



Your Benefits

2024 Benefits Guide Emory University Affiliates

2024 Annual Benefits Enrollment
Ends Monday, November 6, 2023

Emory continues to support your efforts to stay healthy and live well by sponsoring programs that encourage you to seek and receive preventive care that can help you live a healthy – or healthier – life.

Do your part to stay healthy! Be sure you and your family members take the time to schedule your appointments and visit your doctor and dentist. And don't forget to get your flu vaccine. Flu shots are considered "preventive care" which means it's free at your doctor's office. Be sure to take your Aetna medical card with you. You can also get a free flu shot at any participating local pharmacy.

Table of Contents

What's New?	2
How to Enroll	3
Networks.	4
Medical Coverage.	5
Medical Plan Quick Guide	7
Dental Coverage.	8
Dental Plan Comparison	9
Medical & Dental Plan Rates	10
Vision Discount	11
Additional Resources	12
Tier Zero List	13
Numbers & Websites	14

2024 Annual Benefits Enrollment

Ends Monday, November 6, 2023

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 and WorkLife 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.

What's New

Annual enrollment is your opportunity to review your current benefits and make selections for the upcoming plan year. Your new benefit selections will be effective on January 1, 2024. Changes for the 2024 plan year are summarized below.

What's New for 2024?

Whether it's your physical or mental health, Emory offers a comprehensive benefits package to help meet your needs. Here are the highlights of what is changing for 2024:

Medical and Dental Plan Rates. Medical costs continue to rise overall. As a result, rates for the Aetna POS Medical Plan will increase for 2024 (see page 10). The increase reflects the claims costs of the plan. Rates for the dental plan will remain the same as last year.

How to Enroll

1

Learn More

Read this guide to determine if Emory's medical and/or dental plans will meet your needs for the upcoming year.

2

Enroll

If you need to make changes to your coverage, complete the "Affiliate Election Form" and return it to:

BY MAIL:

Emory University
Human Resources
Benefits and WorkLife Department
1599-001-1AP
1599 Clifton Road
Atlanta, GA 30322

BY FAX: 404-727-7145, Attention: Frances Reese

This form must be postmarked by November 6, 2023.

BY EMAIL: hrbenef@emory.edu

NOTE: A response is only required from you if you want to add or drop dependents or terminate your medical and/or dental coverage.

Networks

Tier 1 Network

Providers and facilities in the Tier 1 Network give you the maximum benefit available under the plans, with lower co-pays, co-insurance and deductibles.

Tier 1 facilities include:

- Emory University Hospital
- Emory University Hospital Midtown
- Emory Decatur Hospital
- Emory Long Term Acute Care
- Emory Hillandale Hospital
- Emory University Orthopaedics & Spine Hospital
- Emory Johns Creek Hospital
- Emory Rehabilitation Hospital, in partnership with Select Medical
- Children's Healthcare of Atlanta (including Egleston and Scottish Rite)
- Grady Memorial Hospital (including Hughes Spalding)
- Emory Saint Joseph's Hospital
- St. Francis Hospital (Columbus)
- Wesley Woods Geriatric Hospital

Tier 1 physicians include:

- Emory physicians
- DeKalb Physician Hospital Organization (DPHO)
- Community physicians

Tier 2 Network

Providers and facilities are in-network with Aetna. Co-pays, co-insurance and deductibles are higher than with Tier 1.

To locate a Tier 1 or Tier 2 physician or facility, go to www.aetna.com/docfind/custom/emory or call Aetna at 800-847-9026.

Tier 3 Network

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

Medical Coverage

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 7 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

Tier 1 and Tier 2 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: 85% for Tier 1, 75% for Tier 2 and 50% for Tier 3 after you pay the annual deductible. 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. The out-of-pocket maximum includes all co-pays, as well as deductibles and co-insurances, such as prescription drug costs and office visit co-pays.

Medical Coverage

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.

DRUG TIER	CO-INSURANCE	30-DAY RETAIL MINIMUM	30-DAY RETAIL MAXIMUM
Zero	0%	\$0	\$0
1	10%	\$10	\$25
2	20%	\$20	\$75
3	30%	\$60	\$120
4	40%	\$90	\$150

90-day supply is 2½ x the retail amount

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

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 and birth control. If you take any maintenance prescription medications to treat certain ongoing medical conditions, you will need to fill your 90-day prescriptions in one of three ways:

1. Through CVS/caremark's mail order service
2. at a CVS retail pharmacy location or
3. at an Emory pharmacy

If you attempt to fill a maintenance drug at a pharmacy other than CVS or Emory, you will be charged the full retail cost.

Tier Zero

Emory pays 100% and plan participants will pay \$0 for a 90-day supply of those 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 prescription drugs they need to improve or maintain their health. The list of Tier Zero drugs is on page 13.

Medical Plan Quick Guide

	POS PLAN		
	TIER 1	TIER 2	TIER 3 ¹
Annual Deductible - Single	\$850	\$1,000	\$2,000
Annual Deductible - Family	\$2,550	\$3,000	\$6,000
Out-of-Pocket Maximum ² - Single	\$3,000	\$4,500	\$11,250
Out-of-Pocket Maximum ² - Family	\$6,000	\$9,000	\$22,500
Out-of-Pocket Maximum ² - Aggregate	Yes	Yes	Yes
Primary Care Office Visits ³	\$25 co-pay	\$35 co-pay	50% after deductible
Pediatrician or Mental Health Physician Visit	\$25 co-pay	\$25 co-pay	50% after deductible
Specialist Office Visit ⁴	\$35 co-pay ⁴	\$50 co-pay	50% after deductible
Diagnostic Labs	15% co-insurance	25% co-insurance	50% co-insurance
X-Ray	15% after deductible	25% after deductible	50% after deductible
Durable Medical Equipment	15% co-insurance	25% co-insurance	50% after deductible
Routine Preventive Care ⁵	\$0 co-pay	\$0 co-pay	50% after deductible
Emergency Room Visit ⁶	\$250 co-pay	\$250 co-pay	\$250 co-pay
Hospitalizations: Inpatient/Outpatient Coverage	15% after deductible	25% after deductible	50% after deductible
Behavioral Health Inpatient	15% after deductible	25% after deductible	50% after deductible
Behavioral Health Outpatient	\$25 co-pay	\$25 co-pay	\$25 co-pay

¹ Amounts applied to deductible and out-of-pocket maximums are limited to the Reasonable and Customary charges.

² Includes co-pays, deductibles, and co-insurance.

³ Includes services of an internist, general physician, family practitioner, dermatologist, and/or allergist.

⁴ An additional facility charge may be added to your specialist visit which may apply to your deductible or co-insurance.

⁵ Routine Preventive Care services ONLY are covered at 100% under the plan. Diagnostic services are subject to the deductible and co-insurance.

⁶ 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.

Dental Coverage

Emory offers two different dental plan options: the Aetna Traditional Dental (PPO) or the Aetna Dental Maintenance Organization (DMO).

Plan 1 - Aetna Traditional Dental (PPO) Plan

The Aetna Traditional Dental (PPO) 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.
- 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.

Some examples of routine preventive services include:

- Oral examinations
- Routine, deep cleanings and polishing (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
- Sealants (permanent molars only)
- Bitewing X-rays
- Full Mouth Series X-Rays
- Space Maintainers

Plan 2 - Aetna Dental Maintenance Organization (DMO) Plan

The Aetna Dental Maintenance Organization (DMO) Plan is a managed care plan that contracts with a list of providers at a set fee schedule. Participants pay co-pays and do not have to pay co-insurance. This plan offers a limited network of dentists with low member contributions, no deductible and low out-of-pocket co-pays. Out-of-Network coverage is not available. A Primary Care Dentist (PCD) must be selected and a referral is required for specialist care.

For a list of scheduled services and to see what the plan pays, go to www.aetna.com/docfind/custom/emory. Be sure to check with your dentist of choice before enrolling to ensure he/she is participating in the plan and is accepting new patients.

Dental Plan Comparison

2024 Dental Plan Comparison			
	Aetna PPO Plan		Aetna DMO Plan
	IN-NETWORK	OUT OF NETWORK ¹	IN-NETWORK ONLY*
Preventive Services (routine & deep cleanings, X-rays, etc.)	\$0	\$0	\$0
Basic Services (filling, root canal, etc.)	10% ²	20% ²	Scheduled
Major Restorative (crown, bridge, etc.)	50% ²	50% ²	Scheduled
Calendar Year Deductible³	\$50/person \$150/family	\$50/person \$150/family	None
Annual Plan Payment Maximums	\$1,500/person	\$1,500/person	None
Orthodontia:			
- Deductible	None	None	\$2,000 co-pay, limited to one treatment per lifetime
- Co-insurance	50%	50%	
- Lifetime Maximum	\$1,500	\$1,500	
* There is no Out of Network coverage in the Aetna DMO plan.			
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.			

Reasonable & Customary Charges (R&C) for Dental and Medical Plans

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.

Medical & Dental Plan Rates

2024 Medical Plan Contributions	
COVERAGE LEVEL	MONTHLY RATE
Single	\$948.41
Employee + child(ren)	\$1,722.37
Employee + spouse	\$2,009.42
Family	\$2,774.92

2024 Dental Plan Contributions		
COVERAGE LEVEL	AETNA PPO PLAN MONTHLY RATE	AETNA DMO PLAN MONTHLY RATE
Single	\$36.00	\$20.94
2-Person	\$72.00	\$43.32
Family	\$121.00	\$68.42

Vision Discount

Vision Coverage through your Medical Plan

Those enrolled in an Emory 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.

Emory Eye Center

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

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

Vision Discount	
SERVICE	DISCOUNT
Routine Vision Screenings by an Emory Optometrist	Emory employees covered by the Emory medical plan receive one routine eye exam annually that is 100% covered by insurance.
Eyeglass Packages	25% discount on eyewear, including basic frames and lenses at a range of competitive prices.
Contact Lenses	10% discount on most disposable contact lenses. Discount valid only with an examination by an Emory Eye Center provider.
Contact Lens Fitting and Exam	\$80 - \$160, depending upon complexity.
LASIK Surgery	25% discount on refractive surgery for employees and dependents at Emory Laser Vision (located on the Emory St. Joseph's Hospital campus). Call 404-778-2SEE to schedule a free evaluation.

For locations visit the Emory Eye Center online at <http://eyecenter.emory.edu> or call 404-778-2020.

Additional Resources

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 at: www.hr.emory.edu/affiliate-enrollment.

Out-of-State Coverage

If you or your covered dependents live outside of Georgia, search for providers in the Tier 2 Network at www.aetna.com/docfind/custom/emory.

International Coverage

If you live or travel outside the U.S., coverage for emergency care is provided at the Tier 2 level. Routine care will be covered at the Tier 3 level. Call Aetna at 800-847-9026 for more information.

Emergency Coverage

Emergencies are always covered at the Tier 2 co-pay or co-insurance level. Contact Aetna within 48 hours.

MyChart - Emory Healthcare Patient Portal (HSA & POS Plans)

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.

If you are not currently utilizing MyChart, sign up at 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 Employees Appointment Line (EVIP)

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 Line was developed for this purpose.

EMORY EMPLOYEES AND FAMILY MEMBERS CAN SIMPLY CALL 404-778-EVIP FOR EXPEDITED ACCESS TO EMORY PHYSICIANS.

Features of the EVIP Line include:

- Senior level call agents answering from 8:00 am to 5:00 pm, 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.

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 or by calling 404-778-7777.

The Pharmacy at Emory

The Pharmacy at Emory is a full-service pharmacy with a convenient, on-campus location. Hours are: 9:00 am to 6:00 pm, M-F. For more information, call 404-778-2022 or visit: www.emoryhealthcare.org/pharmacy.

Tier Zero Drug List

ANTIRETROVIRAL THERAPY*

- Emtricitabine/tenofovir disoproxil fumarate 200 mg – 300 mg

BLOOD PRESSURE & HEART FAILURE

- Acebutolol HCL
- Amiodarone HCL
- Amlodipine Besylate
- Amlodipine/Olmesartan
- Amlodipine/Olmesartan/HCT
- Amlodipine/Valsartan
- Amlodipine/Telmisartan
- Atenolol
- Atenolol/Chlorthalidone
- Benazepril HCL
- Benazepril/Hydrochlorothiazide
- Betaxolol HCL
- Bisoprol/Hydrochlorothiazide
- Bisoprolol Fumarate
- Captopril
- Captopril/Hydrochlorothiazide
- Candesartan Cilexetil
- Candesartan Cilexetil/Hydrochlorothiazide
- Carvedilol
- Clonidine HCL
- Digoxin
- Diltiazem HCL
- Doxazosin Mesylate
- Enalapril Maleate
- Enalapril/Hydrochlorothiazide
- Eplerenone
- Esmolol HCL
- Felodipine
- Fosinopril Sodium
- Fosinopril/Hydrochlorothiazide
- Furosemide
- Guanabenz Acetate
- Guanfacine HCL
- Hydralazine HCL
- Hydralazine/Hydrochlorothiazid
- Hydralazine/Reserpin/Hctz
- Hydrochlorothiazide
- Irbesartan
- Irbesartan/Hydrochlorothiazide
- Isosorbide Dinitrate
- Isosorbide Mononitrate
- Isradipine

- Labetalol HCL
- Lisinopril
- Lisinopril/Hydrochlorothiazide
- Losartan Potassium
- Losartan Potassium/Hydrochlorothiazide
- Methyldopa
- Metolazone
- Metoprol/Hydrochlorothiazide
- Metoprolol Succinate
- Metoprolol Tartrate
- Minoxidil
- Moexipril HCL
- Moexipril/Hydrochlorothiazide
- Nadolol
- Nicardipine HCL
- Nifedipine
- Nimodipine
- Nisoldipine
- Nitroglycerin
- Olmesartan
- Olmesartan/Hydrochlorothiazide
- Papaverine HCL
- Pindolol
- Prazosin HCL
- Propranolol HCL
- Propranolol/Hydrochlorothiazide
- Quinapril HCL
- Quinapril/Hydrochlorothiazide
- Ramipril
- Reserpine
- Sotalol
- Spironolact/Hydrochlorothiazide
- Telmisartan
- Telmisartan/Hydrochlorothiazide
- Terazosin HCL
- Timolol Maleate
- Torsemide
- Trandolapril
- Trandolapril/Verapamil
- Triamterene/Hydrochlorothiazide
- Valsartan
- Valsartan/Hydrochlorothiazide
- Verapamil HCL

CHOLESTEROL LOWERING

- Amlodipine Besylate/Atorvastatin Calcium
- Atorvastatin Calcium
- Cholestyramine
- Colestipol HCL

- Ezetimbe
- Fenofibrate
- Fenofibric acid
- Fluvastatin
- Gemfibrozil
- Lovastatin
- Niacin
- Omega-3 Polyunsaturated FA
- Pravastatin Sodium
- Simvastatin
- Rosuvastatin

CONTRACEPTIVES

- Oral Contraceptives: Monophasic/Biphasic/Triphasic Generic Agents
- Non-Oral Contraceptive: NuvaRing
- Non-Oral Contraceptive: Ortho Evra

DIABETES

- Acarbose
- Acetohexamide
- Alogliptin
- Alogliptin/Metformin
- Alogliptin/Pioglitazone
- Chlorpropamide
- Glimepiride
- Glipizide
- Glyburide, ext-rel
- Glyburide/Metformin HCL
- Metformin HCL
- Metformin ext-rel
- Metformin/Repaglinide
- Miglitol
- Nateglinide
- Pioglitazone
- Pioglitazone HCL/Metformin HCL
- Repaglinide
- Tolazamide
- Tolbutamide

SMOKING CESSATION

- Nicotrol NS
- Nicotrol Inhaler
- Bupropion HCL (smoking deterrent) SR 12 hr 150 mg
- Zyban
- Chantix

*Generic antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection in people who are at an increased risk.

As prescription drugs come off patent protection (lose brand status), become available as generics, or over-the-counter, this list will change.

For the most up-to-date list, contact CVS Caremark at 866-601-6935; www.caremark.com.

Numbers & Websites

VENDOR/ORGANIZATION	PHONE NUMBER	WEBSITE(S)
Emory University Benefits and WorkLife Department	404-727-7613	www.hr.emory.edu/benefits Annual enrollment website: www.hr.emory.edu/affiliate-enrollment
Aetna (Medical & Behavioral Mental Health)	800-847-9026	www.aetna.com www.aetna.com/docfind/custom/emory
Aetna Dental (PPO and DMO)	877-238-6200	www.aetna.com/docfind/custom/emory
CVS/caremark (Pharmacy Manager)	866-601-6935	www.caremark.com
Emory Employees Appointment Line (EVIP)	404-778-EVIP	N/A
Emory Eye Center	404-778-2020	http://eyecenter.emory.edu
Emory HealthConnection	404-778-7777	www.emoryhealthcare.org
The Pharmacy at Emory	404-778-2022	www.emoryhealthcare.org/pharmacy