



EMORY  
UNIVERSITY

## IMPORTANT INFORMATION

TO: Departing Residents and Fellows of Emory University  
Affiliated Hospitals Residency Training Program

FROM: Jodi Martin, Director of Benefits

DATE: May 21, 2009

RE: COBRA Information, Disability Income and Life Insurance Continuation Rights

As a departing Resident or Fellow, the following letter contains important information regarding your benefits following termination of employment with Emory University. This information is time sensitive and requires your immediate attention. **Please review the information carefully.**

### COBRA – Health/Dental Insurance and Flexible Spending Account (FSA) Continuation

Included in this packet is your COBRA notice and further explanation of your rights under COBRA.

COBRA is a federal law which enables you to continue the medical and dental coverage you had with Emory University as an active eligible employee, beyond your termination date. Flexible Spending Accounts (FSA) may also be continued on an after-tax basis. Please read this information carefully so that you will be able to make an informed and timely decision with regard to continuing your health coverage. You have 60 days to elect whether or not you'd like to continue your health coverage under COBRA. The date by which you must decide and submit your COBRA election is contained in this packet. **COBRA Elections received after this date will not be accepted.**

NOTE: The health plan elections you had as an active employee are reflected on your COBRA Election notice. You can elect to continue your current health/dental coverage under COBRA, or you can select a new health/dental plan at this time. To do this you must complete an annual enrollment form and return it with your COBRA Election form.

### Disability & Group Life Insurance Continuation

In addition to providing the opportunity to continue health coverage when you leave Emory, you also have the opportunity to continue your group long-term disability insurance and group life insurance coverage, regardless of your health underwriting status. As you prepare for your departure from Emory, you will want to determine whether your continuation of coverage will be of benefit to you. Of course, you are under no obligation to continue this coverage, but it deserves your careful consideration.

Sam Johnson and Laura Rue from Johnson Sterling Consulting, Inc. are available to you to help you evaluate whether insurance continuation will be of benefit to you. If you wish to schedule an appointment or contact them with questions, they can be reached confidentially via email or phone at:

Sam Johnson ([sjohnson@johnsonsterling.com](mailto:sjohnson@johnsonsterling.com))  
Laura Rue ([lrue@johnsonsterling.com](mailto:lrue@johnsonsterling.com))  
Toll-free 24/7 at (800) 451-6861

Or, visit [www.emory.johnsonsterling.com](http://www.emory.johnsonsterling.com)

You are under no obligation to continue your disability and life insurance coverage. If you decide to exercise your right to continue disability or life insurance coverage, **the continuation process must be completed no later than 31 days following your official separation date from Emory.** Please allow sufficient time to contact Johnson Sterling if you need assistance. The deadline to continue your disability or life coverage will not be extended beyond the 31 days.

Should you have questions concerning any of this information, please contact the Benefits Department at **404-727-7613**.

# 2009 - 2010 Medical Plans in Detail

Medical Benefits	Aetna POS		
	Core	In-Network	Out-of-Network
Routine Preventative Care/Injury/Illness*	\$20 co-payment	\$40 co-payment	40% after deductible
Specialist	\$20 co-payment	\$50 co-payment	40% after deductible
<b>Mammograms</b>	\$0	\$0	40% after deductible
<b>Sigmoidoscopy</b>	\$0	\$0	40% after deductible
<b>Colonoscopy</b>	\$0	\$0	40% after deductible
<b>Lab and X-Ray Services</b> (Facility and Professional Services)			
Hospital Outpatient	\$0	10% no deductible	40% after deductible
Doctor's Office Visit	\$20	\$50	40% after deductible
Stand alone Facility	\$20	\$50	40% after deductible
Independent Lab	\$0	10% no deductible	40% after deductible
PET, CT, MRI	\$0	\$250	40% after deductible
<b>Outpatient Surgery</b>			
Facility and Physician Service	\$150 co-payment	30% after deductible	40% after deductible
Pre-Admission Testing Office Visit	\$20 co-payment	\$50 co-payment	40% after deductible
<b>Inpatient Hospital</b> (Facility and Professional Services)	\$350 co-payment	30% after deductible	40% after deductible
<b>Second Opinion for Surgery</b>	\$20 co-payment	\$50 co-payment	40% after deductible
<b>Skilled Nursing Facility</b> (Up to a maximum of 120 visits in calendar year)	\$0	\$0	40% after deductible
<b>Emergency Room</b> — Copayment waived if admitted to hospital	\$150 co-payment	\$150 co-payment	\$150 co-payment
<b>Ambulance</b>	\$75 co-payment	\$75 co-payment	\$75 co-payment
<b>Home Healthcare</b> (Up to a maximum of 120 days per calendar year)	Plan pays 100%	Plan pays 100%	40% after deductible
<b>Hospice</b> (Inpatient/Outpatient)	Plan pays 100%	Plan pays 100%	40% after deductible
<b>Maternity</b>			
Initial Visit & Pre-and-Post-Natal Care	\$20 co-payment	\$50 co-payment	40% after deductible
Hospital	\$350 co-payment	30% after deductible	40% after deductible
<b>Family Planning</b>			
Office Visit, Tests and Counseling	\$20 co-payment	\$50 co-payment	40% after deductible
Surgical Sterilization Inpatient Facility (vasectomy/tubal ligation)			40% after deductible
Surgical Sterilization Outpatient Facility (vasectomy/tubal ligation)	Coverage based on where services are rendered.		40% after deductible
Surgical Sterilization Physicians Services (vasectomy/tubal ligation)			40% after deductible
<b>Chiropractic Care</b> — 20 visit limit	\$40 co-payment	\$40 co-payment	40% after deductible
<b>Vision/Hearing</b>			
Routine Annual Eye Exam	\$20 at Emory Eye Center	\$50 co-payment	40% after deductible
Hearing Screening by PCP	\$20 co-payment	\$50 co-payment	40% after deductible
<b>Chemo/Radiation Therapy</b>			
Office Visit	\$20 co-payment	\$50 co-payment	40% after deductible
Facility	\$20 co-payment	30% after deductible	40% after deductible
<b>Durable Medical Equipment</b>	\$0	\$0	40% after deductible
<b>Outpatient Short-Term Rehabilitation</b> (Maximum 90 visits per calendar year combined for Speech, Physical and Occupational therapy) Developmental speech therapy not covered.	\$20 co-payment	\$50 co-payment	40% after deductible
<b>Lifetime Maximum</b> (In-Network and Out-of-Network maximums are combined)	\$2,000,000	\$2,000,000	\$2,000,000
<b>Calendar Year Deductible</b>			
Individual	None	\$400	\$1,200
Family Maximum	None	\$1,200	\$3,600
Aggregate	None	Yes	Yes
<b>Out-of-Pocket Maximum</b> (Includes Deductible and Co-insurance)			
Individual	None	\$1,750	\$6,000
Family Maximum	None	\$3,500	\$12,000
Aggregate	None	Yes	Yes

\* Includes dermatologists, allergists and OB/GYN.

# 2009 - 2010 Medical Plans in Detail

Medical Benefits	BCBS-GA PPO		
	Core	In-Network	Out-of-Network
Routine Preventative Care/Injury/Illness*	\$30 co-payment	\$50 co-payment	45% after deductible
Specialist	\$30 co-payment	\$60 co-payment	45% after deductible
<b>Mammograms</b>	\$0	\$0	45% after deductible
<b>Sigmoidoscopy</b>	\$0	\$0	45% after deductible
<b>Colonoscopy</b>	\$0	\$0	45% after deductible
<b>Lab and X-Ray Services</b> (Facility and Professional Services)			
Hospital Outpatient	\$0	\$50	45% after deductible
Doctor's Office Visit	\$0	\$50	45% after deductible
Stand alone Facility	\$0	\$50	45% after deductible
Independent Lab	\$0	\$50	45% after deductible
PET, CT, MRI	\$0	\$250	45% after deductible
<b>Outpatient Surgery</b>			
Facility and Physician Service	20% after deductible	35% after deductible	45% after deductible
Pre-Admission Testing Office Visit	\$30 co-payment	\$60 co-payment	45% after deductible
<b>Inpatient Hospital</b> (Facility and Professional Services)	20% after deductible	35% after deductible	45% after deductible
<b>Second Opinion for Surgery</b>	\$30 co-payment	\$60 co-payment	45% after deductible
<b>Skilled Nursing Facility</b> (Up to a maximum of 120 visits in calendar year)	20% after deductible	35% after deductible	45% after deductible
<b>Emergency Room</b> — Copayment waived if admitted to hospital	\$150 co-payment	\$150 co-payment	\$150 co-payment
<b>Ambulance</b>	\$75 co-payment	\$75 co-payment	45% after deductible
<b>Home Healthcare</b> (Up to a maximum of 120 days per calendar year)	20% after deductible	20% after deductible	45% after deductible
<b>Hospice</b> (Inpatient/Outpatient)	Plan pays 100%	Plan pays 100%	45% after deductible
<b>Maternity</b>			
Initial Visit & Pre-and-Post-Natal Care	\$30 co-payment	\$100 co-payment	45% after deductible
Hospital	20% after deductible	35% after deductible	45% after deductible
<b>Family Planning</b>			
Office Visit, Tests and Counseling	\$30 co-payment	\$60 co-payment	45% after deductible
Surgical Sterilization Inpatient Facility (vasectomy/tubal ligation)			45% after deductible
Surgical Sterilization Outpatient Facility (vasectomy/tubal ligation)	Coverage based on where services are rendered		45% after deductible
Surgical Sterilization Physicians Services (vasectomy/tubal ligation)			45% after deductible
<b>Chiropractic Care</b> — 20 visit limit	\$40 co-payment	\$40 co-payment	45% after deductible
<b>Vision/Hearing</b>	\$100 combined reimbursement limit in calendar year		
Routine Annual Eye Exam	\$30 at Emory Eye Center	\$60	\$100 allowance
Hearing Screening by PCP	Part of \$100 allowance		
<b>Chemo/Radiation Therapy</b>			
Office Visit	\$30 co-payment	\$60 co-payment	45% after deductible
Facility	20% after deductible	35% after deductible	45% after deductible
<b>Durable Medical Equipment</b>	20% after deductible	20% after deductible	45% after deductible
<b>Outpatient Short-Term Rehabilitation</b> (Maximum 90 visits per calendar year combined for Speech, Physical and Occupational therapy) Developmental speech therapy not covered.	\$30 co-payment	\$60 co-payment	45% after deductible
<b>Lifetime Maximum</b> (In-Network and Out-of-Network maximums are combined)	\$2,000,000	\$2,000,000	\$2,000,000
<b>Calendar Year Deductible</b>			
Individual	\$400	\$800	\$1,600
Family Maximum	\$1,200	\$2,400	\$4,800
Aggregate	Yes	Yes	Yes
<b>Out-of-Pocket Maximum</b> (Includes Deductible and Co-insurance)			
Individual	\$2,500	\$3,000	\$6,000
Family Maximum	\$5,000	\$6,000	\$12,000
Aggregate	Yes	Yes	Yes

\*\*\* Preventive screening services are covered at co-pay with no deductible. If not preventive, the deductible and co-insurance apply.

## COBRA HEALTH PLAN RATES

BCBS PPO	
Resident/Fellow Only	\$274.69
Family	\$661.84
*Special Family	\$661.84

\*Special Family - A married couple in the Emory Residency Training Program insuring their dependent child (ren). Both spouses must be in the Residency Training Program at the same time.

Aetna POS	
Resident/Fellow Only	\$312.31
Family	\$767.71
*Special Family	\$767.71

## COBRA DENTAL PLAN RATES (Administered by CompBenefits/Humana)

Dental Plan	Monthly Premiums
*Dental Access	
Resident/Fellow	\$14.63
2 Person	\$24.83
Family	\$47.84

Traditional	Monthly Premiums
Resident/Fellow	\$22.44
2-Person	\$46.92
Family	\$69.36

\* Please note that the Dental Access plan is no longer accepting new patients.

PLANS	Traditional		Dental Access	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Preventive Services</b> (routine cleanings, x-rays, sealant, etc.)	\$0	\$0 <sup>3</sup>	\$10 co-payment	Scheduled
<b>Basic Services</b> (fillings, root canal, etc.)	10% <sup>1</sup>	20% <sup>1</sup>	Scheduled	Scheduled
<b>Major Restorative</b> (crown, bridges, etc.)	50% <sup>1</sup>	50% <sup>1</sup>	Scheduled	Scheduled
<b>Calendar Year Deductible</b> <sup>2</sup>	\$50/person \$150/family	\$50/person \$150/family	None	None
<b>Annual Maximum</b>	\$1,500/person	\$1,500/person	\$1,000/person	\$1,000/person
<b>Orthodontia</b> (to age 19)				
• Deductible	None	None	\$2,585 co-payment, limited to one treatment per lifetime <sup>4</sup>	\$365 reimbursement
• Co-insurance	50% <sup>3</sup>	50% <sup>3</sup>		
• Lifetime Maximum	\$1,500	\$1,500		
<b>Orthodontia</b> (age 19+)	Same as above	Same as above	\$2,785 co-payment <sup>4</sup>	\$165 reimbursement

<sup>1</sup> After deductible

<sup>2</sup> Waived for preventive services

<sup>3</sup> R&C — Reasonable & Customary

<sup>4</sup> Excludes \$450 retention fee

*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.*

The benefit levels above represent the participant cost under the respective option. The Traditional and Dental Access programs' benefit percentages are subject to usual and prevailing fees. The schedule of co-pays and details about your coverage may be found at [www.compbenefits.com/custom/emory](http://www.compbenefits.com/custom/emory). Should there be any difference between this Summary and the Summary Plan Description (SPD), the terms and conditions of the SPD will prevail.

Before making your dental plan election, please access the provider information online at [www.compbenefits.com/custom/emory](http://www.compbenefits.com/custom/emory) or call the dental provider's office to confirm whether they are still participating in the plan and are accepting new patients.