2017 Annual Benefits Enrollment Guide
**THURSDAY, OCTOBER 13 (SIMULCAST)**
Emory Saint Joseph’s Hospital Auditorium, 11 a.m.

Emory University Hospital Auditorium, 11 a.m.

Emory University Hospital Midtown Glenn Auditorium, 11 a.m.

**ADDITIONAL BENEFITS MEETINGS**

**Budd Terrace**
Thursday, October 20, 2:30 p.m.
Eventide Room

**Decatur Plaza**
Tuesday, October 18, 9 a.m. & 11 a.m.
Room 131

**Emory Johns Creek Hospital**
Wednesday, October 12, 7 a.m.
Classroom A

Wednesday, October 19, noon & 3 p.m.
Classroom A

**Emory Saint Joseph’s Hospital**
Friday, October 21, 1 p.m.
Auditorium

**Emory University Hospital**
Friday, October 14, 11 a.m.
Auditorium

**Emory University Hospital Midtown**
Tuesday, October 18, 7:30 a.m.
Glenn Auditorium

Friday, October 21, 9 a.m.
Glenn Classroom 1

**Emory University Orthopaedics & Spine Hospital**
Wednesday, October 19, 1 p.m.
5th Floor Conference Room

**Peachtree Center**
Monday, October 17, 9 a.m. & 11 a.m.
Room 621

If you can’t attend in person, a videotaped version will be available on the intranet after October 24.

**Vendor Fairs**
To help you better understand the benefits options available to you, we are hosting a series of vendor fairs where you can meet with representatives from the following vendors:

- Cardiac Rehabilitation Fitness Facility (ESJH only)
- New Generations Child Development Center (ESJH only)
- Hyatt Legal & MetLife
- Unum Long-term Care
- Aflac
- LA Fitness
- Healthy Emory & FSAP
- Blomeyer (EUH only)
- InfoArmor Identity Theft Protection
- Nationwide Pet Insurance

**Decatur Plaza**
Tuesday, October 18, 10 a.m. – noon
Breakaway Café

**Emory Johns Creek Hospital**
Wednesday, October 19, 1 – 3 p.m.
Creekside Café

**Emory Saint Joseph’s Hospital**
Friday, October 21, 11 a.m. – 1 p.m.
Classrooms 2 & 3

**Emory University Hospital**
Thursday, October 13, 10:30 a.m. – 12:30 p.m.
Classroom B/C

**Emory University Hospital Midtown**
Monday, October 17, 11 a.m. – 1 p.m.
MOT Lobby

**Emory University Orthopaedics & Spine Hospital**
Thursday, October 20, 11:30 a.m. – 1 p.m.
Medical Office Building, Suite 206

**Executive Park**
Thursday, October 13, 2 – 3:30 p.m.
Building 59, 2nd Floor Conference Room

**Peachtree Center**
Monday, October 17, 10 – 11 a.m.
Dine and Dash, 6th Floor

**Enrollment Assistance**
Call or email the Employee Resource Center at 404-686-6044 or EHC.HR/Benefits@emoryhealthcare.org.

To view the list of HR locations, go to ourehc.org, Employee Resources and select the Contact HR option.
Team EHC: The Smart Choice

Emory Healthcare is proud to be a vital part of the Atlanta community and is dedicated to our mission to improve health for humankind. Each day, every member of Team EHC plays a vital role in making that vision come to life. We are pleased to recognize those contributions with a rich benefits package that offers an array of medical, dental, vision, retirement, disability and other work/life benefits to you and your loved ones.

We encourage you to take a close look at all of the benefits information provided in this guide. Our benefit plans are just one of the many ways Emory Healthcare helps you take care of yourself and your family – because we’re all in this together.

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 Your Benefits website (go to www.ourehc.org and select Employee Resources) or by contacting the Employee Resource Center at 404-686-6044 or EHC.HR/Benefits@emoryhealthcare.org for a printed version.

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.
What's New for 2017?

The changes below apply to Emory Healthcare’s two medical plans, the HSA Plan and the POS Plan, and the vision plan. Note: There are no changes to the deductibles or prescription drug tier co-pays this year. In addition, rates for EHC’s dental, short-term disability and life insurance plans will remain the same in 2017.

2017 Employee Rates

Emory Healthcare works diligently to provide cost-effective medical plans to our employees and their families. In 2017, EHC is maintaining the 80/20 cost share that has been in place for the past five years. The below rates reflect the 80/20 cost share, as well as increases due to the rising cost of health care.

<table>
<thead>
<tr>
<th>PLANS</th>
<th>HSA PLAN</th>
<th>POS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FULL-TIME</td>
<td>PART-TIME</td>
</tr>
<tr>
<td>Employee Only*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$15.50</td>
<td>$23.50</td>
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<tr>
<td>Employee Plus Child(ren)*</td>
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<tr>
<td>$73.50</td>
<td>$110.50</td>
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</tr>
<tr>
<td>Employee Plus Spouse/SSDP*</td>
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<td></td>
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<tr>
<td>$108.00</td>
<td>$162.00</td>
<td></td>
</tr>
<tr>
<td>Family*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$151.50</td>
<td>$227.50</td>
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</tr>
</tbody>
</table>

* 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.

VISION PLAN RATES

<table>
<thead>
<tr>
<th>EyeMed Vision Plan Biweekly Contributions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>Employee Plus Child(ren)</td>
</tr>
<tr>
<td>Employee Plus Spouse/SSDP</td>
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<tr>
<td>Family</td>
</tr>
</tbody>
</table>

* Rates are the same for all benefits-eligible employees.

Out-of-Pocket Maximums

There will be an increase in the out-of-pocket maximums for each of the medical plans. For more information, see the section Understanding Your Benefits, page 7.

<table>
<thead>
<tr>
<th>2017 MEDICAL PLAN OUT-OF-POCKET MAXIMUMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emory Healthcare Network</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>HSA PLAN</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Family</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>POS PLAN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emory Healthcare Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$2,750</td>
<td>$4,000</td>
</tr>
<tr>
<td>Family</td>
<td>$5,500</td>
<td>$8,000</td>
</tr>
</tbody>
</table>
What's New for 2017? Continued

Additional Changes in 2017

- Both the HSA and POS plans will have increases in the co-insurance amount, and there will be an increase in the co-pays for emergency department visits under the POS plan. See the Medical Plan Comparison Quick Guide on page 17 for details.

- There will no longer be a $50 per month spouse surcharge for covering a spouse who has access to coverage through another employer.

- We have added two new voluntary benefit options – pet insurance through Nationwide Pet Insurance and identity theft protection through InfoArmor. Read more about these benefits on page 27!

- Starting January 1, 2017, members of Team EHC will be able to download a free budgeting app offered through SmartPath Financial. This app is available for Android and iPhone. For more information, visit ourehc.org, click the Employee Resources tab, Your Benefits and then click Financial Wellness.

- Policy Change: In April 2016, Emory Healthcare announced the decision to alter the policy addressing benefits to same-sex domestic partners (SSDPs) and their dependents. To allow adequate time for those affected to plan and prepare for the change, Emory Healthcare will continue to offer benefits programs to unmarried SSDPs of employees through December 31, 2017, if they have a covered SSDP on the plan as of December 31, 2016. Effective January 1, 2018, covered SSDPs must be legally married to continue their coverage in Emory Healthcare’s benefits program (a marriage certificate will be required, as is required for opposite-sex couples). Effective January 1, 2017, no new unmarried SSDPs can be added to the Emory Healthcare benefits plans by current employees. Newly hired employees must provide proof of marriage to enroll their spouses after this date.
How to Enroll

You must enroll during the annual enrollment period: Monday, October 24, through Monday, November 7, 2016.

Your annual benefits enrollment is available 24 hours a day online through e-Vantage on ourehc.org and Self Service. Remember: If logging in to e-Vantage from outside the Emory Healthcare network (e.g., home), you will need to complete your Duo Security Two-Factor Authentication enrollment. Go to www.ourehc.org/duo for more information or call 8-HELP (404-778-4357). 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.

1. Go to ourehc.org, then select e-Vantage to log in with your network ID and password.
2. Click Self Service, then Benefits and then Benefits Enrollment.
3. Choose Select to view your current elections and the new election options.
4. Complete the Tobacco Surcharge Certification if you are enrolling for the first time or need to change your response.
5. Click Edit to change your elections for each of the plans. Follow the prompts to view and/or change your coverage. This is where you can add or remove eligible dependents.
6. Review your selections. After you have edited your current coverage in each plan, the system will display your new elections, covered dependents and payroll deductions.
7. To finalize your elections, click Continue at the bottom of the page.
8. Click Submit after reading the Authorize Elections Statement. Note: You are not enrolled until you click Submit.
9. Click View/Print to view a printable PDF confirmation page. Save a copy of your confirmation page and review it for accuracy. Contact the Employee Resource Center at 404-686-6044 or EHC.HR/Benefits@emoryhealthcare.org if there is an issue.

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.

Need A Computer?

- Emory University Hospital
  - Learning Resource Center
    2nd Floor, Room E214
  - Human Resources
    2nd Floor, Room D201
- Emory University Hospital Midtown
  - Learning Resource Center
    Glenn Bldg, 2nd Floor, Room 4709
  - Human Resources
    W.W. Orr Bldg, 5th Floor
- Emory University Orthopaedics & Spine Hospital
  - Human Resources
    MOB, 2nd Floor
- Emory Johns Creek Hospital
  - Human Resources
- Emory Saint Joseph's Hospital
  - Human Resources, Ground Floor
- Emory Wesley Woods Center
  - Houston Building, Main Lobby
ENROLLMENT CHECKLIST

Use this checklist so you don’t miss any important steps when signing up for your 2017 benefits!

Before Enrollment: Give yourself the time to learn about the benefit options that are available to you. Emory Healthcare provides the following tools to help you make your enrollment decisions. They are available online at ourehc.org/enrollment.

☐ Review the 2017 Annual Benefits Enrollment Guide and the HSA Plan Quick Guide for details on the various plan choices.
☐ Use Aetna’s Plan Selection & Cost Estimator Tool. Using your claims data from the last 12 months, the tool will help you estimate how much each plan would cost you.
☐ Attend a Benefits Enrollment Meeting and Vendor Fair. Hear benefits staff and vendor representatives explain the details of the various plans and review the benefits programs. Check the guide or the intranet for dates, times and locations. If you can’t attend in person, you can view a copy of the presentation online after October 24.
☐ Review the Discover Your Retirement Options Guide for the 403b Retirement Savings Plan. You can enroll, change your deferral/investment allocations or make any other changes at any time. Review the guide at emoryhealthcare.org/employee/benefits-guides.html or on the intranet, www.ourehc.org, click Employee Resources, Benefits, then Retirement Benefits.
☐ Decide if you want to enroll in a Flexible Spending Account (Healthcare and/or Dependent Day Care) or a limited Healthcare FSA (for HSA Plan participants). Remember: You must actively enroll each year.
☐ HSA Plan members: Decide if you want to make a contribution to your Health Savings Account.
☐ Use Aetna’s DocFind to verify your provider is in the Emory Healthcare Network.
☐ Check with CVS/caremark (1-866-601-6935) to see if there are any changes to your prescriptions.

During Enrollment: Remember, if you don’t actively enroll, your plans will stay the same next year (except the FSA).

☐ Log in to e-Vantage to make your 2017 benefits elections. Note that some voluntary benefits, such as InfoArmor and Nationwide Pet Insurance, may require you to enroll on their websites.
☐ Complete the Tobacco Use Certification if the tobacco use status of you or your covered spouse has changed. If you don’t need to make changes, your 2016 certification will carry over and there is no need to re-certify.
☐ Review your life and accidental death & dismemberment beneficiaries.
☐ Save or print a copy of your confirmation, review it for accuracy and retain it for your records.

After Enrollment: Check your work!

☐ Verify your 2017 benefits elections. In early December, log in to e-Vantage, select Self Service, then Benefits, and then Benefits Summary. Change the date to 01/01/2017 to view your 2017 benefits elections. If you notice any errors, contact the Employee Resource Center immediately. Call 404-686-6044 or email EHC.HR/Benefits@emoryhealthcare.org. After January 1, 2017, changes cannot be made.
☐ Check your paycheck! The first pay day of the new year is Friday, January 6. Review your pay advice to make sure that your 2017 benefits elections are included in your paycheck. Contact the Employee Resource Center if you notice an error.
☐ Have a great 2017! We hope that the benefits you enjoy at Emory Healthcare work well for you and your loved ones.
As an Emory Healthcare employee, you are fortunate to have a wide range of benefit programs available to you. Benefit programs give you important financial protection when you need it the most.

Some benefits Emory Healthcare offers are employer-provided, and coverage is automatic if you are eligible. These programs include basic life insurance, long-term disability coverage and a basic contribution to the 403(b) retirement plan.

Other benefits give you choices and require you to enroll – such as your medical, dental, vision, flexible spending accounts and other voluntary plans described in this guide. In those plans, you contribute toward the cost of the benefits you elect.

This guide provides details about your many benefits options. Spend a few minutes to review the programs to see which programs might work best for you. If you still have questions, contact the Employee Resource Center at 404-686-6044 or EHC.HR/Benefits@emoryhealthcare.org.

For more information on retirement plan options, view the Discover Your Retirement Options Guide located on the Employee Resources site on www.ourehc.org.
Understanding Your Benefits

Here are a few terms you may see throughout this guide:

Benefits-eligible: You are a regular, full-time or part-time employee scheduled to work 20 hours or more per week.

Co-insurance: Once you reach your annual deductible, costs for care are split between you and the plan. The amount you are responsible for is the co-insurance.

Co-pay: This is the amount you pay at the time of service. This is a fixed rate for service, regardless of whether you have met your deductible for the year.

Deductible: This is the amount you pay for health care services before your health insurance begins to pay.

Flexible Spending (FSA) vs. Health Savings Account (HSA): With both plans you can contribute pretax dollars to help cover qualified health care costs.

- The HSA is a consumer-directed health plan, where members are responsible for meeting a deductible before the insurance kicks in. It has a higher deductible than a POS plan, and Emory Healthcare makes a contribution to the account to help you meet your deductible. When you earn wellness incentives, those incentives are added to the bank in your HSA, plus, the HSA rolls over at the end of the year. That said, you must have the money in your HSA to cover the medical expenses or you will have to pay for it out of pocket, but you can adjust your contribution amounts throughout the year, up until you reach the allowed contribution limit.

- For the FSA, the money does not roll over at the end of the year (see the Your Resources section to view a worksheet to help you calculate what you should contribute). The contribution maximum is lower, and it can be used to pay for expenses, such as prescriptions, dental and vision. You can only change your contribution amounts during open enrollment, but you do have access to the full amount of your expected contributions at any time during the year.

Benefits 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 also are eligible for medical, dental, vision and life insurance coverage. Eligible dependents include:

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

Dependent Verification of Eligibility

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

If documentation is not received within 31 days, a letter will be mailed to you requesting the documentation within a given deadline. See Change in Coverage table on page 8 for list of events that require documentation.
**Benefits Eligibility Continued**

**Coverage Begins**
For most benefits, coverage begins on your date of hire, if the employee is benefits-eligible. You must enroll within the first 31 days of employment to receive coverage for benefits other than the 403(b) and supplemental long-term disability. If you miss this window, your next opportunity to enroll in benefits is during the annual benefits enrollment period each fall, or if you experience a qualified family status change (see below). Life and long-term care benefits require Evidence of Insurability (EOI) for late enrollees. Some new hire circumstances require additional documentation. See table below for details.

**Changing Your Coverage**
If you are a current, benefits-eligible Emory Healthcare employee, each fall, you have the opportunity to review and update your benefit elections 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 changes, such as:

- 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 or your spouse returns from unpaid leave of absence
- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid
- Change in your employment that affects benefits eligibility
- Loss of eligibility for a dependent
- Change in dependent care provider or cost for Dependent Day Care Flexible Spending Account

See table below for events which require documentation.

<table>
<thead>
<tr>
<th>Family Status Change Event</th>
<th>Documentation to Submit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent loss of the state’s CHIP plan</td>
<td>A copy of the Certificate of Creditable Coverage or a termination letter that lists the date your coverage ended</td>
</tr>
<tr>
<td>Judgment, decree or court order allowing you to add or drop coverage for a dependent child</td>
<td>A copy of the court order awarding custody or requiring coverage</td>
</tr>
<tr>
<td>Legally married couples with different last names</td>
<td>Proof of marriage such as marriage certificate or jointly filed tax return</td>
</tr>
<tr>
<td>Dependent child with a last name different than yours</td>
<td>A copy of the birth certificate or a court document awarding custody or requiring coverage</td>
</tr>
<tr>
<td>Dependent child over age 26 (also required when enrolling for the first time as a new hire)</td>
<td>Birth certificate AND a Social Security Disability Award or letter from a physician AND the parent’s tax return claiming the child (current or previous year only)</td>
</tr>
<tr>
<td>Employee with five dependents who adds a sixth or more dependent (also required when enrolling for the first time as a new hire)</td>
<td>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)</td>
</tr>
<tr>
<td>Employee with a 50+ age difference with dependent(s) (also required when enrolling for the first time as a new hire)</td>
<td>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)</td>
</tr>
<tr>
<td>Change of residence inside or outside of the plan area</td>
<td>A copy of your visa and/or passport that shows the date of entry or exit from the plan area</td>
</tr>
</tbody>
</table>

**REMINDER:** You must provide the documents listed above to the Employee Resource Center 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 plans. Legible copies of required documents are acceptable.
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 elections 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.

Coverage Ends
For most benefits, coverage for you and/or your dependents 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.

The last day of the month the dependent is no longer eligible. For dependent children (up to age 26), this is the end of the month in which they turn 26.
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 going online at aetna.com/docfind/custom/emory.

Use the Emory Healthcare Network (EHN): When looking for any type of health care provider, select an Emory Healthcare Network (EHN) provider; your out-of-pocket costs will be lower.

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.

Use a Flexible Spending Account or Health Savings Account: These accounts save you money because deductions are made before state, federal and Social Security taxes are withheld from your paycheck.
Medical Plans

Everyone’s health care needs are different. That’s why it’s important to carefully decide which medical plan will work best for you. For 2017, you have a choice of two medical plans – a Health Savings Account Plan and a Point of Service Plan – both of which are administered by Aetna.

While there are differences in how each plan works (including deductibles, co-pays and co-insurance), the two plans do have the following in common:

- Both plans have the same broad network of providers in Georgia and nationally, which you can access through three network options.
- With both plans, you do not need to select a primary care physician, nor do you need a referral to see a specialist.
- Routine preventive care is $0 when service is received within the Emory Healthcare Network (EHN) or Aetna National In-Network. These services include annual physicals, well-child and well-baby visits, immunizations, health screenings and more.
- Both plans offer Tier Zero prescription drugs. These generic forms of birth control and prescription medications for conditions such as congestive heart failure (CHF), diabetes, high blood pressure, high cholesterol, nicotine addiction and more, are covered at 100% for a 30- or 90-day supply. For a complete list of Tier Zero medications, go to ourehc.org and click on Employee Resources and Your Benefits. Note that the medications included on this list may change. Contact CVS/caremark for the most updated listing at 1-866-601-6935.

Network Options

- **Emory Healthcare Network (EHN):** Providers and facilities that are owned by and affiliated with Emory Healthcare give you the maximum benefit available under the plans, with lower co-pays, co-insurance and deductibles. For a list of EHN providers, go to page 32.
- **Aetna National (In-Network):** Providers and facilities are part of both medical plans through Aetna. Co-pays, co-insurance and deductibles are higher than with the EHN.
- **Out-of-Core-Network:** Providers and facilities that are not participating with Aetna are considered Out-of-Core-Network. These costs are the highest.

To locate an EHN or Aetna National (In-Network) physician or facility, go to www.aetna.com/docfind/custom/emory or call 1-800-847-9026.

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. For additional information, go to www.ourehc.org, Employee Resources and Your Benefits. Information can be found under the heading “Notices, Summaries, Reports & Resources.”
Medical Plans  

HSA Plan

Plan 1 – HSA Plan

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

- The same covered services and network of providers as the POS Plan with a different way to pay and save for health care expenses.
- A Health Savings Account (HSA) with tax advantages, funded in part by Emory Healthcare. The HSA gives you the flexibility to choose how to spend your health care dollars.
- 100% coverage for all preventive care when services are in the Emory Healthcare Network (EHN) or Aetna National Network (In-Network).

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

Deductible

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

<table>
<thead>
<tr>
<th>EHN</th>
<th>Aetna National (In-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,350 (Employee only)</td>
<td>$1,500 (Employee only)</td>
</tr>
<tr>
<td>$2,700 (Employee + Spouse, Employee + Child(ren) or Family)</td>
<td>$3,000 (Employee + Spouse, Employee + Child(ren) or Family)</td>
</tr>
</tbody>
</table>

Use the funds that you have accumulated in your HSA to cover health care costs, such as ER visits or prescription drugs.

Once your HSA balance is used up, you will be responsible for 100% of medical expenses until you meet your deductible (with the exception of preventive care and Tier Zero prescriptions, which are covered at 100%). For employees with a spouse or dependent, you will need to meet the family deductible of $2,700 (EHN) or $3,000 (In-Network).

Co-insurance

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

Out-of-Pocket Maximum

Like a traditional plan, there is a maximum amount that you are financially responsible for under the plan each year. Once your out-of-pocket eligible expenses reach the annual maximum of $3,500 (Employee Only) or $7,000 (Employee + Spouse, Employee + Child(ren) or Family) within the EHN or $4,750 (Employee Only) or $9,500 (Employee + Spouse, Employee + Child(ren) or Family) In-Network, the plan pays 100% of eligible expenses for you and your covered dependents for the remainder of the plan year.

The individual out-of-pocket maximum of $3,500 within the EHN and $4,750 In-Network will be applied to a covered family member who incurs medical expenses after the Family deductible of $2,700 within the EHN or $3,000 within the In-Network is completed. This eliminates the need for the full Family out-of-pocket maximum to be satisfied if only one family member needs medical care. However, the combined medical charges incurred by additional family members will satisfy the full Family out-of-pocket maximum. When the Family out-of-pocket maximum is satisfied, eligible expenses for all family members will be covered at 100% for the remainder of the plan year.
Medical Plans HSA Plan Continued

Prescription Drugs
If you are enrolled in the HSA Plan, you must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible under the EHN, which is $1,350 (Employee Only) or $2,700 (Employee + Spouse, Employee + Child(ren) or Family), or In-Network, which is $1,500 (Employee Only) or $3,000 (Employee + Spouse, 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 HSA Plan, up to the 30-day retail maximum.

The table below shows what your responsibility is once your deductible is satisfied. For example, if the table shows co-insurance is 20%, the plan will pay 80% of the cost of the prescription drug and you are responsible for the other 20%. However, there is financial protection built into the prescription drug benefit in that you will never pay more than the 30-day retail maximum, outlined in the table below.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Preventive Prescription Drugs (Not Subject to Deductible) and Non-Preventive Prescription Drugs (After Meeting Deductible)</th>
<th>Co-insurance</th>
<th>30-day Retail Maximum Co-pay</th>
<th>90-day Mail Order Maximum Co-pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>Preventive Prescription Drugs (Not Subject to Deductible) and Non-Preventive Prescription Drugs (After Meeting Deductible)</td>
<td>Zero</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10%</td>
<td>Preventive Prescription Drugs (Not Subject to Deductible) and Non-Preventive Prescription Drugs (After Meeting Deductible)</td>
<td>1</td>
<td>$25</td>
<td>$62.50</td>
</tr>
<tr>
<td>20%</td>
<td>Preventive Prescription Drugs (Not Subject to Deductible) and Non-Preventive Prescription Drugs (After Meeting Deductible)</td>
<td>2</td>
<td>$75</td>
<td>$187.50</td>
</tr>
<tr>
<td>30%</td>
<td>Preventive Prescription Drugs (Not Subject to Deductible) and Non-Preventive Prescription Drugs (After Meeting Deductible)</td>
<td>3</td>
<td>$120</td>
<td>$300</td>
</tr>
<tr>
<td>40%</td>
<td>Preventive Prescription Drugs (Not Subject to Deductible) and Non-Preventive Prescription Drugs (After Meeting Deductible)</td>
<td>4</td>
<td>$150</td>
<td>$375</td>
</tr>
</tbody>
</table>

Prescription drug coverage is administered through CVS/caremark. To determine your coverage tier, call 1-866-601-6935.

Maintenance Medication Refill Options
If you take any maintenance prescription medications to treat certain ongoing medical conditions, you will need to fill your prescriptions in one of three ways: through CVS/caremark’s mail order service, at a CVS retail pharmacy location (at the mail-service cost) or at an Emory pharmacy. Please be aware that if you attempt to fill a maintenance drug at a pharmacy other than CVS or Emory, you will be charged the full retail cost on your third attempt to refill.

Prior Authorizations and Quantity Limits
Medications within certain drug categories require prior authorizations and quantity limits as part of CVS/caremark’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, contact CVS/caremark at 1-866-601-6935.

Health Savings Account (HSA)
The HSA is funded in the following three ways

1. **Emory Healthcare’s Annual Contribution.** If you enroll in:
   - Employee-Only coverage — Emory Healthcare contributes $300 to your HSA.
   - Employee + Spouse, Employee + Child(ren) or Employee + Family level coverage — Emory Healthcare contributes $600 to your HSA.
   Note: Emory Healthcare’s contribution is prorated based on your enrollment date if enrolled after January 1. Your HSA begins on the first of the month following your election.

2. **Incentives.** You and your spouse can earn incentives toward your HSA balance each year by completing various wellness activities. See section on Wellness Incentives for details.

3. **Your Contributions.** You also can contribute to your HSA. Contributions to your HSA have no expiration date – they remain in the account until you decide to access them or reimburse yourself for an eligible expense you already paid out-of-pocket. You decide when and how to pay.

To Qualify for a Health Savings Account:

1. You must be enrolled in the HSA Plan.
2. You cannot be claimed as a dependent on someone else’s tax return.
3. You cannot be covered by a spouse’s FSA.
4. You cannot be covered by any other medical plan, including Medicare A and/or B.
5. While you may cover a child up to age 26 under the HSA Plan, qualified medical expenses are those incurred by you, your spouse and all dependents you claim on your tax return. Refer to IRS Publication 969 for details.
6. Your 2016 FSA balance must be $0 as of December 31, 2016.
WHAT’S DIFFERENT ABOUT A HEALTH SAVINGS ACCOUNT?

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

2. If you are enrolled in the HSA Plan, you may not participate in a general Healthcare Flexible Spending Account (FSA). However, you can participate in the Limited Aetna Healthcare FSA for dental and vision, and then for medical expenses once you have met your deductible. Refer to page 20 for more information on how your 2016 FSA balance may affect your 2017 HSA.

3. If you are enrolled in the HSA Plan, you may still participate in the Dependent Day Care Flexible Spending Account (FSA).

Additional HSA Features

- Once your HSA account is open, you will receive a welcome kit from Aetna/PayFlex. The kit will include an Aetna/PayFlex MasterCard debit card to pay eligible expenses.

- Withdrawals from HSAs for qualified medical expenses are tax-free. If you withdraw money for any reason other than qualified medical expenses, you must pay income tax and a 20% IRS tax penalty.

- You must have a balance in your account to make a withdrawal.

- Money in the HSA will be invested in a money market fund.

- The maximum you can contribute to an HSA in one year is set by the IRS (in 2017, $3,400 for single coverage and $6,750 for family coverage). 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. The minimum you can contribute is $200.

HOW THE HSA PLAN WORKS

1. GET PREVENTIVE CARE FREE

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

2. PAY FOR OTHER MEDICAL EXPENSES

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

3. USE YOUR HSA

Your HSA helps you cover your deductible and pay for other medical costs. Emory Healthcare contributes $300 (employee only) or $600 (dependent or family coverage) to your HSA. You also can earn additional HSA dollars through wellness incentives. Unused funds from your HSA roll over to the next year, and your account balance earns interest (tax-free).
Medical Plans  POS Plan

Plan 2 – POS Plan

The POS Plan works more like a conventional medical plan where members pay co-pays for some services. The POS Plan also uses co-insurance for some services, after the deductible is met. See page 17 for deductible amounts.

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

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

With the POS Plan, your biweekly contribution is higher than with the HSA Plan, but your annual deductible is lower. You cannot open a Health Savings Account (HSA) or receive HSA contributions from Emory Healthcare.

You do have the option of enrolling in a Healthcare Flexible Spending Account (FSA), which allows you to set aside up to $2,550 pretax dollars to help pay for medical expenses. See page 19 for more information about the FSA.

EHN and In-Network preventive care is covered at 100% and is not subject to the deductible. For all other medical services, the plan pays a portion of your covered expenses after you pay the annual deductible:

• 85% for Emory Healthcare Network (EHN)
• 75% In-Network (Aetna National)
• 50% (Out-of-Core Network)

Office visits are covered with a co-payment. Prescription drugs are covered through co-insurance.

The POS Plan also has an out-of-pocket maximum to protect you in the event you have significant medical expenses during the year. Co-payments, deductibles and co-insurance count toward the out-of-pocket maximum.

Prescription Drugs

Prescription drug coverage is administered through CVS/caremark. Emory Healthcare’s prescription drug benefit for the POS Plan is based on the five-tier co-pay structure below. You will pay the applicable co-insurance amount subject to the retail minimum and maximum costs. You do not have to meet your deductible first.

Prior Authorization & Quantity Limits

Medications within certain drug categories require prior authorizations and quantity limits as part of CVS/caremark’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, call 1-866-601-6935 for more information.

Maintenance Medication Refill Options

If you take any maintenance prescription medications to treat certain ongoing medical conditions, you will need to fill your prescriptions in one of three ways:

• Through CVS/caremark’s mail order service
• At a CVS retail pharmacy location (at the mail-service cost)
• At an Emory pharmacy

Please be aware that if you attempt to fill a maintenance drug at a pharmacy other than CVS or Emory, you will be charged the full retail cost on your third attempt to refill.

Save on Prescription Drug Costs

If you take prescription medication on an ongoing basis, you will save money and time by using CVS/caremark mail orders. No extra charge for shipping. Another great way to save on drug costs is to buy generic. Always ask your pharmacist if a generic version is available.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Co-insurance</th>
<th>30-Day Retail Minimum</th>
<th>30-Day Retail Maximum</th>
<th>Mail Minimum (up to 90 days)</th>
<th>Mail Maximum (up to 90 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>0%</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>1</td>
<td>10%</td>
<td>$10</td>
<td>$25</td>
<td>$25</td>
<td>$62.50</td>
</tr>
<tr>
<td>2</td>
<td>20%</td>
<td>$30</td>
<td>$75</td>
<td>$75</td>
<td>$187.50</td>
</tr>
<tr>
<td>3</td>
<td>30%</td>
<td>$60</td>
<td>$120</td>
<td>$150</td>
<td>$300</td>
</tr>
<tr>
<td>4</td>
<td>40%</td>
<td>$90</td>
<td>$150</td>
<td>$225</td>
<td>$375</td>
</tr>
</tbody>
</table>
Medical Plans (Biweekly)*

2017 Medical Plan Biweekly Contribution Rates

<table>
<thead>
<tr>
<th>Plans</th>
<th>HSA Plan</th>
<th>POS Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-time</td>
<td>Part-time</td>
</tr>
<tr>
<td>Employee Only*</td>
<td>$15.50</td>
<td>$23.50</td>
</tr>
<tr>
<td>Employee Plus Child(ren)*</td>
<td>$73.50</td>
<td>$110.50</td>
</tr>
<tr>
<td>Employee Plus Spouse/SSDP*</td>
<td>$108.00</td>
<td>$162.00</td>
</tr>
<tr>
<td>Family*</td>
<td>$151.50</td>
<td>$227.50</td>
</tr>
</tbody>
</table>

* 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. Rates do not reflect the tobacco use surcharge.

Tobacco Use Surcharge - $50 per person

To support the health and wellness of our staff and to set a positive example for our patients and the community, Emory Healthcare has implemented a $50 per person monthly tobacco use surcharge on medical contributions for employees and their spouses/SSDPs who use tobacco products. If you do not need to make changes to your certification, you do not need to recertify. Your 2016 certification will carry over to 2017.

Important Notice:

Don’t forget that false statements on the tobacco certification, enrollment and claims documents are a violation of Emory Healthcare’s Standards of Conduct policy as “falsification of forms, records and documents” and could lead to disciplinary action, up to and including an unpaid suspension or termination of employment without prior warning, at the sole discretion of Emory Healthcare.

Need Help Quitting Tobacco?

Emory Healthcare offers several tobacco cessation resources at no cost to employees. For a listing of resources, go to www.tobaccofree.emory.edu/cessation.
### 2017 Medical Plan Comparison Quick Guide

<table>
<thead>
<tr>
<th>PLANS</th>
<th>HSA PLAN</th>
<th>POS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHC Contribution</td>
<td>$300/$600&lt;sup&gt;a&lt;/sup&gt;</td>
<td>None</td>
</tr>
<tr>
<td>Earned Incentives</td>
<td>$450/$800&lt;sup&gt;a&lt;/sup&gt;</td>
<td>$450/$800&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Emory Healthcare Network (EHN) | Aetna National (In-Network) | Out-of-Core-Network<sup>3</sup> |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Deductible &lt;sup&gt;4&lt;/sup&gt;</td>
<td>$2,700&lt;sup&gt;a&lt;/sup&gt;</td>
<td>$3,000&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Family Out-of-Pocket Maximum &lt;sup&gt;4&lt;/sup&gt;</td>
<td>$2,550</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

#### Primary Care Physician Office Visits <sup>5</sup>:
- 35% after deductible
- 25% after deductible
- 50% after deductible

#### Pediatrician or Mental Health Physician Visits:
- 35% after deductible
- 25% after deductible
- 50% after deductible

#### Specialist Office Visits:
- 35% after deductible
- 25% after deductible
- 50% after deductible

#### Diagnostic Labs and X-Ray:
- 35% after deductible
- 25% after deductible
- 50% after deductible

#### Durable Medical Equipment (DME):
- 15%
- 20% (no deductible)
- 50% after deductible

#### Routine Preventive Care <sup>6</sup> (Eye Exam, Annual Physical, Flu Shots, GYN Annual):
- Plan pays 100%
- Plan pays 100%
- 50% after deductible

#### Emergency Room Visits:
- 15% after deductible
- 25% after deductible
- 25% after deductible

#### Hospitalizations:
- 15% after deductible
- 25% after deductible
- 50% after deductible

#### Behavioral Health Benefits:
- Inpatient Treatment:
  - 15% after deductible
  - 25% after deductible
  - 50% after deductible
- Outpatient Treatment:
  - 15% after deductible
  - 25% after deductible
  - 50% after deductible

---

<sup>a</sup> $600 is contributed annually to the HSA by Emory when Employee+Spouse, Employee+Children or Family level coverage is elected.

<sup>b</sup> An annual maximum of $450 in incentives can be earned (for Single level coverage) or $800 (for Employee+Spouse or Family level coverage).

<sup>c</sup> Amounts applied to deductible and out-of-pocket maximums are limited to the Reasonable and Customary charges.

<sup>d</sup> Family deductible applies in the HSA plan when Employee+Spouse, Employee+Children or Family level coverage is elected.

<sup>e</sup> Out-of-Pocket maximum includes co-pays.

<sup>f</sup> Includes services of an internist, general physician, family practitioner, dermatologist and/or allergist.

<sup>g</sup> Routine Preventive Care services ONLY are covered at 100% under the plan. Diagnostic services are subject to the deductible and co-insurance.

<sup>h</sup> Co-pay waived if admitted.

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

To encourage you to take an active role in your health and well-being, Emory provides financial incentives for healthy behavior. You (and your covered spouse or partner) can save money on your medical expenses by taking action and doing things that help you live a healthy lifestyle. To be eligible for 2017 incentive(s), incentive activities must be completed between January 1 and November 15, 2017 (with the exception of the Move More Challenge). The following incentives are offered for 2017:

<table>
<thead>
<tr>
<th>2017 INCENTIVES</th>
<th>Maximum Incentive Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Health Assessment + Know Your Numbers Biometric Screening*</td>
<td>$150.00</td>
</tr>
<tr>
<td>2016 Move More Challenge**</td>
<td>$100.00</td>
</tr>
<tr>
<td>Online Programs</td>
<td>$100.00</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>$100.00</td>
</tr>
<tr>
<td>**</td>
<td>$450.00</td>
</tr>
</tbody>
</table>

* The Online Health Assessment and the Know Your Numbers biometric screening must both be completed to earn the incentive.

**The Move More Challenge incentive is available only for Emory employees.

### Online Health Assessment + Know Your Numbers Biometric Screening

**Part 1 - Health Screening** — A biometric or health screening is a quick and convenient check that measures your cholesterol, glucose, blood pressure, height, weight and body mass index (BMI). Beginning in early 2017, Emory will offer the Know Your Numbers onsite health screenings at a variety of locations across Emory. Specific dates and details will be announced at a later date. You also can receive a health screening as part of your annual preventive care exam through an Emory Healthcare Network or In-Network provider.

**Part 2 - Online Health Assessment** — The health assessment is a brief online questionnaire to help you assess your health habits and to provide you with next steps to achieve a healthier you.

### 2016 Move More Challenge

All employees enrolled in an Emory medical plan in 2017 who average at least 5,000 steps/day (every week of the Move More Challenge, September 19 – November 13, 2016) will receive a $100 incentive toward their Aetna medical plan. For employees who earn this incentive, it will be applied to your Aetna account in February 2017.

### Colonoscopy

Colorectal cancer affects men and women of all racial and ethnic groups and is most often found in people age 50 years or older. Colorectal cancer screening can find precancerous polyps — abnormal growths in the colon or rectum — so that they can be removed before turning into cancer. If you are aged 50 or older and haven’t been screened, talk with your doctor about a screening. If you think you may be at higher than average risk for colorectal cancer, speak with your doctor about getting screened early.

### Online Programs

You can complete personalized online health enhancement programs at your own pace. Programs include: becoming more active, eating healthier, stress management, tobacco cessation, weight management and others. More details will be announced at a later date.
Flexible Spending Accounts (FSAs)

A Flexible Spending Account (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 a Healthcare FSA or a Dependent Day Care FSA. Aetna/PayFlex is Emory Healthcare’s Flexible Spending Account Administrator. Check your FSA balance online and locate more information at aetnanavigator.com.

Healthcare FSA for POS Plan

You can contribute between $200 and $2,550 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, co-pays
- Prescription drug costs
- Over-the-counter drugs with a prescription

Limited Healthcare FSA for HSA Plan

HSA Plan members are not eligible for the Healthcare FSA but do have access to a special Limited Healthcare FSA administered through Aetna/PayFlex. You may use the Limited FSA to pay for dental and vision expenses and then for medical expenses once your deductible has been met.

Dependent Day Care FSA

Money you contribute into a Dependent Day Care FSA can be used toward care for a child under age 13, a physically or mentally disabled parent or child, or elder care for tax-qualified dependents. If you’re single or married and filing a joint tax return, you can contribute up to $5,000 into this FSA. If you’re married and file separately, you can contribute up to $2,500. If you are a highly compensated employee under the IRS definition ($120,000 for 2016), you are restricted to an annual contribution of no more than $2,400. Unlike the Healthcare FSA, you can only access the money that is currently in your account. To qualify for reimbursement, these expenses must be incurred so that you (and/or your spouse) can work or go to school. HSA Plan members also can participate in the Dependent Day Care FSA.

Aetna/PayFlex Card

New 2017 FSA participants will receive an Aetna/Payflex Card in the mail. Please activate the card when you receive it. The use of the Aetna/PayFlex Card is for convenience only. IRS guidelines require you to retain receipts for any eligible expense for which you receive reimbursement. On occasion, Aetna/PayFlex may request verification of expenses and you will need to submit appropriate documentation for the expense. If not received, the card will be deactivated until the expense can be verified as eligible under IRS definitions. Check with Aetna/PayFlex to find out what supporting documentation is required.

Use It — Don’t Lose It

You will be able to use any remaining balance in your Healthcare FSA at the end of 2016 to pay for expenses incurred through March 15, 2017. Any 2016 Healthcare FSA funds not used by March 15, 2017, will be forfeited. To avoid forfeiture, purchase items such as prescriptions, eyeglasses, contact lenses and other approved Healthcare FSA expenditures. Reimbursement requests using your previous year’s remaining Healthcare FSA balance must be filed by May 15, 2017. Please remember to keep all of your receipts, as they are required for verification of expenses. If you have a Dependent Day Care FSA, all expenses must occur before December 31, 2016, and claims for the 2016 Dependent Day Care FSA must be filed no later than May 15, 2017, to receive reimbursement.
Your 2016 Flexible Spending Account: What it means for 2017 HSA members

According to IRS regulations, if you enroll in the HSA Plan for 2017 and have a balance in a 2016 Healthcare FSA (as of December 31, 2016), you are not eligible to contribute funds to an HSA or receive any funds in your HSA until April 1, 2017. This includes Emory Healthcare’s annual contribution, incentives earned from wellness activities and contributions you make to your HSA.

You will need to consider whether or not you will have an FSA balance on December 31, 2016, when making your decision about enrolling in the HSA Plan, including making any contributions to an HSA through payroll deduction.

Have a Balance in Your 2016 FSA as of December 31, 2016?

- The April 1, 2017 date still applies even if your Healthcare FSA account balance reaches $0 at an earlier point during 2017.
- If you are enrolled in the HSA for the first time in 2017 and have a balance in your FSA from 2016, you cannot use the HSA funds you receive in April 2017 for claims incurred from January 1 through March 31, 2017.

Have a $0 Balance in Your 2016 FSA as of December 31, 2016?

- You are HSA-eligible January 1, 2017. You (and Emory Healthcare) can make contributions to the HSA. Eligible medical expenses can be paid with your HSA funds.
Dental

You can choose from two types of dental plans: the Aetna Traditional Dental (PPO) Plan or the Aetna Dental Maintenance Organization (DMO) Plan. Aetna does not issue dental cards, as it is not required by the provider; however, you can log on to www.aetnanavigator.com if you wish to print a card.

Plan 1 - Aetna Traditional Dental (PPO) Plan

**Design:** A traditional, preferred provider dental plan (PPO) that allows you to see any dental provider.

**Costs:** Some services require you to pay the deductible and applicable co-insurance. Preventive services are covered at 100%. See page 7 for definitions.

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

<table>
<thead>
<tr>
<th>PLAN Services</th>
<th>Aetna Traditional Dental (PPO)</th>
<th>Aetna DMO*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Services (exams, routine and deep cleanings, sealants, X-rays, space maintainers, etc.)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Basic Services (filling, root canal, etc.)</td>
<td>10%†</td>
<td>20%‡</td>
</tr>
<tr>
<td>Major Restorative (crown, bridge, etc.)</td>
<td>50%†</td>
<td>50%‡</td>
</tr>
<tr>
<td>Calendar Year Deductible ¹</td>
<td>$50/person</td>
<td>$50/person</td>
</tr>
<tr>
<td>Annual Plan Payment Maximums</td>
<td>$1,500/person</td>
<td>$1,500/person</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

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

Plan 2 - Aetna DMO Plan

**Design:** A dental maintenance organization (DMO) plan is a managed care plan that contracts with a list of providers at a set fee schedule.

**Costs:** Participants pay co-pays and do not have to pay co-insurance. Preventive services covered at 100%.

**Features:**
- 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.**
- Members must select a primary care dentist (PCD) and must receive a referral for specialist care.

Contact the dental provider you select to find out if they are accepting new patients. For a list of scheduled services, network providers and to see what the plan pays, go to aetna.com/docfind/custom/emory.

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**Dental Plan Rates (Biweekly)**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Aetna Traditional Dental (PPO)</th>
<th>Aetna DMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-time*</td>
<td>Part-time**</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$11.50</td>
<td>$15.71</td>
</tr>
<tr>
<td>2-Person</td>
<td>$23.50</td>
<td>$31.91</td>
</tr>
<tr>
<td>Family</td>
<td>$36.50</td>
<td>$50.25</td>
</tr>
</tbody>
</table>

* 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.

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

Emory Healthcare offers an optional vision plan through EyeMed Vision Care. Features of this plan include:

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

For a complete list of plan details, go to www.eyemedvisioncare.com.

Providers

EyeMed Vision Care offers a large network of providers, including the Emory Eye Center, LensCrafters, Pearle Vision and more. For a complete list of providers, call 1-855-270-2343 or go to www.eyemedvisioncare.com (click Locate a Provider, then Select Your Network dropdown menu and choose Select, then enter your zip code and click Submit). The group number is 9824889.

Vision Coverage Through Your Medical Plan

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

Discounts at the Emory Eye Center

All Emory Healthcare employees and their immediate family members are eligible to receive services and discounts at the Emory Eye Center. For a complete list, visit www.eyecenter.emory.edu. To schedule an appointment, call 404-778-2020.

VISION PLAN RATES

EyeMed Vision Plan Biweekly Contributions*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$5.59</td>
</tr>
<tr>
<td>Employee Plus Child(ren)</td>
<td>$11.16</td>
</tr>
<tr>
<td>Employee Plus Spouse/SSDP</td>
<td>$10.60</td>
</tr>
<tr>
<td>Family</td>
<td>$16.43</td>
</tr>
</tbody>
</table>

*Rates are the same for all benefits-eligible employees.
Emory Healthcare knows that life doesn’t stop when you come to work. That’s why we offer a variety of resources to help you navigate your world, help you make important decisions (such as choosing legal or financial services or selecting the right elder or child care provider) or just add some fun to your life through access to discounts, perks and activities that you and your family can enjoy.
Short-Term and Long-Term Disability

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 (inclusive of the waiting period) 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 the annual benefits enrollment period. However, pre-existing condition limitations apply when you enroll or decrease your waiting period.

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

<table>
<thead>
<tr>
<th>Waiting Period</th>
<th>Annual Employee Cost per $100 Covered Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 days</td>
<td>$0.97</td>
</tr>
<tr>
<td>30 days</td>
<td>$0.47</td>
</tr>
<tr>
<td>60 days</td>
<td>$0.26</td>
</tr>
</tbody>
</table>

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. If you move to a non-benefits-eligible status and subsequently return to a benefits-eligible status, your waiting period will start over. 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 to insure a higher percentage of income. Features include:

- Increases your LTD benefit to 66.67% of your pay at a cost of $0.35 per $100 of your salary.
- Tax free.

Coverage begins on the first of the month following your election. During the annual benefits enrollment period, you will need to complete a Supplemental LTD form located on the Employee Resources site on www.ourehc.org in the benefits section and submit to the Employee Resource Center. You cannot enroll online.

Pre-existing Condition Limitations

When you first become eligible for LTD and Supplemental LTD coverage, enroll for the first time during annual enrollment for STD or decrease your waiting period for STD, 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 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 evidence of insurability (EOI) for elections of $500,000 or more.

During the annual benefits enrollment period, you can elect to increase your existing coverage up to $20,000 without satisfying evidence of insurability (EOI). If you initially waived coverage or if you are increasing your existing coverage by more than $20,000, EOI is required.

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.

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Rates Per $10,000 Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25</td>
<td>$.53</td>
</tr>
<tr>
<td>25-29</td>
<td>.63</td>
</tr>
<tr>
<td>30-34</td>
<td>.84</td>
</tr>
<tr>
<td>35-39</td>
<td>.95</td>
</tr>
<tr>
<td>40-44</td>
<td>1.05</td>
</tr>
<tr>
<td>45-49</td>
<td>1.56</td>
</tr>
<tr>
<td>50-54</td>
<td>2.41</td>
</tr>
<tr>
<td>55-59</td>
<td>4.99</td>
</tr>
<tr>
<td>60-64</td>
<td>6.82</td>
</tr>
<tr>
<td>65-69</td>
<td>13.28</td>
</tr>
<tr>
<td>70+</td>
<td>21.54</td>
</tr>
<tr>
<td>Dependents</td>
<td>Rates</td>
</tr>
<tr>
<td>Rates per $2,000 coverage</td>
<td>$.42</td>
</tr>
</tbody>
</table>

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

During the annual benefits enrollment period, you can elect to increase existing spouse coverage up to $10,000 without satisfying EOI. However, if you initially waived coverage or if you are increasing your existing coverage by more than $10,000, EOI 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.

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 your date of hire.

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.

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

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 ourehc.org and then Benefits Summary.
Additional Insurance and Legal Benefits

Emory Healthcare offers a variety of additional benefits for employees and their families. A brief summary is available below. For more detailed information, go to ourhec.org, then select the Employee Resources tab and then click Your Benefits.

**Long-Term Care Coverage**

Emory Healthcare offers optional coverage for long-term care through Unum. If you do not enroll within 31 days of hire, you may enroll during the annual benefits enrollment period and must complete an EOI form and be approved by Unum. Guaranteed issue is only available during the new hire period. Long-term care is designed for people who need assistance with daily living activities due to an accident, illness or advancing age. Enrollment kits for you and/or your spouse/SSDP are available online at http://w3.unum.com/enroll/emoryhealthcare or in our Employee Resource Center. For additional information, contact Unum at 1-800-227-4165.

**Group Home and Auto Insurance**

Emory Healthcare provides access to this voluntary coverage through MetLife for home and auto insurance. This coverage is available at group rates that are lower than those typically available to individual policyholders. You have access to a wide range of personal property and casualty insurance products through MetLife. You may get coverage for your automobile, boat, motor home or recreational vehicle. For more information or to receive a personal quote, call MetLife at 1-800-GET-MET8 (1-800-438-6388).

**Aflac**

Emory Healthcare provides voluntary coverage through Aflac for hospital, cancer and accident insurance. These policies are available at group rates that are lower than those typically available to individual policyholders. You have access to a wide range of policy and rider insurance products through Aflac. For more information and to enroll, log on to www.Aflac.com/Emory or call Aflac at 1-877-384-3344.

**Prepaid Legal Plan**

Whether you have planned legal expenses or just want to be prepared for the unexpected, MetLife’s Group Legal Plan through Hyatt Legal Services is available to meet your needs. Through the plan, you have access to more than 4,000 law firms and 9,000 attorneys nationwide. Attorneys are available for both telephone and office consultations. For more information, call MetLife/Hyatt Legal Services at 1-800-821-6400. You can enroll online in the enrollment tool on e-Vantage. If you do not enroll within 31 days of hire, you may enroll during the annual benefits enrollment period. You can only cancel this benefit during the annual benefits enrollment period.

For more information on other additional benefits available to you, go to the Your Benefits site under the Employee Resources tab on ourhec.org.
Additional Work/Life Benefits

For a full listing of all of the Work/Life Benefits available to you, click on the Employee Resources tab on ourehc.org, then click My Benefits and then Work/Life Benefits. We are excited to offer three great new programs this year: pet insurance, identity theft protection and a financial wellness budgeting app. Note that for both the pet insurance and the identity theft protection, you will need to enroll on the vendor websites, not through e-Vantage. Enrollment for these two programs begins November 1, 2016.

Pet Insurance
Pets get sick and hurt, too. And, though you can’t predict when something will happen, you can be prepared when it does with pet insurance from Nationwide. Emory Healthcare is now offering affordable, comprehensive plans through Nationwide that can be used for accidents, illness and preventive care with any veterinarian, anywhere. Choose from two different plans and receive a discount of up to 15 percent if you enroll more than one animal. Enrollment begins Tuesday, November 1, 2016. To explore the plans and enroll, visit petinsurance.com/emoryhealthcare or call 1-877-738-7874.

<table>
<thead>
<tr>
<th>PET INSURANCE RATES</th>
<th>My Pet Protection with Wellness</th>
<th>My Pet Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>starting at</td>
<td>$28 biweekly</td>
<td>$17 biweekly</td>
</tr>
<tr>
<td>90% back on veterinary bills</td>
<td></td>
<td>90% back on veterinary bills</td>
</tr>
</tbody>
</table>

Identity Theft Protection
We are proud to announce a new identity and credit protection benefit for employees from InfoArmor, called PrivacyArmor. Employees can sign up as individuals or as a family to receive an annual credit report, monthly credit scores and continuous credit monitoring—all for free as part of the benefit. In addition, PrivacyArmor offers credit reports from all three credit reporting agencies. Enrollment begins Tuesday, November 1, 2016.

Visit the Work/Life section on the Benefits page to learn more about this program. To enroll, visit www.infoarmor.com/emory or contact one of their privacy advocates at 1-800-789-2720.

<table>
<thead>
<tr>
<th>IDENTITY THEFT PROTECTION RATES</th>
<th>PrivacyArmor (biweekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.98</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$6.98</td>
</tr>
</tbody>
</table>

Financial Wellness
To help members of Team EHC improve their overall well-being and find ways to reduce their financial stress, our financial wellness program offers resources to help you build the skills you need to keep your head above water, and be able to realistically plan for your future. EHC has partnered with SmartPath Financial Education to offer a free budgeting app to members of Team EHC. The app allows you to link to your accounts, set up a budget and uses challenges and incentives to help you set and stick to goals. Go to the Employee Resources tab on ourehc.org, then Your Benefits. Click on the Financial Wellness link under Work/Life Benefits for updates and details.
Additional Work/Life Benefits

**Early Childhood and Child Care Resources**

You love your children, and you only want the best for them - especially when you have to entrust their care and development with others while you work. They are your most precious gifts, so you need the peace of mind in knowing they’re in the right hands. Emory Healthcare provides parents and guardians with a number of early childhood resources:

- As a member of Team EHC, you have access to the Emory Child Care Network, representing approximately 175 early childhood education centers.
- E4Health offers access to a child care specialist over the telephone to get more information on selecting an early childhood education center, researching summer camps, understanding how to identify and access inclusion programs, obtaining referrals to services for special needs children and more. To speak with a child care specialist, contact E4Health at 1-800-537-2153.
- The Emory Employee-Student Job Network can help Emory employees looking to hire Emory students on a part-time basis for help with babysitting, pet care, house sitting, lawn care, etc.

**Adult Care Resources**

When you’re confronted with an aging parent who needs a little extra help, you want to be sure he or she is cared for with compassion, patience and dignity. That’s why Emory Healthcare partners with E4Health to offer you free access to resources to help you make those decisions and ensure your parent or relative is receiving the kind of high quality care you expect. These professionally trained specialists can be reached at 1-800-537-2153 and can:

- Help you identify what your care needs are and assist you with prioritization of what to do first.
- Provide you with basic education and insight on topics, including the various living alternatives for an older person (community-based and private care options), different types of providers, answering basic long-term care questions, etc.
- Locate care options, determine fees and conduct availability checks for you anywhere in the country.
- Offer you practical tips that can help you identify quality care providers.

In addition, Emory offers regular workshops on caregiver stress, managing estate planning and long-term care and caring for family members with dementia.

**Your Discounts and Perks**

**Professional and Personal Development**

Emory Healthcare offers a variety of courses that are informational and educational to enhance your current skills and provide new skills that improve individual, team and organizational performance and development. Contact Organizational Development for additional information at odl@emoryhealthcare.org. Register for most classes online using the HealthStream Learning Center or HLC.

**Travel and Lifestyle Discounts**

- The Georgia Hospital Association (GHA) offers a travel discount service, GHA Travel, to employees of GHA member hospitals. You can receive discounts of up to 50 percent on more than 600,000 hotel rooms worldwide, book airline travel and make rental car reservations. Go to www.gha.affinitytravelbenefits.com and click “Register Now” on the home page to create your account. Use your Emory Healthcare email address to register and use pass code “member” to sign up. You will then be prompted to create a secure password.
- Emory Healthcare and Sparkfly have partnered to offer you a unique employee discount program with thousands of offers and savings! Sparkfly offers a variety of discounts on activities such as travel, restaurants, electronics, movie and event tickets, shopping and more.
- Emory Healthcare employees receive discounted access to certain fitness facilities on the Emory campus and around Atlanta. Partners include LA Fitness, YMCA of Metro Atlanta, Pink Barre, Operation Bootcamp and more.
Emory Healthcare is grateful to our team members for their longstanding commitment to our patients, their families and everyone who is a part of Team EHC. As you prepare for retirement, we want to ensure you have all the tools and information you need conveniently available to you.
Your Retirement

Emory Healthcare is committed to providing employees access to a competitive retirement program. With built-in flexibility and an array of resources and tools that help you make the most informed decisions for your retirement, our Retirement Savings and Matching plan is designed with you in mind.

Our 403(B) Retirement Savings and Matching Plan

• If you have fewer than 10 years of service with Emory Healthcare, we will match 100% of the first 4% of your contributions.
• If you have 10 or more years of service with us, we will match 100% of the first 5% of your contributions.
• Both the 4% and 5% match are in addition to the 2% basic contribution Emory Healthcare makes to your retirement savings account. While you are not required to contribute to receive the 2% basic contribution, you must make your own contribution to receive the additional 4% or 5%.
• You have a choice of three retirement vendors: Vanguard, Fidelity Investments and TIAA. You can build your 403(b) with just one vendor, or allocate savings across multiple vendors. If you do not select a vendor(s), your contribution will automatically default to the Vanguard Group for the 2% basic contribution.
• All eligible employees will receive a 2% employer contribution (fixed) even if they are not actively contributing to the 403(b) plan.
• To find out more about the program, click on the Employee Resources tab on the intranet, then select Your Benefits, then select the Retirement Planning option under Retirement Benefits.

Retirement Planning Resources

Our Benefits team provides regular access to Retiring From Emory Healthcare workshops. These monthly workshops offer employees the opportunity to meet with a retirement benefits specialist to discuss options and develop a game plan for retirement, including discussions on Medicare and Social Security. In addition, our financial wellness program offers regular workshops from SmartPath Financial to help you understand the nuts and bolts of financial planning.

If you would like additional, one-on-one support, representatives from our three retirement vendors offer free, individual consultations. During these one-hour meetings, you and the financial advisor can review your retirement goals, assess your current portfolio and make any necessary revisions to keep you on track.

Annual Employee Statements

Each spring, Emory Healthcare sends an Annual Employee Compensation Statement to employees’ home addresses. This statement reviews your total compensation (the value of your salary and benefits) and provides an update on your retirement portfolio and long-term projections on your retirement savings value by the time you retire. It even offers suggestions on how to adjust your savings to increase the future value of your account.
Your Resources

The Emory Healthcare Network (EHN)
Facilities included in the Emory Healthcare Network (EHN) are:

- Children’s Healthcare of Atlanta (including Egleston, Scottish Rite and Hughes Spalding)
- Emory Johns Creek Hospital (EJCH)
- 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

**EHN physicians include:** Emory Clinic physicians and private practice physicians with admitting privileges at EUHM, EJCH, ESJH or EWWH. Locate a participating EHN physician or facility at www.aetna.com/docfind/custom/emory or call 1-800-847-9026.

Out-of-State & International Coverage
Emergencies are always covered at the In-Network co-pay or co-insurance level. Contact Aetna within 48 hours.

8-EVIP Emory Employees Appointment 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 line include:

- Senior-level Priority Access Specialists, answering from 8 a.m. to 5 p.m., Monday – Friday, 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 timeframe. 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 www.emoryhealthcare.org or by calling 404-778-7777.

Emory Pharmacies
These full-service pharmacies provide the same 90-day prescription benefits as CVS/caremark.

The Pharmacy at Emory
Emory Clinic Building A, Second Floor
Monday – Friday, 9 a.m. – 6 p.m.
Call 404-778-2022 or visit www.emoryhealthcare.org/pharmacy.

EUHM Pharmacy
550 Peachtree Street, Lobby Level
Monday – Friday, 9 a.m. – 6 p.m.
Call 404-686-2461 for more information.

Emory Saint Joseph’s Apothecary
5671 Doctors Building, Second Floor
Monday – Friday, 9 a.m. – 5 p.m.
Call 678-843-7400 for more information.
Healthcare Flexible Spending Account (FSA) Worksheet

Use this worksheet to help you calculate the amount you may want to contribute to the Healthcare FSA to reimburse yourself for eligible health care expenses. Use your records for the past few years to plug in your numbers for estimating 2017 costs.

- If the expense is paid by insurance, use the amount of your co-pay and any co-insurance you paid.
- If the expense is not covered by insurance, enter the entire cost.
- If the expense is a one-time situation (such as a surgery or acute illness), you may choose to leave it off.
- Note: The most you can contribute annually to your health care FSA is $2550. Your total contributions to the program cannot exceed 50 percent of your salary each pay period.

<table>
<thead>
<tr>
<th>Your cost for:</th>
<th>YOU</th>
<th>SPOUSE</th>
<th>CHILDREN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor or clinic visits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Surgical expenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Routine physicals/exams</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Outpatient mental health services</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Lab and Radiology</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other medical and chiropractic care</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Routine dental care and fillings</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Orthodontia and oral surgery</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other dental</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Vision care</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Hearing care</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total expenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total estimated expenses for 2017</td>
<td></td>
<td></td>
<td></td>
<td>= $</td>
</tr>
</tbody>
</table>

Dependent Day Care Flexible Spending Account Worksheet

Use this worksheet to calculate your contribution levels to your Dependent Day Care FSA. This can be applied to dependent care for children under age 13, a disabled parent or child, or elder care for tax-qualified dependents. Use your records from the last few years to estimate your 2017 costs.

- If you’re single or married and filing a joint tax return, you can contribute up to $5,000 annually.
- If you’re married and filing separately, you can contribute up to $2,500 annually.

<table>
<thead>
<tr>
<th>Your cost for:</th>
<th>EACH PLAN YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care (include summer camp)</td>
<td>$</td>
</tr>
<tr>
<td>Dependent adult day care</td>
<td>$</td>
</tr>
<tr>
<td>FICA and taxes you pay the provider</td>
<td>$</td>
</tr>
<tr>
<td>Costs for qualified dependent care center</td>
<td>$</td>
</tr>
<tr>
<td>After school care up to age 13</td>
<td>$</td>
</tr>
<tr>
<td>Preschool tuition (custodial care)</td>
<td>$</td>
</tr>
<tr>
<td>Total estimated expenses</td>
<td>= $</td>
</tr>
<tr>
<td>Vendor/Organization</td>
<td>Contact Number</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Emory Healthcare Employee Resource Center</td>
<td>404-686-6044</td>
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<tr>
<td><strong>Aetna:</strong></td>
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<tr>
<td>• Medical</td>
<td>1-800-847-9026</td>
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<tr>
<td>• Behavioral Health</td>
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<tr>
<td>• Aetna/PayFlex (Health Savings Account and Flexible Spending Accounts)</td>
<td>1-888-678-8242</td>
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<tr>
<td>Aetna Dental</td>
<td>1-877-238-6200</td>
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<tr>
<td>Aflac</td>
<td>1-877-384-3344</td>
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<tr>
<td>CVS/caremark</td>
<td>1-866-601-6935</td>
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<tr>
<td>• Pharmacy Manager - HSA and POS plans</td>
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<tr>
<td>EyeMed Vision Care</td>
<td>1-855-270-2343</td>
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<tr>
<td>Hyatt Group Legal (MetLife)</td>
<td>1-800-821-6400</td>
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<tr>
<td>InfoArmor</td>
<td>1-800-789-2720</td>
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<tr>
<td>MetLife Auto and Home</td>
<td>1-800-GET-MET8</td>
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<tr>
<td>Nationwide Pet Insurance</td>
<td>1-877-738-7874</td>
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<tr>
<td>The Standard (Life Insurance)</td>
<td>1-866-756-8118</td>
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<tr>
<td>Unum (Long-Term Care)</td>
<td>1-800-227-4165</td>
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<tr>
<td>Unum</td>
<td>1-800-858-6843</td>
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<tr>
<td>• Short-Term Disability</td>
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<td>• Long-Term Disability</td>
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<tr>
<td>• Supplemental LTD</td>
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<tr>
<td>1-866-765-8490 (Claims)</td>
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</tbody>
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