

2010

# Employee Benefits



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1. Go to the EHC intranet ([www.ourehc.org](http://www.ourehc.org))
2. Click e-Vantage from the menu on the right
3. Log on using your EHC ID and password
4. Click Self-Service on the left
5. Click Benefits Enrollment

## How to Enroll

# Eligibility

You are eligible for benefits if you are a regular full-time employee or a regular part-time employee scheduled to work 20 or more hours per week. If you elect coverage, your eligible dependents also are eligible for medical, dental and life insurance coverage. Eligible dependents include:

- Your legal spouse
- 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 an SSDP, you will pay the same cost and receive the same coverage as you would for a spouse.
  - Covering an SSDP will result in additional tax liability (imputed income). If your relationship ends, you will need to notify the Benefits department.
- Your legal child(ren). Child includes your natural, adopted or foster child(ren), stepchild(ren), your SSDP's child(ren) or any child for whom you have legal custody and who lives with you in a parent-child relationship. He/she is eligible if:
  - Unmarried, up to age 18.
  - Unmarried, from the ages of 18 to 25, provided he/she is a full-time student who is actively enrolled and attending school for five consecutive months of the year between each birthday AND is receiving over half of his/her financial support from you.
  - More than 25 years old, if totally and permanently disabled, and financially dependent on you (must be covered prior to age 19).

## When can I make a change?

As a new hire, you have 31 days to make benefits elections. You can also make changes during Annual Benefits Enrollment or if you experience a qualifying family status change. You have 31 days from the qualifying status change to inform the Benefits department, complete the appropriate paperwork and submit necessary documentation.

Qualifying family status changes include:

- Marriage, divorce or annulment
- Birth of a child
- Change in your spouse/SSDP or dependent's employment status that affects benefits eligibility, including termination or commencement of employment or change in worksite
- You, your spouse/SSDP or dependent returns from unpaid leave of absence
- Your dependent child is no longer eligible:
  - If not a full-time student, end of the calendar year in which he/she turns 18
  - If not a full-time student, end of the month in which he/she turns 25, loses full-time student status or no longer receives more than half of his/her financial support from his/her parents
- Marriage

For questions on a specific family status change, contact the Benefits department at 404-686-6044 or [EHC.HR/Benefits@emoryhealthcare.org](mailto:EHC.HR/Benefits@emoryhealthcare.org).

# Network Providers

## CORE NETWORK PROVIDERS

Core Network providers give you the maximum benefit available under the plan, with lower co-pays, co-insurance and deductibles.

### **Core Network hospitals include:**

- Children's Healthcare of Atlanta (Egleston and Scottish Rite)
- Emory University Hospital
- Emory University Hospital Midtown
- Emory University Orthopaedics & Spine Hospital
- Emory Johns Creek Hospital
- Emory Eastside Medical Center
- Emory Adventist Hospital
- Grady Memorial Hospital
- Wesley Woods Hospital

### **Core Network physicians include:**

- Emory physicians
- Other participating physicians as specified by each plan

To locate a participating Core physician or facility, go to [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) or call 800-847-9026.

Note: The Core Network does not apply to the Aetna HealthFund (HRA). However, you pay less out of pocket if you use an Emory facility or provider.

## IN-NETWORK PROVIDERS

In-Network providers are part of the Aetna plan networks. The co-pays, co-insurance and deductibles are higher than with Core.

To locate a participating physician or facility, go to [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) or call 800-847-9026.

## OUT-OF-NETWORK PROVIDERS

Out-of-Network providers are not participating providers with any Aetna plan. The co-pays, co-insurance and deductibles are the highest, and the costs of services can be higher than In-Network costs.

## 2010 Medical Plans *(includes prescription and behavioral health)*

You have a choice of four medical plans, with a combination of payroll deductions, co-pays, deductibles and co-insurances that best suit your and your family's needs. The following pages provide a comprehensive review of each of these four options, as well as a detailed side-by-side comparison of all four plans.

### 2010 Medical Rates (Biweekly)

Plan	Aetna POS Plus		Aetna POS Value		Aetna HRA		Aetna HDHP	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Single	\$25.00	\$37.50	\$17.00	\$25.50	\$19.50	\$29.25	\$13.00	\$19.50
Employee+Child(ren)	\$77.50	\$116.25	\$53.00	\$79.50	\$58.00	\$87.00	\$43.50	\$65.25
Employee+Spouse/SSDP	\$101.00	\$151.50	\$69.50	\$104.25	\$75.50	\$113.25	\$56.00	\$84.00
Family	\$144.50	\$216.75	\$100.50	\$150.75	\$122.00	\$183.00	\$80.50	\$120.75

*Spouse/SSDP medical charge: Picking up the health care responsibilities for other employers adds to the cost paid by EMORY HEALTHCARE and our employees. Therefore, a \$25 per paycheck medical charge will be added to employees' biweekly contribution if their covered spouse/SSDP has access to group health insurance coverage through their employer.*

*All employees who cover their spouse/SSDP must self-certify whether their spouse/SSDP "does" or "does not" have access to group health insurance coverage through their employer. If you elect coverage for your spouse/SSDP and do not self-certify within 31 days of hire or a qualified status change, you will default into the \$25 biweekly medical charge. Employees who experience a status change must complete the paper certification form.*

# Tier Zero for All Medical Plans

Pay \$0 co-pay for certain prescription drugs! With Tier Zero, EMORY HEALTHCARE waives the co-pay for generic drugs used to treat the following chronic conditions:

- Congestive heart failure
- Diabetes
- High blood pressure
- High cholesterol
- Prescription smoking cessation drugs

Tier Zero is available to all medical plan participants, regardless of which plan you select. Your Tier Zero drugs are at no cost to you when using either retail or mail order. Remember, with mail order, you receive a 90-day supply, free shipping and the convenience of not having to go to the drugstore! If you are enrolled in the Aetna POS Plus or Aetna POS Value, contact Medco at [www.medco.com](http://www.medco.com) or 800-939-3758 for more information. For participants in the Aetna HealthFund (HRA) or Aetna HDHP, contact Aetna at [www.aetna.com](http://www.aetna.com) or 800-847-9026.

If your prescription drug is included on the following page, you pay nothing. EMORY HEALTHCARE pays the entire cost of the prescription, including the co-pay. If you currently take a prescription for one of the conditions identified above, check with your doctor about choosing a generic alternative from the following list.

# Tier Zero Prescription Drugs

## Blood Pressure and Heart Failure

acebutolol hcl  
 amiloride hcl  
 amiloride/hydrochlorothiazide  
 amlodipine besylate  
 amlodipine besylate/benazepril  
 atenolol  
 atenolol/chlorthalidone  
 benazepril hcl  
 benazepril/hydrochlorothiazide  
 betaxolol hcl  
 bisoprol/hydrochlorothiazide  
 bisoprolol fumarate  
 bumetanide  
 captopril  
 captopril/hydrochlorothiazide  
 carvedilol  
 chlorothiazide  
 chlorthalidone  
 clonidine hcl  
 digoxin  
 diltiazem hcl  
 doxazosin mesylate  
 enalapril maleate  
 enalapril/hydrochlorothiazide  
 eplerenone  
 felodipine  
 fosinopril sodium  
 fosinopril/hydrochlorothiazide  
 furosemide  
 guanabenz acetate  
 guanfacine hcl  
 hydralazine hcl  
 hydralazine/hydrochlorothiazid  
 hydralazine/reserpin/hctz  
 hydrochlorothiazide  
 indapamide  
 isosorbide dinitrate  
 isosorbide mononitrate

isradipine  
 labetalol hcl  
 lisinopril  
 lisinopril/hydrochlorothiazide  
 methyclothiazide  
 methyldopa  
 methyldopa/hydrochlorothiazide  
 methyldopate hcl  
 metolazone  
 metoprol/hydrochlorothiazide  
 metoprolol succinate  
 metoprolol tartrate  
 minoxidil  
 moexipril hcl  
 moexipril/hydrochlorothiazide  
 nadolol  
 nadolol/bendroflumethiazide  
 nicardipine hcl  
 nifedipine  
 nimodipine  
 nisoldipine  
 nitroglycerin  
 nitroglycerin/DSW  
 papaverine hcl  
 pindolol  
 prazosin hcl  
 propranolol hcl  
 propranolol/hydrochlorothiazid  
 quinapril hcl  
 quinapril/hydrochlorothiazide  
 ramipril  
 reserpine  
 spironolact/hydrochlorothiazid  
 terazosin hcl  
 timolol maleate  
 torsemide  
 trandolapril  
 triamterene/hydrochlorothiazid  
 verapamil hcl

## Cholesterol Lowering

cholestyramine/aspartame  
 cholestyramine/sucrose  
 colestipol hcl  
 fenofibrate,micronized  
 gemfibrozil  
 lovastatin  
 niacin  
 Niacinamide  
 Omega-3 Fatty Acids  
 pravastatin sodium  
 simvastatin

## Diabetes

acarbose  
 acetohexamide  
 chlorpropamide  
 glimepiride  
 glipizide  
 glipizide/metformin hcl  
 glyburide  
 glyburide, micro/metformin hcl  
 glyburide,micronized  
 metformin hcl  
 tolazamide  
 tolbutamide

## Smoking Cessation

Nicotrol NS  
 Nicotrol Inhaler  
 Zyban  
 Chantix

# Aetna Point of Service Plus (Aetna POS Plus)

The Aetna POS Plus has the lowest deductibles and co-pays of all our medical plan options. However, it has the highest employee contributions. In general, it's a good choice if you and your family visit your medical provider frequently.

## 2010 Medical Rates (Biweekly)

Plan	Aetna POS Plus	
	Full-time	Part-time
Single	\$ 25.00	\$ 37.50
Employee+Child(ren)	\$ 77.50	\$116.25
Employee+Spouse/SSDP	\$101.00	\$151.50
Family	\$144.50	\$216.75

With the Aetna POS Plus, you may choose Core, In-Network or Out-of-Network providers. Members pay set co-pays for some services, such as routine medical visits.

There are different deductibles and out-of-pocket maximums for Core, In-Network and Out-of-Network.

## Deductible

	Core	In-Network	Out-of-Network
Individual	\$200	\$400	\$1,200
Family	\$600	\$1,200	\$3,600

Co-pays do not count toward satisfying your deductible. After you meet the deductible, you pay a set percentage (co-insurance) of your medical expenses.

If your share of expenses (the deductible and co-insurance you paid during the year) reaches the out-of-pocket maximum, then the plan will pay 100% of your additional eligible medical expenses for the remainder of the plan year.

## Out-of-Pocket Maximum

	Core	In-Network	Out-of-Network
Individual	\$1,250	\$1,750	\$6,000
Family	\$2,500	\$3,500	\$12,000

## Prescription Drugs

If you are enrolled in the Aetna POS Plus, you receive your prescription benefits from Medco. Through the plan, you can have prescriptions filled at a retail pharmacy (30-day supply) or by mail (90-day supply). The prescription drug plan is based on a five-tier structure (see table below). To be sure which tier your medications are on or for information on mail-order prescriptions, call Medco at 800-939-3758 or visit [www.medco.com](http://www.medco.com).

Tier	Retail (up to 30-day supply)	Mail (up to 90-day supply)
Zero	\$0	\$0
1	\$12	\$30
2	\$25	\$62
3	\$50	\$125
4	\$70	\$175

## Behavioral Health

Aetna POS Plus participants receive behavioral health benefits from Aetna. Behavioral health benefits are included in your medical coverage. The program covers the diagnosis and treatment of mental illness, depression and nervous disorders. It also provides care for other emotional health needs, alcohol and drug abuse, and chemical dependency.

## Contacts

Aetna (for plan questions or to determine under which network your physician falls): 800-847-9026 or [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory)

Medco: 800-939-3758 or [www.medco.com](http://www.medco.com)

See the Medical Plan Options Quick Guide for more information on costs and coverage.

# Aetna Point of Service Value (Aetna POS Value)

The Aetna POS Value offers access to the same provider network as the other Aetna plans, with low employee contributions. If you expect to have low medical expenses, this may be a good choice for you.

## 2010 Medical Rates (Biweekly)

Plan	Aetna POS Value	
	Full-time	Part-time
Single	\$ 17.00	\$ 25.50
Employee+Child(ren)	\$ 53.00	\$ 79.50
Employee+Spouse/SSDP	\$ 69.50	\$104.25
Family	\$100.50	\$150.75

With the Aetna POS Value, you may choose Core, In-Network or Out-of-Network providers. Members pay set co-pays for some services, such as routine medical visits. The co-pays are paid when you receive the service (e.g., at the doctor's office). For example, you will pay a \$35 co-pay at the doctor's office when you get an annual physical when using a provider in the Core Network.

The Aetna POS Value also has co-insurance for some services after you meet the plan deductible.

## Deductible

	Core	In-Network	Out-of-Network
Individual	\$400	\$800	\$1,600
Family	\$1,200	\$2,400	\$4,800

Co-pays do not count toward satisfying your deductible. After you meet the deductible, you pay a set percentage (co-insurance) of your medical expenses.

If your share of expenses (the deductible and co-insurance you paid during the year) reaches the out-of-pocket maximum, then the plan will pay 100% of your additional eligible medical expenses for the remainder of the plan year.

## Out-of-Pocket Maximum

	Core	In-Network	Out-of-Network
Individual	\$2,500	\$3,000	\$6,000
Family	\$5,000	\$6,000	\$12,000

## Prescription Drugs

If you are enrolled in the Aetna POS Value, you receive your prescription benefits from Medco. Through the plan, you can have prescriptions filled at a retail pharmacy (30-day supply) or by mail (90-day supply). The prescription drug plan is based on a five-tier structure (see table below). To be sure which tier your medications are on or for information on mail-order prescriptions, call Medco at 800-939-3758 or visit [www.medco.com](http://www.medco.com).

Tier	Retail (up to 30-day supply)	Mail (up to 90-day supply)
Zero	\$0	\$0
1	\$12	\$30
2	\$25	\$62
3	\$50	\$125
4	\$70	\$175

## Behavioral Health

Aetna POS Value participants receive behavioral health benefits from Aetna. Behavioral health benefits are included in your medical coverage. The program covers the diagnosis and treatment of mental illness, depression and nervous disorders. It also provides care for other emotional health needs, alcohol and drug abuse, and chemical dependency.

## Contacts

Aetna (for plan questions or to determine under which network your physician falls): 800-847-9026 or [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory)

Medco: 800-939-3758 or [www.medco.com](http://www.medco.com)

See the Medical Plan Options Quick Guide for more information on costs and coverage.

# Aetna HealthFund With Health Reimbursement Arrangement

## Aetna HealthFund (HRA)

The Aetna HealthFund (HRA) provides an innovative approach to managing your health care by providing free preventive care visits and rewarding wellness efforts. This plan is a good option for anyone who is interested in increasing or maintaining wellness. You have financial protection for medical costs through a deductible, co-insurance and an out-of-pocket maximum.

### 2010 Medical Rates (Biweekly)

Plan	Aetna HealthFund	
	Full-time	Part-time
Single	\$ 19.50	\$ 29.25
Employee+Child(ren)	\$ 58.00	\$ 87.00
Employee+Spouse/SSDP	\$ 75.50	\$113.25
Family	\$122.00	\$183.00

With the Aetna HealthFund (HRA), there is no Core Network. You may choose In-Network or Out-of-Network providers. However, you pay less out of pocket when you use an Emory provider.

### Health Reimbursement Arrangement (HRA)

- EMORY HEALTHCARE funds your HRA to help you pay for eligible out-of-pocket expenses, such as prescription co-pays, emergency room co-pays and your deductible.
- At the beginning of the year, EMORY HEALTHCARE contributes \$500 for each covered adult (employee or covered spouse/SSDP). This amount is prorated based on your hire date.
- You can earn additional funds (up to \$800 per covered adult) by participating in various incentives and healthy living programs.
- After you enroll, you will receive a Welcome Kit with plan details.

*If you leave EMORY HEALTHCARE, you forfeit funds in your HRA.*

### What happens if I have leftover funds in my HRA at the end of the year?

Your unused HRA balance may carry forward, as long as you continue to be covered by the Aetna HealthFund (HRA). The maximum account balance allowed in your HRA on January 1 of each year is \$1,800 for employee-only and employee + child(ren) coverage or \$3,600 for employee + spouse/SSDP or family coverage. Funds that exceed the January 1 HRA account balance maximum will roll over into a Retiree Reimbursement Account (RRA).

### Aetna HealthFund Retiree Reimbursement Account (RRA)

Funds that exceed the January 1 HRA account balance maximum will transfer into an RRA account, and there is no limit to RRA accumulations! These funds can be used for premiums, co-pays and other qualified medical expenses incurred after retirement (age 55 with 10 years of service or age 65). And, the funds you withdraw are tax free! The RRA funds cannot be invested or withdrawn as cash. While you cannot actively contribute to the RRA, all excess HRA funds will automatically transfer into the account.

In the event of your death, regardless of your age or length of service, any RRA funds you have may be used by your eligible dependents for their medical expenses. If you are disabled\* after 10 years of service, you have immediate access to the funds in your account.

\*Disabled as defined by the Social Security Administration. Visit [www.ssa.gov](http://www.ssa.gov) for details.

*If you leave EMORY HEALTHCARE before age 55 with 10 years of service or age 65, you forfeit funds in your RRA account. However, if you return within five years, your RRA funds will be reinstated.*

## Aetna HealthFund With Health Reimbursement Arrangement

### Aetna HealthFund (HRA) (continued)

#### Deductible

Funds in your HRA can be used to pay your eligible out-of-pocket medical expenses, including your deductible. If you have employee + coverage, each time you incur an expense it counts toward both your individual deductible and the family deductible.

	In-Network	Out-of-Network
Individual	\$1,800	\$2,500
Family	\$3,600	\$5,000

Once you meet your individual deductible, co-insurance begins. When the accumulated medical expenses incurred by all those covered in your plan meets the family deductible, co-insurance begins for all covered, even if they have not each met their individual deductible.

#### Co-insurance

Once you have met your deductible, you pay co-insurance as follows:

- 10% for Emory providers
- 20% for In-Network providers
- 40% for Out-of-Network providers

#### Out-of-Pocket Maximum

If you reach the out-of-pocket maximum, the plan pays 100% of additional eligible expenses for the rest of the plan year.

	In-Network	Out-of-Network
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000

#### Prescription Drugs

If you are enrolled in the Aetna HealthFund (HRA), you receive your prescription benefits from Aetna, your plan administrator. Through the plan, you can have prescriptions filled at a retail pharmacy (30-day supply) or by mail (90-day supply). You can use your HRA to pay for prescription drugs.

- Your prescription drug co-pays will be paid directly from your HRA, provided you have funds available.
- If funds are no longer available, you pay out of pocket based on the applicable co-pay amount.

The prescription drug benefit plan is based on a five-tier co-pay structure (see table below). To be sure which tier your medications are on or for information on mail-order prescriptions, call Aetna Member Services at 800-847-9026.

Tier	Retail (up to 30-day supply)	Mail (up to 90-day supply)
Zero	\$0	\$0
1	\$12	\$30
2	\$25	\$62
3	\$50	\$125
4	\$70	\$175

#### Behavioral Health

Aetna HealthFund (HRA) participants receive behavioral health benefits from Aetna. Behavioral health benefits are included in your medical coverage. The program covers the diagnosis and treatment of mental illness, depression and nervous disorders. It also provides care for other emotional health needs, alcohol and drug abuse, and chemical dependency.

#### Contacts

Aetna (for plan questions or to determine under which network your physician falls): 800-847-9026 or [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory)

See the Medical Plan Options Quick Guide for more information on costs and coverage.

# Aetna HealthFund (HRA)

## Health Incentive Details

You can participate in several incentive programs and earn up to \$800 per covered adult in your Aetna HealthFund (HRA).

Incentive Program	Additional Contribution for Each Covered Adult*	What to Do
<b>Health Assessment (Simple Steps to a Healthier Life®)</b> A health risk assessment designed to help you identify and learn about potential health issues.	\$150	Log in to <a href="http://www.aetna.com">www.aetna.com</a> and complete or update Simple Steps to a Healthier Life®.
<b>“Walk Me Through” Tutorial</b> An online tutorial to help you learn the benefits and features of your Personal Health Record.	\$150	Log in to <a href="http://www.aetna.com">www.aetna.com</a> , enter your Personal Health Record and click the link to participate in the “Walk Me Through” tutorial. You can only earn this incentive one time.
<b>Preventive Care</b> Includes Well-Adult, routine eye exams, mammograms, pap smears and your annual flu shot!	\$250**	Schedule an appointment with your physician for preventive care services. Once your claim is processed, Aetna will reward your incentive.
<b>Personal Fitness Plan</b> Commit to a personal exercise plan.	\$250	Complete and submit the Personal Fitness Plan you receive in your HRA Welcome Kit.
<b>Healthy Living Programs</b> More than 10 programs designed to inform and educate you about healthy living.	\$250	Invitations are extended based on the results of the completed Simple Steps to a Healthier Life®. Participation is strictly confidential.
<b>Disease Management Programs</b> More than 30 programs that help you manage your health conditions, avoid complications and improve your quality of life.	\$250	Invitations are extended based on claim history or through physician referral. To receive the incentive, you must agree to participate in the outreach programs. Participation is strictly confidential.

\* Adult represents covered employee or covered spouse/SSDP.

\*\* You can get up to \$500 in incentives when you complete two preventive care visits!

**Note:** Incentive rewards earned late in the year, like your flu shot, may not be available in the current plan year. For example: Health activities completed after November 30 of the current plan year will be applied to your account in the following year with re-enrollment.

# Aetna HealthFund (HRA) Plan Examples

## How does the plan work?

Now that you know the details, take a look at the following real-life scenarios to see if the Aetna HealthFund (HRA) is a good fit for you.

### Suzie

#### *Employee-Only Coverage*

Meet Suzie! Her health expenses are typically pretty low. Check out how she uses the plan over a three-year-period and has funds left over for retirement.

#### Suzie Year One

Contributions to Suzie's HRA	
EMORY HEALTHCARE's Contribution	\$500
Incentive Earned: Health Assessment	\$150
Incentive Earned: Walk Me Through Tool	\$150
Incentive Earned: Preventive Care (Well-Woman Visit)	\$250
Incentive Earned: Personal Fitness Plan	\$250
<b>Total HRA Funds</b>	<b>\$1,300</b>

Suzie's Medical Expenses	
Tier 2 Prescription at Retail Pharmacy (\$25 co-pay x 12 months)	\$300
In-Network Office Visit	\$125
Well-Woman Visit*	\$0
<b>Total Expenses</b> (all paid from her HRA)	<b>\$425</b>
*Preventive care is covered at 100%	

HRA Account Summary	
HRA funds	\$1,300
Total Expenses	- \$425
<b>Remaining in HRA to carry over to the next year</b>	<b>\$875</b>

Since all of Suzie's medical expenses were paid from her HRA, she pays nothing out of pocket!

## Aetna HealthFund (HRA) Plan Examples *continued*

### Suzie Year Two

Contributions to Suzie's HRA	
HRA balance carried over from previous year	\$875
EMORY HEALTHCARE's January 1 Contribution	\$500
January 1 HRA Balance	\$1,375*
Incentives earned that year	\$800
<b>Total HRA funds that year</b>	<b>\$2,175</b>

\*Since the January 1 HRA maximum is \$1,800, all of Suzie's funds remain in her HRA account.

Suzie's Medical Expenses	
Tier 2 Prescription at Retail Pharmacy (\$25 co-pay x 12 months)	\$300
In-Network Office Visit	\$125
Well-Woman Visit	\$0
<b>Total Expenses</b> (all paid from her HRA)	<b>\$425</b>

HRA Account Summary	
HRA funds	\$2,175
Total Expenses	- \$425
<b>Remaining in HRA to carry over to the next year</b>	<b>\$1,750</b>

Since all of Suzie's medical expenses were paid from her HRA, she pays nothing out of pocket!

### Suzie Year Three

Suzie's HRA Contributions	
HRA balance carried over from previous year	\$1,750
EMORY HEALTHCARE's January 1 Contribution	\$500
January 1 HRA Balance	\$2,250*
Rollover to RRA	\$450

\*Since the January 1 HRA maximum is \$1,800, the remainder of Suzie's balance transfers into her RRA account.

## Aetna HealthFund (HRA) Plan Examples *continued*

### The Mitchell Family Family Coverage (2 adults, 2 children)

Meet the Mitchell family! Richard and Alice and their three-year-old son, Jimmy, have a variety of health expenses, including a new baby! See how they used the plan during the year.

Mitchell Family HRA Contributions	
EMORY HEALTHCARE'S Contribution	\$1,000
Incentive Earned: Health Assessment x 2	\$300
Incentive Earned: Walk Me Through Tool x 2	\$300
Incentive Earned: Preventive Care (Well-Adult Visit x 2)	\$500
Incentive Earned: Personal Fitness Plan x 2	\$500
<b>Total HRA Funds</b>	<b>\$2,600</b>

Mitchell Family Medical Expenses and Out-of-Pocket Costs	Mitchells Paid	Plan Paid	HRA Paid
<b>In-Network Hospitalization for Pregnancy Delivery Totaling \$16,000</b>	<b>\$400</b>	<b>\$13,000</b>	<b>\$2,600</b>
\$1,800 is funded from the Mitchells' HRA to meet Alice's deductible.			
Since Alice's individual deductible has been met, the Mitchells would pay 20% co-insurance on the remaining balance of \$14,200 ( $\$14,200 \times 20\% = \$2,840$ ). However, Alice hits the out-of-pocket maximum of \$3,000, so the Mitchells only have to pay \$1,200 – and \$800 can be funded from their HRA! Only \$400 is the Mitchells' responsibility.			
Plan pays remaining \$13,000 since the out-of-pocket maximum was met. So, for Alice's entire hospital stay, the Mitchells pay only \$400 out of pocket.			
<b>Two In-Network Office Visits for Alice Totaling \$250 (\$125 each)</b>	<b>\$0</b>	<b>\$250</b>	<b>\$0</b>
Mitchells pay nothing since Alice has reached her out-of-pocket maximum			
<b>Two In-Network Office Visits for Richard Totaling \$250 (\$125 each)</b>	<b>\$250</b>	<b>\$0</b>	<b>\$0</b>
Richard has not met his individual deductible of \$1,800, and the family deductible of \$3,600 has not yet been met. The Mitchells pay the \$250 for office visits out of pocket.			
<b>In-Network Well-Adult and Well-Child Visits Totaling \$500 (four at \$125 each)</b>	<b>\$0</b>	<b>\$500</b>	<b>\$0</b>
Mitchells' responsibility is \$0 because preventive care is 100% covered.			
<b>Total</b>	<b>\$650</b>	<b>\$13,750</b>	<b>\$2,600</b>

# Aetna High Deductible Health Plan With Health Savings Account (*Aetna HDHP with HSA*)

The Aetna HDHP with HSA is a medical plan with a Health Savings Account (HSA) funded by you. It has the highest deductible and potential out-of-pocket expenses, but offers the lowest employee contributions. This plan allows you to set aside pre-tax dollars for current and future medical expenses. If you typically have low medical expenses, and are prepared in case of unplanned costs, this plan could be a good option for you.

## 2010 Medical Rates (Biweekly)

Plan	Aetna HDHP	
	Full-time	Part-time
Single	\$13.00	\$ 19.50
Employee+Child(ren)	\$43.50	\$ 65.25
Employee+Spouse/SSDP	\$56.00	\$ 84.00
Family	\$80.50	\$120.75

With the Aetna HDHP, you may choose Core, In-Network or Out-of-Network providers.

Preventive care (Core and In-Network) is covered with a co-pay cost for office visits and routine tests; but for all other care, you must meet a deductible before the plan pays. Please note: If you select employee + coverage with this plan, you must meet the family deductible before the plan begins to pay.

## Deductible

	Core	In-Network	Out-of-Network
Individual	\$1,200	\$1,500	\$2,000
Family	\$2,400	\$3,000	\$4,000

Co-pays do not count toward satisfying your deductible. After you meet the deductible, you pay a set portion (co-insurance) of your medical expenses.

If your share of expenses (the deductible and co-insurance you paid during the year) reaches the out-of-pocket maximum, then the plan pays 100% of your additional eligible medical expenses for the remainder of the plan year.

## Out-of-Pocket Maximum

	Core	In-Network	Out-of-Network
Individual	\$3,000	\$4,000	\$6,000
Family	\$6,000	\$8,000	\$12,000

Since you have to pay 100% of your medical expenses, including prescription drugs, until the deductible is met, you should consider your ability to meet these expenses in the event of an illness or accident.

## Health Savings Account (HSA)

Participants in the Aetna HDHP can make contributions to an HSA. Pre-tax money accumulated in an HSA can be used for current or future qualified medical expenses. Any unused HSA money is rolled over to the following year. It also goes with you if you leave EMORY HEALTHCARE and ultimately can be used for qualified medical expenses in your retirement.

To qualify for an HSA, you:

- Must be enrolled in the Aetna HDHP.
- Cannot be claimed as a dependent on someone else's tax return.
- Cannot be enrolled under any other medical plan.
- Cannot be enrolled in a general Healthcare Flexible Spending Account (FSA) or be covered by a spouse's FSA. For Aetna HDHP participants, we offer an Aetna limited Healthcare FSA.

## HSAs have a triple tax advantage:

- Pre-tax payroll contributions to your account
- Account grows tax free with interest or investment returns
- Qualified medical expenses are paid tax free

# Aetna High Deductible Health Plan With Health Savings Account

## (Aetna HDHP with HSA) continued

### 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 10% excise tax.
- Your money has to already have been deposited in your account before you can access it.
- Money in the HSA will be invested in a money market fund with J.P. Morgan. Once your account reaches \$2,000, additional investment options are available.
- The maximum you can contribute to an HSA in 2010 is \$3,050 for individual coverage and \$6,150 for family coverage. Participants age 55 or older in 2010 can contribute an additional \$1,000 annually as catch-up contributions.
- If you are enrolled in the Aetna HDHP, you may participate in Aetna's limited Healthcare Flexible Spending Account (FSA). With this special account, expenses for reimbursement are limited to those related to vision, dental, over-the-counter medications and medical expenses once you've met the deductible.
- If you are enrolled in the Aetna HDHP, you may participate in the regular Dependent Day Care Flexible Spending Account administered by UMR.

## Prescription Drugs

If you are enrolled in the Aetna HDHP, you receive your prescription benefits from Aetna, your plan administrator. You can use your HSA to pay for prescription drugs.

For prescription drugs, you must pay all out-of-pocket costs until you meet your Core deductible. After you meet the Core deductible, you will never pay less than the minimum co-pay or more than the maximum co-pay. Certain medications used purely for preventive purposes may be exempt from the deductible in the Aetna HDHP. You should check with Aetna for clarification.

Through the plan, you can have prescriptions filled at a retail pharmacy or by mail. The prescription drug plan is based on a five-tier structure (see tables below). To be sure which tier your medications are on or for information on mail-order prescriptions, call Aetna at 800-847-9026 or visit [www.aetna.com](http://www.aetna.com).

### Retail Prescription Drugs (up to a 30-day supply)

Aetna HDHP			
Tier	Co-insurance	Minimum Co-pay	Maximum Co-pay
Zero	0%	\$0	\$0
1	10%	\$10	\$25
2	20%	\$15	\$35
3	30%	\$25	\$70
4	40%	\$35	\$100

### Mail-Order Prescription Drugs (up to a 90-day supply)

Aetna HDHP			
Tier	Co-insurance	Minimum Co-pay	Maximum Co-pay
Zero	0%	\$0	\$0
1	10%	\$25	\$62.50
2	20%	\$37.50	\$87.50
3	30%	\$62.50	\$175
4	40%	\$87.50	\$250

Rates in the above tables apply to: preventive prescription drugs, as well as non-preventive prescription drugs after the Core deductible is met.

## Behavioral Health

Aetna HDHP participants receive behavioral health benefits from Aetna, which are included in your medical coverage. The program covers the diagnosis and treatment of mental illness, depression and nervous disorders. It also provides care for other emotional health needs, alcohol and drug abuse, and chemical dependency.

## Contacts

Aetna Member Services and Aetna Behavioral Health (for plan questions or to determine under which network your physician falls): [www.aetna.com](http://www.aetna.com) or 800-847-9026

Aetna FSA: 888-238-6226

See the Medical Plan Options Quick Guide for more information on costs and coverage.

# Medical Plan Options Quick Guide

	Aetna POS PLUS			Aetna POS VALUE			Aetna HealthFund (HRA) <sub>2</sub>		Aetna HDHP		
Plans <sub>1</sub>	Core	In-Network	Out-of-Network	Core	In-Network	Out-of-Network	In-Network	Out-of-Network	Core	In-Network	Out-of-Network
<b>Deductibles</b>											
Individual	\$200	\$400	\$1,200	\$400	\$800	\$1,600	\$1,800	\$2,500	\$1,200	\$1,500	\$2,000
Family	\$600	\$1,200	\$3,600	\$1,200	\$2,400	\$4,800	\$3,600	\$5,000	\$2,400	\$3,000	\$4,000
<b>Out-of-Pocket Maximum<sub>3</sub></b>											
Individual	\$1,250	\$1,750	\$6,000	\$2,500	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$4,000	\$6,000
Family	\$2,500	\$3,500	\$12,000	\$5,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$8,000	\$12,000
Aggregate	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A
<b>Primary Care Office Visits<sub>4</sub></b>	\$25 co-pay	\$40 co-pay	40% after deductible	\$35 co-pay	\$50 co-pay	45% after deductible	20% after deductible <sub>5,6</sub>	40% after deductible	\$30 co-pay	\$50 co-pay	40% after deductible
<b>Specialist Office Visits</b>	\$25 co-pay	\$50 co-pay	40% after deductible	\$35 co-pay	\$60 co-pay	45% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible
<b>Lab and X-Ray</b>											
Diagnostic Lab	10% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	45% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible
PET, CT, MRI	10% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	45% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible
<b>Mammograms, Colonoscopies and PSAs</b>	\$0 co-pay <sub>8</sub>	\$0 co-pay <sub>8</sub>	40% after deductible	\$0 co-pay <sub>8</sub>	\$0 co-pay <sub>8</sub>	45% after deductible	\$0 co-pay <sub>8</sub>	40% after deductible	See note below	See note below	40% after deductible
<b>Emergency Room Visits<sub>9</sub></b>	\$150 co-pay			\$150 co-pay			\$150 co-pay		\$150 co-pay after deductible		
<b>Hospitalizations</b>											
Inpatient	10% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	45% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible
Outpatient Facility and Physician Services	10% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	45% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible
Outpatient Pre-Admission Testing Office Visit	\$25 co-pay	Co-pay depends on provider type	40% after deductible	\$35 co-pay	Co-pay depends on provider type	45% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible
<b>Behavioral Health</b>											
Inpatient	10% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	45% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible
Outpatient	\$25 co-pay	\$25 co-pay	40% after deductible	\$35 co-pay	\$35 co-pay	45% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible
<b>Lifetime Maximums<sub>10</sub></b>	\$2,000,000										

**1** Out-of-Network benefits may also apply. Please check with your health plan carrier for additional details or review the Summary Plan Description.

**2** The Core Network does not apply to the Aetna HealthFund (HRA).

**3** Includes deductible and co-insurance.

**4** Includes dermatologists, allergists and OB/GYN.

**5** Preventive services are covered at 100%.

**6** Co-insurance is 10% if you use an Emory provider or facility.

**7** Preventive screening services are covered at co-pay with no deductible. If not preventive, the deductible and co-insurance apply.

**8** For PSA diagnostic, PSA testing is paid under or at regular plan levels, subject to co-pays and co-insurance.

**9** Co-pay waived if admitted to hospital.

**10** Core, In-Network and Out-of-Network maximums are combined.

Note: Under the Aetna HDHP plan, diagnostic services (mammograms, colonoscopies and PSAs) are not considered preventive care and, therefore, are not covered at 100%, but are subject to deductible and co-insurance. Only preventive services are covered at 100%.

Disclaimer: Every attempt has been made to have 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 prevail. If you have any questions regarding benefit coverages, please contact Aetna.

## What's the difference between the Aetna POS Value and Aetna POS Plus?

	Aetna POS Value	Aetna POS Plus
Employee Contributions	Lower employee contributions	Higher contributions than the Value plan
Out-of-Pocket Expenses	Higher out-of-pocket expenses than the Plus plan	Lower out-of-pocket expenses

# 2010 Dental Plans

EMORY HEALTHCARE offers two dental plan options through Aetna:

## Aetna PPO (Traditional)

This plan offers the largest number of In-Network providers and the highest reimbursements for most Out-of-Network claims, but also has the highest employee contribution.

*To locate a participating In-Network dentist, visit [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) or call 877-238-6200.*

## Aetna DMO (DentalChoice)

This plan offers a limited network of dentists with the lowest employee 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.

**Be sure there is a dentist in your area who is accepting new patients before you enroll in this plan.**

Dental Benefits	Aetna PPO (Traditional)		Aetna DMO (DentalChoice)
	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible <sup>1</sup>	\$50/person \$150/family	\$50/person \$150/family	None
Annual Maximum	\$1,500/person	\$1,500/person	None
<b>Dental Services</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Preventive	\$0 <sup>2</sup>	\$0 <sup>2</sup>	None
Basic	10% <sup>3</sup>	20% <sup>3</sup>	Scheduled
Major Restorative	50% <sup>3</sup>	50% <sup>3</sup>	Scheduled
<b>Orthodontia</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Dependent Children to Age 19</b>			
Deductible	None	None	\$2,000 Co-pay <sup>5</sup>
Co-insurance	50% R&C <sup>4</sup>	50% R&C <sup>4</sup>	
Lifetime Maximum	\$1,500	\$1,500	
Adult	Same as above	Same as above	

<sup>1</sup> Waived for preventive care.

<sup>2</sup> Full-mouth debridement (i.e., deep cleaning) will now be considered one of the two cleanings covered per year, not to exceed one deep cleaning every 24 months.

<sup>3</sup> After deductible.

<sup>4</sup> Reasonable and Customary (R&C) signifies usual fees providers in the same geographic area charge for similar services.

<sup>5</sup> Limited to one treatment per lifetime.

Note: To determine costs for other services, contact your dental vendor.

## 2010 Dental Rates (Biweekly)

Plan	Aetna PPO (Traditional)		Aetna DMO (DentalChoice)	
	Full-time	Part-time	Full-time	Part-time
Single	\$ 9.50	\$12.52	\$ 7.00	\$ 8.57
Two-Person	\$19.50	\$26.59	\$13.00	\$17.72
Family	\$30.50	\$41.88	\$21.00	\$27.99

# Flexible Spending Accounts (FSAs)

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

## Healthcare FSA

You can contribute between \$200 and \$5,000 pre-tax annually into a Healthcare FSA. If you are enrolled in the Aetna HDHP with HSA plan, refer to that plan for FSA details. The money you contribute can be used to cover out-of-pocket costs, such as:

- Medical expenses
- Dental expenses
- Vision expenses (prescription glasses and contact lenses)
- Prescription drug costs
- Certain over-the-counter medications

If you participate in the Aetna HealthFund (HRA), eligible expenses are paid from your HRA balance first.

## Dependent Day Care FSA

Money you contribute into a Dependent Day Care FSA can be used for a child less than 13 years old or to care for a physically or mentally disabled parent or child, as well as eldercare. If you're single or married and filing a joint tax return, you can contribute up to \$5,000 into a Dependent Day Care FSA. If you're married and filing separately, you can each contribute up to \$2,500. Childcare and dependent day care expenses must be work-related to qualify for reimbursement. Unlike the Healthcare FSA, you can only access money that is currently in your account. To qualify for reimbursement, these expenses must be incurred so that you (and your spouse) can work.

## The Benny™ Card

If you enroll in an FSA account, be on the lookout for your Benny card!

- The Benny card works like a MasterCard® and gives you an easy, automatic way to pay for qualified health care and dependent day care expenses by letting you electronically access the pre-tax contributions you contribute to your Flexible Spending Account.
- When you use the Benny card, you don't have to submit a paper claim.
- Save your receipts. You may be asked to submit them at a later date.
- You will still need to submit a paper claim via mail or fax to be reimbursed for qualified over-the-counter medications.
- If you prefer to submit your claims rather than use the Benny card, you can do so by mail or fax. Contact UMR for details.

Note: Use of the Benny card is for convenience only. IRS guidelines for FSAs require participants to retain receipts for any eligible expense for which they receive reimbursement. The FSA plan administrator, UMR, will still request verification of expenses from participants. You will need to submit appropriate supporting documentation for expenses for which you used the Benny card; otherwise, the card will be deactivated until the expense can be substantiated as eligible under the IRS definitions. Please note that a payment receipt may not be sufficient for medical and dental services, so check with UMR to determine what supporting documentation is required.

## Flexible Spending Accounts (FSAs) *continued*

### FSA Details

- To participate in an FSA, you must enroll annually.
- Making pre-tax contributions into an FSA and using that money to pay for out-of-pocket health care costs and dependent day care actually saves you money!
- When enrolling, choose the amount you would like to contribute to the Healthcare FSA or Dependent Day Care FSA.
- Your deduction will be taken from your paycheck before tax in equal installments.
- New enrollees will receive a Welcome Kit with instructions on how to use the Benny card. The Benny card will arrive in a separate mailing after enrollment.

### Online Resources

Go to [www.umar.com/oss/cms/UMR/flex](http://www.umar.com/oss/cms/UMR/flex) to access the FSA Calculator and a list of qualified expenses. Or for a list of qualified health care expenses, go to <http://www.irs.gov/pub/irs-pdf/p502.pdf>. For dependent day care qualified expenses, go to <http://www.irs.gov/pub/irs-pdf/p503.pdf>.

### Use It and Perhaps You Won't Lose It

You will be able to use any extra money left in your Healthcare FSA at the end of 2010 to pay for expenses incurred through March 15, 2011. You will have until May 15, 2011, to submit claims for your Healthcare FSA. To avoid forfeiting funds, plan to purchase items, such as eyeglasses, contact lenses and other approved Healthcare FSA expenditures, rather than forfeiting the money.

There is not a grace period for the Dependent Day Care FSA. Expenses must be incurred by December 31, 2010. You will have until March 31, 2011, to submit claims for your Dependent Day Care FSA.

Please remember to keep all of your receipts, as they are required for verification of expenses.

### Example of Your Savings By Using the FSA

With FSA		Without FSA	
Income	\$30,000	Income	\$30,000
Eligible FSA Expenses	– \$2,400	Taxable Income	\$30,000
Taxable Income	\$27,600	Taxes (22.65%)	– \$6,795
Taxes (22.65%)	– \$6,251	Eligible FSA Expenses	– \$2,400
Remaining Income	\$21,349	Remaining Income	\$20,805

By using the FSA, this family saves \$544 on its annual costs.

# Disability Plans

EMORY HEALTHCARE offers short- and long-term disability benefits through UNUM.

## Short-Term Disability (STD)

STD coverage provides you with a portion of your salary if a temporary illness or injury causes you to be unable to work. You must first use all of your accrued comprehensive leave and extended illness leave before receiving STD benefits. Although your contributions are taken on an after-tax basis, any benefit you receive is tax free.

You can purchase STD coverage to receive 60% of your base salary for a period of up to 180 days. After 180 days, long-term disability (LTD) coverage begins. In making this purchase, you can choose one of three waiting periods. A waiting period is the length of time you must wait before your STD benefit starts. Your choices of waiting periods are 15, 30 or 60 days.

If you do not enroll within 31 days of hire or a status change, you may enroll during Annual Benefits Enrollment. You must complete an evidence of insurability (EOI) form and be approved by the insurance company.

## Long-Term Disability (LTD)

LTD coverage provides 60% of your base salary after the 180-day elimination period. EMORY HEALTHCARE's LTD coverage has a monthly maximum benefit of \$15,000. EMORY HEALTHCARE pays 100% of the cost of LTD coverage. It is automatically provided after you have completed one year of service in a benefits-eligible status.

## Supplemental LTD

After a year of benefits-eligible service, EMORY HEALTHCARE offers employees the ability to purchase additional LTD income protection. The supplemental long-term disability plan benefit allows employees to insure a higher percentage of income. You can increase your LTD benefit to 66.67% of your pay for a cost of \$.38 per \$100 of your salary. The additional LTD benefit is tax free.

Waiting Period	Annual Employee Cost per \$100 Covered Salary
15 days	\$.97
30 days	\$.47
60 days	\$.26

Here is an example of how the costs differ per waiting period for an employee who earns \$40,000 per year.

Waiting Period	Annual Cost	Cost / Paycheck
15 days	$(\$40,000 \div \$100) \times \$.97 = \$388$	$\$388 \div 24 \text{ pay periods} = \$16.17$
30 days	$(\$40,000 \div \$100) \times \$.47 = \$188$	$\$188 \div 24 \text{ pay periods} = \$7.83$
60 days	$(\$40,000 \div \$100) \times \$.26 = \$104$	$\$104 \div 24 \text{ pay periods} = \$4.33$

# Life and Accident Insurance

EMORY HEALTHCARE provides basic life insurance through The Standard equal to your annual base salary (up to \$50,000) at no cost to you. You don't need to do anything to enroll. You will be required to name a beneficiary.

## Supplemental Life Insurance

### Employee Coverage

You can elect supplemental life insurance through The Standard in increments of \$10,000 up to \$750,000. You will need to complete EOI for elections of \$500,000 or more.

### Spouse/SSDP Coverage

Employees can elect spouse/SSDP supplemental life insurance through The Standard in increments of \$10,000 up to \$500,000. They will need to complete EOI for elections of \$100,000 or more.

### Child Coverage

Life insurance can be purchased for your eligible children in increments of \$2,000 (up to \$10,000). EOI is not required.

Employee/Spouse/SSDP	2010 Monthly Rates Per \$1,000 Coverage
Age	
Less than 25	\$.048
25-29	.057
30-34	.076
35-39	.086
40-44	.095
45-49	.142
50-54	.219
55-59	.454
60-64	.620
65-69	1.207
70+	1.958
Dependents	Rates
Rates per \$1,000 coverage	\$.21

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

Annual Cost	Cost/Paycheck
$(\$100,000 \div \$1,000) \times .095 \times 12 =$ \$114.00	$\$114.00 \div 24 \text{ pay periods} =$ \$4.76

Visit [http://www.standard.com/mybenefits/mhs\\_ho.html](http://www.standard.com/mybenefits/mhs_ho.html) to complete the EOI process.

*Note: At age 70, supplemental life coverage reduces to 65% of the original face amount; at age 75, it reduces to 50% of the original face amount.*

## Accidental Death & Dismemberment (AD&D)

Accidental Death & Dismemberment (AD&D) insurance provides coverage for accidental dismemberment or accidental death and is provided through The Standard.

You can purchase AD&D for yourself and your spouse/SSDP in increments of \$10,000 (up to \$250,000). You can purchase coverage for dependent children at levels of \$5,000, \$10,000 or \$15,000. No EOI form is necessary to enroll in this benefit.

Listed below are AD&D monthly premiums.

	Coverage	2010 Monthly Rates
Employee	\$10,000 - \$250,000	\$.017 per \$1,000 coverage
Spouse/SSDP	\$10,000 - \$250,000	\$.017 per \$1,000 coverage
Child(ren)	\$5,000, \$10,000 or \$15,000	\$.017 per \$1,000 coverage

Example for AD&D — An employee elects \$100,000 AD&D.  $(\$100,000 \div \$1,000) \times .017 \div 2 =$  \$.85 per paycheck

# Long-Term Care Coverage

EMORY HEALTHCARE offers optional coverage for long-term care through UNUM. Long-term care is designed for people who need assistance with daily living activities due to an accident, illness or advancing age. Participants may receive long-term care benefits either in their home or in a facility. Benefits are paid when a physician certifies that a person can no longer perform at least two of the following: bathing, dressing, eating, toileting and 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 unlimited duration.

Enrollment kits for you and/or your spouse/SSDP are available in your Human Resources/Benefits department. Other family members also may take advantage of EMORY HEALTHCARE'S group rates, but there is no guarantee of coverage. A medical questionnaire may be required and coverage is approved by UNUM. For additional information, contact UNUM at 800-227-4165.

# Legal Coverage

Hyatt Legal Plans, a MetLife Company, offers EMORY HEALTHCARE employees access to a group legal plan. Benefits include unlimited telephone and office consultations on personal legal matters. Representation and consultation include:

- Civil lawsuit defense
- Consumer protection
- Debt matters
- Document preparation and review
- Domestic violence
- Identity theft
- Juvenile matters
- Real estate issues
- Traffic matters
- Will and estate planning

The plan is available for \$15.74 per month or \$7.87 per paycheck and covers you, a spouse/SSDP and legal dependents/children. *You must remain in the plan for the full calendar year for which you enroll.*

For more information about this benefit, go to [www.legalplans.com](http://www.legalplans.com). Click on "Thinking About Enrolling" and use password 1500625.

# Plan Contact Information

<p>EMORY HEALTHCARE Human Resources/Benefits Department 404-686-6044 www.eushc.org EHC.HR/Benefits@emoryhealthcare.org</p>	<p>Medco (Prescription Drugs) 1-800-939-3758 www.medco.com</p>
<p>Aetna (medical, prescription drugs, behavioral health) 1-800-847-9026 www.aetna.com/docfind/custom/emory</p>	<p>MetLife Auto and Home 1-800-GET-MET8 https://mybenefits.metlife.com</p>
<p>Aetna Dental Plans 1-877-238-6200 www.aetna.com/docfind/custom/emory</p>	<p>TIAA-CREF 1-800-842-2888 www.tiaa-cref.org</p>
<p>Aetna (RRA and Limited FSA) 1-888-238-6226</p>	<p>The Standard 866-756-8118 www.standard.com Policy #647272</p>
<p>EMORY HEALTHCARE Retirement Plan Service Center (Pension Plan) 678-569-1022 www.mybenefitsguide.com</p>	<p>UMR (Flexible Spending Accounts) 1-866-226-8084 www.umar.com Group #76140147</p>
<p>Fidelity 1-800-343-0860 www.fidelity.com/atwork</p>	<p>UNUM (Short-Term/Long-Term Disability/Supplemental LTD) 1-800-858-6843 www.unum.com</p>
<p>Georgia Higher Education Savings Plan 1-877-424-4377 www.gacollegesavings.com</p>	<p>UNUM (Long-Term Care) 1-800-227-4165 www.unum.com</p>
<p>Hyatt Group Legal (MetLife) 1-800-821-6400 www.legalplans.com (password 1500625)</p>	<p>Vanguard 1-800-523-1188 www.vanguard.com</p>

# The Emory Employee Access Program (EVIP)

The Emory Employee Access Program (EVIP) enables employees and their dependents to take advantage of our premier facilities and physicians. To schedule an appointment with an Emory Clinic physician, call the department number listed below. Please be sure to identify yourself as an Emory employee or direct dependent when calling. EVIP is designed to help you obtain an appointment with Emory Clinic physicians within a medically appropriate time frame. Some of our senior faculty have mature practices that are already full. If we cannot accommodate you with a particular physician, we will refer you to a qualified partner or to an affiliated community practice. If the time frame for the appointment is not satisfactory, staff can call the dedicated Emory Employee Access Line at 404-778-EVIP for assistance.

SERVICE	PHONE NUMBER	SERVICE	PHONE NUMBER
Primary Care / General Internal Medicine (1525, Midtown, Decatur, Perimeter, Smyrna)	404-778-7888	Otolaryngology / ENT (Clifton)	404-778-3381
Anesthesiology / Pain Management	404-686-7434	Psychiatry (Clifton)	404-778-5526
Breast Imaging	404-778-PINK (7465)	Pulmonary Medicine (Clifton)	404-778-5999
Cardiology (Clifton)	404-778-5999	Pulmonary Medicine (Midtown)	404-686-2505
Cardiology (Midtown)	404-686-7878	Radiation Oncology (Clifton)	404-778-3473
Dermatology (Clifton)	404-778-3333	Radiation Oncology (Midtown)	404-686-2391
Emory Children's Center	404-778-2400	Radiology (Midtown)	404-686-9729
Emory Laser Vision (Perimeter)	404-778-2733	Radiology (Clifton)	404-778-9729
Endocrinology (Clifton)	404-778-4366	Rehab Medicine (Clifton)	404-778-5770
Family Medicine (Dunwoody)	404-778-6920	Rheumatology (Clifton, Midtown)	404-778-4366
Family Medicine (South DeKalb)	404-778-8600	Surgery – Cardiothoracic (Clifton)	404-778-5040
Gastroenterology (Clifton)	404-778-7999	Surgery – Cardiothoracic (Midtown)	404-686-2513
Geriatrics (Wesley Woods)	404-728-6295	Surgery – General (Clifton)	404-778-3712
Infectious Disease (Midtown)	404-686-8114	Surgery – General (Midtown)	404-686-8143
Nephrology (Clifton)	404-778-5999	Surgery – Oral (Clifton)	404-778-4500
Nephrology (Midtown)	404-686-5038	Surgery – Plastic (Midtown)	404-686-8143
Neurology (Clifton)	404-778-3444	Surgery – Vascular (Clifton)	404-778-3712
Neurosurgery (Clifton)	404-778-5770	Surgical Oncology (Clifton)	404-778-3307
OB/GYN (Clifton, Midtown, Reproductive Endo/IVF)	404-778-3401	Surgical Oncology (Midtown)	404-686-8143
Ophthalmology (Clifton, Midtown)	404-778-2020	Urology (Clifton)	404-778-4898
Orthopaedics/Spine/Sports Medicine (Executive Park)	404-778-3350	Winship Cancer Institute (WCI – Clifton)	404-778-1900

# Benefits Terminology Glossary

**Behavioral health care** – The treatment of mental health and/or substance abuse disorders

**Co-insurance** – The portion of covered expenses that a member must pay for care after first meeting a deductible amount, if any

**Co-pay** – A charge required under a plan that must be paid by a participant at the time of service (e.g., visit to the doctor's office)

**Deductible** – An amount that a participant must pay for covered services before benefits will be paid

**Dependent** – A person, other than the employee, who is eligible to be enrolled in the plan (e.g., your spouse or child)

**Evidence of Insurability (EOI)** – A statement of your medical history used to determine if you will be approved for coverage; also known as medical underwriting

**Flexible Spending Account (FSA)** – An account that employees contribute to on a pre-tax basis and can utilize to pay for eligible expenses. Examples of health care FSA expenses include: deductibles, co-pays, dental and vision expenses. Examples of dependent day care FSA expenses include: care for a child, elderly parent or disabled spouse so you can work

**Formulary** – An approved list of prescription drugs and their appropriate dosages considered the most useful and cost effective for patient care; formularies can vary by vendor

**Generic Drug** – A drug that is the same as a brand-name drug and has been produced after the brand-name drug's patent has expired; also know as a generic equivalent

**Inpatient** – A person who receives medical, dental or other health-related services while staying in the hospital at least one night

**Life Insurance** – A specified amount of money to be paid to the insured's designated beneficiaries upon the death of the insured

**Long-Term Disability (LTD)** – Provides partial income protection against income loss due to illness or injury; benefits are payable after six months of disability after all paid leave is exhausted

**Network** – A list of physicians, hospitals and other providers that provide health care services to the members of a specific health plan

**Out-of-Pocket Maximum** – Pre-determined amount of medical expenses you are responsible for before a plan pays 100% of remaining charges for the plan year

**Outpatient** – A person who receives medical, dental or other health-related services in a hospital or other health care facility without an overnight stay at the facility

**Preventive Care** – Routine physicals and screenings that focus on prevention of disease and can result in early detection and treatment

**Short-Term Disability (STD)** – Provides partial income protection during illness or injury; benefits are payable for up to six months

**Urgent Care Center** – A facility that provides care and treatment for problems that are not life threatening, but require attention

**Waiting Period** – A period of continuous disability that must be satisfied before you are eligible to receive disability benefits

*Information contained herein is a summary of benefits. Detailed provisions of each benefit plan can be reviewed in the Plan documents available in the Human Resources/Benefits department. EMORY HEALTHCARE reserves the right to terminate, suspend, withdraw, amend or modify benefits in whole or in part at anytime. Further, EMORY HEALTHCARE 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 anytime.*

