



Your Benefits

# 2022 Annual Benefits Enrollment

Post-65 Retiree/Spouse Dental, Vision and Catastrophic Prescription Coverage

# Dental Coverage

As a post-65 Emory retiree/spouse, you have the option to continue dental coverage through Emory with the **Aetna Traditional Dental Plan** (see below) or you can choose to receive your dental coverage through Via Benefits. If you elect to stay on the Aetna Traditional Dental Plan, your contribution amounts will be paid for through an automatic draft from your bank account. McGriff serves as Emory's retiree billing administrator and you will set up your payments with them. If you elect to receive dental coverage through Via Benefits, they will discuss payment options with you.

## Aetna Traditional Dental (PPO) Plan

The Aetna Traditional Dental (PPO) Plan is a conventional dental plan that allows you to see any dental provider. Some services require you to pay the deductible and applicable co-insurance. The deductible is a set amount that typically you pay before co-insurance starts. Co-insurance is the portion you must pay for services, in most cases, after meeting your deductible.

Features of the dental plan include:

1. Flexibility to choose any provider. This plan has a large number of In-Network providers.
2. Reimbursement for most Out-of-Network claims.
3. Preventive services received by either In-Network or Out-of-Network providers are covered at 100% up to reasonable and customary levels. Some examples of routine preventive services include:
  - Oral examinations
  - Routine and deep cleanings (Deep cleanings, or full mouth debridement, CPT 4355, are covered under preventive services as a replacement for one of your routine cleanings once in a 24 month period of time)
  - Fluoride
  - Sealants (permanent molars only)
  - Bitewing X-rays
  - Full Mouth Series X-Rays
  - Space Maintainers

## 2022 Dental Plan Rates

COVERAGE LEVEL	MONTHLY RATE
Retiree only	\$50.00
2-Person	\$100.00
Family	\$165.00

## Reasonable & Customary Charges (R&C)

Reasonable and Customary (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 services Out-of-Network, your coverage and costs are based on these R&C charges. If the cost of your services exceeds what is determined to be reasonable and customary, the provider can charge you the additional amount.

# Dental Coverage

## 2022 Dental Plan Comparison

Aetna PPO Plan		
	IN-NETWORK	OUT OF NETWORK <sup>1</sup>
<b>Preventive Services</b> (routine & deep cleanings, X-rays, etc.)	\$0	\$0
<b>Basic Services</b> (filling, root canal, etc.)	10% <sup>2</sup>	20% <sup>2</sup>
<b>Major Restorative</b> (crown, bridge, etc.)	50% <sup>2</sup>	50% <sup>2</sup>
<b>Calendar Year Deductible<sup>3</sup></b>	\$50/person \$150/family	\$50/person \$150/family
<b>Annual Plan Payment Maximums</b>	\$1,500/person	\$1,500/person
<b>Orthodontia:</b>		
- Deductible	None	None
- Co-insurance	50%	50%
- Lifetime Maximum	\$1,500	\$1,500

<sup>1</sup> Amounts applied to deductible are limited to the Reasonable and Customary charges

<sup>2</sup> After deductible

<sup>3</sup> Waived for preventive services

**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.

# Vision Coverage

Emory also offers post-65 retirees/spouses the opportunity to enroll in vision coverage through **EyeMed Vision Care**. 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 855-270-2343 or go to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com): Select *Find a Provider* (top menu), enter your zip code, click on *Choose Network* and click *Select*, then click on *Get Results*.

Some features of this plan include:

- Routine annual eye exam: \$0 co-pay.
- Single, bifocal, trifocal, lenticular lenses: \$0 co-pay.
- Progressive lenses: \$65 co-pay.
- Frames: Up to \$150 allowance, 20% off balance over \$150.
- Contact lenses (conventional and disposable): \$0 co-pay 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 are a one-time use benefit. Members are

encouraged to use their full allowance at the time of initial service. Unused balances are not available for future visits during the same plan year in which the initial service was utilized.

- 40% off unlimited additional prescription eyewear purchases.
- 20% off nonprescription sunglasses.

For a complete list of the plan details, visit EyeMed Vision Care online at: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

## New for 2022 - Enrollment and Payment

If you would like to enroll in vision coverage, or re-enroll in vision coverage, please complete the [Retiree Vision Plan Election Form](#). The entire annual premium must be paid at the time of your enrollment. An ACH must be set up with McGriff if you do not already have an ACH for dental insurance payments. McGriff will make a one-time draft from your designated checking account for the annual vision premium.

## 2022 Vision Plan Rates

COVERAGE LEVEL	ANNUAL RATE
Retiree only	\$147.36
Retiree + Spouse	\$279.36
Retiree & Child(ren)	\$294.00
Family	\$432.96

Send your vision enrollment form and McGriff ACH form to:

McGriff-Emory  
P.O. Box 896881  
Charlotte, NC 28289-6881  
OR email: [Lauren.Rice@McGriff.com](mailto:Lauren.Rice@McGriff.com)

## Questions?

If you have any questions about the enrollment process, please contact the Benefits and WorkLife Department at 404-727-7613.



# Catastrophic Prescription Coverage

## Catastrophic Prescription Coverage

Emory provides eligible Post-65 retirees and spouses with Catastrophic Prescription coverage. The Catastrophic Coverage Special Payments Benefit is for participants with high prescription drug expenses. This benefit provides additional funds to reimburse you for prescription drug out-of-pocket expenses once you meet the catastrophic coverage threshold. This threshold amount changes each year as directed by the Center for Medicare Services (CMS). The threshold is calculated by your Medicare prescription drug plan and documented on your Explanation of Benefits (EOB) statement. The threshold is defined as the true out-of-pocket cost (TrOOP).

### When do I submit a reimbursement request?

Once you have met the threshold, you must submit a Catastrophic Coverage Special Payments Reimbursement Request Form from Via Benefits each time you incur a prescription expense. You will need to provide supporting documentation with the form, such as an EOB statement from your Medicare prescription

drug plan. All requests for reimbursement must be received by **March 31** of the following year. Eligible prescription drug expenses incurred in the calendar year are reimbursable for participants with an active Health Reimbursement Arrangement.

### How am I reimbursed?

Once your reimbursement request is approved, you will receive 100% of your eligible prescription drug out-of-pocket expenses incurred after the date you meet the catastrophic coverage threshold.

### What else do I need to know?

Prescription drug expenses that qualify toward the catastrophic coverage threshold are the same expenses that apply toward your Medicare Part D Stage 4 catastrophic coverage. These expenses include the amounts paid by you for deductibles, coinsurance and copays for the cost of your prescription drugs. Medications not covered by your Medicare prescription drug plan are not eligible expenses and will not be included in the summary.

The reimbursement of your prescription drug expense is limited to the cost of drugs incurred after the date you meet the catastrophic coverage threshold. Prescription drug plan premium payments and prescription drug expenses reimbursed from any other source are not eligible for reimbursement.

**Please contact Via Benefits at 1-855-241-5720 for additional information.**

# Numbers & Websites

VENDOR/ORGANIZATION	PHONE NUMBER	WEBSITE(S)
Emory University Benefits and WorkLife Department	404-727-7613	<a href="http://www.hr.emory.edu/benefits">www.hr.emory.edu/benefits</a>
Post-65 Retiree Enrollment Webpage		<a href="http://www.hr.emory.edu/post65retiree">www.hr.emory.edu/post65retiree</a>
Emory Healthcare Employee Resource Center	404-686-6044	N/A
Aetna Traditional Dental	877-238-6200	<a href="http://www.aetna.com/docfind/custom/emory">www.aetna.com/docfind/custom/emory</a>
Administration for Community Living Region III	404-562-7600	<a href="http://www.acl.gov">www.acl.gov</a>
Emory Employees/Retirees Appointment Line (EVIP)	404-778-EVIP	N/A
EyeMed Vision Care (Vision Plan)	855-270-2343	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Fidelity Investments (Retirement Plans)	800-343-0860	<a href="http://www.netbenefits.com">www.netbenefits.com</a>
Government Resources	800-333-4636	<a href="http://www.usa.gov">www.usa.gov</a>
Internal Revenue Service	404-338-7962	<a href="http://www.irs.gov">www.irs.gov</a>
Medicare	800-633-4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
McGriff (Aetna Dental payments, Vision Enrollment forms and payments)	678-367-3107	<a href="http://www.McGriff.com">www.McGriff.com</a>
National Council on Aging - BENEFITSCheckUp	571-527-3900	<a href="http://www.benefitscheckup.org">www.benefitscheckup.org</a>
Pharmacy at Emory	404-778-2022	<a href="http://www.emoryhealthcare.org/pharmacy">www.emoryhealthcare.org/pharmacy</a>
Social Security Administration	800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
TIAA (Retirement Plans)	800-842-2252	<a href="http://www.tiaa.org">www.tiaa.org</a>
The Standard (Life Insurance)	866-756-8118	<a href="http://www.standard.com">www.standard.com</a>
UNUM (Long Term Care)	800-227-4165	<a href="http://www.unum.com">www.unum.com</a>
Vanguard (Retirement Plans)	800-523-1188	<a href="http://www.vanguard.com/retirementplans">www.vanguard.com/retirementplans</a>
Via Benefits	855-241-5720	<a href="https://my.viabenefits.com/emory">https://my.viabenefits.com/emory</a>
Volunteer Emory	404-727-6269	<a href="http://www.volunteer.emory.edu">www.volunteer.emory.edu</a>

# Take Action

## 1 Learn more

Learn more about all of the benefits that are available to you, from both Emory and Via Benefits. You can visit Via Benefits online at <https://my.viabenefits.com/emory>.

Visit Emory's Post-65 Retiree Annual Enrollment website at [www.hr.emory.edu/post65retiree](http://www.hr.emory.edu/post65retiree) for more information and to download enrollment forms.

## 2 Complete your enrollment

If, after reviewing all of your options, you decide to make any changes to your coverage for 2021, you need to submit the appropriate forms. **These forms must be postmarked by October 22, 2021.**

**If you are an Emory University retiree, send dental enrollment form to:**

Emory University Human Resources  
Benefits and WorkLife Department  
1st Floor  
1599 Clifton Road  
Atlanta, GA 30322  
Fax: 404-727-7145  
[hrbenef@emory.edu](mailto:hrbenef@emory.edu)

**If you are an Emory Healthcare retiree, send dental enrollment form to:**

Emory Healthcare Employee Resource Center  
550 Peachtree Street  
Atlanta, GA 30308  
Fax: 404-686-4750  
[ehc.hr/benefits@emoryhealthcare.org](mailto:ehc.hr/benefits@emoryhealthcare.org)

**NEW FOR 2022: Emory University and Emory Healthcare retirees, send vision enrollment form and McGriff ACH form to:**

McGriff-Emory  
P.O. Box 896881  
Charlotte, NC 28289-6881  
[Lauren.Rice@McGriff.com](mailto:Lauren.Rice@McGriff.com)

Note: An ACH Form is only needed if you don't already have an ACH for dental.

## 3 Check your beneficiary

Be sure to check and make sure the beneficiary(ies) you have listed on your life insurance policy are up-to-date. If you need to make a change, complete and submit the *Life Insurance Beneficiary Form*.

### Need help?

If you have questions, one of our Benefits Specialists is available to assist you based on the first letter of your last name (404) 727-7613:

LAST NAME BEGINS WITH	BENEFITS SPECIALIST
A-I	Lavita Nance
J-Q	Rita Calderon
R-Z	Ervin Stewart

If you are an Emory Healthcare retiree, please contact the Employee Resource Center at (404) 686-6044.

For more information about Via Benefits, visit: <https://my.viabenefits.com/emory>



Emory University  
Human Resources  
Benefits and WorkLife Department  
1599 Clifton Road, NE  
Atlanta, GA 30322

## TAKE ACTION!

Emory's annual benefits enrollment for Post-65 Retirees will run through October 22, 2021. Find out what steps you need to take to enroll in your benefits for the upcoming year.

