

Welcome To Emory



As a new employee, you will be scheduled to attend orientation. During orientation, you will review benefits information and on-line enrollment procedures. You have 31 days from your date of hire to complete the on-line process as well as make any changes to your elections. Your benefits are effective on your date of hire.

Emory University wants to equip you with all of the tools necessary to understand and elect your benefits. Enclosed in this brochure you will find:

- 1. Commonly used Benefit Plan Terminology**
- 2. Retirement Plan Financial Terminology**

Reminders

- 1. Q. What is the deadline to enroll in my Emory benefits?**
A. Within 31 days of eligibility or hire.
- 2. Q. How do I know what physician I can visit?**
A. Refer to your on-line Provider Directory:
Blue Cross Blue Shield of Georgia - www.bcbsga.com or call 1/866-414-7977
Aetna - www.aetna.com/docfind/custom/emory or call 1/800-847-9026
- 3. Q. When can I change my benefits?**
A. Changes can be made during the Open Enrollment period for the next year or following a qualified Family Change Status.
- 4. Q. Where can I find additional benefits information?**
A. For additional information on the benefits offered at Emory University please go to <http://emory.hr.emory.edu/benefits.nsf>.

Emory University Benefits Department
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Ph 404/727-7613 Fax 404/727-7145

BENEFITS TERMINOLOGY

Accidental Death and Dismemberment (AD&D) - Insurance providing a financial benefit in the event of death by accident or the accidental loss of limbs, sight etc.

Behavioral Health Care - Treatment of mental health and/or substance abuse disorders.

Cafeteria Plan - Also called Section 125 Plan and Flexible Benefit Plan. Employees can pay all or part of the premium with pre-tax income.

COBRA - A federal program created under Consolidated Omnibus Reconciliation Act. Allows an employee who leaves a company to continue to be covered under the company's health plan, for a certain time period and under certain conditions. The system is designed to prevent employees who are between jobs from experiencing a lapse in coverage. The coverage would also apply to any eligible dependents.

Co-Insurance - Requirement of an insurance policy that a predetermined portion of the provider's charges be paid by the member after meeting the applicable deductible.

Co-Payment - Specified share of total cost. For example, a specific amount due for a doctor's office visit.

Deductible - Expense you must incur before an insurer will assume any liability for all or part of the remaining cost of covered services.

Dependent - Person eligible per the plan to be enrolled for coverage by the employee, i.e. spouse or child.

Dependent Daycare Flexible Spending Account (FSA) - Allows you to put money away pre-tax (thereby reducing your taxable income) to pay for qualified dependent (day) care while you are working. Qualified costs include fees for licensed daycare or adult-care facilities, before and after school programs for dependents under age 13, etc.

Employee Retirement Income Security Act (ERISA) of 1974 - A federal law that affects Health & Welfare, Pension and Profit Sharing Plans. Among other provisions, this law specifies a Summary Plan Description (SPD) must be distributed to participants within 120 days after adoption of the plan and 90 days after an employee becomes a participant. The SPD is a summary of plan provisions written to be understood by the average participant.

Enrollment Period – The period of time a new hire or employee who has become benefits eligible has to elect benefits (at Emory University, it is 31 days from your date of hire or eligibility.)

Evidence of Insurability - A statement of your medical history used to determine if you will be approved for coverage, also known as medical underwriting.

Explanation of Benefits (EOB) - A form sent to the covered person after a claim for payment has been processed by the carrier that explains the action taken on that claim. This explanation might include the amount that will be paid, the benefits available, reasons for denying payment, or the claims appeal process.

Family Status Change - An event such as marriage, divorce, or the birth of a child, that allows a change in health care coverage outside of the Open Enrollment period, also known as a Qualifying Event.

Flexible Spending Accounts (FSA) - Accounts regulated by IRC Section 125; also known as a cafeteria plan. Allows employees to reduce their salary and pay on a pre-tax basis for unreimbursed health care expenses (such as deductibles, co-payments, dental and vision expenses) and/or dependent care expenses, (such as care for a child, elderly parent or disabled spouse).

Formulary - An approved list of prescription drugs; a list of elected pharmaceuticals and their appropriate dosages felt to be the most useful and cost effective for patient care.

Generic Drug - A drug which is exactly the same as a brand name drug and which is allowed to be produced after the brand name drug's patent has expired. It is also called a "generic equivalent."

Health Plan - This refers to any kind of plan that covers health care services such as HMOs, insured plans, preferred provider organizations, etc.

Health Savings Account (HSA) - A pre-tax savings account that must be used for medical expenses. You cannot enroll in the HSA unless you are also enrolled in the HDHP.

High Deductible Health Plan (HDHP) - Provides comprehensive health benefits coverage for major medical costs in a tax advantaged way plus they help you build savings, through your HSA, for future medical expenses.

Hospice Care - Care that addresses the physical, spiritual, emotional, psychological, social, and financial needs of the dying patient and his or her family.

In-Patient - Person who receives medical, dental or other health related services while lodged in a hospital or other health care institution for at least one night.

Life Insurance - Specified amount of money to be paid to the insured's designated beneficiaries upon death of the insured.

Long Term Disability (LTD) - Provides partial income protection against income loss due to illness or injury for a "long term" disability. Takes effect after STD is exhausted.

Managed Care - A system of providing health care through which access, cost and quality are controlled by direct interventions before, during or after service delivery. Managed care organizations use a variety of techniques, such as utilization review, quality assurance programs, and a pre-admission certification to manage the care delivered.

Medical Flexible Spending Account (FSA) - Allows you to put money away pre-tax (thereby reducing your taxable income) to pay for qualified health care costs for you and your eligible dependents. Qualified costs include doctor co-pays, prescriptions, diabetic supplies, eyeglasses, over the counter medications, etc.

Network - An affiliation of providers through contracts and agreements. Networks may contract externally to obtain administrative and financial services. A list of physicians, hospitals and other providers who provide health care services to the members of a specific managed care organization.

Non-formulary – A prescribed drug that is not on the health plan’s approved list or formulary.

Out-Of-Network - Health care providers who have not contracted with the health plan to provide services. Members enrolled in preferred provider organizations (PPO) and point-of-service (POS) coverages can go out-of-network for covered expenses, but will pay additional costs in the form of deductibles and coinsurance and will be subject to benefit and lifetime maximums.

Out-Of-Pocket Maximum - Pre-determined amount of medical expenses you are responsible for before a plan pays 100% of remaining charges.

Out-Patient - Person who receives medical, dental or other health-related services in a hospital or other health care institution but who is not lodged there.

Point-of-Service Plan (POS) - This plan has characteristics of both a PPO and a HMO. You have the option to see both participating and non-participating providers but you may be required to choose a primary care physician (PCP). The plan has an emphasis on prevention and health education.

Port - Maintaining group supplemental life insurance if employee terminates employment.

Preauthorization - A plan's prior approval is recommended for treatment or services.

Pre-Existing Condition - A condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines for your condition during the given period of time as stated in the policy and disability begins in the first 12 months after your effective date of coverage applies: applies for LTD only at Emory.

Preferred Provider Organization (PPO) - Type of managed care where the covered patient may use doctors, hospitals and other providers that belong to a network. Providers outside the network may be used at an additional cost.

Premiums - Amount paid for providing coverage under a contract.

Preventive Care - Health care which emphasizes prevention, early detection and early treatment, thereby reducing the costs of healthcare in the long run.

Primary Care Physician (PCP) - A family practitioner, general practitioner, pediatrician or internist that you select from a list of network physicians who is responsible for coordinating every aspect of your medical care.

Reasonable and Customary (RC)* - Please see Usual and Prevailing Cost (UPC)

Referral - The process of sending a patient from one practitioner to another for health care services. Health Plans may require that designated primary care providers authorize a referral for coverage of specialty services.

Short Term Disability (STD) - Is a disability income policy with benefits payable for up to 6 months

Specialists - Providers whose practices are limited to treating a specific disease (e.g., oncologists), specific parts of the body e.g., ear, nose and throat), or specific procedures (e.g., oral surgery).

Summary Plan Description (SPD) - A legally required summary of the plan to be distributed to employees.

Urgent Care Center - Facility that provides care and treatment for problems that are not life threatening, but require attention over the short term.

Usual and Prevailing Cost (UPC) - Also known as Reasonable and Customary (R & C)*. Amounts charged by health care providers for identical or similar services in a given locale and accepted as allowable charges by an insurance carrier.

Waiting Period - A period of continuous disability, which must be satisfied before you are eligible to receive disability benefits.

Welfare Benefit Plan - Welfare Benefit plans cover group life, accidental death and dismemberment, long term disability, short term disability, medical, vision, employee assistance plan, dental, and employee-pay-all plans.

Worker's Compensation - Insurance provides medical expense and income protection against loss due to a job related injury or illness.

RETIREMENT FINANCIAL TERMINOLOGY

Annuity - A series of monthly income payments that continue as long as you live.

Beneficiary - Person, persons or trust designated to receive the plan benefits of a participant in the event of the participant's death.

Defined Contribution Plan - A retirement savings plan that accrues value based on individual employee contributions and investment choices. The employee may choose from an annuity or other types of payment at distribution. There is no lifetime guarantee. Benefits under this type of plan are not guaranteed by the employer.

Department of Labor (DOL) - The U.S. Department of Labor (DOL) deals with issues related to the American workforce – including topics concerning pension and benefit plans. Through its branch agency the Pension and Welfare Benefits Administration, the DOL is responsible for administering the provisions of Title I of ERISA.

Eligible Employees - Employees who meet the requirements for participation in an employer sponsored plan.

Hardship Withdrawal - If you have no other way of getting the money for certain large expenses, you may be able to withdraw money from your retirement plan. Restrictions determined by plan and IRS regulations. Hardship withdrawals will be subject to taxes and applicable penalties. Your employer will be ultimately responsible for determining whether a certain instance constitutes an emergency.

Matching Contribution - A contribution made by the company to the account of the participant in ratio to contributions made by the participant.

Plan Administrator - The individual, group or corporation named in the plan document as responsible for day to day operations.

QDRO (Qualified Domestic Relations Order) - A judgment, decree or order that creates or recognizes an alternate payee's (such as former spouse, child, etc.) right to receive all or a portion of a participant's retirement plan benefits.

Vesting Schedule - The structure for determining participants' right to employer contributions that have accrued in their individual accounts. Cliff vesting provides that employer contributions will be fully vested only after a specific amount of time and that employees who leave before this happens will not be entitled to any of the company contributions.

403(b) - Under section 403(b) of the Internal Revenue Code, employees of certain non-profit organizations can set aside money for retirement on a pre-tax basis through a plan sponsored by their employer. To encourage saving for retirement through these plans, the federal government created special tax advantages for 403(b) contributions.

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