



EMORY
+YOU
Your Benefits

2023 Benefits Guide

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This guide is meant to provide basic benefit plan information. Every attempt has been made to ensure that the information included in this guide is accurate. For additional details and specific information, please contact the vendor or review the Summary Plan Description (SPD) for each plan. SPDs are available online at www.hr.emory.edu/benefits or by contacting the Benefits and WorkLife Department at 404-727-7613 for a printed version.

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

Benefits and WorkLife Department Office Hours:

Monday - Thursday:
8:00 a.m. to 5:00 p.m.

Friday: 11:00 a.m. to 5:00 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 benefit programs that 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, 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 that you elect.

When Coverage Begins

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

New Hires: If you are benefits-eligible, you must enroll during your first 31 days of employment with Emory. For optional benefits other than the 403(b), if you do not enroll during your first 31 days of employment, you will not receive coverage. Your next opportunity to enroll in optional benefits will be during the benefits annual enrollment period, typically held in the fall of each year for the upcoming year (i.e. fall of 2022 for the 2023 plan 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) (up to age 26), end of the month in which they turn 26.

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

Documentation can be uploaded in Self-Service. Log on to <http://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 below for a list of events which 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 from your initial election or mid-year family status change if one of the above situations applies to you and your family. If documentation is not received in a timely manner, the election/change requested will not be processed and the affected dependents will not be covered under Emory's plans. Legible copies of required documents are acceptable.	

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 24 through Monday, November 7, 2022**. 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 21, 1:00 pm**
- **Wednesday, October 26, 10:00 am**
- **Thursday, November 3, 2:00 pm**

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 benefits 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 (<http://leo.cc.emory.edu>) at any computer that has Internet connectivity. To access Self-Service, you will need your network ID and password. If you do not know your network ID or password, call the Libraries and Information Technology Help Desk at 404-727-7777 (available Monday – Friday, 7:00 am to 6:00 pm).

Steps to Enrolling Online

1. Log on to Self-Service <http://leo.cc.emory.edu>.
2. Click the *Annual Enrollment* tile.
3. On the *Welcome Instructions* page, use the left-hand guide to walk through the enrollment steps or use the *Next* button to navigate.
4. Complete the *Acknowledgment* step to proceed to your Benefits Enrollment.
5. 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.
 - If you select *Medical*, your Tobacco Certification will display.
 - Verify or update the information and click *Agree* to record your response(s).

6. After you have reviewed your benefits, click the *Save* button in the upper right-hand corner to store your elections.
7. 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.
8. 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).
9. Confirmation Statements will be emailed to your Emory email after annual benefits enrollment has closed.

Using ALEX® for Making Benefits Decisions

Annual benefits enrollment is the one time of year when you can explore all of the different plan options that are 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 lead you to 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.

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





Annual Enrollment Checklist

- Take some time to learn about all of the benefit options that are available to you. Read this **2023 Benefits Guide** carefully as you consider your plan choices. Emory provides a variety of tools and resources to help you make your benefits 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 benefit 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 (Healthcare and/or Dependent Day Care) or a Limited Healthcare FSA (for HSA Plan participants). Remember: you must actively enroll each year.
- HSA Plan members, decide if you want to make a contribution to your Health Savings Account.
- Actively enroll online through Self-Service (<http://leo.cc.emory.edu>) during the enrollment period: **October 24 through November 7, 2022**. Changes are effective on January 1, 2023. If you are currently enrolled in medical benefits and don't make a new medical plan election, your current coverage will roll over.
- Complete the tobacco use surcharge certification, if not already done.
- 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 2023 benefits elections after Monday, December 5, 2022 by visiting Self-Service online at <http://leo.cc.emory.edu>. You will receive an email reminder at this time. If you notice any errors, notify the Benefits and WorkLife Department immediately at 404-727-7613 or email us at hrbenef@emory.edu. After January 1, 2023, most elections cannot be changed except within 31 days of a family status change.

Making Changes

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

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

- Marriage, divorce or annulment
- Birth of a child
- Placement of a foster child or child for adoption with you, or assumption of legal guardianship of a child
- Change in your spouse's or dependent's employment status that affects benefits eligibility, including termination or commencement of employment, or change in worksite
- You or your spouse returns from 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 dependent care provider or cost for Dependent Care Flexible Spending Account

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

Completing a Family Status Change

Family status changes are completed online in Self-Service (<http://leo.cc.emory.edu>). Should you have questions or difficulty making your change mid-year, please contact the Benefits 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: Monday - Thursday: 8:00 a.m. to 5:00 p.m. and Friday: 11:00 a.m. to 5:00 p.m. Benefits and WorkLife Department, 1599 Clifton Road, 1st Floor.

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

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Medical Coverage

Emory offers comprehensive medical coverage to help protect you and your family from catastrophic medical costs. You can select from three different types of plans, depending on your needs.

For 2023, you have a choice of three medical plans:

1 — Aetna HSA Plan

2 — Aetna POS Plan

3 — Kaiser Permanente Plan

Aetna HSA and POS Plans

The Aetna 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.

Network Options

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. For a list of Tier 1 providers, see page 36.

Tier 2: Providers and facilities are part of both medical plans through Aetna. Co-pays, co-insurance and deductibles are higher than with Tier 1.

Tier 3: Providers and facilities that are not participating with Aetna are considered Out-of-Network. Costs are the highest.

To locate a Tier 1 or Tier 2 physician or facility, go to www.aetna.com/docfind/custom/emory.

Preventive Care

Routine preventive care is covered at 100% under both 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. A complete list of preventive care services can be found on the Benefits website.

Tier Zero Prescription Drugs

Both 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, are covered at 100% which means you pay \$0 for these drugs. See page 38 for the current list of Tier Zero medications.

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

- 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 20 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. States use funds from Medicaid or CHIP programs to help those who are eligible for these programs, but also have access to health insurance through an employer. For more information, go to: www.hr.emory.edu/eu/_includes/documents/sections/benefits/chip-notice.pdf.

Aetna 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 \$1,550 (Employee Only) or \$3,100 (Employee + Spouse, Employee + Children, or Family). The Tier 2 deductible is \$1,800 (Employee Only) or \$3,550 (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 \$3,100 (Tier 1) or \$3,550 (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. Tier 1 care is covered at 85% (you pay 15%); 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 that 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 (\$3,100 within Tier 1 or \$3,550 Tier 2). 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 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; see page 38 for a current list). 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-

Aetna HSA Plan

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 RETAIL MAXIMUM
Zero	0%	\$0
1	10%	\$25
2	20%	\$75
3	30%	\$120
4	40%	\$150

90-day supply is 2½ x the retail amount

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

1. Through CVS/caremark’s mail order service;
2. At a CVS retail pharmacy location; or
3. At an Emory pharmacy.

If you attempt to fill a maintenance drug at a pharmacy other than CVS or Emory, you will be charged the full retail cost. Examples include drugs used to treat high blood pressure, heart disease, asthma and diabetes, and birth control.

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 pre-tax contributions you make to the HSA.

1 — 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.

2 — Incentives: In addition to Emory’s annual contribution to your HSA, you can earn **up to \$1,100** in incentives (additional contributions you earn by completing various healthy activities). Your spouse may also be eligible for some of the incentives. See page 20 for details.

3 — Your Contributions: If you want a way to save tax-free for current or future eligible medical 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 over \$1,000 can be invested; and it is portable -- it goes with you to be used for qualified medical expenses if you leave Emory or when you retire.

If you are enrolled in the HSA Plan, you may not participate in a general Healthcare Flexible Spending Account (FSA). However, you can participate in the limited Healthcare 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.

Aetna HSA Plan

Additional HSA features

- Withdrawals from HSAs for qualified medical expenses are tax-free. If you withdraw money for any reason other than qualified medical expenses, you must pay income tax and a 20% IRS tax penalty.
- You must have a balance in your account to make a withdrawal.
- The maximum you can contribute to an HSA in one year is set by the IRS (in 2023, \$3,850 for single coverage and \$7,750 for family coverage). If you are age 55 or 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 2023 (i.e. switching from the POS Plan) and you have a balance in a 2022 Healthcare Flexible Spending Account (as of December 31, 2022), you are not eligible to contribute funds to an HSA or receive any funds in your HSA until April 1, 2023. Make sure your FSA balance is \$0 by December 31, 2022 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.

Did you know?

You have investment options if your HSA balance is typically at least \$1,000. Contact PayFlex at 1-888-879-9280 for more information.

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 over \$1,000 earns interest (tax-free) over time.

Aetna 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 expense you must pay for care, in most cases, after meeting your deductible). The deductible is a set amount that typically you must pay before co-insurance starts. See page 19 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/bi-weekly 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 Healthcare Flexible Spending Account (FSA) which allows you to set aside up to \$2,850 pre-tax dollars to help pay for medical expenses (see page 21 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: 85% (Tier 1), 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 and office visit co-pays.

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 five-tier structure (see chart below). You will pay the co-insurance amount subject to the retail minimum and maximum cost.

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

90-day supply is 2½ x the retail amount

You do not have to meet your deductible first.

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

Maintenance Drugs: If you take any maintenance prescription medications to treat certain ongoing medical conditions, you will need to fill your 90-day prescriptions in one of three ways: (1) Through CVS/caremark's mail order service; (2) at a CVS retail pharmacy location; or (3) at an Emory pharmacy. If you attempt to fill a maintenance drug at a pharmacy other than CVS or Emory, you will be charged the full retail cost.

Tier Zero: Emory pays 100% and plan participants will pay \$0 for drugs listed as Tier Zero. See page 38 for the current list of Tier Zero medications.

TIP: One way to save on your prescription costs is to buy generic drugs. Always ask your doctor and/or pharmacist if a generic version is available.

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. The Kaiser Permanente plan works differently than the Aetna 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.

Below are some important key points about this medical plan.

Get to Know Kaiser Permanente

Kaiser Permanente was founded over 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+ 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, 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 like 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 like 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 over 60 affiliated urgent care locations. At these locations, you can walk in to get care for minor issues like fever, severe sore throat, sprains, cuts, and earaches. For locations, visit kp.org/facilities and search 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 on site 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 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 my.kp.org/emoryuniversity/pharmacy and choose “2023 Five Tier plan formulary.”

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 just 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

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

* Community pharmacy partners are Walgreens and RiteAid.

Kaiser Permanente Plan

A hub for health management – kp.org and the KP mobile app

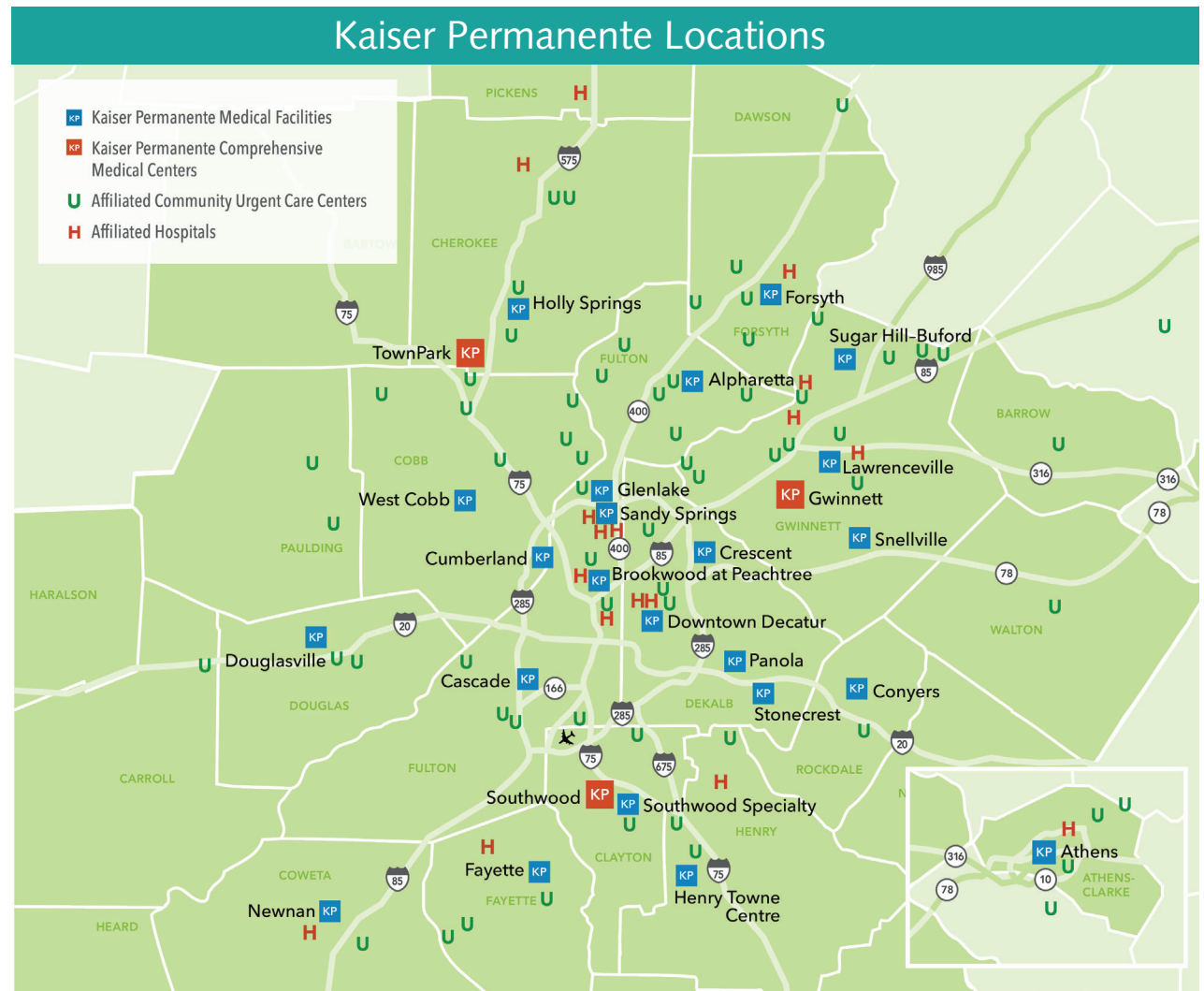
Visit kp.org/signup to create your profile using your assigned medical record number and find providers and locations near you.

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 Permanent 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.



Medical Plan Rates

2023 Medical Plan - Full Subsidy Contributions*

(for employees working at least 30 hours per week)

	Aetna HSA Plan		Aetna POS Plan		Kaiser Permanente Plan	
	MONTHLY	BIWEEKLY	MONTHLY	BIWEEKLY	MONTHLY	BIWEEKLY
Employee only	\$35.00	\$17.50	\$72.00	\$36.00	\$60.00	\$30.00
Employee + child(ren)	\$121.00	\$60.50	\$238.00	\$119.00	\$201.00	\$100.50
Employee + spouse	\$200.00	\$100.00	\$363.00	\$181.50	\$305.00	\$152.50
Family	\$276.00	\$138.00	\$510.00	\$255.00	\$429.00	\$214.50

2023 Medical Plan - Partial Subsidy Contributions*

(for employees working between 20-29.9 hours per week)

	Aetna HSA Plan		Aetna POS Plan		Kaiser Permanente Plan	
	MONTHLY	BIWEEKLY	MONTHLY	BIWEEKLY	MONTHLY	BIWEEKLY
Employee only	\$43.75	\$21.88	\$90.00	\$45.00	\$75.00	\$37.50
Employee + child(ren)	\$151.25	\$75.63	\$297.50	\$148.75	\$251.25	\$125.63
Employee + spouse	\$250.00	\$125.00	\$453.75	\$226.88	\$381.25	\$190.63
Family	\$345.00	\$172.50	\$637.50	\$318.75	\$536.25	\$268.13

* These medical plan rates do not reflect the monthly \$50 per person tobacco use surcharge.

Tobacco Use Surcharge: To support the health and wellness of our faculty and staff, Emory has implemented a **\$50 per person monthly tobacco use surcharge** on medical contributions for employees and their spouses who are covered by an Emory medical plan and use tobacco products. You must certify online in Self-Service whether or not you and your spouse have used tobacco within the last 60 days. The per person tobacco use surcharge will be waived if:

- You certify that you and/or your spouse have not used tobacco within the last 60 days; OR
- You are currently being treated by a physician for a medical condition such as nicotine addiction. In this case, you will need to complete and return a **Tobacco Free Physician Affidavit** to the Benefits and WorkLife Department. This form is available online at www.hr.emory.edu/enrollment.

Medical Plan Comparison

	AETNA HSA PLAN			AETNA POS PLAN			KAISER PERMANENTE PLAN
Emory Contribution	\$300/\$600 ¹			None			None
Earned Incentives	\$675/\$1,100 ²			\$675/\$1,100 ²			\$675/\$1,100 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	\$1,550	\$1,800	\$2,750	\$850	\$1,000	\$2,000	\$0
Annual Deductible - Family	\$3,100 ⁴	\$3,550 ⁴	\$5,500 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	15% after deductible	25% after deductible	50% after deductible	\$25 co-pay	\$35 co-pay	50% after deductible	\$25 co-pay
Pediatrician/Mental Health Physician Visit	15% after deductible	25% after deductible	50% after deductible	\$25 co-pay	\$25 co-pay	50% after deductible	\$25 co-pay
Specialist Office Visits	15% after deductible	25% after deductible	50% after deductible	\$35 co-pay	\$50 co-pay	50% after deductible	\$35 co-pay
Diagnostic Labs	15% after deductible	25% after deductible	50% after deductible	15% co-insurance	25% co-insurance	50% co-insurance	\$0
X-Ray	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible	
Durable Medical Equipment	15% after deductible	25% after deductible	50% after deductible	15% co-insurance	25% co-insurance	50% after deductible	\$0
Routine Preventive Care ⁷	Plan pays 100%	Plan pays 100%	50% after deductible	\$0 co-pay	\$0 co-pay	50% after deductible	\$0
Emergency Room Visits ⁸	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	15% after deductible	25% after deductible	25% after deductible	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay

¹ \$600 is contributed annually to the HSA by Emory when Employee+Spouse, Employee+Children or Family level coverage is elected. ² An annual maximum of \$675 in incentives can be earned (for Single level coverage) or \$1,100 (for Employee+Spouse or Family level coverage). 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 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. ⁸ Co-pay waived if admitted. **DISCLAIMER:** Every attempt has been made to ensure the chart and information above accurately reflects the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description (SPD) prevail.

Medical Plan Incentives



To encourage you to take an active role in your health and well-being, Emory provides financial incentives for your participation in healthy activities. That's right -- you can actually save money on your medical expenses by doing things that help you live a healthier lifestyle!

Incentives are applied to your medical plan:

- If you have the HSA Plan, you will get a deposit into your health savings account.
- If you have the POS Plan, you will get a credit toward your deductible or co-insurance. Incentives cannot be used for co-pays.
- If you have the Kaiser Plan, your incentives will be added to your Kaiser Permanente Health Reimbursement Arrangement (KP HRA) and can be used towards your medical and pharmacy co-pays.

Incentive activities must be completed between January 3, 2023 and November 15, 2023.



2023 INCENTIVES



Annual Preventative Wellness Exam: Earn your incentive by completing your annual preventative wellness exam with your physician. Available to employees and spouses on an Emory medical plan. **Earn \$100.**



Healthy Emory Connect's Real Age Health Assessment: Register on the Healthy Emory Connect platform and complete the Real Age Health Assessment. This incentive is for employees and spouses on an Emory medical plan. **Earn \$25.***



Healthy Emory Connect Programs: Earn incentives by completing challenges and participating in other virtual programs and activities offered through Healthy Emory Connect, a web platform and mobile app powered by Sharecare. This incentive is for employees and spouses on an Emory medical plan. **Earn up to \$300.***



Diabetes Prevention Program (DPP): Specifically for those who are at high risk of developing diabetes, the Diabetes Prevention Program (DPP) is a one-year, small group program that teaches you how to eat healthy, increase your physical activity, and manage your stress to prevent type 2 diabetes. This incentive is for employees on an Emory medical plan. **Earn up to \$250.***

** You must join Healthy Emory Connect in order to receive these incentives.*

Flexible Spending Accounts

Out-of-pocket expenses for medical care and dependent day care can be difficult to manage. Emory offers two types of Flexible Spending Accounts to help you set aside pre-tax funds to pay for these expenses.

A Flexible Spending Account (FSA) is funded with money you contribute on a pre-tax basis. You can use FSA funds to pay for qualified out-of-pocket health care costs for you and eligible dependents or dependent day care charges.

According to IRS regulations, each year you must enroll during your benefits annual enrollment period if you want to participate in either a Healthcare FSA or a Dependent Day Care FSA.

Healthcare FSA for POS or Kaiser Permanente plans

You can contribute between \$200 and \$2,850 pre-tax annually into the Healthcare 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 Healthcare FSA for HSA Plan

HSA Plan members are not eligible for the Healthcare FSA but do have access to a limited Healthcare FSA administered through Aetna PayFlex. You may use the limited FSA to reimburse yourself for dental and vision expenses and for medical expenses once your deductible has been met. You will not be issued a PayFlex debit card for the Limited Healthcare FSA so be prepared to pay for expenses using other methods (cash, check or credit card). Then, submit a claim form to be reimbursed for your eligible expenses.

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

Grace Period for Healthcare FSA

The risk of forfeiting money from your Healthcare FSA has been reduced by a grace period (extra time in the following year to use your FSA money). For those with a current 2022 FSA, you will be able to use any remaining balance in your Healthcare FSA at the end of 2022 to pay for expenses incurred through March 15, 2023. Any 2022 Healthcare FSA funds not used by March 15, 2023 will be forfeited. To avoid forfeiture, purchase items such as eyeglasses, contact lenses and other approved Healthcare FSA expenditures. Reimbursement requests using your previous year's remaining Healthcare FSA balance must be filed by **May 15, 2023**. Please remember to keep all of your receipts and Explanation 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 \$5,000 into this FSA. If you're married and file separately, you can contribute up to \$2,500. If you are a highly compensated employee under the IRS definition (i.e. you had Emory earnings of more than \$135,000 for 2022), you are restricted to an annual contribution of no more than \$2,400. Unlike the Healthcare FSA, you can only access the money that is currently in your account. To qualify for reimbursement, these expenses must be incurred so that you and/or your spouse can work or go to school. HSA Plan members 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, 2022 and claims for 2022

Dependent Day Care FSA must be filed no later than **May 15, 2023**, to receive reimbursement. File by the May 15th deadline to avoid forfeiture of your 2022 FSA funds.

DON'T MISS THE MAY 15, 2023 REIMBURSEMENT DEADLINE!

PayFlex Debit Card

All new FSA participants will automatically receive a new debit card in the mail for 2023. Please activate the card when you receive it. Current FSA participants who elect FSAs for 2023 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, PayFlex may request verification of expenses and you will need to submit appropriate documentation for the expense. If not received, the card will be deactivated until the expense can be substantiated as eligible under IRS definitions. Check with PayFlex to determine what supporting documentation is required. You can manage your account online at www.payflex.com.

GET REIMBURSED

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

1. Register on Aetna's website at www.aetna.com to download your medical or dental Explanation of Benefits (EOB).
2. Register on the PayFlex website at www.payflex.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: the Aetna Traditional Dental (PPO) or the Aetna Dental Maintenance Organization (DMO).

Plan 1 - Aetna Traditional Dental (PPO) Plan

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

Features of this plan include:

- Flexibility to choose any provider. This plan has a large number of In-Network providers.
- Reimbursements for most Out-of-Network claims, 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 of time)
- Fluoride
- Sealants (permanent molars only)
- Bitewing X-rays
- Full Mouth Series X-Rays
- Space Maintainers

Plan 2 - Aetna Dental Maintenance Organization (DMO) Plan

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

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

Dental Plan Comparison

2023 Dental Plan Comparison			
	Aetna PPO Plan		Aetna DMO Plan
	IN-NETWORK	OUT OF NETWORK ¹	IN-NETWORK ONLY*
Preventive Services (routine & deep cleanings, X-rays, etc.)	\$0	\$0	\$0
Basic Services (filling, root canal, etc.)	10% ²	20% ²	Scheduled
Major Restorative (crown, bridge, etc.)	50% ²	50% ²	Scheduled
Calendar Year Deductible³	\$50/person \$150/family	\$50/person \$150/family	None
Annual Plan Payment Maximums	\$1,500/person	\$1,500/person	None
Orthodontia:			
- Deductible	None	None	\$2,000 co-pay, limited to one treatment per lifetime
- Co-insurance	50%	50%	
- Lifetime Maximum	\$1,500	\$1,500	
* There is no Out of Network coverage in the Aetna DMO plan.			
¹ Amounts applied to deductible are limited to the Reasonable and Customary charges			
² After deductible			
³ Waived for preventive services			
DISCLAIMER: Every attempt has been made to ensure the chart and information above accurately reflect the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description (SPD) prevail.			

Dental Plan Rates

2023 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	\$27.00	\$13.50	\$19.00	\$9.50
2-Person	\$60.00	\$30.00	\$38.00	\$19.00
Family	\$98.00	\$49.00	\$62.00	\$31.00

2023 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	\$33.76	\$16.88	\$20.94	\$10.47
2-Person	\$72.00	\$36.00	\$43.32	\$21.66
Family	\$121.00	\$60.50	\$68.42	\$34.21

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.
- Single, bifocal, trifocal, lenticular lenses: \$0 co-pay.
- Progressive lenses: \$65 co-pay.
- Frames: Up to \$150 allowance, 20% off balance over \$150.
- Contact lenses (conventional and disposable): \$0 co-pay up to \$200 allowance. 15% off balance over \$200 on conventional lenses.
- Benefits provided once every 12 months for lenses or contact lenses.
- Contact lens and frame allowance 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.

2023 Vision Plan - Full & 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

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 Coverage through your Medical Plan

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

Discount to 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.

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(REN)	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 = $(\$100,000/\$10,000) \times .78 = \$7.80$ per month

Accidental Death & Dismemberment

Accidental Death & 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.

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.

Accidental Death & 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

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 60% 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, pre-existing 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	\$.75
21 days	\$.67
30 days	\$.37
60 days	\$.21

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.

$$\text{Cost} = (\$50,000 / \$100) \times \$.21 = \$105 \text{ per year}$$

NOTE: STD coverage added during annual enrollment is subject to pre-existing condition exclusions. Any condition you were diagnosed with, treated for, or taking medication for within three months of January 1, 2023 will be excluded for 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 60% of your base salary in the event you are unable to work due to a non-work-related injury or illness. With LTD there is a 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 60% 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 pre-existing condition exclusions. Any condition you were diagnosed with, treated for, or taking medication for, within three months of January 1, 2023 will be excluded for COLA benefits for 12 months after the effective date.

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, pre-existing condition exclusions will apply.

Supplemental Individual Disability Insurance (IDI), formerly Supplemental Income Protection (SIP)

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 60% of your base salary; Individual Disability Insurance (IDI) provides the ability for you to purchase an additional 15%, making the total income replacement benefit 75% while you are disabled. Since you pay the full the 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. You must enroll when you are initially eligible during the first benefits enrollment period after completing one year of service. Enrollment is only offered one time. For more information, go to www.unum.com or call 800-421-0344.

Long Term Care

Emory offers optional coverage for long term care through UNUM. Your coverage is portable, which means you may continue coverage when you leave Emory. Long term care is designed for people who need assistance with daily living activities due to an accident, illness or advancing age. You may receive long term care either in your home or in a facility. Benefits are paid when a physician certifies a person can no longer perform at least two of the following:

- Bathing
- Dressing
- Eating
- Toileting
- Transferring

There is a 60-day waiting period before benefits are paid. Monthly coverage can be purchased in increments of \$1,000 (from \$1,000 to \$8,000). You can elect a benefit of three years, six years or an unlimited duration.

Other family members also may take advantage of Emory's group rates, but there is no guarantee of coverage.

If you apply when first eligible, no Evidence of Insurability is required for up to \$6,000 in monthly benefits. If you apply after 31 days you must complete a medical questionnaire and be approved by UNUM.

For additional information, contact UNUM at 800-227-4165.

Other Benefits

AFLAC

Emory provides a 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 that 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 & Auto Insurance

Emory provides access to this voluntary coverage through Farmers GroupSelect for home and auto insurance. This coverage is available at group rates that are lower than those typically available to individual policy holders. You have access to a wide range of personal property and casualty insurance products through 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 that 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, 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. 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 that you leave Emory.

The plan is available for **\$15.74 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.

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 www.hr.emory.edu/benefits.

Retirement Savings

Retirement may be just around the corner or may be 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 **pre-tax** 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 are tax-free; however, the earnings on any contributions are taxed unless your account has been open at least five years and you have reached age 59 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 2022 is \$20,500 per calendar year (the limit for 2023 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 2022, the IRS limit is \$6,500). Contributions up to 2% will be matched by Emory.

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 participate in Emory's Contribution and/or Emory's Matching Contribution.

Eligibility for matching contributions becomes effective on the first day of the month you meet the eligibility requirement.

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 *Benefits* tile, then *403(b) Certification*, and follow the instructions provided).

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.

Retirement Savings

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%

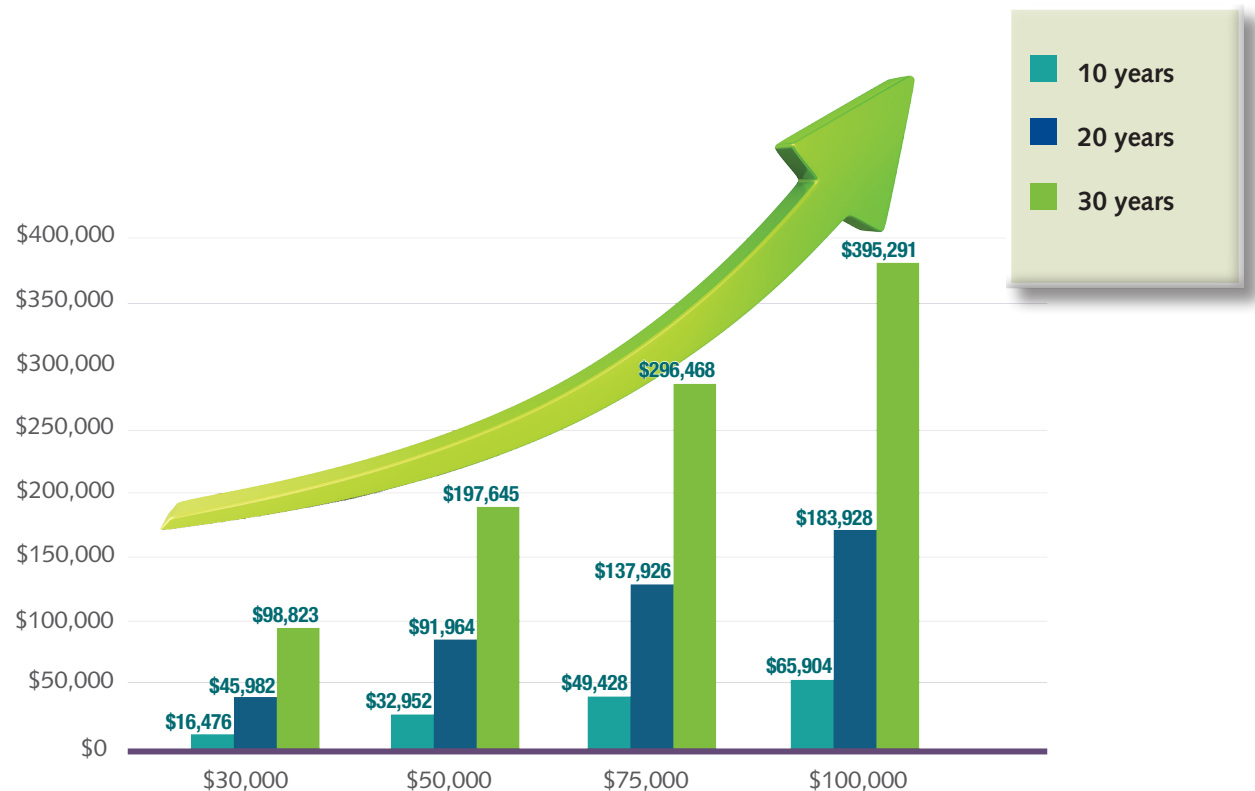
Employer Matching Contribution = 3%

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 (<http://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.

Retirement Counseling Sessions for all Retirement Plans

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 view the counseling schedule and to make an appointment, visit the benefits website: www.hr.emory.edu/benefits. Appointments are currently being offered virtually.

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 2022, this amount is \$168,750 (the 2023 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.

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 (HSA & POS Plans)

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

Tier 1 facilities include:

- Emory University Hospital
- Emory University Hospital Midtown
- Emory Decatur Hospital
- Emory Long Term Acute Care
- Emory Hillandale Hospital
- Emory University Orthopaedics & Spine Hospital
- Emory Johns Creek Hospital
- Emory Rehabilitation Hospital, in partnership with Select Medical
- Children's Healthcare of Atlanta (including Egleston and Scottish Rite)

- Grady Memorial Hospital (including Hughes Spalding)
- Emory Saint Joseph's Hospital
- St. Francis Hospital (Columbus)
- Wesley Woods Geriatric Hospital

Tier 1 physicians include:

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

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

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

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

International Coverage (HSA & POS Plans)

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

Emergency Coverage (HSA & POS Plans)

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

Kaiser Permanente Network

To search for Kaiser Permanente doctors and locations visit kp.org/doctorsandlocations.

8-EVIP (404-778-3847) Appointment Line (HSA & POS Plans)

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

- 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 timeframe you are comfortable with. In many areas, we have reserved

Resources

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 timeframe.

Emory HealthConnection (HSA & 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.

Emory Healthcare Patient Portal (HSA & POS Plans)

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

If you are not currently utilizing MyChart, sign up at www.emoryhealthcare.org/patientportal, or call 404-727-8820.

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

The Pharmacy at Emory (HSA & POS Plans)

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

Tier Zero Prescription Drug List (HSA & POS Plans)

ANTIRETROVIRAL THERAPY *

- Emtricitabine/tenofovir disoproxil fumarate 200 mg – 300 mg

BLOOD PRESSURE & HEART FAILURE

- Acebutolol HCL
- Amiodarone HCL
- Amlodipine Besylate
- Amlodipine/Olmesartan
- Amlodipine/Olmesartan/HCT
- Amlodipine/Valsartan
- Amlodipine/Telmisartan
- Atenolol
- Atenolol/Chlorthalidone
- Benazepril HCL
- Benazepril/Hydrochlorothiazide
- Betaxolol HCL
- Bisoprol/Hydrochlorothiazide
- Bisoprolol Fumarate
- Captopril
- Captopril/Hydrochlorothiazide
- Candesartan Cilexetil
- Candesartan Cilexetil/Hydrochlorothiazide
- Carvedilol
- Clonidine HCL
- Digoxin
- Diltiazem HCL
- Doxazosin Mesylate
- Enalapril Maleate
- Enalapril/Hydrochlorothiazide
- Eplerenone
- Esmolol HCL
- Felodipine
- Fosinopril Sodium

- Fosinopril/Hydrochlorothiazide
- Furosemide
- Guanabenz Acetate
- Guanfacine HCL
- Hydralazine HCL
- Hydralazine/Hydrochlorothiazid
- Hydralazine/Reserpin/Hctz
- Hydrochlorothiazide
- Irbesartan
- Irbesartan/Hydrochlorothiazide
- Isosorbide Dinitrate
- Isosorbide Mononitrate
- Isradipine
- Labetalol HCL
- Lisinopril
- Lisinopril/Hydrochlorothiazide
- Losartan Potassium
- Losartan Potassium/Hydrochlorothiazide
- Methyldopa
- Metolazone
- Metoprol/Hydrochlorothiazide
- Metoprolol Succinate
- Metoprolol Tartrate
- Minoxidil
- Moexipril HCL
- Moexipril/Hydrochlorothiazide
- Nadolol
- Nicardipine HCL
- Nifedipine
- Nimodipine
- Nisoldipine
- Nitroglycerin
- Olmesartan
- Olmesartan/Hydrochlorothiazide
- Papaverine HCLI
- Pindolol
- Prazosin HCL
- Propranolol HCL

- Propranolol/Hydrochlorothiazide
- Quinapril HCL
- Quinapril/Hydrochlorothiazide
- Ramipril
- Reserpine
- Sotalol
- Spironolact/Hydrochlorothiazide
- Telmisartan
- Telmisartan/Hydrochlorothiazide
- Terazosin HCL
- Timolol Maleate
- Torsemide
- Trandolapril
- Trandolapril/Verapamil
- Triamterene/Hydrochlorothiazide
- Valsartan
- Valsartan/Hydrochlorothiazide
- Verapamil HCL

CHOLESTEROL LOWERING

- Amlodipine Besylate/Atorvastatin Calcium
- Atorvastatin Calcium
- Cholestyramine
- Colestipol HCL
- Ezetimibe
- Fenofibrate
- Fenofibric acid
- Fluvastatin
- Gemfibrozil
- Lovastatin
- Niacin
- Omega-3 Polyunsaturated FA
- Pravastatin Sodium
- Simvastatin
- Rosuvastatin

CONTRACEPTIVES

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

DIABETES

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

SMOKING CESSATION

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

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

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

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

Numbers & Websites

VENDOR/ORGANIZATION	PHONE NUMBER	WEBSITE(S)
Emory University Benefits and WorkLife Department	404-727-7613	www.hr.emory.edu/benefits
Aetna Medical (Medical — HSA and POS Plans, Behavioral Mental Health, Incentives)	800-847-9026	www.aetna.com www.aetna.com/docfind/custom/emory
PayFlex (Health Savings Account & Flexible Spending Account)	888-678-8242	www.payflex.com
Aetna Dental (PPO & DMO)	877-238-6200	www.aetna.com/docfind/custom/emory
AFLAC	877-374-6909	www.aflac.com/emory
CVS/caremark (Pharmacy Manager — HSA & POS Plans)	866-601-6935	www.caremark.com
Emory Employees Appointment Line (EVIP)	404-778-EVIP	N/A
Emory Express Care Clinic	404-686-8587	https://www.hr.emory.edu/eu/wellness/general-health/occupational-injury-management/express-care-clinic.html
EyeMed Vision Care (Vision Plan)	855-270-2343	www.eyemedvisioncare.com
Fidelity Investments (Retirement Plans)	800-343-0860	www.netbenefits.com/Emory
Hyatt Group Legal (MetLife)	800-821-6400	www.legalplans.com
Kaiser Permanente	800-324-9208	my.kp.org/emoryuniversity
Farmers GroupSelect Home and Auto	800-438-6381	https://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, & Supplemental LTD)	800-421-0344 (Customer Service) 800-858-6843 (Claims)	www.unum.com



Emory University
Human Resources
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