2018 Benefits Guide
ANNUAL BENEFITS ENROLLMENT
October 23 through November 6, 2017
2018 is looking good

Emory’s annual benefits enrollment, held October 23 through November 6, 2017, provides you with an opportunity to review your current benefits and make any changes you need to for the upcoming year.

The good news for 2018 is that there are no significant changes to your health care coverage. Medical rates remain unchanged, dental rates will only see a minimal increase, and there are no increases in co-insurance, deductibles or co-pays. There are also no rate increases for vision, life insurance* or short term disability.

While medical costs still continue to rise overall, Emory’s medical plan costs only rose by 4% in the past year, much lower than in previous years. As a result, the University made the decision not to increase medical rates for employees in 2018.

Keeping costs down. When medical costs rise, it affects all of us. One way to help keep costs down is to make healthy choices. Getting your routine preventive care, eating a healthy diet, and exercising regularly can have a substantial impact on the cost of your health care in the long term.

Health and wellness programs such as the Move More Challenge and Know Your Numbers Biometric Screenings have made a visible difference here at Emory by engaging more employees than ever before in healthy behavior. 2018 will bring even more health and wellbeing programs, providing you with additional tools to help you take care of yourself and be your healthiest!

* Life insurance premiums can still increase if a new age threshold is reached.
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This guide is meant to provide basic benefit plan information.
Every attempt has been made to ensure that the information
included in this guide is accurate. For additional details and specific
information, please contact the vendor or review the Summary Plan
Description (SPD) for each plan. SPDs are available online at
www.hr.emory.edu/benefits or by contacting the Benefits
Department at 404-727-7613 for a printed version.

DISCLAIMER: Emory reserves the right to terminate, suspend,
withdraw, amend or modify the plan in whole or in part at any time.
Further, Emory reserves the right to terminate or modify coverage
for any group of employees, active or retired and their dependents
or a class of dependents at any time.

Benefits Department Office Hours:

Monday, Tuesday, Thursday and Friday:
8:00 a.m. to 5:00 p.m.

Wednesday: 8:00 a.m. to 3:00 p.m.

Benefits Department
1599 Clifton Road, 1st Floor
404-727-7613
Your Benefits

As an Emory employee, you have a wide range of benefit programs available to you. Benefits give you important financial protection when you need it most. Use this Benefits Guide to review the benefit programs that Emory offers so that you can make the choices that are right for you and your family.

Some benefits Emory offers are employer-provided and coverage is automatic if you are eligible. Other benefits give you choices and require you to enroll.

Employer-Provided Benefits

As an eligible employee, Emory automatically provides you with several benefits. Emory pays the full cost for basic life insurance, long term disability coverage and provides a basic contribution to the 403(b) retirement plan. You are not required to make any contributions for these benefits — Emory pays the full cost.

Emory also offers a variety of other benefits not covered in this guide, including tuition reimbursement, employee discounts, the Faculty Staff Assistance Program and more. For the most current information visit the HR website at www.hr.emory.edu.

Optional Benefits

In addition to employer-provided benefits, eligible employees may enroll in optional benefits including medical, dental, vision, supplemental life insurance, accidental death and dismemberment, disability, flexible spending accounts and retirement plans. You contribute toward the cost of the optional benefits that you elect.

When Coverage Begins

For most benefits, coverage begins on an employee’s date of hire.

New Hires: If you are benefits-eligible, you must enroll during your first 31 days of employment with Emory. For optional benefits other than the 403(b), if you do not enroll during your first 31 days of employment, you will not receive coverage. Your next opportunity to enroll in optional benefits will be during the benefits annual enrollment period, typically held in the fall of each year for the upcoming year (i.e. fall of 2017 for the 2018 plan year). Life and Long Term Disability/COLA benefits require Evidence of Insurability (EOI) for late enrollees.

Current Employees: If you are a current benefits-eligible Emory employee, each year you have an opportunity to review your benefit elections during the benefits annual enrollment period and make changes for the upcoming plan year.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to fewer than 20 hours per week;
- Your employment with Emory ends due to resignation, termination or death; or
- You stop paying your share of the coverage.

Your dependent(s) coverage ends:

- When your coverage ends, or
- The last day of the month the dependent is no longer eligible:
  - For Dependent Child(ren) (up to age 26), end of the month in which they turn 26.
Eligibility

You are eligible for benefits if you are a regular full-time or part-time employee scheduled to work 20 hours or more per week. Full-time temporary positions on a six-month or longer assignment are eligible for medical, dental, vision and life insurance, but not disability.

If you elect coverage, your dependents are also eligible for medical, dental, vision and life insurance coverage. Eligible dependents include:

- Your legal spouse.
- Your legal child(ren): includes your natural, adopted or foster child(ren), stepchild(ren), or any child for whom you have legal custody. They are eligible:
  - Up to age 26.
  - Regardless of age, if fully disabled and unmarried, provided he/she became fully disabled either:
    - prior to age 19; or
    - between the ages of 19 and 26, if that child was covered by the plan when the disability occurred.

Dependent Verification of Eligibility

When you first enroll, or if you change coverage mid-year due to a qualified IRS family status change, you are required to provide documentation substantiating the eligibility of your dependent(s) within 31 days of the change or enrollment.

POLICY CHANGE REMINDER

Effective January 1, 2018, currently covered Same Sex Domestic Partners must be legally married in order to continue their Emory benefits programs. If you have recently married, you need to provide the Benefits Department with a copy of your marriage certificate. If you are a new hire, a copy of your marriage license is required if your spouse has a different last name than yours and you wish to enroll them in benefits.

Dependent Verification of Eligibility Documentation

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DOCUMENTATION NEEDED</th>
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<tbody>
<tr>
<td>Spouse with a last name different than yours</td>
<td>Marriage certificate OR joint tax return (current or previous year only).</td>
</tr>
<tr>
<td>Child with a last name different than yours</td>
<td>Birth certificate OR court document awarding custody or requiring coverage</td>
</tr>
<tr>
<td>Dependent child over age 26</td>
<td>Birth certificate AND a Social Security Disability Award or letter from a physician AND the parent's tax return claiming the child (current or previous year only).</td>
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You must provide the documents listed above to the Benefits Department within 31 days from your initial election or mid-year family status change if one of the above situations applies to you and your family. If documentation is not received in a timely manner, the election/change requested will not be processed and the affected dependents will not be covered under Emory's plans. Legible copies of required documents are acceptable.
How to Enroll

Current Employees

You must enroll during the annual enrollment period: Monday, October 23 through Monday, November 6, 2017. Prior to enrolling, you can attend a Benefits Enrollment Meeting if you have questions or would like more information about Emory’s medical plans and benefit programs. You can also register for the live webinar and submit any questions you have. Meeting dates are:

- Tuesday, October 17, 1:30 pm
  White Hall, Room 207

- Wednesday, October 25, 12:30 pm
  Woodruff Health Sciences Center, Auditorium

- Friday, October 20 (Webinar), 12:30 pm
  Register at: www.hr.emory.edu/enrollment

- Annual Enrollment Assistance:
  Thursday, November 2, 5:30 am - 4:00 pm
  Finance Training Room, 1599 Clifton Road, Room 1.380

Emory offers numerous tools and resources to help you make your benefit selections (see the Enrollment Checklist on page 5). Call the Benefits Department with any questions at 404-727-7613.

Enroll Online

You can enroll online through Self-Service (http://leo.cc.emory.edu) at any computer that has Internet connectivity. To access Self-Service, you will need your network ID and password. If you do not know your network ID or password, call the Libraries and Information Technology Help Desk at 404-727-7777 (available Monday – Friday, 7:00 a.m. to 6:00 p.m.). You can also access online enrollment via a kiosk at one of these campus locations:

- Campus Services Building C Breakroom
- Benefits Department, 1599 Clifton Road, 1st floor
- Cox Hall
- White Hall

Steps to Enrolling Online

1. Log on to Self-Service at http://leo.cc.emory.edu. Note: Duo Security Two-Factor Authentication is required to log in to Self-Service from outside the Emory network. If you have not yet enrolled for Duo, instructions can be found at: it.emory.edu/duo.

2. From this page, click the Benefits tile, then click Benefits Enrollment.

3. Click Select to view your current elections and complete the tobacco-use surcharge certification:
   - Your certification page will display.
   - Verify or update the information and click Agree to record your responses.

4. Change your elections by clicking Edit beside a particular plan and follow the prompts to view and/or change your current coverage. You may also enroll, add or drop dependents.

5. After editing your current coverage in each plan, your new elections, covered dependents and payroll deductions will be displayed.

6. You will be prompted at the bottom of the page to Continue to finalize your elections.

7. Click Submit after reading the Authorize Elections Statement. Note: You have not enrolled until you click Submit.

8. Click View/Print Confirmation to bring up a printable pdf confirmation page. Make sure to save a copy of your confirmation page and carefully review it for accuracy. The Benefits Department will not mail printed confirmations to your home address so this confirmation is your only record. After January 1, 2018, most elections cannot be changed (except within 31 days of a family status change).
Take some time to learn about all of the benefit options that are available to you. Read this 2018 Benefits Guide carefully as you consider your plan choices. You may also wish to read the HSA Plan Quick Guide which provides a more detailed overview of the HSA Plan. Emory provides a variety of tools and resources to help you make your benefits decisions. These tools can be accessed online at www.hr.emory.edu/enrollment.

Use Aetna’s Plan Selection & Cost Estimator Tool which enables you to estimate how much each plan will cost by using your actual claims data from the last 12 months.

Attend a Benefits Enrollment Meeting or Live Webinar to better understand the details of the two medical plan choices, get an overview of all the benefit programs, and have an opportunity to ask questions. (see page 4 for dates, times and locations). If you can’t attend, you can also view a recording of the webinar.

Decide if you want to enroll in a Flexible Spending Account (Healthcare and/or Dependent Day Care) or a Limited Healthcare FSA (for HSA Plan participants). Remember: you must actively enroll each year.

HSA Plan members, decide if you want to make a contribution to your Health Savings Account.

Actively enroll online through Self-Service (http://leo.cc.emory.edu) during the enrollment period: October 23 through November 6, 2017. Changes are effective on January 1, 2018. If you are currently enrolled in medical benefits and don’t make a new medical plan election, your current coverage will roll over.

Complete the tobacco surcharge certification, if not already done.

Review your beneficiary(ies). Make any necessary updates to ensure the accuracy of your beneficiary information for life insurance and accidental death and dismemberment insurance.

Once you have completed your enrollment online, save or print a copy of your confirmation statement, review it for accuracy, and retain it for your records. The Benefits Department will not mail confirmations to your home address so this is your only record of your enrollment.

Verify your 2018 benefits elections after Friday, December 8, 2017 by visiting Self-Service online at http://leo.cc.emory.edu. You will receive an email reminder. If you notice any errors, notify the Benefits Department immediately at 404-727-7613. After January 1, 2018, most elections cannot be changed except within 31 days of a family status change.
Making Changes

The IRS provides strict regulations about changes to pre-tax elections during the plan year. If you experience a qualified IRS family status change mid-year, you are permitted to make a change within 31 days of the event.

If the change request is not completed within 31 days of the event, you will not be able to change your elections until the following year’s benefits annual enrollment period. Below is a list of some of the more commonly known qualified family status changes:

- Marriage, divorce or annulment
- Birth of a child
- Placement of a foster child or child for adoption with you, or assumption of legal guardianship of a child
- Change in your spouse’s or dependent’s employment status that affects benefits eligibility, including termination or commencement of employment, or change in worksite
- You or your spouse returns from unpaid leave of absence
- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid
- The death of your spouse or dependent
- Court ordered coverage of your child by you or your spouse, allowing you to add or drop the child’s coverage
- Change in your employment that affects benefits eligibility (working at least 20 hours per week)
- Loss of eligibility for a dependent
- Change in dependent care provider or cost for Dependent Care Flexible Spending Account

The change you request must be consistent with the qualifying event. Some mid-year changes require documentation which must also be provided within 31 days of the event.

Completing a Family Status Change

Family status changes are completed online in Self-Service (http://leo.cc.emory.edu). Should you have questions or difficulty making your change mid-year, please contact the Benefits Department within 31 days of your qualifying event.

You can reach the Benefits Department at 404-727-7613. Office hours are: Monday, Tuesday, Thursday and Friday: 8:00 a.m. to 5:00 p.m. and Wednesday: 8:00 a.m. to 3:00 p.m. Benefits Department, 1599 Clifton Road, 1st Floor.

For more information about making changes to your benefits due to family status changes, visit the Benefits website at www.hr.emory.edu/benefits.
Medical Coverage

Emory offers comprehensive medical coverage to help protect you and your family from catastrophic medical costs. You can select from two different types of plans, depending on your needs.

For 2018, you have a choice of two medical plans:

1 — HSA Plan
2 — POS Plan

Both plans use the same provider networks; however, there are key differences in how each plan works, including deductibles, co-pays and co-insurance.

Network Options

Both plans have three network options:

Emory Healthcare Network (EHN): providers give you the maximum benefit available under the plans, with lower co-pays, co-insurance and deductibles. For a list of EHN providers, see page 30.

Aetna National (In-Network): providers and facilities are part of both medical plans through Aetna. Co-pays, co-insurance and deductibles are higher than with the EHN.

Out-of-Network: providers and facilities that are not participating with Aetna are considered Out-of-Network. Costs are the highest.

To locate an EHN or In-Network physician/facility, go to www.aetna.com/docfind/custom/emory.

Preventive Care

Routine preventive care is covered at 100% under both medical plans. Preventive care can help you identify potential health risks before they become real health problems. Services include annual physicals, well-child visits, immunizations, health screenings and more. Go to www.hr.emory.edu/enrollment for a complete list of preventive care services.

Tier Zero Prescription Drugs

Both plans offer Tier Zero for prescription drugs. With Tier Zero, prescription medications used to prevent and treat chronic health conditions such as congestive heart failure, diabetes, high blood pressure, high cholesterol, tobacco addiction and more, are covered at 100% which means you pay $0 for these drugs. See page 32 for the current list of Tier Zero medications.

What is the Same in Both Medical Plans?

- Same broad network of physicians in Georgia and nationally (EHN and In-Network)
- Routine preventive care is $0 when service is received within the EHN or In-Network
- Both plans offer Tier Zero Drugs, so you pay $0 for certain prescription drugs
- Neither plan requires you to select a primary care physician or get a referral to see a specialist
- Unlimited lifetime maximum applied across both plans and networks
- The opportunity to earn incentives (see page 14 for more information)

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from Emory, the State of Georgia may have a premium assistance program that can help pay for coverage. States use funds from Medicaid or CHIP programs to help those who are eligible for these programs, but also have access to health insurance through an employer. For more information, go to: www.hr.emory.edu/eu/docs/chip-notice.pdf.
HSA Plan

The HSA Plan, a consumer-driven medical plan with a Health Savings Account, puts you in charge of how your health care dollars are spent. Features of this plan include:

• The same covered services and network of providers as the POS Plan with a different way to pay for and save for health care expenses.

• A Health Savings Account (HSA) with tax advantages, funded in part by Emory. The HSA gives you the flexibility to choose how to spend your health care dollars.

• Like the POS Plan, the HSA Plan also has deductibles, co-insurance and an out-of-pocket maximum to protect you in the event you have significant medical expenses during the year.

Deductible

All eligible expenses incurred by you or your covered dependents throughout the plan year apply towards meeting the annual deductible. The EHN deductible is $1,350 (Employee Only) or $2,700 (Employee + Spouse, Employee + Children, or Family). The In-Network deductible is $1,500 (Employee Only) or $3,000 (Employee + Spouse, Employee + Children, or Family). As expenses are incurred, including ER visits and prescription drugs, you can use funds that have accumulated in your HSA to cover these costs. Once your HSA balance is exhausted, any remaining portion of your deductible that needs to be met for the year will be an out-of-pocket expense and your financial responsibility. The annual deductible must be satisfied before any plan expenses are paid by co-insurance, with the exception of preventive care and Tier Zero prescriptions which are covered at 100%. If you enroll and elect employee and dependent coverage, any covered expenses incurred will apply towards meeting the family deductible of $2,700 (EHN) or $3,000 (In-Network) before any expenses are covered under co-insurance.

Co-Insurance

Once the annual deductible is satisfied, the HSA Plan works like a traditional plan by paying the majority of expenses through co-insurance. Emory Healthcare Network (EHN) care is covered at 85% (you pay 15%); In-Network care is covered at 75% (you pay 25%) and Out-of-Network care is covered at 50% (you pay 50%).

Out-of-Pocket Maximum

Like a traditional plan, there is a maximum amount that you are financially responsible for under the plan each year. The individual out-of-pocket maximum of $3,500 within the EHN and $4,750 In-Network will be applied to a covered family member who incurs medical expenses after the family deductible has been met ($2,700 within the EHN or $3,000 In-Network). This eliminates the need for the full family out-of-pocket maximum to be satisfied if only one family member needs medical care. However, the combined medical charges incurred by additional family members will satisfy the full family out-of-pocket maximum. When the family out-of-pocket maximum is satisfied, eligible expenses for all family members will be covered at 100% for the remainder of the plan year.

It is important to note that other than preventive care, you have to pay 100% of your eligible medical expenses, including prescription drugs, until your annual deductible is met. Once met, the plan provides coverage through co-insurance. You need to carefully consider the balance in your HSA and your ability to meet these financial obligations in the event of an illness, injury or accident.

HSA Plan Prescription Drugs

If you are enrolled in the HSA Plan, you must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible (with the exception of Tier Zero drugs; Emory pays 100% and plan participants will pay $0 for drugs that are listed as Tier Zero; see page 32 for a current list). For non-Tier Zero drugs, you can use your HSA to pay for your prescription drug costs. After you meet the deductible, you will pay the applicable co-insurance amount under the HSA Plan, up to the “30-day Retail Maximum.” The table below shows
what your responsibility is once your deductible is satisfied. For example, if the table shows co-insurance is 20%, the plan will pay 80% of the cost of the prescription drug and you are responsible for the other 20%. However, there is financial protection built into the prescription drug benefit in that you will never pay more than the “30-day Retail Maximum,” outlined in the table below:

<table>
<thead>
<tr>
<th>TIER</th>
<th>CO-INSURANCE</th>
<th>30-DAY RETAIL MAXIMUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>0%</td>
<td>$0</td>
</tr>
<tr>
<td>1</td>
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<td>30%</td>
<td>$120</td>
</tr>
<tr>
<td>4</td>
<td>40%</td>
<td>$150</td>
</tr>
</tbody>
</table>

90-day supply is 2½ x the retail amount

Maintenance Drugs: If you take any maintenance prescription medications to treat certain ongoing medical conditions, you will need to fill your 90-day prescriptions in one of three ways: (1) Through CVS/caremark’s mail order service; (2) at a CVS retail pharmacy location; or (3) at an Emory pharmacy. If you attempt to fill a maintenance drug at a pharmacy other than CVS or Emory, you will be charged the full retail cost. Examples include drugs used to treat high blood pressure, heart disease, asthma and diabetes, and birth control.

Health Savings Account (HSA)

The HSA is funded in three ways — by Emory’s annual contribution, through your participation in various healthy activities (to earn incentives), and through optional pre-tax contributions you make to the HSA.

1 — Emory’s Annual Contribution: If you enroll in:
- Employee-Only coverage — Emory contributes $300 to your HSA.
- Employee + Spouse, Employee + Child(ren) or Employee + Family level coverage — Emory contributes $600 to your HSA.

Note: Emory’s contribution is prorated based on your enrollment date if after January 1.

2 — Incentives: In addition to Emory’s annual contribution to your HSA, you can earn up to $400 in incentives (additional contributions you earn by completing various healthy activities). Your spouse may also be eligible for one of the incentives. See page 14 for details.

3 — Your Contributions: If you want a way to save tax-free for current or future eligible medical expenses, you can also contribute to your HSA. Contributions to your HSA have no expiration date; they remain in the account until you decide to access them or reimburse yourself for an eligible expense you already paid out-of-pocket. You decide when and how to pay.

To Qualify for a Health Savings Account:
- You must be enrolled in the HSA Plan
- You cannot be claimed as a dependent on someone else’s tax return
- You cannot be covered by a spouse’s Flexible Spending Account (FSA)
- You cannot be covered by any other medical plan, including Medicare A and/or B

What’s Different About a Health Savings Account?

The Health Savings Account (HSA) is only available if you participate in the HSA Plan. The money is yours, is held in an investment account and is portable; it goes with you to be used for qualified medical expenses if you leave Emory or when you retire.

If you are enrolled in the HSA Plan, you may not participate in a general Healthcare Flexible Spending Account (FSA). However, you can participate in the limited Healthcare FSA for dental and vision, as well as medical expenses once you have met your deductible. If you are enrolled in the HSA Plan, you may still participate in the Dependent Day Care Flexible Spending Account.
HSA Plan

Additional HSA features

- Withdrawals from HSAs for qualified medical expenses are tax-free. If you withdraw money for any reason other than qualified medical expenses, you must pay income tax and a 20% IRS tax penalty.
- You must have a balance in your account to make a withdrawal.
- The maximum you can contribute to an HSA in one year is set by the IRS (in 2018, $3,450 for single coverage and $6,900 for family coverage). If you are age 55 or older, you can contribute an additional catch-up contribution of $1,000. It is your responsibility to make sure your HSA contributions, including any employer or incentive contributions, do not go over the IRS maximum.

IMPORTANT NOTE: In accordance with IRS regulations, if you are a new enrollee in the HSA Plan for 2018 (i.e. switching from the POS Plan) and you have a balance in a 2017 Healthcare Flexible Spending Account (as of December 31, 2017), you are not eligible to contribute funds to an HSA or receive any funds in your HSA until April 1, 2018. Make sure your FSA balance is $0 by December 31, 2017.

Did you know?

Did you know that you have investment options if your HSA balance is typically at least $1,000. Contact PayFlex at 1-888-879-9280 for more information.

Learn more

To learn more about the HSA Plan, view the HSA Guide located on the annual enrollment website at www.hr.emory.edu/enrollment.

How the HSA Plan Works

1. Get Free Preventive Care

EHN and In-Network preventive care is covered at 100% with no deductible. You pay $0 out-of-pocket for your annual physical, well woman visit, mammogram, colonoscopy, routine immunizations and other eligible services.

2. Pay for Your Other Medical Expenses

You pay for additional medical and prescription drug expenses as you incur them until your annual deductible is met. Your deductible amount depends on your coverage level.

3. Use your HSA

Your HSA helps you cover your deductible and pay for other medical costs. Emory will contribute $300 (employee only) or $600 (dependent or family coverage) to your HSA. You can also earn additional HSA monies by earning incentives. Unused funds from your HSA roll over to the next year, and your account balance earns interest (tax-free) over time.
POS Plan

The POS Plan works more like a conventional medical plan where members pay co-pays for some services (co-pays are fixed fee amounts that you pay at the time you receive services). The POS Plan also uses co-insurance for some services (co-insurance is the portion of expense you must pay for care, in most cases, after meeting your deductible). The deductible is a set amount that typically you must pay before co-insurance starts. See page 13 for deductible amounts.

The POS Plan allows members to receive services from a national network of providers and facilities. It is an open access plan that:

- Provides the flexibility to choose any provider
- Does not require that a Primary Care Physician (PCP) be identified or selected
- Does not require a PCP referral to see a specialist

With the POS Plan, your monthly/bi-weekly contribution is higher than with the HSA Plan, but your annual deductible is lower. You cannot open a Health Savings Account (HSA) or receive HSA contributions from Emory. You do have the option of enrolling in a Healthcare Flexible Spending Account (FSA) which allows you to set aside up to $2,600 pre-tax dollars to help pay for medical expenses (see page 15 for more information).

EHN and In-Network preventive care is covered at 100% and is not subject to the deductible. For certain other medical services, such as diagnostic labs, hospitalization or radiology, the plan pays a portion of your covered expenses: 85% for Emory Healthcare Network (EHN), 75% In-Network (Aetna National) and 50% percent Out-of-Network after you pay the annual deductible. Office visits are covered with a co-payment. Prescription drugs are covered through co-insurance.

The POS Plan also has an out-of-pocket maximum to protect you in the event you have significant medical expenses during the year. The out-of-pocket maximum includes all co-pays, as well as deductible and co-insurances, such as prescription drug costs and office visit co-pays.

POS Plan Prescription Drugs

Prescription drug coverage is part of your medical plan and you pay a percentage of the cost through co-insurance. There is also a retail minimum and a retail maximum within a five-tier structure (see chart below). You will pay the co-insurance amount subject to the retail minimum and maximum cost.

You do not have to meet your deductible first. Prescription drug coverage is administered through CVS/caremark. To determine your coverage tier or cost, call 866-601-6935.

 Maintenance Drugs: If you take any maintenance prescription medications to treat certain ongoing medical conditions, you will need to fill your 90-day prescriptions in one of three ways: (1) Through CVS/caremark’s mail order service; (2) at a CVS retail pharmacy location; or (3) at an Emory pharmacy. If you attempt to fill a maintenance drug at a pharmacy other than CVS or Emory, you will be charged the full retail cost.

 Tier Zero: Emory pays 100% and plan participants will pay $0 for drugs listed as Tier Zero. See page 32 for the current list of Tier Zero medications.

 TIP: Save Money on Your Prescriptions: One way to save on costs is to buy generic drugs. Always ask your doctor and/or pharmacist if a generic version is available.

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<thead>
<tr>
<th>TIER</th>
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<th>30-DAY RETAIL MINIMUM</th>
<th>30-DAY RETAIL MAXIMUM</th>
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</table>

90-day supply is 2½ x the retail amount
These medical plan rates do not reflect the monthly $50 per person tobacco use surcharge.
# Medical Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th>HSA PLAN</th>
<th>POS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emory Contribution</td>
<td>$300/$600</td>
<td>None</td>
</tr>
<tr>
<td>Earned Incentives</td>
<td>$400/$500</td>
<td>$400/$500</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Emory Healthcare Network (EHN)</td>
<td>Aetna National (In-Network)</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Annual Deductible - Single</td>
<td>$1,350</td>
<td>$2,500</td>
</tr>
<tr>
<td>Annual Deductible - Family</td>
<td>$2,700</td>
<td>$5,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum - Single</td>
<td>$3,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum - Family</td>
<td>$7,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum - Aggregate</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Primary Care Office Visits</td>
<td>15% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td>Pediatrician &amp; Behavioral Mental Health Office Visits</td>
<td>15% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>15% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td>Diagnostic Labs &amp; X-Ray</td>
<td>15% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>15% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td>Routine Preventive Care</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>15% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td>Hospitalizations: Inpatient/Outpatient Coverage</td>
<td>15% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td>Behavioral Health Inpatient</td>
<td>15% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td>Behavioral Health Outpatient</td>
<td>15% after deductible</td>
<td>25% after deductible</td>
</tr>
</tbody>
</table>

1 $600 is contributed annually to the HSA by Emory when Employee+Spouse, Employee+Children or Family level coverage is elected.  
2 An annual maximum of $400 in incentives can be earned (for Single level coverage) or $500 (for Employee+Spouse or Family level coverage).  
3 Amounts applied to deductible and out-of-pocket maximums are limited to the Reasonable and Customary charges.  
4 Family deductible applies in the HSA plan when Employee+Spouse, Employee+Children or Family level coverage is elected.  
5 Out-of-Pocket maximum includes co-pays.  
6 Includes services of an internist, general physician, family practitioner, dermatologist, and/or allergist.  
7 Routine Preventive Care services ONLY are covered at 100% under the plan at the EHN and In-Network levels. Diagnostic services are subject to the deductible and co-insurance.  
8 Co-pay waived if admitted.  

DISCLAIMER: Every attempt has been made to ensure the chart and information above accurately reflect the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description (SPD) prevail.
Managing your own personal wellbeing is going to get even easier in 2018 with the arrival of Healthy Emory Connect. The new platform will be your “one-stop-shop” for participating in all of your wellness activities like earning your medical plan incentives, competing in challenges, and tracking your health goals. Healthy Emory Connect will also offer numerous resources and online education tools on topics like fitness, nutrition, sleep, stress and financial wellness.

**Earn your incentives.** To earn your 2018 medical plan incentives, the first step is to register on the Healthy Emory Connect platform. Registration opens after January 1, 2018. You can then use the platform or mobile app for your other incentive activities such as completing your Health Risk Assessment and competing in the 2018 Move More Challenge. To participate in the challenge, you can use your Fitbit or another wearable device such as Garmin or Nike. The platform’s online programs on stress and nutrition will provide incentives for you to earn as well.

**Build your network.** One of the biggest advantages of Healthy Emory Connect is the ability to connect with Emory friends and co-workers who can help you achieve your personal health goals. You also have the option of inviting your friends and family members from outside of Emory to participate in healthy activities with you. Register on the Healthy Emory Connect platform, and you will be well on your way to building your healthy support network!

Activities must be completed January 1, 2018 through November 15, 2018 to be eligible for 2018 incentives.

**Note:** Spouses are eligible for the Colonoscopy/Cologuard incentive, but not the other 2018 incentives.
Flexible Spending Accounts

Out-of-pocket expenses for medical care and dependent day care can be difficult to manage. Emory offers two types of Flexible Spending Accounts to help you set aside pre-tax funds to pay for these expenses.

A Flexible Spending Account (FSA) is funded with money you contribute on a pre-tax basis. You can use FSA funds to pay for qualified out-of-pocket health care costs for you and eligible dependents or dependent day care charges.

According to IRS regulations, each year you must enroll during your benefits annual enrollment period if you want to participate in either a Healthcare FSA or a Dependent Day Care FSA.

**Healthcare FSA**

You can contribute between $200 and $2,600 pre-tax annually into the Healthcare FSA. All money you elect to contribute is accessible immediately and can be used to cover out-of-pocket costs such as:

- Medical expenses: co-pays, deductibles, co-insurance
- Dental expenses: deductibles and co-insurance
- Vision expenses: prescription glasses, contact lenses, co-pays
- Prescription drug costs
- Over-the-counter drugs with a prescription

**Limited Healthcare FSA for HSA Plan**

HSA Plan members are not eligible for the Healthcare FSA but do have access to a limited Healthcare FSA administered through Aetna. You may use the limited FSA to reimburse yourself for dental and vision expenses and for medical expenses once your deductible has been met. You will not be issued a PayFlex debit card for the Limited Healthcare FSA so be prepared to pay for expenses using other methods (cash, check or credit card). Then, submit a claim form to be reimbursed for your eligible expenses.

**TIP:** You may want to think twice about enrolling in a Limited FSA. If you are making contributions to your HSA, those funds can be used for any IRS eligible medical expense whereas the Limited FSA can only be used for dental and vision if you have not satisfied your HSA medical plan deductible.

**Grace Period for Healthcare FSA**

The risk of forfeiting money from your Healthcare FSA has been reduced by a grace period (extra time in the following year to use your FSA money). For those with a current 2017 FSA, you will be able to use any remaining balance in your Healthcare FSA at the end of 2017 to pay for expenses incurred through March 15, 2018. Any 2017 Healthcare FSA funds not used by March 15, 2018 will be forfeited. To avoid forfeiture, purchase items such as eyeglasses, contact lenses and other approved Healthcare FSA expenditures. Reimbursement requests using your previous year’s remaining Healthcare FSA balance must be filed by May 15, 2018. Please remember to keep all of your receipts and Explanation of Benefits from insurance companies as they are required for verification of expenses.

**Dependent Day Care FSA**

Money you contribute into a Dependent Day Care FSA can be used toward care for a child under age 13, a physically or mentally disabled parent or child, or elder care for tax-qualified dependents. If you’re single or married and filing a joint tax return, you can contribute up to $5,000 into this FSA. If you’re married and file separately, you can contribute up to $2,500. If you are a highly compensated employee under the IRS definition (i.e. you had Emory earnings of more than $120,000 for 2017), you are restricted to an annual contribution of no more than $2,400. Unlike the Healthcare FSA, you can only access the money that is currently in your account. To qualify for reimbursement, these
Flexible Spending Accounts

expenses must be incurred so that you and/or your spouse can work or go to school. HSA Plan members can also participate in the Dependent Day Care FSA.

No Grace Period for Dependent Day Care FSA

If you have a Dependent Day Care FSA, you do NOT have a grace period in which to use remaining previous year balances. All expenses must occur before December 31, 2017 and claims for 2017 Dependent Day Care FSA must be filed no later than May 15, 2018, to receive reimbursement. File by the May 15th deadline to avoid forfeiture of your 2017 FSA funds.

Aetna/PayFlex Debit Card

All new FSA participants will automatically receive a new debit card in the mail for 2018. Please activate the card when you receive it. Current FSA participants who elect FSAs for 2018 will have their new balances loaded onto their existing card. The use of the card is for convenience only. IRS guidelines still require you to retain receipts for any eligible expense for which you receive reimbursement. On occasion, Aetna may request verification of expenses and you will need to submit appropriate documentation for the expense. If not received, the card will be deactivated until the expense can be substantiated as eligible under IRS definitions. Check with Aetna to determine what supporting documentation is required. You can manage your account online at www.aetnanavigator.com.

GET REIMBURSED

Getting reimbursed from your FSA is easy. Just follow these steps:

1. Register on Aetna’s website at www.aetna.com to download your medical or dental Explanation of Benefits (EOB).


3. Enroll in direct deposit.

4. Follow the steps to upload documents.

5. Receive reimbursement in a few days.
Dental Coverage

Emory offers two different dental plan options: the Aetna Traditional Dental (PPO) or the Aetna Dental Maintenance Organization (DMO).

Plan 1 - Aetna Traditional Dental (PPO) Plan

The Aetna Traditional Dental (PPO) Plan is a traditional dental plan that allows you to see any dental provider. Some services require you to pay the deductible and applicable co-insurance. The deductible is a set amount that typically you pay before co-insurance starts. Co-insurance is the portion you must pay for services, in most cases, after meeting your deductible. Features of this plan include:

- Flexibility to choose any provider. This plan has a large number of In-Network providers.
- Reimbursements for most Out-of-Network claims.
- Preventive services received by either In-Network or Out-of-Network providers are covered at 100% up to reasonable and customary levels.

Some examples of routine preventive services include:

- Oral examinations
- Routine, deep cleanings and polishing (deep cleanings, or full mouth debridement, CPT 4355, are covered under preventive services as a replacement for one of your routine cleanings once in a 24 month period of time)
- Fluoride
- Sealants (permanent molars only)
- Bitewing X-rays
- Full Mouth Series X-Rays
- Space Maintainers

Plan 2 - Aetna Dental Maintenance Organization (DMO) Plan

The Aetna Dental Maintenance Organization (DMO) Plan is a managed care plan that contracts with a list of providers at a set fee schedule. Participants pay co-pays and do not have to pay co-insurance. This plan offers a limited network of dentists with low member contributions, no deductible and low out-of-pocket co-pays. Out-of-Network coverage is not available. A Primary Care Dentist (PCD) must be selected and a referral is required for specialist care.

For a list of scheduled services and to see what the Aetna DMO plan pays, go to www.aetna.com/docfind/custom/emory. Be sure to check with your dentist of choice before enrolling to ensure he/she is participating in the plan and is accepting new patients.
## 2018 Dental Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th>Aetna PPO Plan</th>
<th>Aetna DMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>OUT OF NETWORK¹</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>(routine &amp; deep cleanings, X-rays, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>10%²</td>
<td>20%²</td>
</tr>
<tr>
<td>(filling, root canal, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Restorative</td>
<td>50%²</td>
<td>50%²</td>
</tr>
<tr>
<td>(crown, bridge, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible³</td>
<td>$50/person</td>
<td>$50/person</td>
</tr>
<tr>
<td></td>
<td>$150/family</td>
<td>$150/family</td>
</tr>
<tr>
<td>Annual Plan Payment Maximums</td>
<td>$1,500/person</td>
<td>$1,500/person</td>
</tr>
<tr>
<td>Orthodontia:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Deductible</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>- Co-insurance</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>- Lifetime Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

* There is no Out of Network coverage in the Aetna DMO plan.

¹ Amounts applied to deductible are limited to the Reasonable and Customary charges
² After deductible
³ Waived for preventive services

**DISCLAIMER:** Every attempt has been made to ensure the chart and information above accurately reflect the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description (SPD) prevail.
## Dental Plan Rates

### 2018 Dental Plan - Full Subsidy Contributions
(for employees working at least 30 hours per week)

<table>
<thead>
<tr>
<th></th>
<th>Aetna PPO Plan</th>
<th>Aetna DMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTHLY</td>
<td>BIWEEKLY</td>
</tr>
<tr>
<td>Employee only</td>
<td>$27.00</td>
<td>$13.50</td>
</tr>
<tr>
<td>2-Person</td>
<td>$60.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Family</td>
<td>$98.00</td>
<td>$49.00</td>
</tr>
</tbody>
</table>

### 2018 Dental Plan - Partial Subsidy Contributions
(for employees working between 20-29.9 hours per week)

<table>
<thead>
<tr>
<th></th>
<th>Aetna PPO Plan</th>
<th>Aetna DMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTHLY</td>
<td>BIWEEKLY</td>
</tr>
<tr>
<td>Employee only</td>
<td>$33.76</td>
<td>$16.88</td>
</tr>
<tr>
<td>2-Person</td>
<td>$72.00</td>
<td>$36.00</td>
</tr>
<tr>
<td>Family</td>
<td>$121.00</td>
<td>$60.50</td>
</tr>
</tbody>
</table>
Vision Coverage

Emory offers an optional vision plan through EyeMed Vision Care. Some features of this plan include:

- Routine annual eye exam: $0 co-pay.
- Single, bifocal, trifocal, lenticular lenses: $0 co-pay.
- Progressive lenses: $65 co-pay.
- Frames: Up to $150 allowance, 20% off balance over $150.
- Contact lenses (conventional and disposable): $0 co-pay up to $200 allowance. 15% off balance over $200 on conventional lenses.
- Benefits provided once every 12 months for lenses or contact lenses.
- Contact lens and frame allowance are a one-time use benefit. Members are encouraged to use their full allowance at the time of initial service. Unused balances are not available for future visits during the same plan year in which the initial service was utilized.
- 40% off unlimited additional prescription eyewear purchases.
- 20% off nonprescription sunglasses.

For a complete list of the plan details, visit EyeMed Vision Care at: www.eyemedvisioncare.com.

### 2018 Vision Plan - Full & Partial Subsidy Contributions
(rates apply to both full and part-time employees)

<table>
<thead>
<tr>
<th>EyeMed Vision Care</th>
<th>MONTHLY</th>
<th>BIWEEKLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$11.18</td>
<td>$5.59</td>
</tr>
<tr>
<td>Employee + child(ren)</td>
<td>$22.32</td>
<td>$11.16</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>$21.20</td>
<td>$10.60</td>
</tr>
<tr>
<td>Family</td>
<td>$32.86</td>
<td>$16.43</td>
</tr>
</tbody>
</table>

**EyeMed Providers**

EyeMed Vision Care offers a large network of providers including the Emory Eye Center, LensCrafters, Pearle Vision and many more. For a complete list of providers, call 855-270-2343 or go to www.eyemedvisioncare.com: Select Find a Provider (top menu), enter your zip code, click on Choose Network and click Select, then click on Get Results.

**Discount to the Emory Eye Center**

All Emory faculty and staff and their immediate family members are eligible to receive services and discounts at the Emory Eye Center. For a complete list of discounts, visit www.hr.emory.edu/eu/benefits/vision/emoryeyecenter.html. To schedule an appointment, call 404-778-2020.

**Important Note:** Plan participants cannot use EyeMed Vision Care and discounts from the Emory Eye Center at the same time.

**Vision Coverage through your Medical Plan**

Employees enrolled in one of Emory's medical plans receive one routine vision exam per calendar year at an optometrist or ophthalmologist. Because an annual vision exam is considered preventive care, it is covered at 100%. Locate a participating vision provider at www.aetna.com/docfind/custom/emory.
Life Insurance

Emory provides basic life insurance at no cost to you. The value of the basic life insurance benefit is 1x base annual salary, with a minimum of $10,000 and a maximum of $50,000 (for active employees). Enrollment is automatic, but you must select beneficiaries. Life insurance benefits are administered by The Standard Insurance Company.

Supplemental Life Insurance

You can elect supplemental life insurance coverage in increments of $10,000, up to a maximum of $750,000. Coverage elected up to $500,000 at the time of your initial eligibility does not require Evidence of Insurability (EOI). During each benefits annual enrollment period, you can elect to increase* your existing coverage up to $20,000 without satisfying EOI. If you are increasing your existing coverage by more than $20,000, EOI is required. If you initially waived coverage, EOI is required for any amount you elect.

Coverage for Your Child(ren)

You can elect life insurance for your eligible child(ren) in increments of $2,000, up to a maximum of $10,000. Even if you initially waived coverage, no EOI form is required.

Note: You can purchase supplemental life insurance for a spouse or child(ren) without purchasing employee coverage.

Supplemental Life Rates

<table>
<thead>
<tr>
<th>AGE OF EMPLOYEE/SPOUSE</th>
<th>MONTHLY RATES PER $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25</td>
<td>$.48</td>
</tr>
<tr>
<td>25-29</td>
<td>$.57</td>
</tr>
<tr>
<td>30-34</td>
<td>$.76</td>
</tr>
<tr>
<td>35-39</td>
<td>$.86</td>
</tr>
<tr>
<td>40-44</td>
<td>$.95</td>
</tr>
<tr>
<td>45-49</td>
<td>$1.42</td>
</tr>
<tr>
<td>50-54</td>
<td>$2.19</td>
</tr>
<tr>
<td>55-59</td>
<td>$4.54</td>
</tr>
<tr>
<td>60-64</td>
<td>$6.20</td>
</tr>
<tr>
<td>65-69</td>
<td>$12.07</td>
</tr>
<tr>
<td>70+</td>
<td>$19.58</td>
</tr>
</tbody>
</table>

Dependent Child(Ren)

Rate per $2,000 coverage: $0.42

Example:

Here is an example of how the cost for a supplemental life insurance policy is calculated for an employee, age 42, who elects a $100,000 supplemental life insurance policy.

Cost = ($100,000/$10,000) x .95 = $9.50 per month

Designate a Beneficiary

Since Emory provides you with life insurance benefits, you should designate a beneficiary, even if you do not sign up for supplemental life insurance benefits. Your beneficiary is the person(s) who will receive your life insurance benefits when you die. Your beneficiary can be a person or multiple people, charitable institutions or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, you will want to review the beneficiaries on file and make updates if necessary. If you do not name a beneficiary, your life insurance benefits will be distributed in accordance with the policy. Use Self-Service to designate a beneficiary.
Accidental Death & Dismemberment (AD&D) insurance provides coverage for non-job related accidental dismemberment or accidental death.

You can purchase AD&D for you and your spouse in increments of $10,000 (up to $250,000). You can purchase coverage for dependent child(ren) at levels of $5,000, $10,000 or $15,000. Evidence of Insurability (EOI) is not required to enroll in this benefit.

### Accidental Death & Dismemberment Rates

<table>
<thead>
<tr>
<th>Coverage</th>
<th>2018 Monthly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$.17</td>
</tr>
<tr>
<td>$20,000</td>
<td>$.34</td>
</tr>
<tr>
<td>$30,000</td>
<td>$.51</td>
</tr>
<tr>
<td>$40,000</td>
<td>$.68</td>
</tr>
<tr>
<td>$50,000</td>
<td>$.85</td>
</tr>
<tr>
<td>$60,000</td>
<td>$1.02</td>
</tr>
<tr>
<td>$70,000</td>
<td>$1.19</td>
</tr>
<tr>
<td>$80,000</td>
<td>$1.36</td>
</tr>
<tr>
<td>$90,000</td>
<td>$1.53</td>
</tr>
<tr>
<td>$100,000</td>
<td>$1.70</td>
</tr>
<tr>
<td>$110,000+</td>
<td>$1.87 - $4.25</td>
</tr>
<tr>
<td>$5,000</td>
<td>$.09</td>
</tr>
<tr>
<td>$10,000</td>
<td>$.17</td>
</tr>
<tr>
<td>$15,000</td>
<td>$.27</td>
</tr>
</tbody>
</table>

#### Designate a Beneficiary

Be sure to designate a beneficiary for your AD&D coverage. Your beneficiary can be any person(s), charitable organizations or your estate. You should review your beneficiaries at least annually and make any necessary updates as needed. You do not need to name a beneficiary for spouse or child AD&D as you are automatically the beneficiary for dependent coverage.

### Example:

Here is an example of how the cost for an AD&D insurance policy is calculated for a monthly paid employee who elects $100,000 in coverage for the year.

Cost = ($1.70 x 12 months) = $20.40 per year
Short Term Disability

Emory offers both a short term and a long term disability benefit through UNUM. These benefits provide an income in the event you become disabled due to an injury or illness that is not work-related.

Short Term Disability (STD)

Short term disability (STD) coverage provides a benefit equal to 60% of your base salary for a period of up to 180 days, if your claim for benefits is approved. Emory offers the option of multiple waiting periods associated with the STD program. A waiting period is the length of time between your last day actively at work and the point in which you would be eligible to begin receiving your STD benefit. Currently, Emory offers the choice of four waiting periods: 15, 21, 30 or 60 days. For STD coverage, the benefit is tax-free. You may enroll or decrease your waiting period without Evidence of Insurability (EOI), however, pre-existing condition exclusions will apply.

STD benefits will begin the latter of:

- The end of your STD waiting period; OR
- The date your accrued sick leave and optional use of paid leave (vacation or floating holidays) payments end.

You have the option to decide how much accrued leave to use after satisfying the waiting period. Concurrent payment of STD benefits and accrued leave is not permitted.

<table>
<thead>
<tr>
<th>WAITING PERIOD</th>
<th>EMPLOYEE COST PER $100 COVERED SALARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 days</td>
<td>$.79</td>
</tr>
<tr>
<td>21 days</td>
<td>$.70</td>
</tr>
<tr>
<td>30 days</td>
<td>$.39</td>
</tr>
<tr>
<td>60 days</td>
<td>$.22</td>
</tr>
</tbody>
</table>

Example:

Here is an example of how the cost for STD is calculated for an employee with a $50,000 salary who chooses a 60-day waiting period.

Cost = ($50,000/$100) x $.22 = $110 per year
Long Term Disability (LTD)

With long term disability (LTD) coverage provided by Emory, you can receive a benefit equal to 60% of your base salary in the event you are unable to work due to a non-work-related injury or illness. With LTD there is a 180-day elimination period. Emory’s LTD coverage has a monthly maximum benefit of $15,000. It is automatically provided after you have completed one year of service in a benefits-eligible status. For LTD coverage, the 60% salary benefit is taxable to the recipient as LTD is employer paid.

Cost of Living Adjustment (COLA) Option

A feature within the LTD program is the ability for you to elect the COLA option. COLA provides a 4% annual increase to the level of your LTD benefits when your disability under the LTD plan lasts more than one year. The COLA adjustment is to keep the level of your disability payments/income in pace with inflation. COLA premiums are deducted from your paycheck after tax. COLA benefits received while on LTD are not subject to federal or state income tax. COLA is optional and is 100% employee paid. Enroll when you are initially eligible; otherwise you must complete an Evidence of Insurability (EOI) form and be approved by UNUM.

Supplemental Income Protection (SIP) Option

Another feature within the LTD program is the ability for you to “buy up” and increase the level of income that is protected and paid as a benefit should a long term disability occur. Emory provides LTD coverage at 60% of your base salary; Supplemental Income Protection (SIP) provides the ability for you to purchase an additional 15%, making the total income replacement benefit 75% while you are disabled. In that you pay in full the cost to “buy up” under the SIP feature, the additional coverage or benefit payments related to SIP are tax-free. SIP protection is also portable in the event you leave Emory. You must enroll when you are initially eligible during the first benefits enrollment period after completing one year of service. Enrollment is only offered one time. For more information, go to www.unum.com or call 800-421-0344.
Emory offers optional coverage for long term care through UNUM. Your coverage is portable, which means you may continue coverage when you leave Emory. Long term care is designed for people who need assistance with daily living activities due to an accident, illness or advancing age. You may receive long term care either in your home or in a facility. Benefits are paid when a physician certifies a person can no longer perform at least two of the following:

- Bathing
- Dressing
- Eating
- Toileting
- Transferring

There is a 60-day waiting period before benefits are paid. Monthly coverage can be purchased in increments of $1,000 (from $1,000 to $8,000). You can elect a benefit of three years, six years or an unlimited duration.

Other family members also may take advantage of Emory’s group rates, but there is no guarantee of coverage.

If you apply when first eligible no Evidence of Insurability is required for up to $6,000 in monthly benefits. If you apply after 31 days you must complete a medical questionnaire and be approved by UNUM.

For additional information, contact UNUM at 800-227-4165.
Other Benefits

AFLAC

Emory provides a voluntary coverage through AFLAC for Hospital, Cancer and Accident insurance. These policies are available at group rates that are lower than those typically available to individual policy holders. You have access to a wide range of policy and rider insurance products through AFLAC. Coverage is portable in the event that you leave Emory. For more information or to schedule an appointment to receive a personal quote, call AFLAC at 877-384-3344 or visit online at www.aflac.com/emory.

Home & Auto Insurance

Emory provides access to this voluntary coverage through MetLife for home and auto insurance. This coverage is available at group rates that are lower than those typically available to individual policy holders. You have access to a wide range of personal property and casualty insurance products through MetLife. You may get coverage for your automobile, boat, motor home or recreational vehicle. Policies for your rental property, house or condo are also available. Your coverage is portable, so in the event that you leave Emory, you may continue your coverage through MetLife’s direct bill program.

For more information or to receive a personal quote for Home and Auto, call MetLife at 800-GET-MET8 (800-438-6388).

Pre-Paid Legal

Whether you have planned legal expenses or just want to be prepared for the unexpected, MetLife’s Group Legal Plan through Hyatt Legal Services is available to meet your needs. Through the plan, you have access to more than 4,000 law firms and 9,000 attorneys nationwide, for both telephone and office consultations. The plan covers a variety of services from traffic or real estate matters to will and estate planning and more. There are no claim forms, deductibles, hour limits, co-pays or caps for covered services. Since this is a group plan, you receive discounted rates on the cost of coverage. The plan is portable in the event that you leave Emory.

The plan is available for $15.74 per month and covers you, a spouse, and legal dependent(s)/child(ren). Participants in this plan who experience a qualified IRS family status change during the year must remain enrolled in the plan for the entire year.

For more information, call MetLife/Hyatt Legal Services at 800-821-6400.

Adoption Reimbursement

Emory provides reimbursement for the costs of adopting a child. Eligible employees can receive reimbursement for qualified adoption expenses up to $5,000 per finalized adoption, not to exceed a lifetime benefit of $10,000. No action is required at annual enrollment. Applications for assistance should be submitted no later than 90 days after the official date of the adoption of a child. Information about the Adoption Reimbursement benefit is available on the Benefits website at www.hr.emory.edu/benefits.
Retirement Savings

Retirement may be just around the corner or may be far on the horizon — but it is never too late or too early to start saving. Emory encourages you to take care of your future by planning well today.

To assist employees in saving for retirement, Emory is pleased to offer a 403(b) Savings Plan, 403(b) Roth and 457(b) Deferred Compensation Plan.

### 403(b) Savings Plan

A 403(b) plan is a tax-deferred retirement plan available to employees of educational institutions and certain non-profit organizations. Contributions and investment earnings grow tax-deferred until withdrawal, assumed to be retirement, at which time they are taxed as ordinary income.

Emory’s 403(b) savings plan allows employees to contribute a percentage of pre-tax pay, and receive a basic contribution and matching contribution from Emory. Emory’s 403(b) savings plan offers you “Four Ways to Invest.” From the simplest of options, or mixing and matching to develop your own investment mix, you can create the retirement portfolio that is right for you. You can choose to invest with one or all three of Emory’s retirement plan vendors: Fidelity Investments, TIAA, and/or Vanguard. For more information, visit the Benefits website at [www.hr.emory.edu/benefits](http://www.hr.emory.edu/benefits). Also read the Discover Your Retirement Options Guide, located on the web.

### 403(b) Roth

The 403(b) Roth allows individuals to save for retirement by contributing after-tax dollars. At the time of distribution, in retirement, the withdrawal of your contributions are tax-free; however, the earnings on any contributions are taxed unless your account has been open at least five years and you have reached age 59 1/2. Employees have the option of directing 403(b) contributions to either the 403(b) Savings Plan or the 403(b) Roth, or some combination of the two plans that does not exceed that year’s contribution limits set by the IRS.

### Employee Contributions

- **Basic Contributions** (contributions up to 2% of regular salary) are matched by Emory.
- **Supplemental Contributions** (contributions over 2% of regular salary) are not matched by Emory.

You can contribute from 1% to 91% of your regular salary in any increment, subject to IRS maximum deferral limits. The maximum deferral limit for 2017 is $18,000 per calendar year (the limit for 2018 is not yet available). This limit is published annually by the IRS.

### Eligibility for “Employer” Contributions

All eligible full-time and part-time employees who are at least 21 years of age, have completed one year of service and have worked at least 1,000 hours in a consecutive 12-month period are eligible to participate in Emory’s Contribution and/or Emory’s Matching Contribution.

Eligibility for matching contributions becomes effective on the first day of the month you meet the eligibility requirement.

Employees may be eligible to waive the one year service requirement if they participated in their prior employer’s sponsored retirement plan and received employer contributions in the plan immediately prior to joining Emory. You must complete the Certification of Participation in Self-Service (from the Benefits tile, select 403(b) Savings Plan Election and follow the instructions provided).

### Emory’s Basic Contribution

Once you are eligible, Emory provides a basic contribution of 6% of regular salary. When your eligibility requirement has been met, Emory’s 6% contribution to your retirement will begin the first of the following month.
Retirement Savings

Emory's Matching Contribution

Emory will match employee contributions as follows:

- Your first 1% of regular salary contributed — Emory matches with a 1.5% contribution
- Your second 1% of regular salary contributed — Emory matches with a 1.5% contribution

For your 2% contribution, Emory matches a total of 3%.

Example:
Here is an example of the total 403(b) contributions received for an employee who contributes 2%.

Employee Basic Contribution = 2%
Employer Matching Contribution = 3%
Employer Basic Contribution = 6%
Total 403(b) Contribution = 11%

How your Contributions Could Grow

Taking advantage of matching contributions can make a big difference! The chart below shows examples of different salary levels contributing 2% and matched by Emory's 3%. The example does not include Emory's basic contribution of 6% which would make the totals even higher.

This hypothetical example assumes a $30,000, $50,000, $75,000 and $100,000 annual salary, respectively; a $0 initial retirement savings plan account balance; and a 6% annual rate of return compounded biweekly. Your own account may earn more or less than this example, and income taxes will be due when you withdraw from your account. Investing in this manner does not ensure a profit or guarantee against a loss in declining markets.
457(b) Deferred Compensation Plan

The 457(b) Deferred Compensation Plan is another way for certain employees to set aside additional contributions for retirement. Participation in this plan is limited only to those employees who earn 125% of the IRS highly compensated employee salary limit or more per year. For 2017, this amount is $150,000 (the 2018 limit is not yet available).

- Emory does not contribute or match participant contributions to the 457(b) plan.
- Catch-up contributions to the 457(b) plan can only occur in the last three years prior to the normal retirement age of 65.
- The 457(b) plan has a different lineup of investment choices.

For more information about the 457(b) Plan, including instructions on how to enroll, visit the Benefits website at www.hr.emory.edu/benefits. Also read the Discover Your Retirement Options Guide, located on the web.
Resources

Summary of Benefits and Coverage
All employers are required to provide an eight-page Summary of Benefits and Coverage (SBC) for all the health plans available to their employees. Emory’s SBC is available online at: www.hr.emory.edu/enrollment.

The Emory Healthcare Network (EHN)
Providers and facilities in the EHN give you the maximum benefit available under the plans, with lower co-pays, co-insurance and deductibles. Emory Healthcare Network (EHN) facilities include:
- Emory University Hospital
- Emory University Hospital Midtown
- Emory University Orthopaedics & Spine Hospital
- Emory Johns Creek Hospital
- Children’s Healthcare of Atlanta (including Egleston and Scottish Rite)
- Grady Memorial Hospital (including Hughes Spalding)
- Emory Saint Joseph’s Hospital
- Wesley Woods Geriatric Hospital

EHN physicians include:
- Emory physicians
- Community physicians

To locate a participating EHN physician or facility, go to www.aetna.com/docfind/custom/emory or call Aetna at 800-847-9026.

Out-of-State Coverage
If you or your covered dependents live outside of Georgia, search for providers in Aetna’s national network at www.aetna.com/docfind/custom/emory.

International Coverage
If you live or travel outside the U.S., coverage for urgent/acute care is provided at the In-Network level. Routine care will be covered as Out-of-Network. Call Aetna at 800-847-9026 for more information.

Emergency Coverage
Emergencies are always covered at the In-Network co-pay or co-insurance level. Contact Aetna within 48 hours.

8-EVIP (404-778-3847) Appointment Line
Emory Healthcare is committed to the health care needs of Emory’s employees and to meet this commitment, will facilitate and expedite employee access to Emory providers. The EVIP Appointment Line was developed for this purpose. Emory Employees and family members can simply call 404-778-EVIP for expedited access to Emory physicians. Features include:
- Senior level call agents answering from 8:00 a.m. to 5:00 p.m., M-F, who can assist you in making appointments with Emory Clinic providers.
- Assurance that non-urgent appointments will be scheduled within 14 days with the first available provider. If your preferred provider is not available, we will connect you with another well-qualified Emory Clinic provider or Emory-affiliated practice.
- Assurance that urgent appointments will be clinically reviewed to secure an appointment within a medically appropriate time frame.

The Emory Express Care Clinic
The Express Care Clinic provides Emory University employees with free evaluation and treatment of common illnesses, such as: Influenza, sinus problems, common cold, ear pain, rashes, pink eye,
urinary pain, and acute musculoskeletal injuries. Services do not include treatment for chronic conditions, such as high blood pressure, diabetes and high cholesterol.

Express Care Clinic visits are by appointment only, as there is limited capacity. Acute occupational accidents and exposures are considered a priority and take precedent over other express care appointments. To schedule an appointment, contact the location most convenient for you:

**Emory University Hospital**
2nd floor, D-Wing
Hours: M-F, 7:30 a.m. - 4 p.m. by appointment only
Phone: 404-686-8587

**Emory University Hospital Midtown**
W.W. Orr Building, 6th Floor
Hours: M-F, 7:30 a.m. - 4 p.m. by appointment only
Phone: 404-686-2352

**Emory HealthConnection**

Emory HealthConnection is available to assist you in selecting the right Emory provider to meet your needs. Emory HealthConnection can be reached online at [www.emoryhealthcare.org](http://www.emoryhealthcare.org) or by calling 404-778-7777.

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**Emory Healthcare Patient Portal**

If you receive care from an Emory Healthcare physician, you are encouraged to sign up for the Emory Healthcare Patient Portal Technology – a convenient and secure health-management tool. Patient portal technology provides you with increased access to your care team, resources and empowerment to manage your health.

To request an invitation, contact your provider’s office, complete an online registration form at [www.emoryhealthcare.org/patientportal](http://www.emoryhealthcare.org/patientportal), or call 404-727-8820.

Note: If you see an outpatient private practice provider, that provider may have a separate portal in place. Please contact your provider directly.

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**Emory Patient-Centered Primary Care**

The Emory Patient-Centered Primary Care (PCPC) Clinic is a practice that aims to improve the overall health care experience. The clinic, conveniently located in the 1525 Building on the Clifton Campus, emphasizes personalized, evidence-based medicine and greater coordination of care. Program features include:

- Partnership with the patient and their family
- Comprehensive, personalized, team-based care to meet the patient’s physical and mental health care needs, including prevention and wellness, acute care and chronic care
- Coordinated care between providers, specialists and other health care settings, such as the emergency room
- Enhanced access to care by telephone, secure email and same-day or next-day appointments

Eligible individuals may enroll in the program by calling 404-778-2050. At this time, eligible individuals include Emory employees and their adult family members covered under Emory’s Aetna medical plans, as well as Aetna Medicare Advantage HMO/PPO members. If you don’t meet these criteria, but are looking for a primary care physician at Emory, please call 404-778-7777.

For more information on PCPC, visit the website at [www.emoryhealthcare.org/pcpc](http://www.emoryhealthcare.org/pcpc).

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**The Pharmacy at Emory**

The Pharmacy at Emory is a full-service pharmacy with a convenient, on-campus location. Hours are: 9:00 a.m. to 6:00 p.m., M-F. For more information, call 404-778-2022 or visit: [www.emoryhealthcare.org/pharmacy](http://www.emoryhealthcare.org/pharmacy).
# Tier Zero Prescription Drug List

## Blood Pressure & Heart Failure
- Acebutolol HCL
- Amiodarone HCL
- Amlodipine Besylate
- Amlodipine/Olmesartan
- Amlodipine/Olmesartan/HCT
- Amlodipine/Valsartan
- Amlodipine/Telmisartan
- Atenolol
- Atenolol/Chlorthalidone
- Benazepril HCL
- Benazepril/Hydrochlorothiazide
- Bisoprol/Hydrochlorothiazide
- Bisoprolol Fumarate
- Captopril
- Captopril/Hydrochlorothiazide
- Candesartan Cilexetil
- Candesartan Cilexetil/Hydrochlorothiazide
- Carvedilol
- Clonidine HCL
- Digoxin
- Diltiazem HCL
- Doxazosin Mesylate
- Enalapril Maleate
- Enalapril/Hydrochlorothiazide
- Eplerenone
- Esmolol HCL
- Felodipine
- Fosinopril Sodium
- Fosinopril/Hydrochlorothiazide
- Furosemide
- Guanabenz Acetate
- Guanfacine HCL
- Hydralazine HCL
- Hydralazine/Hydrochlorothiazide
- Hydralazine/Reserpine/Hctz
- Hydrochlorothiazide
- Irbesartan
- Irbesartan/Hydrochlorothiazide
- Isonoridine Dinitrate
- Isonoridine Mononitrate
- Isradipine
- Labetalol HCL
- Lisinopril
- Lisinopril/Hydrochlorothiazide
- Losartan Potassium
- Losartan Potassium/Hydrochlorothiazide
- Methylolopine
- Metolazone
- Metoprolol Tartrate
- Minoxidil
- Moexipril HCL
- Moexipril/Hydrochlorothiazide
- Nadolol
- Nicardipine HCL
- Nifedipine
- Nimodipine
- Nisoldipine
- Nitroglycerin
- Olmesartan
- Olmesartan/Hydrochlorothiazide
- Papaverine HCLi
- Pindolol
- Prazosin HCL
- Propranolol HCL
- Propranolol/Hydrochlorothiazide
- Quinapril HCL
- Quinapril/Hydrochlorothiazide
- Ramipril
- Reserpine
- Sotalol
- Spironolactone/Hydrochlorothiazide

## Cholesterol Lowering
- Amlodipine Besylate/Atorvastatin Calcium
- Atorvastatin Calcium
- Cholestryramine
- Colestipol HCL
- Ezetimibe
- Fenofibrate
- Fenofibric acid
- Fluvastatin
- Gemfibrozil
- Lovastatin
- Nicotinic acid
- Omega-3 Polyunsaturated FA
- Pravastatin Sodium
- Simvastatin
- Rosuvastatin

## Contraceptives
- Oral Contraceptives: Monophasic/Biphasic/Triphasic
- Generic Agents

## Diabetes
- Acarbose
- Acetohexamide
- Alogliptin
- Alogliptin/Metformin
- Alogliptin/Pioglitazone
- Chlorpropamide
- Glimipride
- Glipizide
- Glyburide, ext-rel
- Glyburide/Metformin HCL
- Metformin HCL
- Metformin ext-rel
- Metformin/Repaglinide
- Miglitol
- Nateglinide
- Pioglitazone
- Pioglitazone HCL/Metformin HCL
- Repaglinide
- Tolazamide
- Tolbutamide

## Smoking Cessation
- Nicotrol NS
- Nicotrol Inhaler
- Bupropion HCL (smoking deterrent)
- SR 12 hr 150mg
- Zyban
- Chantix

As prescription drugs come off patent protection (lose brand status), become available as generics, or over-the-counter, this list will change. For the most up-to-date list, contact CVS/caremark at 866-601-6935; www.caremark.com.
# Numbers & Websites

<table>
<thead>
<tr>
<th>VENDOR/ORGANIZATION</th>
<th>PHONE NUMBER</th>
<th>WEBSITE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emory University Benefits Department (Office closes at 3:00 p.m. on Wednesdays)</td>
<td>404-727-7613</td>
<td><a href="http://www.hr.emory.edu/benefits">www.hr.emory.edu/benefits</a> <a href="http://www.hr.emory.edu/enrollment">www.hr.emory.edu/enrollment</a></td>
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<tr>
<td>Aetna Medical (Medical — HSA and POS Plans, Behavioral Mental Health, Incentives)</td>
<td>800-847-9026</td>
<td><a href="http://www.aetna.com">www.aetna.com</a> <a href="http://www.aetna.com/docfind/custom/emory">www.aetna.com/docfind/custom/emory</a></td>
</tr>
<tr>
<td>Aetna PayFlex (Health Savings Account &amp; Flexible Spending Account)</td>
<td>888-678-8242</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>Aetna Dental (PPO &amp; DMO)</td>
<td>877-238-6200</td>
<td><a href="http://www.aetna.com/docfind/custom/emory">www.aetna.com/docfind/custom/emory</a></td>
</tr>
<tr>
<td>AFLAC</td>
<td>877-374-6909</td>
<td><a href="http://www.aflac.com/emory">www.aflac.com/emory</a></td>
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<tr>
<td>CVS/caremark (Pharmacy Manager — HSA &amp; POS Plans)</td>
<td>866-601-6935</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
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<td>Emory Employees Appointment Line (EVIP)</td>
<td>404-778-EVIP</td>
<td>N/A</td>
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<tr>
<td>Emory Express Care Clinic</td>
<td>404-686-8587</td>
<td><a href="http://www.hr.emory.edu/eu/pay/occupationalinjury/expresscare.html">www.hr.emory.edu/eu/pay/occupationalinjury/expresscare.html</a></td>
</tr>
<tr>
<td>EyeMed Vision Care (Vision Plan)</td>
<td>855-270-2343</td>
<td><a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a></td>
</tr>
<tr>
<td>Fidelity Investments (Retirement Plans)</td>
<td>800-343-0860</td>
<td><a href="http://www.netbenefits.com">www.netbenefits.com</a></td>
</tr>
<tr>
<td>Hyatt Group Legal (MetLife)</td>
<td>800-821-6400</td>
<td><a href="http://www.legalplans.com">www.legalplans.com</a></td>
</tr>
<tr>
<td>MetLife Home and Auto</td>
<td>800-GET-MET8</td>
<td><a href="https://mybenefits.metlife.com">https://mybenefits.metlife.com</a> (code: Emory University)</td>
</tr>
<tr>
<td>The Pharmacy at Emory</td>
<td>404-778-2022</td>
<td><a href="http://www.emoryhealthcare.org/pharmacy">www.emoryhealthcare.org/pharmacy</a></td>
</tr>
<tr>
<td>TIAA (Retirement Plans)</td>
<td>800-842-2252</td>
<td><a href="http://www.tiaa.org">www.tiaa.org</a></td>
</tr>
<tr>
<td>The Standard (Life Insurance)</td>
<td>866-756-8118</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
</tr>
<tr>
<td>UNUM (Long Term Care)</td>
<td>800-227-4165</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
</tr>
<tr>
<td>UNUM (Short Term Disability, Long Term Disability, &amp; Supplemental LTD)</td>
<td>800-421-0344 (Customer Service) 800-858-6843 (Claims)</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
</tr>
<tr>
<td>Vanguard (Retirement Plans)</td>
<td>800-523-1188</td>
<td><a href="http://www.vanguard.com/retirementplans">www.vanguard.com/retirementplans</a></td>
</tr>
</tbody>
</table>
TAKE ACTION!

Emory University’s annual benefits enrollment is October 23 through November 6, 2017. Find out what’s new for 2018 and the steps you need to take to enroll in your benefits for the upcoming year.