



MEDICAL PLAN OPTIONS

You have a choice of five medical plan options. The following descriptions are for summary purposes only. Detailed plan information can be found on the Board of Regents website at www.usg.edu/employment/benefits/health or through the links provided below each plan description.

HMO Options

- *BlueCross/BlueShield (BCBS) Blue Choice HMO*
- *Kaiser Permanente HMO*

HMO stands for Health Maintenance Organization. This type of plan provides comprehensive medical care to its members. All medical care must be provided by in-network providers in order to receive a benefit, except in the case of an emergency. You must choose a Primary Care Physician (PCP) to oversee and coordinate your medical care. PCP's include general practitioners, family medicine practitioners, internal medicine practitioners, and pediatricians.

If you need to see a specialist, your PCP must refer you to an in-network specialist. (Employees may self refer to a few limited specialists – see 2009 HMO Summary). For most services, you pay a pre-defined co-payment and the plan pays the rest. There is no deductible associated with these plans.

2009 HMO Summary

[BCBS Blue Choice HMO Provider Directory \(choose Blue Choice HMO\)](#)

BCBS Customer Service: 800-424-8950

TDD: 404-842-8073

BCBS of Georgia Behavioral Health: 800-292-2879

TDD: 404-842-8073

BlueChoice On-Call: 888-724-2583

[Kaiser Permanente HMO Provider Directory](#)

Kaiser Permanente Customer Service: 404-261-2590

TDD: 800-255-0056

Kaiser Permanente Behavioral Health: 404-261-2590

TDD: 800-255-0056

Kaiser Permanente's Advice Line: 404-365-0966

PPO Option

- *PPO Plan* – Network provided through BCBSGa PPO Network in Georgia and through BlueCard PPO National Network outside of Georgia. Separate deductible for in-network out of state coverage.

PPO stands for Preferred Provider Option. The PPO plan gives you more control over your medical care than the HMO and provides a wider range of provider options. You do not have to choose a Primary Care Physician nor do you need a referral to visit a specialist. Services provided in-network are paid at a higher rate; however there is an out-of-network option. Most services require a co-insurance payment that varies depending on the cost of the service. This plan has a deductible that applies to some of the medical services.



[2009 PPO Summary](#)

[BCBS Provider Directory](#)

BCBS Customer Service: 800-424-8950 **TDD:** 404-842-8073

BCBSGA Behavioral Health: 800-292-2879 **TDD:** 404-842-8073

Medco: Pharmacy Benefits Manager: 877-300-5139 **TDD:** 800-759-1089

[Medco Preferred Drug List](#)

MEDCALL (24 hour registered nurse line): 800-785-0006 **TDD:** 800-368-4424

Indemnity Option

- **Board of Regents Indemnity** –Provider network through BCBSGa Traditional Network in Georgia and the BlueCard network outside of Georgia

The Indemnity Plan provides major medical coverage and offers the flexibility to see doctors in or out of the network. If you use an out-of-network provider, you will be billed for costs that are above the Usual, Customary, and Reasonable rate for that service. This plan includes a deductible and most services require a co-insurance payment that varies according to the cost of the service.

[2009 Indemnity Plan Summary](#)

[BCBS Provider Directory](#) (choose Traditional Plan)

BCBS Customer Service: 800-424-8950 **TDD:** 404-842-8073

Medco: Pharmacy Benefits Manager: 877-300-5139 **TDD:** 800-759-1089

[Medco Preferred Drug List](#)

MEDCALL (24 hour registered nurse line): 800-785-0006 **TDD:** 800-368-4424

HSA PPO High Deductible Health Plan (HDHP)

- **Board of Regents HSA PPO HDHP Plan** – Provider network through BCBSGa PPO Network in Georgia and the BlueCard network outside of Georgia.

The HSA PPO High Deductible Health Plan (HDHP) provides traditional medical coverage and a tax free way to help you build savings for future medical expenses. Preventive care is covered at 100%. All other care and prescriptions are subject to a high deductible which must be met before benefits are paid under the plan. After the deductible is paid, most services require a co-insurance payment that varies depending on the cost of service. As a participant in this plan, you do not need referrals to see specialists. There is an out of network option, however, the deductible is higher and benefits are paid at a lower rate. This plan has low monthly premiums to offset the high deductible. Additionally, if you enroll in this plan, you are eligible to participate in a Health Savings Account (HSA) in which you can save pre-tax money for out-of-pocket medical expenses. See HSA section for more details.



[2009 HSA PPO HDHP Summary](#)

[BCBS Provider Directory](#)

BCBS Customer Service: 800-424-8950

TDD: 404-842-8073

Behavioral Health: 800-292-2879

TDD: 404-842-8073

BLUECHOICE On-Call (24 hour nurse line): 888-724-2583

Medical Coverage Options

1. Employee Only – Only you are covered.
2. Employee + Child – You and one dependent child are covered, but not your spouse. If you have two or more children to cover, you must choose Family coverage.
3. Employee + Spouse – This covers you and your spouse, but not your children.
4. Family – You, your spouse and all dependent children are covered.

MONTHLY RATES (biweekly divide by two)

Kennesaw State University pays approximately 75% of the total cost for the HMO & PPO non-consumer choice options and approximately 90% of the total cost on the HSA PPO HDHP Plan. You pay your share with pre-tax dollars. The monthly rates are as follows:

	Blue Choice HMO	Blue Choice HMO w/ Consumer Choice	Kaiser HMO	Kaiser HMO w/ Consumer Choice	Regents Indemnity	Regents PPO	Regents PPO w/ Consumer Choice	HSA PPO (HDHP)	HSA PPO (HDHP) w/ Consumer Choice
Employee Only	\$100.68	\$159.42	\$104.14	\$164.92	\$302.00	\$135.66	\$180.90	\$23.84	\$47.68
Employee + Child (1)	\$181.22	\$286.92	\$187.48	\$296.82	\$543.46	\$244.18	\$325.62	\$41.66	\$83.30
Employee + Spouse	\$211.42	\$334.76	\$218.72	\$346.26	\$634.08	\$284.88	\$379.86	\$48.34	\$96.66
Family (3 or more)	\$291.98	\$462.30	\$302.04	\$478.22	\$875.62	\$393.40	\$524.54	\$66.16	\$132.30

[10 month Faculty Members 7/5ths Rates from January 1 - June 1, 2009](#)

Retiree Medical

The Blue Choice HMO does not offer a Medicare-eligible retiree healthcare plan. Medicare-eligible retirees must choose one of the other medical plan options. To qualify for Retiree with Medicare or Retiree + One coverage, all eligible individuals must be enrolled in Medicare Parts A and B

	Kaiser HMO	Regents Indemnity	Regents PPO	Regents PPO w/ Consumer Choice	HSA PPO (HDHP)	HSA PPO (HDHP) w/ Consumer Choice
Retiree with Medicare	\$94.42	\$183.22	\$76.60	\$102.14	\$23.84	\$47.68
Retiree + One Both with Medicare	\$188.86	\$366.48	\$153.18	\$204.30	\$48.34	\$96.66



Consumer Choice Option

The Consumer Choice option allows a plan participant to nominate an out-of-network healthcare provider to render medical care to a covered member at the in-network level of benefit coverage. The Consumer Choice Option only applies to licensed healthcare providers within the State of Georgia. If a nominated healthcare provider accepts a member's Consumer Choice nomination and if the medical plan approves the healthcare provider, the in-network relationship will exist only between the provider and the designated patient. The nomination will remain in effect until either the provider or the patient terminates the relationship. If an out-of-network provider declines a member's Consumer Choice nomination, then services from that provider will be considered as out-of-network.

Important Note Regarding Deductibles

Deductibles for the Indemnity Plan and the PPO Plan are per individual. For the HDHP plan, the family deductible is in total for all family members. In other words, the entire deductible must be paid before receiving benefits from the plan. The HDHP deductible can be met by one member of the family or several of the members.

Important Note Regarding Out-of-Pocket Maximums

The Indemnity Plan and PPO deductibles do not apply towards the out-of-pocket maximum. The HDHP deductibles do apply towards the out-of-pocket maximum.

Definitions

- *Co-payments:* Set amount member pays when accessing medical care. Amount stays the same regardless of the cost of the medical care.
- *Co-Insurance:* Varying amount that member pays when accessing medical care. Amount varies depending on the cost of medical care.
- *Deductible:* Amount member must pay out of pocket before plan pays for benefits.
- *UCR:* Usual, Customary, and Reasonable. The UCR cost is based on the average cost of the medical service in that area.
- *Balance Billing:* Balance billing is utilized when a member accesses care through an out of network provider. Since the insurance company does not have a negotiated rate established with provider, member must pay co-insurance based on network rate and in addition, must pay for costs above the network-negotiated rate for that service.
- *Out-of-Pocket Maximum:* Total amount member is required to pay out of pocket in a plan year, usually exclusive of prescription drug costs.
- *Network Rate:* Negotiated rate agreed upon between insurance carrier and provider.
- *PCP:* Primary Care Physician. A PCP is a physician who manages member's medical care under an HMO plan. Primary Care Physicians are generally family practitioners, generalists, internists, or pediatricians.