HEALTHY YOU
...Your Benefits

2016-2017
Medical House Staff

Benefits Guide
**Medical House Staff Annual Benefits Enrollment**

**Current Employees**

If you are a current benefits-eligible Medical House Staff Member, 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. This year’s benefits annual enrollment period will be held from **May 27 through June 10, 2016**.

**New Hires**

If you are a benefits-eligible, newly-hired Medical House Staff Member, you must enroll during your first **31 days of employment** with Emory.

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**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.
Emory University is proud to be a vital part of the Atlanta community. One of the reasons we are an employer of choice is the rich benefits package that we offer. As a part of Emory University, you have numerous benefits available to you. For 2016-2017, you have the option of selecting a medical plan which includes coverage for prescription drugs and behavioral mental health. In addition, there are plans that provide dental, vision, life insurance and disability coverage. We encourage you to take a close look at all of the benefit information provided in this guide. Our benefit programs are just one of the many ways Emory helps you take care of yourself and your family.

Choices

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Benefits Enrollment 2016-2017

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What’s New for 2016-2017?

Annual enrollment is your opportunity to review your current benefits and make changes for the upcoming plan year. Your new benefit selections will be effective on July 1, 2016. Changes for the 2016-2017 plan year are summarized below. Be sure to take a fresh look at all of the benefit options available to you for the year ahead -- and use the tools and resources Emory provides to help you make your decisions.

Medical Plan Changes

The changes below apply to the medical plan (POS Plan). There will be no plan changes to Emory’s dental, vision, disability or life insurance plans for 2016-2017, however, dental rates will increase slightly.

• Medical Plan Rates

Contribution amounts will increase by approximately 1% for the medical plan. Monthly rates for family coverage will increase from $319 to $324. Refer to Medical Plan Rates on page 12 for all 2016-17 medical plan rates and coverage levels.

• Deductibles

The deductibles in the POS Plan will also increase. The chart below shows the changes in deductibles for single coverage from 2015-16 to 2016-17. For other coverage levels, see page 13.

<table>
<thead>
<tr>
<th>POS PLAN</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
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<tbody>
<tr>
<td>Emory Healthcare Network (EHN)</td>
<td>$800</td>
<td>$850</td>
</tr>
<tr>
<td>Aetna In-Network</td>
<td>$900</td>
<td>$1,000</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$1,400</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

• Out-of-Pocket Maximum

There will be an increase in the out-of-pocket maximum for the POS Plan. The out-of-pocket maximum is the maximum amount you will pay for your health care in a given year (after the maximum is reached, care is covered at 100%). For the Emory Healthcare Network (EHN), the out-of-pocket maximum will increase from $2,300 to $2,500 (single) and from $4,600 to $5,000 (family). For In-Network, it will increase from $2,500 to $2,700 (single) and from $5,000 to $5,400 (family). For Out-of-Network, it will increase from $6,000 to $6,500 (single) and from $12,000 to $13,000 (family).

• Prescription Drugs

There will be an increase in the prescription drug tiers as highlighted in the chart on the right. Additionally, certain brand drugs will move from Tier 1 to Tier 2 or from Tier 2 to Tier 3.
What’s New for 2016-2017?

• Incentives

Emory has added new opportunities and new ways to earn your health plan incentives for 2016-2017.

You can lower your overall medical costs by participating in wellness activities starting in July 2016. Your incentives in the POS Plan will be a credit against your deductible (your deductible will be lowered by the incentive amount.)

Each enrolled employee and spouse/same-sex domestic partner is eligible for the same incentive amounts. All incentive activities must be completed between July 1, 2016 and May 15, 2017 to be eligible for 2016-17 incentive(s). Refer to page 14 for more information.

Commit to healthy living. Eat well, exercise, and steer clear of unhealthy habits like smoking and excessive drinking.

Get preventive screenings. Annual well-visits give your doctor an opportunity to provide necessary medical advice and identify health concerns before they become major issues.

Use the Emory Healthcare Network (EHN). When looking for a doctor, optician, therapist, lab or other health care provider, select an Emory Healthcare Network (EHN) provider; your out-of-pocket costs will be lower.

Use a Primary Care Provider (PCP). Patients with a PCP have better management of chronic diseases, lower overall health care costs, and a higher level of satisfaction with their care. If you don’t have a primary care physician, you can find one by calling the Emory HealthConnection at: 404-778-7777 or going online at: www.aetna.com/docfind/custom/emory.

Consult with your doctor. Always ask your doctor about lower cost alternatives for recommended care and services and prescriptions.

Avoid the emergency room for non-emergencies. If you need to see a doctor after hours for a relatively minor issue like a sprained ankle or a cold, use an urgent care facility or a CVS Minute Clinic instead of the ER.

Use generic medications. Generic medications cost significantly less than brand; ask your doctor or pharmacist to prescribe generics whenever possible.

Use a Flexible Spending Account. An FSA saves you money because deductions are made before state, federal and Social Security taxes are withheld from your paycheck.
Your Benefits

Benefit programs give you important financial protection when you need it most. You may not think about your benefits every day — you expect them to be there when you need them. Spend a few minutes and review the benefit programs that Emory offers to 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 single medical coverage, life insurance, long term disability coverage and accidental death insurance. You are not required to make any contributions for these benefits.

Emory also offers a variety of other benefits not covered in this guide, including employee discounts, the Faculty Staff Assistance Program and more. For the most current information visit the Medical House Staff Benefits website at www.hr.emory.edu/eu/medhousebenefits/index.html.

Optional Benefits

In addition to employer-provided benefits, eligible employees may enroll in optional benefits including family medical, dental, vision, 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 June of each year for the upcoming plan year (i.e. June of 2016 for the plan year of July 1, 2016 - June 30, 2017).

Current Employees: If you are a current benefits-eligible Medical House Staff Member, 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;
- You stop paying your share of the coverage; or
- You are no longer a Medical House Staff Member.

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.
Who Can Enroll (Benefits Eligibility)

You are eligible for benefits if you are a regular full-time or part-time Medical House Staff Member 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 same-sex domestic partner (SSDP): another adult of the same sex who is engaged with you in a spouse-like relationship characterized by mutual dependency.
  - If you choose to cover a same-sex domestic partner, you will pay the same cost and receive the same coverage as you would for a spouse.
  - Covering a domestic partner will result in additional tax liability (imputed income). If your relationship ends, you will need to notify the Benefits Department.
- Your legal child(ren): includes your natural, adopted or foster child(ren), stepchild(ren), your SSDP’s child(ren) or any child for whom you have legal custody. A child is eligible:
  - Up to age 26, or
  - Regardless of age, if fully disabled and unmarried, provided he/she became fully disabled either
    - Prior to age 19, or
    - Between the ages of 19-26 if the child was covered by the plan when the disability occurred.
  - Your child is fully disabled if:
    - He or she is not able to earn his/her own living because of a mental or physical disability which started prior to the date he/she reached the maximum age for dependent children; and
    - He/she depends chiefly on you for financial support and maintenance.

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.

If documentation is not received within 31 days, a letter will be mailed to you requesting the documentation within a given deadline. Events which require documentation to support the change include:

- **Spouse with a last name different than yours**
  - Document(s): marriage certificate OR joint tax return (current or previous year only).
- **Child with a last name different than yours**
  - Document(s): birth certificate or a court document awarding custody or requiring coverage.
- **Dependent child over age 26**
  - Document(s): 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).
- **Same Sex Domestic Partner (SSDP)**
  - Document(s): Statement of Same Sex Domestic Partnership or a civil union certificate from a state or governmental agency that recognizes civil unions.

**REMINDER:** 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.
Who Can Enroll (Benefits Eligibility - continued)

Important Notice!

Upcoming Changes to Same Sex Domestic Partner (SSDP) Benefits Coverage Policy

In light of the June 26, 2015 ruling of the United States Supreme Court giving same-sex couples the fundamental right to marry in all states, Emory University has made the decision to alter the policy addressing benefits to same-sex domestic partners (SSDPs) and their dependents. This decision comes as the result of many months of research, benchmarking with other universities, and discussions with Emory’s leadership and faculty, as well as members of the LGBTQ community.

When Emory initially made the decision to offer SSDP benefits in 1996, it was in response to the fact that there were very few options for same-sex partners to gain access to benefits. Same-sex domestic partners did not have the option of marriage as a means to qualify as a spouse for participation in the Emory benefits. Now, with the legalization of marriage for same-sex couples, as well as coverage options made available through the Affordable Care Act, there is a much wider range of opportunities for healthcare coverage, and the practical need for a special accommodation no longer seems necessary.

Further, this change is an effort to be fair and equitable in administering our benefits programs, ensuring that the requirement to access the benefits offered to same-sex couples is consistent with those required of opposite-sex couples.

To allow adequate time for those impacted to plan and prepare for this change, Emory will continue to offer unmarried same-sex domestic partners of employees (and their dependents) access to Emory’s benefit programs through December 31, 2017 if they have a covered SSDP on the plan as of December 31, 2016. Effective January 1, 2018, covered SSDPs must be legally married in order to continue their Emory benefits programs (a marriage certificate will be required, as is required for opposite-sex couples). Effective January 1, 2017, no new unmarried SSDPs can be added to the Emory benefits plan by current employees; newly hired employees must provide proof of marriage to enroll their spouses after this date.

If you have any questions, please contact the Benefits Department at hrbenef@emory.edu or 404-727-7613.
How to Enroll

Current Employees
You must enroll during the annual enrollment period: Friday, May 27 through Friday, June 10, 2016. Prior to enrolling, be sure to review all of the annual enrollment materials available on the enrollment website at www.hr.emory.edu/mhensenrollment. An Enrollment Checklist is provided on page 8 to assist you. If you have questions or would like more information about Emory’s benefit programs, you can contact the Benefits Department at 404-727-7613.

New Hires
You may enroll online anytime during your first 31 days of employment. Be sure to attend the new hire orientation to learn more about your benefits options and receive important information. You can also contact the Benefits Department with your questions at 404-727-7613. Emory offers numerous tools and resources to help you make your benefit selections (see the Enrollment Checklist on page 8).

Enroll Online
Enrolling is easy! 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:

- DUC Lobby
- Benefits Department, 1599 Clifton Road, 1st floor
- Cox Hall

Steps to Enrolling Online
1. On the Self-Service page, click Benefits, then click Benefits Enrollment.
2. Click Select to view your current elections and complete the spouse/SSDP medical charge and the tobacco-use surcharge.
   - Your certification page will display.
   - Verify or update the information and click Agree to record your responses.
3. 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.
4. After editing your current coverage in each plan, your new elections, covered dependents and payroll deductions will be displayed.
5. You will be prompted at the bottom of the page to Continue to finalize your elections.
6. Click Submit after reading the Authorize Elections Statement. Note: You have not enrolled until you click Submit.
7. 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 July 1, 2016, most elections cannot be changed (except within 31 days of a family status change).

What if you don’t enroll?
Coverage will continue for current members. New hires will automatically be enrolled for single, medical coverage.
You must enroll your dependents for medical coverage. Dental and Vision are not automatic enrollments; you must make an active election to enroll for coverage.
Enrollment Checklist

Use this checklist to help you through the enrollment process. Emory’s Medical House Staff annual enrollment period is Friday, May 27 to Friday, June 10, 2016. Changes are effective on July 1, 2016.

Before Enrollment:
Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Visit the Medical House Staff enrollment website at www.hr.emory.edu/mhsenrollment for tools, resources and other important benefit information.

☐ Review this 2016-2017 Medical House Staff Benefits Guide carefully. The POS medical plan has changed for 2016-2017; make sure you fully understand the changes.

☐ New Hires, attend New Hire Orientation to learn more about your benefits options and receive important information.

☐ New Hires, decide if you want to enroll in a Flexible Spending Account (Healthcare and/or Dependent Day Care). Your FSA election will be for July 1, 2016 through December 2016 only. You will be given the option to re-elect in the fall for the 2017 calendar year.

During Enrollment:

☐ Actively enroll between Friday, May 27 through Friday, June 10, 2016. If you are currently enrolled in medical benefits and you don't make a change to your medical plan election, your current coverage will roll over.

☐ Complete the spouse/SSDP medical certification and tobacco-use certification. The spouse/SSDP medical certification must be done annually. If this certification is not completed, you will automatically incur the additional $50 monthly medical charge if you cover your spouse/SSDP on your medical plan. For the tobacco-use certification, if you certify that you and/or your spouse/SSDP have used tobacco products in the last 60 days, you will be charged an additional $50 per month per person ($100 per month if both you and your spouse/SSDP use tobacco). You will complete the certification online using Self-Service (http://leo.cc.emory.edu). See page 7, “Steps to Enrolling” for step-by-step instructions.

☐ Review your beneficiary(ies) and make changes, if necessary.

☐ Once you have completed your enrollment online, save or print a copy of your confirmation, review it for accuracy, and retain it for your records. This is your only record of your enrollment.

After Enrollment:

Change In Your Coverage Mid-Year

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, or permanent separation from a same-sex domestic partner
- 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/SSDP’s or dependent’s employment status that affects benefits eligibility, including termination or commencement of employment, or change in worksite
- You or your spouse/SSDP returns from unpaid leave of absence
- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid
- The death of your spouse/SSDP or dependent
- Court ordered coverage of your child by you or your spouse/SSDP, 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. Please contact the Benefits Department at 404-727-7613 if you have questions.

For more information about family status changes, go to www.hr.emory.edu/eu/benefits/familystatuschange/familystatuschange.html.

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 M, T, Th, F from 8:00 am - 5:00 pm. Wednesdays, from 8:00 - 3:00 pm only.
Medical Plan

For 2016-2017, you have one medical plan option: the POS Plan. Use the information contained in this guide to learn how this plan works, the coverage it provides, and how to use it to best meet the needs of you and your family.

The POS Plan

The POS Plan is 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 12 for deductible amounts. 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 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

The POS Plan has three Network options:

- **Emory Healthcare Network (EHN):** providers and facilities that are owned and affiliated with Emory give you the maximum benefit available under the plan, with lower co-pays, co-insurance and deductibles. For a description of EHN providers, see page 23.

- **Aetna National (In-Network):** providers and facilities are part of the medical plan through Aetna. Co-pays, coinsurance 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.

EHN and In-Network preventive care is covered at 100% and is not subject to the deductible. For all other medical services, the plan pays a portion of your covered expenses: 90% for Emory Healthcare Network (EHN), 80% In-Network (Aetna National) and 60% 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.

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

Preventive Care

Routine preventive care is covered at 100%. 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. A complete list of preventive care services is provided online at: www.hr.emory.edu/mhsenrollment.

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 your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. For additional information, go to: www.hr.emory.edu/eu/docs/chip-notice.pdf
Medical 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 CVScaremark. To determine your coverage tier or cost, call 866-601-6935.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Co-insurance</th>
<th>30-Day Retail Minimum</th>
<th>30-Day Retail Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>0%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>1</td>
<td>10%</td>
<td>$10</td>
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<td>2</td>
<td>20%</td>
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<td>3</td>
<td>30%</td>
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<td>$120</td>
</tr>
<tr>
<td>4</td>
<td>40%</td>
<td>$90</td>
<td>$150</td>
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Tier Co-insurance

30-Day Retail

Minimum

Maximum

Zero

100%

$0

$0

1

10%

$10

$25

2

20%

$30

$75

3

30%

$60

$120

4

40%

$90

$150

90-day supply is 2½ x the retail amount

Save Money on Your Prescriptions

If you take prescription medication on an ongoing basis, you will save money by filling your prescription at a CVScaremark pharmacy or by using mail-order. Another great way to save on costs is to buy generic drugs. Always ask your doctor and/or pharmacist if a generic version is available.

Tier Zero

The POS Plan offers Tier Zero for prescription drugs. With Tier Zero, generic prescription medications used to treat chronic health conditions such as congestive heart failure (CHF), diabetes, high blood pressure, high cholesterol, tobacco addiction and more, are covered at 100%. For Tier Zero medications you pay $0 for a 30- or 90-day supply.

For a complete list of Tier Zero medications, see page 25. Please note that from time to time this list will change as medications will be moved off patent protection (brand) and placed in a generic status. It is also possible for generic medications to fall off the list as they become available over-the-counter. For the most up-to-date information or to request an updated listing, please contact CVScaremark at 866-601-6935 or visit online at: www.caremark.com.

Requirement for Maintenance Drugs

A maintenance drug is one that is commonly used to treat a chronic or long-term condition and requires regular, daily use. Examples include drugs used to treat high blood pressure, heart disease, asthma and diabetes. Birth control is also considered a maintenance drug.

Maintenance drugs now require that you have a prescription for a 90-day supply (not a 30-day supply). You must also fill your prescription in one of three ways:

- Through CVScaremark’s mail-order service
- At a CVScaremark pharmacy location (at the mail-order cost)
- At an Emory pharmacy (at the mail-order cost)

IMPORTANT: If you don't use a 90-day prescription and try to get a 30-day prescription filled at a retail location other than one of the methods above, you will be charged the full retail cost (not the co-pay amount).
Medical Plan Rates

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<tr>
<td><strong>POS Plan</strong></td>
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<tr>
<td><strong>Monthly</strong></td>
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<tr>
<td><strong>Employee Only</strong>*</td>
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<td><strong>Employee Plus Child(ren)</strong>*</td>
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<tr>
<td><strong>Employee Plus Spouse/SSDP</strong>*</td>
</tr>
<tr>
<td>$209.00</td>
</tr>
<tr>
<td><strong>Family</strong></td>
</tr>
<tr>
<td>$324.00</td>
</tr>
</tbody>
</table>

* Rates do not reflect the spouse/SSDP medical charge or the tobacco-use surcharge (see below).

Spouse/SSDP Medical Charge - $50
An additional $50 per month medical charge will be added to your medical plan contribution if your covered spouse/SSDP has access to group health insurance coverage through their employer. If you cover a spouse/SSDP, you must certify annually online in Self-Service whether your spouse/SSDP “does” or “does not” have access to group health insurance coverage through their employer.

Tobacco-Use Surcharge - $50 per person
To support the health and wellness of our Medical House Staff Members, Emory has implemented a $50 per person monthly tobacco-use surcharge on medical contributions for employees and their spouses/SSDPs who use tobacco products. You must certify online in Self-Service whether or not you and your spouse/SSDP have used tobacco within the last 60 days. The per person tobacco-use surcharge will be waived if:

- You certify that you and/or your spouse/SSDP have not used tobacco within the last 60 days.
- You are currently being treated by a physician for a medical condition such as nicotine addiction. In this case, you will need to complete and return a Tobacco Free Physician Affidavit to the Benefits Department. This form is available on the Medical House Staff Annual Enrollment website at: [www.hr.emory.edu/mhsenrollment](http://www.hr.emory.edu/mhsenrollment).

Important Reminder!
If the spouse/SSDP medical certification is not completed, you will automatically incur the $50 charge. For the tobacco surcharge, if you are a new hire, you must complete this certification as well or you will be automatically charged. If you are a current employee and you’ve completed a tobacco certification previously, your tobacco certification will rollover, but your spouse/SSDP certification will not.

Need Help Quitting Tobacco?
Emory recognizes that quitting tobacco use can be a significant personal challenge and offers several tobacco cessation resources at no cost to Emory employees. For more information, visit: [www.tobaccofree.emory.edu/cessation](http://www.tobaccofree.emory.edu/cessation).
## Medical Plan Quick Guide

<table>
<thead>
<tr>
<th></th>
<th>POS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Incentives</td>
<td>$500/$1,000¹</td>
</tr>
</tbody>
</table>

### Emory Healthcare Network (EHN)  | Aetna National (In-Network)  | Out-of-Network² |
---|---|---|
**Annual Deductible** | | |
Single | $850 | $1,000 | $2,000 |
Family | $2,550 | $3,000 | $6,000 |
**Out-of-Pocket Maximum** | | |
Single | $2,500 | $2,700 | $6,500 |
Family | $5,000 | $5,400 | $13,000 |
Aggregate | Yes | Yes | Yes |
**Primary Care Physician Office Visits³** | $25 co-pay | $35 co-pay | 40% after deductible |
**Specialist Office Visits** | $35 co-pay | $50 co-pay | 40% after deductible |
**Diagnostic Labs and X-Ray** | 10% after deductible | 20% after deductible | 40% after deductible |
**Durable Medical Equipment (DME)** | 10% co-insurance (no deductible) | 20% co-insurance (no deductible) | 40% after deductible |
**Routine Preventive Care⁴** (Eye Exam, Annual Physical, Flu Shots, GYN Annual) | $0 co-pay | $0 co-pay | 40% after deductible |
**Emergency Room Visits** | $150 co-pay⁵ | $150 co-pay⁵ | $150 co-pay |
**Hospitalizations** | | |
Inpatient/Outpatient Coverage | 10% after deductible | 20% after deductible | 40% after deductible |
**Behavioral Health Benefits** | | |
Inpatient Treatment | 10% after deductible | 20% after deductible | 40% after deductible |
Outpatient Treatment | $25 co-pay | $25 co-pay | 40% after deductible |

¹ An annual maximum of $1,000 in incentives can be earned when Employee+Spouse/SSDP or Family level coverage is elected.
² Amounts applied to deductible and out-of-pocket maximums are limited to the Reasonable and Customary charges.
³ Includes services of an internist, general physician, family practitioner, pediatrician, dermatologist, allergist and/or behavioral health practitioner.
⁴ Routine Preventive Care services ONLY are covered at 100% under the plan. Diagnostic services are subject to the deductible and co-insurance.
⁵ 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.
Incentives

To encourage you to take an active role in your health, Emory provides financial incentives for healthy behavior. You can actually save money on your medical expenses by taking action and doing things that help you live a healthy lifestyle.

Emory has added new opportunities and new ways to earn your health plan incentives for 2016-2017.

You can lower your overall medical costs by participating in wellness activities starting in July 2016. Your incentives in the POS Plan will be a credit against your deductible (your deductible will be lowered by the incentive amount.)

Refer to the chart below for incentive amounts. Each enrolled employee and spouse/same-sex domestic partner is eligible for the same incentive amounts. All incentive activities must be completed between July 1, 2016 and May 15, 2017 to be eligible for 2016-17 incentive(s).

<table>
<thead>
<tr>
<th>Incentive Opportunities</th>
<th>2016-2017 Incentive Amounts (Employee/Spouse/SSDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compass Health Risk Assessment</td>
<td>NEW --</td>
</tr>
<tr>
<td>Journeys Online Programs</td>
<td>NEW $100.00</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>NEW $100.00</td>
</tr>
<tr>
<td>Healthy Lifestyle Coaching</td>
<td>$100.00</td>
</tr>
<tr>
<td>Annual Check-up (preventive exam)</td>
<td>$100.00</td>
</tr>
<tr>
<td>In Touch Care (formerly “Disease Management”)</td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>Maximum Incentive Total</strong></td>
<td><strong>$500.00</strong></td>
</tr>
</tbody>
</table>

Please note that the HRA must be completed before any other incentives can be received. For example, if you complete the Healthy Lifestyle Coaching and get your annual check-up, but don’t complete the health assessment, you will not receive your incentives for the other two activities. Be sure to complete the health assessment soon after July 1, 2016, so you can get credit for all of your incentive activities. Log on to your Aetna account (or register) at www.aetna.com to access the HRA.

Journeys Online Programs

Immediately after you have completed Aetna’s Compass HRA, you will have an opportunity to start an online health improvement program or “Journey.” You can select from a wide variety of Journeys including:

- Get Active
- Eat Healthier
- Stress Less
- Be Tobacco Free
- Blood Pressure in Check
- Breathe Easier
- Diabetes Life: Type 2
- Health in a Hurry
- Healthy Back
- Heart-Healthy Cholesterol
- Sleep Well
- Weigh Less

Complete the last stage of two “Journeys” to earn your $100 incentive.
Incentives

Colorectal Cancer Screening

Colorectal cancer affects men and women of all racial and ethnic groups and is most often found in people aged 50 years or older. In the United States, it is the third most common cancer for men and women.

Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States, but it doesn’t have to be. Screening for colorectal cancer saves lives. Screenings can find precancerous polyps—abnormal growths in the colon or rectum—so that they can be removed before turning into cancer. Screenings also help find colorectal cancer at an early stage, when treatment often leads to a cure. About nine out of every 10 people whose colorectal cancers are found early and treated appropriately are still alive five years later.

If you are age 50 or older and haven’t been screened, talk with your doctor about a screening. If you think you may be at higher than average risk for colorectal cancer, speak with your doctor about getting screened early. If you and your doctor decide that a colorectal cancer screening test is right for you and you complete it by May 15, 2017, you can receive the $100 incentive.

Healthy Lifestyle Coaching

You have access to your own personal, telephonic health coach from Aetna to help you reach your health-related goals. Work on one or more of the following: weight management, tobacco cessation, stress management, nutrition, fitness and preventive health. By participating, you can receive $100 upon completion of the third coaching session. To find out more or to enroll by phone, call 1-866-213-0153 or e-mail HLC@aetna.com.

Annual Check-up

One of the most important things you can do for your health is to schedule an annual check-up (or wellness/preventive exam visit). With a focus on preventive care, an annual check-up includes an age and gender appropriate history, an examination, a review of risk factors and plans to reduce them, and the ordering of appropriate immunizations and screenings. For women, a well-adult (or well-woman) visit will count for this incentive. If you have an annual check-up scheduled for June 2016, you may want to consider rescheduling it for after July 1, 2016, so it counts toward your 2016-2017 incentives. If you don’t have a primary care physician, you can find one by calling Emory HealthConnection at: 404-778-7777 or 1-800-75-EMORY, or going to: www.aetna.com/docfind/custom/emory.

In Touch Care Program

If you have a chronic or acute health challenge, Aetna’s In Touch Care (ITC) is a great resource for you. They provide the support you need when you need it most. In the most urgent circumstances, Aetna connects you to one-on-one nurse support. You will have direct phone access to a highly experienced registered nurse. You’ll work with one nurse for all of your needs. Your nurse is assigned to you and available to your whole family. Throughout time, your nurse becomes familiar with your health history. Upon two completion of two phone calls with your nurse, you will qualify for a $100 incentive. To enroll in the ITC program, you can do one of the following:

- Call member services: 1-800-847-9026 (the telephone number on the back of your Aetna card) and request enrollment in ITC; or
- Complete the self-referral form on Aetna’s Navigator site.
Flexible Spending Accounts (FSAs)

OPEN TO NEW MEDICAL HOUSE STAFF MEMBERS ONLY!!

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. Aetna/PayFlex is Emory’s Flexible Spending Account Administrator. Your 2016 election will be for expenses from July 1, 2016 through December 31, 2016. Remember: New and current Medical House Staff Members must re-enroll in the fall for 2017 Flexible Spending Accounts.

Healthcare FSA

You can contribute between $200 and $2,550 pre-tax annually into the Healthcare FSA. All money you elect to contribute is accessible immediately. The money you contribute 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

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 2016 FSA, you will be able to use any remaining balance in your Healthcare FSA at the end of 2016 to pay for expenses incurred through March 15, 2017. Any 2016 Healthcare FSA funds not used by March 15, 2017 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, 2017. 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 $2,550. If you are a highly compensated employee under the IRS definition (i.e. you had Emory earnings of more than $120,000 for 2016), 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 expenses must be incurred so that you (and/or your spouse/SSDP) can work or go to school.

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, 2016 and claims for 2016 Dependent Day Care FSA must be filed no later than May 15, 2017, to receive reimbursement. File by the May 15th deadline to avoid forfeiture of your 2016 FSA funds.

Aetna/PayFlex Debit Card

All new FSA participants will automatically receive a new debit card in the mail for 2016-2017. Please activate the card when you receive it. 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/PayFlex 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/PayFlex to determine what supporting documentation is required.
Dental Plan

For 2016-2017, you may elect the Aetna Traditional Dental (PPO) Plan. Details about this plan are provided below.

The Aetna Traditional Dental (PPO) Plan

This 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.
- Reimbursement 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 and deep cleanings
    (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
  - Bitewing X-rays
  - Full Mouth Series X-Rays
  - Space Maintainers
  - Sealants (permanent molars only)
### Dental Plan Rates

<table>
<thead>
<tr>
<th>2016-2017 Dental Plan Contributions for Medical House Staff</th>
<th>Aetna Traditional PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$26.00</td>
</tr>
<tr>
<td>2-Person</td>
<td>$51.00</td>
</tr>
<tr>
<td>Family</td>
<td>$78.00</td>
</tr>
</tbody>
</table>

### Dental Plan Quick Guide

<table>
<thead>
<tr>
<th>PLAN</th>
<th>Aetna Traditional Dental (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Preventive Services (routine and deep cleanings, X-rays, etc.)</td>
<td>$0</td>
</tr>
<tr>
<td>Basic Services (filling, root canal, etc.)</td>
<td>10%$^2$</td>
</tr>
<tr>
<td>Major Restorative (crown, bridge, etc.)</td>
<td>50%$^2$</td>
</tr>
<tr>
<td>Calendar Year Deductible$^3$</td>
<td>$50/person</td>
</tr>
<tr>
<td></td>
<td>$150/family</td>
</tr>
<tr>
<td>Annual Plan Payment Maximums</td>
<td>$1,500/person</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>None</td>
</tr>
<tr>
<td>Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>50%</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

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.
Vision Plan

Emory offers an optional vision plan through EyeMed Vision Care. 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.
- 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 plan details, visit EyeMed at: www.eyemedvisioncare.com.

Providers

EyeMed Vision Care offers a large network of providers including the Emory Eye Center, LensCrafters, Pearle Vision and more. For a complete list of providers, call 855-270-2343 or go to www.eyemedvisioncare.com (click Locate a Provider, click the Select Your Network drop down menu and choose Select; then enter your zip code and click Submit). The group number is 9824889.

Vision Plan Rates

<table>
<thead>
<tr>
<th>2016-2017 Vision Plan Contributions for Medical House Staff</th>
<th>EyeMed Vision Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$10.16</td>
</tr>
<tr>
<td>Employee Plus Child(ren)</td>
<td>$20.30</td>
</tr>
<tr>
<td>Employee Plus Spouse/SSDP</td>
<td>$19.28</td>
</tr>
<tr>
<td>Family</td>
<td>$29.87</td>
</tr>
</tbody>
</table>

Discounts at the Emory Eye Center

Emory employees and their immediate family members are eligible to receive services and discounts at the Emory Eye Center. Discounts are not in addition to the benefits available through the EyeMed Vision Plan. For a complete list, visit www.hr.emory.edu/eu/benefits/vision/emoryeyecenter.html. To schedule an appointment, call 404-778-2020.

Vision Coverage through your Medical Plan

Employees enrolled in Emory’s medical plan receive one 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.
Financial Security Benefits

Term Life Insurance

Emory pays for Term Life Insurance for all eligible Medical House Staff, eligible spouses/SSDPs and dependent children. Coverage for dependent children may continue through the age of 26, provided the child is not married.

Coverage is provided at no cost to you. Enrollment is automatic for you but you must enroll your dependents. Life insurance benefits are administered by The Standard Insurance Company.

<table>
<thead>
<tr>
<th>Term Life Insurance Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHS Member</td>
</tr>
<tr>
<td>Spouse/SSDP</td>
</tr>
<tr>
<td>Child</td>
</tr>
<tr>
<td>$50,000</td>
</tr>
<tr>
<td>$25,000</td>
</tr>
<tr>
<td>$5,000</td>
</tr>
</tbody>
</table>

Designate a Beneficiary

You should designate a beneficiary to receive your life insurance benefits upon your death. Beneficiaries can be a person or multiple people, charitable institutions or your estate. Once named, your beneficiary remains on file until you change it. If your family situation changes, review your beneficiaries in Self-Service and make updates if necessary. If you do not name a beneficiary, your life insurance benefits will be disbursed according to state regulations. You can designate a beneficiary online through Self-Service. Go to: http://leo.cc.emory.edu.

Accidental Death and Dismemberment Insurance

Emory provides Accidental Death and Dismemberment Insurance for all eligible Medical House Staff in the amount of $50,000. This insurance pays a benefit in the event of loss of life, loss of the use of more than one member (one arm, hand or foot) or the loss of sight in both eyes. Loss of sight means legal blindness. One-half of the full benefit amount is payable for loss of the use of one member or the loss of sight in one eye.

Long Term Disability (LTD)

Emory offers a long term disability benefit through UNUM. This benefit provides an income in the event you become disabled due to an injury or illness that is not work-related.

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 90-day elimination period. Emory’s LTD coverage has a monthly maximum benefit of $5,000. It is automatically provided on your date of hire in a benefits-eligible status. For LTD coverage, the 60% salary benefit is taxable to the recipient as LTD is employer paid.
Financial Security Benefits

Home and 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, call MetLife at 800-GET-MET8 (800-438-6388).

AFLAC

Emory provides 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. Your coverage is portable, so in the event that you leave Emory, you may continue your policy through AFLAC’s direct bill program. 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.

529 Plans for College Savings

The Georgia Higher Education Saving Plan (529 Education Plan)

If you’re making future education plans for your child or other beneficiary, the Georgia Higher Education Savings Plan offers a low-cost way to save money for a child’s college education. Contributions to the plan are made on an after-tax basis, but earnings are tax free if they are spent on qualified educational expenses. Participants can open an account by payroll deduction, with as little as $15 per fund. While there is no annual contribution limit, there is an overall maximum account balance limit of $235,000. You can enroll in the plan at any time. For more information, call 877-424-4377 or visit www.path2college529.com.

The Private College 529 Plan

The Private College 529 Plan, sponsored by more than 270 private colleges across the country (including Emory), is a pre-paid tuition plan. The plan allows families to purchase tuition at today’s prices that can be used at any member school tomorrow, for up to 30 years, and the increase in value is tax free. The plan protects families from tuition increases and market volatility. Account owners pay no fees so 100% of contributions go toward the purchase of tuition. Participants can enroll in the plan at any time and contribute as little as $25 a month. Enroll in and view member schools at www.tomorrowstuitiontoday.org or call 888.718.7878.
Retirement Benefits

Retirement may be far on the horizon — but it is never 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 and a 403(b) Roth 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. 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 on ways to invest, visit the MHS Benefits website at www.hr.emory.edu/eu/medhousebenefits/index.html.

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

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 2016 is $18,000 per calendar year. This limit is published annually by the IRS.

Vesting

Your contributions are always 100% vested.

How to Enroll

You can enroll in the 403(b) Savings Plan or 403(b) Roth at any time throughout the year (enrollment is not limited to the annual benefits enrollment period). Enroll using Self-Service (http://leo.cc.emory.edu). Visit www.hr.emory.edu/eu/medhousebenefits/index.html for more information and step-by-step instructions. You can also make changes to your contribution amounts at any time throughout the year using Self-Service.

Retirement Counseling Sessions

Fidelity Investments, TIAA, and Vanguard all offer individual retirement counseling sessions on campus throughout the year. To view the counseling schedule and to make an appointment, go to www.hr.emory.edu/eu/medhousebenefits/index.html.

Contact information for each of these vendors can also be found on page 25.
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. Access this information online: www.hr.emory.edu/mhsenrollment.

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
- Southern Regional 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
Additional Resources — Additional Medical Information

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.

**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, visit online 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.

**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/patient-centered-primary-care-clinic/index.html](http://www.emoryhealthcare.org/patient-centered-primary-care-clinic/index.html).

**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).
Additional Resources — Tier Zero Prescription Drug List

Emory pays 100% and plan participants will pay $0 for medications associated with the prevention and treatment of congestive heart failure (CHF), diabetes, high blood pressure, high cholesterol, smoking cessation and contraceptives. Tier Zero helps members afford the prescription drugs they need to improve or maintain their health. Listed below are the drugs currently identified for Tier Zero. As prescription drugs come off patent protection (lose brand status), become available as generics, or over-the-counter, this list will change. This list includes the most common tier zero prescription drugs. For a complete and most up-to-date Tier Zero list, contact CVS/caremark at 866-601-6935; www.caremark.com.

<table>
<thead>
<tr>
<th><strong>Smoking Cessation</strong></th>
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<tbody>
<tr>
<td>Nicotrol NS</td>
<td>Buproipin HCl (smoking deterrent) SR 12 hr 150mg</td>
<td>Zyban</td>
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<tr>
<td>Nicotrol Inhaler</td>
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<td>Chantix</td>
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<tr>
<th><strong>Cholesterol Lowering</strong></th>
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<tbody>
<tr>
<td>Amlodipine Besylate</td>
<td>Fenofibrate</td>
<td>Lovastatin</td>
</tr>
<tr>
<td>Atorvastatin Calcium</td>
<td>Fenofibric acid</td>
<td>Niacin</td>
</tr>
<tr>
<td>Cholestyramine</td>
<td>Fluvastatin</td>
<td>Pravastatin Sodium</td>
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<tr>
<td>Colestipol HCL</td>
<td>Gemfibrozil</td>
<td>Simvastatin</td>
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<thead>
<tr>
<th><strong>Diabetes</strong></th>
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<tbody>
<tr>
<td>Acarbose</td>
<td>Glyburide, ext-rel</td>
<td>Pioglitazone</td>
</tr>
<tr>
<td>Acetohexamide</td>
<td>Glyburide/Metformin HCL</td>
<td>Pioglitazone-Glimepiride</td>
</tr>
<tr>
<td>Chlorpropamide</td>
<td>Metformin HCL</td>
<td>Pioglitazone HCI/Metformin HCl</td>
</tr>
<tr>
<td>Glibenpiride</td>
<td>Metformin ext-rel</td>
<td>Repaglinide</td>
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<tr>
<td>Glipizide</td>
<td>Nateglinide</td>
<td>Tolazamide</td>
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<tr>
<th><strong>Blood Pressure and Heart Failure</strong></th>
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<tbody>
<tr>
<td>Acebutolol HCL</td>
<td>Enalapril/Hydrochlorothiazide</td>
<td>Minoxidil</td>
</tr>
<tr>
<td>Amiodarone HCL</td>
<td>Eplerenone</td>
<td>Moexipril HCL</td>
</tr>
<tr>
<td>Amiloride</td>
<td>Esmolol HCL</td>
<td>Moexipril/Hydrochlorothiazide</td>
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<tr>
<td>Amlodipine</td>
<td>Felodipine</td>
<td>Nadolol Nicardipine HCL</td>
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<tr>
<td>Amlodipine Besylate</td>
<td>Fosinopril Sodium</td>
<td>Nifedipine</td>
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<tr>
<td>Amlodipine</td>
<td>Fosinopril/Hydrochlorothiazide</td>
<td>Nimodipine</td>
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<tr>
<td>Amlodipine/Atorvastatin Calcium</td>
<td>Furosemide</td>
<td>Nisoldipine</td>
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<tr>
<td>Atorvastatin Calcium</td>
<td>Guanabenz Acetate</td>
<td>Nitroglycerin</td>
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<tr>
<td>Cholestyramine</td>
<td>Guanfacine HCL</td>
<td>Papaverine HCL</td>
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<td>Colestipol HCL</td>
<td>Hydralazine HCL</td>
<td>Pindolol</td>
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<tr>
<td>Cholestyramine Calcium</td>
<td>Hydralazine/Hydrochlorothiazid</td>
<td>Prazosin HCL</td>
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<tr>
<td></td>
<td>Hydralazine/Reserpin/Hctz</td>
<td>Propranolol HCL</td>
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<tr>
<td></td>
<td>Hydrochlorothiazide</td>
<td>Propranolol/Hydrochlorothiazide</td>
</tr>
<tr>
<td></td>
<td>Irbesarten</td>
<td>Quinapril HCL</td>
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<tr>
<td></td>
<td>Losartan Potassium</td>
<td>Quinapril/Hydrochlorothiazide</td>
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<tr>
<td></td>
<td>Methyldopa</td>
<td>Ramipril</td>
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<tr>
<td></td>
<td>Metolazone</td>
<td>Reserpine</td>
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<td>Metoprolol Succinate</td>
<td>Sotalol</td>
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<tr>
<td></td>
<td>Metoprolol Tartrate</td>
<td>Spironolact/Hydrochlorothiazide</td>
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<tr>
<td></td>
<td>Telmisartan</td>
<td>Telmisartan/Hydrochlorothiazide</td>
</tr>
<tr>
<td></td>
<td>Torsemide</td>
<td>Terazosin HCL</td>
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<tr>
<td></td>
<td>Trandolapril</td>
<td>Timolol Maleate</td>
</tr>
<tr>
<td></td>
<td>Triamterene/Hydrochlorothiazide</td>
<td>Torsemide</td>
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<tr>
<td></td>
<td>Valsartan/Hydrochlorothiazide</td>
<td>Trandolapril</td>
</tr>
<tr>
<td></td>
<td>Verapamil HCL</td>
<td>Valsartan/Hydrochlorothiazide</td>
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<thead>
<tr>
<th><strong>Contraceptives</strong></th>
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<tbody>
<tr>
<td>Oral Contraceptives:</td>
<td>Non-Oral Contraceptive:</td>
<td>Non-Oral Contraceptive:</td>
</tr>
<tr>
<td>Monophasic/Biphasic/Triphasic Generic Agents</td>
<td>NuvaRing</td>
<td>Ortho Evra</td>
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# Additional Resources — Important Numbers & Websites

<table>
<thead>
<tr>
<th>Vendor/Organization</th>
<th>Phone</th>
<th>Web Address</th>
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</table>
| Emory University Benefits Department          | 404-727-7613     | [www.hr.emory.edu/benefits](http://www.hr.emory.edu/benefits)  
Enrollment site: [www.hr.emory.edu/mhsenrollment](http://www.hr.emory.edu/mhsenrollment) |
| Emory’s Graduate Medical Education             | 404-727-5658     | [med.emory.edu/gme/](http://med.emory.edu/gme/)     |
| Aetna                                          | 800-847-9026 (Main) | [www.aetna.com](http://www.aetna.com)  
[www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) |
| • Medical — POS Plan                            |                  |                                                  |
| • Behavioral Health — POS Plan                 | 888-678-8242 (Aetna/PayFlex) |                                                  |
| • Incentives                                    |                  |                                                  |
| • Aetna/PayFlex (Flexible Spending Accounts)   |                  |                                                  |
| Aetna Dental                                    | 877-238-6200     | [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) |
| • Traditional PPO Plan                          |                  |                                                  |
| AFLAC                                          | 877-384-3344     | [www.aflac.com/emory](http://www.aflac.com/emory) |
| CVS/caremark                                    | 866-601-6935     | [www.caremark.com](http://www.caremark.com)      |
| • Pharmacy Manager                             |                  |                                                  |
| Emory Employees Appointment Line               | 404-778-EVIP     | N/A                                              |
| Emory Express Care Clinic                       | 404-686-8587     | [www.hr.emory.edu/eu/pay/occupationalinjury/expresscare.html](http://www.hr.emory.edu/eu/pay/occupationalinjury/expresscare.html) |
| EyeMed Vision Care                              | 855-270-2343     | [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) |
| Fidelity Investments (Retirement Plans)        | 800-343-0860     | [www.netbenefits.com](http://www.netbenefits.com)  |
| MetLife Home and Auto                           | 800-GET-MET8     | [https://mybenefits.metlife.com](http://https://mybenefits.metlife.com)  
(code: Emory University)                         |
| The Pharmacy at Emory                           | 404-778-2022     | [www.emoryhealthcare.org/pharmacy](http://www.emoryhealthcare.org/pharmacy) |
| TIAA (Retirement Plans)                         | 800-842-2252     | [www.tiaa.org](http://www.tiaa.org)              |
| UNUM                                           | 800-421-0344 (Customer Service)  
800-858-6843 (Claims) | [www.unum.com](http://www.unum.com) |
| • Long Term Disability                          |                  |                                                  |
| Vanguard (Retirement Plans)                     | 800-523-1188     | [www.vanguard.com/retirementplans](http://www.vanguard.com/retirementplans) |