

2019 Benefits Enrollment Guide





Team EHC: The Smart Choice

Emory Healthcare is proud to be a vital part of the Atlanta community and is dedicated to our mission to improve health for humankind. Each day, every member of Team EHC plays a vital role in making that vision come to life. We are pleased to recognize those contributions with a rich benefits package that offers an array of medical, dental, vision, retirement, disability and other work/life benefits to you and your loved ones.

We encourage you to take a close look at all of the benefits information provided in this guide. Our benefit plans are just one of the many ways Emory Healthcare helps you take care of yourself and your family – **because we're all in this together**.

This guide is meant to provide basic benefit plan information. For additional details and specific information, please contact the vendor or review the Summary Plan Description (SPD) for each plan. SPDs are available on the Your Benefits website (go to www.ourehc.org and select Employee Resources) or by contacting the Employee Resource Center at 404-686-6044 or EHC.HR/Benefits@emoryhealthcare.org for a printed version.

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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.

How to Enroll

Your benefits enrollment is available 24 hours a day online through e-Vantage on ourehc.org. Remember: If logging in to e-Vantage from outside the Emory Healthcare network (e.g., home), you will need to complete your Duo Security Two-Factor Authentication enrollment. Go to www.ourehc. org/duo for more information or call 8-HELP (404-778-4357). 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 for assistance.

- 1. Go to ourehc.org, then select e-Vantage to log in with your network ID and password.
- 2. Select Self Service from the top dropdown, then click on the Benefits tile and select Benefits Enrollment.
- 3. Choose Select to view your election options.
- 4. Complete the Tobacco Surcharge Certification if you are enrolling for the first time or need to change your response. If there is no change, your previous certification will roll over to this year.
- 5. After selecting your elections and covered dependents, if any, the system will display your elections, covered elections and payroll deductions.

- 6. To finalize your elections, click Continue at the bottom of the page.
- 7. Click Submit after reading the Authorize Elections Statement. Note: You are not enrolled until you click Submit.
- Click View/Print to view a printable PDF confirmation page. Save a copy of your confirmation page and review it for accuracy. Contact the Employee Resource Center at 404-686-6044 or email EHC.HR/Benefits@emoryhealthcare.org if there is an issue.

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.

Need a computer?

- Emory Decatur Hospital
 - Computer Classroom 802, 8 a.m. 6 p.m., October 29, October 31 and November 12
 - Computer Training Tower 4055, 8 a.m. 6 p.m., November 6 and November 8
- Emory Hillandale Hospital
 - Education Computer Classroom, 8 a.m. 6 p.m., October 30, November 1, November 5 and November 7
- Emory Long-Term Acute Care
 - Computer Lab, 8 a.m. 6 p.m., November 2 and November 9
- Emory University Hospital
 - Learning Resource Center 2nd Floor, Room E214
 - Human Resources 2nd Floor, Room D201

- 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 , Ground Floor
- Emory Wesley Woods Center
 - Houston Building, Main Lobby

ENROLLMENT CHECKLIST

Use this checklist so you don't miss any important steps when signing up for your benefits!

	ore Enrollment: Give yourself time to learn about the benefit options that are available to you. Emory Healthcare provides following tools to help you make your enrollment decisions.
	Review the Benefits Enrollment Guide and the HSA Plan Quick Guide for details on the various plan choices.
	Decide if you want to enroll in a Flexible Spending Account (Healthcare and/or Dependent Day Care) or a limited Healthcare FSA (for HSA Plan participants).
	HSA Plan members: Decide if you want to make a contribution to your Health Savings Account.
	Use Aetna's DocFind tool to verify your provider is in the Tier 1 Network. Visit aetna.com/docfind/custom/emory.
	Check with CVS/caremark (1-866-601-6935) to see if your prescriptions are covered.
	Review the Discover Your Retirement Options Guide for the 403(b) Retirement Savings Plan. You can enroll, change your deferral/investment allocations or make any other changes at any time. Review the guide at emoryhealthcare.org/employee/ benefits-guides.html or on the intranet, ourehc.org. Click Employee Resources, Benefits, then Retirement Benefits.
	uring Enrollment: Remember, if you don't enroll during your first 31 days of employment, your next opportunity will be uring the annual benefits enrollment period in the fall.
	Log in to e-Vantage to make your benefits elections. Note that some voluntary benefits, such as SmartPath financial coaching, InfoArmor identity theft protection, and Nationwide pet insurance, may require you to enroll on their websites.
	Complete the Tobacco Use Certification.
	Pick your life and accidental death and dismemberment beneficiaries.
	Save or print a copy of your confirmation, review it for accuracy and retain it for your records.
Afl	ter Enrollment: Check your work!
	Check your paycheck! Review your first paycheck to make sure that your benefits elections are included in your paycheck. If you notice an error, please contact the Employee Resource Center at 404-686-6044.
	Thank you for enrolling! We hope that the benefits you enjoy at Emory Healthcare work well for you and your loved ones.

As an Emory Healthcare employee, you are fortunate to have a wide range of benefit programs available to you. Benefit programs give you important financial protection when you need it the most.

Some benefits Emory Healthcare offers are employerprovided, 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 described in this guide. In those plans, you contribute toward the cost of the benefits you elect.

This guide provides details about your many benefits options. Spend a few minutes to review the programs to see which programs might work best for you. If you still have questions, 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 the Employee Resources site on www.ourehc.org.

> 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 both 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 the money in your HSA to cover the medical expenses or you will have to pay for it out of pocket, but you can adjust your contribution amounts throughout the year, up until you reach the allowed contribution limit.
- For the FSA, the money does not roll over at the end of the year (see the Your Resources section to view a worksheet to help you calculate what you should contribute). The contribution maximum is lower, and it can be used to pay for expenses, such as 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.

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. They 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 are 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 Change in Coverage table on page 5 for a list of events that require documentation.

Benefits Eligibility Continued

Coverage Begins

For most benefits, coverage begins on your date of hire, if the employee is benefits-eligible. 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 benefit 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

See table below for events which require documentation.

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 go to Self Service. Click on the Benefits tile and select Family Status Change.

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.



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 going online at aetna.com/docfind/custom/emory.

Use the Tier 1 Network: When looking for any type of health care provider, select a Tier 1 provider. Your out-of-pocket costs will be lower.

Get preventive screenings: Annual well-visits with your PCP give an opportunity to work on health goals and provide 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 instead of the ER.

Use generic medications: Generic medications cost significantly less than brand; ask your doctor 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

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 of two medical plans – a Health Savings Account Plan and a Point of Service Plan – both of which are administered by Aetna.

While there are differences in how each plan works (including deductibles, copays and coinsurance), the two plans do 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 plans offer Tier Zero prescription drugs. These generic forms of birth control and prescription medications for 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, go to ourehc. org and click on Employee Resources and Your 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, Emory Decatur, Emory Hillandale, and Emory Long Term Acute Care facilities. Tier 1 additionally includes all EHN and 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.
- Tler 3: Providers and facilities that are not participating with Aetna are considered Tier 3. These costs are the highest.
 - Atlanta Medical Center
 - 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 www.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.

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 www.ourehc.org, Employee Resources and Your Benefits. Information can be found under the heading "Notices, Summaries, Reports & Resources."

Medical Plans HSA Plan

Plan 1 – HSA Plan

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

- The same covered services and network of providers as the POS Plan with a different way to pay 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 within 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
\$1,350 (Employee only)	\$1,500 (Employee only)
\$2,700 (Employee + Spouse, Employee + Child(ren) or Family)	\$3,000 (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 \$2,700 (Tier 1) or \$3,000 (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	\$3,500	\$4,750	\$10,000
Employee + Spouse, Employee + Child(ren) or Family	\$7,000	\$9,500	\$20,000

Medical Plans HSA Plan

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 9) 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 \$2,700 for Tier 1 \$3,000 for Tier 2 and \$5,000 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 \$1,350 (Employee Only) or \$2,700 (Employee + Spouse, Employee + Child(ren) or Family), or Tier 2, which is \$1,500 (Employee Only) or \$3,000 (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	Zero	0%	\$0	\$0
Prescription Drugs (Not Subject to Deductible) and Non-Preventive Prescription Drugs (After Meeting Deductible)	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.

Medical Plans HSA Plan Continued

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.
- 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.

WHAT'S DIFFERENT ABOUT A HEALTH SAVINGS ACCOUNT?

- The Health Savings Account (HSA) is only available if you participate in the HSA Plan. The money is yours, 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 <u>penalty.</u>
- 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 2019, \$3,500 for single coverage and \$7,000 for family coverage). If you are age 55 or older, you can contribute additional catchup 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.

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-ofpocket for your annual physical, well-woman

visit, mammogram, colonoscopy, routine immunizations and other eligible services.





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.



USE YOUR HSA

http://www.andiego.com

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).

Medical Plans POS Plan

Plan 2 – 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 15 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 \$2,650 pretax dollars to help pay for medical expenses. See page 17 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.

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.

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 mailservice 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.

Tier	Coinsurance	30-Day Retail Minimum	30-Day Retail Maximum	Mail Minimum (up to 90 days)	Mail Maximum (up to 90 days)
Zero	о%	\$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

Medical Plans (Biweekly)*

2019 MEDICAL PLAN BIWEEKLY CONTRIBUTION RATES						
DIANIC	HSA	PLAN	POS PLAN			
FLAN3	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME		
Employee Only*	\$16.50	\$25.00	\$49.00	\$73.50		
Employee Plus Child(ren)*	\$79.50	\$119.50	\$166.50	\$250.00		
Employee Plus Spouse*	\$125.00	\$187.50	\$240.00	\$360.00		
Family*	\$171.00	\$256.50	\$336.00	\$504.00		

* 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 6o-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 www.tobaccofree.emory.edu/cessation.

2019 Medical Plan Comparison Quick Guide

PLANS	HSA PLAN			POS PLAN		
EHC Contribution	\$300/\$600 ¹ None					
Earned Incentives		\$400/\$500 ² \$400/\$500 ²				
Health Savings Account (HSA)	Yes			No		
	Tier 1	Tier 2	Tier 3 ³	Tier 1	Tier 2	Tier 3 ³
Annual Deductible						
Single	\$1,350	\$1,500	\$2,500	\$850	\$1,000	\$2,000
Family	\$2,700 ⁴	\$3,000 ⁴	\$5,000 ⁴	\$2,550	\$3,000	\$6,000
Out-of-Pocket Maximum ⁵						
Single	\$3,500	\$4,750	\$10,000	\$3,000	\$4,500	\$11,250
Family	\$7,000	\$9,500 ⁴	\$20,000 ⁴	\$6,000	\$9,000	\$22,500
Aggregate	Yes	Yes	Yes	Yes	Yes	Yes
Primary Care Physician Office Visits ⁶	15% after deductible	25% after deductible	50% after deductible	\$25 copay	\$35 copay	50% after deductible
Pediatrician or Mental Health Physician Visits	15% after deductible	25% after deductible	50% after deductible	\$25 copay	\$25 copay	50% after deductible
Specialist Office Visits	15% after deductible	25% after deductible	50% after deductible	\$35 copay	\$50 copay	50% after deductible
Diagnostic Labs and X-Ray	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible
Durable Medical Equipment (DME)	15% after deductible	25% after deductible	50% after deductible	15%	25% (no deductible)	50% after deductible
Routine Preventive Care ⁷ (Eye Exam, Annual Physical, Flu Shots, GYN Annual)	Plan pays 100%	Plan pays 100%	50% after deductible	\$o copay	\$o copay	50% after deductible
Emergency Room Visits	15% after deductible	25% after deductible	25% after deductible	\$250 copay ⁸	\$250 copay ⁸	\$250 copay ⁸
Hospitalizations						
Inpatient/Outpatient Coverage	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible
Behavioral Health Benefits						
Inpatient Treatment	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible
Outpatient Treatment	15% after deductible	25% after deductible	50% after deductible	\$25 copay	\$25 copay	50% after deductible

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

² An annual maximum of \$400 in incentives can be earned (for Single coverage) or \$500 (for Employee + Spouse or Family coverage).

³ Amounts applied to deductible and out-of-pocket maximums are limited to the Reasonable and Customary charges.

⁴ Family deductible applies in the HSA plan when Employee+Spouse, Employee+Children or Family level coverage is elected.

⁵ Out-of-Pocket maximum includes copays.

⁶ Includes services of an internist, general physician, family practitioner, dermatologist and/or allergist.

⁷ Routine Preventive Care services ONLY are covered at 100% under the plan. Diagnostic services are subject to the deductible and coinsurance.

⁸ 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

As a national leader in clinical care and health sciences research, Emory is deeply committed to creating an environment for its employees to achieve optimum health. We offer financial incentives to you and your family to make it easier to take important steps in support of your physical and emotional well-being. To be eligible to receive your 2019 incentives, you must complete the actions between January 1 and November 16, 2019.

2019 WELLNESS INCENTIVES	
Healthy Emory Connect Registration (first-time users only)	\$25.00
Online Health Risk Assessment (HRA)	\$25.00
Know Your Numbers Biometric Screening*	\$75.00
Healthy Emory Connect Rewards	Up to \$350.00
Diabetes Prevention Program (DPP)	Up to \$200.00
Colonoscopy/Cologuard*	\$100.00

*These incentives are available to both employees and spouses.

Healthy EmoryConnect Registration:

The first step in earning your 2019 medical plan incentives is to register on Healthy Emory Connect. It takes just a few minutes to join the Emory online health and well-being community. This is only for employees who have not previously registered for Healthy Emory Connect.

Online Health Risk Assessment (HRA):

Complete your HRA on Healthy Emory Connect. Print your results, share it with your doctor and talk about ways to improve your health and well-being.

Know Your Numbers Biometric Screening:

Emory's onsite biometric screenings return January 2019. Make an appointment for your 15-minute health screening at a time, date and location that works for you. You can even bring your spouse!

Healthy Emory Connect Rewards:

Earn points throughout the year on Healthy Emory Connect. Track your steps and participate in the Move More Challenge, learn healthy nutrition behaviors with Operation: Eat Right!, track your sleep with Sleep Better! Be Better!, and find your happy place with Refresh from Stress.

Colonoscopy/Cologuard:

If you or your spouse are 50 or older and haven't been screened, or are under 50 and at a higher risk for colorectal cancer, talk with your doctor about a screening. Early detection can prevent colorectal cancer.

Diabetes Prevention Program (DPP):

New in 2019, the Diabetes Prevention Program (DPP) helps you lose weight and build your healthy habits if you're at risk for developing diabetes. Led by a trained lifestyle coach, the program includes 16 weekly small group sessions, followed by monthly maintenance sessions.

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 Plan

You can contribute between \$200 and \$2,650 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 (\$120,000 for 2019), 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 2019 to pay for expenses incurred through March 15, 2020. Any 2019 Healthcare FSA funds not used by March 15, 2020, 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, 2020. 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, 2019, and claims for the 2019 Dependent Day Care FSA must be filed no later than May 15, 2020, to receive reimbursement.

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 www.aetnanavigator.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 4 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.

	Aetna Traditional Dental (PPO)	
In-Network	Out-of-Network ¹	In-Network Only
\$0	\$0	\$O
10%²	20%²	Scheduled
50%²	50%²	Scheduled
\$50/person \$150/family	\$50/person \$150/family	None
\$1,500/person	\$1,500/person	None
None	None	¢2,000,002V
50%	50%	\$2,000 copay, limited to one
\$1,500	\$1,500	treatment per lifetime
	\$0 10% ² 50% ² \$50/person \$150/family \$1,500/person None 50%	\$0 \$0 10%² 20%² 50%² 50%² \$50/person \$50/person \$50/person \$50/person \$150/family \$150/family \$1,500/person \$1,500/person \$1,500/person \$1,500/person \$1,500/person \$1,500/person \$1,500/person \$1,500/person \$1,500/person \$1,500/person \$1,500/person \$1,500/person

^a Amounts applied to deductible are limited to the Reasonable and Customary charges ^a After deductible

³Waived 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-timeuse 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 www.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 www.eyemedvisioncare.com (click Locate a Provider, then Select Your Network dropdown menu and choose Select, then 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	\$5.59
Employee Plus Child(ren)	\$11.16
Employee Plus Spouse	\$10.60
Family	\$16.43

*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 www.eyecenter.emory.edu. To schedule an appointment, call 404-778-2020.

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Emory Healthcare knows 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; help you make important decisions (such as choosing legal or financial services or selecting the right elder or child care provider); or just 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 to have 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 24.

Waiting Period	Annual Employee Cost per \$100 Covered Salary
15 days	\$.97
30 days	\$.47
6o days	\$.26

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

Waiting Period	Annual Cost	Cost / Paycheck
15 days	(\$40,000 ÷ \$100) × \$.97 = \$388	\$388 ÷ 24 pay periods = \$16.17
30 days	(\$40,000 ÷ \$100) × \$.47 = \$188	\$188 ÷ 24 pay periods = \$7.83
6o days	(\$40,000 ÷ \$100) × \$.26 = \$104	\$104 ÷ 24 pay periods = \$4.33

Long-Term Disability (LTD)

LTD coverage provides 60% of your base salary after the 18o-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-benefitseligible status and subsequently return to a benefitseligible 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 \$.35 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	\$.53
25-29	.63
30-34	.84
35-39	.95
40-44	1.05
45-49	1.56
50-54	2.41
55-59	4.99
60-64	6.82
65-69	13.28
70+	21.54
Dependents	Rates
Rates per \$2,000 coverage	\$.42

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 ÷ \$10,000) x 1.05 x 12 = \$126.00	\$126.00 ÷ 24 pay periods = \$5.25

Spouse/SSDP 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 she cannot be listed as your beneficiary and also enroll in supplemental life insurance for herself.

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 \$.017 per \$1,000 coverage.

Your Beneficiary

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, then the Benefits tile and then Benefits Summary.

Additional Insurance and Legal Benefits

Emory Healthcare offers a variety of additional benefits for employees and their families. A brief summary is available below. For more detailed information, go to ourehc.org, then select the Employee Resources tab and then click Your Benefits.

Long-Term Care Coverage

Emory Healthcare offers optional coverage for longterm 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 MetLife 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 MetLife. You may get coverage for your automobile, boat, motor home or recreational vehicle. For more information or to receive a personal quote, call MetLife at 1-800-GET-MET8 (1-800-438-6388).

Aflac

Emory Healthcare provides voluntary coverage through Aflac for hospital, cancer and accident insurance. These policies are available at group rates that are lower than those typically available to individual policyholders. You have access to a wide range of policy and rider insurance products through Aflac. For more information and to enroll, log on to www.Aflac.com/Emory or call Aflac at 1-877-384-3344.

Prepaid Legal Plan

Whether you have planned legal expenses or just want to be prepared for the unexpected, MetLife's Group Legal Plan through Hyatt Legal Services 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, call MetLife/Hyatt Legal Services at 1-800-821-6400. 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, go to the Your Benefits site under the Employee Resources tab on ourehc.org.

Parent and Child Care Benefits

Emory Healthcare offers additional resources to support 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 Aetna HSA and POS medical plans, for a maximum medical and prescription lifetime benefit of \$25,000. For more information regarding eligibility for this benefit, please contact Aetna.

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 on the benefits page of the intranet.

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.



Parent and Child Care Benefits Continued

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 Personal 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, if an employee is employed at 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 must have the number of hours of their standard work week, 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).

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 that, 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 30 – 31 for more details on your Emory Healthcare PTO and EILB.

Adding a Dependent: Your Family Status Change Checklist

- □ Attend one of our Bundles of Joy baby showers!
- Download the SmartPath budgeting app to calculate your new family budget. Sign up for a SmartPath financial wellness class, such as Preparing for the Baby, Children and Money and Generational Wealth.
- □ Review the Family Status Change requirements listed on page 5 of this guide.
- □ Apply for a Social Security Number (SSN) for your new baby. As soon as you receive the information, you will need to enter it in e-Vantage. Check out this guide for information: https://www.ssa.gov/pubs/EN-05-10023.pdf.
- Review the policies related to leaves of absence and paid time off.
- Complete the Family Status Change via e-Vantage by logging in, selecting Self Service, then 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 14 & 15 for medical, page 18 for dental and page 19 for vision rates.
- Review and update beneficiary designations on life, accidental death & dismemberment and investment accounts, as appropriate. See page 22.
- Update your income tax withholding choices on your
 W-4 in e-Vantage.
- Verify your benefit enrollment for your newborn within seven business days after you have submitted the Family Status Change.
- Sign up for Text4Baby, a free parenting app that sends text-based prompts on topics such as immunization schedules, developmental milestones, baby health and safety, breastfeeding advice, and managing fever, teething and sleep schedules. You can even enter your appointments for your OB/GYN or your pediatrician with reminders. Visit text4baby.org.

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 benefits plans, applying for FMLA and reviewing other tips and resources for new parents. For more information and for upcoming dates, visit ourehc.org/departments/human-resources/work-liferesources/baby-shower.html.

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

In addition, Aetna offers a maternity program that provides resources and support for expectant moms at every step along the way during pregnancy and after the child is born. Through your Aetna medical plan, you have access to a variety of suppliers of breast pumps at minimal or no cost. Log in to your Aetna account to see which supplier is available in-network.

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 either in-home or center-based care at a deeply discounted rate.
- The Emory Employee-Student Job Network can help Emory employees looking to hire Emory students on a part-time basis for help with babysitting, pet care, house sitting, lawn care, etc.

Bright Horizons

Bright Horizons offers two new benefits to our benefitseligible employees: CareAdvantage and CareDirect. CareAdvantage allows you to arrange for emergency child care at either one of our Bright Horizons Care Center locations or hire someone for in-home care, and back-up adult/elder care (locally and nationally).

Employees are limited to 10 uses per year (for no more than three consecutive days) and you cannot arrange the care more than 7 days in advance.

Center-based care: \$15 per child or elder adult, with a \$25/family daily maximum. Each child or adult receiving emergency care is counted as a use.

In-home care: \$6 per hour. You must schedule for a minimum of four hours and no more than 10 hours per day. In-home care is one use per day, no matter how many children (or seniors) are being watched at home.

To participate, log on to and create a profile with all relevant dependents. To register, go to www. careadvantage.com/emoryhealthcare or call 1-877-242-2737.

Parent and Child Care Benefits Continued

Dependent Day Care FSA

For information on flexible spending accounts used to cover the costs of dependent day care, see page 17 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 www.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 \$.42 per \$2,000 of coverage, for a maximum contribution rate of \$2.10 per month per child.

Additional Work/Life Benefits

For a full listing of all of the Work/Life Benefits available to you, click on the Employee Resources tab on ourehc.org, then Your Work/Life and Well-being. Note: You will need to enroll for financial coaching, 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.

Financial Wellness

EHC has partnered with SmartPath Financial to offer a three-part personal finance program:

- One-on-one financial coaching. For \$12.50 per pay period, you can have a dedicated personal financial coach from SmartPath who will work with you and your spouse to establish and meet your financial goals.
- A free budgeting app available on the Apple App Store or Google Play that allows you to set up and monitor your budget, watch short and fun personal finance education videos, and get expert advice through the support feature.
- A year-long series of personal finance workshops on topics ranging from buying a house, paying down debt, saving for retirement and more.

Go to the Employee Resources tab on ourehc.org, then Your Work/Life and Well-being, then Financial Wellness for full class descriptions and information on the mobile app and financial coaching.

	FINANCIAL COACHING RATES	
Requires six-month commitment from the effective date of coverage. After six months, contact SmartPath to cancel.		
\$12.50 biweekly To enroll, visit smartpathfinancial.com/getting-started/emc healthcare/ or call 1-888-686-5808.		

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

We offer employees 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 for free 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)	
\$3.98	
\$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, by creating an environment and culture that creates and supports health, fostering community and sharing evidence-based, accessible resources. Healthy Emory has three primary focus areas:

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

We have an online Health Emory platform for employees, called Healthy Emory Connect. Healthy Emory Connect features a personalized web portal and mobile app, and serves as a "one-stop-shop" for participating in wellness activities, such as earning medical plan 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 to extend your network of support.

Your Discounts and Perks

Professional and Personal Development

Emory Healthcare offers a variety of courses that are informational and educational to enhance your current skills and provide new skills that improve individual, team and organizational performance and development, including through our partnership with Lynda.com. Contact Organizational Development for additional information at odls@emoryhealthcare.org. Register for most classes online using the HealthStream Learning Center or HLC.

Travel and Lifestyle Discounts

- The Georgia Hospital Association (GHA) offers a travel discount service, GHA Travel, to employees of GHA member hospitals. You can receive discounts of up to 50 percent on more than 600,000 hotel rooms worldwide, book airline travel and make rental car reservations. Go to gha. affinitytravelbenefits.com and click "Register Now" on the home page to create your account. Use your Emory Healthcare email address to register and use pass code "member" to sign up. You will then be prompted to create a secure password.
- Emory Healthcare and **Sparkfly** have partnered to offer you a unique employee discount program with thousands of offers and savings! **Sparkfly** offers a variety of discounts on activities such as travel, restaurants, electronics, movie and event tickets, shopping and more.
- Emory Healthcare employees receive discounted access to certain fitness facilities on the Emory campus and around Atlanta. Partners include LA Fitness, YMCA of Metro Atlanta, Pink Barre, Operation Bootcamp and more.
- The Express Care Clinic, through Occupational Injury Management, provides some clinical services to employees. Go to the Employee Resources tab, then Occupational Injury Management for a listing of locations and hours.
- Employees have access to Emory's Faculty Staff Assistance Program, which provides health, wellness and counseling services to Emory employees.

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
o-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 HR Policies and Procedures located on the Virtual Desktop 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-hours 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.

Extended Illness Leave Continued

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

As an academic institution, we fully support education and learning for our employees.

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 after satisfying one year of employment for an undergraduate degree or two years for a graduate degree. 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, benefitseligible 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-benefitseligible position counts toward satisfying the work.

How to Enroll

You will need to apply online via e-Vantage. Select Self-Service from the top dropdown menu, then click on the Benefits tile. Select Educations Benefits and then Employee Education Plan.

For more details on the Employee Education Plan, visit HR Policies and Procedures on the Virtual Desktop (VDT).

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. To enroll in the plan, call 1-877-424-4377 or visit www.path2college529.com.

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

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

GENERAL RETIREMENT PLAN ELIGIBILITY AT-A-GLANCE Retirement Program		
403(b) Plan with employer 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.	

How it works

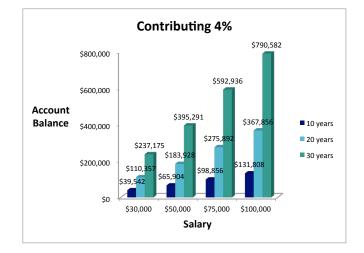
Emory Healthcare will match eligible employees 100 percent of the first 4 percent of your contributions.

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

Employee contribution (4%)\$7	76.92	
Emory Healthcare's MATCHING contribution (4%) \$7	76.92	
Total Emory Healthcare and employee contribution each pay period \$1	53.84	

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%.



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.

How the Retirement Program 403(b) Works

Employee contributions – Eligible employees can contribute to the plan, up to the annual maximum set by the IRS (\$18,500). Employees age 50 or older can contribute an additional amount over the IRS maximum amount (\$6,000).

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.

Eligible participants are always 100% vested in their contributions and in the money their contributions earn. After three years of service, they are also 100% vested in Emory Healthcare's 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 aftertax 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 59¹/₂.

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. This is because 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.

Enrolling and Making Changes in the 403(b) Plan

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

Step 1: Go to the Emory Healthcare intranet home page (www.ourehc.org) and select e-Vantage from the menu on the right.

Step 2: Log in using your Emory Healthcare username and password.

Step 3: Select Self Service from the top dropdown menu. Click the Benefits tile, then click 403(b) Savings Plan Election.

Step 4: From here, click the "Click here to enroll, change, or stop 403(b) elections" button to: Make your contribution elections. You can calculate your maximum allowed contributions by clicking the "Click here to model 403(b) maximum contributions" button.

	Basic Contributions	Supplemental Contributions
Retirement Program	Up to 4%	In excess of 4%

Remember: You can access the e-Vantage site 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.

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. Note: Plan loans are not available for employees whose retirement plans are managed through Vanguard.

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 \$150,000.

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

A few 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 \$18,500. 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 70¹/₂.

Some distinct differences between the 457(b) and 403(b) plans include:

- Emory Healthcare does not 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.

How to Enroll in the 457(b) Plan

- Step 1: Contact the Employee Resource Center to obtain the Elective Deferred Compensation Agreement form. Complete the form, detailing your vendor selections and salary reduction amount, and submit it to the Employee Resource Center.
- Step 2: Complete the account applications for the vendor(s) you selected (457(b) TIAA Enrollment Form, 457(b) Fidelity Custodial Account Application, 457(b) Vanguard Account Application). Submit the completed form to the vendor.
- Step 3: Select funds from the Investment Performance Chart or contact the vendor(s) to schedule a counseling session.

How to Make Changes to the 457(b) Plan

- Change your contribution amount by filling out a new Elective Deferred Compensation Agreement with the new amount and submitting it to the Employee Resource Center.
- Add or change your vendor selection by filling out a new Elective Deferred Compensation Agreement, detailing your vendor selection(s) and salary reduction amount, and complete an application for the vendor(s) you select. Submit the form to the Employee Resource Center.

To make beneficiary changes, contact your retirement vendor(s).

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	
Vanguard	1-800-523-1188	vanguard.com	

Your Choice of Retirement Vendors

You have a choice of three retirement vendors: Vanguard, Fidelity Investments and TIAA. You can build your 403(b) with just one vendor, or allocate savings across multiple vendors.

Representatives from our three 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:

- Fidelity: 1-800-343-0860 or fidelity.com/atwork
- TIAA: 1-800-842-2252 or tiaa.org/schedulenow
- Vanguard: 1-800-523-1188 or vanguard.com

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. In addition, our financial wellness program offers regular workshops from SmartPath Financial to help you understand the nuts and bolts of financial planning.

Quarterly, Emory Healthcare offers a half-day Preparing for Retirement Workshop for employees aged 62 and older. These workshops include representatives from our Emory 403(b) and pension vendors, Social Security, FSAP and the Benefits team for a comprehensive retirement planning session.

Annual Employee Statements

Each spring, Emory Healthcare distributes an Annual Employee Compensation Statement to employees. This statement reviews your total compensation (the value of your salary and benefits) and provides an update on your retirement portfolio and long-term projections on your retirement savings value by the time you retire. It even offers suggestions on how to adjust your savings to increase the future value of your account. Check out what your colleagues are saying about the Preparing for Retirement Workshop!

"Excellent presentations! Very valuable. Please continue to provide this workshop and other similar ones. This was a great way to spend part of a Saturday. Thank you so much!"

"This is the best retirement workshop I've attended. The Social Security person was exceptional! Thank you."

"Very informative. Made me feel better about retirement."

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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, In Partnership with Select Medical
- 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

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 www.aetna.com/docfind/ custom/emory or call 1-800-847-9026.

To locate a Tier 1 or Tier 2 physician or facility, go to www.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, can 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 reached 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 www.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.

Your Resources Continued

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 for estimating 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, enter 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 \$2,650. 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 for 2019	-		=	= \$

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 2019 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 PLANYEAR		
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 www.ourehc.org Email: ehc.hr/benefits@emoryhealthcare.org

Aetna

Locate a Provider: www.aetna.com/docfind/custom/emory Medical: 1-800-847-9026 www.aetnanavigator.com Behavioral Health Plan Comparison Tool: https://www.aetna.com/planselection/mbrDis.jsp?id=339

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

1-888-678-8242 www.aetnanavigator.com

Aetna Dental

1-877-238-6200 www.aetna.com/docfind/custom/emory

Aflac

1-877-384-3344 www.aflac.com/emory

Bright Horizons 1-877-242-2737 http://www.careadvantage.com/emoryhealthcare

CVS/Caremark Pharmacy Manager - HSA and POS plans: 1-800-601-6935 www.caremark.com

EyeMed Vision Care

1-855-270-2343 www.eyemedvisioncare.com

Fidelity

1-800-343-0860 www.fidelity.com/atwork Hyatt Group Legal (MetLife) 1-800-821-6400 www.legalplans.com

InfoArmor Identity Theft Protection

1-800-789-2720 www.infoarmor.com/emory

MetLife Auto and Home

1-800-GET-MET8 mybenefits.metlife.com

Nationwide Pet Insurance 1-800-540-2016 petinsurance.com/emoryhealthcare

SmartPath Financial Wellness

1-888-686-5808 smartpathfinancial.com/getting-started/emory-healthcare/

The Standard (Life Insurance)

1-866-756-8118 www.standard.com

TIAA

1-800-842-2252 www.tiaa.org/enroll

Unum (Long-Term Care)

1-800-227-4165 unuminfo.com/emoryhealthcare/enrollment.aspx

Unum

Short-Term Disability, Long-Term Disability and Supplemental LTD: 1-800-858-6843 (Customer Service) 1-866-765-8490 (Claims) www.unum.com

Vanguard

1-800-523-1188 www.vanguard.com

