HEALTHY YOU
... Your Benefits

2015-2016 Medical House Staff
Benefits Guide

EMORY UNIVERSITY
Medical House Staff Annual Benefits Enrollment

Current Employees

If you are a current benefits-eligible Medical House Staff Member, each year you have an opportunity to review your benefit elections during the benefits annual enrollment period and make changes for the upcoming plan year. This year’s benefits annual enrollment period will be held from June 1 through June 12, 2015.

New Hires

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

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 online at www.hr.emory.edu/benefits or by contacting the Benefits Department at 404-727-7613 for a printed version.

DISCLAIMER: Emory reserves the right to terminate, suspend, withdraw, amend or modify the plan in whole or in part at any time. Further, Emory reserves the right to terminate or modify coverage for any group of employees, active or retired and their dependents or a class of dependents at any time.
Choices

Emory University is proud to be a vital part of the Atlanta community. One of the reasons we are an employer of choice is the rich benefits package that we offer. As a part of Emory University, you have numerous benefits available to you. For 2015-2016, you have the option of selecting a medical plan which includes coverage for prescription drugs and behavioral mental health. In addition, there are plans that provide dental, vision, life insurance and disability coverage. We encourage you to take a close look at all of the benefit information provided in this guide. Our benefit programs are just one of the many ways Emory helps you take care of yourself and your family.

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What’s New for 2015-2016?

Annual enrollment is your opportunity to review your current benefits and make changes for the upcoming plan year. Your new benefit selections will be effective on July 1, 2015. Changes for the 2015-2016 plan year are summarized below. Be sure to take a fresh look at all of the benefit options available to you for the year ahead!

Medical Plan Changes

For 2015-2016, Emory will continue to offer the POS Plan. There will be a slight increase in employee contribution amounts for the medical plan of approximately 2%. Other changes for the upcoming year include:

• **Change in Network from EPN to EHN**

  The Emory Healthcare Network (EHN) will replace the Emory Provider Network (EPN) as the lowest cost network tier in the medical plan. The EHN is a network of physicians and hospitals organized by Emory Healthcare to provide high quality, coordinated care. The EHN includes both Emory providers and community physicians and hospitals who work closely with Emory. The physicians and hospitals in the EHN are required to meet quality standards and to have integrated patient records for better care of their patients. There are some physicians who were in the EPN, but are not in the EHN for 2015-2016. These physicians will continue to be in-network with Aetna, but because they are not in the EHN, they will not be the lowest cost providers for you. It is important to check Aetna DocFind to determine the network tier for providers you want to use. Go to: www.aetna.com/docfind/custom/emory.

• **In-Network Primary Care Co-pay Increase**

  Aetna In-Network primary care office visits will increase from $25 to $35, with the exception of visits to pediatricians or mental health providers which will remain at $25. Emory Healthcare Network primary care visits will also remain at $25.

• **Expanded Coverage for Autism Therapy**

  Applied Behavioral Analysis (ABA) and other habilitative treatments for autism, such as speech and occupational therapy, which meet medically-necessary guidelines will now be covered on the medical plan when provided by an EHN or Aetna In-Network provider.

• **Transgender Surgery**

  The medical plan will be expanded to include coverage for medically-necessary transgender surgery. There will be a per member lifetime cap of $50,000 and employees must have worked at Emory for at least two years to qualify for coverage. Extensive guidelines outlined by Aetna must also be followed. For more information, contact Aetna at 1-800-847-9026.

Incentives

Incentives will be offered again in 2015-2016 to reward healthy living. Employees and spouses/SSDPs will receive a $25 gift certificate for completion of Aetna’s Simple Steps online health assessment; $100 for completion of an annual check-up (preventive exam visit); and $100 for completion of a Healthy Lifestyle Coaching program by phone with Aetna. If you have a chronic condition and complete a Disease Management program, you can earn $200. See page 12 for more information about these incentives.

Dental & Vision

There are no changes to the Dental or Vision Plans for 2015-2016. Employee contribution amounts will also remain unchanged.
Your Benefits

Benefit programs give you important financial protection when you need it most. You may not think about your benefits every day — you expect them to be there when you need them. Spend a few minutes and review the benefit programs that Emory offers to make the choices that are right for you and your family.

Some benefits Emory offers are employer-provided and coverage is automatic if you are eligible. Other benefits give you choices and require you to enroll.

Employer-Provided Benefits

As an eligible employee, Emory automatically provides you with several benefits. Emory pays the full cost for single medical coverage, life insurance, long term disability coverage and accidental death insurance. You are not required to make any contributions for these benefits.

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

Optional Benefits

In addition to employer-provided benefits, eligible employees may enroll in optional benefits including family medical, dental, vision, flexible spending accounts and retirement plans. You contribute toward the cost of the optional benefits that you elect.

When Coverage Begins

For most benefits, coverage begins on an employee’s date of hire.

New Hires: If you are benefits-eligible, you must enroll during your first 31 days of employment with Emory. For optional benefits other than the 403(b), if you do not enroll during your first 31 days of employment, you will not receive coverage. Your next opportunity to enroll in optional benefits will be during the benefits annual enrollment period, typically held in June of each year for the upcoming plan year (i.e. June of 2015 for the plan year of July 1, 2015 - June 30, 2016).

Current Employees: If you are a current benefits-eligible Medical House Staff Member, each year you have an opportunity to review your benefit elections during the benefits annual enrollment period and make changes for the upcoming plan year.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to fewer than 20 hours per week;
- Your employment with Emory ends due to resignation, termination or death;
- You stop paying your share of the coverage; or
- You are no longer a Medical House Staff Member.

Your dependent(s) coverage ends:

- When your coverage ends, or
- The last day of the month the dependent is no longer eligible:
  - For Dependent Child(ren) (up to age 26): End of the month in which they turn 26.
Who Can Enroll (Benefits Eligibility)

You are eligible for benefits if you are a regular full-time or part-time Medical House Staff Member scheduled to work 20 hours or more per week. Full-time temporary positions on a six-month or longer assignment are eligible for medical, dental, vision and life insurance, but not disability.

If you elect coverage, your dependents are also eligible for medical, dental, vision and life insurance coverage. Eligible dependents include:

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

Dependent Verification of Eligibility

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

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

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

REMINDER: You must provide the documents listed above to the Benefits Department within 31 days from your initial election or mid-year family status change if one of the above situations applies to you and your family. If documentation is not received in a timely manner, the election/change requested will not be processed and the affected dependents will not be covered under Emory’s plans. Legible copies of required documents are acceptable.
How to Enroll

Current Employees

You must enroll during the annual enrollment period: Monday, June 1 through Friday, June 12, 2015. Prior to enrolling, be sure to review all of the annual enrollment materials available on the enrollment website at www.hr.emory.edu/mhсенrollment. An Enrollment Checklist is provided on page 6 to assist you. If you have questions or would like more information about Emory’s benefit programs, you can contact the Benefits Department at 404-727-7613.

New Hires

You may enroll online anytime during your first 31 days of employment. Be sure to attend the new hire orientation to learn more about your benefits options and receive important information. You can also contact the Benefits Department with your questions at 404-727-7613. Emory offers numerous tools and resources to help you make your benefit selections (see the Enrollment Checklist on page 6).

Enroll Online

Enrolling is easy! You can enroll online through Self-Service (http://leo.cc.emory.edu) at any computer that has Internet connectivity. To access Self-Service, you will need your network ID and password. If you do not know your network ID or password, call the Libraries and Information Technology Help Desk at 404-727-7777 (available Monday – Friday, 7:00 a.m. to 6:00 p.m.). You can also access online enrollment via a kiosk at one of these campus locations:

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

Steps to Enrolling Online

1. On the Self-Service page, click Benefits, then click Benefits Enrollment.

2. Click Select to view your current elections and complete the spouse/SSDP medical charge and the tobacco-use surcharge.
   - Your certification page will display.
   - Verify or update the information and click Agree to record your responses.

3. Change your elections by clicking Edit beside a particular plan and follow the prompts to view and/or change your current coverage. You may also enroll, add or drop dependents.

4. After editing your current coverage in each plan, your new elections, covered dependents and payroll deductions will be displayed.

5. You will be prompted at the bottom of the page to Continue to finalize your elections.

6. Click Submit after reading the Authorize Elections Statement. Note: You have not enrolled until you click Submit.

7. Click View/Print Confirmation to bring up a printable pdf confirmation page. Make sure to save a copy of your confirmation page and carefully review it for accuracy. The Benefits Department will not mail printed confirmations to your home address so this confirmation is your only record. After July 1, 2015, most elections cannot be changed (except within 31 days of a family status change)

What if you don't enroll?

Coverage will continue for current members. New hires will automatically be enrolled for single coverage. You must enroll your dependents for medical coverage.
Enrollment Checklist

Use this checklist to help you through the enrollment process. Emory’s Medical House Staff annual enrollment period is Monday, June 1 to Friday, June 12, 2015. Changes are effective on July 1, 2015.

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

☐ Review this 2015-2016 Medical House Staff Benefits Guide carefully. The POS medical plan has changed for 2015-2016; make sure you fully understand the changes.

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

☐ New Hires, decide if you want to enroll in a Flexible Spending Account (Healthcare and/or Dependent Day Care). Your FSA election will be for July 1, 2015 through December 2015 only. You will be given the option to re-elect in the fall for the 2016 calendar year.

During Enrollment:

☐ Actively enroll between Monday, June 1 through Friday, June 12, 2015. If you are currently enrolled in medical benefits and you don't make a change to your medical plan election, your current coverage will roll over.

☐ Complete the spouse/SSDP medical certification and tobacco-use certification. The spouse/SSDP medical certification must be done annually. If this certification is not completed, you will automatically incur the additional $50 monthly medical charge if you cover your spouse/SSDP on your medical plan. For the tobacco-use certification, if you certify that you and/or your spouse/SSDP have used tobacco products in the last 60 days, you will be charged an additional $50 per month per person ($100 per month if both you and your spouse/SSDP use tobacco). You will complete the certification online using Self-Service (http://leo.cc.emory.edu). See page 5, “Steps to Enrolling” for step-by-step instructions.

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

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

After Enrollment:

Change In Your Coverage Mid-Year

The IRS provides strict regulations about changes to pre-tax elections during the plan year. If you experience a qualified IRS family status change mid-year, you are permitted to make a change within 31 days of the event.

If the change request is not completed within 31 days of the event, you will not be able to change your elections until the following year’s benefits annual enrollment period. Below is a list of some of the more commonly known qualified family status changes:

- Marriage, divorce or annulment, or permanent separation from a same-sex domestic partner
- Birth of a child
- Placement of a foster child or child for adoption with you, or assumption of legal guardianship of a child
- Change in your spouse’s/SSDP’s or dependent’s employment status that affects benefits eligibility, including termination or commencement of employment, or change in worksite
- You or your spouse/SSDP returns from unpaid leave of absence
- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid
- The death of your spouse/SSDP or dependent
- Court ordered coverage of your child by you or your spouse/SSDP, allowing you to add or drop the child’s coverage
- Change in your employment that affects benefits eligibility (working at least 20 hours per week)
- Loss of eligibility for a dependent
- Change in dependent care provider or cost for Dependent Care Flexible Spending Account

The change you request must be consistent with the qualifying event. Some mid-year changes require documentation which must also be provided within 31 days of the event. Please contact the Benefits Department at 404-727-7613 if you have questions.

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

Family status changes are completed online in Self-Service (http://leo.cc.emory.edu). Should you have questions or difficulty making your change mid-year, please contact the Benefits Department within 31 days of your qualifying event. You can reach the Benefits Department at 404-727-7613. Office hours are M, T, Th, F from 8:00 am - 5:00 pm. Wednesdays, from 8:00 - 3:00 pm only.
Medical Plan

For 2015-2016, you have one medical plan option: the POS Plan. Use the information contained in this guide to learn how this plan works, the coverage it provides, and how to use it to best meet the needs of you and your family.

The POS Plan

The POS Plan is a conventional medical plan where members pay co-pays for some services (co-pays are fixed fee amounts that you pay at the time you receive services). The POS Plan also uses co-insurance for some services (co-insurance is the portion of expense you must pay for care, in most cases, after meeting your deductible). The deductible is a set amount that typically you must pay before co-insurance starts. See page 11 for deductible amounts. The POS Plan also has an out-of-pocket maximum to protect you in the event you have significant medical expenses during the year.

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

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

The POS Plan has three Network options:

- **Emory Healthcare Network (EHN):** providers and facilities that are owned and affiliated with Emory give you the maximum benefit available under the plan, with lower co-pays, co-insurance and deductibles. For a description of EHN providers, see page 20.

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

- **Out-of-Network:** providers and facilities that are not participating with Aetna are considered Out-of-Network. Costs are the highest.

EHN and In-Network preventive care is covered at 100% and is not subject to the deductible. For all other medical services, the plan pays a portion of your covered expenses: 90% for Emory Healthcare Network (EHN), 80% In-Network (Aetna National) and 60% percent Out-of-Network after you pay the annual deductible. Office visits are covered with a co-payment. Prescription drugs are covered through co-insurance.

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

Preventive Care

Routine preventive care is covered at 100%. Preventive care can help you identify potential health risks before they become real health problems. Services include annual physicals, well-child visits, immunizations, health screenings and more. A complete list of preventive care services is provided online at: www.hr.emory.edu/mhsenrollment.

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. For additional information, go to: www.hr.emory.edu/eu/docs/chip-notice.pdf
**Medical Plan**

*Prescription Drugs*

Prescription drug coverage is part of your medical plan and you pay a percentage of the cost through co-insurance. There is also a retail minimum and a retail maximum within a five-tier structure (see chart below). You will pay the co-insurance amount subject to the retail minimum and maximum cost. You do not have to meet your deductible first. Prescription drug coverage is administered through **CVS/caremark**. To determine your coverage tier or cost, call 866-601-6935.

### Tier Co-insurance

<table>
<thead>
<tr>
<th>Tier</th>
<th>Co-insurance</th>
<th>30-Day Retail Minimum</th>
<th>30-Day Retail Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>0%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>1</td>
<td>10%</td>
<td>$10</td>
<td>$25</td>
</tr>
<tr>
<td>2</td>
<td>20%</td>
<td>$30</td>
<td>$50</td>
</tr>
<tr>
<td>3</td>
<td>30%</td>
<td>$55</td>
<td>$75</td>
</tr>
<tr>
<td>4</td>
<td>40%</td>
<td>$85</td>
<td>$105</td>
</tr>
</tbody>
</table>

Mail-order minimum and maximum co-pays are 2½ x the retail amount

Save Money on Your Prescriptions

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

**Tier Zero**

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

For a complete list of Tier Zero medications, see page 22. Please note that from time to time this list will change as medications will be moved off patent protection (brand) and placed in a generic status. It is also possible for generic medications to fall off the list as they become available over-the-counter. For the most up-to-date information or to request an updated listing, please contact CVS/caremark at 866-601-6935 or visit online at: [www.caremark.com](http://www.caremark.com).

**Requirement for Maintenance Drugs**

A maintenance drug is one that is commonly used to treat a chronic or long-term condition and requires regular, daily use. Examples include drugs used to treat high blood pressure, heart disease, asthma and diabetes. Birth control is also considered a maintenance drug. A complete list of maintenance drugs is available online at: [www.hr.emory.edu/mhsenrollment](http://www.hr.emory.edu/mhsenrollment). Maintenance drugs now require that you have a prescription for a 90-day supply (not a 30-day supply). You must also fill your prescription in one of three ways:

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

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

<table>
<thead>
<tr>
<th>2015-2016 Medical Plan Contributions for Medical House Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS Plan</td>
</tr>
<tr>
<td>Monthly</td>
</tr>
<tr>
<td>Employee Only*</td>
</tr>
<tr>
<td>Employee Plus Child(ren)*</td>
</tr>
<tr>
<td>Employee Plus Spouse/SSDP*</td>
</tr>
<tr>
<td>Family*</td>
</tr>
</tbody>
</table>

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

Spouse/SSDP Medical Charge - $50

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

Tobacco-Use Surcharge - $50 per person

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

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

**Important Reminder!**

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

**Need Help Quitting Tobacco?**

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

<table>
<thead>
<tr>
<th>PLAN</th>
<th>POS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earned Incentives</strong>&lt;br&gt;Employee only coverage/&lt;br&gt;Employee + spouse/SSDP</td>
<td>$400/$800&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Emory Healthcare Network (EHN)</strong></td>
<td><strong>Aetna National (In-Network)</strong></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$800</td>
</tr>
<tr>
<td>Family</td>
<td>$2,400</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$2,300</td>
</tr>
<tr>
<td>Family</td>
<td>$4,600</td>
</tr>
<tr>
<td>Aggregate</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Primary Care Physician Office Visits&lt;sup&gt;3&lt;/sup&gt;</strong></td>
<td>$25 co-pay</td>
</tr>
<tr>
<td><strong>Specialist Office Visits</strong></td>
<td>$35 co-pay</td>
</tr>
<tr>
<td><strong>Diagnostic Labs and X-Ray</strong></td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment (DME)</strong></td>
<td>10% co-insurance (no deductible)</td>
</tr>
<tr>
<td><strong>Routine Preventive Care&lt;sup&gt;4&lt;/sup&gt;</strong>&lt;br&gt;(Eye Exam, Annual Physical, Flu Shots, GYN Annual)</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td><strong>Emergency Room Visits</strong></td>
<td>$150 co-pay&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Hospitalizations</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient/Outpatient Coverage</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Behavioral Health Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient Treatment</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Outpatient Treatment</td>
<td>$25 co-pay</td>
</tr>
</tbody>
</table>

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1. An annual maximum of $800 in incentives can be earned when Employee+Spouse/SSDP or Family level coverage is elected.
2. Amounts applied to deductible and out-of-pocket maximums are limited to the Reasonable and Customary charges.
3. Includes services of an internist, general physician, family practitioner, pediatrician, dermatologist, allergist and/or behavioral health practitioner.
4. Routine Preventive Care services ONLY are covered at 100% under the plan. Diagnostic services are subject to the deductible and co-insurance.
5. Co-pay waived if admitted.

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

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

You can lower your overall medical costs by participating in wellness activities starting in July 2015. Your incentive in the POS Plan will be a credit against your deductible (your deductible will be lowered by the incentive amount). Refer to the chart below for incentive amounts.

### Types of Incentives

**Aetna’s Simple Steps Online Health Assessment**
Earn a $25 gift card for completing Aetna’s Simple Steps 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 a healthier you. **Please note that this incentive activity must be completed before any other incentives can be received.**

For example, if you complete the Healthy Lifestyle Coaching and get your annual check-up, but don’t complete the health assessment, you will not receive your incentives for the other two activities. Be sure to complete the health assessment early so you can get credit for all of your incentive activities.

**Annual Check-up**
One of the most important things you can do for your health is to schedule an annual check-up (or wellness/preventive exam visit). With a focus on preventive care, an annual check-up includes an age and gender appropriate history, an examination, a review of risk factors and plans to reduce them, and the ordering of appropriate immunizations, screenings, etc. For women, a well-adult (or well-woman) visit will count for this $100 incentive. If you don’t have a primary care physician, you can find one by calling Emory Health Connection at: 404-778-7777 or 1-800-75-EMORY, or going to: www.aetna.com/docfind/custom/emory.

**Aetna’s Healthy Lifestyle Coaching**
You have access to your own personal, telephonic health coach to help you reach your health-related goals. Work on one or more of the following: weight management, tobacco cessation, stress management, nutrition, fitness and preventive health. By participating, you can receive $100 upon completion of the third coaching session.

**Disease Management Program**
If you have a chronic condition, the Disease Management Program can provide support and assistance and help you improve your overall health. Diseases can include diabetes, high blood pressure, high cholesterol and more. You can be referred to a disease management program by a physician, through another program, through Aetna, or you can refer yourself. The program involves a series of calls with a nurse who will work with you to effectively manage your condition. Upon four completed phone calls with your nurse, you will qualify for a $200 incentive.

### 2015-2016 Incentive Amounts (Employee/Spouse/SSDP)

<table>
<thead>
<tr>
<th>Incentive Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna’s Simple Steps Online Health Assessment (gift card)</td>
<td>$25.00</td>
</tr>
<tr>
<td>Healthy Lifestyle Coaching</td>
<td>$100.00</td>
</tr>
<tr>
<td>Annual Check-up (preventive exam)</td>
<td>$100.00</td>
</tr>
<tr>
<td>Disease Management</td>
<td>$200.00</td>
</tr>
<tr>
<td>Maximum Incentive Total</td>
<td>$425.00</td>
</tr>
</tbody>
</table>

For more information about 2015-2016 Incentives, log in or register online at www.aetna.com.
Flexible Spending Accounts (FSAs)

OPEN TO NEW MEDICAL HOUSE STAFF MEMBERS ONLY!!

A Flexible Spending Account (FSA) is funded with money you contribute on a pre-tax basis. You can use FSA funds to pay for qualified out-of-pocket health care costs for you and eligible dependents or dependent day care charges. According to IRS regulations, each year you must enroll during your benefits annual enrollment period if you want to participate in either a Healthcare FSA or a Dependent Day Care FSA. Aetna/PayFlex is Emory’s Flexible Spending Account Administrator. Your 2015 election will be for expenses from July 1, 2015 through December 31, 2015. Remember: New and current Medical House Staff Members must re-enroll in the fall for 2016 Flexible Spending Accounts.

Healthcare FSA
You can contribute between $200 and $2,500 pre-tax annually into the Healthcare FSA. All money you elect to contribute is accessible immediately. The money you contribute can be used to cover out-of-pocket costs such as:

• Medical expenses: co-pays, deductibles, co-insurance
• Dental expenses: deductibles and co-insurance
• Vision expenses: prescription glasses, contact lenses, co-pays
• Prescription drug costs
• Over-the-counter drugs with a prescription

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 2015), you are restricted to an annual contribution of no more than $2,400. Unlike the Healthcare FSA, you can only access the money that is currently in your account. To qualify for reimbursement, these expenses must be incurred so that you (and/or your spouse/SSDP) can work or go to school.

Aetna/PayFlex Debit Card
All new FSA participants will automatically receive a new debit card in the mail for 2015-2016. Please activate the card when you receive it. The use of the card is for convenience only. IRS guidelines still require you to retain receipts for any eligible expense for which you receive reimbursement. On occasion, Aetna may request verification of expenses and you will need to submit appropriate documentation for the expense. If not received, the card will be deactivated until the expense can be substantiated as eligible under IRS definitions. Check with Aetna to determine what supporting documentation is required.

Use It — Don’t Lose It
The risk of forfeiting money from your Healthcare FSA has been reduced by a grace period (extra time in the following year to use your FSA money). You will be able to use any remaining balance in your Healthcare FSA at the end of 2015 to pay for expenses incurred through March 15, 2016. Any 2015 Healthcare FSA funds not used by March 15, 2016 will be forfeited. To avoid forfeiture, purchase items such as eyeglasses, contact lenses and other approved Healthcare FSA expenditures. Reimbursement requests using your previous year’s remaining Healthcare FSA balance must be filed by May 15, 2016. Please remember to keep all of your receipts as they are required for verification of expenses. If you have a Dependent Day Care FSA, you do NOT have a grace period in which to use remaining previous year balances. All expenses must occur before December 31, 2015 and claims for 2015 Dependent Day Care FSA must be filed no later than March 31, 2016, to receive reimbursement.
Dental Plan

For 2015-2016, you may elect the Aetna Traditional Dental (PPO) Plan. Details about this plan are provided below.

The Aetna Traditional Dental (PPO) Plan

This plan is a traditional dental plan that allows you to see any dental provider. Some services require you to pay the deductible and applicable co-insurance. The deductible is a set amount that typically you pay before co-insurance starts. Co-insurance is the portion you must pay for services, in most cases, after meeting your deductible.

Features of this plan include:

- Flexibility to choose any provider. This plan has a large number of In-Network providers.
- Reimbursement for most Out-of-Network claims.
- Preventive services received by either In-Network or Out-of-Network providers are covered at 100% up to reasonable and customary levels. Some examples of routine preventive services include:
  - Oral examinations
  - Routine and deep cleanings
    (Deep cleanings, or full mouth debridement, CPT 4355, are covered under preventive services as a replacement for one of your routine cleanings once in a 24 month period of time)
  - Fluoride
  - Bitewing X-rays
  - Full Mouth Series X-Rays
  - Space Maintainers
  - Sealants (permanent molars only)
Dental Plan Rates

<table>
<thead>
<tr>
<th>PLAN</th>
<th>Aetna Traditional PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
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<tr>
<td>Preventive Services (routine and deep cleanings, X-rays, etc.)</td>
<td>$0</td>
</tr>
<tr>
<td>Basic Services (filling, root canal, etc.)</td>
<td>10%²</td>
</tr>
<tr>
<td>Major Restorative (crown, bridge, etc.)</td>
<td>50%²</td>
</tr>
<tr>
<td>Calendar Year Deductible³</td>
<td>$50/person</td>
</tr>
<tr>
<td></td>
<td>$150/family</td>
</tr>
<tr>
<td>Annual Plan Payment Maximums</td>
<td>$1,500/person</td>
</tr>
</tbody>
</table>

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

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

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

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

For a complete list of plan details, visit EyeMed at: www.eyemedvisioncare.com.

Providers

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

Vision Plan Rates

<table>
<thead>
<tr>
<th>2015-2016 Vision Plan Contributions for Medical House Staff</th>
<th>EyeMed Vision Care Plan</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Monthly</td>
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<tr>
<td>Employee Only</td>
<td>$10.16</td>
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<tr>
<td>Employee Plus Child(ren)</td>
<td>$20.30</td>
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<tr>
<td>Employee Plus Spouse/SSDP</td>
<td>$19.28</td>
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<tr>
<td>Family</td>
<td>$29.87</td>
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</tbody>
</table>

Discounts at the Emory Eye Center

Emory employees and their immediate family members are eligible to receive services and discounts at the Emory Eye Center. For a complete list, visit www.hr.emory.edu/eu/benefits/ vision/emoryeyecenter.html. To schedule an appointment, call 404-778-2020.

Vision Coverage through your Medical Plan

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

Term Life Insurance

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

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

### Term Life Insurance Offered

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<tbody>
<tr>
<td>MHS Member</td>
<td>$50,000</td>
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<tr>
<td>Spouse/SSDP</td>
<td>$25,000</td>
</tr>
<tr>
<td>Child</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Designate a Beneficiary

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

Accidental Death and Dismemberment Insurance

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

Long Term Disability (LTD)

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

With long term disability (LTD) coverage provided by Emory, you can receive a benefit equal to 60% of your base salary in the event you are unable to work due to a non-work-related injury or illness. With LTD there is a 90-day elimination period. Emory’s LTD coverage has a monthly maximum benefit of $5,000. It is automatically provided on your date of hire in a benefits-eligible status. For LTD coverage, the 60% salary benefit is taxable to the recipient as LTD is employer paid.
Financial Security Benefits

Home and Auto Insurance

Emory provides access to this voluntary coverage through MetLife for home and auto insurance. This coverage is available at group rates that are lower than those typically available to individual policy holders. You have access to a wide range of personal property and casualty insurance products through MetLife. You may get coverage for your automobile, boat, motor home or recreational vehicle. Policies for your rental property, house or condo are also available. Your coverage is portable, so in the event that you leave Emory, you may continue your coverage through MetLife’s direct bill program. For more information or to receive a personal quote, call MetLife at 800-GET-MET8 (800-438-6388).

AFLAC

Emory provides voluntary coverage through AFLAC for Hospital, Cancer and Accident insurance. These policies are available at group rates that are lower than those typically available to individual policy holders. You have access to a wide range of policy and rider insurance products through AFLAC. Your coverage is portable, so in the event that you leave Emory, you may continue your policy through AFLAC’s direct bill program. For more information or to schedule an appointment to receive a personal quote, call AFLAC at 877-384-3344 or visit online at: www.aflac.com/emory.

529 Plans for College Savings

The Georgia Higher Education Saving Plan (529 Education Plan)

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

The Private College 529 Plan

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

Retirement may be far on the horizon — but it is never too early to start saving. Emory encourages you to take care of your future by planning well today.

To assist employees in saving for retirement, Emory is pleased to offer a 403(b) Savings Plan and a 403(b) Roth Plan.

403(b) Savings Plan

A 403(b) plan is a tax-deferred retirement plan available to employees of educational institutions and certain non-profit organizations. Contributions and investment earnings grow tax-deferred until withdrawal, assumed to be retirement, at which time they are taxed as ordinary income.

Emory’s 403(b) savings plan allows employees to contribute a percentage of pre-tax pay. Emory’s 403(b) savings plan offers you Four Ways to Invest. From the simplest of options, or mixing and matching to develop your own investment mix, you can create the retirement portfolio that is right for you. You can choose to invest with one or all three of Emory’s retirement plan vendors: Fidelity Investments, TIAA-CREF, and/or Vanguard. For more information on ways to invest, visit the MHS Benefits website at www.hr.emory.edu/eu/medhousebenefits/index.html.

403(b) Roth

The 403(b) Roth allows individuals to save for retirement by contributing after-tax dollars. At the time of distribution, in retirement, the withdrawal of your contributions are tax-free; however, the earnings on any contributions are taxed unless your account has been open at least five years and you have reached age 59 ½. Employees have the option of directing 403(b) contributions to either the 403(b) Savings Plan or the 403(b) Roth, or some combination of the two plans that does not exceed that year’s contribution limits set by the IRS.

Employee Contributions

You can contribute from 1% to 91% of your regular salary in any increment, subject to IRS maximum deferral limits. The maximum deferral limit for 2015 is $18,000 per calendar year. This limit is published annually by the IRS.

Vesting

Your contributions are always 100% vested.

How to Enroll

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

Retirement Counseling Sessions

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

Contact information for each of these vendors can also be found on page 23.
Summary of Benefits and Coverage

All employers are required to provide an eight-page Summary of Benefits and Coverage (SBC) for all the health plans available to their employees. Access this information online: www.hr.emory.edu/mhsenrollment.

The Emory Healthcare Network (EHN)

New for 2015-16, the former Emory Provider Network (EPN) is changing to the Emory Healthcare Network (EHN). Providers and facilities in the EHN give you the maximum benefit available under the plans, with lower co-pays, co-insurance and deductibles.

Emory Healthcare Network (EHN) facilities include:

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

EHN physicians include:

• Emory physicians
• Community physicians

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

Out-of-State Coverage

If you or your covered dependents live outside of Georgia, search for providers in Aetna’s national network at www.aetna.com/docfind/custom/emory.

International Coverage

If you live or travel outside the U.S. coverage for urgent/acute care is provided at the In-Network level. Routine care will be covered as Out-of-Network. Call Aetna at 800-847-9026 for more information.

Emergency Coverage

Emergencies are always covered at the In-Network co-pay or co-insurance level. Contact Aetna within 48 hours.

8-EVIP (404-778-3847) Appointment Line

Emory Healthcare is committed to the health care needs of Emory’s employees and to meet this commitment, will facilitate and expedite employee access to Emory providers. The EVIP Appointment Line was developed for this purpose. Emory Employees and family members can simply call 404-778-EVIP for expedited access to Emory physicians. Features include:

• Senior level call agents answering from 8:00 a.m. to 5:00 p.m., M-F, who can assist you in making appointments with Emory Clinic providers.

• Assurance that non-urgent appointments will be scheduled within 14 days with the first available provider. If your preferred provider is not available, we will connect you with another well-qualified Emory Clinic provider or Emory-affiliated practice.

• Assurance that urgent appointments will be clinically reviewed to secure an appointment within a medically appropriate time frame.

The Emory Express Care Clinic

The Express Care Clinic provides Emory University employees with free evaluation and treatment of common illnesses, such as: Influenza, sinus problems, common cold, ear pain, rashes, pink eye, urinary pain, and
Additional Resources — Additional Medical Information

acute musculoskeletal injuries. Services do not include treatment for chronic conditions, such as high blood pressure, diabetes and high cholesterol.

Express Care Clinic visits are by appointment only, as there is limited capacity. Acute occupational accidents and exposures are considered a priority and take precedence over other express care appointments. To schedule an appointment, contact the location most convenient for you:

- **Emory University Hospital**  
  2nd floor, D-Wing  
  Hours: M-F, 7:30 a.m. - 4 p.m. by appointment only  
  Phone: 404-686-8587  

- **Emory University Hospital Midtown**  
  W.W. Orr Building, 6th Floor  
  Hours: M-F, 7:30 a.m. - 4 p.m. by appointment only  
  Phone: 404-686-2352

**Emory HealthConnection**

Emory HealthConnection is available to assist you in selecting the right Emory provider to meet your needs. Emory HealthConnection can be reached online at [www.emoryhealthcare.org](http://www.emoryhealthcare.org) or by calling 404-778-7777.

**Emory Healthcare Patient Portal**

If you receive care from an Emory Healthcare physician, you are encouraged to sign up for the Emory Healthcare Patient Portal Technology – a convenient and secure health-management tool. Patient portal technology provides you with increased access to your care team, resources and empowerment to manage your health.

- To request an invitation, visit online at [www.emoryhealthcare.org/patientportal](http://www.emoryhealthcare.org/patientportal) or call 404-727-8820.

Note: If you see an outpatient private practice provider, that provider may have a separate portal in place. Please contact your provider directly.

**Emory Patient-Centered Primary Care**

The Emory Patient-Centered Primary Care (PCPC) Clinic is a practice that aims to improve the overall health care experience. The clinic, conveniently located in the 1525 Building on the Clifton Campus, emphasizes personalized, evidence-based medicine and greater coordination of care. Program features include:

- Partnership with the patient and their family
- Comprehensive, personalized, team-based care to meet the patient’s physical and mental health care needs, including prevention and wellness, acute care and chronic care
- Coordinated care between providers, specialists and other health care settings, such as the emergency room
- Enhanced access to care by telephone, secure email and same-day or next-day appointments

Eligible individuals may enroll in the program by calling 404-778-2050. At this time, eligible individuals include Emory employees and their adult family members covered under Emory’s Aetna medical plans, as well as Aetna Medicare Advantage HMO/PPO members. If you don’t meet these criteria, but are looking for a primary care physician at Emory, please call 404-778-7777.

For more information on PCPC, visit the website at [www.emoryhealthcare.org/patient-centered-primary-care-clinic/index.html](http://www.emoryhealthcare.org/patient-centered-primary-care-clinic/index.html).

**The Pharmacy at Emory**

The Pharmacy at Emory is a full-service pharmacy with a convenient, on-campus location. Hours are: 9:00 a.m. to 6:00 p.m., M-F. For more information, call 404-778-2022 or visit: [www.emoryhealthcare.org/pharmacy](http://www.emoryhealthcare.org/pharmacy).
Additional Resources — Tier Zero Prescription Drug List

Emory pays 100% and plan participants will pay $0 for a 30- or 90-day supply for those generic medications associated with the prevention and treatment of congestive heart failure (CHF), diabetes, high blood pressure, high cholesterol, smoking cessation and contraceptives. Tier Zero helps members afford the generic prescription drugs they need to improve or maintain their health. Listed below are the drugs currently identified for Tier Zero. As prescription drugs come off patent protection (lose brand status), become available as generics, or over-the-counter, this list will change. This list includes the most common tier zero prescription drugs. For a complete and most up-to-date Tier Zero list, contact CVS/caremark at 866-601-6935; [www.caremark.com](http://www.caremark.com).

<table>
<thead>
<tr>
<th>Smoking Cessation</th>
<th>Cholesterol Lowering</th>
<th>Diabetes</th>
<th>Blood Pressure and Heart Failure</th>
<th>Contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotrol NS</td>
<td>Fenofibrate</td>
<td>Acarbose</td>
<td>Nicardipine HCL</td>
<td>Oral Contraceptives: Monophasic/Biphasic/Triphasic Generic Agents</td>
</tr>
<tr>
<td>Nicotrol Inhaler</td>
<td>Fenofibric acid</td>
<td>Acetohexamide</td>
<td>Nifedipine</td>
<td>Non-Oral Contraceptive: NuvaRing</td>
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<tr>
<td></td>
<td>Gemfibrozil</td>
<td>Chlorpropamide</td>
<td>Nimodipine</td>
<td>Non-Oral Contraceptive: Ortho Evra</td>
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<td></td>
<td>Lovastatin</td>
<td>Glimepiride</td>
<td>Nitroglycerin</td>
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<td>Glipizide</td>
<td>Papaverine HCL</td>
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<td>Glyburide</td>
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<td>, ext-rel</td>
<td>Prazosin HCL</td>
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<td>Glyburide/Metformin HCL</td>
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<td>Metformin HCL</td>
<td>Propranolol/Hydrochlorothiazide</td>
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<td>Metformin ext-rel</td>
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<td>Nateglinide</td>
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<td>Ramipril</td>
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<td>Spironolact/Hydrochlorothiazide</td>
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<td>Telmisartan</td>
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<td>Telmisartan/Hydrochlorothiazide</td>
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<td>Terazosin HCL</td>
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<td>Timolol Maleate</td>
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<td>Triamterene/Hydrochlorothiazide</td>
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<td>Valsartan/Hydrochlorothiazide</td>
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<td>Verapamil HCL</td>
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## Additional Resources — Important Numbers & Websites

<table>
<thead>
<tr>
<th>Vendor/Organization</th>
<th>Phone</th>
<th>Web Address</th>
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</thead>
<tbody>
<tr>
<td><strong>Emory University Benefits Department</strong></td>
<td>404-727-7613</td>
<td><a href="http://www.hr.emory.edu/benefits">www.hr.emory.edu/benefits</a></td>
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<td></td>
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<td>Enrollment site:</td>
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<td><a href="http://www.hr.emory.edu/mhsenrollment">www.hr.emory.edu/mhsenrollment</a></td>
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<tr>
<td><strong>Emory's Graduate Medical Education</strong></td>
<td>404-727-5658</td>
<td>med.emory.edu/gme/</td>
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<tr>
<td><strong>Aetna</strong></td>
<td>800-847-9026 (Main)</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
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<tr>
<td>• Medical — POS Plan</td>
<td>866-524-2483 (Incentives)</td>
<td><a href="http://www.aetna.com/docfind/custom/emory">www.aetna.com/docfind/custom/emory</a></td>
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<tr>
<td>• Behavioral Health — POS Plan</td>
<td>888-678-8242 (Aetna/PayFlex)</td>
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<tr>
<td>• Incentives</td>
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<tr>
<td>• Aetna/PayFlex (Flexible Spending Accounts)</td>
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<tr>
<td><strong>Aetna Dental</strong></td>
<td>877-238-6200</td>
<td><a href="http://www.aetna.com/docfind/custom/emory">www.aetna.com/docfind/custom/emory</a></td>
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<tr>
<td>• Traditional PPO Plan</td>
<td></td>
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<tr>
<td><strong>AFLAC</strong></td>
<td>877-384-3344</td>
<td><a href="http://www.aflac.com/emory">www.aflac.com/emory</a></td>
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<tr>
<td><strong>CVS/caremark</strong></td>
<td>866-601-6935</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
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<tr>
<td>• Pharmacy Manager</td>
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<tr>
<td><strong>Emory Employees Appointment Line</strong></td>
<td>404-778-EVIP</td>
<td>N/A</td>
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<tr>
<td><strong>Emory Express Care Clinic</strong></td>
<td>404-686-8587</td>
<td><a href="http://www.hr.emory.edu/eu/pay/">www.hr.emory.edu/eu/pay/</a> occupationalinjury/expresscare.html</td>
</tr>
<tr>
<td><strong>EyeMed Vision Care</strong></td>
<td>855-270-2343</td>
<td><a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a></td>
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<tr>
<td><strong>Fidelity Investments</strong> (Retirement Plans)</td>
<td>800-343-0860</td>
<td><a href="http://www.fidelity.com/atwork">www.fidelity.com/atwork</a></td>
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<tr>
<td><strong>MetLife Home and Auto</strong></td>
<td>800-GET-MET8</td>
<td><a href="https://mybenefits.metlife.com">https://mybenefits.metlife.com</a></td>
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<td></td>
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<td>(code: Emory University)</td>
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<tr>
<td><strong>The Pharmacy at Emory</strong></td>
<td>404-778-2022</td>
<td><a href="http://www.emoryhealthcare.org/pharmacy">www.emoryhealthcare.org/pharmacy</a></td>
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<tr>
<td><strong>TIAA-CREF</strong> (Retirement Plans)</td>
<td>800-842-2888</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
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<tr>
<td><strong>The Standard</strong> (Life Insurance)</td>
<td>866-756-8118</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
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<tr>
<td><strong>UNUM</strong></td>
<td>800-421-0344 (Customer Service)</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
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<tr>
<td>• Long Term Disability</td>
<td>800-858-6843 (Claims)</td>
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<tr>
<td><strong>Vanguard</strong> (Retirement Plans)</td>
<td>800-523-1188</td>
<td><a href="http://www.vanguard.com">www.vanguard.com</a></td>
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