

HDHP Benefits Guide

2026

EMORY HEALTHCARE

Team EHC: The Smart Choice

For more than 100 years, Emory Healthcare has been a vital part of the Atlanta community, providing hope to our local community and around the world. Whether a patient comes to us for a routine physical, sports injury, cancer treatment or complex surgery, our specialized care is unmatched, and that's because of each of you.

We encourage you to take a close look at the information provided in this guide to help you select the options that are right for you and your family. Our High Deductible Health Plan (HDHP) is just one of the many ways Emory Healthcare helps you take care of yourself and your family.

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This guide is meant to provide basic benefit plan information for the **High Deductible Health Plan** (HDHP). For additional details and specific information, please contact the vendor or review the Summary Plan Description (SPD). SPDs are available on **ourehc.org/benefits**. You may request a printed version by contacting the Employee Benefit Center at 404-686-7100; option 3 or emailing EHC.HR/Benefits@emoryhealthcare.org. *Emory Warner Robins and Emory Perry employees contact 478-975-5450 or HRBenefits@hhc.org.*

DISCLAIMER: Emory Healthcare reserves the right to terminate or amend its plans and leave policies in whole or in part at any time, including the right to terminate or modify coverage, and the cost of coverage, for any group of employees, whether active, on leave or retired, and/or dependents at any time, even during a leave or after retirement. The welfare plans do not provide vested benefits.

How to Enroll

Benefit enrollment is available 24-hours a day through our enhanced e-Vantage EnrollmentTool found on Emory Healthcare's intranet, **ourehc.org** .To access e-Vantage, you will need your network ID and password. If you do not know your network ID or password, call 8-HELP for assistance.

REMEMBER: If logging in to e-Vantage from outside the Emory Healthcare network (e.g., at home), you will need to complete your Duo SecurityTwo-Factor Authentication enrollment.For more information, visit **ourehc.org/duo** or call 8-HELP (404-778-4357).

1. Go to ourehc .org and select e-Vantage on the home page to log in with your network ID and password.
2. . In the top drop-down, select Self Service . In Self Service, click the Benefits tile and select Benefit Enrollment .
3. Choose Start to view your medical plan option. Be prepared with the Social Security number(s) and date(s) of birth for any eligible dependents you wish to enroll in your benefits plans.
4. After selecting your option and any covered dependents, the system will display your election, covered dependents and payroll deduction.
5. When ready to review your enrollment elections, click Review Enrollment at the top left of the page .
6. When ready to submit your enrollment elections, click the green Submit Enrollment button on the top right of the page. Once you have submitted your elections, you can click View to review your Election Preview Statement .

IMPORTANT: You must click the green **Save** button at the top right side of the page to save your changes. If you do not want to save or make changes, you must click the Cancel button at the top left side of the page.

Emory Warner Robins & Emory Perry

You will need to login to your Workday account. Your Workday icon is located on all desk top computers and can be accessed by using single sign on. Click on your task box (the envelope icon on the top right corner of the home page). Open the appropriate task for new hire or open enrollment and click get started. The available benefit elections will be displayed in a tile format. Once all plan options have been chosen, click the blue "review and sign" button at the bottom of the page. A view summary will be displayed. Scroll down the page to ensure all elections have been made appropriately. For more details on how to enroll view the instructions on ourehc.org/benefits. If you need IT assistance contact the help desk at 478-975-5500.

Be Safe

- Do not share your network ID or password with anyone, or leave the information out where others can see it .
- When you are finished, make sure to log out and close the internet browser to protect your personal information .

Understanding Your Benefits

Here are a couple of terms you may see throughout this guide:

Benefits-eligible: Employees who are scheduled to work fewer than 20 hours per week, or are full-time temporary employees.

Deductible: The amount you pay for health care services before your health insurance begins to pay.

Out-of-pocket Maximum: The maximum amount of eligible medical costs for you and your covered dependents for which you are responsible during a plan year. This amount typically includes your deductible. After this amount is reached, the plan pays 100% of eligible expenses for the remainder of the plan year.

Benefits Eligibility

You are eligible for the HDHP medical plan if you are scheduled to work fewer than 20 hours per week or are a temporary, full-time employee.

If you elect coverage, your dependents also are eligible for medical insurance coverage. Eligible dependents include natural, adopted or foster child(ren), stepchild(ren) or any child for whom you have legal custody. They are eligible:

- Up to age 26.
- Regardless of age, if fully disabled and unmarried, provided he/she became fully disabled prior to age 19 or between the ages of 19 and 26, if the child was covered by the plan when the disability occurred.

DependentVerification of Eligibility

When you first enroll or if you change coverage mid-year due to a qualified IRS family status change, you are required to provide documentation substantiating the eligibility of your dependent(s) within 31 days of the change or enrollment. If documentation is not received within 31 days, a letter will be mailed to you requesting the documentation within a given deadline. See the Change in Coverage table on page 4 for a list of events that require documentation.

Coverage Begins

Coverage begins on your date of hire. If you miss this window, your next opportunity to enroll is during the annual benefits enrollment period each fall or if you experience a qualified family status change. You must enroll within the first 31 days of employment or experience a qualified status change to receive coverage outside of your initial enrollment period. Some new hire circumstances require additional documentation. See the table on page 4 for more details.

Changing Your Coverage

You have the opportunity to review and update your benefit election for the upcoming plan year. The IRS provides strict regulations about changes to pretax elections during the plan year; however, changes are permitted under specific circumstances called qualified family status change. Please review the table on page 4 for events that require documentation. Qualifying family status change events include:

- Marriage, divorce or annulment, or death of spouse or dependent
- Birth of a child, placement of a foster child or child for adoption with you, or assumption of legal guardianship of a child
- Change in your spouse's or dependent's employment status that affects benefits eligibility
- You return from unpaid leave of absence
- You become eligible or lose eligibility for Medicare or Medicaid
- Change in your employment that affects benefits eligibility
- Loss of eligibility for a dependent

Benefits Eligibility Continued



If you have a qualified family status change, you must make a change request within 31 days of the event, or you will not be able to change your election until the next annual benefits enrollment period. The change request must be consistent with the qualifying event. To make a family status change, log in to e-Vantage on ourehc.org and go to Self Service. Select the Benefits tile and select Family Status Change. For Emory Warner Robins and Emory Perry employees log in to Workday and follow the Job Aide located on the intranet under the Workday icon.

Coverage Ends

Coverage for you and/or your children will end on the last day of the month in which:

- Your employment with Emory Healthcare ends due to resignation, termination or death.
- A covered child is no longer eligible. For dependent children (up to age 26), this is the end of the month in which they turn 26.

Note: If you transfer to a new position where you are scheduled for 20 or more hours per week, your HDHP coverage will end on the date you transfer to your new position. We will deduct payroll premiums based on your original coverage during the pay period that your transfer takes place. Any costs applied toward your deductible will carry over to your new Emory Healthcare plan, should you choose to elect one. **If you transfer from a position where you were scheduled to work 20 or more hours per week to a position that is scheduled for less than 20 hours per week and you are enrolled in the POS or HSA medical plans, your plan coverage will end at the end of the month from the date of your transfer.** If you enroll in the HDHP, your coverage will begin on the first day of the month following the transfer. You have 31 days from the date of your transfer to enroll in the HDHP.

Family Status Change Event

- Dependent loss of the state's CHIP plan
- Judgment, decree or court order allowing you to add or drop coverage for a dependent child
- Dependent child with a last name different than your last name
- Dependent child over 26 (also required when enrolling for the first time as a new hire)
- Employee with five dependents who adds a sixth or more dependent (also required when enrolling for the first time as a new hire)
- Employee with a 50+ age difference with dependent(s) (also required when enrollings for the first time as a new hire)
- Change of residence inside or outside of the plan area

Documentation to Submit

- A copy of the Certificate of Creditable Coverage or a termination letter that lists the date your coverage ended
- A copy of the court order awarding custody or requiring coverage
- A copy of the birth certificate or a court document awarding custody or requiring coverage
- 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). This status change must be approved by Aetna.
- 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). This status change must be approved by Aetna.
- A copy of your visa and/or passport that shows the date of entry or exit from the plan area.

REMINDER: You must provide the documents listed above to the Employee BenefitCenter within 31 days from your initial election or mid-year family status change if one of the above situations applies to you and your children. 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 plans. Legible copies of required documents are acceptable.

Your Health

Tips for saving money on health care:

Commit to healthy living: Eat well, exercise and steer clear of unhealthy habits such as smoking and excessive alcohol consumption.

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

Get preventive screenings: Annual well-visits with your PCP give an opportunity to work on health goals and provide necessary medical advice and identify health concerns before they become major issues.

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

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

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

HDHP Medical Plan Details

Everyone's health care needs are different. That's why it's important to carefully review medical plan information before deciding whether the plan is right for you. Please take time to review the plan details for the High Deductible Health Plan (HDHP). If you have questions, contact the Employee Benefit Center at 404-686-7100; option 3 or for Emory Warner Robins and Emory Perry employees 478-975-5450 to speak with a Benefits representative.

Routine preventive care is $0 with the HDHP medical plan. These services include annual physicals, well-child and well-baby visits, immunizations, health screenings and more.

Affordable Care Act (ACA) preventive prescriptions are provided at no cost to the employee, including medicine and supplements to prevent certain health conditions; tobacco cessation medicine and products; medications used prior to screenings for certain health conditions; immunizations to prevent certain illnesses in infants, children and adults; and generic contraceptives for women. For a complete list of preventive prescriptions, visit **ourehc.org/benefits**. **Note:** Medications may change. Contact CVS/caremark at 1-866-601-6935 for an updated listing of covered medications.

Network Options

- **Tier 1 and Tier 2 - Emory Healthcare Network and Aetna National In-Network:** Providers are part of the medical plan through Aetna.
- Services are covered at the below facilities. Services at other facilities in Atlanta will only be covered in emergency situations. Outside of Atlanta, Aetna National In-Network facilities will be covered.
  - Children's Healthcare of Atlanta (Egleston, Scottish Rite and Hughes Spalding and their urgent care centers)
  - Emory Decatur Hospital
  - Emory Warner Robins Hospital
  - Emory Perry Hospital
  - Emory Hillandale Hospital
  - Emory Johns Creek Hospital (EJCH)
  - Emory Long-term Acute Care
  - Emory Rehabilitation Hospital, In Partnership with Select Medical
  - Emory Saint Joseph's Hospital (ESJH)
  - Emory University Hospital
  - Emory University Hospital Midtown (EUHM)
  - Emory University Orthopaedics & Spine Hospital (EUOSH)
  - Emory Wesley Woods Center (EWWC)
  - Grady Memorial Hospital
  - St. Francis Hospital (Columbus, GA)
- If you receive care from a provider or a facility not covered by the plan, the services will not be covered under this plan and will be the sole responsibility of the employee. The costs associated with the services will not be applied to the member's annual deductible or out-of-pocket maximum. Provider and facilities within the networks are subject to change. For the most updated list, go to **aetna.com/docfind/ custom/emory** or call Aetna at 1-800-847-9026 for assistance.

Deductible

All eligible expenses incurred by you or your covered children throughout the plan year apply toward meeting the annual deductible:

Coverage Level	Tier 2: Aetna National In-Network
Employee Only	$6,000
Employee + Children	$13,100

You are responsible for 100% of medical expenses until you meet your deductible, including prescription drugs (with the exception of ACA preventive prescriptions, which are covered at 100%). For employees with covered child(ren), you will need to meet the Employee + Children deductible of $13,100.

Out-of-Pocket Maximum

There is a maximum amount that you are financially responsible for under the HDHP each year. Once your out-of-pocket eligible expenses reach the annual maximums (including your deductible), the plan pays 100% of eligible expenses for you and your covered dependents for the remainder of the plan year. The annual out-of-pocket maximums are the same as the annual deductible: $6,000 for Employee Only and $13,100 for Employee + Children.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for the program, but also have access to health insurance through their employer. For additional information, visit **ourehc.org/benefits.**

Medical Plan Continued

Out-of-Pocket Maximum (continued)

If one covered family member requires substantial medical care in a plan year, we will apply the individual (Employee Only in the table on page 6) out-of-pocket maximum of $6,000 to the family member rather than requiring the full Employee + Children out-of-pocket maximum of $13,100.

However, if additional family members have medical expenses, those expenses will be applied to the full Employee + Children out-of-pocket maximum. When the Employee + Children out-of-pocket maximum is reached, eligible expenses for all family members will be covered at 100% for the rest of the plan year. The maximums will reset with the next plan year.

Prescription Drugs

Prescription drug coverage is administered through CVS/caremark.

If you are enrolled in the HDHP Plan, you must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible. After you meet the deductible, the plan will pay at 100%. However, you will be responsible for paying the retail cost difference in price between a brand name and generic prescription if you choose the brand name drug when generic is available.

As part of the Affordable Care Act (ACA), there are certain preventive service prescriptions that are covered at no cost to you. A list of these no-cost prescriptions can be found on **ourehc.org/benefits**. Prescriptions for maintenance medications should be filled at a CVS retail pharmacy, through CVS/caremark's mail order service, Target, Kroger, Costco or at an Emory pharmacy.

PriorAuthorizations and Quantity Limits

As part of CVS/caremark's clinical review program, medications within certain drug categories require prior authorizations and quantity limits. This program helps 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 or if you have questions about your prescriptions, contact CVS/caremark at 1-866-601-6935.

2026 HDHP BIWEEKLY CONTRIBUTION RATES

Coverage Level	Employee Contribution
Employee Only	$388.01
Employee Plus Child(ren)	$719.74

Termination due to non-payment

If you at any point miss two consecutive paycheck deductions to the plan, you will receive a notification of non-payment of premiums. In order for you to be able to continue your coverage, you will need to submit payment on an after-tax basis for the missed deductions. If you do not make the required contributions when due as outlined in your notification of non-payment of premiums, your coverage and that of any enrolled dependent(s) will end on the last day of the month in which a full contribution was received.

If your coverage terminates due to non-payment, you will not be able to re-enroll for the remainder of the year. You will have the right to re-enroll in the plan during annual enrollment, usually held in the fall, for coverage effective January 1 of the following calendar year.

Your Resources

Your Resources

Out-of-State & InternationalCoverage

Emergencies are always covered at the In-Network copay or coinsurance level. Contact Aetna within 48 hours of onset of injury or illness.

8-EVIP Emory EmployeesAppointment Line

The 8-EVIP Appointment Line was developed as part of Emory Healthcare's commitment to the health care needs of its employees. By calling 404-778-EVIP, Emory Healthcare employees and family members can receive expedited access to Emory providers.

Features of the 8-EVIP include:

- Senior-level Priority Access Specialists, answering from 8 a.m. to 5 p.m., Monday – Friday, who can assist you in making appointments with Emory Clinic and Emory Specialty Associates providers.
- Assurance that non-urgent appointments will be scheduled within 14 days with the first available provider. If your preferred provider is not available, we will connect you with another well-qualified Emory provider or Emory-affiliated practice.
- Assurance that urgent appointments will be clinically reviewed to secure an appointment within a medically appropriate time frame. This may include a referral to Emory Healthcare's Express Care Clinic or an Emory-affiliated CVS MinuteClinic.

Emory HealthConnection

Emory HealthConnection is available to assist you in selecting the right Emory provider to meet your needs. Emory HealthConnection can be reached at **emoryhealthcare.org/contact/health-connection.html** or by calling 404-778-7777.

Emory Pharmacies

These full-service pharmacies provide the same prescription benefits as CVS/caremark.

The Pharmacy at Emory

The Pharmacy at Emory Hospital Warner Robins

The Pharmacy at Emory Midtown

The Pharmacy at Winship Emory Midtown

Important Numbers and Websites

Vendor/Organization	Contact Number	Email
Employee Benefit Center Emory Warner Robins & Emory Perry Benefits Center	404-686-7100; option 3 478-975-5450	ehc.hr/benefits@emoryhealthcare.org **HRBenefits@hhc.org**
Aetna: • Medical • Behavioral Health	1-800-847-9026	Locate a Provider: www.aetna.com/docfind/custom/emory www.aetnanavigator.com
CVS/caremark • Pharmacy Manager - HSA and POS plans	1-866-601-6935	www.caremark.com

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