

# 2026 Retiree Dental & Vision Benefits Guide



The fall season is here! That means it's time to decide if you want to enroll in Emory's dental or vision benefits for 2026. Emory's 2026 annual benefits enrollment will run through October 24, 2025.

### Dental and Vision Coverage

As an eligible Emory retiree, you can choose dental and/or vision coverage for you and your eligible dependents. You can also cancel your dental or vision coverage during the annual benefits enrollment period, which ends October 24, 2025. Remember, you are not eligible to enroll in the medical plan since you previously waived coverage.

To pay for coverage, Emory offers the convenience of automatically drafting your checking or savings account through ACH. If you do not already have an automatic draft set up with McGriff, you will need to complete their ACH form.

### All Enrollment Information Is Online

To review your benefits options and get the forms you need to enroll in or make changes to your dental or vision coverage, go to: [www.hr.emory.edu/retireedentalvision](http://www.hr.emory.edu/retireedentalvision). If you are unable to access the enrollment information online, you can contact **McGriff**, our third-party vendor, at 678-367-3107 for assistance.

### Life Insurance Beneficiary(ies)

You may also need to make updates to your life insurance beneficiary(ies). If you need to make a change, complete and submit the Life Insurance Beneficiary Form, located on the Retiree Dental and Vision web page at: [www.hr.emory.edu/retireedentalvision](http://www.hr.emory.edu/retireedentalvision).

If you do not wish to make a change to your dental or vision coverage, or your life insurance beneficiaries, you DO NOT NEED to complete any enrollment forms.

# Dental Coverage

As an Emory retiree, you have the option to continue dental coverage through Emory with the **Aetna Traditional Dental Plan**. The Aetna Traditional Dental (PPO) Plan is a conventional 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 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 THE DENTAL PLAN INCLUDE:

1. Flexibility to choose any provider. This plan has a large number of in-network providers.
2. Reimbursement for most out-of-network claims.
3. 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 (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
  - Sealants (permanent molars only)
  - Bitewing X-rays
  - Full mouth series X-Rays
  - Space maintainers

2026 Dental Plan Rates	
Coverage Level	Monthly Rate
Retiree only	\$50.00
2-Person	\$100.00
Family	\$165.00

## REASONABLE AND CUSTOMARY CHARGES

R&C charges are the prevailing charges made by physicians of similar expertise for a similar procedure in a particular geographic area. When you receive services out-of-network, your coverage and costs are based on these R&C charges. If the cost of your services exceeds what is determined to be reasonable and customary, the provider can charge you the additional amount.

# Dental Coverage

Aetna Traditional Dental (PPO) Plan		
	In-Network	Out of Network <sup>1</sup>
<b>PREVENTIVE SERVICES</b> (routine and deep cleanings, X-rays, etc.)	\$0	\$0
<b>BASIC SERVICES</b> (fillings, root canal, etc.)	10% <sup>2</sup>	20% <sup>2</sup>
<b>MAJOR RESTORATIVE</b> (crown, bridge, etc.)	50% <sup>2</sup>	50% <sup>2</sup>
<b>CALENDAR YEAR DEDUCTIBLE<sup>3</sup></b>	\$50/person \$150/family	\$50/person \$150/family
<b>ANNUAL PLAN PAYMENT MAXIMUMS</b>	\$1,500/person	\$1,500/person
<b>ORTHODONTIA:</b>		
— <b>DEDUCTIBLE</b>	None	None
— <b>CO-INSURANCE</b>	50%	50%
— <b>LIFETIME MAXIMUM</b>	\$1,500	\$1,500

<sup>1</sup> Amounts applied to deductible are limited to the reasonable and customary charges

<sup>2</sup> After deductible

<sup>3</sup> 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 Coverage

Emory offers retirees the opportunity to enroll in vision coverage through **EyeMed Vision Care**. 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](http://www.eyemedvisioncare.com). Select **Find a Provider** (top menu), enter your zip code, and click **Get Results**.

## SOME FEATURES OF THIS PLAN INCLUDE:

- Routine annual eye exam: \$0 co-pay.
- Retinal imaging: \$0 co-pay.
- Single, bifocal, trifocal, lenticular lenses: \$0 co-pay.
- Tint: \$0 co-pay.
- UV: \$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 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 the plan details, visit EyeMed at: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

2026 Vision Plan Rates	
Coverage Level	Annual Rate
Retiree only	\$147.36
Retiree + Spouse	\$279.36
Retiree & Child(ren)	\$294.00
Family	\$432.96

## Payment

If you would like to enroll in vision coverage, a one-time draft for the entire annual premium must be paid at the time of your enrollment. An ACH draft must be set up with McGriff if you do not already have an ACH set up for dental insurance payments. To set up, you will need to complete the **McGriff ACH form**. McGriff will make a one-time draft from your designated checking or savings account for the annual vision premium. The ACH form is located on the website: [www.hr.emory.edu/retireedentalvision](http://www.hr.emory.edu/retireedentalvision).

# How to Enroll

If you want to enroll in or make changes to your Emory coverage for 2026, complete and submit the appropriate enrollment forms (found on the web page). If you don't wish to make any changes, you do not need to do anything; your current coverage will continue.

Download forms at [www.hr.emory.edu/retireedentalvision](http://www.hr.emory.edu/retireedentalvision) and send your completed forms to:

**McGriff-Emory**  
**P.O. Box 896881**  
**Charlotte, NC 28289-6881**

You can also email your forms to: [Lauren.Rice@McGriff.com](mailto:Lauren.Rice@McGriff.com).  
**All forms must be emailed or postmarked by October 24, 2025.**

## Need help?

If you have any questions, or need help, contact **McGriff** at **678-367-3107**.

Emory's benefits specialists (below) are also available to assist you based on the first letter of your last name at 404-727-7613

Last Name Begins With	Benefits Specialist
A-I	Iana Houser
J-Q	Rita Calderon
R-Z	Ervin Stewart

If you are an Emory Healthcare retiree, please contact the Employee Resource Center at 404-686-6044.

# Numbers and Websites

Vendor/Organization	Phone Number	Website(s)
EMORY UNIVERSITY BENEFITS AND WORKLIFE DEPARTMENT DENTAL AND VISION RETIREE ENROLLMENT WEBPAGE	404-727-7613	<a href="http://www.hr.emory.edu/benefits">www.hr.emory.edu/benefits</a> <a href="http://www.hr.emory.edu/retireedentalvision">www.hr.emory.edu/retireedentalvision</a>
EMORY HEALTHCARE EMPLOYEE RESOURCE CENTER	404-686-6044	N/A
AETNA TRADITIONAL DENTAL (DENTAL PLAN)	877-238-6200	<a href="http://www.aetna.com">www.aetna.com</a> <a href="http://www.aetna.com/docfind/custom/emory">www.aetna.com/docfind/custom/emory</a>
EYEMED VISION CARE (VISION PLAN)	855-270-2343	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
MCGRIFF (DENTAL AND VISION ENROLLMENT AND PAYMENTS)	678-367-3107	N/A