



2023 Benefits Guide

Team EHC: The Smart Choice

For more than 100 years, Emory Healthcare has been a vital part of the Atlanta community, providing hope to our local community and around the world. Whether a patient comes to us for a routine physical, sports injury, cancer treatment or complex surgery, our specialized care is unmatched, and that’s because of each of you.

As a member of Team EHC, you play a vital role in defining a new standard of care for humankind. We are pleased to recognize your contributions with a benefit package that offers a robust selection of medical, dental, vision, retirement, disability and other work/life benefits for you and your loved ones.

We encourage you to take a close look at the information provided in this guide to help you select the options that are right for you and your family. Our plans are just one of the many ways Emory Healthcare helps you take care of yourself and your family.

This guide provides basic benefit plan information. For additional details and specific information, please contact the vendor or review the Summary Plan Description (SPD) for each plan. SPDs are available on Emory Healthcare’s intranet at ourehc.org/benefits. You may also contact the Employee Resource Center at 404-686-6044 or ehc.hr.benefits@emoryhealthcare.org for a printed version.

DISCLAIMER: Emory Healthcare reserves the right to terminate or amend its plans and leave policies in whole or in part at any time, including the right to terminate or modify coverage, and the cost of coverage, for any group of employees, whether active, on leave or retired, and/or dependents at any time, even during a leave or after retirement. The welfare plans do not provide vested benefits.

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How to Enroll

Benefit enrollment is available 24 hours a day through our enhanced e-Vantage Enrollment Tool found on Emory Healthcare's intranet, ourehc.org. To access e-Vantage, you will need your network ID and password. If you do not know your network ID or password, call 8-HELP (404-778-4357) for assistance.

REMEMBER: If logging in to e-Vantage from outside the Emory Healthcare network (e.g., at home), you will need to complete your Duo Security Two-Factor Authentication enrollment. For more information, visit ourehc.org/duo or call 8-HELP (404-778-4357).

1. Go to ourehc.org and select e-Vantage on the home page to log in with your network ID and password.
2. In the top drop-down, select Self Service. In Self Service, click the Benefits tile and select Benefit Enrollment.
3. Choose Start to view your election options. Be prepared with the Social Security number(s) and date(s) of birth for any eligible dependents you wish to enroll in your benefit plans.
4. Click on the tile for each benefit offering that you would like to enroll you and/or your eligible dependents.

5. If you select the medical tile to enroll, the Tobacco Surcharge Certification will require you to answer questions before you can view the medical plan options.
6. **IMPORTANT:** You must click the green **Save** button at the top right side of the page to save your changes. If you do not want to save or make changes, you must click the **Cancel** button at the top left side of the page.
7. When ready to review your enrollment elections, click **Review Enrollment** at the top left of the page.
8. When ready to submit your enrollment elections, click the green **Submit Enrollment** button on the top right of the page. Once you have submitted your elections, you can click **View** to review your Election Preview Statement.

Be Safe

- Do not share your network ID or password with anyone, or leave the information out where others can see it.
- When you are finished, make sure to log out and close the internet browser to protect your personal information.

Personal 1:1 Benefits Education and ALEX® Online Benefits Counselor Tool

There is a lot to think about when making your 2023 benefit elections and we're here to help! Throughout the year, you can take advantage of our 1:1 personal counseling sessions with a benefits advisor and the ALEX online benefits counselor tool. Learn more at ourehc.org/benefits.

Need a computer?*

- **Emory Decatur Hospital**
 - Computer Classroom 802
 - Computer Training Tower 4055
- **Emory Hillandale Hospital**
 - Education Computer Classroom
- **Emory Long-Term Acute Care**
 - Computer Lab
- **Emory University Hospital**
 - Learning Resource Center
2nd Floor, Room E214
- **Emory University Hospital at Wesley Woods**
 - Houston Building, Main Lobby

- **Emory University Hospital Midtown**
 - Learning Resource Center
Glenn Bldg, 2nd Floor, Room 4709
 - Human Resources
W.W. Orr Bldg, 5th Floor
- **Emory University Orthopaedics & Spine Hospital**
 - Human Resources
MOB, 2nd Floor
- **Emory Johns Creek Hospital**
 - Human Resources
- **Emory Saint Joseph's Hospital**
 - Human Resources, Doctor's Office
Building

*Note, some locations may be closed due to COVID-19.

Your Benefits

As an Emory Healthcare employee, you are eligible to enroll in a wide range of benefit programs to help you get the most out of life.

Some benefits offered by Emory Healthcare are employer provided, and coverage is automatic if you are eligible. These programs include basic life insurance, long-term disability coverage and a basic contribution to the 403(b) retirement plan.

Other benefits give you choices and require you to enroll – such as your medical, dental, vision, flexible spending accounts and other voluntary plans outlined in this guide. For these plans, you contribute toward the cost of the benefits you elect.

Please spend a few minutes reviewing this guide to learn more details about the plans and offerings available and which programs will work best for you. If you have questions and would like to speak with someone, contact the Employee Resource Center at **404-686-6044** or **ehc.hr.benefits@emoryhealthcare.org**.

For more information on retirement plan options, view the Discover Your Retirement Options Guide located on Emory Healthcare's intranet at **ourehc.org/benefits**.



Employee Resource
Center: 404-686-6044
ehc.hr.benefits@emoryhealthcare.org

Understanding Your Benefits

Here are a few terms you may see throughout this guide:

Benefits-eligible: You are a regular, full-time or part-time employee scheduled to work 20 hours or more per week.

Coinsurance: Once you reach your annual deductible, costs for care are split between you and the plan. The amount you are responsible for is the coinsurance.

Copay: This is the amount you pay at the time of service. This is a fixed rate for service, regardless of whether you have met your deductible for the year.

Deductible: This is the amount you pay for health care services before your health insurance begins to pay.

Flexible Spending (FSA) vs. Health Savings Account (HSA): With all plans, you can contribute pretax dollars to help cover qualified health care costs.

- The HSA is a consumer-directed health plan, where members are responsible for meeting a deductible before the insurance kicks in. It has a higher deductible than a POS plan, and Emory Healthcare makes a contribution to the account to help you meet your deductible. When you earn wellness incentives, those incentives are added to the bank in your HSA, plus, the HSA rolls over at the end of the year. That said, you must have money in your HSA to cover medical expenses or you will have to pay out of pocket. You can adjust your contribution amounts throughout the year, up until you reach the allowed contribution limit.
- For the FSA, money contributed does not roll over at the end of the year. The contribution maximum is lower, and it can be used to pay for expenses like prescriptions, dental and vision. You can only change your contribution amounts during open enrollment, but you do have access to the full amount of your expected contributions at any time during the year. A FSA Planning Worksheet is included in the Your Resources section at the end of this guide to help you calculate what you should contribute to a FSA.

Benefits 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.

If you elect coverage, your dependents also are 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. Child(ren) are eligible:
 - Up to age 26.
 - Regardless of age, if fully disabled and unmarried, provided he/she became fully disabled prior to age 19 or between the ages of 19 and 26, if the 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 may be required to provide documentation substantiating the eligibility of your dependent(s) within 31 days of the change or enrollment.

If documentation is not received within 31 days, a letter will be mailed to you requesting the documentation within a given deadline. See the Change in Coverage table on the following page for a list of events that require documentation.

Benefits Eligibility Continued

Coverage Begins

For benefits-eligible employees, most benefits begin on your date of hire. You must enroll within the first 31 days of employment to receive coverage for benefits other than the 403(b) and supplemental long-term disability. If you miss this window, your next opportunity to enroll in benefits is during the annual benefits enrollment period each fall, or if you experience a qualified family status change (see below). Life insurance and long-term care benefits require Evidence of Insurability (EOI) for late enrollees. Some new hire circumstances require additional documentation. See table below for details.

Changing Your Coverage

If you are a current, benefits-eligible Emory Healthcare employee, each fall, you have the opportunity to review and update your benefits elections for the upcoming plan year. The IRS provides strict regulations about changes to pretax elections during the plan year; however, changes are permitted under specific

circumstances called qualified family status changes, such as:

- Marriage, divorce or annulment, or death of spouse or dependent
- 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
- You or your spouse returns from unpaid leave of absence
- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid
- Change in your employment that affects benefits eligibility
- Loss of eligibility for a dependent
- Change in dependent care provider or cost for Dependent Day Care Flexible Spending Account

Family Status Change Event	Documentation to Submit
Dependent loss of the state’s CHIP plan	A copy of the Certificate of Creditable Coverage or a termination letter that lists the date your coverage ended
Judgment, decree or court order allowing you to add or drop coverage for a dependent child	A copy of the court order awarding custody or requiring coverage
Legally married couples with different last names	Proof of marriage such as marriage certificate or jointly filed tax return
Dependent child with a last name different than yours	A copy of the birth certificate or a court document awarding custody or requiring coverage
Dependent child over age 26 (also required when enrolling for the first time as a new hire)	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)
Employee with five dependents who adds a sixth or more dependent (also required when enrolling for the first time as a new hire)	Birth certificate AND either a court document or the tax return from the parent claiming the child must be submitted (current or previous year only)
Employee with a 50+ age difference with dependent(s) (also required when enrolling for the first time as a new hire)	Birth certificate AND either a court document or the tax return from the parent claiming the child must be submitted (current or previous year only)
Change of residence inside or outside of the plan area	A copy of your visa and/or passport that shows the date of entry or exit from the plan area

REMINDER: You must provide the documents listed above to the Employee Resource Center 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 Healthcare’s plans. Legible copies of required documents are acceptable.

Benefits Eligibility Continued

If you have a qualified family status change, you must make a change request within 31 days of the event, or you will not be able to change your elections until the next annual benefits enrollment period. The change request must be consistent with the qualifying event. To make a family status change, log in to e-Vantage on ourehc.org and click Self Service in the top dropdown. Select the Benefits tile and click Family Status Change.

As you decide what change is right for you, keep in mind that, even if you change your medical plan option, you are not allowed to change the type of health care spending account that you have (e.g., general purpose or limited purpose).

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.

More information can be found in the Medical and FSA Summary Plan descriptions on ourehc.org/benefits.

Coverage Ends

For most benefits, coverage for you and/or your dependents 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 Healthcare ends due to resignation, termination or death; or
- You stop paying your share of the coverage.

Coverage for your dependents ends on the last day of the month that the dependent is no longer eligible. For dependent children (up to age 26), this is the end of the month in which they turn 26.



Your Health

The following are tips for saving money on health care:

Commit to healthy living: Eat well, exercise and steer clear of unhealthy habits such as smoking and excessive alcohol consumption.

Use a Primary Care Provider (PCP): Patients with a PCP have better management of chronic diseases, lower overall health care costs and a higher level of satisfaction with their care. If you don't have a PCP, you can find one by calling **Emory HealthConnection** at 404-778-7777 or online at aetna.com/docfind/custom/emory (HSA or POS plans). If you have the Kaiser Permanente plan, visit kp.org to find a PCP.

Stay in your Network: When looking for a health care provider, select a Tier 1 network provider (HSA or POS plans) or Kaiser Permanente provider (Kaiser Permanente plan).


Get preventive screenings: Annual well-visits with your PCP give you an opportunity to work on health goals. It also provides a time to receive necessary medical advice and identify health concerns before they become major issues.

Consult with your doctor: Always ask your doctor about lower cost alternatives for recommended care, services and prescriptions.

Avoid the emergency room for non-emergencies: If you need to see a doctor after hours for a relatively minor issue, such as a sprained ankle or a cold, use an urgent care facility or a CVS MinuteClinic if you have the HSA or POS plan. If you have the Kaiser Permanente plan, you have access to same-day Express Care or 24/7 urgent care at three Kaiser Permanente Advanced Care centers and walk-in urgent care at over 70 affiliated urgent care locations. Visit kp.org for locations.

Use generic medications: Generic medications cost significantly less than brand medications; ask your provider or pharmacist to prescribe generics whenever possible.

Use a Flexible Spending Account or Health Savings Account: These accounts save you money because deductions are made before state, federal and Social Security taxes are withheld from your paycheck.



Employee Resource
Center: 404-686-6044
[ehc.hr.benefits@
emoryhealthcare.org](mailto:ehc.hr.benefits@emoryhealthcare.org)

Medical Plans

Everyone's health care needs are different. That's why it's important to carefully decide which medical plan will work best for you. You have a choice between three medical plans – a Health Savings Account Plan (HSA) or Point of Service Plan (POS) administered by Aetna, or the Kaiser Permanente plan.

Aetna Plans: Health Savings Account (HSA) and Point of Service Plan (POS)

While there are differences in how each plan works, the HSA and POS have the following in common:

- Both plans have the same broad network of providers in Georgia and nationally, which you can access through three network options.
- With both plans, you do not need to select a primary care physician, nor do you need a referral to see a specialist.
- Routine preventive care is \$0 when service is received within the Tier 1 or Tier 2 networks. These services include annual physicals, well-child and well-baby visits, immunizations, health screenings and more.
- Both the HSA and POS plans offer Tier Zero prescription drugs. These generic forms of birth control and prescription medications for certain conditions, such as congestive heart failure (CHF), diabetes, high blood pressure, high cholesterol, nicotine addiction and more, are covered at 100% for a 30- or 90-day supply. For a complete list of Tier Zero medications, visit aetna.com/benefits. Note that the medications included on this list may change. Contact CVS/caremark for the most updated listing at 1-866-601-6935.

Network Options

- **Tier 1:** Along with the Emory Healthcare Network (EHN), this includes our Emory facilities. Tier 1 additionally includes all EHN and DeKalb Physician Hospital Organization (DPHO) providers. These facilities and providers offer the lowest copays, coinsurance and deductibles.
- **Tier 2:** Providers and facilities are part of both medical plans through Aetna. Copays, coinsurance and deductibles are higher than with the Tier 1 network.
- **Tier 3:** Providers and facilities that are not participating with Aetna are considered Tier 3. These costs are the highest:
 - Cartersville Medical Center
 - Eastside Medical Center
 - Gwinnett Medical Center
 - Northside Hospital, Northside Cherokee & Northside Forsyth
 - Piedmont Healthcare (Piedmont Athens Regional and Piedmont Newnan are considered Aetna National In-Network hospitals)
 - Rockdale Medical Center
 - Southern Regional Hospital
 - Wellstar Health System (includes Cobb, Douglas, Kennestone, North Fulton, Paulding and Windy Hill)

To locate a Tier 1 or Tier 2 physician or facility, go to aetna.com/docfind/custom/emory or call 1-800-847-9026. Note that Tier 3 facilities are subject to change. For the most updated list of facilities, contact Aetna for assistance.

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, but with a different way to pay and save for health care expenses.
- A Health Savings Account (HSA) with tax advantages, funded in part by Emory Healthcare. The HSA gives you the flexibility to choose how to spend your health care dollars.
- 100% coverage for all preventive care when services are in the Tier 1 or Tier 2 networks.

Like the POS Plan, the HSA Plan has deductibles, coinsurance 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 toward meeting the annual deductible:

TIER 1	TIER 2
\$1,550 (Employee only)	\$1,800 (Employee only)
\$3,100 (Employee + Spouse, Employee + Child(ren) or Family)	\$3,550 (Employee + Spouse, Employee + Child(ren) or Family)

Use the funds that you have accumulated in your HSA to cover health care costs, such as ER visits or prescription drugs.

Once your HSA balance is used up, you will be responsible for 100% of medical expenses until you meet your deductible (with the exception of preventive care and Tier Zero prescriptions, which are covered at 100%). For employees with a spouse or dependent, you will need to meet the family deductible of \$3,100 (Tier 1) or \$3,550 (Tier 2).

Coinsurance

Once the annual deductible is reached, the HSA Plan works like a traditional plan by paying the majority of expenses through coinsurance. 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 HSA plan each year. Once your out-of-pocket eligible expenses reach the annual maximums (including your deductible), the plan pays 100% of eligible expenses for you and your covered dependents for the remainder of the plan year. The annual out-of-pocket maximums are:

	TIER 1	TIER 2	TIER 3
Employee only	\$3,750	\$5,500	\$11,500
Employee + Spouse, Employee + Child(ren) or Family	\$7,500	\$11,000	\$23,000

Out-of-Pocket Maximum (continued)

If one covered family member requires substantial medical care in a plan year, we will apply the individual (or what is called Employee Only in the table on page 8) out-of-pocket maximum to the family member once the Family deductible is completed, instead of requiring the full Family out-of-pocket maximum to be satisfied. The Family deductibles are \$3,100 for Tier 1, \$3,550 for Tier 2 and \$5,500 for Tier 3.

However, if additional family members have medical expenses, those will be applied to the full Family out-of-pocket maximum. When the Family out-of-pocket maximum is reached, eligible expenses for all family members will be covered at 100% for the rest of the plan year. These maximums will reset with the next plan year.

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 under the Tier 1, which is \$1,550 (Employee Only) or \$3,100 (Employee + Spouse, Employee + Child(ren) or Family), or Tier 2, which is \$1,800 (Employee Only) or \$3,550 (Employee + Spouse, Employee + Child(ren) or Family). You can use your HSA to pay for prescription drugs. After you meet the deductible, you will pay the applicable coinsurance amount under the HSA Plan, up to the 30-day retail maximum.

The table below shows what your responsibility is once your deductible is satisfied. For example, if the table shows coinsurance 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	Coinsurance	30-day Retail Maximum Copay	90-day Mail Order Maximum Copay
Preventive Prescription Drugs (Not Subject to Deductible) and Non-Preventive Prescription Drugs (After Meeting Deductible)	Zero	0%	\$0	\$0
	1	10%	\$25	\$62.50
	2	20%	\$75	\$187.50
	3	30%	\$120	\$300
	4	40%	\$150	\$375

Prescription drug coverage is administered through CVS/caremark. To determine your coverage tier, call 1-866-601-6935.

Maintenance Medication Refill Options

If you take any maintenance prescription medications to treat certain ongoing medical conditions, you will need to fill your prescriptions in one of three ways: through CVS/caremark's mail order service, at a CVS retail pharmacy location (at the mail-service cost) or at an Emory pharmacy. Please be aware that if you attempt to fill a maintenance drug at a pharmacy other than CVS or Emory, you will be charged the full retail cost on your third attempt to refill.

Prior Authorizations and Quantity Limits

Medications within certain drug categories require prior authorizations and quantity limits as part of CVS/caremark's clinical review program. These clinical review programs help ensure patient safety by implementing quantity, dose and effectiveness reviews prior to medications being prescribed. For a list of drug categories requiring prior authorization and medications subject to the clinical review program, contact CVS/caremark at 1-866-601-6935.

Health Savings Account (HSA)

The HSA is funded in the following three ways:

1. Emory Healthcare's Annual Contribution.

If you enroll in:

- **Employee-Only coverage:** Emory Healthcare contributes \$300 to your HSA.
- **Employee + Spouse, Employee + Child(ren) or Employee + Family coverage:** Emory Healthcare contributes \$600 to your HSA.

Note: Emory Healthcare's contribution is prorated based on your enrollment date if enrolled after January 1. Your HSA begins on the first of the month following your election.

2. Incentives. You and your spouse can earn incentives toward your HSA balance each year by completing various wellness activities. See section on Wellness Incentives for details.

3. Your Contributions. You also can 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:

1. You must be enrolled in the HSA Plan.
2. You cannot be claimed as a dependent on someone else's tax return.
3. You cannot be covered by a spouse's FSA.
4. You cannot be covered by any other medical plan, including Medicare A and/or B. If you enroll in Medicare Part A and/or B, you can no longer contribute pretax dollars to your HSA or receive employer contributions. However, you may continue to withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses, such as deductibles, premiums, copayments and coinsurances. To avoid a tax penalty, you should speak to your tax advisor about stopping your contribution to your HSA at least six months before you apply for Medicare. For additional information, please visit www.ssa.gov/medicare or contact Social Security Administration at 1-800-772-1213.
5. While you may cover a child up to age 26 under the HSA Plan, qualified medical expenses are those incurred by you, your spouse and all dependents you claim on your tax return. Refer to IRS Publication 969 for details.

Opening your account

When you elect to establish a Health Savings Account, the Customer Identification Process (CIP) begins. This is a federal requirement that verifies the identity of individuals wishing to conduct financial transactions. Until the account is open, no contributions will be applied to the account.

WHAT'S DIFFERENT ABOUT A HEALTH SAVINGS ACCOUNT?

1. The Health Savings Account (HSA) is only available if you participate in the HSA Plan. The money is yours, is held in an investment account and is portable — it goes with you to be used for qualified medical expenses if you leave Emory Healthcare or when you retire.
2. 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 Aetna Healthcare FSA for dental and vision, and then for medical expenses once you have met your deductible.
3. If you are enrolled in the HSA Plan, you may still participate in the Dependent Day Care Flexible Spending Account (FSA).

Additional HSA Features

- Once your HSA account is open, you will receive a welcome kit from Aetna/PayFlex. The kit will include an Aetna/PayFlex MasterCard debit card to pay eligible expenses.
- 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.
- Money in the HSA will be invested in a money market fund.
- 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 additional catch-up contributions. It is your responsibility to make sure your HSA contributions, including any employer or incentive contributions, do not go over the IRS maximum. The minimum you can contribute is \$200.
- If you have a balance in the standard Healthcare FSA as of the end of the plan year (December 31), you will not be able to contribute to a Health Savings Account or receive Emory's HSA contribution until April 1 of the following year.

HOW THE HSA PLAN WORKS

1 GET PREVENTIVE CARE FREE

Tier 1 and Tier 2 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 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 Healthcare contributes \$300 (employee only) or \$600 (dependent or family coverage) to your HSA. You also can earn additional HSA dollars through wellness incentives. Unused funds from your HSA roll over to the next year, and your account balance earns interest (tax-free).



POS Plan

The POS Plan works more like a conventional medical plan where members pay copays for some services. The POS Plan also uses coinsurance for some services, after the deductible is met. See page 18 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 biweekly contribution is higher than with the HSA Plan, but your annual deductible is lower. You cannot open a Health Savings Account (HSA) or receive HSA contributions from Emory Healthcare.

You do have the option of enrolling in a Healthcare Flexible Spending Account (FSA), which allows you to set aside up to \$2,850 pretax dollars to help pay for medical expenses. See page 20 for more information about the FSA.

Tier 1 and Tier 2 preventive care is covered at 100% and is not subject to the deductible. For all other medical services, the plan pays a portion of your covered expenses after you pay the annual deductible:

- 85% for Tier 1
- 75% for Tier 2
- 50% for Tier 3

Office visits are covered with a copayment. Prescription drugs are covered through coinsurance.

The POS Plan also has an out-of-pocket maximum to protect you in the event you have significant medical expenses during the year. Copayments, deductibles and coinsurance count toward the out-of-pocket maximum.

Prescription Drugs

Prescription drug coverage is administered through CVS/caremark. Emory Healthcare’s prescription drug benefit for the POS Plan is based on the five-tier copay structure below. You will pay the applicable coinsurance amount subject to the retail minimum and maximum costs. You do not have to meet your deductible first.

Prior Authorization & Quantity Limits

Medications within certain drug categories require prior authorizations and quantity limits as part of CVS/caremark’s clinical review program. These clinical review programs help ensure patient safety by implementing quantity, dose and effectiveness reviews prior to medications being prescribed. For a list of drug categories requiring prior authorization and medications subject to the clinical review program, call 1-866-601-6935 for more information.

Maintenance Medication Refill Options

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

- Through CVS/caremark’s mail order service
- At a CVS retail pharmacy location (at the mail-service cost)
- At an Emory pharmacy

Please be aware that if you attempt to fill a maintenance drug at a pharmacy other than CVS or Emory, you will be charged the full retail cost on your third attempt to refill.

Save on Prescription Drug Costs

If you take prescription medication on an ongoing basis, you will save money and time by using CVS/caremark mail orders. No extra charge for shipping. Another great way to save on drug costs is to buy generic. Always ask your pharmacist if a generic version is available.

Tier	Coinsurance	30-Day Retail Minimum	30-Day Retail Maximum	Mail Minimum (up to 90 days)	Mail Maximum (up to 90 days)
Zero	0%	\$0	\$0	\$0	\$0
1	10%	\$10	\$25	\$25	\$62.50
2	20%	\$30	\$75	\$75	\$187.50
3	30%	\$60	\$120	\$150	\$300
4	40%	\$90	\$150	\$225	\$375

Kaiser Permanente Plan

New this year, we're introducing the Kaiser Permanente Plan to give you another option to consider when electing the medical coverage that's right for you and your family. The Kaiser Permanente plan works differently than the HSA and POS plans, and we've outlined important things for you to know.

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 plan that makes health care simple with everything you need, including primary care providers, specialty care providers, and lab and pharmacy, all locations, conveniently located at Kaiser Permanente's 26 state-of-the-art medical facilities in the Atlanta metro area.
- **On this plan, you have to choose Kaiser Permanente providers and services – there is no out-of-network coverage.** 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.
- 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 copay.
- With same-day phone or video appointments, you can get care without making a trip to the doctor's office. Kaiser Permanente telehealth options, including video visits and phone, email or online consultations, are available to you with no copay required.

Care Options

In person – copays apply (see charts on pages 17 and 18)	Visit your doctor for routine care, preventive services or care when you're not feeling well. 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 copay!	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 copay!	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 copay!	Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente provider.
Online - no copay!	Chat live online with a Kaiser Permanente provider to get advice, referrals, prescriptions and more.
24/7 care and advice by phone - no copay!	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 copay!	Message your provider's office anytime with non-urgent health questions. You'll get a response usually within two business days, if not sooner.

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."

Pharmacy

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/emoryhealthcare 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 before you need a refill, as it can take a few business days to transition your prescriptions.

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).

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.***

Pharmacy (continued)

Costs for prescriptions filled at a Kaiser Permanente pharmacy (located at Kaiser Permanente medical facilities)				
Tier	30-day Supply	31- to 60-day Supply	61- to 90-day Supply	Community Pharmacy (first fill only)*
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$10	\$20	\$30	\$10
Tier 3	\$30	\$60	\$90	\$30
Tier 4	\$60	\$120	\$180	\$60
Tier 5	\$90	\$180	\$270	N/A

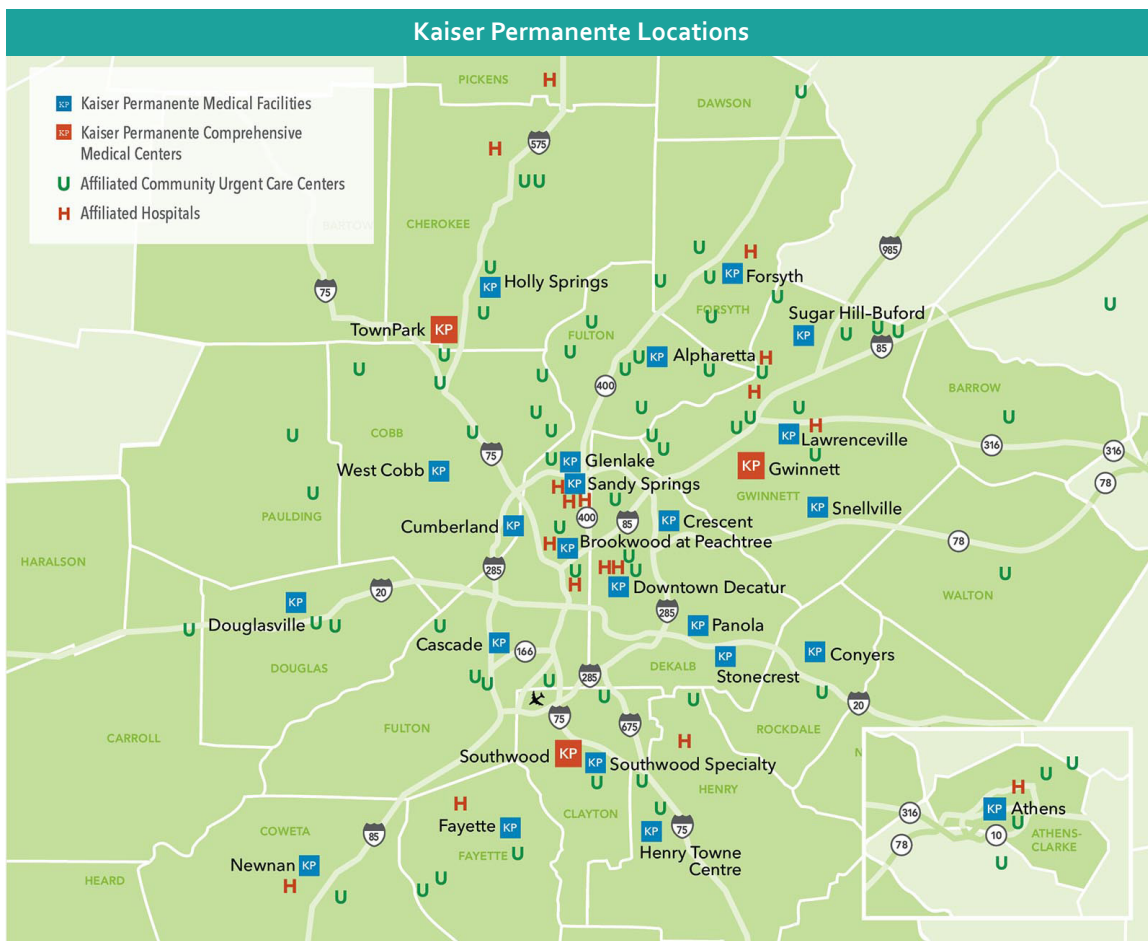
*This option is available for the first prescription fill only, and up to 30-day maximum supply. Community pharmacy partners are Walgreens and RiteAid.

Mail order prescriptions		
Tier	30-day Supply*	31- to 90-day Supply**
Tier 1	\$0	\$0
Tier 2	\$10	\$25
Tier 3	\$30	\$75
Tier 4	\$60	\$150

*For most drugs, you can get prescriptions mailed to you through the Kaiser Permanente mail-order pharmacy. You normally receive them within 3-5 business days.

** Per prescription maximums.

To view the Kaiser Permanente formulary visit kp.org/formulary and choose "2023 Five Tier plan formulary."

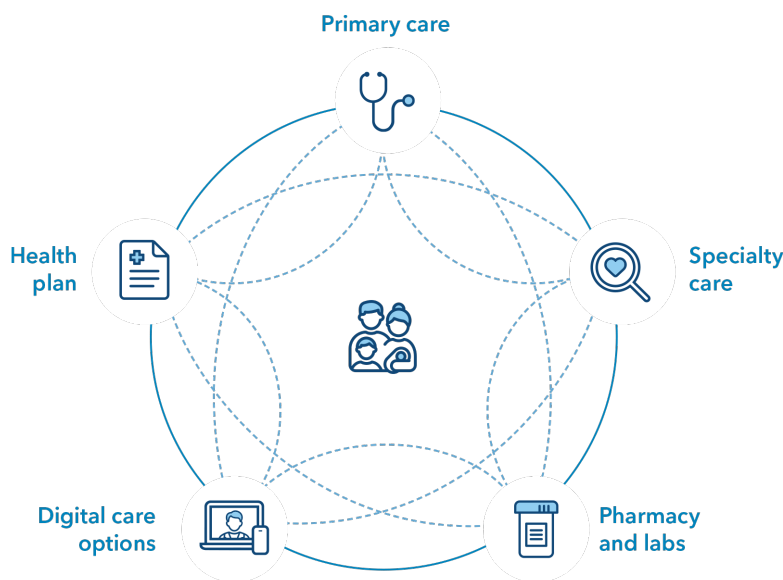


A hub for health management – kp.org and the KP mobile app

Signing up is easy. 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 smartphone and search for "Kaiser Permanente" to find and download the app.



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 your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. For additional information, go to ourehc.org/benefits. Information can be found under the Legal Notices tile.

Medical Plan Rates (Biweekly)*

2023 MEDICAL PLAN BIWEEKLY CONTRIBUTION RATES						
PLANS	HSA PLAN		POS PLAN		KAISER PERMANENTE PLAN	
	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME
Employee Only*	\$22.00	\$33.00	\$51.50	\$77.25	\$43.50	\$62.25
Employee Plus Spouse*	\$131.50	\$197.25	\$240.00	\$360.00	\$202.00	\$303.00
Employee Plus Child(ren)*	\$86.00	\$129.00	\$166.50	\$249.75	\$139.00	\$208.50
Family*	\$178.00	\$267.00	\$336.00	\$504.00	\$281.00	\$421.50

* Full-time rates apply for employees scheduled to work 31 or more hours per week. Part-time rates apply for employees scheduled to work 20-30 hours per week. Rates do not reflect the tobacco use surcharge.

Tobacco Use Surcharge - \$50 per person

To support the health and wellness of our staff and to set a positive example for our patients and the community, Emory Healthcare has implemented a \$50 per person monthly tobacco use surcharge on medical contributions for employees and their spouses who use tobacco products.

If an employee identifies that tobacco surcharge deductions have been taken in error, employees must submit an updated tobacco surcharge form and report the error to the Employee Resource Center at 404-686-6044.

- **If the error is identified within the first 60 days from the effective date of their medical plan,** employees will receive a full refund of the tobacco surcharge deduction amount.
- **If the error is identified after the 60-day period, no further deductions will be taken out;** however, refunds will not be issued.

Important Notice:

Don't forget that false statements on the tobacco certification, enrollment and claims documents are a violation of Emory Healthcare's Standards of Conduct policy as "falsification of forms, records and documents" and could lead to disciplinary action, up to and including an unpaid suspension or termination of employment without prior warning, at the sole discretion of Emory Healthcare.

Need Help Quitting Tobacco?

Emory Healthcare offers several tobacco cessation resources at no cost to employees. For a listing of resources, go to tobaccofree.emory.edu/cessation.

2023 Medical Plan Comparison Quick Guide

PLANS	HSA PLAN			POS PLAN			KAISER PERMANENTE PLAN
EHC Contribution	\$300/\$600 ¹			None			None
Health Savings Account (HSA)	Yes			No			No
	Tier 1	Tier 2	Tier 3 ²	Tier 1	Tier 2	Tier 3 ²	
Annual Deductible ²							
Single	\$1,550	\$1,800	\$2,750	\$850	\$1,000	\$2,000	\$0
Family	\$3,100 ³	\$3,550 ³	\$5,500 ³	\$2,550	\$3,000	\$6,000	\$0
Out-of-Pocket Maximum ⁴							
Single	\$3,750	\$5,500	\$11,500	\$3,000	\$4,500	\$11,250	\$3,000
Family	\$7,500	\$11,000	\$23,000	\$6,000	\$9,000	\$22,500	\$6,000
Aggregate	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Primary Care Physician Office Visits ⁵	15% after deductible	25% after deductible	50% after deductible	\$25 copay	\$35 copay	50% after deductible	\$25
Pediatrician or Mental Health Physician Visits	15% after deductible	25% after deductible	50% after deductible	\$25 copay	\$25 copay	50% after deductible	\$25
Specialist Office Visits	15% after deductible	25% after deductible	50% after deductible	\$35 copay	\$50 copay	50% after deductible	\$35
Diagnostic Labs and X-Ray	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible	\$0
Durable Medical Equipment (DME)	15% after deductible	25% after deductible	50% after deductible	15%	25% (no deductible)	50% after deductible	\$0
Routine Preventive Care ⁶ (Eye Exam, Annual Physical, Flu Shots, GYN Annual)	Plan pays 100%	Plan pays 100%	50% after deductible	\$0 copay	\$0 copay	50% after deductible	\$0
Emergency Room Visits	15% after deductible	25% after deductible	25% after deductible	\$250 copay ⁷	\$250 copay ⁷	\$250 copay ⁷	\$250 ⁷
Hospitalizations							
Inpatient/Outpatient Coverage	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible	\$250/\$150
Behavioral Health Benefits							
Inpatient Treatment	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible	\$250
Outpatient Treatment	15% after deductible	25% after deductible	50% after deductible	\$25 copay	\$25 copay	\$25 copay	\$25

¹ \$600 is contributed annually to the HSA by Emory when Employee+Spouse, Employee+Children or Family level coverage is elected.

² Amounts applied to deductible and out-of-pocket maximums are limited to the Reasonable and Customary charges.

³ Family deductible applies in the HSA plan when Employee+Spouse, Employee+Children or Family level coverage is elected.

⁴ Out-of-Pocket maximum includes copays.

⁵ Includes services of an internist, general physician, family practitioner, dermatologist and/or allergist.

⁶ Routine Preventive Care services ONLY are covered at 100% under the plan. Diagnostic services are subject to the deductible and coinsurance in the HSA and POS plans.

⁷ Copay waived if admitted.

DISCLAIMER: Every attempt has been made to ensure the chart and information above accurately reflect the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description (SPD) prevail.

Wellness 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 coinsurance. Incentives cannot be used for co-pays.
- If you have the Kaiser Permanente Plan, your incentives will be added to your Kaiser Permanente Health Reimbursement Arrangement (KP HRA) and can be used toward your medical and pharmacy copays. Sign on to the Health Payment Online Portal at kp.org/healthpayment to set up your HRA and view your balance, file claims, view transaction history and more. Kaiser Permanente will automatically submit a claim from your HRA and once the claim is approved, your portion of the cost for services will be paid directly to Kaiser Permanente from your HRA. In some cases (i.e., for prescriptions), you may be asked to make a payment and file a claim for reimbursement. If you leave Emory Healthcare or transfer to a non-benefits eligible position, any remaining balance in your HRA will be lost. For more details, review the Kaiser Permanente questions and answers found on ourehc.org/enrollment.

Incentive activities must be completed between January 1, 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: RealAge Health Assessment: Get started earning your incentives by registering on the Healthy Emory Connect platform (powered by Sharecare) and completing the RealAge health assessment. This incentive is for employees, spouses, and pre-65 retirees 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 (powered by Sharecare) mobile app and desktop app. This incentive is for employees, spouses, and pre-65 retirees on an Emory medical plan. Earn up to \$300.*



Diabetes Prevention Program (DPP): This is for those employees who are at high risk of developing diabetes. 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 the medical plan. Earn up to \$250.*

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

Flexible Spending Accounts (FSAs)

A Flexible Spending Account (FSA) is funded with money you contribute on a pretax basis. You can use FSA funds to pay for qualified out-of-pocket health care costs for yourself and eligible dependents or dependent day care charges. According to IRS regulations, each year, you must enroll during your annual benefits enrollment period if you want to participate in either a Healthcare FSA or a Dependent Day Care FSA. Aetna/ PayFlex is Emory Healthcare's Flexible Spending Account Administrator. Check your FSA balance online and locate more information at aetnanavigator.com.

Healthcare FSA for POS or Kaiser Permanente plans

You can contribute between \$200 and \$2,850 pretax annually into the Healthcare FSA. All money you elect to contribute is accessible immediately. The money you contribute can be used to cover out-of-pocket costs, such as:

- Medical expenses: copays, deductibles, coinsurance
- Dental expenses: deductibles and coinsurance
- Vision expenses: prescription glasses, contact lenses, copays
- Prescription drug costs
- Over-the-counter drugs with a prescription

Limited Healthcare FSA for HSA Plan

HSA Plan members are not eligible for the Healthcare FSA but do have access to a special Limited Healthcare FSA administered through Aetna/PayFlex. You may use the Limited FSA to pay for dental and vision expenses and then for medical expenses once your deductible has been met.

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, 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 also can participate in the Dependent Day Care FSA.

Aetna/PayFlex Card

New FSA participants will receive an Aetna/ PayFlex Card in the mail. Please activate the card when you receive it. The use of the Aetna/PayFlex Card is for convenience only. IRS guidelines require you to retain receipts for any eligible expense for which you receive reimbursement. On occasion, Aetna/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 verified as eligible under IRS definitions. Check with Aetna/PayFlex to find out what supporting documentation is required.

Use It — Don't Lose It

You will be able to use any remaining balance in your Healthcare FSA at the end of 2023 to pay for expenses incurred through March 15, 2024. Any 2023 Healthcare FSA funds not used by March 15, 2024, will be forfeited. To avoid forfeiture, purchase items such as prescriptions, 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, 2024. Please remember to keep all of your receipts, as they are required for verification of expenses. If you have a Dependent Day Care FSA, all expenses must occur before December 31, 2023, and claims for the 2023 Dependent Day Care FSA must be filed no later than May 15, 2024, to receive reimbursement.

Note: Special rules apply to the FSA Plan when changing medical plans mid-year or at time of transfer. For more details, review the medical plans and FSA summary plan descriptions located on ourehc.org/enrollment.

Dental

You can choose from two types of dental plans: the Aetna Traditional Dental (PPO) Plan or the Aetna Dental Maintenance Organization (DMO) Plan. Aetna does not issue dental cards, as it is not required by the provider; however, you can log on to aetnavigators.com if you wish to print a card.

Plan 1 - Aetna Traditional Dental (PPO) Plan

Design: A traditional, preferred provider dental plan (PPO) that allows you to see any dental provider.

Costs: Some services require you to pay the deductible and applicable coinsurance. Preventive services are covered at 100%. See page 3 for definitions.

Features:

- Flexibility to choose any provider. This plan has a large number of In-Network providers.
- Reimbursements for most Out-of-Network claims.
- Preventive services received by either In-Network or Out-of-Network providers are covered at 100% up to reasonable and customary levels. See below for examples.

Plan 2 - Aetna DMO Plan

Design: A dental maintenance organization (DMO) plan is a managed care plan that contracts with a list of providers at a set fee schedule.

Costs: Participants pay copays and do not have to pay coinsurance. Preventive services covered at 100%.

Features:

- A limited network of dentists with low member contributions, no deductible and low out-of-pocket copays. **Out-of-Network coverage is not available.**
- Members must select a primary care dentist (PCD) and must receive a referral for specialist care.

Contact the dental provider you select to find out if they are accepting new patients. For a list of scheduled services, network providers and to see what the plan pays, go to aetna.com/docfind/custom/emory.

PLANS	Aetna Traditional Dental (PPO)		Aetna DMO*
	In-Network	Out-of-Network ¹	In-Network Only
Preventive Services (exams, routine and deep cleanings, sealants, X-rays, space maintainers, 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 Deductible ³	\$50/person \$150/family	\$50/person \$150/family	None
Annual Plan Payment Maximums	\$1,500/person	\$1,500/person	None
Orthodontia			
Deductible	None	None	\$2,000 copay, limited to one treatment per lifetime
Coinsurance	50%	50%	
Lifetime Maximum	\$1,500	\$1,500	

¹ Amounts applied to deductible are limited to the Reasonable and Customary charges

² After deductible

³ Waived for preventive services

* There is no Out-of-Network coverage in the Aetna DMO plan

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 (Biweekly)

Plan	Aetna Traditional Dental (PPO)		Aetna DMO	
	Full-time*	Part-time**	Full-time*	Part-time**
Employee Only	\$12.00	\$16.00	\$8.50	\$10.47
2-Person	\$24.50	\$32.50	\$15.50	\$21.66
Family	\$38.50	\$52.50	\$26.50	\$34.21

* Full-time rates apply for employees scheduled to work 31 or more hours per week.

** Part-time rates apply for employees scheduled to work 20-30 hours per week.

Vision

Emory Healthcare offers an optional vision plan through EyeMed Vision Care. Features of this plan include:

- Routine annual eye exam – \$0 copay.
- Single, bifocal, trifocal, lenticular lenses – \$0 copay.
- Progressive lenses – \$65 copay.
- Frames – Up to \$150 allowance, 20% off balance over \$150.
- Contact lenses (conventional and disposable) – \$0 copay 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 is 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 plan details, go to eyemedvisioncare.com.

Providers

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 1-855-270-2343 or go to eyemedvisioncare.com. Click Locate a Provider, then Select Your Network drop down menu and choose Select. Enter your zip code and click Submit. The group number is 9824889.

Vision Coverage Through Your Medical Plan

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

VISION PLAN RATES

EyeMed Vision Plan Biweekly Contributions*

Employee Only	\$6.14
Employee Plus Child(ren)	\$12.25
Employee Plus Spouse	\$11.64
Family	\$18.04

*Rates are the same for all benefits-eligible employees.

Discounts at the Emory Eye Center

All Emory Healthcare employees and their immediate family members are eligible to receive services and discounts at the Emory Eye Center. For a complete list, visit eyecenter.emory.edu. To schedule an appointment, call 404-778-2020.

Your Work. Your Life.

We know that life doesn't stop when you come to work. That's why we offer a variety of resources to help you navigate your world and make important decisions, such as choosing legal or financial services or selecting the right elder or child care provider. We're also offering resources to add some fun to your life through access to discounts, perks and activities that you and your family can enjoy.

Employee Resource
Center: 404-686-6044
ehc.hr.benefits@
emoryhealthcare.org



Short-Term and Long-Term Disability

Short-Term Disability (STD)

STD coverage provides you with a portion of your salary if a temporary illness or injury causes you to be unable to work. You must first use all of your accrued comprehensive leave (PTO) and extended illness leave before receiving STD benefits. To receive STD, you will need certification that additional leave is medically necessary. Although your contributions are taken on an after-tax basis, any benefit you receive is tax free. Coverage begins on the first of the month following your election.

You can purchase STD coverage to receive 60% of your base salary for a period of up to 180 days (inclusive of the waiting period), up to a maximum benefit of \$2,500 per week. After 180 days, long-term disability (LTD) coverage begins. In making this purchase, you can choose one of three waiting periods. A waiting period is the length of time you must wait before your STD benefit starts. Your choices of waiting periods are 15, 30 or 60 days.

If you do not enroll within 31 days of hire or a status change, you may enroll during the annual benefits enrollment period. **However, pre-existing condition limitations apply when you enroll or decrease your waiting period.**

For information about maternity benefits, see page 29.

Here is an example of how the costs differ per waiting period for an employee who earns \$40,000 per year.

Waiting Period	Annual Employee Cost per \$100 Covered Salary
15 days	\$0.92
30 days	\$0.45
60 days	\$0.25

Waiting Period	Annual Cost	Cost / Paycheck
15 days	$(\$40,000 \div \$100) \times \$0.92 = \368	$\$368 \div 24 \text{ pay periods} = \15.33
30 days	$(\$40,000 \div \$100) \times \$0.45 = \180	$\$180 \div 24 \text{ pay periods} = \7.50
60 days	$(\$40,000 \div \$100) \times \$0.25 = \100	$\$100 \div 24 \text{ pay periods} = \4.17

Long-Term Disability (LTD)

LTD coverage provides 60% of your base salary after the 180-day waiting period. Emory Healthcare's LTD coverage has a monthly maximum benefit of \$15,000. Emory Healthcare pays 100% of the cost of LTD coverage. It is automatically provided on the first of the month after you have completed one year of service in a benefits-eligible status. If you move to a non-benefits-eligible status and subsequently return to a benefits-eligible status, your waiting period will start over. For LTD coverage, the 60% salary benefit is taxable.

Supplemental LTD

After a year of benefits-eligible service, Emory Healthcare offers employees the ability to purchase additional LTD income protection to insure a higher percentage of income. Features include:

- Increases your LTD benefit to 66.67% of your pay at a cost of \$0.32 per \$100 of your salary.
- Tax free.

Coverage begins on the first of the month following your election.

Pre-existing Condition Limitations

When you first become eligible for LTD and Supplemental LTD coverage, enroll for the first time during annual enrollment for STD or decrease your waiting period for STD, your eligibility for coverage is subject to pre-existing condition limitations. Under the terms of the plans, you have a pre-existing condition if:

- You received medical treatment; consultation; care or services, including diagnostic measures; or took prescribed drugs or medicines in the three months prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Life and Accident Insurance

Emory Healthcare provides basic life insurance through The Standard equal to your annual base salary (up to \$50,000) at no cost to you. You don't need to do anything to enroll. You will be required to name a beneficiary.

Supplemental Life Insurance

Employee Coverage

You can elect supplemental life insurance through The Standard in increments of \$10,000 up to \$750,000. You will need to complete evidence of insurability (EOI) for elections of \$500,000 or more.

During the annual benefits enrollment period, you can elect to increase your existing coverage up to \$20,000 without satisfying evidence of insurability (EOI). If you initially waived coverage or if you are increasing your existing coverage by more than \$20,000, EOI is required.

Employee/Spouse	Monthly Rates Per \$10,000 Coverage
Age	
Less than 25	\$ 0.43
25-29	\$ 0.51
30-34	\$ 0.69
35-39	\$ 0.78
40-44	\$ 0.86
45-49	\$ 1.27
50-54	\$ 1.97
55-59	\$ 4.08
60-64	\$ 5.57
65-69	\$ 10.85
70+	\$ 17.60
Dependents	Rates
Rates per \$2,000 coverage	\$ 0.34

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

Annual Cost	Cost/Paycheck
$(\$100,000 \div \$10,000) \times \$0.86 \times 12 = \103.20	$\$103.20 \div 24 \text{ pay periods} = \4.30

Spouse Coverage

Employees can elect spouse supplemental life insurance through The Standard in increments of \$10,000 up to \$500,000. They will need to complete evidence of insurability (EOI) for elections of \$100,000 or more.

During the annual benefits enrollment period, you can elect to increase existing spouse coverage up to \$10,000 without satisfying EOI. However, if you initially waived coverage or if you are increasing your existing coverage by more than \$10,000, 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.

If your spouse is employed at Emory Healthcare or Emory University then he/she cannot be listed as your beneficiary and also enrolled in supplemental life insurance. *Note: At age 70, supplemental life coverage reduces to 65% of the original face amount; at age 75, it reduces to 50% of the original face amount.

Child Coverage

Life insurance can be purchased for your eligible children in increments of \$2,000 (up to \$10,000). EOI is not required.

Accidental Death & Dismemberment (AD&D)

Accidental Death & Dismemberment (AD&D) insurance provides coverage for accidental dismemberment or accidental death and is provided through The Standard.

You can purchase AD&D for yourself and your spouse in increments of \$10,000 (up to \$250,000). Coverage begins on your date of hire.

You can purchase coverage for dependent children at levels of \$5,000, \$10,000 or \$15,000. No EOI form is necessary to enroll in this benefit.

The AD&D monthly premium costs \$.014 per \$1,000 coverage.

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 automatically go to your estate. To designate a beneficiary, go to e-Vantage on ourehc.org and select Self-Service. Click the Benefits tile and then Benefits Summary.

Additional Insurance and Legal Benefits

Emory Healthcare offers a variety of additional insurance and legal benefits for employees and their families. A brief summary is available below. For more detailed information, go to ourehc.org/benefits.

Long-Term Care Coverage

Emory Healthcare offers optional coverage for long-term care through Unum. If you do not enroll within 31 days of hire, you may enroll during the annual benefits enrollment period and must complete an EOI form and be approved by Unum. Guaranteed issue is only available during the new hire period. Long-term care is designed for people who need assistance with daily living activities due to an accident, illness or advancing age. Enrollment kits for you and/or your spouse are available online at unuminfo.com/emoryhealthcare/enrollment.aspx or in our Employee Resource Center. For additional information, contact Unum at 1-800-227-4165.

Group Home and Auto Insurance

Emory Healthcare provides access to this voluntary coverage through Farmers Insurance for home and auto insurance. This coverage is available at group rates that are lower than those typically available to individual policyholders. You have access to a wide range of personal property and casualty insurance products through Farmers. You may get coverage for your automobile, boat, motor home or recreational vehicle. For more information or to receive a personal quote, call Farmers at 1-800-438-6381.

Aflac

Emory Healthcare provides voluntary coverage through Aflac accident, critical illness and hospital indemnity insurance. These benefits are being offered without any medical underwriting. For more information, contact Aflac directly at 800-594-4560 (BCS) or 800-433-3039.

Prepaid Legal Plan

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. Attorneys are available for both telephone and office consultations. For more information, contact MetLife Legal Plans at 1-800-821-6400 or www.info.legalplans.com. You can enroll online in the enrollment tool on e-Vantage. If you do not enroll within 31 days of hire, you may enroll during the annual benefits enrollment period. You can only cancel this benefit during the annual benefits enrollment period.

For more information on other additional benefits available to you, visit ourehc.org/benefits.

New Parent and Child Care Benefits

Emory Healthcare offers additional resources to support employees who are growing their families.

Infertility Benefits

For individuals who are unable to conceive on their own, we are proud to offer fertility treatments through our medical plans, for a maximum medical and prescription lifetime benefit of \$25,000. For more information regarding eligibility for this benefit, please contact Aetna or Kaiser Permanente.

Adoption Reimbursement

Emory Healthcare 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. More information can be found at ourehc.org/benefits.

Parental Leave

FMLA

The Family Medical Leave Act (FMLA) is a federal protection that provides eligible employees with up to 12 weeks of unpaid, job-protected leave per year and access to employer group health benefits. To be eligible to receive FMLA, employees must have:

- At least 12 months of service (the 12 months do not have to be consecutive).
- Worked at least 1250 hours in the consecutive 12 months immediately preceding the leave.
- An illness, injury, impairment or physical/mental condition that is considered a serious health condition.

Qualifying reasons for taking FMLA (by either or both parents):

- For the employee's own serious health condition.
- For the employee's pregnancy-related illness.
- As parental leave to bond with the employee's newborn, adoptive or foster care child (within 12 months of the child's birth or placement, as applicable.)

- To care for employee's family member (child, spouse, same- or opposite-sex domestic partner).

For adoptive parents, or those fostering a child, the leave:

- Includes periods to attend meetings with lawyers, adoption agencies, counseling sessions or travel to a foreign country.
- May be taken by both or either spouse.
- Is permitted to use for intermittent leave for adoptions or foster care.
- Must conclude within one year of adoption or placement date.

While FMLA only ensures that employees are entitled to the time off, it does not guarantee pay during the leave time. To replace your income during your leave, there are options that can offer partial or full salary replacement while you're off work.



Paid Leave Options

Emory Healthcare provides benefits-eligible employees an income protection benefit for use in the event of an extended absence from work because of an employee's personal illness, injury, pregnancy, childbirth or other medical conditions. This benefit accrues with each pay period, just as normal Paid Time Off (PTO) accrues.

Use of the extended illness leave benefit (EILB) will be authorized only to eligible employees who are medically unable to perform job duties and have provided written medical certification from a health care provider authorizing the medical necessity for absence from work. Typically, for those delivering their baby, once they are hospitalized they will be immediately eligible to begin using their EILB. Once that time is exhausted, they will then use their PTO hours to cover additional time off.

For those not hospitalized, but wanting to use their EILB and PTO to cover parental leave, the following applies:

- Employees who work a 40-hour standard work week: An absence of 40 consecutively scheduled work hours must elapse prior to being eligible to consider use of the EILB.
- Employees who work less than a 40-hour standard work week: You must have the number of hours of

your standard work week, as reflected in the Human Resources job record, elapse prior to being eligible to charge EILB for the absence (i.e., a 36-hour-week employee = 36 consecutive scheduled work hours missed, or 24-hour-week = 24 consecutive scheduled work hours missed).

PTO will be charged during the initial number of hours of the employee's standard work week. If there is not enough PTO accrued to cover, the PTO bank will be combined with unpaid hours to equal the appropriate work week hours. At that point, the EILB will begin once that bank of hours is exhausted.

After the EILB and PTO hours are exhausted, if the employee has enrolled in short-term disability and they have certification that additional leave is medically necessary, they may be eligible to use Short-Term Disability (STD) from Unum to replace part of their salary. STD covers 60% of your salary for up to 180 days. See pages 32-34 for more details on your Emory Healthcare PTO and EILB. Once EILB and PTO hours are exhausted and if you transition from a paid to an unpaid leave of absence you may continue most of your current benefit elections by paying the regular active employee contribution(s) each month. More details can be found on ourehc.org in the Time Away from Work pages.

Adding a Dependent: Your Family Status Change Checklist

- Review the Family Status Change requirements listed on page 4 of this guide.
- Apply for a Social Security Number (SSN) for your new baby. Once received, enter the information into e-Vantage.
- Review the policies related to leaves of absence and paid time off.
- Complete the Family Status Change in e-Vantage by logging in, selecting Self Service. Click the Benefits tile, then Family Status.
- Provide documentation only if 1) your child has a different last name or 2) if you are adding a sixth or more dependent child.
- Change your medical, dental and vision plan coverage (as appropriate). You have 31 calendar days to change your coverage after the birth or adoption. See pages 17 & 18 for medical, page 21 for dental and page 22 for vision rates.
- Review and update beneficiary designations on life, accidental death & dismemberment and investment accounts, as appropriate. See page 25.
- Update your income tax withholding choices on your W-4 in e-Vantage.
- Verify your benefits enrollment for your newborn within seven business days after you have submitted the Family Status Change.

New Parent and Child Care Benefits Continued

Additional Resources

Bundles of Joy Baby Showers

Whether delivering or adopting, our systemwide Bundles of Joy Baby Showers are ready to help Team EHC parents navigate the logistics of bringing home a new baby. Our experts walk participants through the process of adding the newest family member to benefit plans, applying for FMLA and reviewing other tips and resources for new parents. For more information and for upcoming dates, visit ourehc.org/worklife.



Maternity Centers at Emory Healthcare

Emory Healthcare OB/GYN and neonatal departments are national leaders in maternal and child health. Our maternity centers offer access to maternal-fetal medicine specialists for high-risk pregnancies, level III neonatal units, and access to a full complement of lactation specialists and family support resources. Our Emory University Hospital Midtown location is a designated Baby-Friendly Hospital and has been recognized by the March of Dimes for its commitment to preventing early elective deliveries.

For more information, visit emoryhealthcare.org/centers-programs/maternity-center/index.html.

Breast Pumps

Aetna and Kaiser Permanente both offer resources and programs for new parents. Through the Aetna medical plans, you have access to a variety of suppliers of breast pumps at minimal or no cost, as well as a maternity program that provides resources for every step of pregnancy and after your child is born. Through Kaiser Permanente, new mothers are provided with breast pumps at delivery at no cost and hospital grade pumps if medically necessary. Log in to your Aetna account to see which supplier is available in-network or kp.org for more information.

Early Childhood and Child Care Resources

Emory Healthcare provides parents and guardians with a number of early childhood resources:

- Team EHC members have access to the **Emory Child Care Network**, representing approximately 175 early childhood education centers.
- Emory Healthcare has partnered with **Bright Horizons** to offer employees access to back-up, emergency care options for children and adults. Receive in-home or center-based care at a deeply discounted rate. Call 1 877-242-2737 or visit careadvantage.com/emoryhealthcare.
- **WeeCare** provides benefits-eligible employees access to affordable, high-quality child care. Dedicated Care Managers are available 24/7 to help you find the right child care provider for your family. Call 404-637-2390 or email mybenefits@weecare.com.

Dependent Day Care FSA

For information on flexible spending accounts used to cover the costs of dependent day care, see page 20 for more information.

Saving For College with the Georgia 529 Savings Plan

The Georgia Higher Education 529 Savings Plan offers a convenient way for you to save money for your child's college education. There are multiple ways to contribute to the plan, including payroll deduction or automatic withdrawals from checking or savings accounts. For more information or to enroll in the plan, call 1-877-424-4377 or visit path2college529.com.

Child Coverage by Supplemental Life Insurance

Life insurance by The Standard can be purchased for your eligible children in increments of \$2,000 (up to \$10,000). Evidence of insurability (EOI) is not required. Monthly rates for child coverage are \$0.34 per \$2,000 of coverage, for a maximum contribution rate of \$1.70 per month per child. For more information, visit ourehc.org/benefits.

Additional Work/Life Benefits

For a full listing of all of the Work/Life Benefits available to you, visit ourehc.org/worklife. Note: You will need to enroll for pet insurance and identity theft protection through the vendor websites, not through e-Vantage. You can add these benefits at any time during the year, but they will not go into effect until the following calendar month.

Pet Insurance

Pets get sick and hurt, too. Emory Healthcare offers affordable, comprehensive plans through Nationwide that can be used for accidents, illness and preventive care with any veterinarian, anywhere. Choose from two different plans and receive a discount of up to 15 percent if you enroll more than one animal. To explore the plans and enroll, visit petinsurance.com/emoryhealthcare or call 1-877-738-7874.

Identity Theft Protection

Emory Healthcare employees have access to PrivacyArmor, an identity and credit protection benefit from InfoArmor. Employees can sign up as individuals or as a family to receive an annual credit report, monthly credit scores and continuous credit monitoring – all available as part of the benefit. In addition, PrivacyArmor offers credit reports from all three credit reporting agencies.

To enroll, visit infoarmor.com/emory or contact one of their privacy advocates at 1-800-789-2720.

IDENTITY THEFT PROTECTION RATES	
	PrivacyArmor (biweekly)
Employee Only	\$3.98
Employee + Family	\$6.98

To enroll, visit infoarmor.com/emory or contact one of their privacy advocates at 1-800-789-2720.

Additional Work/Life Benefits Continued

Healthy Emory

Healthy Emory is a partnership between Emory Healthcare and Emory University to create and sustain a culture of health and well-being for the Emory community. Healthy Emory has three primary focus areas:

- Increasing physical activity
- Improving healthy eating and nutrition
- Enhancing stress management skills

Healthy Emory Connect is a digital platform and app that serves as a “one-stop-shop” for participating in wellness activities, such as earning wellness incentives, participating in individual and group challenges and tracking personal health goals. And, because we know your community extends outside the Emory family, you can invite up to 10 family members and personal friends to join you on your health challenges. Go to www.healthy.emory.edu for details.

Your Discounts and Perks

Professional and Personal Development

To help you build on your current skills and develop new skills, we offer you access to a variety of online development courses through our partnership with LinkedIn Learning (formerly Lynda.com) and on our Healthstream Learning Center (HLC) platform. For more information on development courses available to you, contact odls@emoryhealthcare.org.

Travel and Lifestyle Discounts

- Emory Healthcare and **Working Advantage** have partnered to offer you a unique employee discount program with thousands of offers and savings. Working Advantage offers a variety of discounts on activities such as travel, restaurants, electronics, movie and event tickets, shopping and more.
- Employees can receive a **discount at fitness facilities** on the Emory campus and around Atlanta. Partners include Planet Fitness, LA Fitness, YMCA of Metro Atlanta, Pink Barre, and more.
- The **Express Care Clinic**, through Occupational Health, provides clinical services to employees. For more information and a listing of locations and hours, visit ourehc.org

Employee Assistance Program

- Employees and their household members have access to an **Employee Assistance Program (EAP)** provided by BHS. BHS offers free and confidential 24/7 in-the-moment support to help with personal or professional problems that may interfere with work or family responsibilities. Common reasons to call BHS are: Relationships, Anger, Depression, Anxiety, Parenting and Burnout. Contact BHS at 800-327-2251 or <https://portal.bhsonline.com>. The user name for the site is **EHC**.

Comprehensive Leave/Paid Time Off (PTO)

Comprehensive leave/paid time off (PTO) is provided to regular employees who work at least 20 hours per workweek to use for scheduled and unscheduled absences, except jury duty and extended illness. The comprehensive leave/PTO plan is designed to provide flexibility to employees in the use of their paid time off by combining such traditional leaves as vacation, sick, holiday and emergency leave into a single leave account.

Comprehensive leave/PTO is earned or accrued each pay period based on hours paid each pay period, including hours worked and paid time off, up to 80 hours.

Years at Emory Healthcare	Days Per Year	Hours Accrued Per Paycheck
0-5 years	26	8.0
6-10 years	31	9.54
11-20 years	34	10.46
21+ years	37	11.38

Hours for regular, part-time employees who work at least 20 hours are prorated based on hours paid each pay period.

Cash-In Option

The maximum accumulation for comprehensive leave/PTO is 320 hours. Employees are automatically paid for all comprehensive leave/PTO time that exceeds 320 hours.

During a specific period in November and May of each calendar year, employees may cash in any unused comprehensive leave/PTO hours in excess of 80 hours for full-time employees and 40 hours for part-time employees, at 80% of their regular hourly rate of pay.

Employees who have completed six consecutive months of employment in a benefits-eligible status are automatically paid unused comprehensive leave/PTO hours at separation of employment or if changing to a non-benefits-eligible status.

Visit Policies and Procedures located on ourehc.org for details.

Extended Illness Leave Benefit

Emory Healthcare provides benefits-eligible employees an income protection benefit for use in the event of an extended absence from work because of an employee's personal illness, injury, pregnancy, childbirth or other medical conditions.

Use of the extended illness leave benefit (EILB) will be authorized only to eligible employees who are medically unable to perform job duties and have provided written medical certification from a health care provider authorizing the medical necessity for absence from work.

Remember: Planning for any life event is still necessary. By planning ahead, employees can ensure they will continue to receive a paycheck until the start of long-term disability (180 calendar days) if they become ill.

Medical Certification

Medical certification is required prior to use of the extended illness leave benefit, as well as to confirm first day of your inpatient admission. An inpatient admission is defined as greater than 24 hours admission to a hospital. Emergency department, same day/outpatient surgery or observation unit admissions are not defined as inpatient.

PTO Requirement with EILB Usage

If an employee is employed at a 40-hour standard workweek, an absence of 40 consecutively scheduled work hours must elapse prior to being eligible to consider use of the extended illness leave benefit. Employees who work less than a 40-hour standard workweek must have the number of hours of their standard workweek, as reflected in the Human Resources job record, elapse prior to being eligible to charge extended illness leave benefit for the absence (i.e., a 36-hour-week employee = 36 consecutive scheduled work hours missed, or 24-hour-week = 24 consecutive scheduled work hours missed).

Comprehensive leave/PTO must be charged during the initial 40 scheduled work hours of absence or the number of hours of the employee's standard workweek. If the employee has not accrued enough comprehensive leave/PTO, any accrued comprehensive leave/PTO available will be combined with unpaid hours to equal 40 hours (or the appropriate workweek hours). Use of the extended illness

leave benefit may be authorized only after the initial hours of the standard scheduled work week are missed due to the employee's medical condition. The comprehensive/PTO hours are waived beginning the first day of an inpatient admission during the employee's initial standard workweek missed from the job. Medical certification is required to confirm the date of an inpatient admission including admission for delivery of newborn. Inpatient admission is defined as greater than 24 hours admission into a hospital.

If you have exhausted your EILB, you must use any accrued comprehensive leave/PTO for any subsequent absence(s) from work due to illness or injury.

EILB Accrual/Accumulation

The extended illness leave benefit is earned or accrued each pay period beginning the first day of employment in a benefits-eligible status. The accruals are based on hours paid each pay period, which includes worked and paid time off hours up to 80 hours in the pay period. The accrual rate for the extended illness leave benefit is the same rate per hour for all eligible employees and not affected by an employee's years of service. Accrual is based on the extended illness leave benefit computation.

The maximum accumulation limit for the extended illness leave benefit is 800 hours. As employees' accruals reach 800 hours, the benefit will be capped, and no additional earnings will accumulate until EILB hours are charged to an absence for medical reasons and go below 800 hours.

Case Management

Case management provides employees and leadership assistance managing medical absences, medical information, restrictive duty and return-to-work details. The nurse case manager and centralized leave staff will partner with you to help navigate the process.

No Cash-In Option

EILB is not subject to a cash-in option during employment nor upon separation from employment. Visit HR Policies and Procedures located on the Virtual Desktop (VDT) for details.

Employee Education Plan

Eligibility

The Employee Education Plan allows regular full-time employees who are scheduled to work at least 36 hours per week, and part-time employees who work at least 20 scheduled hours per week, to take up to 18 credit hours per calendar year at a regionally accredited college or university. Courses must be job-related and fill an identified need. Employees also need to have a “Meets, Meets” rating on their most recent Performance Advantage Review, including Mid-Year Review. The rating of “Meets, Meets” must also be maintained throughout the employee's participation in the program.

Reimbursement

Full-time, benefits-eligible employees can receive at least 80% of approved tuition charges paid up to an annual dollar maximum of \$7,500 per calendar year for graduate program courses and \$5,250 per calendar year for undergraduate program courses. Part-time, benefits-eligible employees are to be reimbursed at least 40% of their tuition costs paid up to \$3,750 per calendar year for graduate program courses and \$2,625 per calendar year for undergraduate program courses. A grade of “C” or above is required for reimbursement.

Work Commitment

The work commitment begins once an employee completes their degree, calculated from their last reimbursement. The work commitment is one year for undergraduate degrees and two years for graduate degrees. If an employee voluntarily terminates employment prior to satisfying the work commitment, they agree to reimburse Emory Healthcare the sum of the reimbursements received that did not satisfy the work commitment, not to exceed \$5,000. If an employee moves into a PRN position or becomes ineligible for benefits, then time in this non-benefits-eligible position counts toward satisfying the work.

How to Enroll

Apply online via the EHC Tuition.io portal by visiting emoryhealthcare.tuition.io or call 855-353-9395

For more details on the Employee Education Plan, visit ourehc.org/worklife.

Student Loan Repayment Benefit

Emory Healthcare wants to help you pay off your student loans, and we've partnered with Tuition.io to make the process as simple as possible. When you sign up for the Student Loan Repayment Benefits, EHC will send a \$100 directly to your student loan account every month.

Eligibility

Benefits-eligible (scheduled standard 20+ hours per week), employed for 90-days and in good standing.

How to sign up

Visit emoryhealthcare.tuition.io or call 855-353-9395.

EHC Tuition.io Portal

When you sign up on the EHC Tuition.io portal, you'll have access to a full suite of tools to help you manage and eliminate your student loan debt: Personalized one-on-one student loan coaches will walk you through applying for Public Student Loan Forgiveness, detailed information on 529 Savings Plans, one place to manage student loan accounts and a marketplace to refinance existing student loans.

For more information, visit ourehc.org/student-loanbenefit.org.

Tax Notice

Any annual total amount below \$5,250 (Combined across both Employee Education Plan and Student Loan Repayment Benefit) is not Federally taxed. Any annual total amount of \$5,250 and above is subjected to Federal tax.

Your Retirement

Emory Healthcare is grateful to our team members for their longstanding commitment to our patients, their families and everyone who is a part of Team EHC. As you prepare for retirement, we want to ensure you have all the tools and information you need conveniently available to you.

Employee Resource
Center: 404-686-6044
[ehc.hr.benefits@
emoryhealthcare.org](mailto:ehc.hr.benefits@emoryhealthcare.org)



Your Retirement

Who is Eligible to Participate in Emory Healthcare’s Retirement Plans?

403(b) Plan with employee contribution and 100% match	
Retirement program eligibility	All full-time and part-time employees who work at least 20 scheduled hours per week are eligible to enroll immediately upon date of hire.
Plan eligibility for employer contribution and match	Full-time and part-time employees with one year of service who have worked more than 1,000 hours and are at least age 21.*

*Registry employees are not eligible for the employer 2% contribution.

How it works

If you have fewer than 10 years of service with Emory Healthcare, we will match 100% of the first 4% of your contributions. If you have 10 or more years of service with us, we will match 100% of the first 5% of your contributions. Both the 4% and 5% match are in addition to the 2% basic contribution Emory Healthcare makes to your retirement savings account. While you are not required to contribute to receive the 2% basic contribution, you must make your own contribution to receive the additional 4% or 5%. If you do not select a vendor(s), your contribution will automatically default to Fidelity for the 2% basic contribution.

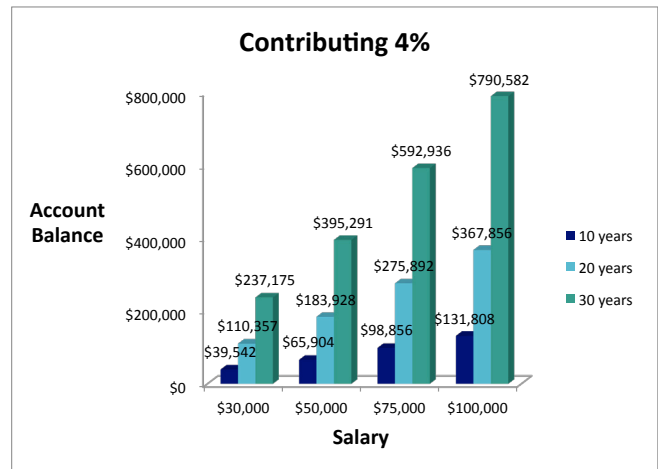
Below is an example of the impact a 4% per pay period contribution can make to your retirement savings (figures are based on a salary of \$50,000 per year).

Emory Healthcare’s basic contribution (2%)	\$38.46
Employee contribution (4%)	\$76.92
Emory Healthcare’s MATCHING contribution (4%)	\$76.92
Total Emory Healthcare and employee contribution each pay period	\$192.30



How your contributions could grow

Taking advantage of matching contributions can make a big difference! Let’s take a closer look at how contributions matched by Emory Healthcare can add up over time. The chart below shows examples of different salary levels contributing 4% and matched by Emory Healthcare’s 4%. The example does not include Emory Healthcare’s basic contribution of 2%, 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.

Your Retirement

How the 403(b) Retirement Program Works

Employee contributions – Eligible employees can contribute to the plan, up to the annual maximum set by the IRS (\$20,500). Employees age 50 or older can contribute an additional amount over the IRS maximum amount (\$6,500).

Employer contributions – Emory Healthcare's contributions are effective the first of the month after an employee meets the eligibility requirements. If an employee enrolls after meeting these requirements, matching contributions will be effective on the date enrollment elections are submitted.

The total annual EHC contribution opportunity is 7% of eligible pay upon attaining 10 years of service.

Eligible participants are always 100% vested in their contributions and in the money their contributions earn. After three calendar years of service, they are also 100% vested in Emory Healthcare's contributions (the automatic 2% and any additional matching contributions) and the earnings on those contributions.

Making Contributions to the Plan

Employees have the option of directing 403(b) contributions as pretax contributions or as Roth after-tax contributions, or some combination of the two that does not exceed that year's contribution limits.

- When employees make pretax contributions, they put off paying federal and, in most cases, state and local income taxes on the money earned on their contributions. They pay taxes only when they take a distribution or withdrawal from their account. Early withdrawals may be subject to penalties in addition to taxes you pay. By deferring the taxes on their pretax contributions, they lower their taxable income and increase their take-home pay. Employees must pay taxes when they withdraw their money.
- The Roth after-tax contribution allows employees to save for retirement by contributing after-tax dollars to an account that grows tax deferred. At the time of distribution in retirement, the withdrawal of these contributions are tax free; however, the earnings on any contributions are taxed unless the employee's account has been open at least five years and they have reached age 59½.

Important: Review your paychecks regularly for your year-to-date 403(b) retirement savings contributions to ensure that you don't reach the IRS annual limit too quickly. If your contributions reach the annual IRS limit before the end of the year, your contributions will stop and consequently the Emory Healthcare employer match will stop.

How to Enroll and Make Changes to the 403(b) and 457(b) Plans

You can enroll or make a change in your 403(b) or 457(b) plan any time using e-Vantage. Just follow these steps:

Step 1: Go to ourehc.org and select **e-Vantage** on the home page to log in with your network ID and password.

Step 2: In the drop-down, select **Self Service**. In Self Service, click the **Benefits** tile and select **Retirement Plan Enrollment**.

Step 3: Navigate to the Fidelity NetBenefits website, www.netbenefits.com/Emory.

Step 4: Log in with your Fidelity username and password or register as a new user.

Step 5: Click on the **Quick Links** tab next to your account balance and select **Contribution Amount**.

Step 6: Click **Change Contribution Amount**, choose your amount and click **Change Contribution Amount** at the bottom of the screen.

Note: to change fund investments or beneficiaries with TIAA, visit tiaa.org.

Note: *If you participate in the Retirement Program, you will need to make vendor selections for the employer contribution, even if you choose not to contribute to the plan. If you do not make a vendor selection, any contributions will be invested with Fidelity Investments, the default vendor.*

Remember: You can access Fidelity NetBenefits at any time to enroll, change your elections, stop contributions and change your vendor selections.

If you submit your changes prior to payroll processing, your changes will be effective on the next paycheck. Otherwise, your changes will be effective on the following paycheck.

Your Retirement

Withdrawing Money From Your 403(b) Plan

Plan Loan

A plan loan enables you to borrow funds from your employee contributions and vested employer match money only. Plan loans are repayable through direct debit of your checking or savings account over the time frame of the loan and do not require you to cease participating in the plan during the term of the loan. No penalties are incurred by participants accessing their money. Once all forms are completed/submitted to the appropriate retirement plan vendor, this process typically takes ten business days.

Hardship Withdrawal

A hardship withdrawal enables you to withdraw funds from your contributions to cover certain medical, educational, home purchase or repair items. Hardship withdrawals cannot be repaid, are subject to IRS penalties for early withdrawal and are taxable to the participant. Once all forms are completed/ submitted to the appropriate retirement plan vendor, this process typically takes seven business days.

In-Service Withdrawal

An in-service withdrawal from your contributions is available to employees who have reached 59 1/2 years of age. Withdrawal requests do not have to meet certain reason requirements, are not subject to IRS penalties for early withdrawal and do not require you to cease participation in the plan. Withdrawals are taxable to the participant at the time they are received. Once all forms are completed/submitted to the appropriate retirement plan vendor, this process typically takes seven business days.

Contact your 403(b) plan vendor to learn about options for accessing funds in your retirement plan while employed at Emory Healthcare.

Once you have successfully enrolled, contact the vendor(s) you have selected and make your investment elections. Note: Until you contact the vendor(s) to make your investment elections, any contributions you make to the plan will be invested in Emory Healthcare's default investment. The default fund for all the plans is the Lifecycle Investments.

- To change your allocations and funds with your selected vendor(s), go online to your retirement vendor account.

You also can contact your 403(b) plan vendor(s) to make beneficiary changes.

457(b) Deferred Compensation Plan

The 457(b) deferred compensation plan is another way to save for retirement. Eligibility is limited by government regulations to senior leaders in an organization. At Emory Healthcare, eligibility is limited to individuals with a base salary of at least \$168,750.

A 457(b) plan in some ways works similar to the 403(b) plan.

Similarities include:

- Contributions to the 457(b) plan are pretax and grow tax deferred until retirement.
- There is a maximum contribution amount (deferral) a participant can make annually. This amount is \$20,500. Contributions to the 457(b) are in addition to contributions made to the 403(b) plan.

Distributions are required at termination unless a one-time election is made to defer to a later date. However, distributions must be made by age 72.

Differences between the 457(b) and 403(b) plans include:

- Emory Healthcare does not contribute to or match participant contributions to the 457(b) plan.
- Hardship withdrawals and plan loans are not permitted in the 457(b) plan.
- The 457(b) plan has a slightly different lineup of investment choices.

Your Retirement

Your Choice of Retirement Vendors

You have a choice of two retirement vendors: Fidelity Investments and TIAA. You can build your 403(b) with just one vendor, or allocate savings across multiple vendors. If you do not select a vendor(s), your contribution will automatically default to the Fidelity Investments for the 2% basic contribution.

Representatives from our two retirement vendors offer free, individual consultations. During these one-hour meetings, you and the financial advisor can review your retirement goals, assess your current portfolio and make any necessary revisions to keep you on track.

For more information, or to schedule an appointment, contact:

- **TIAA:** 1-800-842-2252 or tiaa.org/schedulenow
- **Fidelity :** 1-800-343-0860 or fidelity.com/atwork

Retirement Planning Resources

Our Benefits team offers regularly scheduled **Retiring from Emory Healthcare** workshops. During these workshops, employees meet with a retirement benefits specialist to discuss options and develop a game plan for retirement, including Medicare and Social Security.

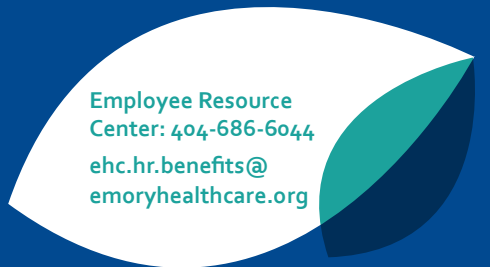
Quarterly, Emory Healthcare offers a live, virtual workshop for employees aged 62 and older. The workshops include information on our Emory Healthcare 403(b) and pension vendors, Social Security, BHS and benefits.

Vendor Contacts for All Retirement Plans

Company	Phone	Online
Fidelity Investments	1-800-343-0860	fidelity.com/atwork
TIAA Financial Services	1-800-842-2252	tiaa.org/emoryhealthcare

Your Resources

Employee Resource
Center: 404-686-6044
ehc.hr.benefits@
emoryhealthcare.org



Your Resources

The Emory Healthcare Network (EHN)

Facilities included in the Emory Healthcare Network (EHN) are:

- Children’s Healthcare of Atlanta (including Egleston, Scottish Rite and Hughes Spalding)
- Emory Johns Creek Hospital (EJCH)
- Emory Rehabilitation Hospital
- Emory Saint Joseph’s Hospital (ESJH)
- Emory University Hospital (EUH)
- Emory University Hospital Midtown (EUHM)
- Emory University Orthopaedics & Spine Hospital (EUOSH)
- Emory University Hospital at Wesley Woods (EWWH)
- Grady Memorial Hospital
- St. Francis Hospital (Columbus, GA)

Also included are our Emory facilities, Emory Decatur, Emory Hillandale, and Emory Long Term Acute Care.

EHN physicians include: Emory Clinic physicians and private practice physicians with admitting privileges at EUHM, EJCH, ESJH or EWWH. Locate a participating EHN physician or facility at aetna.com/docfind/custom/emory or call 1-800-847-9026.

To locate a Tier 1 or Tier 2 physician or facility, go to aetna.com/docfind/custom/emory or call 1-800-847-9026. Note that Tier 1 facilities and physicians are subject to change. For the most updated list of Tier 1 facilities and physicians, contact Aetna for assistance.

Out-of-State & International Coverage

Emergencies are always covered at the In-Network copay or coinsurance level. Contact Aetna within 48 hours of onset of injury or illness.

8-EVIP Emory Employees Appointment Line

The 8-EVIP Appointment Line was developed as part of Emory Healthcare’s commitment to the health care needs of its employees. By calling 404-778-EVIP, Emory Healthcare employees and family members can receive expedited access to Emory providers.

Features of the 8-EVIP line include:

- Senior-level Priority Access Specialists, answering from 8 a.m. to 5 p.m., Monday – Friday, to assist you in making appointments with Emory Clinic and Emory Specialty Associates providers.
- Assurance that non-urgent appointments will be scheduled within 14 days with the first available provider. If your preferred provider is not available, we will connect you with another well-qualified Emory provider or Emory-affiliated practice.
- Assurance that urgent appointments will be clinically reviewed to secure an appointment within a medically appropriate timeframe. This may include a referral to Emory Healthcare’s Express Care Clinic or an Emory-affiliated CVS MinuteClinic.

Emory HealthConnection

Emory HealthConnection is available to assist you in selecting the right Emory provider to meet your needs. Emory HealthConnection can be found at emoryhealthcare.org/contact/health-connection.html or by calling 404-778-7777.

Emory Pharmacies

These full-service pharmacies provide the same 90-day prescription benefits as CVS/caremark.

The Pharmacy at Emory

Emory University Hospital

Hospital Tower, Second Floor

Monday – Friday, 9 a.m. – 6 p.m.

Call 404-778-2022 or visit emoryhealthcare.org/pharmacy.

EUHM Pharmacy

550 Peachtree Street, Lobby Level

Monday – Friday, 9 a.m. – 6 p.m.

Call 404-686-2461 for more information.

Healthcare Flexible Spending Account (FSA) Worksheet

Use this worksheet to help you calculate the amount you may want to contribute to the Healthcare FSA to reimburse yourself for eligible health care expenses. Use your records for the past few years to plug in your numbers to estimate costs.

If the expense is paid by insurance, use the amount of your copay and any coinsurance you paid.

- If the expense is not covered by insurance, use the entire cost.
- If the expense is a one-time situation (such as a surgery or acute illness), you may choose to leave it off.
- **Note:** The most you can contribute annually to your health care FSA is \$2,850. Your total contributions to the program cannot exceed 50 percent of your salary each pay period.

Your cost for:	YOU	SPOUSE	CHILDREN	TOTAL
Doctor or clinic visits	\$	\$	\$	\$
Surgical expenses	\$	\$	\$	\$
Prescription drugs	\$	\$	\$	\$
Routine physicals/exams	\$	\$	\$	\$
Outpatient mental health services	\$	\$	\$	\$
Lab and Radiology	\$	\$	\$	\$
Other medical and chiropractic care	\$	\$	\$	\$
Routine dental care and fillings	\$	\$	\$	\$
Orthodontia and oral surgery	\$	\$	\$	\$
Other dental	\$	\$	\$	\$
Vision care	\$	\$	\$	\$
Hearing care	\$	\$	\$	\$
Total expenses	\$	\$	\$	\$
Total estimated expenses				= \$

Dependent Day Care Flexible Spending Account Worksheet

Use this worksheet to calculate your contribution levels to your Dependent Day Care FSA. This can be applied to dependent care for children under age 13, a disabled parent or child, or elder care for tax-qualified dependents. Use your records from the last few years to estimate your costs.

- If you're single or married and filing a joint tax return, you can contribute up to \$5,000 annually.
- If you're married and filing separately, you can contribute up to \$2,500 annually.

Your cost for:	EACH PLAN YEAR
Child care (include summer camp)	\$
Dependent adult day care	\$
FICA and taxes you pay the provider	\$
Costs for qualified dependent care center	\$
After school care up to age 13	\$
Preschool tuition (custodial care)	\$
Total estimated expenses	= \$

Important Numbers and Websites

Emory Healthcare Employee Resource Center

404-686-6044

ourehc.org

Email: ehc.hr.benefits@emoryhealthcare.org

Aetna

Locate a Provider:

aetna.com/docfind/custom/emory

Medical: 1-800-847-9026

aetnanavigator.com

Aetna Dental

1-877-238-6200

aetna.com/docfind/custom/emory

Aetna/PayFlex (Health Savings Account and Flexible Spending Accounts)

1-888-678-8242

aetnanavigator.com

Aflac

800-594-4560 (BSC) or 800-433-3039

aflac.com/emory

BHS - Employee Assistance Program

800-327-2251

portal.bhsonline.com

Bright Horizons

1-877-242-2737

careadvantage.com/emoryhealthcare

CVS/Caremark

Pharmacy Manager - HSA and POS plans:

1-800-601-6935

caremark.com

EyeMed Vision Care

1-855-270-2343

eyemedvisioncare.com

Farmers Auto and Home

1-800-438-6381

myautohome.farmers.com

Fidelity

1-800-343-0860

fidelity.com/atwork

InfoArmor Identity Theft Protection

1-800-789-2720

infoarmor.com/emory

Kaiser Permanente

Dedicated Member Services Line: 877-635-6891;

Hours: M-F, 7 a.m. – 9 p.m. ET

Appointments & Advice: Call 24/7 at 404-365-0966 or 1-800-611-1811 (TTY 711)

my.kp.org/emoryhealthcare

MetLife Legal Plans

1-800-821-6400

info.legalplans.com

Nationwide Pet Insurance

1-800-540-2016

petinsurance.com/emoryhealthcare

The Standard (Life Insurance)

1-866-756-8118

standard.com

TIAA

1-800-842-2252

tiaa.org/emory

Tuition.io

1-855-353-5395

email: support@tuition.io

Unum (Long-Term Care)

1-800-227-4165

unuminfo.com/emoryhealthcare

Unum

Short-Term Disability, Long-Term Disability, and Supplemental LTD:

1-800-858-6843 (Customer Service)

1-866-765-8490 (Claims)

unum.com

WeeCare

404-637-2390

email: mybenefits@weecare.com

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