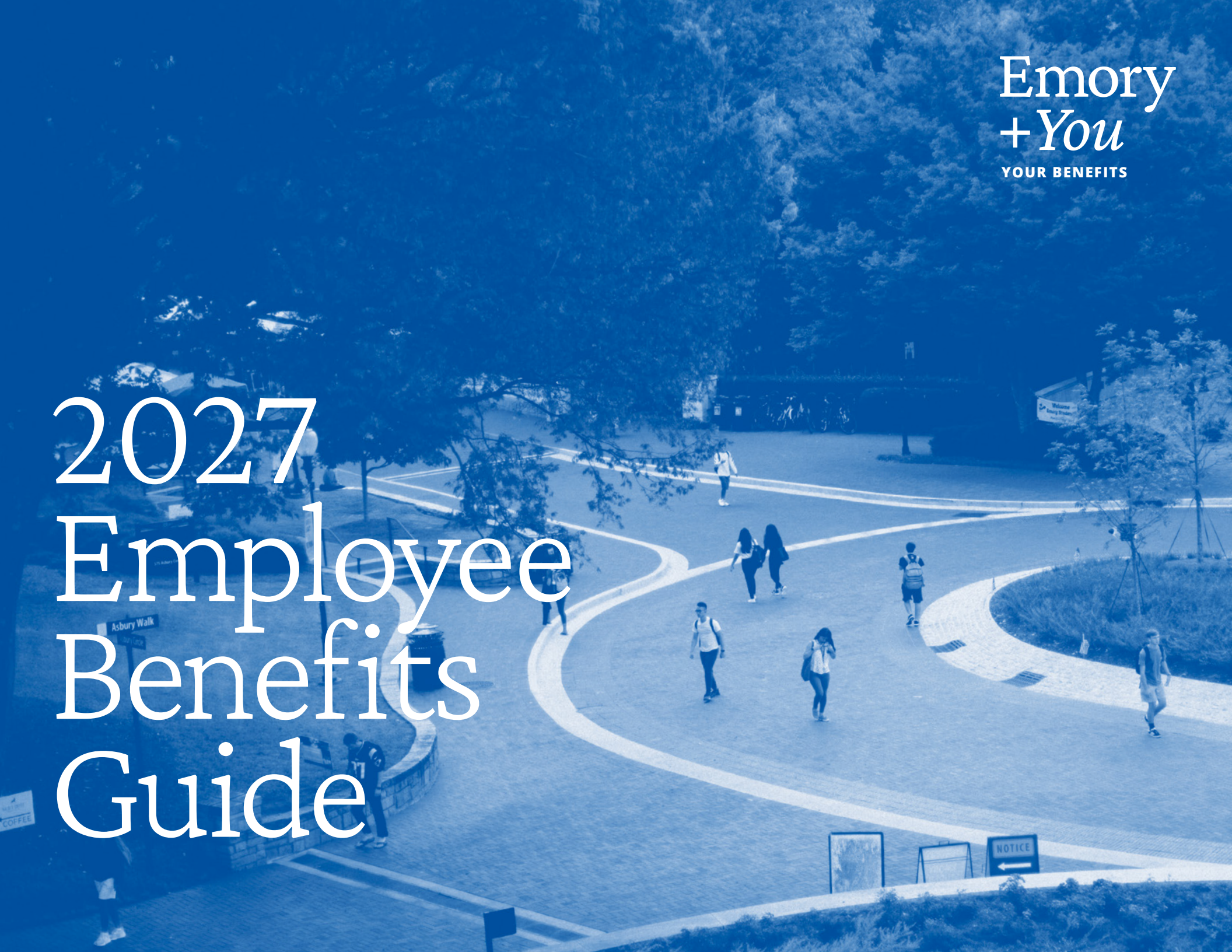
Emory +You
YOUR BENEFITS

2027 Employee Benefits Guide



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This document summarizes the programs and benefits available to eligible employees and their eligible dependents. More detailed information is provided in the official Plan documents, including (but not limited to) the Summary Plan Descriptions and insurance policies and certificates (collectively, "Plan Documents"). If there is a conflict between the information in this guide and the Plan Documents, the Plan Documents will govern and control the operation of the Plan(s).

Emory reserves the right to modify, suspend, change, or terminate the Plan(s) at any time for all or any group of participants, whether actively employed or retired.

This information should not be considered tax or legal advice. Emory does not guarantee, and does not have any responsibility for, tax, legal, or other implications of an employee's participation in any employee benefit plan.

Benefits and WorkLife Department Office Hours:

Monday, Wednesday, Thursday, and Friday:
8:30 a.m. to 4:30 p.m.

Tuesday: 8:30 a.m. to 1:30 p.m.

Benefits and WorkLife Department
1599 Clifton Road, 1st Floor
Phone: 404-727-7613
Email: **hrbenef@emory.edu**

Your Benefits

As an Emory employee, you have a wide range of benefit programs available to you. Benefits give you important financial protection when you need it most. Use this Benefits Guide to review the benefits Emory offers, so that you can 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 basic life insurance and long-term disability coverage and provides a basic contribution to the 403(b) retirement plan. You are not required to make any contributions for these benefits—Emory pays the full cost.

Emory also offers a variety of other benefits not covered in this guide, including tuition reimbursement, employee discounts, the Faculty Staff Assistance Program, and more. For the most current information, visit the HR website at **www.hr.emory.edu.**

Optional Benefits

In addition to employer-provided benefits, eligible employees may enroll in optional benefits including medical, dental, vision, supplemental life insurance, accidental death and dismemberment, disability, flexible spending accounts, and retirement plans. You contribute toward the cost of the optional benefits 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 the fall of each year for the upcoming year. Supplemental life insurance benefits require evidence of insurability (EOI) for late enrollees.

CURRENT EMPLOYEES

If you are a current benefits-eligible Emory employee, 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; or
- You stop paying your share of the coverage.

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), the end of the month in which they turn 26.

Eligibility

Eligibility

You are eligible for benefits if you are a regular full-time or part-time employee scheduled to work 20 hours or more per week. 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 legal child(ren): includes your natural, adopted, or foster child(ren); stepchild(ren); or any child for whom you have legal custody. They are eligible:
  - Up to age 26.
  - Regardless of age, if fully disabled and unmarried, provided he/she became fully disabled either:
    - prior to age 19; or
    - between the ages of 19 and 26, if that child was covered by the plan when the disability occurred.

Dependent Verification of Eligibility

When you first enroll, or if you change coverage midyear 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.

Documentation can be uploaded in Self-Service. Log on to Self-Service at **leo.cc.emory.edu,** click on the **Benefits tile**, then click **Document Upload**. If documentation is not received within 31 days, a letter will be mailed to you requesting the documentation within a given deadline. Refer to the chart for a list of events that require documentation.

Dependent Verification of Eligibility Documentation

Event	Documentation Needed
Spouse with a last name different than yours	Marriage certificate OR joint tax return (current or previous year only)
Child with a last name different than yours	Birth certificate OR court document awarding custody or requiring coverage
Dependent child over age 26	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)

You must provide the documents listed above to the Benefits and WorkLife Department within 31 days of your initial election or midyear 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.

TRANSFERS BETWEEN ENTITIES

If you transfer employment between companies (e.g., Emory University to Emory Healthcare or vice versa), you cannot change your HSA, POS, or Kaiser Permanente health plan election or any of the benefit plans in which you are currently enrolled, even if the coverage costs increase or decrease. Additionally, employees who were terminated but rehired within 30 days, transfer between entities within 30 days, or return from a leave of absence and transfer to a new entity may not change their benefit plan elections. Changes will only be allowed in the following year's benefit enrollment period.

How to Enroll

Current Employees

You must enroll during the annual enrollment period: **Monday, October 19, through Monday, November 2, 2026**. Prior to enrolling, you can attend a Zoom webinar if you have questions or would like more information about Emory's medical plans and benefit programs. Webinar dates are:

- Friday, October 16, 2026, 1:00 p.m.
- Wednesday, October 21, 2026, 1:00 p.m.
- Thursday, October 29, 2026, 10:00 a.m.

Register for a webinar on the annual enrollment **web page**.

Emory offers numerous tools and resources to help you make your benefit selections (see the Enrollment Checklist on page 7). Call the Benefits and WorkLife Department with any questions at 404-727-7613 or email us at **hrbenef@emory.edu.**

New Hires

You may enroll online during your first 31 days of employment. Note: There may be days when you can't enroll such as payroll run days. Emory offers numerous tools and resources to help you make your benefit selections. Be sure to attend Emory's New Employee Welcome Session to learn more about your benefit options and receive important information as a new hire. You can also contact the Benefits staff with your questions at 404-727-7613 or email us at **hrbenef@emory.edu.**

Enroll Online

You can enroll online through Self-Service (**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 Office of Information Technology Help Desk at 404-727-7777 (available Monday–Friday, 7:00 a.m. to 6:00 p.m.).

Steps to Enrolling Online

Log on to Self-Service, **leo.cc.emory.edu.**

1. Click the **Annual Enrollment** tile.
2. On the **Welcome Instructions** page, use the left-hand guide to walk through the enrollment steps or use the **Next** button to navigate.
3. Complete the **Acknowledgment** step to proceed to your Benefits Enrollment.
4. From the Benefits Enrollment page, to view or change your elections, select the **Benefit Plan(s)** you wish to change. You may also enroll, add, or drop dependents.
5. If you select **Medical**, your tobacco certification will display.
6. Verify or update the information and click **Agree** to record your response(s).
7. After you have reviewed your benefits, click the **Save** button in the upper right-hand corner to store your elections.
8. Once you have completed your annual enrollment, click the **Submit Enrollment** button in the upper right-hand corner to submit your elections to the Benefits and WorkLife Department.
9. Click **View** to review your elections preview statement or **Done** to return to the benefits enrollment summary. Be sure to save a copy of your elections preview statement and carefully review it for accuracy. After January 1, most elections cannot be changed (except within 31 days of a family status change).
10. After annual benefits enrollment has closed, you will receive instructions via email on how to check your 2027 benefits in PeopleSoft.

Using ALEX® for Making Benefit Decisions

Annual benefits enrollment is the one time of year when you can explore all of the different plan options available to you and make changes for the year ahead.

Before making your enrollment decisions, it's important to do your research, so that you pick the plans that give you the coverage you need in the most cost-effective way.

That's where ALEX®, our online benefits counselor, can step in to answer your questions and help you choose the plans that work best for you. ALEX can help you by:

1. Finding your lowest-cost medical plan options.
2. Explaining how everything works. If you have never been sure how deductibles and coinsurance work, ALEX is for you.
3. Simplifying the decision-making process by asking you about your needs and providing personalized, confidential recommendations.

ALEX Go

ALEX Go is a compact, efficient, text-based interactive experience available in both English and Spanish to help you with your benefit decisions. With ALEX Go, you can:

- Discover your best fit benefits on your own time and at your own pace.
- Find easy-to-use smart tools, educational video content, interactive calculators, and more.
- Receive enhanced medical plan recommendations and compare your medical plan options.
- Receive added educational components for various life events.

Learn more about ALEX and ALEX Go on the annual enrollment website: **www.hr.emory.edu/enrollment.**

Annual Enrollment Checklist

Use this checklist to ensure you've completed all your annual enrollment tasks.

- ☐ Take some time to learn about all the benefit options available to you. Read this **2027 Benefits Guide** carefully as you consider your plan choices. Emory provides a variety of tools and resources to help you make your benefit decisions; these can be found on the annual enrollment website at **www.hr.emory.edu/enrollment**.

- ☐ Use the interactive **ALEX Tool,** which will guide you through the plan options and provide you with a personal, confidential recommendation.

- ☐ Attend a **Zoom webinar** to better understand the details of the three medical plan choices, get an overview of all the benefits programs, and have an opportunity to ask questions (see page 5 for dates and times). If you can't attend, you can also view a recording of the webinar on the annual enrollment website at **www.hr.emory.edu/enrollment.**

- ☐ Decide if you want to enroll in a **flexible spending account** (health care and/or dependent day care) or a Limited Health Care FSA (for HSA plan participants). Remember, you must actively enroll each year.

- ☐ HSA plan members: decide if you want to make a contribution to your **health savings account.**

- ☐ Actively enroll online through Self-Service (**leo.cc.emory.edu**) during the enrollment period, **October 19 through November 2, 2026.** Changes are effective on January 1, 2027. If you are currently enrolled in medical benefits and don't make a new medical plan election, your current coverage will continue.

- ☐ Complete the tobacco use surcharge certification if you have not already done so. Employees who do not use tobacco, or who participate in the available cessation program, may avoid or qualify for a waiver of the surcharge. Learn more at **hr.emory.edu/eu/wellness/tobacco-cessation/index.html**

- ☐ **Review your beneficiary(ies).** Make any necessary updates to ensure the accuracy of your beneficiary information for life insurance and accidental death and dismemberment insurance.

- ☐ Once you have completed your enrollment online, **save or print a copy** of your confirmation statement, review it for accuracy, and retain it for your records.

- ☐ Verify your 2027 benefits elections after **Monday, November 9, 2026,** by visiting Self-Service online at **leo.cc.emory.edu.** You will receive an email reminder at that time. If you notice any errors, notify the Benefits and WorkLife Department immediately at 404-727-7613 or email **hrbenef@emory.edu.** After January 1, 2027, most elections cannot be changed except within 31 days of a family status change.

Making Changes

The IRS provides strict regulations about changes to pretax elections during the plan year. If you experience a qualified IRS family status change midyear, 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
- Birth of a child
- Placement of a foster child or child for adoption with you or assumption of legal guardianship of a child
- Changes in your spouse's or dependent's employment status that affects benefits eligibility, including termination or commencement of employment or change in worksite
- You or your spouse returns from an unpaid leave of absence
- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid
- The death of your spouse or dependent
- Court-ordered coverage of your child by you or your spouse, 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 your dependent care provider or cost for dependent care flexible spending account

The change you request must be consistent with the qualifying event. Some midyear changes require documentation, which must also be provided within 31 days of the event.

Completing a Family Status Change

Family status changes are completed online in Self-Service (**leo.cc.emory.edu**). Should you have questions or difficulty making your change midyear, please contact the Benefits and WorkLife Department within 31 days of your qualifying event.

You can reach the Benefits and WorkLife Department at 404-727-7613. Office hours are shown below.

For more information about making changes to your benefits due to family status changes, visit **www.hr.emory.edu/eu/benefits/changes.html.**

BENEFITS AND WORKLIFE DEPARTMENT OFFICE HOURS

Monday, Wednesday, Thursday, and Friday:
8:30 a.m. to 4:30 p.m.
Tuesday: 8:30 a.m. to 1:30 p.m.
Benefits and WorkLife Department
1599 Clifton Road, 1st Floor
Phone: 404-727-7613
Email: hrbenef@emory.edu

Medical Coverage

Emory offers comprehensive medical coverage to help protect you and your family from catastrophic medical costs.

For 2027, you have a choice of three medical plans:

1 — HSA Plan
2 — POS Plan
3 — Kaiser Permanente Plan

HSA and POS Plans

The HSA and POS plans use the same provider networks; however, there are key differences in how each plan works, including deductibles, co-pays, and co-insurance. Both plans have three network options:

TIER 1: Providers give you the maximum benefit available under the plans, with lower co-pays, co-insurance, and deductibles (a list of tier 1 providers is on page 43).

TIER 2: Providers and facilities are part of both medical plans through Anthem Blue Cross Blue Shield. Co-pays, co-insurance, and deductibles are higher than with tier 1.

TIER 3: Providers and facilities that are not participating with Anthem Blue Cross Blue Shield are considered out-of-network. Costs are the highest.

To locate a tier 1 or tier 2 physician or facility, go to **www.anthem.com/mcr/emory.**

Preventive Care

Routine preventive care is covered at 100% under the HSA and POS medical plans (tier 1 and tier 2 networks). 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.

Tier Zero Prescription Drugs

Both the HSA and POS plans offer tier zero for prescription drugs. With tier zero, prescription medications used to prevent and treat chronic health conditions such as congestive heart failure, diabetes, high blood pressure, high cholesterol, tobacco addiction, and more may be covered at 100%, which means you pay $0 for these drugs.

What's the Same in the HSA and POS Plans?

- The same broad network of physicians in Georgia and nationally (tier 1 and tier 2).
- Routine preventive care is $0 within the tier 1 or tier 2 network.
- All plans offer tier zero drugs, so you pay $0 for certain prescription drugs.
- Neither the HSA nor the POS plan requires you to select a primary care physician or get a referral to see a specialist.
- Unlimited lifetime maximum applied across both plans and networks.
- All plans offer the opportunity to earn incentives (see page 24 for more information).

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 Emory, the state of Georgia may have a premium assistance program that can help pay for coverage. For more details visit: www.hr.emory.edu/eu/_includes/documents/sections/benefits/chip-notice.pdf.

HSA Plan

HSA Plan

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

- The same covered services and network of providers as the POS plan, with a different way to pay for and save for health care expenses.
- A health savings account (HSA) with tax advantages, funded in part by Emory. The HSA gives you the flexibility to choose how to spend your health care dollars.
- Like the POS plan, the HSA plan also has deductibles, co-insurance, and an out-of-pocket maximum to protect you in the event you have significant medical expenses during the year.

Deductible

All eligible expenses incurred by you or your covered dependents throughout the plan year apply towards meeting the annual deductible. The tier 1 deductible is $1,750 (employee only) or $3,500 (employee + spouse, employee + children, or family). The tier 2 deductible is $1,950 (employee only) or $3,850 (employee + spouse, employee + children, or family). As expenses are incurred, including ER visits and prescription drugs, you can use funds that have accumulated in your HSA to cover these costs. Once your HSA balance is exhausted, any remaining portion of your deductible that needs to be met for the year will be an out-of-pocket expense and your financial responsibility. The annual deductible must be satisfied before any plan expenses are paid by co-insurance, with the exception of preventive care and tier zero prescriptions, which are covered at 100%. If you enroll and elect employee and dependent coverage, any covered expenses incurred will apply towards meeting the family deductible of $3,500 (tier 1) or $3,850 (tier 2) before any expenses are covered under co-insurance.

Co-Insurance

Once the annual deductible is satisfied, the HSA plan works like a traditional plan by paying the majority of expenses through co-insurance. Most tier 1 care is covered at 90% (you pay 10%); tier 2 care is covered at 75% (you pay 25%); and tier 3 care is covered at 50% (you pay 50%).

Out-of-Pocket Maximum

Like a traditional plan, there is a maximum amount you are financially responsible for under the plan each year. The individual out-of-pocket maximum of $3,750 within the tier 1 network and $5,500 (tier 2) will be applied to a covered family member who incurs medical expenses after the family deductible has been met. This eliminates the need for the full family out-of-pocket maximum to be satisfied if only one family member needs medical care. However, the combined medical charges incurred by additional family members will satisfy the full family out-of-pocket maximum. When the family out-of-pocket maximum is satisfied, eligible expenses for all family members will be covered at 100% for the remainder of the plan year.

It is important to note that, other than preventive care, you have to pay 100% of your eligible medical expenses, including prescription drugs, until your annual deductible is met. Once met, the plan provides coverage through co-insurance. You need to carefully consider the balance in your HSA and your ability to meet these financial obligations in the event of an illness, injury, or accident.

HSA Plan

HSA Plan Prescription Drugs

If you are enrolled in the HSA plan, you must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible (with the exception of tier zero drugs; Emory pays 100% and plan participants will pay $0 for drugs that are listed as tier zero. For non-tier zero drugs, you can use your HSA to pay for your prescription drug costs). After you meet the deductible, you will pay the applicable co-insurance amount under the HSA plan, up to the "30-day retail maximum." The following table shows what your responsibility is once your deductible is satisfied. For example, if the table shows co-insurance is 20%, the plan will pay 80% of the cost of the prescription drug, and you are responsible for the other 20%. However, there is financial protection built into the prescription drug benefit in that you will never pay more than the "30-day retail maximum," outlined in the table below:

Tier	Co-Insurance	30-Day Maximum
ZERO—PREVENTIVE	0%	$0
1—GENERIC	10%	$25
2—PREFERRED BRAND	20%	$75
3—NON-PREFERRED BRAND	30%	$120
4—LIFESTYLE	40%	$150
5—SELECT	40%	40% co-insurance (no minimum copay and maximum of $200 for 30-day supply)

90-day supply is 2½ times the retail amount. GLP-1s available only in a 30-day supply.

Maintenance Drugs

Maintenance medications are commonly used to treat a chronic or long-term condition and require regular, daily use. **After your second fill of an eligible maintenance medication, you will need to fill a minimum 90-day supply through a participating 90-day pharmacy.** A 90-day fill can make it easier to stay on track with your medication and reduce the number of refills you need during the year.

Participating 90-day pharmacy options may include **Amazon Pharmacy, Emory Pharmacies, CVS, Kroger, Publix, and other participating pharmacies.** Use the **Prime Therapeutics pharmacy locator tool** to confirm your pharmacy participates.

For 90-day maintenance prescriptions, your copay is generally **2.5 times the 30-day copay,** subject to applicable minimum and maximum copay limits. This benefit applies only to eligible medications on the **Prime Therapeutics Maintenance Medication List** filled through a participating 90-day pharmacy; please review the list or contact Prime Therapeutics member support to confirm whether your medication is included.

HSA Plan

Health Savings Account (HSA)

The HSA is funded in three ways—by Emory's annual contribution, through your participation in various healthy activities (to earn incentives), and through optional pretax contributions you make to the HSA.

EMORY'S ANNUAL CONTRIBUTION

If you enroll in:

- Employee-only coverage—Emory contributes **$300** to your HSA.
- Employee + spouse, employee + child(ren), or family level coverage—Emory contributes **$600** to your HSA.

Note: Emory's contribution is prorated based on your enrollment date if after January 1.

INCENTIVES

In addition to Emory's annual contribution to your HSA, you can earn **up to $425** in incentives (additional contributions you earn by completing various healthy activities). Your spouse is also eligible for up to **$425** in incentives for a total of **$850**. See page 24 for details.

YOUR CONTRIBUTIONS

If you want a way to save tax free for current or future eligible expenses, you can also contribute to your HSA. Contributions to your HSA have no expiration date; they remain in the account until you decide to access them or reimburse yourself for an eligible expense you already paid out-of-pocket. You decide when and how to pay.

To Qualify for a Health Savings Account

- You must be enrolled in the HSA plan.
- You cannot be claimed as a dependent on someone else's tax return.
- You cannot be covered by a spouse's flexible spending account (FSA).
- You cannot be covered by any other medical plan, including Medicare A and/or B.

What's Different about a Health Savings Account?

The health savings account (HSA) is only available if you participate in the HSA plan. The money is yours, account balances can be invested, and it is portable, meaning it goes with you to be used for qualified expenses if you leave Emory or when you retire.

If you are enrolled in the HSA plan, you may not participate in a general health care flexible spending account (FSA). However, you can participate in the Limited Health Care FSA for dental and vision, as well as medical expenses, once you have met your deductible. If you are enrolled in the HSA plan, you may still participate in the dependent day care flexible spending account.

HSA Plan

HOW THE HSA PLAN WORKS

1

Get Free Preventive Care

Tier 1 and tier 2 network preventive care is covered at 100%, with no deductible. You pay $0 out-of-pocket for your annual physical, well woman visit, mammogram, colonoscopy, routine immunizations, and other eligible services.

2

Pay for Your Other Medical Expenses

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

3

Use Your HSA

Your HSA helps you cover your deductible and pay for other medical costs. Emory will contribute $300 (employee only) or $600 (dependent or family coverage) to your HSA. You can also earn additional HSA monies by earning incentives. Unused funds from your HSA roll over to the next year, and your account balance earns interest (tax free) over time.

Additional HSA Features

- Withdrawals from HSAs for qualified expenses are tax free. If you withdraw money for any reason other than qualified expenses, you must pay income tax and a 20% IRS tax penalty.
- You must have a balance in your account to make a withdrawal.
- The maximum you can contribute to an HSA during the calendar year is set by the IRS (in 2027, it is $4,500 for single coverage and $9,000 for family coverage). If you are age 55 and older, you can contribute an additional catch-up contribution of $1,000. **It is your responsibility to make sure your HSA contributions, including any employer or incentive contributions, do not go over the IRS maximum.**

In accordance with IRS regulations, if you are a new enrollee in the HSA plan for 2027 (i.e., switching from the POS plan) and you have a balance in a 2026 health care flexible spending account (as of December 31, 2026), you are not eligible to contribute funds to an HSA or receive any funds in your HSA until April 1, 2027. Make sure your FSA balance is $0 by December 31, 2026, to avoid any issues.

MEDICARE AND SOCIAL SECURITY

If you are age 65 or older and begin receiving Social Security benefits, you will be automatically enrolled in Medicare Part A, and this will limit the amount you can contribute to your HSA account. In the year that you initially become eligible for Medicare, HSA contributions are only permitted for the portion of the year you are not enrolled in Medicare. You cannot front load your HSA for the entire year. For more information, refer to Publication 969 at **www.irs.gov.**

You have investment options for your HSA balance.
Contact Fidelity at 1-800-544-3716 for more information.

POS Plan

The POS plan works more like 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 expenses you must pay for care, in most cases after meeting your deductible). The deductible is a set amount you must pay before co-insurance starts. See page 23 for deductible amounts.

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

- Provides the flexibility to choose any provider.
- Does not require that a primary care physician (PCP) be identified or selected.
- Does not require a PCP referral to see a specialist.

With the POS plan, your monthly/biweekly contribution is higher than with the HSA plan, but your annual deductible is lower. You cannot open a health savings account (HSA) or receive HSA contributions from Emory. You do have the option of enrolling in a health care flexible spending account (FSA), which allows you to set aside up to $3,400 pretax dollars to help pay for eligible expenses (see page 25 for more information).

Tier 1 and tier 2 preventive care is covered at 100% and is not subject to the deductible. For certain other medical services, such as diagnostic labs, hospitalization, or radiology, the plan pays a portion of your covered expenses: 90% (for most tier 1 services), 75% (tier 2), and 50% (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 deductible and co-insurance such as prescription drug costs. It also includes office visit co-pays.

POS Plan

POS 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 six-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 Prime Therapeutics. To determine your coverage tier or cost, call 877-427-9114.

MAINTENANCE DRUGS: Maintenance medications are commonly used to treat a chronic or long-term condition and require regular, daily use. **After your second fill of an eligible maintenance medication, you will need to fill a minimum 90-day supply through a participating 90-day pharmacy.** A 90-day fill can make it easier to stay on track with your medication and reduce the number of refills you need during the year.

Participating 90-day pharmacy options may include **Amazon Pharmacy, Emory Pharmacies, CVS, Kroger, Publix, and other participating pharmacies.** Use the **Prime Therapeutics pharmacy locator tool** to confirm your pharmacy participates.

For 90-day maintenance prescriptions, your copay is generally **2.5 times the 30-day copay,** subject to applicable minimum and maximum copay limits. This benefit applies only to eligible medications on the **Prime Therapeutics Maintenance Medication List** filled through a participating 90-day pharmacy; please review the list or contact Prime Therapeutics member support to confirm whether your medication is included.

TIER ZERO: Emory pays 100% and plan participants will pay $0 for drugs listed as tier zero.

Tier	Co-Insurance	30-Day Minimum	30-Day Maximum
ZERO—PREVENTIVE	0%	$0	$0
1—GENERIC	10%	$10	$25
2—PREFERRED BRAND	20%	$30	$75
3—NON-PREFERRED BRAND	30%	$60	$120
4—LIFESTYLE	40%	$90	$150
5—SELECT	40%	40% co-insurance (no minimum copay and maximum of $200 for 30-day supply)	

90-day supply is 2½ times the retail amount. GLP-1s available only in a 30-day supply for non-diabetic use.

Kaiser Permanente Plan

Kaiser Permanente Plan

The Kaiser Permanente plan is a third option to consider when selecting the medical coverage that's right for you and your family. This plan works differently than the HSA and POS plans. If you are currently seeing Emory Clinic providers (or any other providers), you will need to switch to Kaiser Permanente providers. In certain circumstances, your Kaiser Permanente provider may refer you to be seen by a non-Kaiser Permanente provider, which may include an Emory provider. *You may only elect Kaiser Permanente if you live within the states of Georgia or California. If you live elsewhere, the HSA or POS plan are your allowable medical options.*

Get to Know Kaiser Permanente

Kaiser Permanente was founded more than 70 years ago with a mission to provide high quality, affordable health care services and to improve the health of the communities they serve. Kaiser Permanente providers work together within the Kaiser Permanente health plan, making it easy for you to get quality, coordinated care.

- The Kaiser Permanente plan is an inclusive network that makes health care simple with everything you need, including primary care providers, specialty care providers, and lab and pharmacy, all conveniently located at Kaiser Permanente's 26 state-of-the-art medical facilities in the Atlanta metro area.
- **With Kaiser, you have to use Kaiser Permanente providers—there are no out-of-network benefits, and you cannot use Emory providers.** But they make it easy for you. All 600-plus providers are connected through instant access to your electronic health record so you can get safe, personalized care. You won't have to coordinate with providers, specialists, pharmacies, hospitals, or other caregivers because it's all connected. You can see most specialists without a referral, and you won't have to file a claim for any Kaiser Permanente provider. To find a doctor, visit **kp.org/doctorsandlocations.**
- Instead of meeting a deductible or paying co-insurance when you visit your provider in person, on the Kaiser Permanente plan you're only responsible for a co-pay.
- With same-day phone or video appointments, you can get care without making a trip to the doctor's office. Kaiser Permanente's telehealth options, including video visits and phone or email or online consultations, are available to you with no co-pay required.

Care Options	
In person; co-pays apply	Visit your doctor for routine care, preventive services, care when you're not feeling well, and more. You may also be able to schedule same-day appointments. You can see Kaiser Permanente experts in more than 40 specialties—most without a referral.
Video; no co-pay	Many Kaiser Permanente providers are available to meet face-to-face online for a convenient, secure way to get care wherever you are. Ask your provider if video visits are available to you.
Phone; no co-pay	Save yourself a trip to the office by scheduling a call with a Kaiser Permanente clinician for conditions that don't require an in-person exam.
E-visit; no co-pay	Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente provider.
Online; no co-pay	Chat live online with a Kaiser Permanente doctor to get advice, referrals, prescriptions, and more.
24/7 care and advice by phone; no co-pay	Call Kaiser Permanente for advice when you need it most and for help finding out what care is right for you. You can also schedule appointments and more.
Email; no co-pay	Message your provider's office anytime with non-urgent health questions. You'll get a response usually within two business days, if not sooner.

Kaiser Permanente Plan

Express, Urgent, Emergency, and Inpatient Hospital Care

SAME-DAY EXPRESS CARE

At select offices, you can quickly be seen by a certified nurse practitioner for issues such as pains and sprains; coughs, colds, and allergies; headaches; fever; and more. Walk in or make an appointment online or by phone.

24/7 URGENT CARE*

At the three Kaiser Permanente Advanced Care Centers, you can get urgent care 24 hours a day, even for more serious (but not life-threatening) issues such as deeper cuts, broken bones, stomach pain, or dehydration.

WALK-IN URGENT CARE*

In addition to 24/7 urgent care at Kaiser Permanente's three Advanced Care Centers, you have access to more than 60 affiliated urgent care locations. At these locations, you can walk in to get care for minor issues such as fever, severe sore throat, sprains, cuts, and earaches. For locations, visit **kp.org/facilities** and search the keyword "urgent care."

EMERGENCY CARE*

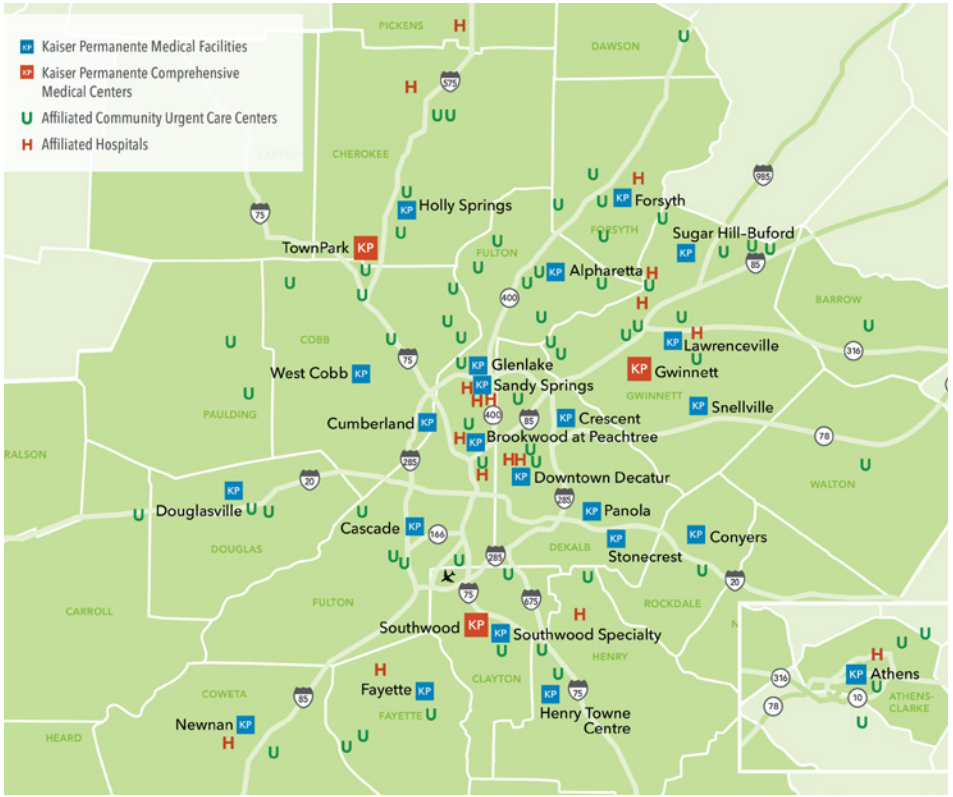
For medical emergencies, you have access to any hospital emergency room, including Emory Healthcare hospitals, even if the facility is not affiliated with Kaiser Permanente.

INPATIENT HOSPITALS

For scheduled hospital stays, you'll likely get your care at Emory University Hospital Midtown or Emory Saint Joseph's Hospital. There, Kaiser Permanente providers with access to your electronic medical record will be onsite to provide coordinated care.

** Call 911 or go to the nearest hospital emergency room for life-threatening emergency conditions that require immediate medical attention to prevent serious jeopardy to your health.*

Kaiser Permanente Locations



Kaiser Permanente Plan

Kaiser Permanente Plan Prescription Drugs

Kaiser Permanente's pharmacy system is the very heart of its "under one roof" care experience. In most of the 26 medical offices, you can conveniently pick up your prescription or consult a Kaiser Permanente pharmacist on your way out the door. No more traffic. No more stops.

Transitioning Your Prescriptions

Kaiser Permanente will help you transition your prescriptions from your current provider to a Kaiser Permanente provider. Call 404-365-0966 or 1-800-611-1811 (TTY 711) or visit **my.kp.org/emoryuniversity** for help to:

- Schedule a pharmacy telephone consult to review your medications. To help with the transition, you can usually get a temporary supply if needed.
- Schedule your first office visit to get your prescription written by your new provider. Just call Kaiser Permanente, or to view their formulary, visit **healthy.kaiserpermanente.org/georgia/health-wellness/drug-formulary** and choose "Mid and Large Employer group," then "2027 Five Tier Plan."

Picking Up Your Medication

Once you've transitioned your prescriptions:

- Get them filled at any one of the pharmacies at a Kaiser Permanente medical facility. When you get your prescription during your doctor visit, you can usually pick up your medication on the way out the door.
- Visit **kp.org/pharmacy** or use the Kaiser Permanente app to get most new or refill prescriptions mailed to you.

There's no charge for shipping and you can save money by ordering a 90-day supply. Just make sure you've registered on **kp.org** first.

Costs for Prescriptions Filled at a Kaiser Permanente Pharmacy
(located at Kaiser Permanente medical facilities)

Tier	30-Day Supply	31–60 Day Supply	61–90 Day Supply	Community Pharmacy* (first fill Only)
1—PREVENTATIVE GENERIC	$0	$0	$0	$0
2—PREFERRED GENERIC	$10	$20	$30	$10
3—PREFERRED BRAND	$30	$60	$90	$30
4—NON-PREFERRED	$60	$120	$180	$60
5—SPECIALTY	$90	$180	$270	N/A

* Community pharmacy partners are Walgreens and RiteAid.

Mail-Order Prescriptions

TIER	30-Day Supply	31–90 Day Supply
1—PREVENTATIVE GENERIC	$0	$0
2—PREFERRED GENERIC	$10	$25
3—PREFERRED BRAND	$30	$75
4—NON-PREFERRED	$60	$150

Kaiser Permanente Plan

Kp.org and the KP Mobile App (A Hub for Health Management)

Visit **kp.org/signup** to create your profile using your assigned medical record number and find providers and locations near you.

Kaiser Permanente's easy-to-navigate portal connects you to all of your Kaiser Permanente doctors, care providers, and medical information. When you visit **kp.org**, you can:

- Schedule and change routine appointments
- Check most lab results
- Refill most prescriptions
- Make personal action plans for ongoing care
- Manage a family member's care
- Get timely reminders for screenings and more
- Find Kaiser Permanente providers and services located at one of Kaiser Permanente's 26 medical facilities in the Atlanta metro area.

You can also use the Kaiser Permanente mobile app to manage routine appointments, refill most prescriptions for mail-order delivery, see most test results, and more. Visit the app store on your smart phone and search for "Kaiser Permanente" to find and download the app.

Tobacco Use

Tobacco Use Surcharge

To support the health and well-being of our employees, Emory has implemented a $50 per person monthly ($25 biweekly per pay period) tobacco use surcharge on medical plan contributions for employees and their spouses covered under the Emory medical plan who certify as a "tobacco user."

A "tobacco user" is someone who has used tobacco products within the past 90 days, but it does not include religious or ceremonial use of tobacco. The term "tobacco products" refers to any tobacco product, including cigarettes, cigars, pipes, all forms of smokeless tobacco, clove cigarettes, and any other smoking devices that use tobacco, such as hookahs, or simulate the use of tobacco, such as electronic cigarettes. When you enroll, you must certify online in Self-Service whether you are a tobacco user.

Reasonable alternatives are available so that you may avoid or waive the surcharge at any time if:

- You certify that you and/or your spouse have not used tobacco within the last 90 days; OR
- You and/or your spouse complete a tobacco-cessation program offered by Emory and available on **Tobacco Cessation** or selected by you and/or your spouse; OR
- A physician currently treating you and/or your spouse for a medical condition such as nicotine addiction determines that completing a tobacco-cessation program is not medically appropriate or is medically inadvisable. In this case, you and the treating physician will need to complete and return the **Tobacco Cessation Physician Affidavit form** to the Benefits Department.

To remove the tobacco-use surcharge for one of the reasons listed above, you must contact Emory Benefits. You can request that the tobacco use surcharge be waived any time during the year, but:

- Employees who qualify for a waiver and notify Benefits within 90 days of the start of the plan year will have changes applied retroactively to the beginning of the plan year and may be eligible for a refund. Requests received more than 90 days after the start of the plan year will become effective on the first day of the following month and are not eligible for retroactive refunds.
- New hires who qualify for a waiver and contact Benefits within 90 days of hire may receive a retroactive refund of the surcharge to the date of hire. Requests made after 90 days of hire are effective on the first of the following month and are not eligible for refunds.
- Employees with a family status change who qualify for a waiver and contact Benefits within 90 days of the effective date of the status change may be eligible for a retroactive refund. Requests submitted more than 90 days after the effective date will be processed effective the first day of the following month and are not eligible for retroactive refunds.
- If you believe you are being charged the surcharge in error, please contact Benefits as soon as you notice the charge.

Mail or email copies of the tobacco cessation completion certificate or tobacco cessation physician affidavit form to the following:

- University Employees: **hrbenef@emory.edu**
- Healthcare Employees: **ehc.hr.benefits@emoryhealthcare.org**

Emory University, Benefits and WorkLife, 1599 Clifton Road, NE, Atlanta, GA 30322

Medical Plan Rates Full Time

Costs for each medical plan option are based on your salary and your work status—full time (regular employees scheduled to work 30 or more hours per week) or part time (regular employees regularly scheduled to work between 20–29.9 hours per week). Full-time employee rates for the three salary-based rate bands are listed below.

Medical Plan—Full Subsidy Contributions
(for employees working at least 30 hours per week)

		HSA Plan		POS Plan		Kaiser Permanente Plan	
		Monthly	**Biweekly**	**Monthly**	**Biweekly**	**Monthly**	**Biweekly**
SALARY-BASED RATE BAND 1 Less than $60,000 annually*	Employee only	$43.00	$21.50	$72.00	$36.00	$60.00	$30.00
	Employee + child(ren)	$147.00	$73.50	$236.00	$118.00	$200.00	$100.00
	Employee + spouse	$243.00	$121.50	$361.00	$180.50	$303.00	$151.50
	Family	$334.00	$167.00	$508.00	$254.00	$426.00	$213.00
SALARY-BASED RATE BAND 2 Between $60,000 to $100,000 annually*	Employee only	$50.00	$25.00	$85.00	$42.50	$71.00	$35.50*
	Employee + child(ren)	$175.00	$87.50	$281.00	$140.50	$238.00	$119.00
	Employee + spouse	$288.00	$144.00	$429.00	$214.50	$360.00	$180.00
	Family	$397.00	$198.50	$604.00	$302.00	$507.00	$253.50
SALARY-BASED RATE BAND 3 More than $100,000 annually*	Employee only	$59.00	$29.50	$99.00	$49.50	$83.00	$41.50
	Employee + child(ren)	$205.00	$102.50	$330.00	$165.00	$278.00	$139.00
	Employee + spouse	$338.00	$169.00	$503.00	$251.50	$421.00	$210.50
	Family	$466.00	$233.00	$707.00	$353.50	$593.00	$296.50

** These medical plan rates do not reflect the monthly $50 per person tobacco-use surcharge. Learn more about the tobacco surcharge and available reasonable alternatives for avoiding the surcharge, such as completing a tobacco cessation program, at the Emory Benefits website (hr.emory.edu/eu/benefits) or by contacting the Benefits and WorkLife Department at 404-727-7613.*

** The rate for this plan was incorrectly stated on the rates chart included in the newsletter mailed to employee's homes. The correct rate for this plan is $35.50.*

Medical Plan Rates Part-Time

Part-time employee rates for the three salary-based rate bands are listed below.

Medical Plan—Partial Subsidy Contributions (for employees working at least 20–29.9 hours per week)							
		HSA Plan		POS Plan		Kaiser Permanente Plan	
		Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
SALARY-BASED RATE BAND 1 < $28.84 hourly/ $60,000 annually*	Employee only	$54.00	$27.00	$90.00	$45.00	$75.00	$37.50
	Employee + child(ren)	$184.00	$92.00	$295.00	$147.50	$250.00	$125.00
	Employee + spouse	$304.00	$152.00	$451.00	$225.50	$379.00	$189.50
	Family	$418.00	$209.00	$635.00	$317.50	$533.00	$266.50
SALARY-BASED RATE BAND 2 $28.84 to $48.07 hourly/$60,000 to $100,000 annually*	Employee only	$63.00	$31.50	$106.00	$53.00	$89.00	$44.50
	Employee + child(ren)	$219.00	$109.50	$351.00	$175.50	$298.00	$149.00
	Employee + spouse	$360.00	$180.00	$536.00	$268.00	$450.00	$225.00
	Family	$496.00	$248.00	$755.00	$377.50	$634.00	$317.00
SALARY-BASED RATE BAND 3 > $48.07 hourly/ $100,000 annually*	Employee only	$74.00	$37.00	$124.00	$62.00	$104.00	$52.00
	Employee + child(ren)	$256.00	$128.00	$413.00	$206.50	$348.00	$174.00
	Employee + spouse	$423.00	$211.50	$629.00	$314.50	$526.00	$263.00
	Family	$583.00	$291.50	$884.00	$442.00	$741.00	$370.50

** Annual salary based on someone who works 40 hours per week. These medical plan rates do not reflect the monthly $50 per person tobacco-use surcharge. Learn more about the tobacco surcharge and available reasonable alternatives for avoiding the surcharge, such as completing a tobacco cessation program, at the Emory Benefits website (hr.emory.edu/eu/benefits) or by contacting the Benefits and WorkLife Department at 404-727-7613.*

Medical Plan Comparison

	HSA Plan			POS Plan			Kaiser Permanente Plan
EMORY CONTRIBUTION	$300/$600[1]			None			None
EARNED INCENTIVES	$425/$850[2]			$425/$850[2]			$425/$850[2]
HEALTH SAVINGS ACCOUNT (HSA)	Yes			No			No
	Tier 1	**Tier 2**	**Tier 3[3]**	**Tier 1**	**Tier 2**	**Tier 3[3]**	
ANNUAL DEDUCTIBLE—SINGLE	$1,750	$1,950	$2,900	$850	$1,000	$2,000	$0
ANNUAL DEDUCTIBLE—FAMILY	$3,500[4]	$3,850[4]	$5,800[4]	$2,550	$3,000	$6,000	$0
OUT-OF-POCKET MAXIMUM[5]—SINGLE	$3,750	$5,500	$11,500	$3,000	$4,500	$11,250	$3,000
OUT-OF-POCKET MAXIMUM[5]—FAMILY	$7,500	$11,000	$23,000	$6,000	$9,000	$22,500	$6,000
OUT-OF-POCKET MAXIMUM[5] AGGREGATE	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PRIMARY CARE OFFICE VISITS[6]	10% after deductible	25% after deductible	50% after deductible	$15 co-pay	$35 co-pay	50% after deductible	$25 co-pay
PEDIATRICIAN AND PEDIATRIC BEHAVIORAL HEALTH	10% after deductible	25% after deductible	50% after deductible	$15 co-pay	$25 co-pay	50% after deductible	$25 co-pay
SPECIALIST OFFICE VISITS[7]	10% after deductible	25% after deductible	50% after deductible	$25 co-pay[7]	$50 co-pay[7]	50% after deductible	$35 co-pay
DIAGNOSTIC LABS	10% after deductible	25% after deductible	50% after deductible	10% co-insurance	25% co-insurance	50% co-insurance	$0
X-RAYS	10% after deductible	25% after deductible	50% after deductible	10% after deductible	25% after deductible	50% after deductible	$0
DURABLE MEDICAL EQUIPMENT	10% after deductible	25% after deductible	50% after deductible	10% co-insurance	25% co-insurance	50% after deductible	$0
ROUTINE PREVENTIVE CARE[8]	Plan pays 100%	Plan pays 100%	50% after deductible	$0 co-pay	$0 co-pay	50% after deductible	$0
EMERGENCY ROOM VISITS[9]	15% after deductible	25% after deductible	25% after deductible	$250 co-pay	$250 co-pay	$250 co-pay	$250 co-pay
HOSPITALIZATIONS: INPATIENT/OUTPATIENT COVERAGE	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible	$250 / $150 co-pay
BEHAVIORAL HEALTH/ INPATIENT	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible	$250
BEHAVIORAL HEALTH/ OUTPATIENT	10% after deductible	25% after deductible	25% after deductible	$15 co-pay	$25 co-pay	$25 co-pay	$25 co-pay

[1] $300 is contributed annually to the HSA for employee-only coverage. $600 when employee + spouse, employee + children, or family level coverage is elected. [2] Both employees and spouses can earn up to $425 in incentives (a maximum total of $425 for single and $850 for employee + spouse). [3] Amounts applied to deductible and out-of-pocket maximums are limited to the reasonable and customary charges. [4] Family deductible applies in the HSA plan when employee + spouse, employee + children, or family level coverage is elected. [5] Out-of-pocket maximum includes co-pays. [6] Includes services of an internist, general physician, family practitioner, dermatologist, and/or allergist. [7] An additional facility fee may be charged for your specialist visit, which may apply to your deductible or co-insurance. [8] Routine preventive care services ONLY are covered at 100% under the plan at the tier 1 and tier 2 network levels. Diagnostic services are subject to the deductible and co-insurance. [9] 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.

Well-being and Medical Plan Incentives

Earn Wellness Rewards

Emory provides the opportunity for eligible employees and spouses who are enrolled in the medical plan to earn rewards for healthy actions through Emory's new Wellness Rewards Program. You and your spouse can choose from a variety of different incentive activities. Both employees and spouses can earn up to $425 in incentives (a maximum total of $425 for single and $850 for employee + spouse).

New for 2027

The wellness platform transitions from Sharecare to AmeriBen Engage and you will have new ways to redeem your wellness incentives.

STEP 1: COMPLETE YOUR HEALTH ASSESSMENT

Complete your annual health assessment and earn:

- **HSA plan:** $50 HSA contribution
- **POS and Kaiser Permanente plans:** $50 premium discount

STEP 2: EARN POINTS YEAR-ROUND

Redeem up to $375 in rewards annually. Earn points for activities such as:

- Preventive care visits
- Physical activity tracking
- Healthy habit tracking
- Sleep and nutrition activities
- Wellness challenges

Earning opportunities and activity values will be shared in early 2027.

STEP 3: CHOOSE YOUR REWARDS

Use the Rewards Center to redeem your points. Points are not automatically redeemed. Redeem points by November 15, 2027. Rewards are redeemed in $75 increments, up to $375.

Choose from:

- Premium discounts
- HSA contributions (HSA participants)
- Gift cards

KEEP EARNING AFTER NOVEMBER 15

Continue earning points through December 31, 2027.

After November 15, you can no longer redeem points for premium discounts, HSA contributions, or gift cards. Instead, all additional points will automatically be converted into gift card sweepstakes entries.

Healthy Actions. Real Rewards.

Flexible Spending Accounts

Out-of-pocket expenses for health care and dependent day care can be difficult to manage. Emory offers two types of flexible spending accounts to help you set aside pretax funds to pay for these expenses.

A flexible spending account (FSA) is funded with money you contribute on a pretax basis. You can use FSA funds to pay for qualified out-of-pocket health care costs for 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 health care FSA or a dependent day care FSA.

TIP: You may want to think twice about enrolling in a limited purpose health care FSA. If you are making contributions to your HSA, those funds can be used for any IRS eligible medical, dental, and vision expense whereas the Limited Health Care FSA funds can only be used for dental and vision if you have not satisfied your HSA medical plan deductible.

Health Care FSA for POS or Kaiser Permanente Plans

You can contribute between $200 and $3,400 pretax annually into the health care FSA. All money you elect to contribute is accessible immediately and 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

Limited Purpose Health Care FSA for HSA Plan

HSA plan members are not eligible for the health care FSA but do have access to a limited health care FSA administered through Inspira Financial. You may use the limited FSA to reimburse yourself for dental and vision expenses and for medical expenses once your deductible has been met. **Members who elect a limited purpose FSA will be able to use the Inspira Financial debit card for dental and vision expenses.**

Grace Period for Health Care FSA

The risk of forfeiting money from your health care FSA has been reduced by a grace period (extra time in the following year to use your FSA money). For those with a current 2026 FSA, you will be able to use any remaining balance in your health care FSA at the end of 2026 to pay for expenses incurred through March 15, 2027. Any 2026 health care FSA funds not used by March 15, 2027, will be forfeited. To avoid forfeiture, purchase items such as eyeglasses, contact lenses and other approved health care FSA expenditures. Reimbursement requests using your previous year's remaining health care FSA balance must be filed by **May 15, 2027.** Please remember to keep all of your receipts and explanations of benefits from insurance companies, as they are required for verification of expenses.

Flexible Spending Accounts

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 $7,500 into this FSA. If you're married and file separately, you can contribute up to $3,750. If you are a highly compensated employee under the IRS definition (i.e., you had Emory earnings of more than $160,000 for 2026), you are restricted to an annual contribution of no more than $1,800. Unlike the health care FSA, you can only access the money that is currently in your account. To qualify for reimbursement, these expenses must be incurred so that you and/or your spouse can work or go to school. HSA plan members can also participate in the dependent day care FSA.

No Grace Period for the Dependent Day Care FSA

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 no later than December 31, 2026, and claims for the 2026 dependent day care FSA must be filed no later than **May 15, 2027**, to receive reimbursement. File by the May 15 deadline to avoid forfeiture of your 2026 FSA funds.

Don't miss the May 15, 2027, reimbursement deadline.

Inspira Financial Debit Card

All new FSA participants will automatically receive a new debit card in the mail for 2027. Please activate the card when you receive it. Current FSA participants who elect FSAs for 2027 will have their new balances loaded onto their existing card. 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, there may be a request for 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 Inspira Financial, the FSA administrator, to determine what supporting documentation is required. You can manage your account online at **inspirafinancial.com.**

GET REIMBURSED

Getting reimbursed from your FSA is easy. Just follow these steps:

1. Register on the AmeriBen Engage website at **engage.ameriben.com** after 1/1/2027 to download your medical explanation of benefits (EOB) or **aetna.com** for your dental explanation of benefits.
2. Register on the Inspira Financial website at **inspirafinancial.com.**
3. Enroll in direct deposit.
4. Follow the steps to upload documents.
5. Receive reimbursement in a few days.

Dental Coverage

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

Aetna Traditional Dental (PPO) Plan

The Aetna Traditional Dental (PPO) plan 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 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, subject to reasonable and customary levels.
- 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)
- Fluoride
- Sealants (permanent molars only)
- Bitewing X-rays
- Full mouth series X-Rays
- Space maintainers

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 Aetna DMO plan pays, go to **www.aetna.com.** Be sure to check with your dentist of choice before enrolling to ensure he/she is participating in the plan and accepting new patients.

Dental Plan Comparison

Dental Plan Comparison			
	Aetna PPO Plan		Aetna DMO Plan
	In-Network	Out of Network[1]	In-Network Only*
PREVENTIVE SERVICES (ROUTINE AND DEEP CLEANINGS, X-RAYS, ETC.)	$0	$0	$0
BASIC SERVICES (FILLINGS, ROOT CANAL, ETC.)	10%[2]	20%[2]	Scheduled
MAJOR RESTORATIVE (CROWN, BRIDGE, ETC.)	50%[2]	50%[2]	Scheduled
CALENDAR YEAR DEDUCTIBLE[3]	$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.

Dental Plan Rates

Dental Plan—Full Subsidy Contributions (for employees working at least 30 hours per week)				
	Aetna PPO Plan		Aetna DMO Plan	
	Monthly	Biweekly	Monthly	Biweekly
EMPLOYEE ONLY	$31.00	$15.50	$20.00	$10.00
2-PERSON	$69.00	$34.50	$40.00	$20.00
FAMILY	$113.00	$56.50	$66.00	$33.00

Dental Plan—Partial Subsidy Contributions (for employees working between 20–29.9 hours per week)				
	Aetna PPO Plan		Aetna DMO Plan	
	Monthly	Biweekly	Monthly	Biweekly
EMPLOYEE ONLY	$38.75	$19.38	$22.22	$11.11
2-PERSON	$83.00	$41.50	$45.96	$22.98
FAMILY	$139.00	$69.50	$72.58	$36.29

Vision Coverage

Vision Coverage

Emory offers an optional vision plan through EyeMed Vision Care. 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 Vision Care at **www.eyemedvisioncare.com.**

EyeMed Providers

EyeMed Vision Care offers a large network of providers, including the Emory Eye Center, LensCrafters, Pearle Vision, and many more. For a complete list of providers, call 855-270-2343 or go to **www.eyemedvisioncare.com**.

Select **Find a Provider** (top menu), enter your zip code, click on **Choose Network** and click **Select**, then click on **Get Results**.

Vision Plan—Full and Partial Subsidy Contributions
(rates apply to both full- and part-time employees)

	EyeMed Vision Care	
	Monthly	**Biweekly**
EMPLOYEE ONLY	$12.28	$6.14
EMPLOYEE + CHILD(REN)	$24.50	$12.25
EMPLOYEE + SPOUSE	$23.28	$11.64
FAMILY	$36.08	$18.04

Discounts at the Emory Eye Center

All Emory faculty and staff and their immediate family members are eligible to receive services and discounts at the Emory Eye Center. For a complete list of discounts, visit the benefits website. To schedule an appointment, call 404-778-2020.

IMPORTANT NOTE: Plan participants cannot use EyeMed Vision Care and discounts from the Emory Eye Center at the same time.

Life Insurance

Emory provides basic life insurance at no cost to you. The value of the basic life insurance benefit is 1x base annual salary, with a minimum of $10,000 and a maximum of $50,000 (for active employees). Enrollment is automatic, but you must select beneficiaries. Life insurance benefits are administered by the Standard Insurance Company.

Supplemental Life Insurance

You can elect supplemental life insurance coverage in increments of $10,000, up to a maximum of $750,000. Coverage elected up to $500,000 at the time of your initial eligibility does not require evidence of insurability (EOI). During each benefits annual enrollment period, you can elect to increase* your existing coverage up to $20,000 without satisfying EOI. If you are increasing your existing coverage by more than $20,000, EOI is required. If you initially waived coverage, EOI is required for any amount you elect.

Coverage for Your Spouse

You can elect supplemental life insurance coverage for your spouse in increments of $10,000, up to a maximum of $500,000. Coverage elected up to $100,000 at the time of your initial eligibility does not require EOI. During each benefits annual enrollment period, you can elect to increase* existing spouse coverage up to $10,000 without satisfying EOI. If you are increasing your existing coverage by more than $10,000, EOI is required. If you initially waived coverage, EOI is required.

* For employees who are currently on leave of absence, any increases to employee/spouse life insurance cannot be made until the annual enrollment immediately following the employee's return to work.

Coverage for Your Child(ren)

You can elect life insurance for your eligible child(ren) in increments of $2,000, up to a maximum of $10,000. Even if you initially waived coverage, no EOI form is required.

NOTE: You can purchase supplemental life insurance for a spouse or child(ren) without purchasing employee coverage.

DESIGNATE A BENEFICIARY

Since Emory provides you with life insurance benefits, you should designate a beneficiary, even if you do not sign up for supplemental life insurance benefits. Your beneficiary is the person(s) who will receive your life insurance benefits when you die. Your beneficiary can be a person or multiple people, charitable institutions, or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, you will want to review the beneficiaries on file and make updates if necessary. If you do not name a beneficiary, your life insurance benefits will be distributed in accordance with the policy. Use Self-Service to designate a beneficiary.

Life Insurance

Supplemental Life Rates	
Age of Employee/Spouse	**Monthly Rates per $10,000**
Less than 25	$.39
25–29	$.47
30–34	$.62
35–39	$.70
40–44	$.78
45–49	$1.16
50–54	$1.79
55–59	$3.71
60–64	$5.07
65–69	$9.86
70+	$16.00
Dependent Child(en)	**Rate**
Rate per $2,000 coverage	$.34

At age 70, supplemental life insurance coverage reduces to 65% of the original face amount; at age 75 it reduces to 50% of the original face amount.

EXAMPLE

Here is an example of how the cost for a supplemental life insurance policy is calculated for an employee, age 42, who elects a $100,000 supplemental life insurance policy.

Cost = ($100,000/$10,000) x .78 = $7.80 per month

Accidental Death and Dismemberment

Accidental Death and Dismemberment

Accidental death and dismemberment (AD&D) insurance provides coverage for non-job-related accidental dismemberment or accidental death.

You can purchase AD&D for you and your spouse in increments of $10,000 (up to $250,000). You can purchase coverage for dependent child(ren) at levels of $5,000, $10,000, or $15,000. Evidence of Insurability (EOI) is not required to enroll in this benefit.

Accidental Death and Dismemberment Rates		
	Coverage	Monthly Rates
EMPLOYEE/SPOUSE	$10,000	$.14
	$20,000	$.28
	$30,000	$.42
	$40,000	$.56
	$50,000	$.70
	$60,000	$.84
	$70,000	$.98
	$80,000	$1.12
	$90,000	$1.26
	$100,000	$1.40
	$110,000+	$1.54–$3.50
CHILD(REN)	$5,000	$.07
	$10,000	$.14
	$15,000	$.21

Designate a Beneficiary

Be sure to designate a beneficiary for your AD&D coverage. Your beneficiary can be any person(s), charitable organizations, or your estate. You should review your beneficiaries at least annually and make any necessary updates as needed. You do not need to name a beneficiary for spouse or child AD&D, as you are automatically the beneficiary for dependent coverage.

EXAMPLE

Here is an example of how the cost for an AD&D insurance policy is calculated for a monthly paid employee who elects $100,000 in coverage for the year.

Cost = ($1.40 x 12 months) = $16.80 per year

Short-Term Disability

Emory offers both a short-term and a long-term disability benefit through UNUM. These benefits provide an income in the event you become disabled due to an injury or illness that is not work related.

Short-Term Disability (STD)

Short-term disability (STD) coverage provides a benefit equal to 70% of your base salary for a period of up to 180 days, if your claim for benefits is approved. Emory offers the option of multiple waiting periods associated with the STD program. A waiting period is the length of time between your last day actively at work and the point in which you would be eligible to begin receiving your STD benefit. Currently, Emory offers the choice of four waiting periods: 15, 21, 30, or 60 days. For STD coverage, the benefit is tax free. You may enroll or decrease your waiting period during annual enrollment without evidence of insurability (EOI); however, preexisting condition exclusions will apply.

STD BENEFITS WILL BEGIN THE LATTER OF:

- The end of your STD waiting period; OR
- The date your accrued sick leave and optional use of paid leave (vacation or floating holidays) payments end.

You have the option to decide how much accrued leave to use after satisfying the waiting period. Concurrent payment of STD benefits and accrued leave is not permitted.

Short-Term Disability Rates	
Waiting Period	**Employee Cost per $100 Covered Salary**
15 days	$.72
21 days	$.65
30 days	$.36
60 days	$.20

EXAMPLE

Here is an example of how the cost for STD is calculated for an employee with a $50,000 salary who chooses a 60-day waiting period.

Cost = ($50,000/$100) x $.20 = $100 per year

NOTE: STD coverage added during annual enrollment is subject to preexisting condition exclusions. Any condition you were diagnosed with, treated for, or taking medication for within three months of January 1, 2027, will be excluded from STD benefits for 12 months after the effective date.

This same exclusion applies when you reduce your STD waiting period.

Long-Term Disability

Long-Term Disability (LTD)

With long-term disability (LTD) coverage provided by Emory, you can receive a benefit equal to 66.67% 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 180-day elimination period. Emory's LTD coverage has a monthly maximum benefit of $15,000. It is automatically provided after you have completed one year of service in a benefits-eligible status. For LTD coverage, the 66.67% salary benefit is taxable to the recipient, as LTD is employer paid.

Cost of Living Adjustment (COLA) Option

A feature within the LTD program is the ability for you to elect the COLA option. COLA provides a 4% annual increase to the level of your LTD benefits when your disability under the LTD plan lasts more than a year. The COLA adjustment is to keep the level of your disability payments/income in pace with inflation. COLA premiums are deducted from your paycheck after tax. COLA benefits received while on LTD are not subject to federal or state income tax. COLA is optional and is 100% employee paid. Enroll when you are initially eligible or during annual enrollment without evidence of insurability.

NOTE: COLA coverage added during annual enrollment is subject to preexisting condition exclusions. Any condition you were diagnosed with, treated for, or taking medication for, within three months of January 1, 2027, will be excluded from COLA benefits for 12 months after the effective date.

Supplemental Individual Disability Insurance (IDI)

Another feature within the LTD program is the ability for you to "buy up" and increase the level of income that is protected and paid as a benefit should a long-term disability occur. Emory provides LTD coverage at 66.67% of your base salary; individual disability insurance (IDI) provides the ability for you to purchase additional coverage, making the total income replacement benefit 75% while you are disabled. Since you pay the full cost to "buy up" under the IDI feature, the additional coverage or benefit payments related to IDI are tax free. IDI protection is also portable in the event you leave Emory.

Employees who earn at least $100,000 annually are eligible for this benefit. You must enroll when you are initially eligible during the first benefits enrollment period after the effective date of your long-term disability coverage. You will receive an email communication from the Benefits and Worklife Department when the enrollment period is available. Enrollment is only offered one time, so please take advantage of this important benefit when you receive notification. For more information, go to **www.unum.com** or call 800-421-0344.

COLA ENROLLMENT WITHOUT EVIDENCE OF INSURABILITY

Employees who are currently enrolled in long-term disability (LTD), but did not initially elect the cost of living adjustment (COLA), will be able to enroll in COLA during annual enrollment without answering questions about their health. However, preexisting condition exclusions will apply.

Other Benefits

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. Coverage is portable in the event you leave Emory. 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.**

Home and Auto Insurance

Emory provides access to this voluntary coverage through Farmers GroupSelect for home and auto insurance. 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 Farmers GroupSelect. 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 you leave Emory, you may continue your coverage through Farmers GroupSelect's direct bill program.

For more information or to receive a personal quote for home and auto insurance, call Farmers GroupSelect at 800-438-6381.

MetLife Legal Plans

Whether you have planned legal expenses or just want to be prepared for the unexpected, MetLife Legal Plans is available to meet your needs. Through the plan, you have access to more than 4,000 law firms and 9,000 attorneys nationwide for both telephone and office consultations. The plan covers a variety of services, from traffic or real estate matters to will and estate planning and more. Employees enrolled in MetLife Legal Plans will also have access to **Family First Caregiver Concierge Services,** which provides dedicated, multidisciplinary care experts to solve complex caregiving challenges such as:

- elder care
- child and adolescent well-being
- cognitive issues and dementia
- aging in place
- insurance and Medicare navigation, and much more

There are no claim forms, deductibles, hour limits, co-pays, or caps for covered services. Since this is a group plan, you receive discounted rates on the cost of coverage. The plan is portable in the event you leave Emory.

The plan is available for **$16.74 per month** and covers you, a spouse, and legal dependent(s)/child(ren). Participants in this plan who experience a qualified IRS family status change during the year must remain enrolled in the plan for the entire year. For more information, call MetLife Legal Plans at 800-821-6400.

NEW FOR 2027: MetLife Legal Plus Parents extends legal coverage to parents, parents-in-law, and grandparents for an additional $5.50 per month.

Entrepreneurship Support at Emory

At Emory, innovation isn't just encouraged, it's supported. As a faculty or staff member, you have access to a university-wide entrepreneurship and innovation ecosystem designed to help you explore, develop, and scale your ideas. Whether you're evaluating a new concept, developing a product or service, or building a company, Emory offers expert guidance and campus resources to support your journey. Learn more and start your journey at **innovate.emory.edu.**

Other Benefits

Adoption Reimbursement

Emory provides reimbursement for the costs of adopting a child. Eligible employees can receive reimbursement for qualified adoption expenses up to $5,000 per finalized adoption, not to exceed a lifetime benefit of $10,000. No action is required at annual enrollment. Applications for assistance should be submitted no later than 90 days after the official date of the adoption of a child. Information about the adoption reimbursement benefit is available on the Benefits website at **hr.emory.edu/benefits.**

Hinge Health: Digital Exercise Therapy at No Cost to You

Hinge Health is a digital program that helps you reduce joint and muscle pain, improve mobility, and prevent injuries, all from the comfort of home. Eligible Emory employees and dependents (18+) enrolled in the HSA or POS plans can participate at no additional cost—no copays or surprise fees. Your membership includes personalized exercise therapy from licensed physical therapists, 1-on-1 support from a dedicated health coach, video visits with physical therapists, and unlimited access to the Hinge Health app and Learning Center. Enroll at **hinge.health/emoryhealth-enroll** or call (855) 902-2777.

FlyteHealth: Virtual Weight Management Support

Emory has partnered with FlyteHealth to provide employees and adult dependents (18+) enrolled in the HSA or POS health plans with specialized, virtual weight management services. FlyteHealth's care team includes physicians certified by the American Board of Obesity Medicine, nurse practitioners, and registered dietitians. Just as your primary care doctor might refer you to a specialist for a muscle or bone concern, FlyteHealth connects you with an obesity medicine specialist for expert support in your weight management journey. Get started today. Visit **joinflyte.com/emory**.

Childcare Subsidy

Emory offers a childcare subsidy for eligible employees who need financial support with tuition expenses at the Clifton School, Early Emory, or Primrose at Emory Healthcare–Northlake Campus.

The subsidy can be applied towards tuition for children aged infant through prekindergarten, aftercare expenses for children enrolled in the Georgia Lottery prekindergarten, and summer camp for children enrolled in early education programming the remainder of the year at the Clifton School, Early Emory, and Primrose at Emory Healthcare–Northlake Campus. For information, visit **hr.emory.edu/eu/work-life/children-and-family/child-care/index.html.**

Other Benefits

Maven: Free Virtual Support for Pregnancy, Postpartum, Menopause, and Parenting

Employees and eligible dependents age 18+ enrolled in the HSA or POS plan have access to Maven at no cost. Maven provides personalized virtual support for pregnancy, postpartum recovery, menopause, and parenting. Access unlimited video appointments and secure messaging with specialists, including OB-GYNs, mental health providers, lactation consultants, career coaches, sleep coaches, and pediatric experts. You'll also receive support from a dedicated care advocate, educational resources, and personalized care plans designed to help you navigate every stage of your journey, from family planning through parenthood.

Sign up for free today at **mavenclinic.com/join/takecare** or download the Maven Clinic app.

Emory Reproductive Center: Fertility and Family-Building Support

For those exploring fertility and family-building options, the Emory Reproductive Center offers comprehensive services, including reproductive testing, IVF, fertility preservation, donor services, and LGBTQ+ family-building support. The center's multidisciplinary team provides advanced reproductive care and personalized treatment plans to help individuals and families achieve their goals.

Learn more at **www.emoryhealthcare.org/centers-programs/reproductive-center.**

Guidehealth®: Personalized Care Support at No Cost

HSA and POS plan members have access to Guidehealth, Emory's care management partner. Guidehealth provides personalized support to help you navigate health care, coordinate care, manage ongoing health conditions, recover after hospitalization, navigate high-risk pregnancies, and find the right providers and resources. Guidehealth services are available at no cost to you.

To connect with a care team member, call 770-615-2211, Monday through Friday, 9:00 a.m. to 5:00 p.m. ET.

LiveHealth Online®: Access Quality Virtual Care 24/7

Beginning January 1, 2027, HSA and POS plan members can speak with a licensed provider anytime, day or night, for only a $5 copay. Whether you need treatment for a minor illness, ongoing primary care support, or behavioral health services, virtual care makes it easy to connect with a provider without leaving home.

www.livehealthonline.com

Retirement Savings

Retirement may be just around the corner or far on the horizon—but it is never too late or 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, 403(b) Roth, and 457(b) Deferred Compensation 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 **pretax** pay and receive a basic contribution and matching contribution from Emory. 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 both of Emory's retirement plan vendors, **Fidelity Investments and/or TIAA.** For more information, visit the Benefits website at **www.hr.emory.edu/benefits.**

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 is 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 1/2. 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 2026 is $24,500 per calendar year (the limit for 2027 is not yet available). This limit is published annually by the IRS. If you are age 50 or over, you can make additional catch-up contributions (for 2026, the IRS limit is $8,000). Employees age 60, 61, 62, and 63 may make catch-up contributions up to $11,250. Contributions up to 2% will be matched by Emory.

Auto Enrollment

New employees will be automatically enrolled in the retirement plan with a contribution of 1% of their salary each pay period. Employees have the option to opt out of the election. If employees continue with the 1% contribution, the contribution will be automatically increased to 2% after one year. Employees can also opt out of the increase.

Eligibility for 'Employer' Contributions

All eligible full-time and part-time employees who are at least 21 years of age, have completed one year of service, and have worked at least 1,000 hours in a consecutive 12-month period are eligible to receive Emory's basic contribution. Eligibility for matching contributions becomes effective on the first day of the month you meet the eligibility requirement and contribute your own 1% or 2%.

Employees may be eligible to waive the one-year service requirement if they participated in their prior employer's sponsored retirement plan and received employer contributions in the plan immediately prior to joining Emory. You must complete the **Certification of Participation** in Self-Service (click on the **Benefits** tile, then **403(b) Certification,** and follow the instructions provided).

Retirement Savings

Emory's Basic Contribution

Once you are eligible, Emory provides a basic contribution of 6% of regular salary. When your eligibility requirement has been met, Emory's 6% contribution to your retirement will begin the first of the following month.

Emory's Matching Contribution

Emory will match employee contributions as follows:

- Your first 1% of regular salary contributed
  — Emory matches with a 1.5% contribution
- Your second 1% of regular salary contributed
  — Emory matches with a 1.5% contribution

For your 2% contribution, Emory matches a total of 3%.

EXAMPLE

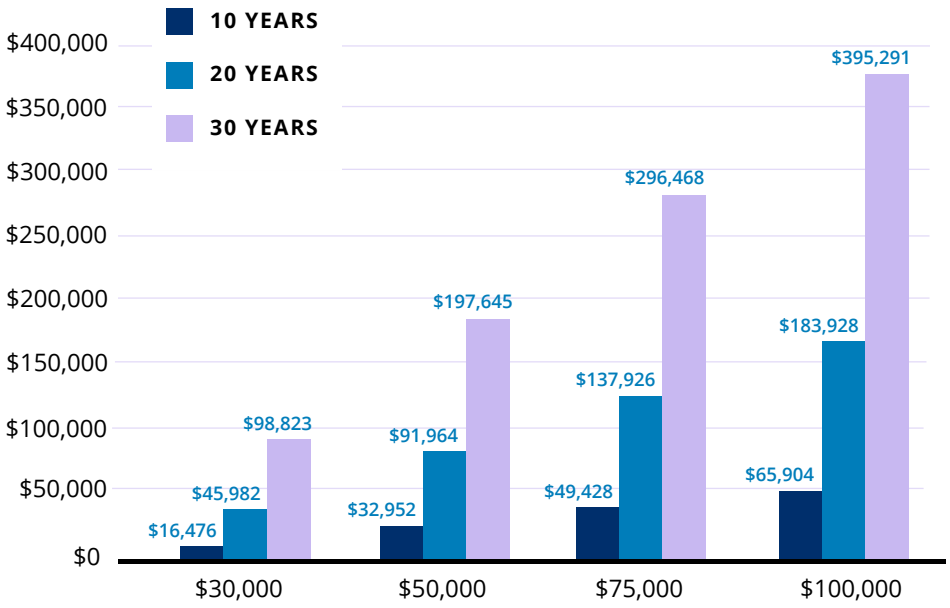
Here is an example of the total 403(b) contributions received for an employee who contributes 2%:

Employee Contribution = 2%
Employer Matching Contribution = 3%
Employer Basic Contribution = 6%

Total 403(b) Contribution = 11%

How Your Contributions Could Grow

Taking advantage of matching contributions can make a big difference. The chart below shows examples of different salary levels contributing 2% and matched by Emory's 3%. The example does not include Emory's basic contribution of 6%, which would make the totals even higher.



This hypothetical example assumes a $30,000, $50,000, $75,000, and $100,000 annual salary, respectively; a $0 initial retirement savings plan account balance; and a 6% annual rate of return compounded biweekly. Your own account may earn more or less than this example, and income taxes will be due when you withdraw from your account. Investing in this manner does not ensure a profit or guarantee against a loss in declining markets.

Retirement Savings

Vesting

For New Hires or Contributions after January 1, 2007, Vesting Is as Follows:	
Your Contributions	100% vested
Emory Basic Contribution and Matching Contribution	After completion of 3 years of service

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 benefits annual enrollment period). Enroll using Fidelity's NetBenefits website: **NetBenefits.com/Emory**). Visit **www.hr.emory.edu/benefits** for more information and step-by-step instructions. You can also make changes to your contribution amounts at any time throughout the year using NetBenefits.

457(b) Deferred Compensation Plan

The 457(b) Deferred Compensation Plan is another way for certain employees to set aside additional contributions for retirement. Participation in this plan is limited only to those employees who earn 125% of the IRS highly compensated employee salary limit or more per year. For 2026, this amount is $200,000 (the 2027 limit is not yet available).

- Emory does not contribute or match participant contributions to the 457(b) plan.
- Catch-up contributions to the 457(b) plan can only occur in the last three years prior to the normal retirement age of 65.
- The 457(b) plan has a different lineup of investment choices.

For more information about the 457(b) plan, including instructions on how to enroll, visit the benefits website at **www.hr.emory.edu/benefits.**

RETIREMENT COUNSELING SESSIONS

Fidelity Investments and TIAA offer individual retirement counseling sessions throughout the year on the 403(b) Savings Plan, 403(b) Roth, and the 457(b) Deferred Compensation Plans.

To make an appointment, visit the benefits website at **www.hr.emory.edu/benefits.** Appointments are currently being offered virtually.

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. Emory's SBC is available online at **www.hr.emory.edu/benefits.**

Tier 1 Network (For HSA and POS Plans)

Providers and facilities in the tier 1 network give you the maximum benefit available under the HSA and POS 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
- Emory Saint Joseph's Hospital
- Emory Hospital—Warner Robins
- Emory Hospital—Perry
- Children's Healthcare of Atlanta (including Arthur M. Blank and Scottish Rite)
- Grady Memorial Hospital (including Hughes Spalding)
- St. Francis Hospital (Columbus)
- Wesley Woods Geriatric Hospital

TIER 1 PHYSICIANS INCLUDE:

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

To locate a participating tier 1 physician or facility, go to **www.anthem.com/mcr/emory** or call AmeriBen at 844-511-1914.

Out-of-State Coverage (HSA and POS Plans)

If you or your covered dependents live outside of Georgia, search for providers in the tier 2 network at **www.anthem.com/mcr/emory.**

International Coverage (HSA and POS Plans)

If you live or travel outside the US, coverage for urgent/acute care is provided at the tier 2 network level. Routine care will be covered at the tier 3 level. Call AmeriBen Member Services at 844-511-1914 for more information.

Emergency Coverage (HSA and POS Plans)

Emergencies are always covered at the tier 2 network co-pay or co-insurance level. Contact AmeriBen Member Services within 48 hours.

Kaiser Permanente Network

You may only elect Kaiser Permanente if you live within the states of Georgia or California. If you live elsewhere, the Aetna HSA or POS plans are your allowable medical options. To search for Kaiser Permanente doctors and locations visit **kp.org/doctorsandlocations.**

Resources

Emory Provider Appointment Assistance

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. Emory employees and family members can simply call **404-778-3847** for expedited access to Emory physicians.

- Representatives are available Monday through Saturday from 8:00 a.m. to 5:00 p.m. and Sunday from 10:00 a.m. to 3:00 p.m. to assist you in making appointments with Emory Clinic providers.
- We will do our best to accommodate you within a time frame you are comfortable with. In many areas, we have reserved same day/next day appointment slots. If the access we can offer within the physician group practice does not meet your needs, we will connect you with an Emory-affiliated practice.
- Urgent appointments will be clinically reviewed to secure an appointment within a medically appropriate time frame.

Emory HealthConnection (HSA and POS Plans)

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.

MyChart: Emory Healthcare Patient Portal (HSA and 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 using 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.

The Pharmacy at Emory (HSA and POS Plans)

The Pharmacy at Emory offers full-service pharmacies in several locations, including on the Emory University Clifton Road campus. The hours at the Clifton Road campus are 9:00 a.m. to 6:00 p.m., Monday through Friday. For more information about this location or other Emory pharmacy locations, visit **www.emoryhealthcare.org/pharmacy.**

Numbers and Websites

Vendor/Organization	Phone Number	Website(s)
EMORY UNIVERSITY BENEFITS AND WORKLIFE DEPARTMENT ANNUAL ENROLLMENT WEBSITE	404-727-7613	www.hr.emory.edu/benefits www.hr.emory.edu/enrollment
AMERIBEN MEMBER SERVICES (MEDICAL, BEHAVIORAL MENTAL HEALTH, CLAIMS)	844-511-1914	engage.ameriben.com (available beginning 1/1/27)
INSPIRA FINANCIAL—FLEXIBLE SPENDING ACCOUNT	888-678-8242	www.inspirafinancial.com
ANTHEM BLUE CROSS BLUE SHIELD (PROVIDER AND FACILITY FINDER)	N/A	www.anthem.com/mcr/emory
AMERIBEN ENGAGE—WELLNESS PLATFORM (WELLNESS, CARE NAVIGATION, INCENTIVES)	844-511-1914	engage.ameriben.com (available beginning 1/1/27)
FIDELITY—HEALTH SAVINGS ACCOUNT	1-800-544-3716	www.fidelity.com
AETNA DENTAL (PPO AND DMO)	877-238-6200	www.aetna.com www.aetna.com/docfind/custom/emory
AFLAC	877-374-6909	www.aflac.com/emory
PRIME THERAPEUTICS (PHARMACY MANAGER—HSA AND POS PLANS)	877-427-9114	www.enrollment.prime-cap-rx.com/?client=emory
EMORY PROVIDER APPOINTMENT ASSISTANCE	404-778-3847	N/A
EYEMED VISION CARE (VISION PLAN)	855-270-2343	www.eyemedvisioncare.com
FIDELITY INVESTMENTS (RETIREMENT PLANS)	800-343-0860	www.netbenefits.com/Emory
METLIFE LEGAL PLANS	800-821-6400	www.legalplans.com
KAISER PERMANENTE (MEDICAL)	800-324-9208	my.kp.org/emoryuniversity
FARMERS GROUPSELECT HOME AND AUTO	800-438-6381	hr.emory.edu/eu/benefits/faculty-staff/home-auto/index.html
THE PHARMACY AT EMORY	404-778-2022	www.emoryhealthcare.org/pharmacy
TIAA (RETIREMENT PLANS)	800-842-2252	www.tiaa.org
THE STANDARD (LIFE INSURANCE)	866-756-8118	www.standard.com
UNUM (LONG-TERM CARE)	800-227-4165	www.unum.com
UNUM (SHORT-TERM DISABILITY, LONG-TERM DISABILITY, AND SUPPLEMENTAL LTD)	800-421-0344 (customer service) 800-858-6843 (claims)	www.unum.com

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YOUR BENEFITS

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