



MEDICAL COLLEGE OF GEORGIA HUMAN RESOURCES DIVISION BENEFIT PLAN SUMMARY

Below is a summary of the benefits available under the group insurance plan.

UNIVERSITY SYSTEM OF GEORGIA HEALTH INSURANCE PLANS INDEMNITY HEALTHCARE PLAN

| PLAN FEATURES AND COVERED SERVICES | PLAN PROVISIONS AND BENEFITS |
|--|---|
| Annual Deductible Individual Family | *No Pre-Existing Conditions Clause* \$300 \$900 (Three or More Covered Members) |
| Annual out-of-pocket limit Individual Family | \$2,000 \$4,000 |
| Inpatient Hospital Services-Other Than Those for Emergency Care | In-State Hospitals- 90% of the UCR limited to semi-private room rate; subject to deductible. Out-of-State Hospitals- 90% of the UCR for service area: limited to semi-private room rate; subject to deductible. |
| Inpatient Hospital Services-Physician Services, Physician Care/ Surgery Maternity Care Laboratory Services Pre-certification for diagnostic testing may be required by UNICARE. Hospice Care Pre-certification is required by UNICARE. | 90% of UCR charges for surgeon; subject to deductible. 80% of UCR for anesthesiologist, pathologist or radiologist services/ consultations; subject to deductible. 90% of UCR charges; subject to deductible. 90% of UCR charges; subject to deductible. 90% of UCR charges; subject to deductible. |
| Outpatient Hospital/ Facility Services-Physician Services, Physician Care/ Surgery Facility Selected by Treating Physician Treatment/ care provided in an outpatient setting may require pre-certification by UNICARE. Care in a Hospital Emergency Room (ER) (Treatment of an emergency medical condition or injury) | 90% of UCR charges for surgeon; subject to deductible. 80% of UCR for anesthesiologist, pathologist or radiologist services/ consultations; subject to deductible. 90% of UCR charges in a Plan approved facility; subject to deductible. Surgical Services- 90% of UCR charges, if referred by MedCall; subject to deductible. 80% of UCR charges, if not referred by MedCall; subject to deductible. Non-Surgical Services- 80% of UCR charges, if referred by MedCall; subject to deductible. 70% of UCR charges, if not referred by MedCall; subject to deductible. |
| Physician fees (office visits) | 80% of UCR charges for non-surgical services; subject to deductible. |

| PLAN FEATURES AND COVERED SERVICES | PLAN PROVISIONS AND BENEFITS |
|--|--|
| Preventive Care -Physical exam -PAP smear -Prostate exam/PSA test -Routine eye exam -Routine hearing exam -Well-baby care/immunizations -Adult immunizations | 100%, up to \$750 per person each calendar year (no deductible) |
| Ambulatory Services (Land and air) For medically necessary emergency transportation only. | 80% of UCR charges. Subject to deductible. |
| Home health care , hospice care, private duty nursing, or confinement in an extended care facility (following or in lieu of inpatient hospital care) | 90% of UCR charges. Subject to deductible. |
| Mental Health and Substance Abuse Care | 90% of UCR charges; subject to deductible. Maximum benefit coverage of 60 days per person per plan year; 90 days per person per Lifetime. |
| Pharmacy Benefits (Express Scripts, Inc.) For up to a 30-day Supply | Pharmacy card, \$10 generic, \$25 brand name, 20% co-pay of non-preferred name brand drug cost (min. \$40.00 to max. \$100.00) |
| The Medical College pays approximately 75% of the premium; the employee pays approximately 25% of the premium. As of January 1, 2007, the following monthly rates apply: | Employee only: \$127.84 Employee + Child: \$230.00 Employee + Spouse: \$268.36 Employee + Family: \$370.58 |

PPO HEALTHCARE PLAN

| PLAN FEATURES AND COVERED SERVICES | PLAN PROVISIONS AND BENEFITS | | |
|--|---|---------------------|---|
| ANNUAL DEDUCTIBLE *No Pre-Existing Conditions Clause* | 1 st Medical Network | Out-of-Network | Beech Street National |
| Individual | \$300 | \$400 | \$400 |
| Family | \$900 | \$1,200 | \$1,200 |
| ANNUAL OUT-OF-POCKET LIMIT* | | | |
| Individual | \$1,000 | \$2,000 | \$2,000 |
| Family | \$2,000 | \$4,000 | \$4,000 |
| Inpatient hospital services | 90% of network rate | 60% of network rate | 80% of network rate |
| Outpatient surgery | 90% of network rate | 60% of network rate | 80% of network rate |
| Physician Services | 100% of network rate after \$20 co-payment per visit, applies to non-surgical services; not subject to deductible | 60% of network rate | 100% of network rate after \$20 co-payment per visit, applies to non-surgical services; not subject to deductible |
| Preventive Care | 100%, (up to \$750 per person each | Not Covered | 100%, (up to \$750 per person each |

| PLAN FEATURES AND COVERED SERVICES | PLAN PROVISIONS AND BENEFITS | | |
|--|--|---------------------|--|
| | calendar year, \$20 co-payment no deductible) | | calendar year, \$20 co-payment no deductible) |
| Chiropractic Care | 90% of network rate | 60% of network rate | 80% of network rate |
| Emergency Accident Treatment | 90% of network rate | 90% of network rate | 90% of network rate |
| Ambulatory Services | 90% of network rate | 90% of network rate | 90% of network rate |
| Home Health Care | 90% of network rate | 60% of network rate | 80% of network rate |
| Hospice Care Pre-certification is required by UNICARE | 100% of network rate | 60% of network rate | 100% of network rate |
| Mental Health/Substance Abuse Care Pre-certification is required by Megellan at 1-800-631-9943. Failure to pre-certify with Megellan, when required, will result in a reduced level of benefit coverage. | Inpatient: In-network: 90% of network rate; subject to deductible and to a separate \$100 hospital deductible. Out-of-Network: 60% of network rate; subject to deductible and to a separate \$100 hospital deductible. Balance billing will apply. | Not covered | Inpatient: In-network: 90% of network rate; subject to deductible and to a separate \$100 hospital deductible. Out-of-Network: 60% of network rate; subject to deductible and to a separate \$100 hospital deductible. Balance billing will apply. |
| Disease State Management | 100% of network rate | Not covered | 80% of network rate |
| Maternity Care | 90% of network rate | 60% of network rate | 80% of network rate |
| Pharmacy Benefits | Pharmacy Card. \$10 Generic; \$25 Brand; \$40-\$100 Preferred Brand | Same | Same |
| The Medical College pays approximately 75% of the premium; the employee pays approximately 25% of the premium. As of January 1, 2007, the following monthly rates apply: | Employee only: \$91.86 Employee + Child: \$165.32 Employee + Spouse: \$192.88 Family + Family \$266.34 | | |

For additional premiums, the PPO CHOICE plan allows members to nominate an non-network providers into the plan and receive in-network levels of benefit coverage. ALL OTHER BENEFITS FOR THE PPO CHOICE ARE IDENTICAL TO THE STANDARD PPO.

PPO Choice monthly premiums:

| | | | |
|------------------|----------|-------------------|----------|
| Employee Only | \$128.62 | Employee + Spouse | \$270.04 |
| Employee + Child | \$231.48 | Employee + Family | \$372.88 |

HMO HEALTHCARE PLAN

| PLAN FEATURES AND COVERED SERVICES | PLAN PROVISIONS AND BENEFITS |
|------------------------------------|------------------------------|
| | |

| PLAN FEATURES AND COVERED SERVICES | PLAN PROVISIONS AND BENEFITS |
|--|--|
| Annual Deductible Individual Family | None None |
| Annual out-of-pocket limit Individual Family | No annual limit No annual limit |
| Pre-Existing Conditions Clause | None |
| Inpatient hospital services | 100%, Pre-certification required |
| Inpatient surgery | 100%, Pre-certification required |
| Outpatient surgery | \$15 co-pay at doctor=s office or designated facility |
| Physician fees (office visits) | \$15 co-pay per visit |
| Preventive Care -Physical exam -PAP smear -Prostate exam/PSA test -Routine eye exam -Routine hearing exam -Well-baby care/immunizations -Adult immunizations -Mammogram Acute eye conditions or acute ear conditions are covered, subject to the \$15 co-payment per office visit. | \$15 co-pay per visit \$15 co-pay per visit \$15 co-pay per visit Not covered Not covered \$15 co-pay per visit \$15 co-pay per visit 100% covered |
| Urgent Care Services | Physicians Office- \$15 co-payment Emergency Room - \$75 co-payment per visit; waived if admitted within 24 hours. If admitted, \$200 co-payment will apply. Ambulance Services for medically necessary emergency transportation only is 100% covered. |
| Hospice Care | 100% covered. Lifetime benefit limit is \$10,000 Pre-certification is required. |
| Home Nursing Care | 100% covered. Limited to 120 visits per year. Pre-certification is required. |
| Substance Abuse Care | Inpatient: 100% covered; limited to 6 days per person per year Outpatient: Combined with mental health services. 100% covered, after \$25 co-pay per visit; limited to 20 visits per plan year |
| Vision Benefits | \$15 co-pay for vision care services provided by a BlueChoice optometrist or ophthalmologist. Vision care services must be for the treatment of an acute condition. A primary care physician referral is not required. BlueChoice offers discount arrangement for routine eye exam. |
| Pharmacy Benefits (Blue Cross Blue Shield) For up to a 30-day Supply | \$10 co-pay for generic, \$25 co-pay for brand |
| The Medical College pays approximately 75% of | Employee only \$71.68 |

| PLAN FEATURES AND COVERED SERVICES | PLAN PROVISIONS AND BENEFITS | |
|--|------------------------------|----------|
| the premium; the employee pays approximately 25% of the premium. As of January 1, 2007, the following monthly rates apply: | Employee + Child | \$129.02 |
| | Employee + Spouse | \$150.52 |
| | Employee +Family | \$207.86 |

For additional premiums, the HMO CHOICE plan allows members to nominate an non-network providers into the plan. ALL OTHER BENEFITS FOR THE HMO CHOICE ARE IDENTICAL TO THE STANDARD HMO.

| | | |
|---------------------------------------|-------------------|----------|
| HMO Consumer Choice monthly premiums: | Employee Only | \$121.86 |
| | Employee + Child | \$219.32 |
| | Employee + Spouse | \$255.88 |
| | Employee + Family | \$353.36 |

Health care insurance, administered by the University System of Georgia, is available to all regular employees with a work commitment of half-time (20 hours per week) or more. Claims processing is administered by Blue Cross/Blue Shield of Georgia. The Plan covers employees, their spouses, and unmarried children under the age of 19, or age 26 if they are full-time students. New employees and their dependents must be enrolled within 31 days of employment. If not enrolled during the first 31 days of employment, no opportunity for enrollment will be available until the next open enrollment period, which occurs in October/November of each year. Newborns must be enrolled within 31 days of the date of birth. Other new dependents must be enrolled within 31 days of the acquisition of the new dependent.

GROUP LIFE INSURANCE

All regular employees with a work commitment of half time or more are eligible for **\$25,000** in free Group Life Insurance coverage including Accidental Death and Dismemberment. This insurance is offered through the Hartford Life Insurance Company. An additional (supplemental) amount may be purchased by the employee. The amount of supplemental insurance available, including Accidental Death and Dismemberment, can either be determined by the employee's annual salary and can be purchased in the amounts equal to one times (1X), two times (2X), or three times (3X) base salary rounded up to the nearest thousand (maximum coverage not to exceed **\$300,000**) or a flat **\$15,000**. When an employee reaches age 67 the amount of supplemental insurance decreases. The amount of supplemental life insurance will decrease again at age 70. The supplemental coverage must be applied for by the employee within the first 31 days of his/her employment. If insurance is not applied for during this time limit, the employee will be required to submit a Statement of Health and may also be required to have a medical examination with coverage subject to approval by the insurance carrier. Please see the section titled SALARY CONVERSION PLAN regarding enrollment and/or changes after the initial 31 days of eligibility.

The rates for supplemental coverage for employees are as follows:

| | | | |
|-------|----------|-------|-------------|
| Ages: | 18 to 39 | .11 | per \$1,000 |
| | 40 to 44 | .135 | per \$1,000 |
| | 45 to 49 | .22 | per \$1,000 |
| | 50 to 54 | .347 | per \$1,000 |
| | 55 to 59 | .513 | per \$1,000 |
| | 60 to 64 | .782 | per \$1,000 |
| | 65 to 69 | 1.376 | per \$1,000 |
| | Over 69 | 2.414 | per \$1,000 |

Dependent life insurance is also available to employees who are eligible for group life insurance. This life insurance covers the spouse and all children who are between 14 days and 19 years of age. Spouses and eligible dependent children, who are between six months and 19 years of age, are insured for **\$15,000**. (Unmarried children, who are full-time students, may be covered to the age of 26.) Children who are between 14 days and six months of age are insured for **\$2,000**. The cost of this insurance is \$5.81 per month for the entire family unit. Dependent Life coverage must be applied for within the first 31 days of employment; if not, coverage is subject to approval by the insurance carrier and will require submission of a health statement on the dependents to be covered and may be subject to a medical examination at the expense of the employee.

For additional information, please see the booklet, "Group Benefit Plan, Medical College of Georgia."

Accidental Death and Dismemberment Insurance

Accidental Death and Dismemberment insurance is available to all regular employees with a work commitment of half time or more. This insurance, which is offered through Hartford Life Insurance Company, is also available to dependents (spouse

and/or unmarried children ages 14 days to 19 years). Unmarried children who are full-time students may be insured until age 26. Coverage for the employee is available in increments of **\$10,000** up to a maximum of **\$500,000**, not to exceed ten times (10X) an employee's annual salary. Coverage for a dependent spouse, if there are no children, is 50% of the employee's coverage. If there are dependent children, the spouse's coverage is 40% and the coverage of each child is 10%. If there is no spouse, the coverage of each child is 20%. New employees should enroll within 31 days of the employment date. **Please see the section titled SALARY CONVERSION PLAN regarding enrollment and/or changes after the initial 31 days of eligibility.**

| <u>Coverage Level</u> | <u>Monthly Rate</u> |
|-----------------------|---|
| Employee | \$0.25 per month per \$10,000 of coverage |
| Family | \$0.35 per month per \$10,000 of coverage |

UNIVERSITY SYSTEM OF GEORGIA DENTAL INSURANCE

Regents Dental

| | | |
|--|---|--|
| BENEFIT STRUCTURE | Diagnostic and Preventive All other Services Usual Customer Rate (UCR) | 100% UCR 80%UCR |
| ORTHODONTICS | Covered at 80% (regardless of age). Effective January 1, 2004, a covered employee must be enrolled six (6) months prior to him/ her having access to orthodontic benefit. | |
| ANNUAL MAXIMUM | \$1,000 per person | |
| LIFETIME MAXIMUM | \$1,000 Orthodontics only No lifetime max on other services | |
| DEDUCTIBLE | \$50 per person per calendar year. (Deductible does not apply for Preventive Services) | |
| CLAIM FORMS | Required | |
| WAITING PERIODS | None | |
| PRE-APPROVAL OF SERVICES | Services expected to exceed \$200 must be approved before dental work begins. | |
| PRE-EXISTING CONDITION EXCLUSION | No condition, which pre-existed prior to enrollment, will be covered if work was started before the effective date. | |
| CHOICE OF PROVIDER | May receive services from any dentist | |
| COVERAGE FOR DEPENDENTS | Spouse and unmarried children to age 19, or 26 if full-time student or handicapped. | |
| SPECIALTY SERVICES | Covered | |
| REPLACEMENT OF BRIDGES OR DENTURES | 2/5 Clause. You must be on the plan for two years before a replacement can be done. The denture or bridge must have been in place for five years before it can be replaced. | |
| MONTHLY PREMIUM RATES as of January 1, 2007. | Employee Only Employee + Child Employee + Spouse Employee + Family | \$27.24 \$51.74 \$54.46 \$87.14 |

Group dental insurance is offered to all regular employees with a work commitment of half-time or more. This plan is administered by the University System of Georgia with claims processing administered by Blue Cross/Blue Shield of Georgia. An election to enroll in this plan must be made within the first 31 days of eligibility. There is no open enrollment period for the Dental plan. If coverage is not applied for within 31 days of employment, there will be no other opportunities for enrollment. Unmarried dependent children are covered to the age of 19 or to age 26 for unmarried full-time students. New dependents must be added to the plan within 31 days of acquisition. Please see the section titled SALARY CONVERSION PLAN regarding enrollment and/or changes after the initial 31 days of eligibility.

DELTA DENTAL

You may enroll in Delta Dental anytime within your first 31 days of employment or during the annual of open enrollment.

- Receive dental care anywhere in the world.
- Change dentist at any time.

Covered benefits are paid according to the following schedule. All employees covered under a MCG dental program as of December 31, 1999, will be eligible for Year 3 benefits. All other enrollees will begin coverage at Year 1. Benefits increase to the next step level after 12 months from each individuals effective date of coverage.

Covered benefits are paid according to the following schedule.

| Benefits | Year 1 | Year 2 | Year 3 |
|--|---|---|---|
| Deductibles and Benefits Maximum | \$50 per person, \$150 per family per plan year. The maximum benefit paid per plan year is \$1,000 per person | \$50 per person, \$150 per family per plan year. The maximum benefit paid per plan year is \$1,000 per person | \$50 per person, \$150 per family per plan year. The maximum benefit paid per plan year is \$1,000 per person |
| Diagnostic and Preventive Benefits Oral exams, cleanings, x-rays, fluoride, space maintainers, specialists. | 100% UCR (Usual Customary Reasonable) Rate. No deductible applies for these services. | 100% UCR (Usual Customary Reasonable) Rate. No deductible applies for these services. | 100% UCR (Usual Customary Reasonable) Rate. No deductible applies for these services. |
| Basic Benefit-Oral surgery (Extractions), fillings, denture repair, sealants | 60% of UCR (Usual Customary Reasonable) Rate | 70% UCR (Usual Customary Reasonable) Rate | 80% UCR (Usual Customary Reasonable) Rate |
| Endodontics (Root Canals) Periodontic (Gum Treatment) and crowns. | 30% UCR (Usual Customary Reasonable) Rate | 40% UCR (Usual Customary Reasonable) Rate | 50% UCR (Usual Customary Reasonable) Rate |
| Prosthetic Benefits* bridges, partial or full dentures. | 30% UCR (Usual Customary Reasonable) Rate | 40% UCR (Usual Customary Reasonable) Rate | 50% UCR (Usual Customary Reasonable) Rate |
| Orthodontic Benefits for dependent children to age 19 or full-time student to age 25. | 30% of UCR (Usual Customary Reasonable) Rate. <i>Subject to \$1,000 lifetime maximum per dependent child</i> | 40% of UCR (Usual Customary Reasonable) Rate. <i>Subject to \$1,000 lifetime maximum per dependent child</i> | 50% of UCR (Usual Customary Reasonable) Rate. <i>Subject to \$1,000 lifetime maximum per dependent child</i> |

**Teeth extracted prior to effective date are not covered.

Benefits based on Usual, Customary & Reasonable Rates (UCR)

Freedom of Choice is yours with the DeltaPremier program as you can receive plan benefits from any licensed dentist. Delta Dental does, however, maintain a network of more than 110,000 dentists throughout the country who offer certain advantages for you and your family members. Ask your dentist if he or she is part of the DeltaDental network. Dentists who participate in our program have a contractual agreement with Delta Dental to:

- T Complete and file your claim forms for you.
- T Charge you no more than the amount approved by Delta Dental (no balance billing).
- T Accept payment directly from Delta Dental
- T Charge only the patient share at the time of treatment. Not the entire bill.

| | |
|-------------------|---------|
| Employee Only | \$30.20 |
| Employee + One | \$56.50 |
| Employee + Family | \$70.70 |

GROUP LONG-TERM DISABILITY INSURANCE

Long Term Disability insurance is available to all regular employees with a work commitment of half-time or more. This insurance is offered through Metropolitan Life Insurance Company. The plan provides a monthly income for employees who become totally disabled. Beginning on the 181st day after disability, the employee receives a monthly income equivalent to 60% of salary up to a maximum of \$6,000 per month. The cost for this coverage, which is based on age and monthly salary, is as follows:

| <u>AGE</u> | <u>COST PER \$100 MONTHLY SALARY</u> |
|------------|--|
| 18-30 | \$0.37 |
| 31-40 | \$0.47 |
| 41-50 | \$0.75 |
| 51 & over | \$1.20 |

New employees should enroll within the first 31 days of employment, or within 31 days of becoming eligible for coverage. Applications for coverage after the normal 31-day enrollment period must be accompanied by evidence of medical insurability and must be submitted to the Company for approval. Please see the section titled SALARY CONVERSION PLAN regarding enrollment and/or changes after the initial 31 days of eligibility.

For additional information see the booklet, "Long Term Disability Plan for Employees of Medical College of Georgia."

GROUP LONG TERM CARE INSURANCE

Group Long Term Care insurance is available to all regular employees with a work commitment of half time or more and may include their spouses, parents and grandparents. This insurance is offered through CNA Insurance Companies. Long Term Care is defined as out-of-hospital care needed because of chronic conditions, conditions of long duration, and the general effects of aging. Long Term Care includes:

- Λ Nursing facilities, which are state-licensed homes that keep daily medical records all their patients, provide nursing home care on an inpatient basis under the supervision of a physician, have nursing services provided by or under the supervision of a registered nurse (RN), licensed vocational nurse (LVN), or licensed practical nurse (LPN); and is either a freestanding facility or ward, wing, unit or swing bed of a hospital or other institution.
- Λ Custodial care, which does not require the continuous attention of trained medical or paramedical personnel and may be provided by persons without professional skills or training.
- Λ Home health care, which can include nursing care performed by a registered nurse (RN), a licensed practical nurse (LPN), or a licensed vocational nurse (LVN); care provided by a home health care aide or by a medical social worker supervised by the Home Health Care Agency; homemaker services provided by a Home Health Care Agency; or therapeutic services provided by a licensed speech, physical or vocational therapist.
- Λ Adult day care, which meets the needs of the functionally impaired adults through an individual program of care, and provides health, social and related support services in a protective setting during any part of the day, but not for more than 12 hours per day.
- Λ Assisted living care, which is a living arrangement in a licensed facility for those whose condition precludes total independent living but does not require the level of care in a nursing home.
- Λ Adult foster care, which is a residential alternative to a nursing home for those who can't live alone but whose

needs can be met in a licensed home.

New employees should enroll within 31 days of employment or becoming benefits eligible. Coverage for a spouse may be added within 31 days of employment or marriage. Spouses must be able to perform certain basic activities of daily living without assistance. Parents and grandparents will be subject to medical underwriting. If insurance is not applied for during the first 31 days of employment, coverage will be subject to medical underwriting. Premiums are age-rated and intended not to increase once enrolled in the plan.

The monthly rate is dependent on your age and the level of benefit you choose.

Please see the booklet "Group Long Term Care Plan from CNA for Employees of the Medical College of Georgia".

SUPPLEMENTAL HEALTH INSURANCE

Supplemental health insurance is available through American Family Life Assurance Corporation (**AFLAC**) to all regular employees with a work commitment of half time or more. **AFLAC** offers four supplemental insurance products: cancer insurance, hospital indemnity plan, accident and short-term disability plan. These are supplements to the health insurance plan - not a substitute - and a supplement to your income in the event of one of those occurrences. Coverage must be applied for within 31 days of becoming benefits eligible. To enroll or receive information about these plans, contact Diane McCollum at 706-738-7171.

RETIREMENT SYSTEM

Participation in the Teachers' Retirement System of Georgia (TRS) is mandatory for all regular employees with a work commitment of half time or more. Faculty and principal administrative officers employed on or after July 1, 1990, are eligible to elect membership in with the Teachers Retirement System (TRS) or an Optional Retirement plan (ORP) provided by either TIAA/CREF, VALIC, Fidelity, or American Century Investments. Newly hired and appointed faculty or principal administrators have a sixty-day (60) election period from their effective date of appointment to make a decision.

All faculty and principal administrators who do not make an election within the initial sixty (60) day employment period to enroll in one of the ORP companies will automatically be enrolled in TRS for the remainder of their employment with the University System of Georgia and is irrevocable.

The current employee contribution to the Teachers' Retirement Plan and the Regents Retirement Plan (ORP) is 5% of includable compensation. This amount may change in the future as deemed appropriate. The current employer contribution to the Teachers' Retirement Plan is 9.28% and the current employer rate to the ORP is 8.13 %. The employer rates are reviewed annually and are subject to change.

Federal legislation requires a maximum compensation limit of **\$225,000**- which may be used in computing benefits under a qualified retirement plan. This applies to both TRS and ORP plans. Therefore, if the employees= annual salary is above **\$225,000**, their retirement contribution deductions will be discontinued after they reach **\$225,000** in that year. This does not apply to anyone who was employed prior to January 1, 1996 if a TRS participant.

Employee contributions to ORP or TRS are sheltered from Federal and State income taxes. For those electing TIAA/CREF, VALIC, Fidelity, or American Century, it is advisable to talk with a company representative about particulars of the plan before retirement. The staff of the Benefits Section of the Human Resources Division is available to supply contact information regarding these plans.

Note: Employees who are vested members of the Employees= Retirement System (ERS) may elect to REMAIN in ERS. An election form and application will be required. The election must be made within 60 days of employment with the Medical College of Georgia and is irrevocable.

SOCIAL SECURITY

The Medical College of Georgia participates in the Federal Social Security Program. The amount of contribution by the employee is 7.65% of gross salary. This contribution is matched by MCG. The maximum taxable gross salary for the Old Age Survivor Disability Insurance (OASDI) portion is \$87,900.00 as of January 1, 2003. There is not a maximum salary limit for the Medicare portion.

SALARY CONVERSION PLAN

The Salary Conversion Plan allows the monthly premiums you pay for Health, Supplemental Life, Accident, Long Term Disability, Dental and Supplemental Health Insurance to be subtracted from the employee's salary before the required Federal Income, Social Security and State Income taxes are withheld. As a result, the amount of taxes the employee pays will be reduced and the amount of his/her take home pay will increase. All benefits eligible employees automatically participate in the Salary Conversion Plan.

If you do not enroll for the above listed benefits within the first 31 days of eligibility, the only time a change may be made will be during the open enrollment period (if applicable). An exception to this will be for changes in family circumstances (e.g., marriage, divorce or legal separation, death of a spouse or child, birth or adoption of a child, employment or termination of employment of a spouse). Any change requested must be due to a change in family circumstances and must be consistent with that change.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT PLAN

The Dependent Care Flexible Spending Account Plan provides employees who have regular dependent care expenses such as baby-sitting and day care the opportunity to contribute pre-tax dollars to a special account maintained for them by the Medical College of Georgia from which they will be reimbursed for such expenses. Depending upon the satisfaction of certain requirements, an employee may contribute up to **\$5,000** per year from his/her paycheck to the Dependent Care Flexible Spending Account for 2 or more eligible dependents. This amount will be deducted before taxes are computed, thereby allowing your taxes to be calculated on a lower income amount. The net effect is a reduced tax liability.

There are several IRS regulations with which the employee must comply in the use of the Dependent Care Flexible Spending Account. Please see the Dependent Care Flexible Spending Account Plan booklet available from the Employee Benefits Section (HS-1111) for details about these regulations.

Application for the Dependent Care Flexible Spending Account must be made within 31 days of initial employment or becoming benefits eligible, or during the open enrollment period in October/November. Elections or changes during open enrollment will be effective January 1 of the following year.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT PLAN

The Health Care Flexible Spending Account Plan allows employees to contribute pre-tax dollars to an account maintained by the Medical College of Georgia. Contributed funds are used to cover qualified health or dental expenses. The maximum contribution per year is **\$5,000**. Any unused balance will remain with the Medical College of Georgia.

TAX SHELTERED ANNUITIES

Employees of public schools and certain tax-exempt organizations are permitted, under the provisions of Sections 403(b) and 403(b)(7) of the U.S. Internal Revenue Code, to defer income tax on part of their salary during the year in which it is earned by participating in a tax sheltered annuity (TSA) program. Payment of state and federal income taxes on the money that is deferred is not required until the year it is withdrawn by the employee.

The Medical College of Georgia currently has five (5) companies approved for the sale of tax-sheltered annuities (TSA) to faculty and staff. Following are the approved companies:

Company
Fidelity Retirement Services
P.O. Box 770002
Cincinnati, OH 45277-0090
1-800-343-0860

Local Representative
Jeff Juday
950 E. Paces Ferry Road, Suite 2915
Atlanta, GA 30326
1-404-239-7303
1-800-392-8677 X303

TIAA/CREF
730 Third Avenue
New York, NY 10017

Dean Yarbrough
TIAA/CREF
Six Concourse Parkway, Suite 2600
Atlanta, GA 30328
1-770-399-5200
1-800-842-2003

Variable Annuity Life (VALIC)

P.O. Box 101349
 Atlanta, GA 30392

E. Thomas Burckhalter
 1518 Laney-Walker Blvd, Suite A
 Augusta, GA 30904
 1-770-722-4600

Northwestern Mutual Investment Services, LLC

American Funds Services, Inc.
 P.O. Box 2560
 Norfolk, VA 23501-2560

Reid Carter, Gil Eaves, Stephan Poteet
 3540 Wheeler Road, Suite 312
 Augusta, GA 30909
 706-261-4665

Four Seasons Securities, Inc.

representing: Horace Mann
 Lincoln National
 American Fidelity
 Win Marketing
 7121 Fairway Drive Suite 202
 Palm Beach Gardens, FL 33418

Chad J. Fowers
 209 Hudson Trace
 Augusta, GA 30907
 706-738-8302
 1-800-579-7006

All employees are eligible to participate in this program. To participate an employee signs a salary reduction agreement (available in Room HS-1111 of the Human Resources Division located in the Annex Building), designates an approved TSA company to receive the employee's monthly deductions. The company will invest the money as directed by the employee. State and Federal income taxes on money deposited in a TSA are deferred until the money is withdrawn from the TSA. At this time, the maximum amount that can be deferred is **\$15,500** per year (unless you qualify for any catch-up contributions). Contributions to the Teachers Retirement System, State of Georgia Deferred Compensation Plan or any other retirement income investments will not affect the deduction amount allowable under each plan. Additional information on the tax sheltered annuity program may be obtained from the representatives of the companies.

457B

Employees of the State of Georgia are eligible to participate in a deferred compensation program administered by the State Personnel Board under the provisions of Section 457 of the Internal Revenue Code. Participants of this program can defer up to 33.3% of their "includable compensation" (usually equal to 25% of gross compensation), not to exceed **\$15,500** per year. If the employee is also participating in the tax sheltered annuity program, the maximum amount of income that can be deferred is not reduced by the amount of the tax-sheltered annuity. The maximum amount of income to be deferred will not be reduced by Teachers Retirement System contributions or other deferred retirement income plan participation.

The deferred income will be invested in the participant's choice of one or more of seven funds, and will not be subject to state or federal income tax until withdrawn by the participant. Additional information on deferred compensation is available in Room HS-1111 of the Human Resources Division.

WORKERS' COMPENSATION

The Medical College of Georgia provides coverage for the treatment of on-the-job injuries and accidents in accordance with benefits outlined under the Georgia Workers' Compensation Law. Benefits may include payment of medical and rehabilitation expenses within the limits of the law. Partial payment of lost compensation is also provided in some cases. **Work injuries and accidents including accidental exposure to hazardous chemicals, substances, and diseases should be reported in writing to the Human Resources Services Division by completing the Supervisors First Report of Accident Injury form (MC 419). Workers Compensation reporting requirements and procedures are outlined in Medical College of Georgia Administrative Policies and Procedures 1.4.17 - Workers Compensation On-The-Job Injuries.** Employees must report all accidents immediately to his/her supervisor.

Following is a summary of your responsibilities concerning job-related accidents/illnesses.

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of your benefits.

3. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify your employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job your benefits may be suspended at a hearing.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) does not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$1,000.00 or imprisonment, up to one year, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath to any board member of the State Board of Workers' Compensation or any administrative law judge is a perjury offense.

If an employee is injured on the job, the employee's supervisor must be notified immediately. An employee who requires treatment for an on-the-job injury must seek treatment by contacting DOAS at 1-877-656-7475 for assistance in selecting an Authorized Treating Physician. If telephone access is unavailable at the time of injury, complete the MCG Employee's Report of Accident/ Injury and notify the MCG Human Resources Benefits Division. All MCG **LEASED** employees must report to **Employee Health** for any on-the-job injuries. Charges for first aid treatment, hospital bills, drugs, doctor's charges, etc., are covered providing the proper procedures are followed as outlined above for reporting the accident and treatment of the employee. Any bills for treatment should be sent by the provider of service directly to DOAS in Atlanta.

If the doctor recommends that the employee not return to work immediately following a required treatment, the supervisor must notify the Human Resources Benefits Division by telephone (Ext. 1-3770) as soon as possible, including the expected return date, if known. The Human Resources Benefits Division must also be advised of the option selected by the employee as to the use of sick leave, annual leave or leave without pay. This information is located on the reverse side of the MCG Employee's Report of Accident/ Injury. If the employee loses time as outlined above, the supervisor must notify the Human Resources Division by telephone (Ext. 1-3770) as soon as the employee returns to work.

If an employee does not require or desire medical treatment of any kind, reporting the injury is still required. **You must report the injury by contacting DOAS at 1-877-656-7475.**

Accident Reporting - As soon as possible after notification of an accident the supervisor should notify Public Safety (Ext. 1-2914). An examination of the facts surrounding the accident will be made in an effort to prevent recurrence of the incident.

The Workers' Compensation Law provides benefits of **66 2/3%** of an employee's average weekly earnings up to a maximum of **\$425.00** per week. No compensation is allowed for the first seven (7) days of incapacity (including the day of the injury) unless the employee is incapacitated for 21 consecutive work days following the injury, in which event compensation is allowed for the first seven days of incapacity, if an employee has not used accrued leave.

An employee has the following options on the use of Sick Leave or Annual Leave during lost time:

1. Use accrued sick or annual leave for the first seven (7) days in order to be paid full salary, and then elect to receive Worker's Compensation during the remaining period of injury-related absence. OR
2. Exhaust all accrued sick leave and annual leave (in that order) and then receive Worker's Compensation. OR

3. Retain all accrued sick leave and annual leave, and after the seven (7) day waiting period (without pay) receive Worker's Compensation during the remainder of the injury-related absence.

NOTE: If an employee has no accrued sick or annual leave, any time lost during the first seven (7) days must be LWOP.