

**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 2026-December 2026)			
HEALTH	Comprehensive health care insurance plans administered by Anthem (BCBS of Georgia), including dependent coverage. Approximately 70% of the cost is paid by Augusta University. New employees have the choice of plans: (1) Comprehensive Care (2) Consumer Choice HSA (3) HMO.  *If you, your spouse and any dependent over the age of 18 are a tobacco user, you will incur a \$100.00 per month tobacco usage surcharge.  **If you cover your spouse on medical and your spouse has an offer of subsidized coverage through their employer, you will incur a \$100.00 per month working spouse surcharge.  *** J-1 Visa holders are not eligible for the Consumer Choice HSA plan.	Employee Only	Comprehensive Care	Consumer Choice HSA	HMO
		Employee Premium	\$232.96	\$105.14	\$285.94
		Employer Portion	\$708.14	\$708.14	\$708.14
		Total	\$941.10	\$813.28	\$994.08
		EE+Child(ren)			
		Employee Premium	\$460.24	\$230.16	\$555.60
		Employer Portion	\$1,233.74	\$1,233.74	\$1,233.74
		Total	\$1,693.98	\$1,463.90	\$1,789.34
		EE+Spouse			
		Employee Premium	\$536.94	\$268.52	\$648.20
		Employer Portion	\$1,439.36	\$1,439.36	\$1,439.36
		Total	\$1,976.30	\$1,707.88	\$2,087.56
		Family			
Employee Premium	\$767.06	\$383.60	\$926.00		
Employer Portion	\$2,056.24	\$2,056.24	\$2,056.24		
Total	\$2,823.30	\$2,439.84	\$2,982.24		
DENTAL	Augusta University provides two comprehensive dental plans through Delta Dental Insurance.	Employee	Delta Base Plan	Delta High Plan	
		EE+Child (Children)	\$38.72	\$47.84	
		EE+Spouse	\$73.56	\$90.90	
		Family	\$77.44	\$95.66	
			\$123.88	\$153.12	
VISION	Augusta University provides a vision plan through EyeMed.	Employee	\$6.90		
		EE+Child (Children)	\$13.12		
		EE+Spouse	\$15.52		
		Family	\$20.34		
BASIC LIFE	Free \$25,000 coverage for employee only.	Employer Cost \$18.87 per month.			
SUPPLEMENTAL LIFE	1 to 8 times annual salary. Coverage is for employees only. Coverage per \$1,000.00 of annual salary. Age calculated. Max is \$2,500,000.	Premiums vary depending on the age of the employee and amount of coverage.			
CHILD LIFE	Coverage is for dependent children only. No dependent can be covered by more than one employee.	\$5,000 = \$0.50 \$10,000 = \$1.00 \$15,000 = \$1.50			
SPOUSE LIFE	Spouse can be enrolled in increments of \$10,000 up to a maximum of \$500,000.	Premiums vary depending on the age of spouse and amount of coverage.			
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 \$0.274 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 resulting from a covered accident. Plan offered by AFLAC.	Employee EE+Child (Children) EE+Spouse Family	\$6.80 \$13.06 \$11.46 \$17.72
HOSPITAL INDEMNITY PLAN	Pays a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility. Plan offered by AFLAC.	Employee EE+Child (Children) EE+Spouse Family	\$9.22 \$15.02 \$18.48 \$24.28
LEGAL PLAN	Provides support and protection for unexpected personal legal issues.	Monthly premium \$15.00	
IDENTITY PROTECTION	Provides the next generation of identity protection with PrivacyArmour Plus.	\$8.94 per person/month \$16.94 per family/month	
PET INSURANCE	Provides superior protection at an unbeatable price through MetLife Pet Insurance.	Premiums vary. Premium and enrollment can be completed through <a href="https://petinsurance.com/usg">petinsurance.com/usg</a> or call 1-800-438-6388	
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 \$24,500 per year if under age 50. Max is \$32,500 per year if over age 50.	
DEPENDENT CARE & HEALTH CARE FLEXIBLE SPENDING ACCOUNT	Allows you to contribute pre-tax dollars to an account if you have regular daycare and healthcare expenses. The funds are deducted from paycheck and employee is reimbursed for eligible expenses from the account. Unused balance will remain with Augusta University.	Dependent Care Maximum of \$7,500 per year or up to \$3,750 if married and file separate tax returns. HealthCare Maximum is \$3,400 per year.	
LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT	Allows an additional tax-free account for those enrolled in the Consumer Choice HSA healthcare 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.	Maximum of \$3,400 per year.	
HEALTH SAVINGS ACCOUNT (HSA)	A health savings account allows employees to make contributions on a pre-tax or after-tax basis. Employees can use the funds that have been contributed into the account for Qualified Medical Expenses (QME) or for general expenses in retirement.	<b>Contribution Limits      Annual Employer Matching Seed Maximum:</b> Single Coverage: \$4,400   -   \$325 (less employer match)  Family Coverage: \$8,750   -   \$650 (less employer match)  *Must be enrolled in the Consumer Choice HSA. <b>J-1 Visa holders are not eligible.</b>	
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 PROGRAM	Tuition Assistance waives the tuition and fees for employees enrolled in courses on Augusta University campus and at other USG institutions. This program is available to full-time (100% work commitment) employees who have completed six continuous months of regular employment and are working towards a degree at one of the 28 participating USG institutions. Such eligibility must exist by the application deadline. This program waives 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 electronically subscribed to Augusta University alert. To review your contact information, make updates, or add additional phone numbers, log into the PAWS portal and select the Augusta University Alert icon.		