USG Retiree Council Fall Meeting Agenda
On-Line Meeting using Zoom
*Revised October 4, 2023
October 6, 2023

9:00 - 9:05	Chair Calls the meeting to order - Ed Rondeau
9:05 - 9:20	Secretary calls the role of institutions - Debbie Durden Institutions will be called in alphabetical order
9:20 - 9:50	Report on the status of June 5 Email from Dana Nichols to Provosts inviting them to provide representatives on the USGRC and setting up retiree associations at USG universities. Update on status of adding the Emeritus status-to the Faculty Handbook. - Dr. Dana Nichols, Vice Chancellor for Academic Affairs
*9:50 - 10:20	USG Guest presenter: Angela Bell, Vice Chancellor, Research & Policy Analysis – USG Strategic Plan
*10:20 - 10:50	Review of the Retiree/University email address availability/policy USG System wide by Timothy Chester, Interim Chief Information Officer.
10:50 - 11:30	Address the August 8 Board reduction of the 2024 USG healthcare reimbursement account for retirees. Provide the Purchasing Power study that was done this spring and share the results with the USGRC. How does a retiree or a university or the USG know if a data breach letter from TRS or TIAA is authentic? Health Insurance Updates and Report from the Total Rewards Steering Committee (TRSC) - Karin Elliott, Interim Vice Chancellor, Human Resources
11:30 - 11:40	10 minute break
11:40 - 12:30	Alight (formerly Aon) Retiree Health Insurance Benefits Update. Discuss account reimbursement passcode security issues. How are carriers selected? Why, in some cases, are policies offered through Alight more expensive than equivalent policies offered to the general public by the same carrier? Does Alight receive fees outside of the USG System from carriers? Alight Retiree Health Exchange, Mat Burkley and Steven Cox.

Committee Reports:

12:30 - 12:35	USG Well-Being Funding Review Committee – Kathryn Grams.
12:35 - 12:40	Retirement Advisory and Investment Committee - Dorothy Zinsmeister.

12:40 - 12:50 USG Faculty Council Report - Michelle Brattain Georgia State University.

12:50 - 1:00 USG Staff Council Report – Scott Taylor, Georgia Southern University

1:00 - 1:10 USGRC Communications Committee and USG Open Enrollment Communications Committee - Dennis Marks

1:10 Old/New Business — Ed Rondeau

- Nominating Committee—Nancy McDuff, Chair and Past Chairs as members of the Committee to provide Nominees for Chair Elect and Secretary at the Spring 2024 USGRC Meeting.
- USGRC requests a USG response to the USGRC e-mail dated October 1, 2023 to Karin Elliott on the USG changes to the HRA at the Spring 2024 USGRC Meeting.

1:15 Adjournment — Ed Rondeau

Committee Reports (Please see appendices for details)
Please note that the Spring 2023 meeting minutes were approved via votes cast on email

USGRC Meeting
Held 10-06-23 on Zoom
9:00 am - _____ pm
Meeting Notes

Present: Atlanta Metropolitan State College (Joy Peters, Voting Member; Curtis Bailey, Alternate); Clayton State University (Donna McCarty, Voting Member; Debbie Durden, Secretary, USGRC); College of Coastal Georgia (Andrea Wallace, Voting Member; Rebecca Farrow, Alternate; Michael Hazelkorn, Chair-Elect, USGRC); Georgia College & State University (David Muschell, Voting Member; Paul Jahr, Alternate); Georgia Gwinnett College (Roger Ozaki, Voting Member); Georgia Institute of Technology (Ed Rondeau, Chair, USGRC); Georgia Southern University (W.B. Mitchell, Voting Member); Georgia Southwestern University (Richard Barringer, Voting Member); Georgia State University (Ted Wadley, Voting Member; Sandra Owen, Alternate; Harry Dangel, former Chair, USGRC); Kennesaw State University (Dorothy Zinsmeister, Voting Member and former Chair, USGRC; Chuck Aust, Alternate); Middle Georgia State University (Michael Womack, Voting Member; Bob Kelly, Alternate); South Georgia State College (Jim Cottingham, Voting Member); University of Georgia (Griff Doyle, Voting Member; Ralph Johnson, Alternate; Nancy McDuff, Past Chair, USGRC); University of West Georgia (Anne Richards, Voting Member; Meg Cooper, Alternate; Mitch Clifton, former Chair, USGRC); Valdosta State University (Dennis Marks, Voting Member and former Chair, USGRC; Bob DeLong, Alternate).

Not represented:
Abraham Baldwin Agricultural College, Albany State University (Dennis Marks mentioned that ASU might be in the process of developing a retiree association); Augusta University, Columbus State University, Dalton State College, East Georgia State College, Fort Valley State University, Georgia Highlands College, Gordon State College, Savannah State University, University of North Georgia.

USG Central Office Representatives
Karin Elliott – Interim Vice Chancellor for Human Resources
Dr. Dana Nichols – Vice Chancellor for Academic Affairs
Angela Bell, Vice Chancellor, Research & Policy Analysis – USG Strategic Plan
USG Faculty Council Representative- Michelle Brattain, Georgia State University
USG Staff Council Representative – Scott Taylor, Georgia Southern University

ALIGHT
Mat Burkley, Implementation Client Manager
Steve Cox, Client Delivery Officer, Benefits Administration
John Grosso, Actuary Group

GWEN REEVES?
TIM CHESTER, UGA – Interim Vice Chancellor for IT.

1. Ed Rondeau, Chair of the USGRC called the meeting to order at 9:03 am and thanked those in attendance for their participation. He requested that anyone who had questions should put them in the chat.
2. Roll call. Secretary Debbie Durden called the roll.
3. Karin Elliott – 2024 Healthcare Insurance Updates and other Board of Regents information

Karin reported that yesterday at the Board of Regents meeting in Tifton, the **Georgia Match Program** was announced. This involves the USG working with the Technical College System of Georgia and K-12 schools to identify rising seniors. All will receive a letter in the next couple of weeks. With the exception of GCSU, UGA, and Ga Tech, all other schools will hold a spot for senior students once they go through the application process.

Enrollment was up for Fall semester (by about 3%). Enrollment has been a focus of concern at the USG office as it impacts budgets. The final numbers come out this week. Several institutions are looking at budget cuts and how to address the problem of low enrollment. But the good news is that there should be fewer challenges in the fiscal year ahead because enrollment is now looking good.

There were **healthcare changes for 2024.** It was announced that Joe Strong has been hired to replace Anessa Billings. And Karin is now juggling her previous role as Associate Vice Chancellor for Total Rewards with her new role as Interim Vice Chancellor for Human Resources.

Dorothy Zinsmeister: Will students be automatically admitted to institutions or higher education, or will they have to meet some qualifications?

Karin Elliott: They have to meet minimum qualifications so far as their grades are concerned, but those who do will be automatically accepted.

Dorothy Zinsmeister; Do they pay the admission fee?

Karin Elliott: In November, we are waiving the admission fee across all institutions in this program. There will be billboards, radio spots, letters sent to seniors signed by the Governor. This is a very exciting initiative and the hope is it will become as well-known as the Hope Scholarship program around the state of Georgia. We are trying to plant the seed in students minds to go to college and to think about this as a pathway for them.

It's everyone's job on campus (whether faculty or staff) to make students feel welcome and at home and to remove barriers to efficiency.

There are concerns recruiting and retaining faculty and staff in all areas when it comes to compensation. The USG is competing with private employers. Many who leave the USG jump into a higher salary. This is a reason why we sent all of our employees a statement about the "total benefits package" each receives (including retirement). Younger employees are often not thinking about this. That remains a major struggle for the USG.

Mat Burkley will go through a study later in today's meeting that will be very helpful. It will address the value of the HRA, enrollment for retirees, and more about what we are looking at from Alight.

The Total Rewards Steering Committee

Dr. Paul Jones, Chair and Presidential Sponsor	President, Fort Valley State University
Dr. Valerie Hepburn, USG retiree, Senior Health Policy Consultant, USG, former president	College of Coastal Georgia
Traycee Martin, Vice President for Finance and Administration	Valdosta State University
Lori McCarty, Assistant VP of Human Resources	Dalton State College
Dr. James Marton, Professor and Chair, Dept. of Economics, Andrew Young School of Policy Studies	Georgia State University
Karen McDonnell, Assistant Vice President of Human Resources	Kennesaw State University
Dr. Doug Miller, Professor of Cardiology and Population	

Health Science, Medical College of Georgia	Augusta University
James Shore, Sr., Sr. Associate Vice President for Finance and Administration and Budget Director	University of Georgia
Dr. Christie Stewart, Senior Academic Professional, School of Biological Sciences	Georgia Institute of Technology
Dr. Stuart Tedders, Dean, College of Public Health	Georgia Southern
Dr. Henry N. Young, Kroger Professor, Department Head, UGA Clinical and Administrative Pharmacy	University of Georgia

Karin reported that we have good representation across the relevant fields on this Committee. Discussion on the committee focuses on cost-saving or innovative methods, managing our healthcare plan through contracting (looking for the most competitive pricing performance guarantees), and any new ideas that could help us save costs or get better outcomes for our employees.

Healthcare Plan Benchmarking

We compare the performance of our plan against that of similar employers and regional and national markets through the Aon Health Value Initiative.

- Includes over 5.6 million employees and around $75 billion in healthcare expenditures.
- Comparisons to higher education peers, the GA Market, subset of organizations with employees in Georgia, and the entire database which includes over 700 organizations (small and large) across the US.

Overall, our employees are paying more of their total cost than other employers require.

HealthCare Plan Performance

Actual	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Active & Pre-65 USG percentage Change in annual claims cost per covered employee over prior year	**3.7% 5.5%**	**7.3% 5.7%**	**1.7% 5.7%**	**(3.9%) 6.0%**	**? 7.0%**	**? 5.%%**	**? 6.0%**

National Healthcare Cost Trend
PWC Health Research Institute: Medical Cost Trend 2024
2022 Slightly below trend projected
Overall, doing well managing at or below trend in most years.

2024 Budget Projection

This has been a very challenging year. As a reminder, 2022 updated projection claims came in at 38.4 million dollars over budget. The 2024 Budget Projection was initially calculated at $77.2 million (a 14.9 million dollar increase over the previous year's projection). Because we saw higher utilization at the end of 2022, our budget is now done 2.5 years in advance. We calculated savings due to our contract with Accolade that involved performance guarantees, but those savings did not materialize. So we are looking at a major deficit for 2023. We do have reserves to employees won't have to cover this, but it will make a dent in our reserve balance.

As a result, we are recommending increases in premiums, plan design changes, and programming for 2024.

2024 Healthcare Plan Recommendations
Plan Design Changes

- **Consumer Choice HSA Plan**
  Increase in-network deductible from $2500/$5000 to $5000/$6000
  Increase in-network out of pocket maximum from $45 to ____?
- **Comprehensive Care Plan**
  Increase in-network deductible from $1,000/$3,000 to $1300/$3900
  Increase in-network out of pocket maximum from $2,250/$4500 to $2,8__?/???
  Increase Physicians Office visit copay from $20 to $25, Specialists office visit from $35 to $50, and Urgent Care copay from $35 to $50

2024 Healthcare Plan Recommendations
Plan Design Changes

- BlueChoice HMS Plan
  Increase Primary Care Physycian office visit from $35 to 40
  Increase outpatient hospital copay from $301 to $400 and inpatient from $600 to $750
  Increase Emergency Room co pay from $400 to $500

- Kaiser Permanente HMO Plan
  This plan had lower premium and lower out-of-pocket costs. But we had increases in premiums.
  Increase in primary care physician copay from $31 to $40 and for specialsts, up $45 to $75.
  Increase in urgent care copay from $40 to $75 and emergency room co-pay from ____ to $400.
  Increase in outpatient hospital co-pay from $250 to $400 and inpatient hospital co-pay from $350 to $600.

This has been one of the hardest decisions we had to work through this year.
Discontinuing Accolade and moving customer service _____ Management support to Anthem's Total Health, Total You.
Ease of use for employees, all in one place (Syd_____?

Donna McCarty: With the strike going on with Kaiser, do you anticipate costs being impacted to cause in increase?

Karin Elliott: We negotiated a contract with rates in place for 2024. So they can't raise things this year. This is the fully insured plan and it gave us an increase already. They may not be as willing to renegotiate next year. We'll see what happens with the strike. Contingency plans are being discussed in case the strike comes to Georgia.

There was a lot of conversation about Accolade. We had hoped they would help us manage some of the costs in working with the highest cost individuals (who had conditions needing better outcomes). But we didn't see that type of results. We also continued to get complaints about customer service.
The highest cost – provided good care.
General care employees were not that helped. Because of the performance guarantees in the contract, we made money back. But after two years, we felt we could not keep them in place. We've moved back to Anthem total Health, Total You. It's similar to Accolade. We think it will be an easier touch point for employees, and all in one place. So they don't have to go through Accolade to get to Anthem. Employees concerned couldn't reach support in a timely manner.
Missed _____?

HEALTH IMPROVEMENT PROGAM

Getting rid of Virgin Pulse?

- Well-being Program

  Reduce annual well-being incentive credit from $200 to $100 for healthy behaviors

  Eliminate stand-alone vendor to provide lower cost _____ health coaching through health-care vendors
- Diabetes management – offer through Healthcare vendor support and programs
- Diabetes prevention program – provided through institutional programming
- Weight loss support – Weight Watchers for both Anthem and Kaiser populations

Managed through Anthem and Kaiser. Much less experienced. Savings of 3.6 million dollars with these 2 changes alone.

All points they can earn are going away. Just gasic health-focused not other activities.

Diabetes Management. Prevention and weight loss. Livongo. High tech solution. Employee received scale, download app and could send alerts toLivongo. Became experirience? Now ____ man will go through Kaiser and Anthem.

Donna McCarty: What was the utilization of those wellness programs? How many took advantage of them?

Karin Elliott: Averaged about 40% of our population earned any sort of credit across the year. Some institutions really encouraged the program and got 55% Some were down around 28%.
That is the thing we struggled with, especially around Livongo. Diabetes is very expensive to pay for members. Incidence of this has increased. Is there a way we can provide education at lower cost?

Donna McCarty: So with the Biden administration lowering the cost of insulin

Karin Elliott: that happened on the Medicare side. Then manufacturers said they would lower the cost of insulin. Eli Lilly and others. That's not going to take effect for active employees until June 1st.

Donna McCarty: That should make a pretty big difference.

Karin Elliott: I might just have our pharmacy pan people come talk about it. It was 150 before and is now 35. We were getting rebate money back to help. It's not quite so much.
With our contract with CVS we've renegotiated rebates. They gave us a choice but the amount of the rebates is lower. It's kind of a wash. They expect more manufacturers and will get rid of rebates and just go to lower costs.

Dorothy Zinsmeiste: If you invite a pharmaceutical company to talk to us, we'll have to have wine.

I'lll be interested to see what legislator do.

Anne – Study get up and move every ½ hour.

You need to. It's exercise and diet.
Fried food offered in cafeteria.

Tobacco use - $150/month. Increased in 2022.

Employer increase by plan tier. Underdefined contribution approach – changes had to be made. Actuaries worked to get us close.

6.9% increase – Consumer Choice HM had more significant increases.
Have not had salary increases for 5 years but had COLA - $5000 (2022). For 2023 got $2000 (COLA).Lower paid employees got higher increase. But amount applied to all employers. That's decision made through the Governor and State Legislature.

Dorothy Zinsmeister: How many employees opt OUT of USG insurance?

Karin Elliott: The end of 2022 is our most recent number. We have seen the percentage of employees slowly decrease over time. Started when we implemented working spouse surcharge. Saw a number of spouses, dependenats. Maybe some employees went with the spouse instead.
End 2022, 80% of our active employees enrolled with USG plans that looked for lower cost opportunities.

Dennis Marks: You said two things that are very ominous
(1) We are losing people to other employers who leave to get a higher salary.
(2) Our subsidy to employees is not as high as to our competitors.
(3) So I hear you say both – salary an benefits are not meeting the opportunities provided by our competitors.

Karin Elliot: I think our health plan is similar to that of private employers on average. Advantage we have is on the retirement side. And retiree health benefits – because few employers provide this. Just hard to compete with recruitment of younger employees. They are not focused on this. They respond better to tuition assistance programs, paid parental leave, and tuition assistance.
These are good for a year.

Dennis Marks: There is a strong argument for TRS, not ORP. HR departments over the years have encouraged people to go with the ORP. But we hear from those coming up to retirement that they don't have enough money in the pot to retire comfortably. But someone a week into their employment, doesn't know that will be the case.

Mitch Clifton: When new employees ask me what to do, I say go into the TRS.

Karin Elliott: I agree that more education is always better. We've been working to create resources and contracted with CAPTRUST. We try not to advise people in our office. We created the ORP because of faculty requests in the 1990's. But if people here five years and leave, they get no employer contributions. They have to REALY understand the differences. If you advise them one way or the other, it will come back to you. We can educate them on differences but I leave them accountable for the choice.

ORP – we are higher in our employer contribution than most other employers.. It's usually 6% and we at 9.24%. So we are very competititve.
Fidelity, TRS, ORP retirement Readiness – did study. It was very comparable. So I think you can still have a successful retirement on ORP – years of service, salary data.

Dorothy Zinzmeister: The comments you're making suggest to me that maybe it would behoove us to meet with new employees and help them talk about the future. We need to bring to the

forefront the goals and things to think about as they proceed through the University System. I know HR does this sort of thing.

Donna McCarty: I agree with Dorothy completely. I was in the system 40 years. In the 70's, HR told me things. I could have cared less about retirement but I had older faculty who would pull me aside and tell me to think about this and go with the TRS. It was the faculty close to retirement and close to me who got me thinking about it. And I have thanked my lucky stars countless times.

I think new faculty will listen to colleagues closer to retirement. So maybe a combination program – with HR personnel and older faculty – to help people look at things in a longer-term way.

I don't think that happens now. They get the HR spiel but not the information about this. Many now wonder why they didn't hear more. So I would recommend incorporating retiree organizations into discussions with young faculty.

Dennis – we could make a structural change. If there were more fluidity between the TRS and the ORP over 10 years so faculty would have tenure behind them, they would have a better idea what to do.

Karin Elliott: It's wonderful you got (advice?) but from an HR perspective we can't make recommendations, but could recommend they understand how important this decision is. What Dennis requested comes up frequently.

One thing we are looking at – non-exempt employee going to TRS. Do we open.
In state Law – have to make irrevocable decision in set period of time. TRS rules.

Last slide on 65+ HRA. Mat will talk about this. I saw email from the Council and appreciate your concerns and will address these at a later time. I appreciate your coming together in a thoughtful way to provide that.

Clarify – HRA going down. Karin will provide slides to us.

Continue providing HAS matching contribution for
Consumer HAS Plan up to $375 for employee only
_____ for family coverage
Continue Tobacco Use and Working Spouse Surcharges >>>>>>>>>>>>>>>?
All Plans

Employee premium increases between 6.9% and 10.9% depending on plan.

Employee monthly premium
(+1 = $ change from current) ANTHEM (USG SELF-INSURED COVERAGE

Tier	Consumer Choice HAS	Comprehensive Care	?	?
Employee	$568 (+$56)	$571 (+$58)	?	?
Employee + Children	$994 (+$99)	$999 (+$103)	$1008 (+$95)	$813 (+$43)
Employee + Spouse	$1,159 (+$116)	$1,166 (+$120)	$1176 (+$111)	$948 (+$50)

Family	$1.656 (+$166)	$1,665 (+$172)	$1,679 (+$158)	$1,355 (+$72)

Premiums rounded to the nearest dollar

ANTHEM USG Self-Insured Coverage)

Tier	Consumer Choice HAS	Comprehensive Care	?	?
Employee	$89 (+$6)	$207 (+13)	?	?
Employee + Children	$189 (+$12)	$401 (+$26)	$486 (+$48)	$362 (+$33)
Employee & Spouse	$220 (+$14)	$468 (+$30)	$567 (+$56)	$423 (+$38)
Family	$315 (+$20)	$668 (+$43)	$809 (+$80)	$604 (+$55)

RETIREE PURCHASING POWER
Medicare Part D Changes

OF JUNE 5 EMAIL FROM DANA NICHOLS TO PROVOSTS INVITING THEM TO PROVIDE REPRESENTATIVES ON THE USGRC AND SETTING UP RETIRE AAAOSICIATIONS AT USG INSTITUTIONS. UPDATE ON STATUS OF ADDING EMERITUS STATUS TO THE FACULTY HANDBOOK> DANA NICHOLS, Vice Chancellor for Academic Affairs

Core Impacts	Area Shorthand	Credit Hours
Institutional Priority	Institution	At least 3 credit hours
Mathematics & Quantitative Skills	Mathematics	At least 3 credit hours
Political Science & US History	Citizenship	At least 3 credit hours
Arts, Humanities & Ethics	Humanities	At least 6 credit hours
Communicating in Writing	Writing	At least 6 credit hours
Technology, Mathe-Matics & Sciences	STEM	At least 7 credit hours*
Social Sciences	Social Sciences	At least 3 credit hours

- At least 4 of the STEM credit hours must be ina lab science course. Given the importance of the STEM disciplines, any institution that wishes to drop STEM below 10 hours must make a compelling intellectual case that its core proposal will not lead to students knowing less about STEM. [An example of such a compelling case might be if the institution proposed to put 3 or more hours of math in the Institution area and 7 hours of natural science in the STEM area) curriculum.

Students at all institutions must meet the Core IMPACTS requirements in _____ _____ areas. However, institutions have considerable flexibility to tailor courses ------ requirements to their institutional mission. Students must complete all Core _____ requirements in order to earn associate of arts associate of science, next _____arts, or bachelor of science degrees.

The Core IMPACTS framework establishes common systemwide learning _____ Career-Ready Competencies for each area, ensuring that courses come _____ one institution or through eCore are fully transferable to the same area at ____ institution. Students do not have to complete all of the requirements for a _____ are to transfer credit within that area. In some cases, a student may trans _____send institution that has a higher amount of credit in a core area than _____ the institution to which the student is transferring. Students _____ credit for courses at the receiving institution, with the excess credit being _____ core area.

Systemwide learning outcomes and Career-Ready Competencies have been established for each core IMPACTS area. To be included in a Core IMPACTS area, courses must address the approved learning outcomes and career-ready competences for that area More details are available in the Academic and student Affairs Handbook.

Each institution's Core IMPACTS requirements must add up to 42 semester credit hours, with minimum credit hours in each area as follows:

Dr.Dana Nichols – Vice Chancellor for Academic Affairs, USG
I have been meeting with provosts about reinvigorating retiree organizations. I got a lot of feedback for reminding Provosts they have a resource in their retirees.

Meg Cooper: UWG does not have a new provost and we have seen nothing of this kind of approach to retirees.

Albany State University: Has shown interest. The only school moving forward that may come about because . .

Nancy McDuff: I think good to send notice again.

Donna McCarty: Dorothy Zinsmeister and I have been meeting with Albany State and we've go we pretty good distance. Not quite to point of meeting up. We will definitely be going on October 24th. What they need – working grup to help them discuss. So little involved in some parts of the state. So we hope to get more encouragement from the state.

If they can understand it's not all social. Many think we don't need another social event. But it's also an ADVOCACY organization. So both are vital. So any engagement is happy.

I think you really working group – good thing, but generally others don't know what to do. Your willingness to share some nuts and bolts perspective. Sorry to hear no clear results.

Dorothy Zinsmeister – Suggest that maybe a couple of us sit with ou and talk about institutions in the System that have never, ever participated in our council. I don't know how retirees at their institution get information. It's not one or two, it's a handful. Talking to someone about having someone on campus to get information to retirees.

Dana Nichols: I'm happy to do it. I'd like to know more about institutions that never have engaged.

Ed Rondeau: I consider if the university doesn't have a retiree organization the Provost can appoint or elect person to serve on our council. That can be a first step. So they can report back that yes, the retiree council does something.

Dana Nichols: A lot of provosts are new. Starting first step by appointing someone is good.

Dorothy Zinsmeister: It's important to appoint a retiree, not a non-retiree.

J Peters: As people in HR assign someont to retirees.

David Muschell: Georgia College and State University. I asked for _____ in HR. We want to mentor folks like Emory doesn. HR can't do this legally.
UNG – no representative. Retiree organization work is a voluntary job. We reached out to HR and Advancement, but getting . . .

Where do you get a list of retirees?
Some are hard
Donna McCarty: We host a reception for retirees and capture contact info that way. We can pique their interest that way. So we have maintained a substantial population of retirees in our group. Also send out a newsletter.

Georgia Techn – has formal retiree celebration. SO GA Techn has reached out.

Rebecca Farrow: I also work with UNG and I researched this. The lady listed as a retired but never retired. They have a new president now. I am still working with them re: SACS accreditation and will make contact again and see if I can get someone to step up.

Dorothy Zinsmeister: I went to the USG Faculty Council meeting and tlked to representatives. Still not getting a response.

Dana Nichols: Take it from me. Dorothy is hard to say no to. That sounds like a good idea. It hurts my heart that people are not engaging with this group because you are a great group and lots

David Muschell: Dennis marks fired me up.

EMERITUS GUIDELINES – STATUS in the HANDBOOK.
Unfortunately, a lot of stuff is changing in Academic Affairs and this is a document undergoing constant review. So our leadership has asked for a holistic update. It has been taking us forever because of guidelines ....?

Anne? Guidelines – suggestions. Create emeriti address for emeriti faculty. At UWG those who had continued use of their westga.edu email address were eligible for an emeriti.westga.edu. Other were not.

Dana Michols: There was a lot of back and forth about what the System could require of institutions. IT staff at GA Tech. So these were examples of things institution MAY do for retirees. About right question? Yes.

Dorothy Zinsmeister: My experience is that the faculty handbook has something in there that has to be changed. So waiting for everything to be lived up – "interesting" concept. Provosts often won't post them until on the USG website. So how are they getting out to faculty, department chairs? I think now we've been waiting for a year and they still haven't seen the light of day.

Dana Nichols: It's not just the new staff on this. There were other things not in, re: COVID

Dorothy Zismeister: So when will they be done doing that?

Dana Nicholls : Ashwani Monga is reviewing all that's been done, and we need his approval.

Ed Rondeau: We will be talking about that.

CHANGE TO CORE CURRICULUM> AT BOARD # required hours has not changed. But have repackaged the core to make it more meaningful for students and employees.
I was an English Major. Never changed my major. Didn't know why I hd to take Algebra. So asked a professor: Why am I having to learn this? Well, if you ever have to figure a rocket's projectile, you'll need this. Not a good answer. Some of that is still happening. I know a colleague who says you can't major in anything until you take my class. Not satisfying to student or helping them understand why things are in the core. What is the value to the work place? The changes are designed to help students understand why they are required to take this and faculty know what they should be doing. They don't articulat well why they are learning things.

CORE IMPACT CHART GOES HERE.

BOR passed at their October meeting. Institutions are working through their institutional governance channels to make these changes.

Career-ready competencies. Added also career- ready competencies. Employers said have good knowledge but not soft skills – time management, persuasion, how to engage in team work, delegating.

I'll leave in the chat. GA Match LINK to peruse.

TIMOTHY CHESTER – IT Glad to be here. Interim Vice Chancellor for IT Services.
Located in Athens. Runs system that manages payroll and benefits. Runs software for other institutions. Day job is VP for IT at UGA. 13 years in Athens. Creates opportunities for system interaction.

Question about retiree email. Various systems. No Guidance in the system except respond in the best _____? Part?

Providing retirees with @univ email address. At UGA, if someone officially retires, not necessary they are from UGA. Individuals can keep @ uga.edu Purposeful decision on behalf of senior administrators to keep contact with retirees regarding planned giving. Method by which people notify us of death _____. Account could be hijacked by threat actors.

At UGA have tightened some constraints around those accounts. HR notifies us of death and gracefully terminates accounts. After year of inactivity, process 3 times in 3 months. Login in if want to keep. Get other year. Dormant accounts are an information security threat. So we cleaned up about 1000/4000 UGA. Some institutions want to move you to emeriti. Its expensive – not just for licensing $100-$150/person. Also security issues. Retirees bump up the number of accounts to pay for licensing of other products.

UGA decided that this is a cost they rightfully bear to keep contact with their retirees.

About 20 out of 26 institutions experienced declining enrollment, reducing the number of employees and licenses. S Senior administration has decided not to provide the emeriti.edu. UGA has not done this. Some think this will be used to report employment that is not ongoing. We are managing this. Some institutions have added subdomain for this.

At the USG level there is no firm guidance. Allowed this to be a local decision. If desire for smaller universities to provide more – advocate with your senior institutional leadership.

Dennis Marks: Tim, what you said about UGA desirable system wide. We've heard there is a system mandate to tighten up on IT. But we hear there is push to

Mistake for faculty whose email is important. I would be really ticked to change. I think the USG has to recognize the value of retirees for academic contributions, but also as a source of benefit to the financial well-being of the institutions. These are people whose willingness to contribute to the institution will be tested.

Tim Chester: This is good feedback. I think we should stress – you maintain positive relationship with "affiliate process." Department can continue this as long as department wants to sign off on you. I will reinforce this with CF)'s to maintain relationship with those active in the professional associations.

We have no present opinion on this at the system level. Generally when people make a decision they blame us. But as System CIO we tried to provide flexibility. Providing for everyone it gets really expensive really quickly. Difficult to bear if budgets are low. They are lean.

For emeriti faculty, this is a good way to maintain access.

Meg Cooper: There is a tendency to blame the system. Then when it's true, it decreases trust. There wasn't an exception to information . So it made everyone else mad at West Georgia. It was a very unfortunate process so we are making suggestions. I would say put together a letter and send it to the President.

David Muschell: Ask retired – are you going to use your campus email or not? About 50% are not. They are trying to find ways to delete but could identify those who want to give it up. Not have blanket withdrawal.

Donna McCarty: Our retiree organization at Clayton State works with the Faculty and students. We provide a Teaching and Learning Innovation Grant to faculty and students who want to work together on some project. So we interact a lot with the faculty. Faculty who get the grants present their work to retirees.

I'm on the Grant Committee. When I send things from my Clayton State email, I get responses that I don't get from my gmail account. In terms of retiree organizations, not having the use of campus email can be detrimental. Many of our members are staff. Not having access to that account can be an inpediment in terms of their work.

Paul Jahr: On our campus, our retiree association includes both faculty and staff. Most in this group talking about faculty and emeriti status, but this email issue is bigger. I would request that this email is provided by Georgia College. PLEASE understand this is not strictly a faculty issue.

Every institution has an affiliate process for those engaged with the institution that would allow for them to maintain that type of access. At UGA any department has the capacity to do this. Some do research with researchers elsewhere. We have 1000 at UGA. That is separate from retirees keeping email. I can advocate for you. I appreciate the feedback

ANGELA BELL, VICE CHANCELLOR FOR RESEARCH AND POLICY ANALYSISn USG

Angela Bell: I never had the privilege of presenting to this Council before. Was hired in January 2023 by Chancellor Perdue and Stuart Rayfield. The Chancellor canvassed the Presidents and developed a new strategy. May – August, metrics, Approved in August by the Board of Regents.
Mission is the same, but we have a new vision. Our mission is knowledge: to create it through research, transfer it through teaching, and apply it through service.
2024-2029 Vision
The University System of Georgia is determined to be recognized as the best system of higher education in the United States as it advances the prosperity of individuals the state of Georgia, and the nation through education, research, engagement, and innovation.

2024-2029 Values
Students are our top priority.
We create, disseminate, and apply knowledge.
We protect free
We value diversity of intellectual thought and expression for all.
We are dedicated to continuous improvement
We hold ourselves accountable to the public and one another

Preamble to 2024-2029 Strategic Plan – each individual unique?
Four goals:

Student Success: The University System of Georgia will increase degree completion through a robust and intensive approach to access and student success, utilizing data analytics and best practices [to remove obstacles based on data analytics].

Responsible Stewardship: The University System of Georgia will ensure affordability for students through the wise stewardship of resources and optimizing efficiency across the system.

Economic Competitiveness Goal: The University System of Georgia will play a critical role in developing the talent and knowledge for current and future industry needs in the state of Georgia and beyond.

Community Impact Goal: University System of Georgia institutions will connect and collaborate with the communities and regions in which they serve to drive innovation and create opportunities for continued economic and quality of life impact.

This strategic plan empowers, informs, and impacts the work of the University System of Georgia's 26 diverse institutions and affiliated entities to elevate their unique missions. The implementation of this plan across sectors and institutions will be distinct to the communities they serve but will align to the goals and metrics of the system.

More detailed metrics are a part of this plan than has been the case in past plans – in an effort to improve retention. On a Georgia Degree Pay Site, one can compare institutions on cost, and outcomes post-graduation.
Increasing private funds so students pay less.

Student career development goals.
High Impact practices – internships, etc. Wat to have less turnover.

Initiatives/Priorities in Dashboards. These are designed to track. Wendii Jenkins, Associate Vice Chancellor of ?
Limit borrowing and traditional and see if it can't od because of national
Would reduce costs.
Very little research leads to productive activity
Vision for different collets.
Lower costs there. Relativey few Phd's hired.

Student Success Initiatives
Engagement with National Institute ____ Student Success at Georgia State
System-wide student success ....
OPerformance-based internal bu allocation model
Integrated counseling/direct admissions
Expansion and tracking of continuing & professional education

Student Success Metrics
Increase enrollment of Georgia 267,506 in fall 2022 to 278, in Fall 2028
Improve systemwide retention
For associate seekers from in 2021 cohort to70% for 2027 cohort
For bachelo's seeks fro 81.8% for fall 2021 cohort to 85% for 2027 cohort.
Increase system-wide graduation
Three-year associate rate from in 2910 cohort to 20.6% for 2028 cohort
Six-year bachelor's rate from in 2016 cohort to 65% for22022
Award 400,000 degrees and credentials.

Goal 2: Responsible Stewardship
Shared Services optimization

Unified ERP
Georgia Degrees Pay devel...
Inclusive access textbooks
Data dashboards
Private fundraising

Responsible Stewardship Metrics
Strive to keep increases in total attendance below the three- inflation rate
Maintain institutional operation . FTE below peer institution oer

Increase private funds raised gy institutions from $458,964.409 in 2022
Economic Competitive Initiatives
Refresh of the General Education
Align curricula to high demand .... And abilities
Support institutional and community entrepreneurship efforts
Work with Georgia Research Alliance, institutions, and other entities to recruit and support new eminent scholars.

Increase number of students who collaborative programs and 2022 to 4,683 in 2028
Increase the number of students undergraduate research opportunities 29, 961 in fall 2022 to 22, 632 in fall 2028
At USG Research I and II institutions ....

- Increase annual research expenditures from
- $1893.059,759 in 2022 to 1,112 in 2028
- Increase patents, including plant certificates from 135 in 2022 to 180 in 2028
- Elevate Georgia from 8th in 2021 to 6th in 2026 in higher education R&D expenditures, and from 7th to 5th in R7D expenditures from federal funds.

Goal 4: Community Impact
Implement, embed and utilize development tools (e.g., Stepping
Expand opportunities for quality Practices/experiential learning
Expand systemwide leadership development to include specific position tracks.
Hold turnover rae of fulltime steady at 2022 level of 16.9%
Increase students enrolling in experiential learning components . . . 41,887 in fall 2022 to 54,097 in
Increase students graduating employment sectors (health, education, data sience, fintech, and entertainment) from 17, 680 in FY 2022 to 21, 544 in FY 2028.
Increase one-year retention graduates in Georgia from 2018 graduates to 75.5% ...
Increase lifetime earnings USG bachelor's graduates from $1,152.500 for 2022 grades to $1,235,8477 for 2027.

Strategic Plan website: https://www.usg.edu/strategic_plan/
Angela.Bell@usg.edu

Implementation – Dr. Wendi Jenkins, Associate Vice Chancellor of Leadership Institutiona, Development
Collaboration with campus undertake strategic initiatives

Mitch Clifton: What about institutions with no formal sports, but having all on campus engage in activities. Unbundle these Reorient away from professional athletics to more intensively engaging healtly lifestyle for all students.

.

Angela Bell: No one has proposed this.

I worry about the increasing marginalization of some students who can't afford things. Workers may look down on these. Perpetuate inequalities but . . .

We make it really clear in letters of offer how much cost will impact students. We remind those who borrow what attendance costs. For your academic area, here's what past graduates have earned and then compare to the debt you take on long-term. We try to do what we can within Federal guidelines. I think we all need to think broadly to improve our institutions in the midst of existential threats. Wendi Jenkins, Associate Vice Chancellor of Leadership and Institutional Development (wendi.jenkins@usg.edu).

MAT BURKLEY – Client Manager introduced himself and the others working with him, including Steven Cox and John Grosso.

Jon Grosso – actuary group. Newsletter updates work closely with plans to ensure retirees get most out of the marketplace. Think about this as information sharing calibrated to the USG.

UNIVERSITY SYSTSEM OF GEORGIA (USG)
TRANSITIONED TO THE MEDICARE MARKETPLACE EFFECTIVE January 1, 2016.
2023 Current State Snapshot
Members have received $2,736 in annual HRA subsidy since 2016

In January 1, 2016, Plan F was the most popular plan chosen. Covers all out of pocket expenses.
September, Par D. Plan.
Newer retirees PPO is most popular. In the last 5 years, more movement here to create "more flexibility"

Over 20,000 USG Medicare eligible members are enrolled in coverage ....
15,00 enrolled in Medigap with Medicare Part D, Medigap ....
5,000 enrolled in Medicare Advantage plans, mainly PPO ....
USG enrollments in Medicare Advantage PPO Part D plans have
Consistent with ALIGHT's broader book of business.
Approximately 50% of retiree HRA accounts have accumulated balances. Average is $4400
This is not uncommon. Some are using their funds to offset future healthcare matters..
Medigap/Part D Enrollees 47% of HRAs have balance, $4,300 average balance
Medicare Advantage Enrollees 58% of HRAs have balances; $4,900 average rollover balance
Observed 2023 USG Marketplace Health Care Trends (Total Premium and Out-of-Pocket Costs)
USG Medigap with Medicare Part D: 5-7% observed annualized trend
USG Medicare Advantage Part D: (4%) – 0% observed annualized trends
USG retirees have realized the benefit of significant market efficiencies over time
And many have accumulated meaningful HRA balances for future use.

Nancy McDuff: How many have long-term balances vs. just a balance in the current year? What percentage of retirees are increasing their balance?

Mat: We have the data and can provide it.
You probably have few. Some slowly grow their accounts – bit by bit, not taking advantage of reimbursement. Some have a more nominal balance.

How many in a given year added to the balance and how many don't roll over?

Meg Cooper: What about those who have never used their account? I am aware of one individual who doesn't know how to use the system. She has $14,000 to $10,000 in her account. Some don't know how to use the system. We need to know what percentage of carryovers come from individuals not using their accounts at all.

Mat: A small percentage of people have not used the HRA. Every year each person receives a letter from us with a paragraph that informs them of their allocation to remind them they have access to the HRA to offset medical expenses.

Meg Cooper: We have a proportion of those people who cannot read your letter.

Mat Burkley: What does that mean?

Meg Cooper: They don't have literacy, or language skills to read the letter. If you had a 6th grade education 30 years ago, it's difficult..

Mat Burkley: We also include our telephone number so they can reach out.

Dennis Maris: There is the issue of "ease of use". The premium was set up by carriers. Comes out automatically. Other things one has to apply for reimbursement. That's a much harder process. I am interested in knowing to what extent the HRA was depleted through premium payments versus used in reimbursement.

Mat Burkley: The vast majority of claims are premium-based by far. We know your balance is zero."

John: The chance of depleting the full HRA on an annual basis . . . can extrapolate a bit.

John Grosso: Easy way to address these themes. I advocate to set up premium and part B.

Dennis: They can. Is there simple way to pay Income Related Adjustment Amount. That can be substantial. Can we automate part B – Also. Automate Part A and B Irma's.

November, we get a statement each year. That single sheet if automated would set up for a large number of people. Piecemeal, there is no blanket rule. If claim totals $700 and it's made up of different several types, it's possible that something in the document doesn't meet clan? That is possible.

Dennis: There is an 18 page booklet in YSA website of eligible expenses. That educational piece would be helpful.

Mat: That is on the website so people have the opportunity to take a look at it.

Dennis: It's buried.

? We have done things to encourage people to use their balances. Last year – to apply for more premiums. Can set it up as a recurrent expense. Can do campaign about that. Have HRA webinars to educate them on how to use balances. Why we do HRA webinars each year. Call: 1-800

Dennis Marks: Also have retirement organizations and HR have workshop. One on one sessions are helpfl.

Dennis: I asked to ask – mismatch between what we're gold is going to happen and what actually happens with surviving spouse.

David Rew: Not able to reach him. Our report? Representative? should take 2-3 weeks after the death report is in to create an account for the surviving spouse. 5 das to create balance from deceased account of retiree premium reimbursement. Continued to be dep. 4-5 months after she died. He later notified had to reimburse but still doesn't have YSA account. Told year after her death to have account. Also told 2-3 weeks. Not transferred to other account. Now told can only submit paper reimbursement for the year. He's afraid it will go past that year and not get reimbursed. Are yo areawre of what they and told and the reality? If so, what steps are being taken to help those folks.

Karin Elliott: I know individuals have issues. Go through Mat and send me a copy of the email. I'm hoping these are more 1 off.

David Rew no longer with Alight. Call Mat. I work with Karin and team to resolve.

Dorothy Zinsmeister: If Plan F is the most popular, how can there be such a huge balance. Many run out of money in September. So what's going on to have $4,000 in the bank?

John Grosso: A little under half have a balance. 53% in Medigape have no balance. Typically people in Plan F tend not to have a rollover balance.

Dorothy Zinsmeister: If you pay premium in one lump sum, is it cheaper?

Mat: Work with the carrier on that. It varies by carrier. Anthem provides that if you negotiate.

John Gross: Bars of Alight Medicare.

2023 ARHS Annual HRA Plan Sponsor Subsidies
Based on ARHS Book-of-Business

Distribution of Alight Medicare Members

2.3%	5.5%	20.2%	11.4%	10.2%	44.7%
$500 or less	$501-$1000	$1001-$1500	$1501-$2000	$2001-$2500	$2501-$3000

2.5%		
$3001-$3500	$3001-$4000	$4001-$4500

Observations:
The overall average 2023 ARHSHRS subsidy is $2,215 below USG's 2023 HRA subsidy of $2,736
Recent client exchange transitions focus on HRA subsides in the$1000 to $1500 PMPY range due to
Efficiencies not generally available prior to 2018 (e.g., Medicare Part D enhancements and MAPD PPO

USG's 2023 HRA subsidy is larger than those offered by most other plan sponsors.

INDIVIDUAL MEDICARE MARKETPLACE PLANS: TWO BROAD CATEGORIES

Medicare Advantage Prescription Drug Plans (MAPD)
Network-based Medicare "managed care" plans;
HMOs, PPOs, and more specialized plans

Must cover all Medicare Part A and B benefits
Typically provide value-added benefits including
dental, vision, hearing, gym memberships
All members can enroll in any MAPD plan available in their location with no underwriting; Insurers are not allowed to deny coverage, exclude pre-existing conditions or rate-up premiums.
Premiums are community-rated (no age rating)
Similar enrollment rules and opportunities apply to stand-alone individual Medicare Part D Plans
Approximately 25 million Medicare-eligibles are enrolled in Individual Medicare Advantage plans.

MEDICAP with
Open access Med
All or a portion of
No managed care
Most popular Medi
Insurers may under
Denials, pre-existing
Premiums, except
Protections exist
Premiums may

Approximately 16 million Medicare-eligibles are enrolled in Individual Medigap medical plans

Driven by favorable premiums, plan designs, and value-added benefits, local Medicare Advantage has become more popular than Medigap over time.

2023 USG Individual Marketplace Plan Access Analysis

(Medigap Rates at age 75)	Members	Number of Retiree Exchange Plan Options		
		PPO/HMO	Pre Macra	MACRA

Top Counties and Overall	Total	MAPD	Medigap	Medigap	PDP	MAPD
Clarke, GA	2,166	28/15	29	19	16	$0 $103
Fulton, GA	1,176	33/21	29	19	16	$0 $103
Dekalb, GA	1,138	35/20	29	19	16	$0 $103
Cobb, GA	985	28/18	29	19	16	$0 $103
Richmond, GA	776	27/10	29	19	16	$0 $103
Oconee, GA	743	28/14	29	19	16	$0 $103
Columbia, GA	725	27/11	27	17	16	$0 $103
Bulloch, GA	594	18/7	29	19	16	$0 $103
Chatham, GA	455	30/13	29	19	16	$0 $103
Madison, GA	453	28/12	29	19	16	$0 $103
Gwinnett, GA	440	34/23	29	19	16	$0 $103
Carroll, GA	432	27/9	29	19	16	$0 $103
Lowndes, GA	422	18/8	29	19	16	$0 $103
Tift, GA	292	27/10	29	19	16	$0 $103
Aiken, SC	261	27/8	38	22	17	$0 $103
Jackson, GA	245	29/15	29	19	16	$0 $103
Cherokee, GA	243	30/18	29	19	16	$0 $103
Hall, GA	242	27/15	29	19	16	$0 $103
Muscogee, GA	231	30/11	29	19	16	$0 $103
Baldwin, GA	205	27/11	39	19	16	$0 $103
All Other Counties	8 ,143	24/12	30	19	16	$0 $115

Missing rest of this chart

Individual Medigap Coverage – Market Overview
2023 Standard Medigap Medical Benefits for Non-Grandfathered Plans
ABCDF* NG etc.

GET FROM MEDICARE BOOK.

The Rationale for Individual Medigap Medical Coverage

High-Cost Claimants Find Unique Value	Lack of Comfort with Managed Care	Guaranteed ? Secure access to brand" providers	Other column?
High cost claimants can Benefit from the Larger/healthier risk Pools to Select against And secure cost-Effective flexible coverage	Some retirees reject managed care/Medicare Advantage and want the flexibility to work with their doctors to navigate the broader Medicare system to support their needs.	to participate in Individual Medicare Advantage, includ Mayo CLinic Sutter Health Other	
These claimants benefit From the 16M retirees Enrolled nationally in the Medigap system, with	These retirees are not comfortable with managed care "gate-keepers", pre-certification requirements,		favorable risk pool

many "over-insured"

prior authorizations, etc. even if following such protocols would reduce their cost.

Some may have already had a poor real or perceived experience with Medicare Advantage

While Individual Medicare Advantage PPO's provide a very strong national value proposition, meaningful numbers of retirees will benefit from Medigap.

Capitalizing on Marketplace Improvements
Part D Benefit has improved significantly .Material improvements in Medicare Part D. Coverage over

2006	2010	2019	2020	2023
Medicare Part D Introduced	ACA starts closing the donut hole	Manufacturers pay 70% of cost in the donut hole	Donut hole is closed	Insulin cost at $35/month
Retirees pay full cost in the donut hole	Manufacturers pay 50% of cost in the donut hole	Donut hole almost closed	Retirees pay at most 25% of cost in the donut hole	Adult vaccines covered with no cost sharing

Retirees pay 37% of drug costs

Retiree cost share in Medicare Part D has decreased significantly since its inception, while monthly premiums have remained relatively flat.
($28 in 2006 to $33 in 2023)

Enrollment in Medicare Part D plans is climbing – from 21.8 million enrollees in 2006 to 48.9 milliion in 2022

More than half of all Medicare Part D enrollees are now in Medicare Advantage Prescription Drug plans, which offer both lower premiums and lower out-of- pocket expenses.

Sources of Savings for Medicare Advantage Relative to Traditional Plans
Three key areas of Plan Focus

Optimizing Reimbursement	Building Provider Relationships
County-specific Federal Subsidies	Provider Collaboration
Risk Adjustment to Reflect Member Health Status	Performance Incentives to Drive
Star Rating Program Plan Bonuses	Efficiencies and Data Collection

THIRD CATEGORY in BOTTOM OF PRIOR PAGE Missing Ends with

Care Management
Complex care Management

Medicare Advantage plans are structured and incentivized to both reduce cost and improve quality of care.

INDIVIDUAL MEDICARE ADVANTAGE – MARKET OVERVIEW
Distribution of Medicare Advantage plans by Plan Type, 2010-2023

More Medicare Advantage Plans are available in than any other year going back to 2010.
HMO Local PPO PFFs Regional PPO MSAs

2010 2259
2011 1716
2012 1886
2013 1980
2014 1927
2015 1859
2016 1920
2017 1957
2018 2233
2019
2020
2021
2022
2023

NOTE: Excludes SNP's EGHPs HCPPs, PACE plans, cost plans and MMPs. Numbers may differ from

The Landscape File for the year was updated after initial publication.SOURCE: KFF analysis of CMS Landscale files for 201-2023.

2023 Marketplace Observations
89% of Medicare Advantage plans also offer Medicare Part D prescription drug coverage
Medicare Advantage HMOs and PPOs account for approximately 58% and 40% of all plans, respectively
17% of Medicare Advantage Plans offer some reduction in Medicare Part B premium in 2023

Medicare Advantage PPOs have expanded significantly over time, due to their
Flexibility and ongoing retiree interest, creating unique opportunities for retirees.

INDIVIDUAL MARKET MEDICARE ADVANTAGE PPO Value Proposition
Individual Market PPOs Provide a Unique Opportunity
Availability
Over 99% of Medicare beneficiaries have access to at least one Medicare Advantage plan across all plan types, with approximately 95% having access to at least one Medicare Advantage PPO (KFF)

Approximately 40% of all individual Medicare Advantage enrollees are in local MAPD PPO plans (10M of 25M)

These plans provide a unique opportunity in the individual market and are an excellent transition opportunity from group open access Medicare Advantage PPOs.
VALUE
Medicare Advantage PPO Part D plans can be offered for little to no premium and provide the following general value proposition, leveraging four benefit components:
A Medicare Advantage HMO for in-network benefits;
A Medigap medical plan for out-of-network benefits;
A high value Medicare Part D plan, an
Ancillary benefits including dental, vision, haring, meals, transportation benefits, Medicare Part B reimbursement, etc.

Many retirees can find superior value in a local MAPD PPO relative to a group plan, even if they leverage the out-of-network feature up to 25%-50% of the time.

THIRD SECTION BLOCKED OFF

Capitalizing on Marketplace Improvements
Medicare Advantage PPO Part D Plan Proliferation since 20??
Local Medicare Advantage PPOs can meet the needs of most current plan enrollees, at a much lower cost

Alight Study of 2023 USG Retirees Enrolled in Medigap
Over 99% have access to at least one MAPD PPO
Over 97% can find savings with an MAPD PPO with 5% out-of-network utilization ...
Over 96% can find savins with an MAPD PPO with 20% out-of-network ....
Over 93% can fin savings with an MAPD PPO using only the out-of-network ....

Approximately 500,000 members switch from Medigap to Medicare Advantage annually
Medicare allows a one-year "free look" into MAPD for current Medigap enrollees to re-enroll in Medigap without penalty, if unsatisfied.

2023 USG Individual Marketplace Plan Access Analysis:

Medicare Advantage with Medicare Part B Premium Reimbursements

Top Counties and Overall	Total USG Members	USG Members in MAPD	USG Members in MAPD with Part B Rebate
Clarke, GA	2166	374	31
Fulton, GA	1176	365	38
Dekalb, GA	1138	444	34
Cobb, GA	995	331	4
Richmond, GA	776	218	9
Oconee, GA	743	149	11
Columbia, GA	725	158	13
Bulloch, GA	594	132	9
Chatham, GA	455	140	4
Madison, GA	453	102	5
Gwinnett, GA	440	180	18
Carroll, GA	432	98	8
Lowndes, GA	422	67	6
Tift, GA	292	47	1
Aiken, SC	261	74	3
Jackson, GA	245	47	3
Cherokee, GA	243	80	1
Hall, GA	242	54	5
Muscogee, GA	231	42	2
Baldwin, GA	205	46	6
All other Counties	8,143	2,032	169
	20, 367	5, 180	380

MAPD PPO/HMO MAPD/PPO HMO ? ? ? ?

Donna McCarty: What if people get trapped into a plan that turns out not to be as advantageous over time?

Grosso: Yes, we have analysis. We will issue this as press release. White paper – power of choosing wisely so as to protect your overall well-being.

These plans are fairly valuable in Georgia. Last slide. Med premium, Part B.
$30/month
(150/month = $1800/year
You can make up for the premium decrease through USG. Robustness of plans in Georgia. Size of these reimbursements is great. '
??? You are only eligible for plans available in your county.

Donut hole. Completely closed now. No more coverage gap. You have deduction. 75% coinsurance paid by plan. 95% paid by plan. 25% cost share. 5% cost 0 in 2024
2025 – you'll never spend more than $25 for claims

Donna McCarty: What if the Federal government changes dramatically – subsidies "could" evaporate. Inflation Reduction Act disappears? We have done this analysis. I think it would be extremely disruptive to cut these kinds of benefits. What I think will happen? Medicare may become more means-based – if you have the means to pay more. Not for the masses would we take benefits away.

We hope communications between HHS and Big Pharma to regulate (?) what happens

Nancy McDuff: What percentage of USG fully use their HRA? Yes, we have this info.

SAME NUMBER TO CALL: 866-212-5052 for info

1. If 50% are carrying forward a balance, how many are carrying forward old balance vs. first time balance?
2. What percentage of USG fully utilize their YSA in more current year?
3. Projections over next 5 yers. White Paper.

Committee Report – Steven Cox
Nancy: Issues not covered.
Karin We had other questions, so did it get to others present?

Kathryn Grams – provided document

Barringer: Is presentation on the hRA? Reduction?

KE: Want me to defend the reduction in the HRA – will you found something out? I suggest in week we circle back. More info was going to share about _____

KE Our pre-65 retirees having significant impacts. I'll come back and talk about this. So decided on reduction for all.

Donna McCarty concerned about the slipper slope. Do you have a sl related concept ? Or is this the beginning of a year by year erosion process.

	With Part B				
28/15	6/1				
33/21	8/1				
35/20	9/1				
28/18	5/1				
27/10	6/1				
28/14	6/1				
27/11	6/1				
18/ 7	6/0				
30/13	6/1				
28/12	6/1				
34/23	9/1				
27/ 9	6/1				
18/ 8	5/1				
27/10	6/1				
27/ 8	9/2	$0	$ 103	$ 30	$150
29/15	6/1	$0	$ 103	$30	$150
30/18	7/1	$0	$103	$30	$150
27/15	6/1	$0	$103	$30	$150
30/11	7/1	$0	$103	$30	$150
27/11	6/1	$0	$103	$30	$150
24/12	NA	$0	$115	NA	NA
27/13	NA	$0	$108	NA	NA

RETIREE ADVISORY COMMITTEE
UNIVERSITY SYSTEM OF GEORGIA
September 22, 2023 10:00 am – 12:00 pm

Fidelity Plan Review
What has Fidelity been doing?

Communication has been very effective with good participant engagement. Have added a chat option for clients, and the plan is to visit all the .....? Campuses for Benefits Fairs this Fall. The plan is to continue to w....? engagement.

On a very limited scale, Fidelity is offering programs on financial literacy for
College students, and public student loan forgiveness help at two institutions of higher education

Fidelity is reviewing and working to improve four key indicators of a healthy retirement program: Employee participation, Savings rate (employee and employer), Asset allocation (age appropriate), and Employee engagement.

Secure 2.0 Update

On December 29, 2022, President Biden signed into law the Consolidated Appropriations Act of 2023, which includes the SECURE 2.0 package of retirement provisions.

John Grosso: PMPY = per member per year.
More moving to $1001-1500 to give retirees.

Grosso
Medicare Advantage or Medigap Meidcare with separate pArt D
More have found value in the local ppo and switched. 25 million Med. Adv. 16 million Medigap.
Movement happened because of value added – dental, hearing, availability of Medicare Advantage Plans. More now than before.

Medigap Coverage chart -2023
Some prover may not participate in Meedica Advantage
Protection of RISK – those know they wil pay for the expenses.

Plan, Part D – now plan picks up 80%. Retirees pay less. Increased monthly $5 in 33 years.
28-33 from 2006 – 2023

Medicare Advantage Plans. Incentivized to keep you enrolled and happy, competitive.

Can get 1 year "free look" into MAPD. Can't go back if Plan F (Barringer

Barringer: In rural rea, can't get care except with Plan F. On you have Medicare, not Medicare Advantage. I chair local retirees.

Mat: Our understanding, that if in a trial period, as long as you go back to the plan you were in, you SHOULD be able to do that.

Barringer: That's not the kind of guarantee our people want.

Mat – Rule Medicare has. You have one year trial period. I would engage your particular carrier and ask specifically what their provisions are.

In general rule, Medicare you can try out and go back.

Grosso: These are the conversations you want to have with Benefits Advisors. Get something in WRITING before you make a decision.

Dennis Marks: Issue when you can or can't go back. Easy to switch to Prescription Drug plan. Also switch to Medicare Advantage. Maybe good value for a year or two, but not down the road. Bst to have plan that kicks in advantages the older you get.

Grosso: It's a matter of what you are comfortable with and what you can afford. We see moves to PPO but not move out of them over time. We want to start a dialogue in case ...

Donna McCarty: Do you have data projecting what will happen with PPO plans over time if 99% of people are in them?

Karin Elliott: We look year to year. I can't tell you what's happening in the future re: USG budget, etc. I don't want to give or set expectations. I hoe we have good year related to our budget and hoe we don'thave to make more cuts going forward. These are very difficult decisions to deliver to you and active employees. I just hope we have better news going forward.

SCOTT TAYLOR, UWG FACULTY COUNCIL

Kathryn Grams – third Tues of each month to review proposals. Zoom meeting. Will continue to advocate for inclusion of retirees in wellness program.

Dorothy Zinsmeister = report on screen.
Committee meets 4 times a year with representatives from across the System and across the System office. About 12-15 people.
Every meeting 1 of 3 organization (TIAA, Fidelity, or Corebridge (formerly AIG) makes presentation. CAPTRUST always present.
Work on community engagement.
Secure 20 (?) passed by Biden – to get more assets to retirees. Government wants people to retire more comfortably and find ways to educate them to do that.
Cybersecurity updates – a HUGE problem.
I have Kennesaw.edu and have to do cybersecurity training by the end of October. Also you have to if you have ...
Such a problem that there are huge plans being put in place to protect their data. Then folks figure out how to hack the new. Fidelity – will reimburse loss assuming participant has complied with cybersecurity guidelines.
CAPTRUST – you should know. A consultant to review performance and plans to see how assets are performing. CAPTRUST advise can be given to all employees and retirees. Telephone or email.
Looking at fees charged to see if competitive.
USG discussing whether to move from 3 vendors to only 2. Not sure about the rationale. May have something to do with underperformance.

Dennis Marks: CAPTRUST does a decent job of advising new hires. Has same problem as we do – can't see into the future. Good at addressing on the acfumulation side, but not what to do on dispersal side. And more mountaineering accidents occur on the down=hill side. We might ask CAPTRUST to advise about financial decisions to amortize that – converst from accounts to IRA's?

I think they would be glad to talk to retirees more. Many think they will move on an don't.

Dennis Marks: Why I suggested the can make change later than at first.

Dennis Marks: PBI ?– Any discussion about this?

Dorothy Zinmeistr: None. Now only advancement can send out something for us. Please let retirees know. They refuse to send it because HR has not approved sending it out in one month. People are not staying – leaving and not thinking about retirees. How to relay.

Write Dorothy Zinsmeister re: and run around

We can send to retirees via development office. Their person there is assigned to retirees – sends emails.

Has created incredible inefficiency in our functioning. Person has other responsibilities, retirees not their priority.

Michelle Brattain – USGFC

Working on political issues with the USG. Last year BOR changed post-tenure policy. Now on censure list with the AAUP. Resolution passed to get us off. Negotiated a few changes, but this is an uphill battle. To protect our faculty the main issue is if a person is recommended for separation, there is no stage of review by their peers. Still working on that.

Meeting will be this Fall. Want to ask the System office about HR policy changes. Experience GA State Policy changed who could access job applicant files (references). Intended to make sure all got fair hearing. Led into effort to take faculty out of administrations searches. So gathering data about that. Sometimes administrators take policies and run with them in ways not intended.

Other thing: System office will revise General Education Core. Core Refresher wants students to be thinking about the worth of their General Education. Our Vice Chancellor is in marketing. Instead of A-F requirements will align with pneumonic IMPACTS. Areas of the Core that existed will be slotted into the core. Faculty OK with this. B Big struggle. The system office did not want it to be shared with Faculty. I soft launch January – in place in fall. Need a lot of advisors to get trained. Our concern is it may slow down graduation for students. We have a lot of questions about the details.

Donna McCarty Wouldn't there be some grandfathering?

Great Question. Not a lot of the details will be worked out. It will be confusing to students, and faculty asked to put specific language on each area and learning outcomes will be supplied by the system. Also have to completely redo our assessment model per SACS. A lot of logistics to work out.

Dennnis Marks: Old rule – you can graduate under any catalog.

Michelle Brattain: This is my understanding too at Georgia State University.

SCOTT TAYLOR, Chair STAFF COUNCIL (GA Southern University)

Started term July 1st. Meet 4x a year traditionally. Reset this to better serve. Set up Exec. Comm. Every 2nd Wed of the month. Aligned with Board of Regents. So system office can attend. Business meeting every 4th meeting of the month. We highlight top 5 takeaways from BOR and send tto Staff Councils at all institutions. Want to establish universal participatin in all 26 institutions. So we are pushing that forward. Have one more institution to establish representation. We want to make sure an Executive Advisor is available for each staff council. So we can advocate. Chieft HR officer or VP – when we elect new Treasurer, new check goes to account Awful lot of work. Worked with USG office to move our account to System office, we we don't have to switch every year.

Ad Hoc Bylaws Comm. To reflect these changes.

Standardizing our election schedule. Some on calendar year, some fiscal year. Want all councils to be by the latter. Have to serve for year before can be nominated as an officer.

Create standard operating procedure for staff councils. Best practices as effective advocate. Every year the institution that hosts the meeting, there is actual committee at the USG institution.

Dennis Marks: Communications.

Delighted to have representation from the USG Faculty Council an Staff Council We nset this up. This horizontal committee important. Main attivity with USG Open Enrollment Communicaions Committee. I review material prepared for post-65 retirees. USG open enrollment period two weeks. USG plans. Pre 65 – dental, vision if you drop you lose it forever.

When HR gets thems scheduled, presentation to explain changes for active employees and reitrees.
Medicare open enrollment October 15. Materials not there yet.
That is our most populat meeting of the year. Employees and retirees want to know what is being done TO them. HRA – use it or lose it. You can not bequeath it to your heirs. So you btter spend your HRA. If you don't use it, it will get cut. Take a look at the YSA booklet and spend. Anything including adult diapers. Please spend your money.
Got to ALIGHT
Hlth RA
Screen will change from yellow and blue to green
On Rt hand side panel of resources

Hazelkorn: People don't know

Dorothy Zinsmeister: Other reason for using your money. You end up paying more for something later.

Richard Barringer. HRA> If you take it out can put in savings account. First time I tried to get my money bank. Took 6 months to get it. They are not terrificly efficient about this.

Representive or alternate can serve if on the lst two years.

Exec Comm. Sprng meeting, End March, beginning April

Uls this start of moving to nothing – or is this strageiby that makes sense.

UNIVERSITY SYSTEM OF GEORGIA

2024 Healthcare Plan

Karin Elliott
Interim Vice Chancellor for Human Resources
August 8, 2023

Agenda

- Total Rewards Steering Committee
- USG Healthcare Plan Benchmarking & Performance
- 2024 Healthcare Plan Budget Projection
- 2024 Healthcare Plan Design and Premium Recommendations
- 2024 65+ Medicare Eligible Retirees Recommendation

Total Rewards Steering Committee

Committee Member	Title	Institution
Dr. Paul Jones, Chair and Presidential Sponsor	President	Fort Valley State University
Dr. Valerie Hepburn	USG retiree, Sr. Health Policy Consultant, USG, former President	College of Coastal Georgia/UGA
Traycee Martin	Vice President for Finance and Administration	Valdosta State University
Lori McCarty	Assistant Vice President of Human Resources	Dalton State College
Dr. James Marton	Professor and Chair, Dept. of Economics, Andrew Young School of Policy Studies	Georgia State University
Karen McDonnell	Assistant Vice President of Human Resources	Kennesaw State University
Dr. Doug Miller	Professor of Cardiology and Population Health Science, Medical College of Georgia	Augusta University
James Shore, Sr.	Sr. Associate Vice President for Finance and Admin. and Budget Director	University of Georgia
Dr. Christie Stewart	Sr. Academic Professional, School of Biological Sciences	Georgia Institute of Technology
Dr. Stuart Tedders	Dean, College of Public Health	Georgia Southern University
Dr. Henry N. Young	Kroger Professor, Dept. Head, UGA Clinical and Administrative Pharmacy	University of Georgia

Healthcare Plan Benchmarking

- We compare the performance of our plan against similar employers and the regional and national markets through the Aon, Health Value Initiative study
  - Includes over 5.6 million employees and around $75 billion in health care expenditures
  - Comparisons to higher education peers, the Georgia market – subset of organizations with employees in Georgia, the entire database which includes, over 700 organizations (small and large) across the U.S.

Healthcare Plan Performance vs. Trend

Actuals (Active & Pre-65)	2017	2018	2019	2020	2021	2022	2023 Projected
USG percentage change in annual claims cost per covered employee over prior year	3.7%	7.3%	1.7%	(3.9%)	11.6%	5.0%	4.6%
National Healthcare Cost Trend[1]	5.5%	5.7%	5.7%	6.0%*	7.0%*	5.5%	6.0%

[1]*PwC Health Research Institute: Medical Cost Trend 2024*

**Normalizes 20/21 impact from COVID-19 – estimated trend with Covid-19 impact would be 2.6% for 2020 and 11.2% for 2021*

2024 Budget Projection

- As a reminder, 2023 updated projection – claims costs at approx. $31.4 million over budget
- 2024 budget projection – initially calculated at $77.2 million increase or 14% increase over previous year projection
- Recommending increases in premiums, plan design changes and changes to programming

Financial projections provided by USG Healthcare actuary, Aon, based on calendar year

2024 Healthcare Plan Recommendation

Plan Design Changes

- Consumer Choice HSA Plan
  - Increase in-network deductible from $2,500/$5,000 to $3,000/$6,000
  - Increase in-network out-of-pocket maximum from $4,500/$9,000 to $4,700/$9,400
- Comprehensive Care Plan
  - Increase in-network deductible from $1,000/$3,000 to $1,300/$3,900
  - Increase in-network out-of-pocket maximum from $2,250/$4,500 to $2,850/$5,700
  - Increase Physicians Office visit copay from $20 to $25, Specialist Office visit copay from $35 to $50, and Urgent Care copay from $35 to $50

2024 Healthcare Plan Recommendation

Plan Design Changes

- BlueChoice HMO Plan
  - Increase Primary Care Physician office visit from $35 to $40
  - Increase outpatient hospital copay from $300 to $400 and inpatient hospital copay from $600 to $750
  - Increase emergency room copay from $400 to $500

2024 Healthcare Plan Recommendation

Plan Design Changes

- Kaiser Permanente HMO Plan
  - Increase primary care physician copay from $30 to $40 and specialist visit copay from $45 to $75
  - Increase urgent care copay from $40 to $75 and emergency room copay from $300 to $400
  - Increase outpatient hospital copay from $250 to $400 and inpatient hospital copay from $350 to $600

2024 Healthcare Plan Recommendation

- Discontinue Accolade and move customer service, healthcare and disease management support to Anthem's Total Health, Total You program
  - Ease of use for employees, all in one place (Sydney Health app)

2024 Healthcare Plan Recommendation

Health Improvement Programs

- Well-being Program
  - Reduce annual well-being incentive from $200 to $100
  - Eliminate stand alone vendor to provide lower cost programming and no cost health coaching through healthcare vendors
- Diabetes Management – offer through healthcare vendor supported programs
- Diabetes Prevention Program – provided through institutional programming
- Weight loss support – Weight Watchers for both Anthem and Kaiser populations

2024 Healthcare Plan Recommendation

- Continue providing HSA matching contribution for employees enrolled in the Consumer HSA plan – up to $375 for employee only coverage and up to $750 for family coverage
- Continue Tobacco Use and Working Spouse Surcharge at $150 per month
- All plans
  - Employee premium increases between 6.9% - 10.9% depending on plan

2024 Employer Healthcare Premiums

Employee Monthly Premium (+/- $ Change from Current)	Anthem (USG Self-Insured Coverage)			Kaiser (Fully Insured)
Tier	**Consumer Choice HSA**	**Comprehensive Care**	**BlueChoice HMO**	**HMO**
Employee	$568 (+$56)	$571 (+$58)	$576 (+$54)	$464 (+$25)
Employee + Child(ren)	$994 (+$99)	$999 (+$103)	$1,008 (+$95)	$813 (+$43)
Employee + Spouse	$1,159 (+$116)	$1,166 (+$120)	$1,176 (+$111)	$948 (+$50)
Family	$1,656 (+$166)	$1,665 (+$172)	$1,679 (+$158)	$1,355 (+$72)

Premiums rounded to nearest dollar.

2024 Employee Healthcare Premiums

Employee Monthly Premium (+/- $ Change from Current)	Anthem (USG Self-Insured Coverage)			Kaiser (Fully Insured)
Tier	**Consumer Choice HSA**	**Comprehensive Care**	**BlueChoice HMO**	**HMO**
Employee	$89 (+$6)	$207 (+$13)	$253 (+$25)	$189 (+$17)
Employee + Child(ren)	$189 (+$12)	$401 (+$26)	$486 (+$48)	$362 (+$33)
Employee + Spouse	$220 (+$14)	$468 (+$30)	$567 (+$56)	$423 (+$38)
Family	$315 (+$20)	$668 (+$43)	$809 (+$80)	$604 (+$55)

Premiums rounded to nearest dollar.

65+ Retiree – Purchasing Power Study & Medicare Part D changes

Purchasing Power Study

- Based on our retiree plan elections, premiums increased approximately 4.7% per year from 2021 – 2023
- 50% of retirees rollover balances from year to year

Medicare Part D

- Donut hole closed in 2020 – cost share has reduced to 25% from 50% when we first implemented HRA in 2016
- In 2024, employee cost share of 5% in the catastrophic phase will be eliminated and insulin will be capped at $35 per month
- In 2025, the out-of-pocket maximum will be capped at $2,000 (currently at $7,400 in 2023)

65+ Retiree 2024 Employer Contribution

- Recommend slightly decreasing the annual employer contribution to Health Reimbursement Account (HRA) from $2,736 to $2,640

- Discontinue catastrophic HRA – since retiree cost share in the catastrophic phase was eliminated, this is no longer needed

2024 Healthcare Plan Recommendation

- 2024 initial budget projection - $77.2 million
- With plan design changes and premium increases, projected increase is reduced to $43 million
- Healthcare funding request to the state - $23 million

Questions?

Approval Items

1. Approval of Healthcare Plan and Premiums for Plan Year 2024

2. Approval of the 65+ Medicare Eligible Retiree Healthcare Contribution of $2,640 for 2024

UNIVERSITY SYSTEM OF GEORGIA

University System of Georgia Strategic Plan 2024-2029

USG Retiree Council Fall Meeting
October 6, 2023

Angela Bell, Ph.D., Vice Chancellor for Research and Policy Analysis

Planning Process

President's Working Group

- Dr. Christopher Blake
- Dr. Ángel Cabrera
- Dr. Michelle Johnston
- Dr. Kyle Marrero

Jan.– Mar. 2023

Presidents' Meeting

Mar. 2023

BOR Strategic Planning Meeting

Mar. 2023

Presentation at BOR Meeting

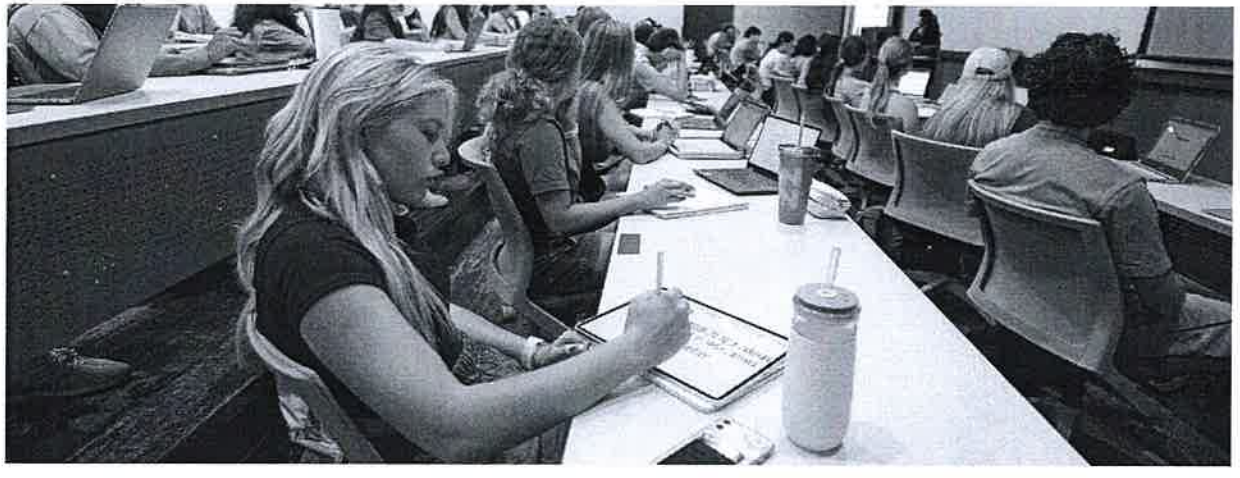
May 2023

Metrics, targets, dashboards

May to Aug.

Approval August BOR Meeting

USG Mission Statement



Our mission is knowledge: to create it through research, transfer it through teaching, and apply it through service.

2024-2029 Vision

The University System of Georgia is determined to be recognized as the best system of higher education in the United States as it advances the prosperity of individuals, the state of Georgia, and the nation through education, research, engagement, and innovation.

2024-2029 Values

- Students are our top priority.
- We create, disseminate, and apply knowledge.
- We protect freedom of inquiry and expression.
- We foster an environment where all people are free to share ideas and opinions, even those that some may find offensive.
- We value diversity of intellectual thought and expression for all.
- We are dedicated to continuous improvement.
- We hold ourselves accountable to the public and one another.
- We invest in people.

Preamble to 2024-2029 Strategic Plan

This strategic plan empowers, informs, and impacts the work of the University System of Georgia's twenty-six diverse institutions and affiliated entities to elevate their unique missions. The implementation of this plan across sectors and institutions will be distinct to the communities they serve but will align to the goals and metrics of the system.

Goal 1: Student Success

The University System of Georgia will increase degree completion through a robust and intensive approach to access and student success, utilizing data analytics and best practices.

Student Success Initiatives

- Engagement with National Institute for Student Success at Georgia State University
- Systemwide student success tools
- Performance-based internal budget allocation model
- Integrated counseling/direct admissions
- Expansion and tracking of continuing & professional education

Student Success Metrics

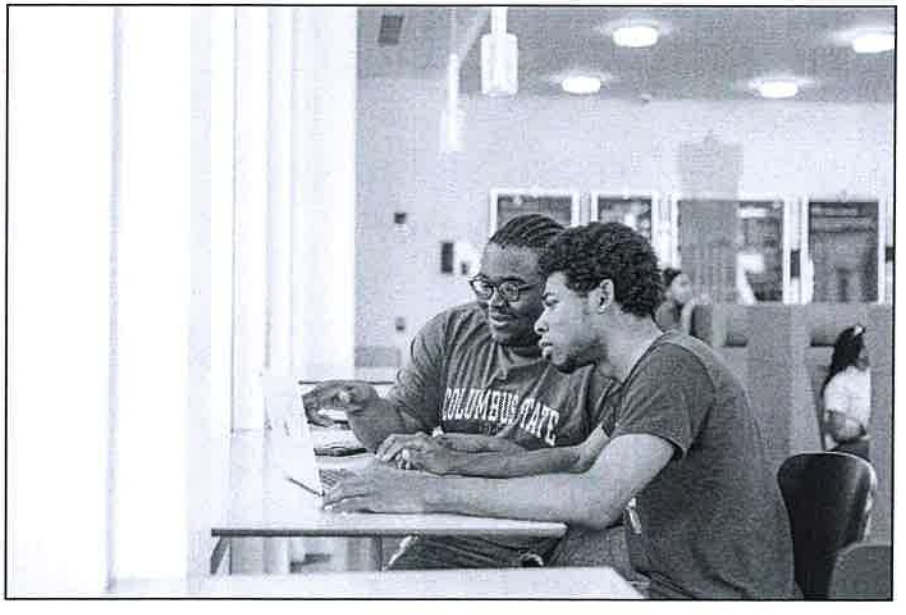
- Increase enrollment of Georgians from 267,506 in fall 2022 to **278,848** in fall 2028.
- Improve systemwide retention rates
  - For associate seekers from 65.3% for fall 2021 cohort to **70%** for 2027 cohort.
  - For bachelor's seekers from 81.8% for fall 2021 cohort to **85%** for 2027 cohort.

Student Success Metrics

- Increase systemwide graduation rates
  - Three-year associate rate from 16.7% for fall 2019 cohort to **20.6%** for 2025 cohort.
  - Six-year bachelor's rate from 63.2% for fall 2016 cohort to **65%** for 2022 cohort.
- Award **400,000** degrees and credentials.

Goal 2: Responsible Stewardship

The University System of Georgia will ensure affordability for students through the wise stewardship of resources and optimizing efficiency across the system.



Responsible Stewardship Initiatives

- Shared services optimization
- Unified ERP
- Georgia Degrees Pay development
- Inclusive access textbooks
- Data dashboards
- Private fundraising

Responsible Stewardship Metrics

- Strive to keep increases in total cost of attendance below the three-year average inflation rate.
- Maintain institutional operating expenses per FTE below peer institution average.
- Increase private funds raised by institutions from $458,964,409 in 2022 to **$548,027,507** in 2028.

Goal 3: Economic Competitiveness

The University System of Georgia will play a critical role in developing the talent and knowledge for current and future industry needs in the state of Georgia and beyond.

Economic Competitiveness Initiatives

- Refresh of the General Education/Core Curriculum
- Align curricula to high demand knowledge, skills, and abilities
- Support institutional and community-based entrepreneurship efforts
- Work with Georgia Research Alliance, institutions, and other entities to recruit and support new eminent scholars

Economic Competitiveness Metrics

- Increase number of students who participate in collaborative programs and courses from 2,266 in 2022 to **4,683** in 2028.
- Increase the number of students engaged in undergraduate research opportunities from 20,691 in fall 2022 to **22,632** in fall 2028.

Economic Competitiveness Metrics

- At USG Research I and II institutions:
  - Increase annual research expenditures from $1,893,059,759 in 2022 to **$2,588,208,454** in 2028.
  - Increase business start-ups created or supported from 1,037 in 2022 to **1,112** in 2028.
  - Increase patents, including plant variety protection certificates, from 135 in 2022 to **180** in 2028.
- Elevate Georgia from 8th in 2021 to **6th** in 2026 in higher education R&D expenditures, and from 7th to **5th** in R&D expenditures from federal funds.

Goal 4: Community Impact

University System of Georgia institutions will connect and collaborate with the communities and regions in which they serve to drive innovation and create opportunities for continued economic and quality of life impact.

Community Impact Initiatives

- Implement, embed, and utilize student career development tools (e.g., Steppingblocks)
- Expand opportunities for quality High-Impact Practices/experiential learning
- Expand systemwide leadership development to include specific position tracks

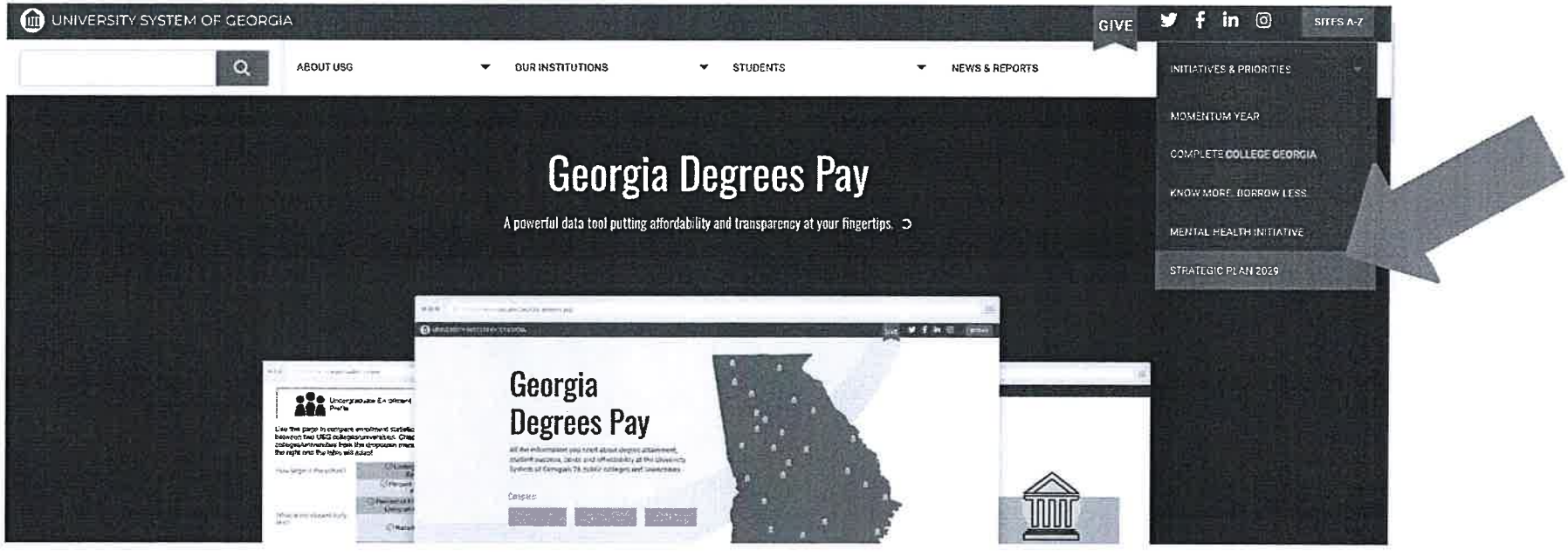
Community Impact Metrics

- Hold turnover rate of full-time employees steady at 2022 level of **16.9%.**
- Increase students enrolling in courses with experiential learning components from 41,887 in fall 2022 to **54,097** in fall 2028.
- Increase students graduating in key employment sectors (health, education, data science, fintech, and entertainment) from 17,680 in FY2022 to **21,544** in FY2028.

Community Impact Metrics

- Increase one-year retention of USG graduates in Georgia from 73.9% for 2018 graduates to **75.5%** for 2024.
- Increase lifetime earnings premium of USG bachelor's graduates from $1,152,500 for 2022 grads to **$1,235,847** for 2027.

Strategic Plan Website



https://www.usg.edu/strategic_plan/

STRATEGIC PLAN 2029

Our Mission is Knowledge

The University System of Georgia is determined to be recognized as the best system of higher education in the United States as it advances the prosperity of individuals, the state of Georgia, and the nation through education, research, engagement, and innovation.

— 2029 Vision Statement

This strategic plan empowers, informs, and impacts the work of the University System of Georgia's 26 diverse institutions ated entities to elevate their unique missions. The implementation of this plan across sectors and institutions will be ct to the communities they serve but will align to the goals and metrics of the system.

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Home

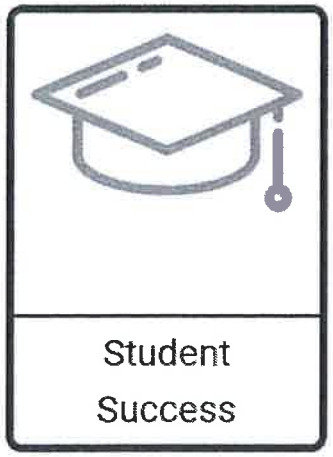
Strategic Plan Development

2029 Goals +

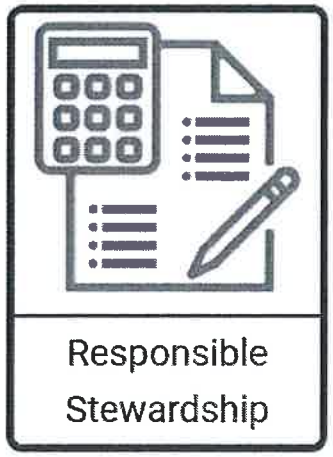
2029 Dashboards

Past Strategic Plans +

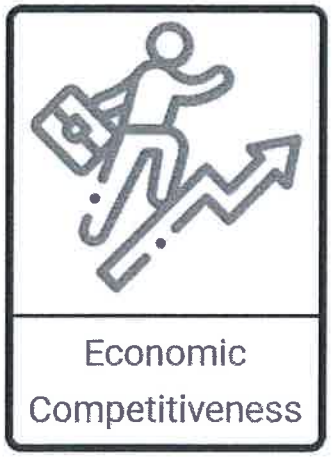
Strategic Plan 2029 Dashboards



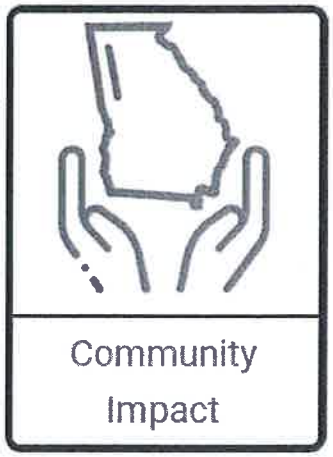
Student Success



Responsible Stewardship



Economic Competitiveness



Community Impact

Community Impact

UNIVERSITY SYSTEM OF GEORGIA

USG Community Impact Goal KPIs

Identify key areas relating to USG's strategic plan and be able to dive further into the specific dashboards relating to them.

Community Impact

University System of Georgia institutions will connect and collaborate with the communities and regions in which they serve to drive innovation and create opportunities for continued economic and quality of life impact.

Click on a KPI to view more details.

Retention of USG Graduates in State of Georgia - FY 2018

73.9% ▼

-0.7 PP from previous year

Average Lifetime Earnings Premium* of USG Graduates - FY 2022

$1.15M

Bachelor's

0.0% change from previous year

USG Full-time Employee Turnover Rate - FY 2022

16.9% ▼

-1.9 PP from previous year

*Earnings Premiums are all provided in 2019 dollars

Degrees Awarded for Key Employment Sectors - FY 2023

17,718 ▲

+0.2% change from previous year

Student Enrollments in Experiential Learning - Fall 2022

41,887 ▲

+8.7% change from previous year

Community Impact

UNIVERSITY SYSTEM OF GEORGIA

USG Community Impact Goal KPIs

Identify key areas relating to USG's strategic plan and be able to dive further into the specific dashboards relating to them.

Historical data as of May 30, 2023.

← Graduates in Key Employment Sectors

Number of degrees and certificates conferred in programs leading to health, education, financial technology, data science, and entertainment careers.

Fiscal Year
2018 2023

Sector
All

Institution
All

Degree Level
All

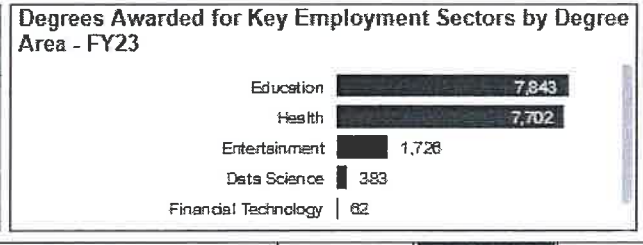
Degree Area
All

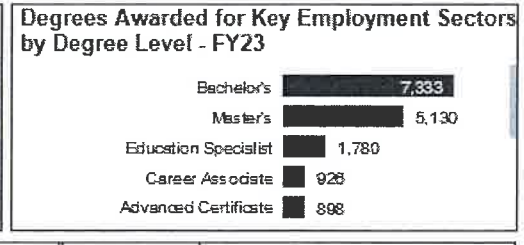
Clear All Filters

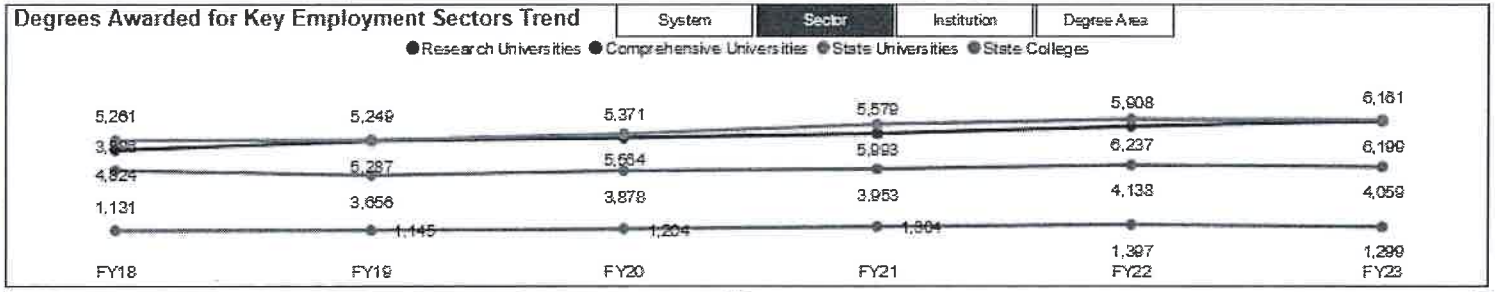
Degrees Awarded for Key Employment Sectors - FY23

17,718

+0.2% change from previous year







Sector | Institution	FY18	FY19	FY20	FY21	FY22	FY23
⊞ Research Universities	4,824	5,249	5,371	5,579	5,908	6,161
⊞ Comprehensive Universities	5,261	5,287	5,564	5,993	6,237	6,199
⊞ State Universities	3,886	3,656	3,878	3,953	4,138	4,059
⊞ State Colleges	1,131	1,145	1,204	1,304	1,397	1,299
Total	15,102	15,337	16,017	16,829	17,680	17,718

Area | Classification	FY19	FY20	FY21	FY22	FY23
⊞ Data Science	40	60	93	155	383
⊞ Data Science and Financial Technology		2	5	2	2
⊞ Education	6,547	6,867	7,306	7,939	7,843
⊞ Entertainment	1,527	1,617	1,692	1,697	1,726
⊞ Financial Technology			9	37	62
⊞ Health	7,223	7,471	7,724	7,850	7,702
Total	15,337	16,017	16,829	17,680	17,718

Community Impact

UNIVERSITY SYSTEM OF GEORGIA

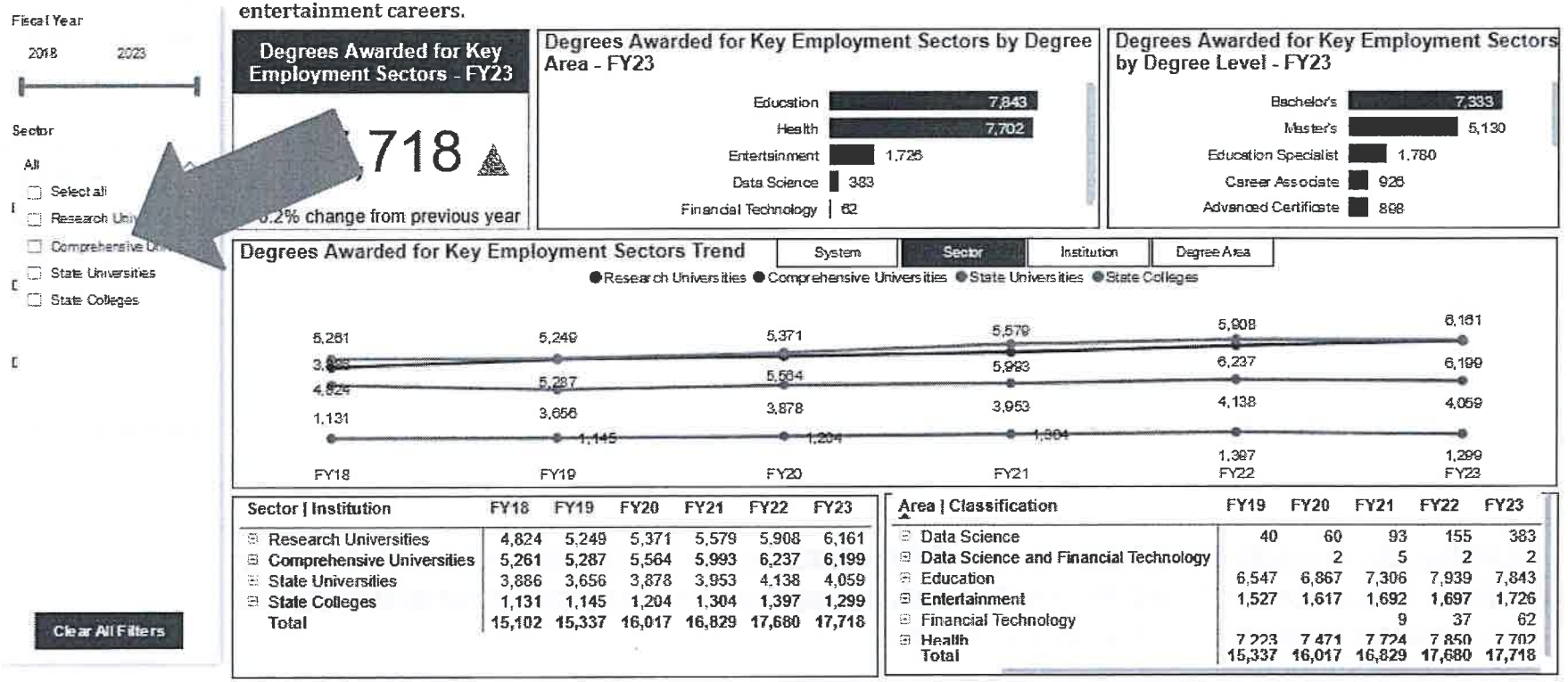
USG Community Impact Goal KPIs

Identify key areas relating to USG's strategic plan and be able to dive further into the specific dashboards relating to them.

Historical data as of May 30, 2023

← Graduates in Key Employment Sectors

Number of degrees and certificates conferred in programs leading to health, education, financial technology, data science, and entertainment careers.



Sector | Institution	FY18	FY19	FY20	FY21	FY22	FY23
Research Universities	4,824	5,249	5,371	5,579	5,908	6,161
Comprehensive Universities	5,261	5,287	5,564	5,993	6,237	6,199
State Universities	3,886	3,656	3,878	3,953	4,138	4,059
State Colleges	1,131	1,145	1,204	1,304	1,397	1,299
Total	15,102	15,337	16,017	16,829	17,680	17,718

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Number of degrees and certificates conferred in programs leading to health, education, financial technology, data science, and entertainment careers.

Fiscal Year
2018 2023

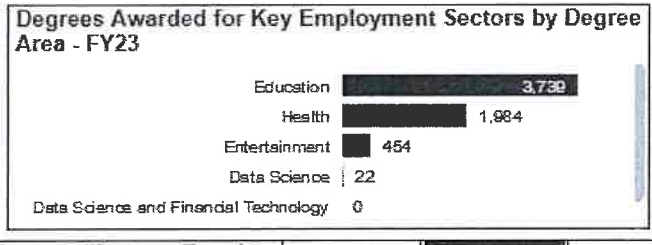
Sector
Comprehensive Univers...
- [x] Select all
- [ ] Research Universities
- [x] Comprehensive Univer...
- [ ] State Universities
- [ ] State Colleges

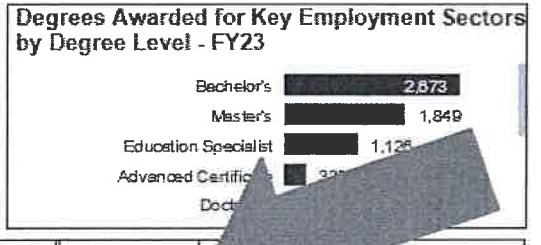
Clear All Filters

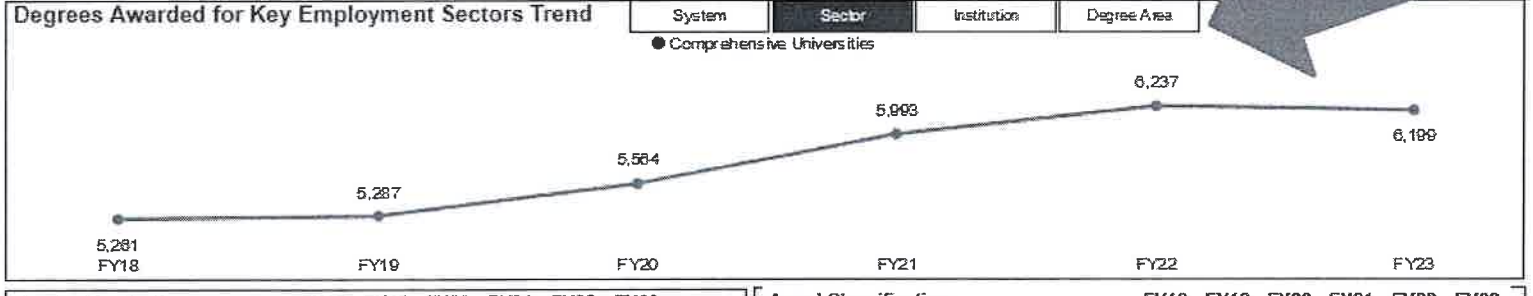
Degrees Awarded for Key Employment Sectors - FY23

6,199 ▼

-0.6% change from previous year







Sector | Institution	FY18	FY19	FY20	FY21	FY22	FY23
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Area | Classification	FY18	FY19	FY20	FY21	FY22	FY23
⊕ Data Science	8	15	26	29	28	22
⊕ Data Science and Financial Technology			0	0	0	0
⊕ Education	2,968	2,982	3,217	3,463	3,688	3,739
⊕ Entertainment	564	435	471	491	514	454
⊕ Financial Technology				0	0	0
⊕ Health	1,721	1,855	1,850	2,010	2,007	1,984
Total	5,261	5,287	5,564	5,993	6,237	6,199

Community Impact

UNIVERSITY SYSTEM OF GEORGIA

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Number of degrees and certificates conferred in programs leading to health, education, financial technology, data science, and entertainment careers.

Fiscal Year: 2018 – 2023

Sector: Comprehensive Univers...

Institution: All

Degree Level: All

Degree Area: All

Clear All Filters

Degrees Awarded for Key Employment Sectors - FY23

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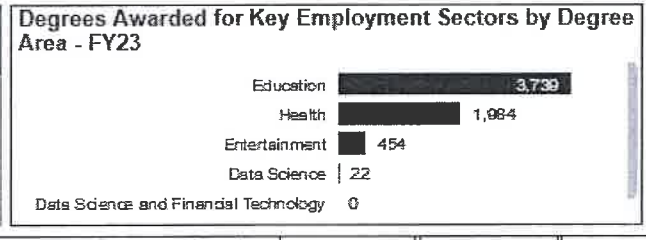

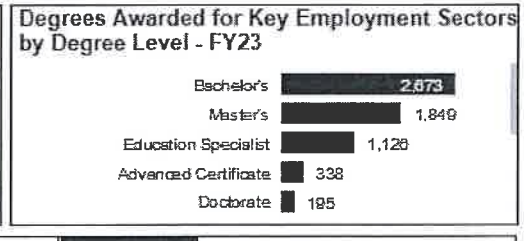

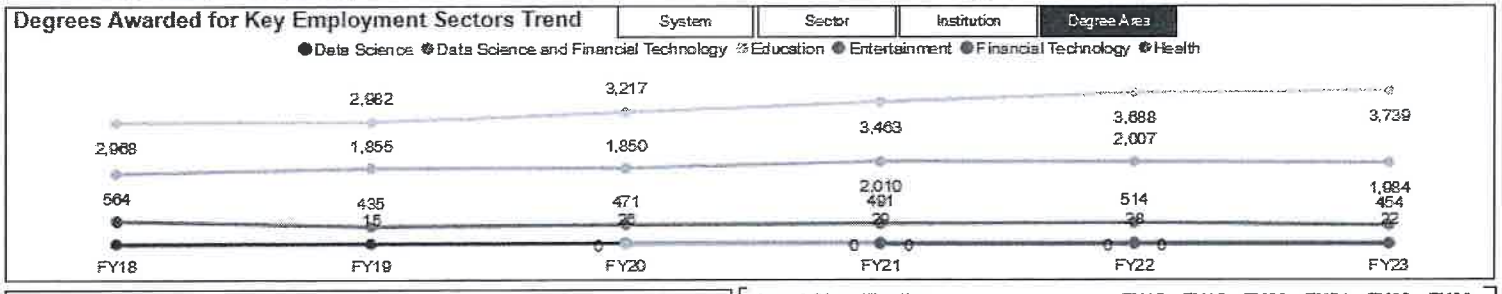

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Fiscal Year
2018 2023

Sector
Comprehensive Univer...

Institution
All

Degree Level
All

Degree Area
All

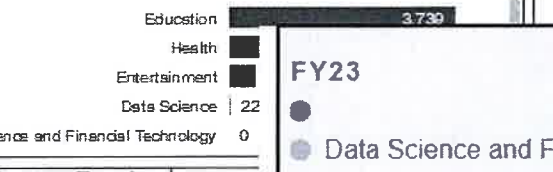
Clear All Filters

Degrees Awarded for Key Employment Sectors - FY23

6,199 ▼

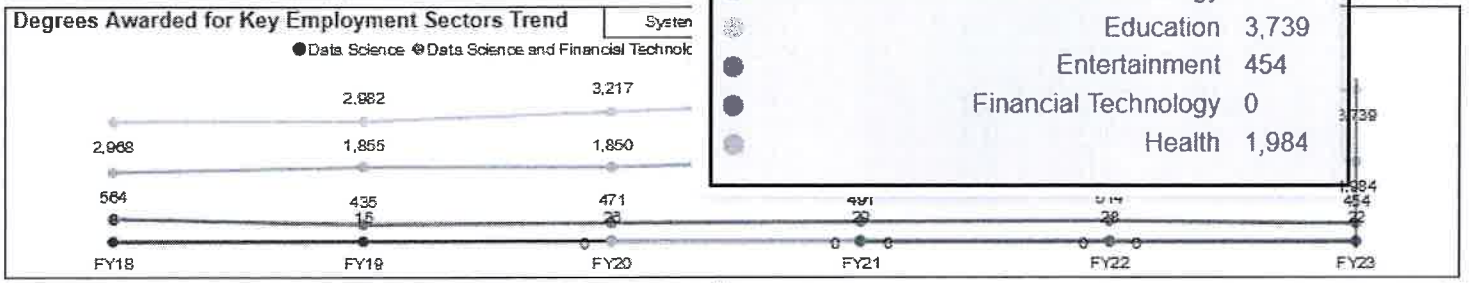
-0.6% change from previous year

Degrees Awarded for Key Employment Sectors by Degree Area - FY23



Degrees Awarded for Key Employment Sectors by Degree Level - FY23

Degrees Awarded for Key Employment Sectors Trend



FY23

Data Science	22
Data Science and Financial Technology	0
Education	3,739
Entertainment	454
Financial Technology	0
Health	1,984

Sector | Institution	FY18	FY19	FY20	FY21	FY22	FY23
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Institution: All

Degree Level: All

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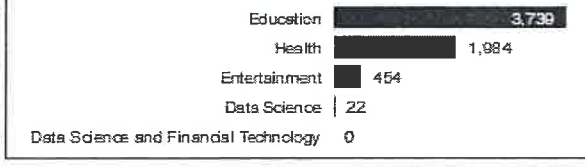
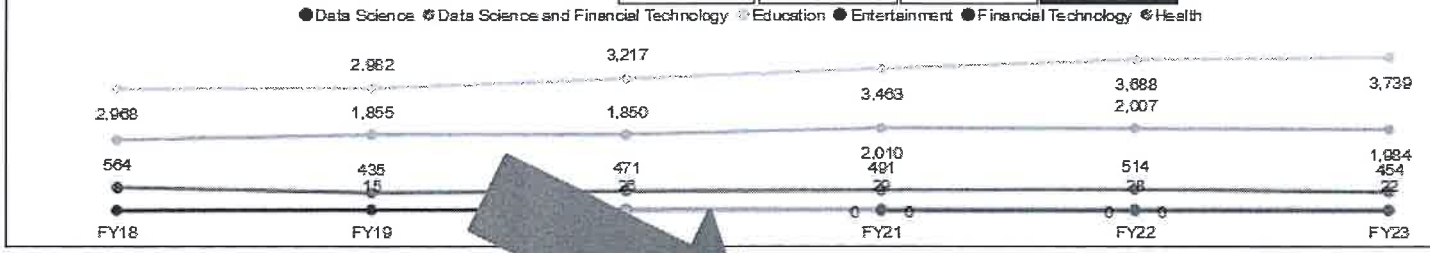


Degrees Awarded for Key Employment Sectors by Degree Level - FY23

Degrees Awarded for Key Employment Sectors Trend

System | Sector | Institution | Degree Area



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Health	1,721	1,855	1,850	2,010	2,007	1,984
Total	5,261	5,287	5,564	5,993	6,237	6,199

Implementation

- Dr. Wendi Jenkins, Associate Vice Chancellor of Leadership and Institutional Development
- Collaboration with campuses to undertake strategic initiatives

Contact Information

Angela Bell

Angela.Bell@usg.edu

2023 Medicare Marketplace Update

University System of Georgia (USG)

October 2023

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University System of Georgia (USG): Transitioned to the Medicare Marketplace Effective January 1, 2016

2023 Current State Snapshot

- Members have received $2,736 in annual HRA subsidy since 2016

- Over 20,000 USG Medicare-eligible members are enrolled in coverage through the Alight Exchange:
  - ~15,000 enrolled in Medigap with Medicare Part D; Medigap Plan F most popular
  - ~5,000 enrolled in Medicare Advantage plans; mainly PPO plans

- USG enrollments in Medicare Advantage PPO Part D plans have grown significantly over time, consistent with Alight's broader book of business

- Approximately 50% of retiree HRA accounts have accumulated balances with a ~$4,400 average
  - Medigap/Part D Enrollees: ~47% of HRAs have balances; ~$4,300 average balance
  - Medicare Advantage Enrollees: ~58% of HRAs have balances; ~$4,900 average balance

Observed 2023 USG Marketplace Health Care Trends (Total Premium and Out-of-Pocket Costs)

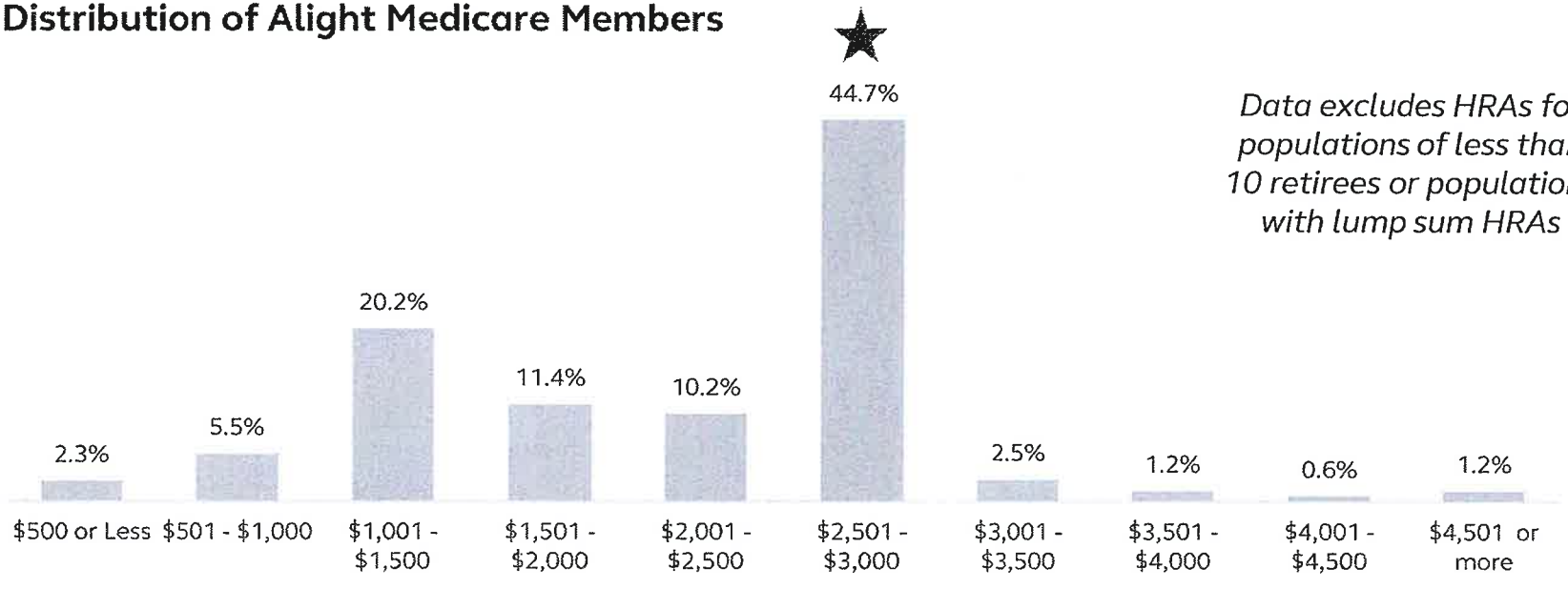
- USG Medigap with Medicare Part D: 5% - 7% observed annualized trends
- USG Medicare Advantage Part D: (4%) - 0% observed annualized trends

USG retirees have realized the benefit of significant market efficiencies over time, and many have accumulated meaningful HRA balances for future use,

2023 ARHS Annual HRA Plan Sponsor Subsidies

Based on ARHS Book-of-Business

Distribution of Alight Medicare Members



Data excludes HRAs for populations of less than 10 retirees or populations with lump sum HRAs

Observations:

- The overall average 2023 ARHS HRA subsidy is **~$2,215**, below USG's 2023 HRA subsidy of **$2,736**
- Recent client exchange transitions focus on HRA subsidies in the **$1,000 to $1,500 PMPY range** due to market efficiencies not generally available prior to 2018 (e.g., Medicare Part D enhancements and MAPD PPO proliferation)

USG's 2023 HRA subsidy is larger than those offered by most other plan sponsors.

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Individual Medicare Marketplace Plans: Two Broad Categories

Medicare Advantage Prescription Drug Plans (MAPD)

- Network-based Medicare "managed care" plans; HMOs, PPOs, and more specialized plans
- Must cover all Medicare Part A and B benefits
- Typically provide value-added benefits including dental, vision, hearing, gym memberships
- All members can enroll in any MAPD plan available in their location with no underwriting; insurers are not allowed to deny coverage, exclude pre-existing conditions or rate-up premiums
- Premiums are community-rated (no age-rating)
- Similar enrollment rules and opportunities apply to stand-alone individual Medicare Part D plans

Approximately 25 million Medicare-eligibles are enrolled in individual Medicare Advantage plans

Medigap with Stand-Alone Medicare Part D Plan (Medigap + PDP)

- Open access Medicare "supplement" plans; simply cover all or a portion of Medicare-required cost-sharing
- No managed care or retiree support provided
- Most popular Medigap Plans: Plans F, G, and N
- Insurers may underwrite Medigap plans, including denials, pre-existing condition exclusions or higher premiums, ***except where guaranteed issue (GI) protections exist (including special enrollment windows)***
- Premiums may be community-rated or vary by age

Approximately 16 million Medicare-eligibles are enrolled in individual Medigap medical plans

Driven by favorable premiums, plan designs, and value-added benefits, local Medicare Advantage has become more popular than Medigap over time.

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2023 USG Individual Marketplace Plan Access Analysis (Medigap Rates at Age 75)

Top Counties and Overall	Members	Number of Retiree Exchange Plan Options				Monthly Premiums (Low to High)									
	Total	MAPD PPO / HMO	Medigap Pre MACRA	Medigap MACRA	PDP	MAPD		Medigap Plan N		Medigap Plan G		Medigap Plan F		PDP	
Clarke, GA	2,166	28 / 15	29	19	16	$0	$103	$106	$231	$152	$325	$217	$369	$11	$118
Fulton, GA	1,176	33 / 21	29	19	16	$0	$103	$116	$276	$166	$389	$237	$405	$11	$118
Dekalb, GA	1,138	35 / 20	29	19	16	$0	$103	$116	$276	$166	$389	$237	$405	$11	$118
Cobb, GA	985	28 / 18	29	19	16	$0	$103	$116	$276	$166	$389	$237	$405	$11	$118
Richmond, GA	776	27 / 10	29	19	16	$0	$103	$106	$231	$152	$325	$217	$369	$11	$118
Oconee, GA	743	28 / 14	29	19	16	$0	$103	$106	$231	$152	$325	$217	$369	$11	$118
Columbia, GA	725	27 / 11	27	17	16	$0	$103	$106	$231	$152	$325	$217	$369	$11	$118
Bulloch, GA	594	18 / 7	29	19	16	$0	$103	$106	$233	$152	$333	$217	$398	$11	$118
Chatham, GA	455	30 / 13	29	19	16	$0	$103	$116	$233	$166	$333	$237	$398	$11	$118
Madison, GA	453	28 / 12	29	19	16	$0	$103	$106	$233	$152	$333	$217	$398	$11	$118
Gwinnett, GA	440	34 / 23	29	19	16	$0	$103	$106	$276	$152	$389	$217	$405	$11	$118
Carroll, GA	432	27 / 9	29	19	16	$0	$103	$116	$276	$166	$389	$237	$405	$11	$118
Lowndes, GA	422	18 / 8	29	19	16	$0	$103	$106	$233	$152	$333	$217	$398	$11	$118
Tift, GA	292	27 / 10	29	19	16	$0	$103	$106	$233	$152	$333	$217	$398	$11	$118
Aiken, SC	261	27 / 8	38	22	17	$0	$103	$105	$207	$136	$248	$165	$324	$11	$201
Jackson, GA	245	29 / 15	29	19	16	$0	$103	$106	$233	$152	$333	$217	$398	$11	$118
Cherokee, GA	243	30 / 18	29	19	16	$0	$103	$106	$276	$152	$389	$217	$405	$11	$118
Hall, GA	242	27 / 15	29	19	16	$0	$103	$106	$233	$152	$333	$217	$398	$11	$118
Muscogee, GA	231	30 / 11	29	19	16	$0	$103	$106	$231	$152	$325	$217	$369	$11	$118
Baldwin, GA	205	27 / 11	29	19	16	$0	$103	$106	$233	$152	$333	$217	$398	$11	$118
All Other Counties	8,143	24 / 12	30	19	16	$0	$115	$117	$247	$163	$336	$217	$395	$11	$129
Total	**20,367**	**27 / 13**	**30**	**19**	**16**	**$0**	**$108**	**$113**	**$247**	**$159**	**$343**	**$220**	**$391**	**$11**	**$124**

99% of USG Members Have Access to a $0 Medicare Advantage Plan and
99% of USG Members Have Access to a Medicare Advantage PPO Plan

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Individual Medigap Coverage—Market Overview

2023 Standard Medigap Medical Benefits for Non-Grandfathered Plans

Benefits	Medigap Plans									
	A	B	C	D	F*	G	K**	L**	M	N
Medicare Part A Coinsurance and hospital costs up to an additional 365 days after Medicare benefits are exhausted	√	√	√	√	√	√	√	√	√	√
Medicare Part B Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√***
Blood (first 3 pints)	√	√	√	√	√	√	50%	75%	√	√
Part A Hospice Care Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√
Skilled Nursing Facility Care Coinsurance			√	√	√	√	50%	75%	√	√
Medicare Part A Deductible		√	√	√	√	√	50%	75%	50%	√
Medicare Part B Deductible			√		√					
Medicare Part B Excess Charges					√	√				
Foreign Travel Emergency (Up to Plan Limits)			80%	80%	80%	80%			80%	80%
Out-of-Pocket Limit**							$6,940	$3,470		

*Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of $2,700 in 2023 before your Medigap plan pays anything.
**After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.
***Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to $50 copayment for emergency room visits that don't result in an inpatient admission.

- **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)**
  - Policies are prohibited from covering the Part B deductible for those who become eligible for Medicare on or after January 1, 2020; these new beneficiaries will not be able to buy Plans C or F in their current form
- Underwriting may be required for certain plans under certain circumstances – with some exceptions

Medigap Plans F, G, and N are the most popular among members, in terms of member enrollments.

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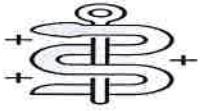
The Rationale for Individual Medigap Medical Coverage



High-Cost Claimants Find Unique Value

- High-cost claimants can **benefit from the larger/healthier risk pools** to select against and secure cost-effective, flexible coverage.
- These claimants benefit from the ~16M retirees enrolled nationally in the Medigap system, with **many "over-insured".**
- Creates an **explicit subsidy for the higher claimants** through the Medigap risk pools and premiums.

Lack of Comfort with Managed Care

- Some retirees **reject managed care/Medicare Advantage** and want the flexibility to work with their doctors to navigate the broader Medicare system to support their needs.
- These retirees **are not comfortable with managed care "gate keepers",** pre-certification requirements, prior authorizations, etc., even if following such protocols would reduce their cost.
- Some may have **already had a poor real or perceived experience with Medicare Advantage.**

Guaranteed Access to Key Providers

- Secure access to "name brand" **providers unwilling to participate in group or individual Medicare Advantage,** including:

1. Mayo Clinic (national)
2. Sutter Health (Northern CA)
3. Other

Risk Aversion, Emotional Security, Financial Planning/Budgeting

- Some retirees realize **"emotional comfort" from a 100% medical insurance coverage option** and are willing to pay over and above the HRA credit to secure such coverage, if needed.
- **Optimal place to secure 100% coverage (Medigap F/G) is the individual marketplace** due to favorable risk pools.

While individual Medicare Advantage PPOs provide a very strong national value proposition, meaningful numbers of retirees will benefit from Medigap.

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Capitalizing on Marketplace Improvements

Material Improvements in Medicare Part D Coverage Over Time

2006

Medicare Part D Introduced

Retirees pay full cost in the donut hole

Retirees pay 37% of drug costs

2010

ACA starts closing the donut hole

Manufacturers pay 50% of cost in the donut hole

2019

Manufacturers pay 70% of cost in the donut hole

Donut hole almost closed

2020

Donut hole is closed

Retirees pay at most 25% of cost in the donut hole

2023

Insulin capped at $35 / month

Adult vaccines covered with no cost sharing

2024

Eliminate 5% retiree cost share

Premium increases capped at 6% starting from 2023

2025

Hard Dollar OOP at $2,000 (indexed)

Retirees pay 17% of drug costs

Retiree cost share in Medicare Part D has ***decreased significantly*** since its inception, ***while monthly premiums have remained relatively flat***

(~$28 in 2006 to ~$33 in 2023)

Enrollment in Medicare Part D plans is climbing – from 21.8 million enrollees in 2006 to 48.9 million in 2022

More than half of all Medicare Part D enrollees are now in ***Medicare Advantage Prescription Drug plans***, which offer both lower premiums and lower out-of-pocket expenses

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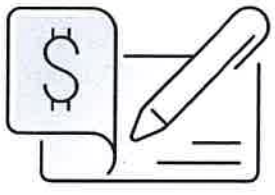
Sources of Savings for Medicare Advantage Relative to Traditional Plans: Three Key Areas of Plan Focus

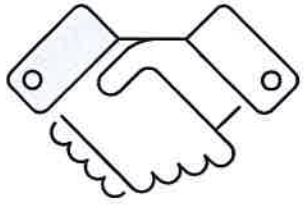


Optimizing Reimbursement

County-Specific Federal Subsidies

Risk Adjustment to Reflect Member Health Status

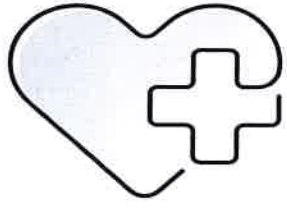
Star Rating Program Plan Bonuses



Building Provider Relationships

Provider Collaboration

Performance Incentives to Drive Efficiencies and Data Collection



Improving Member Health

Enhanced Preventive Care

Care Management

Complex Case Management

Medicare Advantage plans are structured and incentivized to both reduce cost and improve quality of care.

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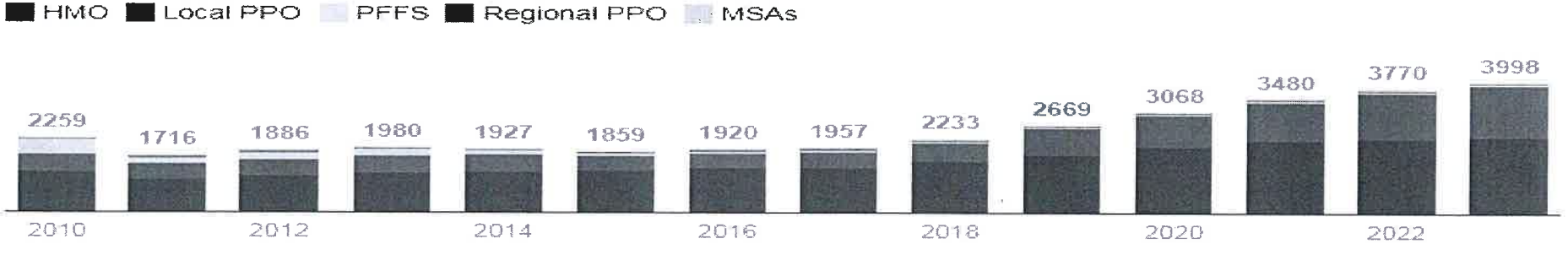
Individual Medicare Advantage—Market Overview

Distribution of Medicare Advantage Plans by Plan Type, 2010-2023

Figure 2

More Medicare Advantage plans are available in 2023 than in any other year going back to 2010

Number of Medicare Advantage plans generally available by plan type, 2010-2023



NOTE: Excludes SNPs, EGHPs, HCPPs, PACE plans, cost plans and MMPs. Numbers may differ from previous publications in cases where the Landscape File for the year was updated after initial publication.
SOURCE: KFF analysis of CMS Landscape files for 2010-2023. • PNG

KFF

2023 Marketplace Observations:

- **~89%** of Medicare Advantage plans also offer **Medicare Part D prescription drug coverage**
- **Medicare Advantage HMOs and PPOs** account for approximately **58% and 40%** of all plans, respectively
- **~17% of Medicare Advantage plans** will offer **some reduction in Medicare Part B premium in 2023**

Medicare Advantage PPOs have expanded significantly over time, due to their flexibility and ongoing retiree interest, creating unique opportunities for retirees.

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Individual Market Medicare Advantage PPO Value Proposition

Individual Market PPOs Provide a Unique Opportunity

Availability

Over 99% of 2023 Medicare beneficiaries have access to at least one Medicare Advantage plan across all plan types, with approximately **95% having access to at least one Medicare Advantage PPO (KFF)**

Approximately 40% of all individual Medicare Advantage enrollees are in local MAPD PPO plans (10M of 25M)

These plans provide a unique opportunity in the individual market and are an **excellent transition opportunity from group open access Medicare Advantage PPOs**

Value

Medicare Advantage PPO Part D plans can be offered **for little to no premium** and provide the following general value proposition, leveraging four benefit components:

- A Medicare Advantage HMO for in-network benefits;
- A Medigap medical plan for out-of-network benefits;
- A high-value Medicare Part D plan; and
- Ancillary benefits including dental, vision, hearing, meals, transportation benefits, Medicare Part B reimbursement, etc.

Savings

Actuarial modeling consistently shows that vast majority of members leaving either group indemnity plans or group open access Medicare Advantage PPOs can find significant value through individual Medicare Advantage PPO Part D plans, **including the use of the non-network/Medigap feature**

For most members, there are multiple PPO options which can provide material savings relative to the current group plan.

Many retirees can find superior value in a local MAPD PPO relative to a group plan, even if they leverage the out-of-network feature up to 25%-50% of the time.

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Capitalizing on Marketplace Improvements

Medicare Advantage PPO Part D Plan Proliferation Since 2018

Local Medicare Advantage PPOs can meet the needs of most current Medigap and Part D plan enrollees, at a much lower cost

Alight Study of 2023 USG Retirees Enrolled in Medigap/Part D

- **Over 99%** have access to at least one MAPD PPO
- **Over 97%** can find savings with an MAPD PPO with 5% out-of-network utilization; avg savings = **$2,420**
- **Over 96%** can find savings with an MAPD PPO with 20% out-of-network utilization; avg savings = **$2,350**
- **Over 93%** can find savings with an MAPD PPO ***using only the out-of-network benefit***; avg savings = **$1,980**

Approximately 500,000 members switch from Medigap to Medicare Advantage annually

Medicare allows a one-year "free look" into MAPD for current Medigap enrollees to re-enroll in Medigap without penalty, if unsatisfied.

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2023 USG Individual Marketplace Plan Access Analysis: Medicare Advantage with Medicare Part B Premium Reimbursements

Top Counties and Overall	USG Members by Group			Number of Exchange Plan Options		MAPD Details			
	Total USG Members	USG Members in MAPD	USG Members in MAPD with Part B Rebate	MAPD PPO/HMO	MAPD PPO/HMO (with Part B Rebate)	MAPD Monthly Premiums with Part B Rebates (Low to High)		MAPD Part B Monthly $ Rebates (Low to High)	
Clarke, GA	2,166	374	31	28 / 15	6 / 1	$0	$103	$30	$150
Fulton, GA	1,176	365	38	33 / 21	8 / 1	$0	$103	$30	$150
Dekalb, GA	1,138	444	34	35 / 20	9 / 1	$0	$103	$30	$150
Cobb, GA	985	331	4	28 / 18	5 / 1	$0	$103	$30	$150
Richmond, GA	776	218	9	27 / 10	6 / 1	$0	$103	$30	$150
Oconee, GA	743	149	11	28 / 14	6 / 1	$0	$103	$30	$150
Columbia, GA	725	158	13	27 / 11	6 / 1	$0	$103	$30	$150
Bulloch, GA	594	132	9	18 / 7	6 / 0	$0	$103	$30	$150
Chatham, GA	455	140	4	30 / 13	6 / 1	$0	$103	$30	$150
Madison, GA	453	102	5	28 / 12	6 / 1	$0	$103	$30	$150
Gwinnett, GA	440	180	18	34 / 23	9 / 1	$0	$103	$30	$150
Carroll, GA	432	98	8	27 / 9	6 / 1	$0	$103	$30	$150
Lowndes, GA	422	67	6	18 / 8	5 / 1	$0	$103	$30	$150
Tift, GA	292	47	1	27 / 10	6 / 1	$0	$103	$30	$150
Aiken, SC	261	74	3	27 / 8	9 / 2	$0	$103	$30	$150
Jackson, GA	245	47	3	29 / 15	6 / 1	$0	$103	$30	$150
Cherokee, GA	243	80	1	30 / 18	7 / 1	$0	$103	$30	$150
Hall, GA	242	54	5	27 / 15	6 / 1	$0	$103	$30	$150
Muscogee, GA	231	42	2	30 / 11	7 / 1	$0	$103	$30	$150
Baldwin, GA	205	46	6	27 / 11	6 / 1	$0	$103	$30	$150
All Other Counties	8,143	2,032	169	24 / 12	NA	$0	$115	NA	NA
Total	**20,367**	**5,180**	**380**	**27 / 13**	**NA**	**$0**	**$108**	**NA**	**NA**

Virtually all USG members in Georgia have access to individual Medicare Advantage PPO plans which provide at least a partial Medicare Part B premium reimbursement, beginning at $360/year

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