

# 2023 Annual Benefits Enrollment

Post-65 Retiree/Spouse Dental, Vision and Catastrophic Prescription Coverage

# **Dental Coverage**

As a post-65 Emory retiree/spouse, you have the option to continue dental coverage through Emory with the Aetna Traditional Dental Plan (see below) or you can choose to receive your dental coverage through Via Benefits. If you elect to stay on the Aetna Traditional Dental Plan, your contribution amounts will be paid for through an automatic draft from your bank account. McGriff serves as Emory's retiree billing administrator and you will set up your payments with them. If you elect to receive dental coverage through Via Benefits, they will discuss payment options with you.

### **Aetna Traditional Dental (PPO) Plan**

The Aetna Traditional Dental (PPO) Plan is a conventional dental plan that allows you to see any dental provider. Some services require you to pay the deductible and applicable coinsurance. 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 the dental plan include:

- Flexibility to choose any provider. This plan has a large number of In-Network providers.
- 2. Reimbursement for most Out-of-Network claims.
- 3. Preventive services received by either In-Network or Out-of-Network providers are covered at 100% up to reasonable and customary levels. Some examples of routine preventive services include:
  - Oral examinations
  - Routine and deep cleanings
     (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

2023 Dental Plan Rates		
COVERAGE LEVEL	MONTHLY RATE	
Retiree only	\$50.00	
2-Person	\$100.00	
Family	\$165.00	

## Reasonable & Customary Charges (R&C)

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

# **Dental Coverage**

## 2023 Dental Plan Comparison

Aetna PPO Plan				
	IN-NETWORK	OUT OF NETWORK <sup>1</sup>		
Preventive Services (routine & deep cleanings, X-rays, etc.)	\$0	\$0		
Basic Services (filling, root canal, etc.)	10%²	<b>20</b> %²		
Major Restorative (crown, bridge, etc.)	<b>50</b> %²	<b>50</b> %²		
Calendar Year Deductible <sup>3</sup>	\$50/person \$150/family	\$50/person \$150/family		
Annual Plan Payment Maximums	\$1,500/person	\$1,500/person		
Orthodontia:				
- Deductible	None	None		
- Co-insurance	50%	50%		
- Lifetime Maximum	\$1,500	\$1,500		

<sup>&</sup>lt;sup>1</sup> Amounts applied to deductible are limited to the Reasonable and Customary charges

**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.

<sup>&</sup>lt;sup>2</sup> After deductible

<sup>&</sup>lt;sup>3</sup> Waived for preventive services

# Vision Coverage

Emory also offers post-65 retirees/spouses the opportunity to enroll in vision coverage through **EyeMed Vision Care**. EyeMed Vision Care offers a large network of providers including the Emory Eye Center, LensCrafters, Pearle Vision and more. For a complete list of providers, call 855-270-2343 or go to **www.eyemedvisioncare.com**: Select *Find a Provider* (top menu), enter your zip code, click on *Choose Network* and click *Select*, then click on *Get Results*.

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 online at: www.eyemedvisioncare.com.

### **Enrollment and Payment**

If you would like to enroll in vision coverage, or re-enroll in vision coverage, please complete the *Retiree Vision Plan Election Form*. The entire annual premium must be paid at the time of your enrollment. An ACH must be set up with McGriff if you do not already have an ACH for dental insurance payments. McGriff will make a one-time draft from your designated checking account for the annual vision premium.

2023 Vision Plan Rates		
COVERAGE LEVEL	ANNUAL RATE	
Retiree only	\$147.36	
Retiree + Spouse	\$279.36	
Retiree & Child(ren)	\$294.00	
Family	\$432.96	

Send your vision enrollment form and McGriff ACH form to:

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

OR email: Lauren.Rice@McGriff.com

#### **Questions?**

If you have any questions about the enrollment process, please contact the Benefits and WorkLife Department at 404-727-7613.

# Catastrophic Prescription Coverage

### **Catastrophic Prescription Coverage**

Emory provides eligible Post-65 retirees and spouses with Catastrophic Prescription coverage. You qualify for this benefit if you were hired prior to January 1, 2003. The Catastrophic Coverage Special Payments Benefit is for participants with high prescription drug expenses. This benefit provides additional funds to reimburse you for prescription drug out-of-pocket expenses once you meet the catastrophic coverage threshold. This threshold amount changes each year as directed by the Center for Medicare Services (CMS). The threshold is calculated by your Medicare prescription drug plan and documented on your Explanation of Benefits (EOB) statement. The threshold is defined as the true out-of-pocket cost (TrOOP).

### When do I submit a reimbursement request?

Once you have met the threshold, you must submit a Catastrophic Coverage Special Payments Reimbursement Request Form from Via Benefits each time you incur a prescription expense. You will need to provide supporting documentation with the form, such as an EOB statement from your Medicare prescription drug plan. All requests for reimbursement must be received by March 31 of the following year. Eligible prescription drug expenses incurred in the calendar year are reimbursable for participants with an active Health Reimbursement Arrangement.

#### How am I reimbursed?

Once your reimbursement request is approved, you will receive 100% of your eligible prescription drug out-of-pocket expenses incurred after the date you meet the catastrophic coverage threshold.

#### What else do I need to know?

Prescription drug expenses that qualify toward the catastrophic coverage threshold are the same expenses that apply toward your Medicare Part D Stage 4 catastrophic coverage. These expenses include the amounts paid by you for deductibles, coinsurance and copays for the cost of your prescription drugs. Medications not covered by your Medicare prescription drug plan are

not eligible expenses and will not be included in the summary.

The reimbursement of your prescription drug expense is limited to the cost of drugs incurred after the date you meet the catastrophic coverage threshold. Prescription drug plan premium payments and prescription drug expenses reimbursed from any other source are not eligible for reimbursement.

Please contact Via Benefits at 1-855-241-5720 for additional information.

# **Numbers & Websites**

VENDOR/ORGANIZATION	PHONE NUMBER	WEBSITE(S)
Emory University Benefits and WorkLife Department	404-727-7613	www.hr.emory.edu/benefits
Post-65 Retiree Enrollment Webpage		www.hr.emory.edu/post65retiree
Emory Healthcare Employee Resource Center	404-686-6044	N/A
Aetna Traditional Dental	877-238-6200	www.aetna.com/docfind/custom/emory
Administration for Community Living Region III	404-562-7600	www.acl.gov
Emory Employees/Retirees Appointment Line (EVIP)	404-778-EVIP	N/A
EyeMed Vision Care (Vision Plan)	855-270-2343	www.eyemedvisioncare.com
Fidelity Investments (Retirement Plans)	800-343-0860	www.netbenefits.com/Emory
Government Resources	800-333-4636	www.usa.gov
Internal Revenue Service	404-338-7962	www.irs.gov
Medicare	800-633-4227	www.medicare.gov
McGriff (Aetna Dental payments, Vision Enrollment forms and payments)	678-367-3107	www.McGriff.com
National Council on Aging - BENEFITSCheckUp	571-527-3900	www.benefitscheckup.org
Pharmacy at Emory	404-778-2022	www.emoryhealthcare.org/pharmacy
Social Security Administration	800-772-1213	www.ssa.gov
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
Via Benefits	855-241-5720	https://my.viabenefits.com/emory
Volunteer Emory	404-727-6269	www.volunteer.emory.edu

# **Take Action**

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#### Learn more

Learn more about all of the benefits that are available to you, from both Emory and Via Benefits. You can visit Via Benefits online at https://my.viabenefits.com/emory.

Visit Emory's Post-65 Retiree
Annual Enrollment website at
www.hr.emory.edu/post65retiree
for more information and to
download enrollment forms

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### **Complete your enrollment**

If, after reviewing all of your options, you decide to make any changes to your coverage for 2023, you need to submit the appropriate forms. These forms must be postmarked by October 21, 2022.

## If you are an Emory University retiree, send dental enrollment form to:

Emory University Human Resources
Benefits and WorkLife Department
1st Floor
1599 Clifton Road
Atlanta, GA 30322
Fax: 404-727-7145

## If you are an Emory Healthcare retiree, send dental enrollment form to:

hrbenef@emory.edu

Emory Healthcare Employee Resource Center 550 Peachtree Street Atlanta, GA 30308 Fax: 404-686-4750

ehc.hr/benefits@emoryhealthcare.org

Emory University and Emory Healthcare retirees, send vision enrollment form and McGriff ACH form to:

McGriff-Emory P.O. Box 896881 Charlotte, NC 28289-6881 Lauren,Rice@McGriff.com

Note: An ACH Form is only needed if you don't already have an ACH for dental.

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## **Check your beneficiary**

Be sure to check and make sure the beneficiary(ies) you have listed on your life insurance policy are up-to-date. If you need to make a change, complete and submit the Life Insurance Beneficiary Form.

### **Need help?**

If you have questions, one of our Benefits Specialists is available to assist you based on the first letter of your last name (404) 727-7613:

LAST NAME BEGINS WITH	BENEFITS SPECIALIST
A-I	Lavita Nance
J-Q	Rita Calderon
R-Z	Ervin Stewart

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



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

## **TAKE ACTION!**

Emory's annual benefits enrollment for Post-65 Retirees will run through October 21, 2022. Find out what steps you need to take to enroll in your benefits for the upcoming year.

