

2009 Retiree  
Benefits Guide



EMORY  
UNIVERSITY

EMORY  
HEALTHCARE

*Healing at a higher level.*

# Take Care

Discover Your Options



# Take Care in 2009

In 2009, Emory will continue to encourage and promote a culture of health by introducing *Take Care*, a message designed to encourage you and your family to live a healthy — or healthier — life. Emory supports your efforts to *Take Care* by sponsoring programs that encourage you to seek and receive preventive care.

Do your part to STAY HEALTHY! Be sure you and your family members take the time to schedule and visit your doctor and dentist.

2009 Benefits  
Annual Open  
Enrollment period:  
September 29 -  
October 10

## Tips for Easy Enrollment

1. Read this guide to decide which benefit plan will best meet your needs in 2009.
2. If you are changing your plan, complete the enclosed enrollment form and return it to Emory University, Human Resources, Benefits Department, 1599 Clifton Road, Atlanta, GA 30322, postmarked by October 10, 2008. *If you are not making changes to your current health plan elections, no action is required.*

## Table of Contents

You and Social Security . . . . .	2
You and Medicare . . . . .	3
You and Emory . . . . .	4
Network Definitions . . . . .	5
Quick Guide — Aetna POS . . . . .	6
Quick Guide — BCBS-GA PPO . . . . .	7
Prescription Drug Benefits . . . . .	8
Retiree Dental Coverage . . . . .	9
Behavioral Health Benefit (OptumHealth) . . . . .	10
2009 Monthly Retiree Medical and Dental Rates . . . . .	12
Tier Zero Prescription Drug List . . . . .	13
Frequently Asked Questions . . . . .	14

# You and Social Security

The Social Security Act of 1935 provides for general welfare by establishing a system of federal old-age benefits for workers. From this system, every qualified individual shall be entitled to receive an old-age benefit payment in equal monthly installments ending on the date of death. The amount of the benefit is determined based on your average income earned during your working years. The information included below is meant to be a brief overview — for complete details visit the Social Security web site at [www.ssa.gov](http://www.ssa.gov) or call 800-772-1213.

## Who is eligible to receive Social Security benefits?

In order to qualify for Social Security retirement benefits, you must have paid Social Security taxes and earned enough Social Security credits during your working life. Workers can earn a maximum of four credits per year, with 40 credits needed to qualify for benefits.

## When can I begin receiving Social Security benefits?

If you are at least 62 years of age, you can apply for and begin receiving your Social Security benefits. However, keep in mind that if you apply to receive retirement benefits before reaching full retirement age, you will receive reduced benefits for the rest of your life. Likewise, if you decide to delay the receipt of your benefits until after your full retirement age, your benefit amount will increase by a certain percentage based on the year of your birth.

## What is full retirement age?

If you were born before 1938, your full retirement age is 65. Individuals born after 1938 have a full retirement age based on their year of birth. The maximum full retirement age for individuals born after 1959 is 67 years of age. Check [www.ssa.gov](http://www.ssa.gov) to determine your full retirement age.

## Can I continue to work and still receive my Social Security retirement benefits?

Yes. Starting in the month you reach full retirement age, there is no limit on the amount you can earn while you collect Social Security benefits. However, if you have not reached full retirement age, your Social Security retirement benefits may be reduced for every dollar you earn, up to an annual limit, as determined by the Social Security Administration.

## How do I apply for Social Security retirement benefits?

You should apply for benefits about three months prior to retiring. Applications can be submitted via the web, phone, by mail or in person. You will need to have certain documents to apply such as a birth certificate or proof of birth, naturalization papers, U.S. military discharge papers, W-2 forms or self-employment tax returns for the previous year. In addition, other information or documentation may be required to complete your application.

## What are survivors' benefits?

After your death, your family may be eligible to continue receiving benefits. Eligible family members may include your spouse or ex-spouse, unmarried or disabled children and your parents. In addition, a one-time lump sum payment of \$255 may be paid to your family if you have enough credits to qualify.

# You and Medicare

Medicare is our country's basic health insurance program for people age 65 or older. Medicare is often confused with Medicaid. Medicaid is a health care program for individuals with limited resources and low income. Again, this information is meant to be a brief overview of Medicare coverage — for complete details, log on to [www.medicare.gov](http://www.medicare.gov) or call **800-MEDICARE**.

## When can I begin receiving Medicare benefits?

If you are not currently receiving Social Security retirement benefits, you should sign up for Medicare close to your 65th birthday even if you aren't ready to retire.

- If you are getting Social Security benefits when you turn 65, you are already qualified, and Part A (Hospital Insurance) starts automatically.
- Part B (Medical Insurance) is an optional program with a monthly cost. Almost anyone who is eligible for Part A can sign up for Part B. If you don't enroll in Part B when you are first eligible, you may pay a penalty to enroll at a later date, unless you are covered by an employer-based plan as an active employee.
- Part C (Medicare Advantage Plans) is another optional program that requires your enrollment in both Parts A and B. You might have to pay a monthly premium for Part C because of the extra benefits the Medicare Advantage plan offers.
- Part D (Prescription Drug Plan) is available to anyone who has Parts A and B, or Part C. This prescription insurance is also optional, and an additional monthly premium is required for the coverage. If you don't enroll in Part D when you are first eligible, you may pay a penalty to enroll at a later date, unless you are enrolled in an employer based plan that provides "creditable coverage" like Emory does.

## What is "creditable coverage"?

Medicare requires employer-sponsored plans to conduct evaluations based on specific criteria to determine if the prescription drug benefit provided is at least as good as the benefit provided under Part D. If the employer-sponsored coverage is at least as good as the Part D benefit, it's considered "creditable coverage." Emory's evaluations, according to Medicare guidelines, indicate that Emory's prescription drug coverage is "creditable coverage." To maximize your benefits, you are encouraged to continue receiving benefits through the Emory-sponsored plans and not enroll in Part D.

## How do I make Medicare payments?

If you are already receiving Social Security retirement benefits, Medicare payments are automatically withheld from your Social Security payments.

## Do I need to enroll in both Medicare and Emory-sponsored retiree health plans?

You should enroll in the Medicare plans (A through D) that you feel best meet the needs of you, your spouse or your family. If you have both Medicare Parts A and B, and are enrolled in an Emory-sponsored health plan with prescription drug coverage, the two plans will coordinate benefits. Medicare does not pay 100% of all your eligible health-related expenses. Having a secondary plan is a good idea as it ensures coverage for eligible expenses is at its absolute highest.

## Medicare has four parts

- **Part A (Hospital Insurance)** — helps pay for inpatient hospital care and certain follow-up services.
- **Part B (Medical Insurance)** — helps pay for doctors' services, outpatient hospital care and other medical services.
- **Part C (Medicare Advantage Plans)** — are available in many areas.
- **Part D (Prescription Drug Plan)** — helps pay for medication doctors prescribe for medical treatment.

# You and Emory

As an eligible retiree, you have the choice of two medical plan options, both with prescription drug coverage, and NEW in 2009, a retiree dental plan option. Retirees can choose medical coverage through the Aetna POS plan or BlueCross BlueShield of Georgia (BCBS-GA) PPO plan. Each health plan offers three levels of benefits through corresponding networks: Core, In-Network and Out-of-Network. Retirees can also elect to enroll themselves or any eligible dependents in the Aetna Traditional Dental plan. More information about the medical plans can be found on pages 6 and 7. Information on the new dental plan can be found on page 9.

## Coordination of Benefits

If you are currently enrolled in Medicare Parts A and B or Part C, and you are also enrolled in an Emory-sponsored medical plan, age matters.

**If you are over 65**, the Emory plans assume you are enrolled in Parts A and B and that Medicare will always be your primary plan. This means that Medicare will pay first for eligible expenses for services received and facilities utilized. If there are items that have not been paid at 100%, the expense will then be submitted to the Emory-sponsored plan for payment. Having both ensures that coverage for health-related items is at its absolute highest.

**If you are under 65**, and not yet participating in a Medicare plan, Emory's plan would be the primary plan and you would be financially responsible for co-pays, co-insurance, and other out-of-pocket expenses as outlined under each plan.

## Which Emory-sponsored medical plan is right for me?

Take the time to review the options and coverage under both the Aetna POS and the BCBS-GA PPO plans. Although there are similarities (prescription drug coverage, emergency room co-pays, no primary care physician requirement, etc.) there are also differences that should help you select one plan over the other. Please review the plan charts on pages 6 and 7 before making your decision.

## How long are my plan choices effective?

Each year, you will be offered an opportunity to decide which plans are right for you and your family during the Benefits Annual Open Enrollment period. This year's Benefits Annual Open Enrollment period is taking place from September 29 – October 10, 2008, for the 2009 calendar year. The plan choices you make during this time, whether it's changing or keeping your current plan, will be effective through December 31, 2009. Remember, if you ever decide to cancel or decline to participate in the retiree medical plan, you will not be permitted to re-enroll at a later date.

## How do I pay for my Emory-sponsored health plan?

On a monthly basis an invoice is generated and mailed to you. Emory offers the convenience of automatically drafting your checking account through ACH for the payment of your retiree health plan coverage. If you prefer, you can send a check made payable to Emory University for the amount of your monthly payment. Monthly payment by check for your retiree health coverage should be mailed to: Emory University, Cash Operations, 102 B. Jones Center, Atlanta, Georgia 30322.

## When does my Emory health plan coverage end?

It is important to continue your Emory health coverage each year if you want to take advantage of this benefit under our plan rules. If you elect to end your retiree medical coverage through Emory, you cannot reinstate coverage at a later date. Coverage will also end if you fail to remit payments on time. Again, reinstatement of coverage is not possible under the plan's rules.

# Network Definitions

The Aetna POS and BCBS-GA PPO medical plans offer three network options: Core, In-Network and Out-of-Network.

## Core Network

Services obtained from providers in the Core Network have lower co-pays, co-insurance and deductibles.

Core Network hospitals include:

- Emory Crawford Long Hospital
- Emory University Hospital
- Emory University Orthopaedics & Spine Hospital
- Emory Johns Creek Hospital
- Emory Eastside Medical Center
- Emory Adventist Hospital
- Wesley Woods Hospital
- Children’s Healthcare of Atlanta (Egleston and Scottish Rite)
- Northside Hospital (Johnson Ferry Road location only)
- Newton Medical Center
- West Georgia Medical Center

Core Network physicians include:

- Emory physicians
- Other participating physicians as specified by each plan

## Retiree Core Network

### Outside Georgia

Retirees who are covered under Emory’s medical plans and who live outside the state of Georgia will receive the highest level of plan coverage when In-Network providers and facilities are used. These services will be paid at the Core level.

### Outside Metro Atlanta

Retirees who are covered under Emory’s medical plans and live within the state of Georgia but outside the metro Atlanta area (zip code is 50 miles or more from Emory) will receive the highest level of plan coverage when In-Network providers and facilities are used. These services will be paid at the Core level.

## Inside Metro Atlanta

Retirees who are covered under Emory’s medical plans and are considered by the plan to live within the metro Atlanta area (zip code is within 50 miles of the Emory main campus) must seek care from Core providers and facilities to receive the highest level of coverage under the plan.

To locate a Core physician or facility, contact the appropriate carrier:

- Aetna POS: Go to [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) or call 800-847-9026.
- BCBS-GA PPO: Go to [www.bcbsga.com/emory](http://www.bcbsga.com/emory) and select “Find a Doctor,” or call 800-441-2273.

Emory HealthConnection is available to assist you in selecting the right Emory provider to meet your needs. Emory HealthConnection can be reached at [www.emoryhealthcare.org](http://www.emoryhealthcare.org) or by calling 404-778-7777.

## In-Network

In-Network providers are part of the Aetna POS and BCBS-GA PPO plan networks. Services obtained from national providers In-Network have higher co-pays, co-insurance and deductibles than in the Core Network, but lower than those in Out-of-Network.

### Within the U.S.

If you or your covered dependents live outside of Georgia:

- For the Aetna POS plan, you may use any providers in Aetna’s national POS network available at [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory).

- For the BCBS-GA PPO plan, you may use any providers in the BCBS national PPO network. You can search the national web site at [www.bcbs.com](http://www.bcbs.com) to find a provider. Select “Find a Doctor or Hospital” on the right side of the home page, and search as a guest using your home zip code.

## International Coverage

If you live or travel extensively outside the U.S.:

- For the Aetna POS plan, only coverage for urgent/acute care is provided In-Network.
- For the BCBS-GA PPO plan, there are In-Network international providers who provide routine care. Any emergency services will also be considered In-Network.

## Out-of-Network

Out-of-Network providers do not participate in contracts with either Aetna POS or BCBS-GA PPO. The co-insurance and deductibles are the highest as they are not negotiated; therefore, the costs of services can be higher than In-Network costs.

## International Coverage

If you live or travel extensively outside the U.S.:

- For the Aetna POS plan, routine care will be covered at the Out-of-Network level.
- For the BCBS-GA PPO plan, all services received at non-network providers, other than emergency, are covered at the Out-of-Network level.



Emergency services are covered at the In-Network level and the plans’ co-pay and co-insurance apply.

## Quick Guide — Aetna POS

The table below provides a brief outline of the Aetna POS plan, reflecting a participant's responsibility. For more specific information about coverage or cost of a particular service, please contact Aetna directly or review the Summary Plan Description (SPD) for the plan. **For 2009 Aetna POS rates, please refer to page 12.**

Plan Co-pays/Co-insurance	Aetna POS	
	Core	In-Network
<b>Deductibles</b>		
Individual	None	\$400
Family	None	\$1,200
<b>Out-of-Pocket Maximums<sup>1</sup></b>		
Individual	None	\$1,750
Family	None	\$3,500
Aggregate	N/A	Yes
<b>Physicians Office Visits<sup>2</sup></b>	\$20 co-pay	\$40 co-pay
<b>Specialists Visits</b>	\$20 co-pay	\$50 co-pay
<b>Labs and X-Rays</b>		
Doctor's Office	\$20 co-pay	\$50 co-pay
Independent Lab	\$0 co-pay	10% no deductible
PET, CT, MRI	\$0 co-pay	\$250 co-pay
<b>Mammograms, Colonoscopies and PSAs<sup>3</sup></b>	\$0 co-pay	\$0 co-pay
<b>Emergency Room Visits<sup>4</sup></b>	\$150 co-pay	\$150 co-pay
<b>Hospitalizations</b>		
Inpatient	\$350 co-pay	30% after deductible
Outpatient Facility and Physician Services	\$150 co-pay	30% after deductible
Outpatient Pre-Admission Testing Office Visit	\$20 co-pay	\$50 co-pay
<b>Lifetime Maximums</b>	\$2,000,000	\$2,000,000

1 Includes deductible and co-insurance

2 Includes dermatologists, allergists, and OB/GYN

3 For PSA diagnostic, PSA testing is paid under or at regular plan levels, subject to co-pays and co-insurance

4 Co-pay waived if admitted to hospital

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 prevail.

## Quick Guide — BCBS-GA PPO

The table below provides a brief outline of the BCBS-GA PPO plan, reflecting a participant's responsibility. For more specific information about coverage or cost of a particular service, please contact BlueCross BlueShield directly or review the Summary Plan Description (SPD) for the plan. **For 2009 BCBS-GA PPO plan rates, please refer to page 12.**

Plan Co-pays/Co-insurance	BCBS-GA PPO	
	Core	In-Network
<b>Deductibles</b>		
Individual	\$400	\$800
Family	\$1,200	\$2,400
<b>Out-of-Pocket Maximums<sup>1</sup></b>		
Individual	\$2,500	\$3,000
Family	\$5,000	\$6,000
Aggregate	Yes	Yes
<b>Physicians Office Visits<sup>2</sup></b>	\$30 co-pay	\$50 co-pay
<b>Specialists Visits</b>	\$30 co-pay	\$60 co-pay
<b>Labs and X-Rays</b>		
Doctor's Office	\$0 co-pay	\$50 co-pay
Independent Lab	\$0 co-pay	\$50 co-pay
PET, CT, MRI	\$0 co-pay	\$250 co-pay
<b>Mammograms, Colonoscopies and PSAs<sup>3</sup></b>	\$0 co-pay	\$0 co-pay
<b>Emergency Room Visits<sup>4</sup></b>	\$150 co-pay	\$150 co-pay
<b>Hospitalizations</b>		
Inpatient	20% after deductible	35% after deductible
Outpatient Facility and Physician Services	20% after deductible	35% after deductible
Outpatient Pre-Admission Testing Office Visit	\$30 co-pay	\$60 co-pay
<b>Lifetime Maximums</b>	\$2,000,000	\$2,000,000

1 Includes deductible and co-insurance

2 Includes dermatologists, allergists, and OB/GYN

3 For PSA diagnostic, PSA testing is paid under or at regular plan levels, subject to co-pays and co-insurance

4 Co-pay waived if admitted to hospital

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 prevail.

# Prescription Drug Benefits

As an eligible retiree, when you enroll in one of the medical plans offered by Emory, the plan also provides prescription drug coverage to you and your covered dependents. The prescription drug plan is administered by Medco Health Solutions. The prescription drug coverage benefit provides you with the opportunity to fill prescriptions either at retail (30-day supply) or through the convenience of mail order (90-day supply) using Medco by Mail. To understand the coverage associated with a given prescription you have or may get, please contact Medco Member Services at 800-939-3758 or visit them online at [www.medco.com](http://www.medco.com).

## Save Money

You can potentially eliminate or reduce your prescription co-pay by asking your physician/pharmacist to determine if:

- The brand medication you are taking for congestive heart failure, diabetes, high blood pressure or high cholesterol can be substituted with a generic medication. If so, you can eliminate your co-pay as Emory pays 100% for Tier Zero medications.
- Any brand medication you are taking can be substituted with a generic medication. Generic medications have a lower co-pay.
- Either brand or generic medication you are taking can be substituted with an over-the-counter medication as they are generally less expensive.

## Tier Zero

Emory understands the importance of taking care of chronic conditions. Tier Zero was created to remove any financial barriers for generic prescription drugs you use to maintain your health. Tier Zero provides commonly used generic drugs at \$0 co-pay which are used to treat congestive heart failure, diabetes, high blood pressure and high cholesterol. That's right — Emory pays 100% and plan participants pay \$0 for a 30-day retail or 90-day mail order prescription supply. To view a listing of Tier Zero drugs, please refer to page 13 or contact Medco for the most up-to-date listing.

Emory's prescription drug benefits for Aetna POS and BCBS-GA PPO are based on a five-tier structure.

Tier	Retail (up to 30-day supply)	Mail (up to 90-day supply)
<b>Tier 0</b>	\$0	\$0
<b>Tier 1</b>	\$12	\$30
<b>Tier 2</b>	\$25	\$62
<b>Tier 3</b>	\$50	\$125
<b>Tier 4</b>	\$70	\$175

Note: As medications move from brand to generic or generic to over-the-counter status, the list of prescriptions on each tier changes throughout the year. For the most up-to-date information, please contact Medco at 800-939-3758.

## Mail Order (90-day Supply)

If you take prescription medication on an ongoing basis, there are specific advantages of using mail order.

**Convenience** — Medication is delivered to your door. No more driving to the pharmacy or waiting in line to receive your medications.

**Cost savings** — You'll save by ordering your prescriptions through the mail.

Order your 90-day supply through Medco by Mail and you'll incur fewer co-pays.

**Free shipping** — No charge for shipping when you receive your prescriptions through the mail.

*Here's an example of your cost savings using mail order for a Tier Two prescription:*

Month	In-Network Retail Pharmacy	Medco by Mail Pharmacy
Month 1	\$25 co-pay for first 30-day prescription	\$62 co-pay for a 90-day supply
Month 2	\$25 co-pay for first refill	N/A
Month 3	\$25 co-pay for second refill	N/A
<b>Total</b>	<b>\$75 for a 90-day supply</b>	<b>\$62 for a 90-day supply</b>

**Your savings = \$13 (per 90-day supply) OR \$52 for the year.**



For more information on Tier Zero or Medco by Mail, visit [www.medco.com](http://www.medco.com) or call **800-939-3758**.

# Retiree Dental Coverage

Emory is pleased to offer the Aetna Traditional Dental (PPO) plan to retirees as a new benefit in 2009. The Aetna Traditional Dental (PPO) plan offers a large network of dental providers and comprehensive dental coverage to address the needs of most participants. **For 2009 Dental rates, please refer to page 12.**

## Quick Guide — Aetna Traditional Dental (PPO)

Preventive dental care is essential to overall general health. To that end, Emory provides access to preventive dental care and covers the cost of routine cleanings, deep cleanings, routine X-rays and sealants at 100% for services received by both In-Network and Out-of-Network providers. As with most dental programs, plan coverage is determined by Reasonable and Customary (R&C) charges for a given service/treatment. Preventive services received from Out-of-Network providers will be paid up to R&C charges.

To ensure you always receive the highest level of coverage for basic and major services under the plan, we encourage you to utilize In-Network providers where possible. For a complete list of In-Network dental providers, go online [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) or contact Aetna at 877-238-6200.



### Reasonable & Customary Charges (R&C) — For Dental and Medical Plans

R&C charges are the prevailing charges

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

Plan	Aetna Traditional Dental (PPO)	
	In-Network	Out-of-Network
<b>Preventive Services<sup>1</sup></b> (routine cleaning, deep cleaning, X-ray, sealant, etc.)	\$0 co-pay	\$0 co-pay <sup>2</sup>
<b>Basic Services</b> (filling, root canal, etc.)	10% after deductible	20% after deductible
<b>Major Restorative</b> (crown, bridge, etc.)	50% after deductible	50% after deductible
<b>Calendar Year Deductibles</b>	\$50/person \$150/family	\$50/person \$150/family
<b>Annual Maximums</b>	\$1,500/person	\$1,500/person
<b>Orthodontia</b>		
Deductible	None	None
Co-insurance	50% <sup>2</sup>	50% <sup>2</sup>
Lifetime Maximum	\$1,500	\$1,500

<sup>1</sup> Preventive services includes two routine cleanings every 12 months or one deep cleaning every 24 months

<sup>2</sup> Subject to Reasonable & Customary (R&C)

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 prevail.

# Behavioral Health Benefit (OptumHealth)

Behavioral health benefits are included in either medical plans' coverage through OptumHealth (formerly known as United Behavioral Health or UBH).

OptumHealth provides a network of experienced psychiatrists, psychologists, clinical nurse specialists and licensed counselors with broad expertise in treating children, adolescents, adults and families. Members should call OptumHealth Member Services at 877-237-8575 to obtain a referral to an In-Network provider to assure the highest level of plan coverage.

	In-Network	Out-of-Network
<b>Inpatient</b>	First 15 days at 10%; Remaining days at 30%	50%
<b>Outpatient</b>	30%	50%

### Outside Metro Atlanta Area

Members residing or temporarily located outside of metropolitan Atlanta must call OptumHealth to locate a participating provider. If a participating provider is available, claims will be paid at the In-Network benefit level. If no provider is available, claims will be paid at the Out-of-Network level.

### How to find mental health and substance abuse providers

Contact OptumHealth Member Services at 877-237-8575 or visit [www.liveandworkwell.com](http://www.liveandworkwell.com).

1. Go to the OptumHealth web site
2. Click on link on the right side of the page to enter access code
3. Enter group access code 11370
4. Click on "Find a Mental Health Clinician"
5. Follow the instructions on the page to search for providers

### Pre-Certification

Once you have found a provider, you will need to obtain pre-certification by contacting OptumHealth Member Services at 877-237-8575.

Pre-admission certification/continued stay review is a program designed to help you and your dependents avoid unnecessary or excessively long hospital stays. For mental health or substance abuse admissions, contact OptumHealth at 877-237-8575.

### How to submit a claim

Mental health expense claim forms can be obtained from the OptumHealth web site at [www.liveandworkwell.com](http://www.liveandworkwell.com). When completed, claim forms should be sent to:

**OptumHealth**  
**P.O. Box 30755**  
**Salt Lake City, UT 84130-0755**

To submit a claim online:

1. Go to [www.liveandworkwell.com](http://www.liveandworkwell.com)
2. Enter group access code 11370
3. Click "Go to Self Service"
4. Click "Submit a Claim" in the Self Service Area text box
5. Complete your registration
6. Using your billing statement, enter information into the claim form
7. Review your completed claim
8. Click "Submit Claim"

# Your Benefit Resources

2009 Monthly Retiree Medical and Dental Rates. . . . .	12
Tier Zero Prescription Drug List. . . . .	13
Frequently Asked Questions . . . . .	14



## 2009 Monthly Retiree Medical and Dental Rates

The charts that follow illustrate the monthly retiree cost share for each of the plans listed below.

Aetna POS	
Coverage Level	Monthly Rate
Single – Under 65	\$401.00
Single – Over 65	\$174.00
Retiree/Dependent – Both under 65	\$802.00
Retiree/Dependent – 1 over 65, 1 under 65	\$573.00
Retiree/Dependent – Both over 65	\$348.00
Family – Retiree and spouse under 65, with dependent(s)	\$919.00
Family – Retiree and spouse, 1 over 65 & 1 under, with dependent(s)	\$689.00
Family – Retiree and spouse, both over 65, with dependent(s)	\$466.00

BlueCross BlueShield — GA PPO	
Coverage Level	Monthly Rate
Single – Under 65	\$359.00
Single – Over 65	\$175.00
Retiree/Dependent – Both under 65	\$717.00
Retiree/Dependent – 1 over 65, 1 under 65	\$542.00
Retiree/Dependent – Both over 65	\$350.00
Family – Retiree and spouse under 65, with dependent(s)	\$821.00
Family – Retiree and spouse, 1 over 65 & 1 under, with dependent(s)	\$653.00
Family – Retiree and spouse, both over 65, with dependent(s)	\$469.00

Aetna Traditional Dental (PPO)	
Coverage Level	Monthly Rate
Single	\$28.12
2-Person	\$59.21
Family	\$93.26

## Tier Zero Prescription Drug List

Tier Zero has been created to help those with congestive heart failure, diabetes, high blood pressure and high cholesterol afford the generic prescription drugs used to maintain their health. Emory pays 100% and plan participants will pay \$0 for a 30- or 90-day generic prescription supply. Listed below are the drugs currently identified for Tier Zero. For the most up-to-date information, please contact Medco Health Solutions at 800-939-3758.

Cholesterol Lowering		
Cholestyramine/Aspartame Cholestyramine/Sucrose Colestipol HCL Fenofibrate, Micronized	Gemfibrozil Lovastatin Niacin Niacinamide	Omega-3 Fatty Acids Pravastatin Sodium Simvastatin
Diabetes		
Acarbose Acetohexamide Chlorpropamide Glimepiride	Glipizide Glyburide, Micro/Metformin HCL Glyburide, Micronized	Metformin HCL Tolazamide Tolbutamide
Blood Pressure and Heart Failure		
Acebutolol HCL Amiloride HCL Amiloride/Hydrochlorothiazide Amlodipine Besylate Amlodipine Besylate/Benazepril Amyl Nitrite Atenolol Atenolol/Chlorthalidone Benazepril HCL Benazepril/Hydrochlorothiazide Betaxolol HCL Bisoprol/Hydrochlorothiazide Bisoprolol Fumarate Bumetanide Captopril Captopril/Hydrochlorothiazide Carvedilol Chlorothiazide Chlorthalidone Clonidine HCL Digoxin Diltiazem HCL Doxazosin Mesylate Enalapril Maleate Enalapril/Hydrochlorothiazide Enalaprilat Dihydrate Eplerenone Epoprostenol NA	Esmolol HCL Felodipine Fenoldopam Mesylate Fosinopril Sodium Fosinopril/Hydrochlorothiazide Furosemide Guanabenz Acetate Guanfacine HCL Hydralazine HCL Hydralazine/Hydrochlorothiazid Hydralazine/Reserpin/Hctz Hydrochlorothiazide Indapamide Isosorbide Dinitrate Isosorbide Mononitrate Isradipine Labetalol HCL Lisinopril Lisinopril/Hydrochlorothiazide Mannitol Methylothiazide Methyldopa Methyldopa/Hydrochlorothiazide Methyldopate HCL Metolazone Metoprol/Hydrochlorothiazide Metoprolol Succinate Metoprolol Tartrate	Minoxidil Moexipril HCL Moexipril/Hydrochlorothiazide Nadolol Nadolol/Bendroflumethiazide Nicardipine HCL Nifedipine Nimodipine Nisoldipine Nitroglycerin Nitroglycerin/D5W Papaverine HCL Pindolol Prazosin HCL Propranolol HCL Propranolol/Hydrochlorothiazid Quinapril HCL Quinapril/Hydrochlorothiazide Ramipril Reserpine Spironolact/Hydrochlorothiazid Terazosin HCL Timolol Maleate Torseamide Trandolapril Triamterene/Hydrochlorothiazid Verapamil HCL

## Frequently Asked Questions

**Q. Do I need to continue the medical plan coverage I have with Emory during my retirement?**

**A.** The choice is yours. Typically, Medicare does not cover all of your medical costs and generally a person needs some additional protection to help pay for the care that is not covered. Once you elect to discontinue your medical plan coverage through Emory, you will not be able to re-enroll at a later date.

**Q. I plan to continue my medical plan coverage during my retirement. What happens if I move outside of Georgia?**

**A.** If you or a dependent reside or relocate temporarily outside of Georgia, please call Aetna Member Services at 800-847-9026 or BlueCross BlueShield Member Services at 800-441-2273 in order to confirm access to services through your plan's national network. If you reside or relocate where there are no providers, Out-of-Network coverage would apply. If you reside or relocate outside of Georgia where there are In-Network providers from whom you receive services, the plan will cover them at the Core level.

**Q. Will the cost of medical plan coverage be subject to increases? If so, how will I know?**

**A.** Changes in premiums will only occur once a year. However, the cost of your medical plan coverage is always subject to change depending on the claims of the group. If there is a change in the cost or coverage, you will be notified by mail. Therefore, it is very important that Human Resources always has your correct and current mailing address.

**Q. Can I transfer my medical plan coverage to another Emory plan during the Benefits Annual Open Enrollment period?**

**A.** Yes. Retirees may transfer their coverage to a different plan with Emory during the Benefits Annual Open Enrollment period. Any new elections or changes will be reflected as of January 1 the following year and be in place throughout the entire calendar year.

**Q. Am I guaranteed medical plan coverage as long as I continue to pay the cost for coverage?**

**A.** The medical plan benefits continued at retirement are not guaranteed to be the benefits for retired employees or their dependents in the future. Emory has the right to terminate the plan and to terminate any class of employees, including retired employees and their dependents, as eligible persons for plan benefits.

**Q. When my covered spouse or I become covered by Medicare, will the cost of my medical plan be reduced because Medicare becomes primary?**

A. Yes. You can call the University's benefits department at 404-727-7613 to determine the change in cost. The change in cost would be effective the month in which the covered person becomes 65.

**Q. How do I get Aetna or BlueCross BlueShield claim forms?**

A. Contact Aetna online at [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory) or at 800-847-9026; or BCBS online at [www.bcbsga.com/emory](http://www.bcbsga.com/emory) or at 800-441-2273 directly to request claim forms.

**Q. Where do I send my claims?**

A. Once Medicare provides a statement of the amount paid, the statement must be sent to the appropriate vendor for the balance of eligible charges, including both Medicare Part A and Part B deductibles to be paid. For physician charges, you should inquire whether or not the physician's office will file the claim for you.

**Aetna claims should be sent to:**

Aetna  
P.O. Box 14079  
Lexington, KY 40512-4079

**BlueCross BlueShield claims should be sent to:**

Health Care Claims  
BlueCross BlueShield of Georgia  
P.O. Box 9907  
Columbus, GA 31908-6007

**Q. As a retiree, I will continue medical plan coverage on myself and my spouse. If I die before my spouse, will my spouse be able to continue the coverage?**

A. Yes, as long as the plan continues and the required cost is paid.

**Q. I plan to marry a few months after I retire. Can I add my new spouse to my medical plan coverage?**

A. No. The medical plan does not allow for the retirees to add new dependents.

**Q. If I do not enroll in the NEW retiree dental plan offering for 2009, can I enroll at a later date?**

A. Yes. Retirees have the opportunity to select this coverage during each year's Benefits Annual Open Enrollment period.

**Q. Does Medicare provide dental coverage?**

A. No. Medicare does not offer dental coverage; you will need to elect the new retiree dental plan to ensure coverage.



*Healing at a higher level.*

Emory reserves the right to terminate, suspend, withdraw, amend or modify benefits in whole or in part at any time. Further, Emory reserves the right to terminate or modify coverage for any group of retirees, active or retired, and their dependents or a class of dependents, at any time. Should there be any difference between the plan information found in this guide and the information detailed in the Summary Plan Description (SPD), the terms and conditions of the SPD will prevail. SPDs are located on the Human Resources Benefits web site at [www.hr.emory.edu/benefits](http://www.hr.emory.edu/benefits). You should print and save the SPD for future reference. If you do not have access to a computer, at your request the Benefits Department can provide you a printed copy of the SPD.