	Pays you benefits for specific injuries and events	Employee	\$7.13		
		EE+Child (Children)	\$13.94		
		EE+Spouse	\$11.88		
LICODITAL INIDEANUTY DI ANI		Family	\$18.69		
HOSPITAL INDEMNITY PLAN		Employee	\$9.83		
		EE+Child (Children)	\$14.86		
		EE+Spouse	\$20.00 \$25.03		
LECAL DIAM		Family	\$20.05		
LEGAL PLAN	Provides support and protection for unexpected personal legal issues.	Monthly premium \$16.96			
IDENTITY PROTECTION	Provides the next generation of identity protection with PrivacyArmour Plus.	\$8.95 per person/month \$16.95 per family/month			
PET INSURANCE	Provides superior protection at an unbeatable proce through Nationwise Insurance.	Premiums vary. Premium and enrollment can be completed through petinsurance.com/usg or call 1-877-738-7874.			
TAX SHELTERED ANNUITY/DEFERRED COMPENSATION	Augusta University offers traditional 403(b) and 457 plans which allow employees to defer income tax on part of salary and Roth 403(b) and Roth 457(b). Payment of state and federal taxes on the deferred portion is not required until the year it is withdrawn by the employee.	Contributions are determined by the employee. Max is \$19,500 per year if under age 50. Max is \$26,000 per year if over age 50.			
DEPENDENT CARE & HEALTH	· ·				
CARE FLEXIBLE SPENDING					
ACCOUNT	expenses. The funds are deducted from paycheck				
	and employee is reimbursed for eligible expenses from the account. Unused balance will remain with				
	Augusta University.				
LIMITED PURPOSE FLEXIBLE		Maximum of \$2,750 per year.			
SPENDING ACCOUNT	enrolled in the Consumer Choice HSA healthcare	waximum or \$2,730 per year.			
0. 2.15.110 7.0000111	plan. The funds are deducted from paycheck and				
	employee is reimbursed for eligible dental and vision				
	expenses from the account. Unused balance will				
	remain with Augusta University.				
HEALTH SAVINGS ACCOUNT	A health savings account allows employees to make	Contribution Limits Annual E	mployer Matching Seed Maximum:		
(HSA)	contributions on a pre-tax or after-tax basis.	Single Coverage: \$3,600 - \$375			
,	Employees can use the funds that have been	(less employer match)			
	contributed into the account for Qualified Medical				
	1 ' ' '	Family Coverage: \$7,200 - \$750			
	retirement.	(less employer match)			
		*Must be enrolled in the Consumer Cho	oice HSA. J-1 Visa holders are not eligible.		
MILITARY LEAVE	18 Working days in any one federal fiscal year, Oct.1-Sept.30. May not exceed eighteen workdays in any one Federal fiscal year. Paid military leave cannot exceed eighteen days in any one continuous period of absence.				
JURY DUTY	Full pay while on jury duty.				
SOCIAL SECURITY	Current contribution rates - 7.65% of monthly gross salary by employees and 7.65% by Augusta University.				
WORKERS COMPENSATION	Full coverage for on-the-job injuries as specified by the Georgia Employment Security Law.				
	Tuition Assistance waives the tuition and fees for employees enrolled in courses on Augusta University campus and at other USG institutions. This				
TUITION ASSISTANCE	program is available to full-time (100% work commitment) employees who have completed six continuous months of regular employment and are				
PROGRAM	working towards a degree at one of the 28 participating USG institutions. Such eligibility must exist by the application deadline. This program waives				
EMPLOYEE ACCIOTANCE	the cost of up to nine (9) hours of tuition and fees per semester. USG distance learning and web-based courses are eligible.				
EMPLOYEE ASSISTANCE PROGRAM	An assessment and counseling program for all employees. Provides counseling for psychological problems.				
Augusta University ALERT	Augusta University maintains a mass notification system that allows you to receive emergency messages on multiple devices which includes outdoor				
	warning sirens. Staff and students have been electron				
	updates, or add additional phone numbers, log into the PAWS portal and select the Augusta University Alert icon.				
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