

2012



SAINT JOSEPH'S  
Medical Group

# Benefits Guide





EMORY HEALTHCARE 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 our staff. As a part of EMORY HEALTHCARE, you have numerous benefits available to you. You have a choice of medical plans — each with unique plan design features — including both consumer-driven and traditional health plans. In addition, there are plans that provide coverage for prescription drugs, dental, behavioral/mental health, vision, disability and more. We encourage you to take a close look at all the benefit information provided in this guide. The benefit programs are just one of the many ways EMORY HEALTHCARE helps our staff take care of themselves and their family.

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This guide is meant to provide basic benefit plan information. For additional details and specific information, please contact the vendor or review the Summary Plan Description (SPD) for each plan. SPDs are available on the EMORY HEALTHCARE intranet ([www.ourhc.org](http://www.ourhc.org)) or by contacting the Benefits department at 404-686-6044 for a printed version.

# 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. Enrolling in the benefit plans you want for yourself and your family is quick and easy. Spend a few minutes reviewing the benefit programs that EMORY HEALTHCARE offers to choose the plans that are right for you.

Some benefits EMORY HEALTHCARE 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 HEALTHCARE automatically provides you with several benefits, such as long-term disability coverage and basic life insurance. You are not required to make any contributions for these benefits — EMORY HEALTHCARE pays the full cost.

## Optional Benefits

In addition to employer-provided benefits, eligible employees may enroll in optional benefits, including medical, dental, vision, supplemental life, accidental death and dismemberment insurance, disability, flexible spending accounts and a 403(b) retirement plan.

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.

If you are benefits-eligible, you must enroll during your first 31 days of employment with EMORY HEALTHCARE.

For optional benefits, other than the 403(b) and supplemental LTD, 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 Annual Benefits Enrollment period, with coverage effective January 1 of the following year.

If you are a current benefits-eligible EMORY HEALTHCARE employee, each year you have an opportunity to review your benefit elections during the Annual Benefits Enrollment period and make changes for the upcoming plan year.

## When Coverage Ends

Your benefit 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 HEALTHCARE ends due to resignation, termination or death; or
- You stop paying your share of the coverage.

Your dependent(s) coverage ends:

- When your coverage ends, or
- When 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 — Eligibility

You are eligible for benefits if you are a regular full-time or part-time employee scheduled to work 20 hours or more per week.

If you elect coverage, your dependents are also eligible for health, dental, vision and life insurance coverage.

Eligible dependents include:

- Your legal spouse.
- Legally Domiciled Adult (LDA) – instead of a legal spouse, you may enroll an individual aged 18 or older who has lived at your residence for at least 12 months and remains a member of the household throughout the coverage period. LDA also includes a blood relative who is your tax dependent as defined by Section 152 of the Internal Revenue Code. The LDA cannot be legally married to someone else, be eligible for medical coverage or be receiving medical benefits from another plan. LDAs are not eligible for the Dental DMO, Spouse Life or Spouse AD&D plans. Dependents of an LDA are not eligible.
  - Covering an LDA 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), or any child for whom you have legal custody. They are eligible:
  - Up to their 26th birthday.
  - If they are over 26 years of age and permanently disabled and financially dependant on you (must be covered prior to age 19 for medical and dental and prior to 26th birthday for life insurance).



### Spouse Medical Charge

If you choose to cover your spouse and certify through e-Vantage that he/she has access to medical insurance through an employer other than EMORY HEALTHCARE, you will have an additional \$50 per month medical charge added to your medical plan contribution. See page 24 for more information.

### 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 requesting the documentation within a given deadline will be mailed to you. Events that 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 AND either a court document or the tax return for the parent claiming the child must be submitted (current or previous year only).
- **Dependent child age 26 and over**
  - 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).
- **Legally Domiciled Adult (LDA)**
  - Document(s): Provide a copy of documentation of address, Georgia driver's license, utility bill, voter registration card or state identification card and signed affidavit found on the intranet.
- **Employee with five dependents who adds a sixth or more dependents**
  - Document(s): Birth certificate AND either a court document or the tax return from the parent claiming the child must be submitted (current or previous year only).
- **Employee with a 50+ age difference with dependent(s)**
  - Document(s): Birth certificate AND either a court document or the tax return from the parent claiming the child must be submitted (current or previous year only).

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 HEALTHCARE'S health plans. **Legible copies of required documents are acceptable.**

# Enrollment

Enrolling is easy and available 24 hours a day via e-Vantage at [www.ourehc.org](http://www.ourehc.org).

## New Hires

You may enroll online anytime during your first 31 days of employment. If you have questions, contact Benefits at 404-686-6044 or [ehc.hr/benefits@emoryhealthcare.org](mailto:ehc.hr/benefits@emoryhealthcare.org).

## How to Enroll Online

**Read this guide** to decide which benefits will best meet your needs.

**Enroll online** through e-Vantage. Enrolling online will ensure accuracy and save time.

1. Go to the EMORY HEALTHCARE intranet home page ([www.ourehc.org](http://www.ourehc.org)) and select e-Vantage from the menu on the right.
2. Log in using your EMORY HEALTHCARE username and password.

3. Click Self-Service on the left.
4. On the Self-Service page, click Benefits; then click Benefits Enrollment.
5. Choose Select to view election options.
6. After selecting your elections and covered dependents, if any, your payroll deductions will be displayed.
7. You will be prompted at the bottom of the page to Continue if coverage is correct or Edit if you have made an error.
8. Print a copy of the enrollment summary after you have edited and finalized your elections.
9. Click Continue at the bottom of the Enrollment Summary page and then Submit after reading the Authorize Elections Statement. Print the confirmation page for your records.

Note: You have not enrolled until you click Submit.



For instructions on how to enroll in your retirement benefits, see **page 32**.

## Change In Your Coverage Mid-Year

The IRS provides strict regulations about changes to pretax elections during the plan year. If you experience a qualified IRS family status change mid-year, you are permitted to make a change, provided the change request occurs 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 benefit elections until the following Annual Benefits Enrollment period, which means the change will not be effective until January 1 of the following year. Below is a list of some of the more commonly known qualified Family Status Changes:

- Marriage, divorce or annulment
- Birth of a child
- Placement of a foster child or a child for adoption with you, or assumption of legal guardianship of a child
- Change in your spouse's or LDA's or dependent's employment status that affects benefits eligibility, including termination or commencement of employment, or change in worksite
- You or your spouse or LDA returns from unpaid leave of absence
- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid

- The death of your spouse or LDA or dependent
- Court ordered coverage of your child by you or your spouse, allowing you to add or drop the child's coverage
- Change in your, your spouse's or LDA's or dependent's place of residence that affects eligibility
- Change in your employment that affects benefits eligibility (working at least 20 hours per week)
- Loss of eligibility for a dependent

The change you request must be consistent with the qualifying event. Some mid-year changes also require documentation to be provided within 31 days of the event. Please contact the Benefits department at 404-686-6044 if you have questions.

# Your Medical Plan Choices

From minor illnesses to major surgery, health care can be expensive, and costs continue to increase. Having the financial protection of a comprehensive medical plan is very important. EMORY HEALTHCARE is pleased to provide you with access to coverage and to pay the majority of the cost of coverage. In this section of the guide, you will find information on the Aetna POS Value, Aetna POS Plus and Aetna High Deductible Health Plan with Health Savings Account.

It is important for you to take the time to learn about the plans that EMORY HEALTHCARE offers, the coverage each provides and how to use them to best meet the needs of you and/or your family.

## Choosing What's Best for You

Everyone's health care needs are different. That's why it's important to carefully decide which medical plan will work best for you. In choosing a medical plan, you should ask yourself several questions and consider each answer as you evaluate all of EMORY HEALTHCARE's medical plans:

- How much health care will I need next year?
- What will it cost me?
- Am I more concerned about the cost of my biweekly contributions or my out-of-pocket cost?
- How will I save for health care in the future?
- How much do I need to save for medical expenses when I retire?



### What Is the Same In All Three Medical Plans?

All EMORY HEALTHCARE plans:

- Annual routine preventive care at a \$0 copay when service is received within the Emory Provider Network (EPN) or Aetna National In-Network
- Tier Zero (no co-pay for certain generic prescription drugs)
- Unlimited lifetime maximum applied across all plans and networks
- Do not require you to select a primary care physician
- Do not require a referral to see a specialist
- Broad network of physicians in Georgia and nationally including the Emory Provider Network
- All plans have deductibles, co-pays and out-of-pocket maximums to protect you in the event of significant medical expenses during the year



### Preventive Care Benefits

Preventive care can help you identify potential health risks before they become real health problems. Preventive care benefits are available under all EMORY HEALTHCARE medical plans.

These preventive services include routine annual physicals, well-child visits, immunizations and some health screenings. Many annual routine preventive services are covered at a \$0 co-pay (EPN or Aetna National In-Network)

## Network Definitions

EMORY HEALTHCARE'S medical plans offer three network options for the Aetna POS Value, Aetna POS Plus and Aetna High Deductible Health Plan with HSA.

### Emory Provider Network (EPN)

EPN providers and facilities give you the maximum benefit available under the plans, with lower co-pays, co-insurance and deductibles. Only those facilities that are owned by or affiliated with EMORY HEALTHCARE will be considered part of the EPN.

EPN facilities include:

- Emory University Hospital Midtown
- Emory University Hospital
- Emory University Orthopaedics & Spine Hospital
- Emory Johns Creek Hospital
- Emory Adventist Hospital
- Wesley Woods Geriatric Hospital
- Children's Healthcare of Atlanta (Egleston and Scottish Rite)
- Grady Memorial Hospital (including Hughes Spalding)
- Saint Joseph's Hospital

EPN physicians include:

- EMORY HEALTHCARE physicians
- Community physicians who have **active admitting privileges** at either Emory University Hospital Midtown, Wesley Woods, Emory Johns Creek Hospital and Saint Joseph's Hospital

To locate a participating EPN physician or facility, contact Aetna:

- Go to [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) or call 800-847-9026.

### Aetna National (In-Network) Providers

Aetna National (In-Network) providers and facilities are part of all the medical plans that EMORY HEALTHCARE offers through Aetna. The co-pays, co-insurance and deductibles are higher than with the Emory Provider Network (EPN).

To locate an Aetna National (In-Network) physician or facility, contact Aetna: Go to [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) or call 800-847-9026.

### Out-of-Network Providers

Providers and facilities that are not participating with Aetna are considered Out-of-Network. The co-pays, co-insurance and deductibles are the highest, and the costs of services can be higher than both EPN and Aetna National (In-Network).

# 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. This plan offers basic coverage at an affordable price that should meet most employees' needs.

## 2012 Medical Rates (Biweekly)

Plan	Aetna POS Value	
	Full-time	Part-time
Single	\$13.50	\$19.00
Employee+Child(ren)	\$62.00	\$86.50
Employee+Spouse or LDA	\$77.50	\$108.00
Family	\$117.50	\$163.50

With the Aetna POS Value, you may choose Emory Provider Network (EPN), In-Network or Out-of-Network providers. Members pay set co-pays for some services, such as specialist 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 using a specialist provider in EPN. Routine annual preventive care is paid at 100% when received by a provider who is in the EPN or Aetna's National In-Network. For a complete list of the preventive services covered at 100% please refer to the benefits section of the intranet.\*

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

## Deductible

	EPN	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

	EPN	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	\$15.00	\$37.50
2	\$30.00	\$75.00
3	\$55.00	\$137.50
4	\$85.00	\$212.50

## 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 on page 16 for more information on costs and coverage.

\*Services are not preventive if you get them as part of a visit to diagnose, monitor or treat an illness or injury. Then co-pays, deductibles and coinsurance will apply.

## 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. Employees will “buy up” by paying higher contributions to have a plan with lower co-pays and deductibles.

### 2012 Medical Rates (Biweekly)

Plan	Aetna POS Plus	
	Full-time	Part-time
Single	\$35.00	\$52.50
Employee+Child(ren)	\$111.00	\$139.00
Employee+Spouse or LDA	\$135.00	\$169.00
Family	\$199.00	\$249.00

With the Aetna POS Plus, you may choose Emory Provider Network (EPN), In-Network or Out-of-Network providers. Members pay set co-pays for some services, such as specialists medical visits. Routine annual preventive care is paid at 100% when received by a provider who is in the EPN or Aetna’s National In-Network. For a complete list of the preventive services covered at 100%, please refer to the benefits section of the intranet.\*

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

### Deductible

	EPN	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

	EPN	In-Network	Out-of-Network
Individual	\$1,500	\$1,750	\$6,000
Family	\$3,000	\$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	\$15.00	\$37.50
2	\$30.00	\$75.00
3	\$55.00	\$137.50
4	\$85.00	\$212.50

## 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 on page 16 for more information on costs and coverage.

\*Services are not preventive if you get them as part of a visit to diagnose, monitor or treat an illness or injury. Then co-pays, deductibles and coinsurance will apply.

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

The Aetna HDHP with HSA is a medical plan with a pretax Health Savings Account (HSA) funded by EMORY HEALTHCARE and, if you choose, by you through pretax contributions. It allows you greater control over how you receive and pay for medical care and services. The Aetna HDHP with HSA has the lowest employee contributions of all three plans and provides employer contributions and incentives through the HSA to cover many of your out-of-pocket expenses.

The Aetna HDHP with HSA may be a good choice if you:

- Are engaged in your health
- Are committed to earning the employer dollars available through completing healthy living incentives
- Want to save in a tax-efficient way for future medical or retirement medical expenses

## 2012 Medical Rates (Biweekly)

Plan	Aetna HDHP	
	Full-time	Part-time
Single	\$10.00	\$15.00
Employee+Child(ren)	\$46.50	\$64.50
Employee+Spouse or LDA	\$52.50	\$73.00
Family	\$80.50	\$112.00

With the Aetna HDHP with HSA, you may choose In-Network or Out-of-Network providers. In-Network preventive coverage is paid at 100%. For all other care, you must meet a deductible before the plan pays. However, you can use your HSA contributions to greatly offset the deductible. Note: If you select employee + coverage, you must meet the family deductible before the plan begins to pay.

## Deductible

	In-Network	The Aetna HDHP w/ HSA deductible after employer contributions and earned incentives	Out-of-Network
Single	\$1,500	\$700 Single	\$2,000
Family	\$3,000	\$1,650 Family	\$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

	In-Network	Out-of-Network
Individual	\$3,500	\$6,000
Family	\$8,000	\$12,000

Since you have to pay 100% of your medical expenses, other than annual routine preventive care, 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)

With the HSA, you can use tax-free funds to meet your deductible, pay for prescriptions or pay for future medical expenses – even after retirement! Your Health Savings Account begins on the first of the month following your election. Here's how you fund your account:

- EMORY HEALTHCARE automatically contributes \$500 if you enroll for employee-only coverage, \$750 if you enroll for employee plus spouse or LDA or employee plus child(ren) or family coverage
- You have the opportunity to complete various incentives and earn an additional \$300 if you enroll for employee-only coverage and \$600 if you enroll for employee plus spouse or LDA, or family coverage

Your HSA fund grows tax-free interest or investment returns, rolls over each year and is 100% portable, should you leave EMORY HEALTHCARE. Want to learn more about this exciting plan? Be sure to:

- Keep reading for examples of how the plan works
- Review the Aetna HDHP with HSA reference guide on the intranet
- Watch the video on [www.aetna.com/hsa/welcome](http://www.aetna.com/hsa/welcome)

# Your Medical Plan Choices continued

## Aetna HDHP with HSA Incentive Programs

Choose from a combination of these incentive programs to receive additional contributions to your HSA balance to use on qualified medical expenses and services for you and your family, up to \$300 per covered adult\* each plan year.

- **Health Assessment** — Log in to the secure Aetna Navigator member Web site ([www.aetn navigator.com](http://www.aetn navigator.com)), click “Simple Steps To A Healthier Life” and complete or update your health assessment to earn \$150. Members will receive a completion certificate upon completion/update of the health assessment. This completion certificate is stored in the member’s health summary that is available within the Simple Steps To A Healthier Life home page. The incentive for the health assessment is generated upon the completion or update of the health assessment.
- **Healthy Living Program** — Complete one of many healthy living programs available online through the Aetna Navigator member Web site and earn \$150 per year for your HSA. Members select the program of interest; to qualify for an incentive for participating in one of the online wellness programs, participants must complete the 30-day evaluation within 30 days.

\* Covered adult refers to either the covered employee and/or a spouse or LDA who is covered under the plan.

### To qualify for an HSA you:

1. Must be less than 65 years old
2. Must be enrolled in the Aetna HDHP with HSA
3. Cannot be claimed as a dependent on someone else’s tax return
4. Cannot be covered by a spouse’s Flexible Spending Account (FSA)
5. Cannot be covered by any other medical plan

### What’s Different About an HSA?

1. The HSA is available only if you participate in the Aetna HDHP with HSA. The money is yours, held in an investment account and portable — it goes with you to be used for qualified medical expenses if you leave EMORY HEALTHCARE or when you retire.
2. If you are enrolled in the Aetna HDHP with HSA, you may not participate in a general Healthcare Flexible Spending Account (FSA).
3. If you are enrolled in the Aetna HDHP with HSA, you may participate in the limited Aetna Healthcare FSA (for dental and vision expenses).
4. However, if you are enrolled in the Aetna HDHP with HSA, you may participate in the Dependent Day Care Flexible Spending Account.

### Additional HSA features

- Withdrawals from HSAs for qualified medical expenses are tax free. If you withdraw money for any reason other than qualified medical expenses, you must pay income tax and a 20% IRS tax penalty.
- 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 JP Morgan.
- The maximum you can contribute to an HSA in one year is set by the IRS. If you are age 55 or older, you can contribute additional catch-up contributions. It is your responsibility to make sure your HSA contributions, including any employer or incentive contributions, do not go over the IRS maximum.
- If you enroll in the Aetna HDHP, your prescription drug coverage is administered through Aetna.



Learn more about this plan by viewing the HDHP Quick Guide posted on the intranet ([www.ourehc.org](http://www.ourehc.org)).

# How the Aetna HDHP With HSA Plan Works

## 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 HDHP with HSA is a good fit for you.

### Donna

#### Single Coverage – Employee Only

Meet Donna! Her health expenses throughout the year are usually low. Other than an annual physical, she typically has few medical expenses. Donna likes the idea of a plan where EMORY HEALTHCARE contributions and incentives help her meet her other health care expenses. Look below to see how Donna’s expenses in Year One were paid. We have also compared them with the POS plans.

#### Year One

	HDHP	POS Plus	POS Value
Donna’s Medical Expenses			
Tier 2 Prescription	\$420	\$360	\$360
In-Network Office Visit	\$125	\$25	\$35
Well-Woman Visit	\$0	\$0	\$0
<b>Total Expenses</b>	<b>\$545</b>	<b>\$385</b>	<b>\$395</b>
Less Expenses paid out of HSA	\$545	\$0	\$0
<b>Remaining Expenses</b>	<b>\$0</b>	<b>\$385</b>	<b>\$395</b>
Plus Donna’s Annual Contributions*	\$240	\$840	\$324
<b>Donna’s Real Annual Cost</b>	<b>\$240</b>	<b>\$1,225</b>	<b>\$719</b>

\* Annualized biweekly paycheck contribution.

Donna did not use all of her \$800 in HSA contributions, so the remaining \$255 contribution carries over to Year Two.

In Year Two, Donna has the same expenses except she is hospitalized. The hospital bill is \$10,000.

#### Donna - Year Two

	HDHP	POS Plus	POS Value
Donna’s Medical Expenses			
Tier 2 Prescription	\$420	\$360	\$360
In-Network Office Visit	\$125	\$25	\$35
Well-Woman Visit	\$0	\$0	\$0
\$10,000 Hospitalization (met out-of-pocket maximum)	\$3,500	\$1,750	\$3,000
<b>Total Expenses</b>	<b>\$4,045</b>	<b>\$2,135</b>	<b>\$3,395</b>
Less Expenses paid out of HSA	\$1,055	\$0	\$0
<b>Remaining Expenses</b>	<b>\$2,990</b>	<b>\$2,135</b>	<b>\$3,395</b>
Plus Donna’s Annual Contributions*	\$240	\$840	\$324
<b>Donna’s Real Annual Cost</b>	<b>\$3,230</b>	<b>\$2,975</b>	<b>\$3,719</b>

\* Annualized biweekly paycheck contribution, assuming rates remain the same in Year Two.

#### Donna - Year Three

In Year Three, Donna will earn her incentives and receive the EMORY HEALTHCARE contribution. As Donna does not have any HSA contributions to carry over into Year Three, she decides to begin her additional contributions of \$100 per month to build up her HSA account.

## How the Aetna HDHP With HSA Plan Works continued

### The Smith Family *Family Coverage (2 adults, 1 child)*

Meet the Smiths! Andrew and Cindy and their three-year-old son Joe have a variety of planned and unplanned health expenses throughout the year. Each year, all normally get an annual physical exam. In addition to these expenses, the family estimates at least four office visits – two Well-Child and two Well-Adult visits. Both Cindy and Andrew earned incentives by completing two health assessments and their own healthy living programs. Look below to see how the Smiths' expenses in Year One were paid.

#### Year One

	HDHP	POS Plus	POS Value
<b>Smiths' Medical Expenses</b>			
\$750 Emergency Room - Joe	\$750	\$150	\$150
2 In-Network Office Visits - Cindy	\$250	\$50	\$70
2 In-Network Office Visits - Andrew	\$250	\$50	\$70
4 In-Network Well Visits	\$0	\$0	\$0
<b>Total Expenses</b>	<b>\$1,250</b>	<b>\$250</b>	<b>\$290</b>
Less Expenses paid out of HSA	\$1,250	\$0	\$0
Remaining Expenses	\$0	\$250	\$290
Plus Andrew's Annual Contributions*	\$1,932	\$4,776	\$2,820
<b>Smith Family's Real Annual Cost</b>	<b>\$1,932</b>	<b>\$5,026</b>	<b>\$3,110</b>

\* Annualized biweekly paycheck contribution.

In Year One, the HDHP with HSA plan is less expensive, as the HSA contributions and incentives covered their expenses. Also, their annual deductions were less under the HDHP with HSA plan.

## How the Aetna HDHP With HSA Plan Works continued

In Year Two, the Smith family has the same expenses and Andrew is hospitalized. The hospital bill is \$10,000. The Smith family earns \$750 in EMORY HEALTHCARE contributions, \$600 completing healthy living programs and carries over \$100 from Year One for a total of \$1,450 in HSA incentives.

### The Smiths – Year Two

	HDHP	POS Plus	POS Value
<b>Smiths' Medical Expenses</b>			
2 In-Network Office Visits - Cindy	\$250	\$50	\$70
2 In-Network Office Visits - Andrew	\$250	\$50	\$70
4 In-Network Well Visits	\$0	\$0	\$0
\$10,000 Hospitalization (deductibles and co-insurance)	\$5,000	\$2,400	\$3,800
<b>Total Expenses</b>	<b>\$5,500</b>	<b>\$2,500</b>	<b>\$3,940</b>
Less Expenses paid out of HSA	\$1,450	\$0	\$0
Remaining Expenses	\$4,050	\$2,500	\$3,940
Plus Andrew's Annual Contributions*	\$1,932	\$4,776	\$2,820
<b>Smith Family's Real Annual Cost</b>	<b>\$5,982</b>	<b>\$7,276</b>	<b>\$6,760</b>

\* Annualized biweekly paycheck contribution, assuming rates remain the same in Year Two.

In Year Two, the HDHP plan is less expensive; however, the EMORY HEALTHCARE provided contribution and incentives do not cover all expenses.

### The Smiths – Year Three

In Year Three, the Smiths will earn their incentives and receive their EMORY HEALTHCARE contribution. As the Smiths do not have any HSA contributions to carry over into Year Three, they decide to deduct additional pretax contributions of \$200 per month to build up their HSA account.

At the end of Year Three, they could have up to \$3,750 in HSA contributions in their account. They want to save up in case they have future large expenses.

# Medical Plan Comparison Quick Guide

Plans	Aetna HDHP <sup>1</sup>		Aetna POS Value			Aetna POS Plus		
Emory Contribution	\$500/\$750 <sup>2</sup>		None			None		
Earned Incentives	\$300/\$600 <sup>3</sup>		None			None		
Health Savings Account (HSA)	Yes		None			None		
	Aetna National (In-Network)	Out-of-Network <sup>4</sup>	Emory Provider Network (EPN)	Aetna National (In-Network)	Out-of-Network <sup>4</sup>	Emory Provider Network (EPN)	Aetna National (In-Network)	Out-of-Network <sup>4</sup>
<b>Annual Deductible</b>								
Single	\$1,500	\$2,000	\$400	\$800	\$1,600	\$200	\$400	\$1,200
Family	\$3,000 <sup>5</sup>	\$4,000 <sup>5</sup>	\$1,200	\$2,400	\$4,800	\$600	\$1,200	\$3,600
<b>Out-of-Pocket Maximum</b>								
Single	\$3,500	\$6,000	\$2,500	\$3,000	\$6,000	\$1,500	\$1,750	\$6,000
Family	\$8,000 <sup>5</sup>	\$12,000 <sup>5</sup>	\$5,000	\$6,000	\$12,000	\$3,000	\$3,500	\$12,000
Aggregate	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Primary Care Physician Office Visits<sup>6</sup></b>	20% after deductible	40% after deductible	\$35 co-pay	\$35 co-pay	45% after deductible	\$25 co-pay	\$25 co-pay	40% after deductible
<b>Specialist Office Visits</b>	20% after deductible	40% after deductible	\$35 co-pay	\$60 co-pay	45% after deductible	\$25 co-pay	\$50 co-pay	40% after deductible
<b>Diagnostic Labs and X-Ray</b>	20% after deductible	40% after deductible	20% after deductible	30% after deductible	45% after deductible	10% after deductible	20% after deductible	40% after deductible
<b>Durable Medical Equipment (DME)</b>	20% after deductible	40% after deductible	20% co-insurance (no deductible)	30% co-insurance (no deductible)	45% after deductible	10% co-insurance (no deductible)	20% co-insurance (no deductible)	40% after deductible
<b>Routine Preventive Care<sup>7</sup></b> (Eye Exam, Annual Physical, Flu Shots, GYN Annual)	<b>Plan Pays 100%</b>	<b>40% after deductible</b>	<b>\$0 co-pay</b>	<b>\$0 co-pay</b>	<b>45% after deductible</b>	<b>\$0 co-pay</b>	<b>\$0 co-pay</b>	<b>45% after deductible</b>
<b>Emergency Room Visits<sup>8</sup></b>	\$150 co-pay after deductible	\$150 co-pay after deductible	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay
<b>Hospitalizations</b>								
Inpatient/Outpatient Coverage	20% after deductible	40% after deductible	20% after deductible	30% after deductible	45% after deductible	10% after deductible	20% after deductible	40% after deductible
<b>Behavioral Health Benefits</b>								
Inpatient Treatment	20% after deductible	40% after deductible	20% after deductible	30% after deductible	45% after deductible	10% after deductible	20% after deductible	40% after deductible
Outpatient Treatment	20% after deductible	40% after deductible	\$35 co-pay	\$35 co-pay	45% after deductible	\$25 co-pay	\$25 co-pay	40% after deductible

1. Aetna HDHP medical plan w/HSA members receive an additional 10% co-insurance coverage when they receive services from an EPN provider or facility.
2. \$750 is contributed annually to the HSA by Emory when Employee+Spouse or LDA, Employee+Children or Family level coverage is elected.
3. An annual maximum of \$600 in incentives can be earned when Employee+Spouse or LDA or Family level coverage is elected.
4. Amounts applied to deductible and out-of-pocket maximums are limited to the Reasonable or Recognized charges.
5. Family in the HDHP plan is when Employee+Spouse or LDA, Employee+Children or Family level coverage is elected.
6. Includes services of an internist or general physician.
7. Routine Preventive Care services ONLY are covered at 100% under the plan. Diagnostic services are subject to the deductible and co-insurance.
8. Co-pay waived if admitted to hospital.

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.



For 2012 medical plan rates, please refer to **page 24**.

# Prescription Drug Benefit

EMORY HEALTHCARE supports your and your family’s efforts to combat and control health conditions through our Prescription Drug Program. With Tier Zero, generic prescription medications used to treat chronic health conditions, such as congestive heart failure (CHF), diabetes, high blood pressure, high cholesterol and tobacco addiction, are covered at 100%. That’s right – for Tier Zero medications, you will pay \$0 for a 30- or 90-day supply.

For a complete list of Tier Zero medications, turn to [page 19](#). 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 your pharmacy benefit manager.



## Pharmacy Benefit Manager

Aetna HDHP with HSA members may visit [www.aetna.com](http://www.aetna.com) for prescription drug information. Aetna POS Plus and Aetna POS Value members may visit [www.medco.com](http://www.medco.com) for prescription drug information.

## Aetna POS Plus and Aetna POS Value Plans

EMORY HEALTHCARE’S prescription drug benefits for these plans are based on the five-tier co-pay structure below.

Tier	Retail (up to 30-day supply)	Mail (up to 90-day supply)
<b>Zero</b>	\$0	\$0
<b>1</b>	\$15	\$37.50
<b>2</b>	\$30	\$75.00
<b>3</b>	\$55	\$137.50
<b>4</b>	\$85	\$212.50

## Aetna HDHP With HSA

If you are enrolled in the Aetna HDHP with HSA, you receive your prescription benefits from Aetna, your pharmacy benefit manager.

- For prescription drugs, you must pay all out-of-pocket costs until you meet your annual deductible under Aetna National (In-Network), which is \$1,500 (Employee Only) or \$3,000 (employee+spouse or LDA, employee+child(ren) or family). You can use your HSA to pay for prescription drugs. After you meet the deductible, you will pay the applicable co-insurance amount under the Aetna HDHP with HSA, up to the retail maximum co-pay.
- The table below shows what your responsibility is once your deductible is satisfied. For example, if the table shows co-insurance is 20%, the plan will pay 80% of the cost of the prescription drug, and you are responsible for the other 20%. However, there is financial protection built into the prescription drug benefit in that you will never pay more than the retail maximum co-pay, outlined in the table below.

	Tier	Co-insurance	Retail Maximum Co-pay
<b>Preventive Prescription Drugs</b> (Not Subject to Deductible) and <b>Non-Preventive Prescription Drugs</b> (After Meeting Deductible)	<b>Zero</b>	0%	\$0
	<b>1</b>	10%	\$25
	<b>2</b>	20%	\$35
	<b>3</b>	30%	\$70
	<b>4</b>	40%	\$100

**Remember:** You must self-certify if you and your spouse have or have not used tobacco products in the last 60 days. To support you in your tobacco cessation efforts, the following prescriptions are included in Tier Zero:

Nicotine NS • Nicotine Inhaler • Zyban • Chantix

# Prescription Drug Benefit continued

## Generic Drugs — A Great Value

Whichever medical plan you elect, using generic drugs is a great way to lower your prescription drug costs if your physician prescribes a brand-name drug and does not specify Dispense as Written (DAW).

Ask your pharmacist if a generic version is available.

If your physician checks the DAW box, the pharmacist is required to dispense the brand-name drug. However, it is important to know that you will pay the higher brand-name drug co-pay/co-insurance, as well as the difference in cost between the generic and brand-name drug.



## Prior Authorizations and Quantity Limits

Medications within certain drug categories require prior authorizations and quantity limits as part of Medco and Aetna's clinical review program.

These clinical review programs help ensure patient safety by implementing quantity, dose and effectiveness reviews prior to medications being prescribed. For a list of drug categories requiring prior authorization and medications subject to the clinical review program, go to the benefits section under Employee Resources at [www.ourehc.org](http://www.ourehc.org) or visit [www.medco.com](http://www.medco.com) or [www.aetna.com](http://www.aetna.com). You may also call 800-939-3758 (Medco) or 800-847-9026 (Aetna) for more information.

## Save Money and Time — Get Your Prescriptions in the Mail

If you take prescription medication on an ongoing basis, there are specific advantages of using Medco-by-Mail for Aetna POS Plus and Aetna POS Value members:

- **Cost savings** — By receiving a 90-day supply, you won't have to go to the pharmacy, and you'll incur fewer co-pays.
- **Free shipping** — No extra charge for shipping when you receive your prescriptions through the mail.
- **Convenience** — You don't have to leave your home, stand in lines or wait at a drugstore for your medication.

Here's an example of your cost savings using Medco-by-Mail for a Tier 2 prescription\*:

Month	In-Network Retail Pharmacy	Mail Order Pharmacy Service
Month 1	\$30 co-pay for first 30-day prescription	\$75 co-pay for a 90-day supply
Month 2	\$30 co-pay for first refill	N/A
Month 3	\$30 co-pay for second refill	N/A
<b>Total</b>	<b>\$90 for a 90-day supply</b>	<b>\$75 for a 90-day supply</b>

**Your Savings = \$15 (per 90-day supply) OR \$60 for the year.**

\* Costs shown here are not applicable to the Aetna HDHP with HSA.

For Aetna HDHP with HSA members, more information on Aetna's mail order prescriptions can be found at [www.aetna.com](http://www.aetna.com) or by calling 800-847-9026.

For Aetna POS Plus and Aetna POS Value members, more information on Medco-by-Mail prescriptions can be found at [www.medco.com](http://www.medco.com) or by calling 800-939-3758.

## Tier Zero Prescription Drug List

With Tier Zero, EMORY HEALTHCARE pays 100% and plan participants pay \$0 for a 30- or 90-day supply of generic medications associated with the treatment of congestive heart failure (CHF), diabetes, high blood pressure, high cholesterol and smoking cessation. Tier Zero helps members afford the generic 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) or become available as generics or over-the-counter, this list will change. For the most up-to-date Tier Zero list:

- Aetna HDHP with HSA members, contact Aetna at 800-847-9026.
- Aetna POS Plus and Aetna POS Value plan members, contact Medco Health Solutions at 800-939-3758.

Smoking Cessation		
Nicotrol NS Nicotrol Inhaler	Zyban	Chantix
Cholesterol Lowering		
Cholestyramine/Aspartame Cholestyramine/Sucrose Colestipol HCL Fenofibrate, Micronized	Gemfibrozil Lovastatin Niacinamide	Pravastatin Sodium Simvastatin
Diabetes		
Acarbose Acetohexamide Chlorpropamide Glimepiride	Glipizide Glyburide, Micro/Metformin HCL Glyburide, Micronized	Metformin HCL Tolazamide Tolbutamide
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 Epoprostenol NA 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 Losartan Potassium Losartan Potassium/Hydrochlorothiazide Mannitol Methylothiazide 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/D5W 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

## Behavioral Health Benefit (Aetna)

Aetna provides a network of experienced psychiatrists, psychologists, clinical nurse specialists and licensed counselors with broad expertise in treating children, adolescents, adults and families.

Aetna HDHP with HSA			
	Emory Provider Network (EPN)	Aetna National (In-Network)	Out-of-Network
<b>Inpatient</b>	10% after deductible	20% after deductible	40% after deductible
<b>Outpatient</b>	10% after deductible	20% after deductible	40% after deductible

Aetna POS Value			
	Emory Provider Network (EPN)	Aetna National (In-Network)	Out-of-Network
<b>Inpatient</b>	20% after deductible	30% after deductible	45% after deductible
<b>Outpatient</b>	\$35 co-pay	\$35 co-pay	45% after deductible

Aetna POS Plus			
	Emory Provider Network (EPN)	Aetna National (In-Network)	Out-of-Network
<b>Inpatient</b>	10% after deductible	20% after deductible	40% after deductible
<b>Outpatient</b>	\$25 co-pay	\$25 co-pay	40% after deductible

### To Locate a Mental Health and Substance Abuse Provider

For a listing of providers, contact Aetna Member Services at 800-847-9026 or visit [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory).

### How to Submit a Claim

Mental health expense claim forms can be obtained from the Aetna Web site at [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory). When completed, claim forms should be sent to:

Aetna  
P.O. Box 14079  
Lexington, KY 40512-4079

If you receive services from an Aetna National (In-Network) provider, you do not have to submit a claim as the provider will submit the claim on your behalf.

## More Medical Plan Information

### Out-of-State Coverage

If you or your covered dependents live outside of Georgia, you may search for providers in Aetna's National Network at [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory).

### Other Health Coverage Outside of EMORY HEALTHCARE

If you have a medical expense that another party is responsible for paying, your health insurance provider has the right to pursue recovery of the medical costs incurred as a result of the medical expense. For example, if you are involved in a car accident that is not your fault, your health insurance provider may try to recover the medical costs of the accident. At no time should payment from a variety of providers (e.g., health insurance, auto insurance, etc.) exceed 100% of the cost of the medical claims incurred for reimbursement.

### International Coverage

If you live or travel outside the United States, only coverage for urgent/acute care is provided In-Network. 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.

### Protecting Your Privacy

EMORY HEALTHCARE recognizes the importance of your privacy. Your health information is kept private and confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Your information is provided only for treatment, payment, administrative purposes and as required by law. Contact the Benefits Department or the U.S. Department of Health and Human Services if you believe your rights have been violated.

# Dental Coverage

## Aetna Traditional Dental (PPO)

EMORY HEALTHCARE realizes that good dental health begins with routine preventive care. To this end, preventive services received by either In- or Out-of-Network providers are covered by the plan at 100% up to reasonable and customary. Some examples of routine preventive care include:

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

The Aetna Traditional Dental (PPO) plan continues to offer the largest number of In-Network providers and the highest reimbursements for most Out-of-Network claims.

## Aetna DMO

A Dental Management Organization (DMO) is a managed care plan that contracts with a list of providers at a set fee schedule. Participants pay co-pays and do not have to pay co-insurance. This plan offers a limited network of dentists with low member contributions, no deductible and low out-of-pocket co-pays. **Out-of-Network coverage is not available.** A primary care dentist (PCD) must be selected and a referral is required for specialist care. LDAs are not eligible for this plan.

**Be sure to check with your dentist of choice before enrolling to ensure he/she is participating in the plan and is accepting new patients.**

**For a list of scheduled services and what the plan pays,**



For 2012 dental plan rates, please refer to **page 24**.

Plans	Aetna Traditional Dental (PPO)		Aetna DMO*
	In-Network	Out-of-Network	In-Network Only
<b>Preventive Services</b> (routine and deep cleanings, X-rays)	\$0	\$0	\$0
<b>Basic Services</b> (filling, root canal, etc.)	10% <sup>1</sup>	20% <sup>1</sup>	Scheduled
<b>Major Restorative</b> (crown, bridge, etc.)	50% <sup>1</sup>	50% <sup>1</sup>	Scheduled
<b>Calendar Year Deductible<sup>2</sup></b>	\$50/person \$150/family	\$50/person \$150/family	None
<b>Annual Maximums</b>	\$1,500/person	\$1,500/person	None
<b>Orthodontia (to age 19)</b>			
Deductible	None	None	\$2,000 co-pay, limited to one treatment per lifetime
Co-insurance	50%	50%	
Lifetime maximum	\$1,500	\$1,500	
<b>Orthodontia (age 19+)</b>	Same as above	Same as above	Same as above

<sup>1</sup> After deductible

<sup>2</sup> Waived for preventive services

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

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 and Discount

EMORY HEALTHCARE has partnered with EyeMed Vision Care to offer a voluntary vision plan for all benefit eligible employees. EyeMed Vision Care has a large network of providers including the Emory Eye Center and private practitioners, as well as large name retail locations (i.e. LensCrafters, Pearl Vision, Sears Optical, Target Optical, etc). For a complete list of EyeMed Vision Care network providers, visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose the SELECT network or call 855-270-2343. Some details of the 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 & Disposable) - \$0 co-pay up to \$200 allowance, 15% off balance over \$200
- Laser vision correction – 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures
- Benefits are provided once every 12 months
- Contact lens and frame allowance are a one-time use benefit. Members are to use their full allowance at the time of initial service. Balances are not available for additional future visits within the same plan year the initial service was utilized.
- 40% unlimited additional prescription eyewear purchases
- 20% off nonprescription sunglasses

Visit [www.ouehc.org](http://www.ouehc.org) for a complete list of plan details.

## Vision Discounts

In addition to the voluntary vision plan through EyeMed vision care, all of the EMORY HEALTHCARE medical plans offer an In-Network annual routine eye exam available at a \$0 co-pay. To locate a participating vision provider, please refer to Aetna’s Web site at [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory).

## Emory Eye Center

With licensed opticians averaging 20 years of experience, the Emory Eye Center features the latest in lens technology and specializes in challenging and unique prescriptions. The Eye Center has a large selection of high quality frames and lenses at competitive prices.

All EMORY HEALTHCARE staff and their immediate family members are eligible to receive services and discounts at the Emory Eye Center. Discounts are as follows:

<b>Routine Vision Screenings by an EMORY HEALTHCARE Optometrist</b>	<ul style="list-style-type: none"> <li>• EMORY HEALTHCARE employees not covered by an EMORY HEALTHCARE medical plan or EyeMed Vision Care pay \$176.</li> <li>• Employees covered under one of the medical plans pay \$0 (exam considered preventive care).</li> </ul>
<b>Discounted Eyeglass Packages</b>	25% discount on eyewear, including basic frames and lenses, at a range of competitive prices. Outside prescriptions will be accepted if less than one year old.
<b>Contact Lenses</b>	10% discount on most disposable contact lenses. Discount valid only with an examination by an Emory Eye Center provider.
<b>Fitting</b>	\$75 - \$150 (depending upon complexity).
<b>LASIK Surgery</b>	25% discount for refractive surgery at Emory Vision. Call 404-778-2SEE (2733) between 8:30 a.m. - 5 p.m. to schedule an appointment.

[Go to page 24 for EyeMed Vision Care Rates.](#)

# 2012 Employee Medical, Dental and Vision Plan Contributions

## 2012 Medical Rates (Biweekly)

Plan	Aetna POS Plus		Aetna POS Value		Aetna HDHP w/HSA	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Single	\$35.00	\$52.50	\$13.50	\$19.00	\$10.00	\$15.00
Employee+Child(ren)	\$111.00	\$139.00	\$62.00	\$86.50	\$46.50	\$64.50
Employee+Spouse or LDA	\$135.00	\$169.00	\$77.50	\$108.00	\$52.50	\$73.00
Family	\$199.00	\$249.00	\$117.50	\$163.50	\$80.50	\$112.00

## 2012 Dental Rates (Biweekly)

Plan	Aetna PPO (Traditional)		Aetna DMO (DentalChoice)	
	Full-time	Part-time	Full-time	Part-time
Single	\$9.50	\$12.45	\$8.00	\$9.40
Two-Person	\$19.50	\$24.90	\$14.00	\$19.44
Family	\$30.50	\$41.88	\$23.00	\$30.71

## 2012 Vision Rates (Biweekly)

Plan	Full-time & Part-time (rates are the same)
Single	\$4.98
Employee+Child(ren)	\$9.95
Employee+Spouse or LDA	\$9.45
Family	\$14.64



Full-time rates apply for employees scheduled to work 31 or more hours per week. Part-time rates apply for employees scheduled to work 20-30 hours per week.

# Tobacco Usage and Spouse Surcharges

## Tobacco Usage Surcharge

To promote employee health and wellness and set a positive example for our patients and the community, employees and/or their spouses or LDAs who use tobacco products and are covered under an EHC medical plan will incur a \$25 per pay period surcharge. **All employees covered under an EHC medical plan must self-certify via e-Vantage that they and their spouses or LDAs have or have not used tobacco products within the past 60 days.** The per person tobacco usage surcharge will be waived if you elect that you and/or your spouse or LDA do not use tobacco products, have been tobacco-free for the past 60 days or are enrolled in a tobacco cessation program. If you are currently being treated by a physician for a medical condition (e.g., nicotine addiction), you will need to complete and return a Tobacco Free Physician Affidavit to Human Resources (located on the Benefits Forms page of [www.ourehc.org](http://www.ourehc.org)) and enroll in a tobacco cessation program for the surcharge to be waived.

EMORY HEALTHCARE offers a variety of tobacco cessation resources, which can be found on [www.hr.emory.edu/healthspotlight](http://www.hr.emory.edu/healthspotlight).

## Spouse Surcharge

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 has access to group health insurance coverage through his/her employer.

**All employees who cover their spouse under an EMORY HEALTHCARE medical plan must self-certify whether their spouse "does" or "does not" have access to group health insurance coverage through his/her employer.**

# Flexible Spending Accounts (FSAs)

A Flexible Spending Account, or FSA, is funded with money you contribute on a pretax basis. You can use FSA funds to pay for qualified out-of-pocket health care costs for yourself and eligible dependents or dependent day care charges. According to IRS regulations, each year you must enroll during your Annual Benefits Enrollment period if you want to participate in either the Healthcare FSA or the Dependent Day Care FSA. FSA deductions begin on the pay period following the date your coverage begins.



UMR is EMORY HEALTHCARE'S Flexible Spending Account administrator.

## Healthcare FSA

You can contribute between \$200 and \$5,000 pretax 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 and co-pays
- Prescription drug costs
- Over-the-counter drugs with a prescription

## 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 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 contribute up to \$2,500. If you are a highly compensated employee under the IRS definition (\$115,000 for 2012), then you will be restricted to an annual contribution of no more than \$2,400 to your Dependent Day Care FSA in 2012.

Unlike the Healthcare FSA, you can access only the money that is currently in your account. To qualify for reimbursement, these expenses must be incurred so that you (and your spouse) can work.

## Benny Card

New FSA participants will automatically receive a Benny card in the mail. Please activate the card when you receive it.

Returning FSA participants will not receive new Benny cards.

**Please note that the use of the Benny card(s) is purely for convenience only.** IRS guidelines for FSAs still require participants to *retain receipts for any eligible expense* they receive reimbursement for. The FSA plan administrator, UMR, will still request verification of expenses from participants. You will need to submit appropriate supporting documentation for a given expense the Benny card was used to pay for, or 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.

Note: Benny cards are not available for the Aetna HDHP limited FSA.

# Flexible Spending Accounts (FSAs) continued

## How You Can Save with an FSA

### With FSA

Income . . . . .	\$30,000
Eligible FSA Expenses . . . . .	- 2,400
Taxable Income . . . . .	27,600
Taxes (22.65%) . . . . .	- 6,251
Remaining Income . . . . .	<b>\$21,349</b>

### Without FSA

Income . . . . .	\$30,000
Taxable Income . . . . .	30,000
Taxes (22.65%) . . . . .	- 6,795
Eligible FSA Expenses . . . . .	- 2,400
Remaining Income . . . . .	<b>\$20,805</b>

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

## Consumer Tips

### Savvy Consumers Can Save Up To 40%

Making pretax contributions into an FSA and using that money to pay for out-of-pocket health care costs and dependent day care charges actually SAVES you money. The amount of savings depends on your personal income tax rate.

### Can't Afford It?

Some people say they can't afford to put money into an FSA. But once you know how it works, can you really afford not to? Think of it as the same money you take from your wallet to pay each doctor and prescription co-pay during the year. However, by contributing into an FSA, you don't pay taxes on it!



An online FSA calculator is available at [www.umar.com/oss/cms/umar/flex](http://www.umar.com/oss/cms/umar/flex).

### Use It – Don't Lose It

The risk of forfeiting money from your Healthcare FSA has been reduced by the grace period. **The grace period applies only to Healthcare Flexible Spending Accounts.** You will be able to use any remaining balance in your Healthcare FSA at the end of 2012 to pay for expenses incurred through March 15, 2013. 2012 Healthcare FSA funds not used by March 15, 2013, 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, 2013. Please remember to keep all of your receipts, as they are required for verification of expenses.

**If you have a Dependent Day Care FSA, you do NOT have a grace period in which to use remaining previous year balances.** All claims for 2012 Dependent Day Care FSA must be filed no later than March 31, 2013, to receive reimbursement.



A detailed listing of qualified expenses for both FSAs is available at [www.umar.com](http://www.umar.com), [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf) or [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).



Aetna HDHP with HSA members have access to a special limited Healthcare FSA administered through Aetna. With the limited FSA, you must use the funds you set aside each year in your account for eligible dental and vision care expenses until the HDHP deductible has been met. Once the deductible has been met, it can be used like a regular FSA.

# 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 (PTO) 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. Coverage begins on the first of the month following your election.

You can purchase STD coverage to receive 60% of your base salary for a period of up to 180 days up to a maximum benefit of \$2,500 per week. 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. If you are purchasing STD for the first time or you are changing to a shorter waiting period from what you have had in the past, you must complete an Evidence of Insurability form and be approved by the insurance company.

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	$(\$40,000 \div \$100) \times \$.26 = \$104$	$\$104 \div 24 \text{ pay periods} = \$4.33$

## 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 on the first of the month after you have completed one year of service in a benefits-eligible status. For LTD coverage, the 60% salary benefit is taxable.

## 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 \$.32 per \$100 of your salary. The additional LTD benefit is tax free. Coverage begins on the first of the month following your election.



When you first become eligible for LTD and Supplemental LTD coverage, your eligibility for coverage is subject to pre-existing condition limitations. Under the terms of the plans, you have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to your effective date of coverage; or you had symptoms for which an ordinarily prudent person would have consulted a health care provider in the three months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

# 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.

During Annual Benefits Enrollment, you can elect to increase your existing coverage up to \$20,000 without satisfying evidence of insurability. If you initially waived coverage or if you are increasing your existing coverage by more than \$20,000, evidence of insurability is required.

### Spouse Coverage

Employees can elect spouse 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. LDAs are not eligible for this plan.

During Annual Benefits Enrollment, you can elect to increase existing spouse coverage up to \$10,000 without satisfying evidence of insurability. However, if you initially waived coverage or if you are increasing your existing coverage by more than \$10,000, evidence of insurability is required.

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.

### Child Coverage

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

### 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 in increments of \$10,000 (up to \$250,000). Coverage begins on the first of the month following your election. LDAs are not eligible for this plan.

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. LDAs are not eligible for this plan.

The AD&D monthly premium costs \$.017 per \$1,000 coverage.

Employee/Spouse	2012 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 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

### Your Beneficiary

Your beneficiary is the person(s) who will receive your life insurance benefits when you die. Your beneficiary can be a person or multiple people, charitable institutions or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, you will want to review the beneficiaries on file and make updates, if necessary. If you do not name a beneficiary, your life insurance benefits will automatically go to your estate. To designate a beneficiary, go to e-Vantage on [www.ourehc.org](http://www.ourehc.org).

# Retirement Plan Options

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

## Emory Healthcare Inc. 403(b) Retirement Savings and Matching Plan

EMORY HEALTHCARE is pleased to offer a 403(b) Savings Plan, 403(b) Roth and 457(b) Deferred Compensation Plan.

### 403(b) Savings and Matching Plan

A 403(b) plan is a tax-deferred retirement plan available to employees of educational institutions and certain nonprofit organizations. Contributions and investment earnings grow tax-deferred until withdrawal, at which time they are taxed as ordinary income. EMORY HEALTHCARE'S 403(b) Savings and Matching Plan allows employees to contribute a percentage of pretax pay and receive a matching contribution from EMORY HEALTHCARE.

EMORY HEALTHCARE'S 403(b) retirement savings and matching plan offers you **Four Ways to Invest**. From the simplest of options, to mixing and matching to developing your own investment mix, you can create the retirement portfolio that is right for you.

### Four Ways to Invest

#### Lifecycle Investments

Lifecycle Investments offer you the convenience of investing your contributions into a fund that is managed for you by providing “ready-mixed” investments.

Lifecycle Investments are allocated and invested based on your projected retirement timeline, starting out with a higher allocation to stocks when you are younger, and then reallocating gradually toward more conservative assets as you get closer to retirement. Each of the funds assumes a retirement age of 65, so try to select the appropriate fund based on when you plan to retire. All of EMORY HEALTHCARE'S retirement savings and matching plan vendors offer Lifecycle Investments – Fidelity (Freedom Funds), TIAA-CREF (Lifecycle Funds) and Vanguard (Target Retirement Funds). These funds are monitored by EMORY HEALTHCARE and managed by the vendors; contact your vendor(s) of choice for more information.

#### Core Investments

Core investments streamline your fund choices across major asset classes, enabling you to make easier investment decisions. Selecting funds in the Core investment category enables you to select and combine investments to create a diversified retirement portfolio. These funds are monitored by EMORY HEALTHCARE. Contact your vendor(s) of choice for more information.

#### Expanded Investments

Expanded investments provide a greater choice and options across all major asset classes. Selecting funds in the Expanded investment category enables you to create a portfolio that is tailored to your individual retirement goals. These funds are monitored by EMORY HEALTHCARE. Contact your vendor(s) of choice for more information.

## Retirement Plan Options continued

### The Mutual Fund Brokerage Window

The Mutual Fund Brokerage Window gives you access to the world of mutual fund investments. The window provides the flexibility of a brokerage account, with the advantage of investing your retirement savings plan money through the EMORY HEALTHCARE 403(b) Retirement Savings and Matching Plan. This option provides more opportunities to create a retirement portfolio that matches your goals, time frame and risk tolerance. You also can monitor your portfolio and adjust it as your needs change.

Funds available through the Mutual Fund Brokerage Window are not selected or monitored by EMORY HEALTHCARE in any way, and investments are made at your own risk. Contact your vendor(s) of choice to discuss which funds are available to you.

### How the Emory Healthcare Inc. Retirement Savings and Matching Plan Works

- Contributions – The Emory Healthcare Inc. Retirement Savings and Matching Plan allows you to make contributions to the plan, up to the annual maximum set by the IRS (\$17,000 for 2012). If you are age 50 or older, you can contribute an additional amount over the IRS maximum amount (\$5,500 for 2012).
- Matching contributions – After you have completed one year of eligible service and reached age 21, EMORY HEALTHCARE will match your contributions \$.50 for each \$1 you contribute up to 4% of eligible earnings. If you contribute 4%, EMORY HEALTHCARE will match with 2%.
- Ownership – As an eligible participant, you are 100% vested in your contributions and in the money your contributions earn. After three years of service, you are 100% vested in the employer matching contributions and the earnings on the employer contributions.
- Investment variety – The plan offers a diverse mix of investment options.

### Making pretax contributions to the Emory Healthcare Inc. Retirement Savings and Matching Plan

- When you make pretax contributions to the Emory Healthcare Inc. Retirement Savings and Matching Plan, you put off paying federal and, in most cases, state and local income taxes on the money you earn on your contributions. You pay taxes only when you take a distribution or withdrawal from your account. (Early withdrawals may be subject to penalties in addition to taxes you pay.)
- By deferring the taxes on your pretax contributions, you lower your taxable income and increase your take-home pay. (You must pay taxes when you withdraw your money.)

## Retirement Plan Options continued

### Accessing Your Emory Healthcare Inc. 403(b) Retirement Savings and Matching Plan Balance While Employed

If you need to take a distribution from your retirement plan while you are an EMORY HEALTHCARE employee, there are several options for you.

#### Plan Loan

A plan loan enables you to withdraw funds to cover certain medical, educational, real estate or personal purchase items from your employee contributions and vested employer match money. Plan loans are repayable through direct debit of your checking or savings account over the time frame of the loan and do not require you to cease participating in the plan during the term of the loan. No penalties are incurred by participants accessing their money. Once all forms are completed/submitted to the appropriate retirement plan vendor, this process typically takes 10 business days.

#### Hardship Withdrawal

A hardship withdrawal enables you to withdraw funds to cover certain medical, educational, home purchase or repair items. Hardship withdrawals cannot be repaid, are subject to IRS penalties for early withdrawal, are taxable to the participant, and require that you cease participation in the plan for six months. Once all forms are completed/submitted to the appropriate retirement plan vendor, this process typically takes seven business days.

#### In-Service Withdrawal

In-service withdrawal is available to employees who have reached 59½ years of age. Withdrawal requests do not have to meet certain reason requirements, are not subject to IRS penalties for early withdrawal, and do not require you to cease participation in the plan. Withdrawals are taxable to the participant at the time they are received. Once all forms are completed/submitted to the appropriate retirement plan vendor, this process typically takes seven business days.

Contact your retirement plan vendor to learn about options for accessing funds in your retirement plan while employed at EMORY HEALTHCARE.

### Retirement Plan Counseling

Fidelity Investments, TIAA-CREF and Vanguard all offer individual counseling sessions at EMORY HEALTHCARE throughout the year. Representatives can provide information on investing for retirement, the differences between the retirement benefits available to you and how to diversify your portfolio. To view the retirement counseling schedule, go to the Benefits page on [www.ourehc.org](http://www.ourehc.org).

You may also schedule an individual session by contacting a vendor at the number below.

### Vendor Contacts for All Retirement Plans

Company	Phone	Online
Fidelity Investments	800-343-0860	<a href="http://www.fidelity.com/atwork">www.fidelity.com/atwork</a>
TIAA-CREF Financial Services	800-842-2252	<a href="http://www.tiaa-cref.org/emoryhealthcare">www.tiaa-cref.org/emoryhealthcare</a>
Vanguard	800-523-1188	<a href="http://www.vanguard.com">www.vanguard.com</a>

# Retirement Plan Options continued

## Roth After-Tax Contribution

The Roth after-tax contribution allows individuals to save for retirement by contributing after-tax dollars to an account that grows tax deferred. 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 59½. Employees have the option of directing 403(b) contributions to either the 403(b) Savings and Matching Plan or the Roth after-tax contribution, or some combination of the two plans that does not exceed that year's contribution limits.

## Enrolling and making changes in the 403(b) Savings Plan

You can enroll or make a change in your 403(b) any time using e-Vantage. Just follow these steps:

- **Step 1:** Go to the EMORY HEALTHCARE intranet home page ([www.ourehc.org](http://www.ourehc.org)) and select e-Vantage from the menu on the right.
- **Step 2:** Log in using your EMORY HEALTHCARE username and password.
- **Step 3:** Click Self-Service on the left.
- **Step 4:** On the Self-Service page, click Benefits; then click 403(b) Savings Plan Election.
- **Step 5:** From here, you can choose to:
  - a. Make elections and vendor selections by clicking the “Click here to enroll, change, or stop 403(b) elections” button.
  - b. Calculate your maximum allowed contributions by clicking the “Click here to model 403(b) maximum contributions” button.

**Step 6:** After selecting your elections, click the Submit Elections button. You may print a copy of this page for your records.



If you submit your changes prior to payroll processing, your changes will be effective on the next paycheck. Otherwise, your changes will be effective on the following paycheck.

Once you have successfully enrolled, contact the vendor(s) you have selected and make your investment elections. Note: Until you contact the vendors to make your investment elections, any contributions you make to the plan will be invested in EMORY HEALTHCARE'S default investment. The default fund for all the plans are the Lifecycle investments.

- To change your allocations and funds with your selected vendors, go online to your retirement vendor account.
- To make beneficiary changes, contact your retirement vendor(s).

## 457(b) Deferred Compensation Plan

The 457(b) deferred compensation plan is another way to save for retirement. Eligibility is limited by government regulations to senior leaders in an organization. At EMORY HEALTHCARE, eligibility is limited to individuals with a base salary of at least \$143,750 (for 2012).

A 457(b) plan in some ways works similar to the 403(b) Savings Plan.

**A few similarities include:**

- Contributions to the 457(b) plan are pretax and grow tax deferred until retirement.
- There is a maximum contribution amount (deferral) a participant can make annually. In 2012, this amount is \$17,000. Contributions to the 457(b) are in addition to contributions made to the 403(b) plan.
- Distributions are required at termination unless a one-time election is made to defer to a later date. However, distributions must be made by age 70 ½.



Remember: You can access this site any time to enroll, change your elections, stop contributions and change your vendor selections.

## Retirement Plan Options continued

Some distinct differences between the 457(b) and 403(b) plan include:

- EMORY HEALTHCARE does not contribute to or match participant contributions to the 457(b) plan.
- Hardship withdrawals and plan loans are not permitted in the 457(b) plan.
- The 457(b) plan has a slightly different lineup of investment choice.

### How to Enroll in the 457(b) Plan

- **Step 1:** Contact the Benefits Department to obtain the **Elective Deferred Compensation Agreement** form. Complete the form, detailing your vendor selections and salary reduction amount, and submit it to the Benefits Department.
- **Step 2:** Complete the account applications for the vendor(s) you selected (**457(b) TIAA-CREF Enrollment Form, 457(b) Fidelity Custodial Account Application, 457(b) Vanguard Account Application**). Submit the completed form to the vendor.
- **Step 3:** Select funds from the **Investment Performance Chart** or contact the vendor(s) to schedule a counseling session.

### How to Make Changes to the 457(b) Plan

- Change your contribution amount by filling out a new **Elective Deferred Compensation Agreement** with the new amount and submitting it to the Benefits Department.
- Add or change your vendor selection by filling out a new **Elective Deferred Compensation Agreement** detailing your vendor selection(s) and salary reduction amount and complete an application for the vendor(s) you select. Submit the form to the Benefits Department.

To make beneficiary changes, contact your retirement vendor(s).

### Vendor Contacts for All Retirement Plans

Company	Phone	Online
Fidelity Investments	800-343-0860	<a href="http://www.fidelity.com/atwork">www.fidelity.com/atwork</a>
TIAA-CREF Financial Services	800-842-2252	<a href="http://www.tiaa-cref.org/emoryhealthcare">www.tiaa-cref.org/emoryhealthcare</a>
Vanguard	800-523-1188	<a href="http://www.vanguard.com">www.vanguard.com</a>



Changes are effective the first of the month following receipt by the Benefits Department.

## Aflac

EMORY HEALTHCARE provides a voluntary benefit 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 HEALTHCARE, 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.

# Additional Resources

## Frequently Asked Questions

**Q: If I select spouse or family medical coverage, do I need to complete the Spouse Medical Charge Certification?**

**A:** Yes. If you select medical coverage for your spouse, you will need to complete an online certification through e-Vantage each year. If you certify that your spouse does have access, the spouse medical charge will apply. If spouse or family coverage is selected and no certification is made, the spouse medical charge will default and you will be charged. [See page 24](#) for spouse medical charge definition.

**Q: If I select medical coverage for myself or myself and my spouse or LDA, do I need to complete the Tobacco Surcharge Certification?**

**A:** Yes. If you select medical coverage for yourself or yourself and your spouse or LDA, you will need to complete an online Tobacco Surcharge Certification through e-Vantage. This form asks you to certify whether you and/or your spouse or LDA have used tobacco products within the past 60 days. The per person tobacco usage surcharge will be waived if you elect that you and/or your spouse or LDA do not use tobacco products, have been tobacco free for the past 60 days or are enrolled in an EMORY HEALTHCARE approved tobacco cessation program. If medical coverage is selected and no certification is made, the per person tobacco usage surcharge of an additional \$50 per month will automatically be added to the cost of your medical plan rate for the calendar year. [See page 24](#) for tobacco medical charge definition.

**Q: What happens if I miss the 31-day deadline to enroll in EMORY HEALTHCARE'S benefit programs?**

**A:** If you do not make your benefit elections within 31 days after your date of hire, you will not be able to enroll for the remainder of the calendar year unless you have a qualified IRS family status change during the course of the year. If you do not have a qualified IRS family status change during

the year, your next opportunity to enroll would be during the next Annual Benefits Enrollment period, which makes the change effective January 1 of the following year.

**Q: Do I have to re-elect to participate in EMORY HEALTHCARE'S benefit programs each year?**

**A:** Each year, you should take a few minutes to review the programs you are currently enrolled in. EMORY HEALTHCARE offers a passive enrollment, so if you do not elect to make any changes to your current choices, you do not have to re-enroll for the upcoming plan year, as most of your elections will transfer to the next plan year. However, the IRS requires re-enrollment in the Healthcare and Dependent Day Care Flexible Spending Accounts each year.

**Q: How do I request replacement or additional ID cards for myself or members of my family?**

**A:** To request additional ID cards or to replace a lost ID card, contact your carrier directly. Contact information for the carriers can be located on the Benefits site on [www.ourehc.org](http://www.ourehc.org).

**Q: How can I tell if my doctor or hospital is in the Emory Provider Network (EPN), formerly Core?**

**A:** To determine if your doctor or hospital is in the EPN, call Aetna at 800-847-9026 or log on to [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory).

**Q: Do both of the dental plans cover preventive services (i.e. routine and deep cleanings, bite wing X-rays, full mouth X-rays, etc.) from In-Network and Out-of-Network providers at 100%?**

**A:** No. Only the Aetna Traditional Dental (PPO) plan covers preventive services at Out-of-Network providers up to Reasonable & Customary levels.

## Additional Resources continued

**Q: Recently during a dental appointment, my dentist indicated that I needed a “deep” cleaning instead of a regular routine cleaning. Is this covered by any of the EMORY HEALTHCARE dental plans?**

**A:** Yes. Deep cleaning, or full-mouth debridement (CPT 4355), is covered as a preventive service under the Aetna Traditional Dental PPO plan only. Deep cleanings are covered as a replacement to one of the four routine cleanings every 24 months.

**Q: I am considering enrolling in the Aetna DMO plan. Do I need to select a primary care dentist (PCD)?**

**A:** Yes. You will need to select a PCD with this plan. Log on to [www.aetna.com](http://www.aetna.com) and select DocFind to search for participating dentists who are accepting new patients.

**Q: Can I use my Benny card for both Healthcare FSA and Dependent Day Care FSA expenses?**

**A:** Yes. UMR will load both limits (annually for the Healthcare FSA and by pay period for the Dependent Day Care FSA) in their own separate fund to your single Benny card. When you swipe the card, the merchant code will tell the card which fund to use to pay for the given expense. As always, when using your Benny card, be sure to keep all your receipts should you be requested to verify an expense at a later date.

### Glossary

**Behavioral Health Care** — Treatment of mental health and/or substance abuse disorders.

**Co-Insurance** — The portion of covered expenses that you must pay for care after first meeting a deductible amount, if any.

**Co-Payment (Co-Pay)** — A charge required under a plan that must be paid by you at the time of the provision of covered services (e.g., a visit to the doctor’s office).

**Deductible** — An amount that you must pay for covered services per specified period in accordance with your plan before benefits will be paid.

**Dependent** — A person other than the enrollee who is eligible to receive care under a plan’s provisions. Examples include a 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 Accounts (FSA)** — Accounts regulated by IRS Section 125. Allows you to reduce your salary and pay on a pretax basis for unreimbursed health care expenses for yourself and your dependent(s) (e.g., deductibles, co-pays, dental and vision expenses) and/or dependent day care expenses (e.g., care for a child, elderly parent or disabled spouse).

**Formulary** — An approved list of prescription drugs and their appropriate dosages felt to be the most useful and cost effective for patient care.

**Generic Drug** — A drug that is exactly the same as a brand-name drug and is allowed to be produced after the brand-name drug’s patent has expired. This is also called a “generic equivalent.”

**Inpatient** — Person who receives medical, dental or other health-related services while lodged in a hospital or other health care institution for at least one night.

**Life Insurance** — Specified amount of money to be paid to the insured’s designated beneficiaries upon 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.

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

## Additional Resources continued

**Out-of-Pocket Maximum** — Predetermined amount of medical expenses you are responsible for before a plan pays 100% of remaining charges.

**Outpatient** — Person who receives medical, dental or other health-related services in a hospital or other health care institution, but is not lodged there.

**Pre-Existing Condition** — A condition for which you received medical treatment, consultation, care or services (including diagnostic measures) or took prescribed drugs or medicines during a given period of time. This applies to Long-Term Disability (LTD) at EMORY HEALTHCARE when your disability began in the first 12 months following your effective date of coverage.

**Preventive Care** — Health care that emphasizes prevention, early detection and early treatment, thereby reducing the costs of health care in the long run.

**Reasonable & Customary (R&C)** — Typically applies to claims paid Out-of-Network where pricing for a given service has not been negotiated. R&C looks at all providers offering the same service within each zip code and determines the average rate charged for a given service in that area. This average defines what is reasonable and customary when reviewing and processing claims payments. Under the EMORY HEALTHCARE plans, the plan will pay claims up to R&C and apply co-insurance. You are responsible for charges that exceed the average cost or R&C.

**Short-Term Disability (STD)** — Provides partial income protection during illness or injury. Benefits are payable up to six months.

**Spouse Medical Charge** — An additional \$50 per month medical charge added to an employee's medical plan contribution if his/her covered spouse has access to medical insurance through an employer other than EMORY

HEALTHCARE. Employees are required to certify annually whether or not their spouse “does” or “does not” have access to a medical plan through an employer other than EMORY HEALTHCARE when selecting coverage through e-Vantage. If spouse or family coverage is selected and no certification is made, an additional \$50/month will automatically be added to the cost of the medical plan rate for the calendar year.

**Summary Plan Description (SPD)** — A legally required summary of the plan to be distributed to employees.

**Tobacco Usage Surcharge** – An additional \$50 monthly per person surcharge for employees covered under an EMORY HEALTHCARE medical plan and covered spouses or LDAs who certify that they have used tobacco products within the past 60 days and are not enrolled in an EMORY HEALTHCARE tobacco cessation program. If medical coverage is selected and no certification is made, the per person tobacco usage surcharge of an additional \$50 per month will automatically be added to the cost of the medical plan rate for the calendar year.

**Urgent Care Center** — Facility that provides care and treatment for problems that are not life-threatening, but require attention over the short term.

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

## Important Numbers and Web Sites

Vendor/Organization	Contact Number	Web Address
<b>EMORY HEALTHCARE Human Resources/ Benefits</b>	404-686-6044	<a href="http://www.ourehc.org">www.ourehc.org</a> <a href="mailto:ehc.hr/benefits@emoryhealthcare.org">ehc.hr/benefits@emoryhealthcare.org</a>
<b>Aetna</b> <ul style="list-style-type: none"> <li>• <b>Medical</b> — HDHP with HSA, POS Value and POS Plus plans</li> <li>• <b>Pharmacy</b> — HDHP with HSA plan</li> <li>• <b>Behavioral Health</b> — HDHP with HSA, POS Value and POS Plus plans</li> <li>• <b>HSA incentive programs</b></li> </ul>	800-847-9026    866-524-2483	<a href="http://www.aetna.com/docfind/custom/emory">www.aetna.com/docfind/custom/emory</a> <a href="http://www.aetn navigator.com">www.aetn navigator.com</a>
<b>Aetna Dental</b> <ul style="list-style-type: none"> <li>• Dental DMO</li> <li>• Traditional PPO</li> </ul>	877-238-6200	<a href="http://www.aetna.com/docfind/custom/emory">www.aetna.com/docfind/custom/emory</a>
<b>Aflac</b>	877-384-3344	<a href="http://www.aflac.com">www.aflac.com</a>
<b>EyeMed Vision Care</b>	855-270-2343	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
<b>Fidelity Investments</b>	800-343-0860	<a href="http://www.fidelity.com/atwork">www.fidelity.com/atwork</a>
<b>Medco</b> <ul style="list-style-type: none"> <li>• <b>Pharmacy</b> — Aetna POS Value and Aetna POS Plus plans</li> </ul>	800-939-3758	<a href="http://www.medco.com">www.medco.com</a>
<b>TIAA-CREF</b>	800-842-2252	<a href="http://www.tiaa-cref.org/emoryhealthcare">www.tiaa-cref.org/emoryhealthcare</a>
<b>The Standard (life insurance)</b>	866-756-8118	<a href="http://www.standard.com">www.standard.com</a>
<b>UMR</b> (Flexible Spending Accounts)	866-226-8084	<a href="http://www.umar.com">www.umar.com</a>
<b>UNUM</b> <ul style="list-style-type: none"> <li>• Short-Term Disability</li> <li>• Long-Term Disability</li> <li>• Supplemental LTD</li> </ul>	800-858-6843 (Customer Service) 866-765-8490 (Claims)	<a href="http://www.unum.com">www.unum.com</a>
<b>Vanguard</b>	800-523-1188	<a href="http://www.vanguard.com">www.vanguard.com</a>

# The EMORY HEALTHCARE Employee Access Program (EVIP)

EMORY HEALTHCARE is committed to the health care needs of our employees. To meet this commitment, EMORY HEALTHCARE will facilitate and expedite employee access to EMORY HEALTHCARE providers so employees will have an appointment (new or existing patient) within 30 days of calling. If the appointment request is for acute care, the appointment will be expedited based on clinical guidelines. To accomplish this, you may have to see another provider, other than your requested provider, within the speciality.

## How To Schedule an Appointment at The Emory Clinic

1. Using the list below, identify and call the department number for the service you are requiring.
2. Let the scheduler know you are an EMORY HEALTHCARE employee (or immediate family member of an EMORY HEALTHCARE employee).
3. If the scheduler is not able to get you a timely appointment with a physician or mid-level provider in the speciality you need within 30 days (or sooner if clinically necessary), please call the EVIP line at 404-778-EVIP for additional assistance.

To see a list of EMORY HEALTHCARE locations and their specialties, go to [www.emoryhealthcare.org](http://www.emoryhealthcare.org), select “Patient Guide” and then “The Emory Clinic.”

Service (Location)	Phone	Service (Location)	Phone
<b>Primary Care/General Internal Medicine</b> (1525, Midtown, Decatur, Perimeter, Smyrna, Flat Shoals)	404-778-7888	<b>Psychiatry</b> (Clifton)	404-778-5526
<b>Center for Pain Management</b>	404-686-7434	<b>Pulmonary Medicine</b> (Clifton)	404-778-5999
<b>Employee Customer Service</b>	404-778-7338	<b>Pulmonary Medicine</b> (Midtown)	404-686-2505
<b>Breast Imaging</b>	404-778-PINK (7465)	<b>Radiation Oncology</b> (Clifton)	404-778-3473
<b>Cardiology</b> (Clifton)	404-778-5999	<b>Radiation Oncology</b> (Midtown)	404-686-2391
<b>Cardiology</b> (Midtown)	404-686-7878	<b>Radiology</b> (Midtown)	404-686-9729
<b>Dermatology</b> (Clifton)	404-778-3333	<b>Radiology</b> (Clifton)	404-778-9729
<b>Emory Laser Vision</b> (Perimeter)	404-778-2733	<b>Rehab Medicine</b> (Clifton)	404-778-5770
<b>Endocrinology</b> (Clifton)	404-778-3280	<b>Rheumatology</b> (Clifton, Midtown)	404-778-4366
<b>Family Medicine</b> (Dunwoody)	404-778-6920	<b>Surgery – Cardiothoracic</b> (Clifton)	404-778-5040
<b>Gastroenterology</b> (Clifton)	404-778-3184	<b>Surgery – Cardiothoracic</b> (Midtown)	404-686-2513
<b>Geriatrics</b> (Wesley Woods)	404-728-6363	<b>Surgery – General</b> (Clifton)	404-778-3712
<b>Infectious Disease</b> (Midtown)	404-686-8114	<b>Surgery – General</b> (Midtown)	404-686-8143
<b>Nephrology</b> (Clifton)	404-778-5380	<b>Surgery – Oral</b> (Clifton)	404-778-4500
<b>Nephrology</b> (Midtown)	404-686-5038	<b>Surgery – Plastic</b> (Midtown)	404-686-8143
<b>Neurology</b> (Clifton)	404-778-3444	<b>Surgery – Vascular</b> (Clifton)	404-778-3712
<b>Neurosurgery</b> (Clifton)	404-778-5770	<b>Surgical Oncology</b> (Clifton)	404-778-3307
<b>OB/GYN</b> (Clifton, Midtown, Reproductive Endo/IVF)	404-778-3401	<b>Surgical Oncology</b> (Midtown)	404-686-8143
<b>Ophthalmology</b> (Clifton, Midtown)	404-778-2020	<b>Urology</b> (Clifton)	404-778-4898
<b>Orthopaedics/Spine/Sports Medicine</b> (Executive Park)	404-778-3350	<b>Winship Cancer Institute (WCI)</b> (Clifton, Midtown)	404-778-1900
<b>Otolaryngology/ENT</b> (Clifton)	404-778-3381		



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