

BENEFITS GUIDE

2017

FOR STAFF & FACULTY



PLAN



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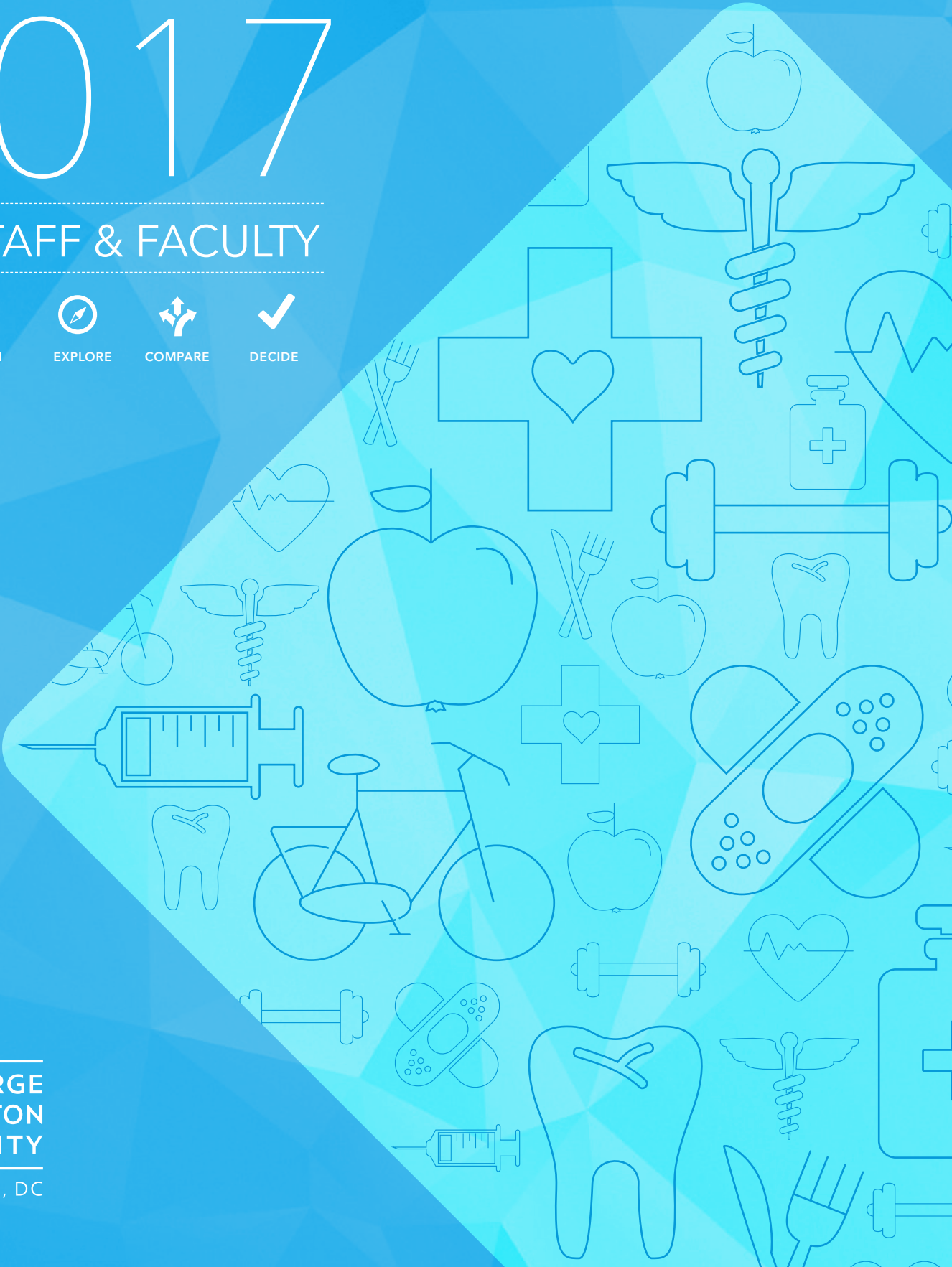




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The George Washington University is committed to offering its employees a comprehensive benefits package at a competitive cost. This package includes health, dental, vision, life insurance, retirement and tuition programs, as well as various work-life benefits such as Health Advocate and our Wellbeing Hotline among others.

As a large institution, GW has over 7,000 employees and their dependents who rely on GW's medical plans for their health and prescription needs. As part of this commitment, we provide you with access to a variety of tools and resources – including this Benefits Guide – to help you make informed benefits decisions.

Take a proactive approach to understanding the available benefits options, choosing the plans that make the most sense and use benefit plans to their maximum advantage.

BENEFITS AT-A-GLANCE

Your benefits are a partnership between you and GW. They are offered in a way that gives you choice and flexibility, so that you can choose the benefits that are right for you and your family. The following chart summarizes the benefit options available to you.

| BENEFIT TYPE | OPTIONS |
|--|---|
| MEDICAL PLANS Includes prescription drug coverage through CVS Caremark | <ul style="list-style-type: none">• UnitedHealthcare GW Health Savings Plan• UnitedHealthcare GW PPO Plan• Waive Coverage |
| DENTAL PLANS | <ul style="list-style-type: none">• Aetna High Option Dental PPO• Aetna Low Option Dental PPO• Aetna DMO (Dental Maintenance Organization)• Waive Coverage |
| VISION PLAN | <ul style="list-style-type: none">• UnitedHealthcare Basic Vision Plan• UnitedHealthcare Enhanced Vision Plan• Waive Coverage |
| HEALTH SAVINGS ACCOUNT (HSA) | |
| FLEXIBLE SPENDING ACCOUNTS (FSAS) | <ul style="list-style-type: none">• Healthcare Flexible Spending Account• Dependent Day Care Flexible Spending Account |
| LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE | <ul style="list-style-type: none">• Basic Group Term Life Insurance• Basic Accidental Death & Dismemberment Insurance• Additional Group Term Life Insurance• Additional Accidental Death and Dismemberment Insurance |
| DISABILITY INSURANCE | <ul style="list-style-type: none">• Voluntary Short-Term Disability Insurance• GW Paid Short-Term Disability Insurance• Basic Long-Term Disability Insurance• Long-Term Disability Buy-Up Insurance |
| GROUP LEGAL PLAN | <ul style="list-style-type: none">• Legal Resources® Plan |
| WELLNESS AND WORK-LIFE PROGRAMS | <ul style="list-style-type: none">• Wellbeing Hotline• Health Advocate• Smoking Cessation Program• Healthy Pregnancy• Back-Up Family Care |
| OTHER GW BENEFITS | <ul style="list-style-type: none">• Tuition Remission• Pre-Tax Transportation Benefit• Pre-Tax Parking Benefit• Retirement Benefits |

HELPING YOU MAKE YOUR DECISIONS

In order to make the right benefit decisions for you and your family members, you need to be prepared. Here's a step-by-step list of actions you should take during the new hire enrollment period.

ENROLLMENT CHECKLIST

- ❑ **Step 1:** Review your current benefits and coverage levels using our benefits enrollment tool, EasyEnroll, at go.gwu.edu/easyenroll.
- ❑ **Step 2:** Read this Enrollment Guide and attend new hire orientation to understand your benefits for 2017. Please visit <https://benefits.gwu.edu> for additional information.
- ❑ **Step 3:** Collect necessary documentation, such as Social Security numbers for the eligible dependents you want to cover. See page 6 for details on what documentation you need to turn in.
- ❑ **Step 4:** Gather a summary of 2016 health and childcare expenses to help you estimate next year's FSA elections, or HSA election if you enroll in the HSP.
- ❑ **Step 5:** Log in to EasyEnroll at go.gwu.edu/easyenroll within 30 calendar days of your hire date to make your elections.
- ❑ **Step 6:** Update beneficiary information for your life insurance plans.
- ❑ **Step 7:** If adding a dependent, submit your dependent documentation to the GW Benefits Administration Department within 30 calendar days of your hire date. Please note, dependent enrollment is pending until documentation is received and verified. You may submit information by mail, fax or e-mail:

Mail: GW Benefits Administration Department
45155 Research Place, Suite 160
Ashburn, VA 20147

Fax: (571) 553-8385

E-mail: benefits@gwu.edu

DON'T FORGET!

Health Advocate is available to assist you with making your 2017 elections. See page 36 for more details.

REMEMBER! You have 30 calendar days from your date of hire to make your elections online.

ELIGIBILITY AND COVERAGE INFORMATION

In general, full- and part-time faculty and staff in benefit-eligible positions are able to participate in the benefits described in this guide.

You may also enroll eligible dependents in certain benefits.

Eligible dependents include:

- Your spouse;
- Your common-law marriage partner, as defined by state law;
- Your same-sex or opposite-sex domestic partner;
- Your dependent children up to age 26 (regardless of marital status), including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian;
- Your unmarried children age 26 or older who are mentally or physically disabled and who rely on you for support and care; and/or
- Children of a same-sex or opposite-sex domestic partner relationship, up to age 26 (regardless of marital status). (Please note: Your domestic partner must also be enrolled in order to cover his/her child.)

You may enroll **eligible dependents** in the following benefit plans:

- Medical plans;
- Dental plans;
- Vision plans;
- Additional Spouse, Domestic Partner and Child Life; and
- Additional Spouse, Domestic Partner and Child AD&D Insurance.

COVERAGE LEVEL INFORMATION

There are four coverage levels from which you can choose for medical benefits:

- Employee Only
- Employee Plus Spouse/Domestic Partner (this may include a common-law marriage partner)
- Employee Plus Child(ren) (this includes you plus one or more children)
- Employee Plus Family (this includes you, plus a spouse/domestic partner and at least one other dependent)

DOMESTIC PARTNER COVERAGE

You may cover your same-sex or opposite-sex domestic partner for certain benefits. For Domestic Partner coverage, you must submit a "Declaration of Domestic Partnership" form verifying eligibility of your domestic partner. Forms are available on the Benefits Administration Department website (<https://benefits.gwu.edu>).

IRS regulations mandate that the value of GW's contributions to healthcare benefits for domestic partners and their children be considered taxable income (also called imputed income) to the employee.

This means you will pay income taxes on the employer's contribution towards your domestic partner's coverage.

DOCUMENTATION VERIFICATION FOR DEPENDENTS

In order to cover your family members, GW needs to verify dependent eligibility. If you are adding a dependent, you must provide the following documentation to complete enrollment:

- Spouse - marriage certificate
- Child - birth certificate or other proof of birth
- Common-Law Marriage Partner - Declaration of Common-Law Marriage Partner
- Domestic Partner - Declaration of Domestic Partnership

Note: GW reserves the right to require documentation of a dependent's eligibility status at any time.

If adding a dependent, submit your dependent documentation to the GW Benefits Administration Department within 30 calendar days of your hire date. Please note, dependent enrollment is pending until documentation is received and verified.

MAKING CHANGES DURING THE YEAR (QUALIFIED LIFE EVENTS)

In most cases, you may only make changes to your benefits during Open Enrollment. However, if you have a "qualified life event," you may make changes to certain benefits, as defined by the plan documents, related to that event. For example, if you have a baby, you may add your child to your medical coverage.

Qualified life events include:

- Your marriage;
- Your divorce or legal separation;
- Birth, adoption or placement for adoption of an eligible child*;
- Death of your spouse or covered child;
- Change in your or your spouse's work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- A significant change in your or your spouse's health coverage attributable to your spouse's employment;
- A change in your children's eligibility for benefits;
- Becoming eligible for Medicare or Medicaid during the year; and/or
- Becoming eligible for domestic partner status in accordance with GW's Domestic Partner policy.

You **must** complete the steps below within **30 calendar days** of the qualified life event to make changes to your benefit elections. Changes are effective on the first of the month following completion of the following steps:

- Go online to your EasyEnroll account to enter your qualified life event (go.gwu.edu/easyenroll).
- Gather supporting documentation of the life event (as described on page 6).
- Send the documentation to the Benefits Administration Department (as described on page 5).

COVERAGE START AND END DATES

Your benefit coverage, for most benefits, starts on the first of the month following your date of hire. If you are hired on the first day of the month, your benefits begin on your hire date.**

*For a birth, adoption, placement for adoption, divorce or change in medicaid/CHIP eligibility life events, you must complete the steps above within 60 calendar days.

**Residents please refer to documents received upon hire.

Mid-year changes are effective the first of the month following submission of all documentation required as long as it is received within 30 calendar days of the event. (Exception: Changes made due to the birth or adoption of a child are effective on the date of birth or adoption.)

For most plans, benefits coverage ends on the last day of the month in which you are eligible. For specific details, see your Summary Plan Description (SPD) on the Benefits Administration website, <https://benefits.gwu.edu>.

PAYING FOR BENEFITS

You and the university share the cost of most of your benefits. Your share of the cost is deducted based on your pay frequency. Please refer to the chart below:

Pay Frequency:

| BI-WEEKLY | 12 MONTH | 9, 10, 11 MONTH |
|----------------|----------------|-----------------|
| 26 Pay Periods | 12 Pay Periods | 9 Pay Periods |

Your contributions for health and welfare benefits are made either on a before-tax basis or after-tax basis as outlined below:

- Medical, dental, vision and flexible spending and health savings account contributions are deducted **before taxes** are calculated.
- Additional life and AD&D insurance, long-term disability buy-up, voluntary short-term disability and group legal are deducted **after your taxes** are calculated.

DETERMINING YOUR BENEFITS SALARY

Your benefits salary is equal to the salary(ies) of your active benefit eligible primary and secondary positions. This benefits salary is used to determine salary-driven contributions as well as plan coverages and premiums, as applicable.

COSTS

Your costs for each benefit depend on your benefits salary and coverage level. You can find specific rate information for 2017 beginning on page 40 of this guide and on the EasyEnroll website.

USING THE EasyEnroll SYSTEM

To make the most of your GW benefits, you'll need to make informed choices using the information in this guide. You'll use an online enrollment tool called EasyEnroll to make your benefits selection. You can access EasyEnroll online at any time during your enrollment period.

EASYENROLL LOGIN INSTRUCTIONS FOR ACTIVE FACULTY AND STAFF

Here's how to use the EasyEnroll system:

1. Read this guide and consider your benefit needs for 2017. (If you are enrolling a dependent[†], please be sure to have his/her Social Security number, date of birth and address available.)
2. Go online to go.gwu.edu/easyenroll.
3. You will be prompted to enter an EID:
EID is your GWid (without the 'G')
4. Then, you will be prompted to enter your password. Your initial password is the last four digits of your Social Security number or last four digits of your GWid if you don't have a Social Security number. If at anytime you have forgotten your password, please contact the Benefits Call Center at **(888) 4GWUBEN (449-8236)**.
5. Click on the "Click Here to Enroll Now" button.
6. You will then be directed to select the qualified life event that best describes the reason you are entering the online enrollment system.[†] If you're a newly hired employee enrolling for the first time, please select, "Newly Eligible".
7. Follow the prompts to make your benefit elections.
8. Enter your life insurance beneficiary information.
9. Print a confirmation statement, review it for accuracy and keep it for your records.

Don't forget to designate a beneficiary to receive your life insurance benefits.

MANAGE YOUR BENEFITS THROUGHOUT THE YEAR

EasyEnroll does more than capture your new hire benefits choices. You can use EasyEnroll at go.gwu.edu/easyenroll to find information to manage your benefits throughout the year.

You can also find benefit summaries and costs, vendor contact information, Summary Plan Descriptions and more on the Benefits Administration website, <https://benefits.gwu.edu>.

Remember: You will not be able to make changes to your benefits or covered dependents any time in 2017 unless you have a qualified life event.

CONFIRMING YOUR ELECTIONS

After you submit your enrollment elections and review the confirmation page, you are finished! We recommend printing or saving the enrollment confirmation page to verify your election choices because no confirmation statement will be sent to you.

IMPORTANT: During your new hire enrollment period (30 calendar days from date of hire), you can log on as often as you like. The elections on file as of the enrollment deadline will be your final coverage.

GW's Enrollment ID is 91364. Please use this if you encounter a screen which asks for a Portal or Enrollment ID to continue with enrollment.

REMINDER! Health Advocate is available to assist you with making your new hire/qualified life event plan choices. See page 33 for details.

† DOCUMENTATION VERIFICATION FOR DEPENDENTS

If you are adding a dependent as a new hire or due to a mid year life event, you must provide the following documentation to complete enrollment:

Spouse (same-sex and opposite-sex) - marriage certificate

Child - birth certificate or other proof of birth

Common-Law Marriage Partner - Declaration of Common-Law Marriage Partner

Domestic Partner (same-sex and opposite-sex) - Declaration of Domestic Partnership

If you are making a change due to a qualified life event, documentation supporting this event must also be provided.

YOUR MEDICAL OPTIONS

In today's world, it's more important than ever to be in control of your healthcare choices. So take an active role in making the right coverage decisions for your personal situation. Making good decisions about your care—from choosing the coverage that meets your healthcare needs to requesting generic prescription drugs—is essential to getting the most out of every healthcare dollar you spend.

When considering your healthcare options, look beyond the per-pay-period cost and consider whether you're getting the coverage that is right for you and your family.

At the end of this section, we'll highlight a few fictional GW faculty and staff members and the healthcare options they chose based on their personal situations. Take a moment to review these examples—perhaps one of them will help you match a coverage option to your own situation and maybe even save a little money!

IMPORTANT TERMS

- **Coinsurance:** The amount you pay for covered services after you pay the deductible. For example, if your plan has coinsurance of 20% and you have already paid the deductible, the plan pays 80% of the costs and you pay 20%.
- **Copay:** The amount you pay up-front for your visit (e.g., \$30).
- **Covered Services:** Those services deemed by your plan to be medically necessary for the care and treatment of an injury or illness.
- **Deductible:** The amount you pay before the plan starts to pay. For example, the GW PPO requires a \$750 deductible for an individual using in-network services. This means that you pay the first \$750 in medical care you use (please note, the deductible is not applicable to all services, please see page 12).

↓ LOW DEDUCTIBLE = ↑ HIGHER PREMIUM

↑ HIGH DEDUCTIBLE = ↓ LOWER PREMIUM

- **Formulary:** A list that contains the approved medications that are part of your prescription drug plan.
- **Generic:** An FDA-approved drug, composed of virtually the same chemical formula as a brand-name drug.
- **Out-of-pocket maximum:** The most you will pay for covered medical expenses in a year. Once you reach your out-of-pocket maximum, the plan pays 100% of your covered medical expenses for the balance of the year.

An explanation of benefits (EOB) is a statement sent by your health insurance company to explain what medical treatments and/or services were paid for on your behalf. These are not bills, so no payment is required; however, it's important to review your EOBs to gain a better understanding of the services paid for and the cost of care. To learn more about EOB's go to: <http://go.gwu.edu/EOB>.

UNITEDHEALTHCARE IS A SELF-INSURED PLAN

WHAT DOES IT MEAN TO HAVE A SELF-INSURED PLAN?

A self-insured plan means the university pays the claims. UnitedHealthcare processes the claims from health providers for GW faculty and staff. The university does not receive any private medical information, nor details about claims incurred.

Our premiums for the medical plans offered are based on our claims experience. High volume and/or high cost claims in a year, directly impact the premiums we pay as participants the following year.

But you can help. When you choose generic medications, stick with your healthy regimens, get preventive screenings, you generally incur less in claim costs directly impacting next year's premiums.

DID YOU KNOW? Studies show that people who actively engage in their health care decisions have fewer hospital visits, fewer visits to the emergency room, higher use of preventive care and overall lower medical costs. You can take an active part in your health by seeking out and choosing quality care.

Castlight helps you find a high quality doctor at an affordable price before you make an appointment. You can also discover in-network pharmacies nearby and compare costs for filling specific prescriptions either at a retail pharmacy or mail order. Visit go.gwu.edu/castlight for additional information.

CHOOSING A PLAN

We know you want the best benefit coverage with the fewest obstacles between you and your healthcare. With two different medical plan options, you choose what is best for you and your family. You also have the option to waive coverage from GW if you have coverage from another source.

UnitedHealthcare (UHC) is our sole provider of medical plans. With our partnership with UHC, you will receive many "perks" which include:

- Both plans offer a NATIONAL network - so you can locate a provider or facility in any of the 50 states.
- Both plans are open access - NO primary care physician (PCP) referrals required. Simply choose a provider within the network for benefits at the in-network level.
- Electronic tools are available 24 hours a day, seven days a week at www.myuhc.com and include online coaching, provider lookup, MyClaimsManager, online nurse chats, and much more.
- Obstetricians/Gynecologists (OB/GYNs) are considered Primary Care Physicians (PCPs), so when seeking services in participating OB/GYN offices, you are only subject to your PCP copayment for the GW PPO Plan.
- Member discounts for alternative medicine, massage therapy, cosmetic dentistry, laser vision correction, hearing services, weight loss programs, fitness clubs, exercise equipment, nutritional supplements and more are available.

THE GW - HEALTH SAVINGS PLAN WITH HEALTH SAVINGS ACCOUNT

GW's Health Savings Plan (HSP) with a health savings account (HSA) is a different approach to how you pay for today's healthcare and save for your future. It is a lower-premium, high deductible health insurance plan, which means you pay less out of your paycheck for premiums and more out-of-pocket at the point of care—before the plan pays for services that are not considered preventive. GW's HSP meets the federal requirements that allow an enrollee to also qualify for a tax-advantaged HSA.

There are a few key features to consider:

• THE HEALTH PLAN:

The HSP provides you the flexibility to receive care from both in-network and out-of-network providers (you'll pay more for out-of-network providers).

In-network preventive care services are covered at 100%—meaning you do not pay for this type of service (as defined by the plan). Preventive medications also covered at 100%. Please visit <https://benefits.gwu.edu>.

For all other services, you are responsible for paying the full cost of care (medical and prescription) until you reach the plan's deductible*. You are then responsible for a portion of the cost of care (your coinsurance), until you reach the plan's out-of-pocket maximum*.

* Note: The HSP has a combined medical and prescription deductible meaning you are responsible for paying the full cost of medical care and non-preventive prescriptions up to the deductible before coinsurance applies. The out-of-pocket maximum is also a combined limit.

• THE HSA:

When you are covered by a high deductible health plan like the GW HSP, you are eligible to participate in a Health Savings Account (HSA)*. An HSA is an investment tool that helps you save for health care expenses, including deductibles and coinsurance. Contributions to your HSA account are pre-tax, and any interest earned on the account is tax-free.

In 2017, you may contribute via payroll deduction up to \$3,400 if you have individual coverage, or up to \$6,750 if you are covering yourself and additional family member(s). If you are age 55 or older, you may contribute an additional \$1,000 to your account.

Contributions to your HSA roll over from year to year, and accumulate if not used. You may use the funds to pay for any qualified health expenses occurred after the account is opened.

You may pay the bill directly via the HSA, or you may use the HSA to reimburse yourself for payments that you make. Payments and withdrawals made from your HSA to cover qualified health care expenses are tax-free.

* Am I eligible to enroll in a HSA?

To be eligible you must meet a few criteria:

- Must be covered by a qualified High Deductible Health Plan (HDHP)
- Cannot be enrolled in Medicare or TRICARE
- Cannot be claimed as a dependent on someone else's tax return

- Cannot be covered by another health plan that is not HSA-qualified (with some exceptions, including vision coverage, dental coverage, accident and disability coverage, and employee assistance programs)

NOTE: HSA participants cannot participate in the Healthcare Flexible Spending account.

However if you do enroll in the HSP and are NOT eligible for the HSA, you have the opportunity to participate in the Healthcare FSA.

Withdrawals

- Qualified medical expenses include anything from doctor's office visits to dental or vision care and prescription medications. For a list of qualified expenses, visit www.payflex.com, or consult IRS Publication 502, "Health Savings Accounts and Other Tax-Favored Health Plans," available at www.IRS.gov.
- You can also use HSA funds to pay COBRA and long-term care insurance premiums, though health insurance premiums are not qualified.
- Withdrawals for non-qualified expenses are taxable, carry a 20% penalty, and must be added back into gross income, which is subject to income taxes.

NO CLAIMS TO PROCESS!

How do I access my HSA funds?

Direct Payment: When you use the PayFlex Card® or your account debit card, your expense is automatically paid from your account

Pay yourself back: Pay for eligible expenses with cash, check or your personal credit card, then withdraw funds from your HSA to reimburse yourself. You can even have your payment deposited directly into your checking or savings account. For more details visit <https://benefits.gwu.edu/health-savings-account-hsa>.

Pay your provider: Use PayFlex's online feature to pay your provider directly from your account.

GW HSA MATCHING CONTRIBUTION:

GW will make a tax-free matching contribution to your account. You must open an HSA, through GW's third-party administrator, PayFlex, in order to receive this funding.

Employee only coverage?

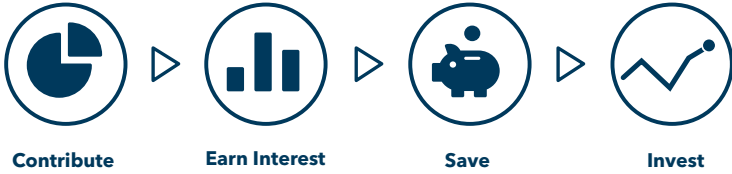
For every \$1 you contribute to your HSA, GW will match your contribution on a one-for-one basis up to \$600!

Covering any dependents (spouse/domestic partner or children)? For every \$1 you contribute to your HSA, GW match your contribution on a one-for-one basis up to \$1,200!

IMPORTANT: Your contribution + GW's contribution cannot exceed the annual IRS limits.

Savings

- Tax-deferred interest earnings may be accumulated in your account.
- You can choose to invest some of your HSA dollars in mutual funds.
- The account is yours and stays with you even if you change jobs, change healthcare coverage, become unemployed, move to another state or change marital status.



THE GW PPO PLAN

The GW PPO Plan is designed to give you freedom and flexibility. You have the ability to visit your doctor of choice. When using a participating provider, you receive greater benefits, while coverage is also available for doctors and facilities that do not participate in the UHC network. The national network is always at your fingertips! There's no requirement to select a Primary Care Physician or to obtain referrals for specialty care; you simply select your healthcare provider of choice and benefits will be determined based on the status of the provider selected.

Please remember that office visits with a participating provider are covered in full after a \$30 copayment (or \$50 copayment for a specialist). Most out-of-network services are covered at 60% of allowable charges after deductible.

In addition to comprehensive benefits, this plan offers:

- In-network infertility benefits;
- Hair prosthetic, up to \$350 per year;
- Hearing aids and testing for adults and children;
- In-network cochlear implant benefit;
- In-network deductibles - \$750 per individual, \$1,500 per family;
- Copayments for PCP and specialty care (\$30/\$50); and
- The freedom to use out-of-network providers.
- Gender Dysphoria coverage Acupuncture

THE ADVANTAGE OF IN-NETWORK SERVICES

If you have a physician who is currently part of the GW Extended network with UHC, you will be able to continue to receive services from this doctor at the in-network level. If you have questions, contact the Benefits Administration call center.

When you select in-network providers your money goes further because a greater portion of your care is covered by the plan. The great news is UnitedHealthcare (UHC) has one of the largest networks in the nation, with more than 760,000 doctors; 57,000 counselors and mental health practitioners and 5,600 hospitals; so chances are your regular doctor already participates with UHC. It means that almost anywhere you are in the country, you'll be able to find a network hospital and get the same benefit coverage level you would find at home. Whether your home is in Texas, the DC area, Colorado or almost anywhere else, your benefits travel with you.

To locate a physician PRIOR to your enrollment, you can visit www.uhc.com.

PREFERRED NETWORK FOR IMAGING AND LABS:

GW has a preferred network for labs, x-rays and major diagnostics. When you go to an in-network freestanding facility or GW Hospital for these services, you will experience a lower overall cost. Visit <http://go.gwu.edu/preferred> for more information.

TIP: Before you make your appointment, be sure to visit www.myuhc.com or call the toll-free member phone number on your health plan ID card to find an in-network freestanding facility near you!

For more details about your coverage options, read the Comparing the Medical Plans chart, which follows.

Percentages in the accompanying chart represent the percentages of **allowed** benefit covered by the plan (GW) as well as the employee responsibility.

COMPARING THE MEDICAL PLANS

Note:
The GW medical plan offerings use the UHC Choice Plus network.

| | GW Health Savings Plan (HSP) | | GW PPO | |
|--|------------------------------|----------------|------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |

Deductible

| | | | | |
|------------|----------------------|----------------------|---------|---------|
| Individual | \$2,000 | \$3,000 | \$750 | \$2,000 |
| Family | \$4,000 [†] | \$6,000 [†] | \$1,500 | \$4,000 |

Out-of-Pocket Maximum^{††}

| | | | | |
|------------|---------|----------|---------|----------|
| Individual | \$4,000 | \$6,000 | \$3,000 | \$6,000 |
| Family | \$7,150 | \$12,000 | \$6,000 | \$12,000 |

Coinsurance

| | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| | GW - 80% Employee - 20% | GW - 60% Employee - 40% | GW - 80% Employee - 20% | GW - 60% Employee - 40% |
|--|----------------------------|----------------------------|----------------------------|----------------------------|

Lifetime Maximum

| | | |
|--|-----------|-----------|
| | Unlimited | Unlimited |
|--|-----------|-----------|

Office Visit

| | | | | |
|------------|---|---|------------|---|
| PCP | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | \$30 copay | After deductible: GW - 60% Employee - 40% |
| Specialist | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | \$50 copay | After deductible: GW - 60% Employee - 40% |

Virtual Visit

| | | |
|--|---|------------|
| | After deductible: GW - 80% Employee - 20% | \$10 copay |
|--|---|------------|

Imaging and Labs^{†††}

| | Preferred | Non-Preferred | Preferred | Non-Preferred |
|--|---|---|---|---|
| Diagnostic Test (x-ray, blood work) | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% |
| Imaging (CT/PET scans, MRIs) | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% |

[†] For family coverage, no one in the family is eligible for the coinsurance benefit until the family coverage deductible is met.

^{††} Under Healthcare Reform all plans must have an out-of-pocket maximum. In addition deductibles, copays, and coinsurance must apply to the OOP max. (Only allowed charges will count towards the OOP max for out of network benefits.)

^{†††} **Preferred Network** = in-network freestanding facilities and GW hospital

Non-Preferred Network = in-network hospitals (other than GW Hospital) or out-of-network freestanding facilities or hospitals (in or out of network deductible applies as appropriate)

| GW Health Savings Plan | | GW PPO | |
|------------------------|----------------|------------|----------------|
| In-Network | Out-of-Network | In-Network | Out-of-Network |

Hospital Care

| | | | | |
|----------------|---|---|---|---|
| Inpatient | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% |
| Outpatient | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% |
| Urgent Care | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | \$30 copay | After deductible: GW - 60% Employee - 40% |
| Emergency Room | After deductible: GW - 80% Employee - 20% | After deductible: GW - 80% Employee - 20% | After deductible: GW - 80% Employee - 20% | After deductible: GW - 80% Employee - 20% |

Preventive

| | | | | |
|----------------------------------|---|---|---|---|
| Mammography* | 100% for one preventive mammogram per year, age 40 and over | | | |
| Pap Test* | GW covers 100% with wellness exam | After deductible: GW - 60% Employee - 40% | GW covers 100% if part of wellness exam | After deductible: GW - 60% Employee - 40% |
| Prostate Exam* | GW covers 100% with wellness exam | After deductible: GW - 60% Employee - 40% | GW covers 100% if part of wellness exam | After deductible: GW - 60% Employee - 40% |
| Well Child and Well Adult Exams* | GW covers 100% | After deductible: GW - 60% Employee - 40% | GW covers 100% | After deductible: GW - 60% Employee - 40% |

Chiropractic Care

| | | | | |
|--|---|---|---|---|
| | After deductible: GW - 80% Employee - 20% up to 60 visits per year (combined in- and out-of-network) | After deductible: GW - 60% Employee - 40% up to 60 visits per year (combined in- and out-of-network) | \$50 copay per office visit, up to 60 visits per year (combined in- and out-of-network) | After deductible: GW - 60% Employee - 40% up to 60 visits per year (combined in- and out-of-network) |
|--|---|---|---|---|

Infertility Benefits**

| | | | | |
|--|-------------|-------------|--|-------------|
| | Not Covered | Not Covered | Up to \$30,000 lifetime medical benefit and up to a \$8,000 pharmacy benefit | Not Covered |
|--|-------------|-------------|--|-------------|

Hearing Aids***

| | | | | |
|--|-------------|-------------|---|---|
| | Not Covered | Not Covered | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% |
|--|-------------|-------------|---|---|

* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit www.uhcpreventivecare.com for additional details on ALL preventive care guidelines based on your age and sex.

** Benefits are limited to members with a history of medical infertility. Artificial insemination and in vitro fertilization are covered. Additional limitations apply. Please contact UHC for details.

*** Up to a single purchase (including repair/replacement) per hearing impaired ear every 36 months.

| GW Health Savings Plan (HSP) | | GW PPO | |
|------------------------------|----------------|------------|----------------|
| In-Network | Out-of-Network | In-Network | Out-of-Network |

Cochlear Implants

| | | | |
|-------------|-------------|---------|-------------|
| Not Covered | Not Covered | Covered | Not Covered |
|-------------|-------------|---------|-------------|

Obesity Surgery****

| | | | |
|-------------|-------------|-------------------------------|-------------|
| Not Covered | Not Covered | Up to \$60,000 lifetime limit | Not Covered |
|-------------|-------------|-------------------------------|-------------|

Vision

| | | | |
|---|---|--|--|
| After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | Routine eye exams are covered once every 24 months with applicable copay. Discounts on hardware/frames/contacts are available at participating eye centers. You are subject to the annual deductible and coinsurance if you go out-of-network in the GW PPO. | |
|---|---|--|--|

Durable Medical Equipment (DME)

| | | | |
|---|---|---|---|
| After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% |
|---|---|---|---|

Prescription Drug Deductible

| | |
|---|-----|
| Included in overall plan deductible (\$2,000 individual / \$4,000 family) | N/A |
|---|-----|

Prescription Out-of-Pocket Maximum

| | | | |
|------------|-----------------------|---------|----------|
| Individual | Combined with medical | \$3,600 | \$7,200 |
| Family | Combined with medical | \$7,200 | \$14,400 |

Preventive Drugs

| | |
|-----------------|------------------------|
| Covered at 100% | Subject to coinsurance |
|-----------------|------------------------|

Retail Prescription Drugs

| | | | |
|---------------------|---|---|---|
| Generic | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | 10% Coinsurance (Minimum \$15, Maximum \$30) 30-day supply |
| Brand Formulary | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | 20% Coinsurance (Minimum \$30, Maximum \$50) 30-day supply |
| Brand Non-Formulary | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | 25% Coinsurance (Minimum \$60, Maximum \$100) 30-day supply |

Mail-Order Prescription Drugs

| | | | |
|---|---|---|---|
| Generic <i>Vacation Exception Additional 30-day supply one time per year</i> | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | 10% Coinsurance (Minimum \$37.50, Maximum \$75) 90-day supply |
| Brand Formulary <i>Add vacation exception Additional 30-day supply one time per year</i> | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | 20% Coinsurance (Minimum \$75, Maximum \$125) 90-day supply |
| Brand Non-Formulary | After deductible: GW - 80% Employee - 20% | After deductible: GW - 60% Employee - 40% | 25% Coinsurance (Minimum \$150, Maximum \$250) 90-day supply |

**** Notification is required six months prior to surgery. Please contact UHC for plan details.

Summaries of Benefits and Coverage (SBC) will soon be available at <https://benefits.gwu.edu> - please review for additional plan coverage information. To review 2017 contribution rates for Medical Coverage, please refer to page 40.

GETTING THE MOST OUT OF YOUR COVERAGE

Effectively using your health coverage is about much more than seeing a doctor when you're sick—it's about managing your health in a smart way so you stay healthy.

For more information about the programs listed in this section, contact UHC directly using the contact information on page 51 of this guide.

Primary care, convenience care, urgent care or emergency care... the decision point.

OK, IF IT'S NOT AN EMERGENCY...OR EVEN URGENT

When you or a loved one is ill or needs medical care, you want someone you know and trust. For routine, primary/preventive care or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out-of-pocket when you receive care in your doctor's office.

DON'T FORGET! There is a Nurseline available 24 hours a day, seven days a week. Please see page 16 for details.

CARE AT YOUR CONVENIENCE

Sometimes you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider a convenience care clinic. Convenience care clinics are often conveniently located in malls or some retail stores, such as CVS/pharmacy, Walgreens, WalMart and Target, and offer services without the need to schedule an appointment. Services at the convenience care clinic may be provided at a lower out-of-pocket cost than an urgent care clinic visit and are subject to PCP office visit copays. Services at a convenience care clinic are generally available to patients 18 months of age or older. Services that are available may vary per clinic.

Typical conditions that may be treated at a convenience care clinic include:

- Common infections
- Minor skin conditions
- Flu shots
- Pregnancy tests

To find an in-network convenience care clinic near you, visit www.myuhc.com.

TELEMEDICINE: UNITEDHEALTHCARE VIRTUAL VISIT

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room.

As a UHC medical plan participant, you have access to a network of care providers offering virtual visits by video which will enable you to consult with an in-network physician using real-time video technology to obtain a diagnosis for minor medical needs including allergies, sinus and bladder infections, bronchitis and other conditions. A virtual visit lets you see and talk to a doctor through www.myuhc.com or Health4Me App without an appointment or physical visit to a physician's office. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local CVS/pharmacy.

For more information, visit: www.myuhc.com.

I CAN'T WAIT FOR MY REGULAR DOCTOR

Sometimes you may need medical care fast. However, a trip to the emergency room may not be necessary. Of course, during office hours you may be able to go to your doctor for an urgently needed service. However, if you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an urgent care clinic. At an urgent care clinic, you can generally be treated for many minor medical problems faster than at an emergency room.

Typical conditions that may be treated at an urgent care clinic include:

- Sprains
- Small cuts
- Strains
- Sore throats
- Mild asthma attacks
- Rashes
- Minor infections

Services that are available may vary by clinic. If you choose to use an urgent care clinic, please make sure it is in-network by calling the toll free number on the back of your medical ID card or visiting www.myuhc.com.

HEAD TO THE EMERGENCY ROOM

If you think you or your loved one may be experiencing an emergent medical condition, you should go to the nearest emergency room or call 911. Emergency services are always considered at the in-network benefit level.

If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at your doctor's office, a convenience care clinic or urgent care facility.

DID YOU KNOW? UHC's Centers for Excellence for Cancer and Infertility provide access to leading healthcare facilities, physicians and services to support safe, specialized and cost-effective care. UHC's nurse consultants provide the information you need to make informed decisions about your care and help guide you to a Centers of Excellence Networks program that meets your specific needs.

Some examples of emergent conditions may include the following:

- Heavy bleeding
- Large open wounds
- Sudden change in vision
- Chest pain
- Sudden weakness
- Trouble walking
- Major burns
- Spinal injuries
- Severe head injuries
- Difficulty breathing

SPECIAL HELP FOR CHRONIC CONDITIONS

A range of resources are available if you develop a chronic health condition. Disease management programs help you better control common conditions such as asthma or diabetes. If you are affected by a transplant, cancer or congenital heart disease, specialized resources can help with many things, from choosing the right medical center to finding a nearby hotel when you have treatment.

NURSELINE

Registered nurses are available to help you any time - at no extra cost to you. After all, peace of mind shouldn't have to wait. Call **(800) 846-4678** for:

- Recognizing symptoms and helping you choose appropriate care;
- Finding doctors or hospitals recognized for providing quality care;
- Learning to manage your health condition and explore treatment options;
- And much more.

HEALTH4ME APP

UnitedHealthcare's Health4Me provides instant access to your and your family's critical health information - anytime/anywhere. Whether you want to find physicians near you, check the status of a claim or speak directly with a nurse, Health4Me is your go-to resource for everything related to your health.

Key features include:

- Search for physicians or facilities by location or specialty
- Virtual Visits
- Locate urgent care facilities and ERs
- Skip the phone prompts and have a service representative contact you to answer any questions about claims or benefits
- View and share member health plan ID card information
- Contact an experienced registered nurse 24/7 for advice regarding any kind of medical question
- Check status of deductible and out-of-pocket spending
- View claims

ONLINE RESOURCES

Get more from your health benefits with www.myuhc.com.

ORGANIZE CLAIMS

- See the status of current claims
- View monthly statements
- See your whole family in one view
- Print copies for your records

FIND A DOCTOR

- Search for a doctor or hospital in your area
- See which doctors meet stringent quality standards
- Evaluate hospitals on cost, quality and patient safety
- Find a mental health professional
- Get driving directions and print a map

GET THE FACTS

- Learn more about personal coverage
- Check current eligibility
- Look up your deductible or out-of-pocket limit
- Improve your health
- Take a free confidential Health Assessment online, with recommendations for change
- Read up-to-date, trustworthy healthy lifestyle advice
- Use tools, quizzes and calculators on everything from aging well to world travel

GET HELP WITH DECISIONS

- Learn more about health conditions or procedures
- Connect with a nurse through live, one-to-one online Nurse Chats
- Read up on common symptoms and what they might mean
- Explore various treatment options

AVAILABLE DISCOUNTS

Don't miss out on all of the additional savings you can take advantage of through UHC.

Receive discounts on memberships to your local fitness club, memberships to the most popular weight loss programs, appointments with massage therapists and more! Contact UHC for more information on all of the discounts available to you as a plan member.

TIP: Find preventive care guidelines for yourself and your family. Visit uhcpreventivecare.com, enter your age and gender, and get:

- A guidelines snapshot
- Added preventive care information specific to your age and gender
- A personalized checklist to bring to your next appointment and discuss with your doctor.

HOW TO CHOOSE A MEDICAL PLAN



Status: full-time employee
Plan: employee-only coverage
Salary: \$65,000 a year

Jane tends to be healthy but takes one preventive medication for asthma that she fills four times a year through 90-day maintenance mail order.

Jane has a bad cold and decides to go to an in-network doctor. Jane has already had her yearly physical office visit and her well women's visit and received eligible preventive screenings at no cost to her. It's the first time this year she has gone to the doctor, and Jane hasn't met her health plan deductible. Later in the year, Jane visits a dermatologist.

What will each plan cost for Jane in 2017?

| Cost of Care | Total Cost of Service | GW HSP | GW PPO |
|---|--------------------------------|-------------------------------|-------------------------------|
| Well adult office visit <i>Routine physical and eligible preventive screenings</i> | \$200 | \$0 <i>Covered at 100%</i> | \$0 <i>Covered at 100%</i> |
| Well women's visit <i>Routine physical and eligible preventive screenings</i> | \$200 | \$0 <i>Covered at 100%</i> | \$0 <i>Covered at 100%</i> |
| 90 day prescriptions for generic preventive asthma medication filled four times | \$640 <i>(\$160 per Rx)</i> | \$0 <i>Covered at 100%</i> | \$150 |
| One primary care visit | \$150 | \$150 | \$30 |
| One generic antibiotic | \$15 | \$15 | \$15 |
| One specialist visit | \$322 | \$322 | \$50 |
| Total Cost of Care | \$1,527 | \$487 | \$245 |

Cost of Coverage

| | | | |
|--|--|----------------|----------------|
| Total annual premium cost deducted from paycheck | | \$720 | \$1,399 |
| Amount contributed by Jane to her HSA from paycheck* | | \$660 | n/a |
| Amount contributed by GW to her HSA | | (\$600) | n/a |
| Jane's Total Costs <i>(Payroll Contributions & Cost of Care)</i> | | \$1,267 | \$1,644 |

*Jane decides to save the difference between what she would have paid monthly for the GW PPO and what she is paying monthly for the HSP (about \$55/month savings) in her Health Savings Account (HSA) to pay for medical and prescription drug costs. GW matches her contribution up to \$600.

After using her HSA to pay \$487 for her cost of care she carries \$773 in her HSA over to the next year for future health-related costs.



Status: full-time employee
Plan: family coverage (spouse plus two kids) **Salary:** \$100,000 a year

Robert and each member of his family receive their yearly physical and received their annual preventive screenings including their flu shots at no cost.

Unfortunately, his child is injured playing soccer and goes to the emergency room. He receives a prescription for generic pain medication (filled at a retail pharmacy) and sees a specialist for a consultation a week later.

His spouse has high blood pressure and receives a generic prescription for high blood pressure which is filled four times a year through 90-day maintenance mail order. Robert also has a prescription for an anti-inflammatory medication as a result of chronic shoulder pain; he fills his brand formulary prescription two times.

His other child has allergies and she sees a specialist twice a year.

What will each plan cost for Robert and his family in 2017?

| Cost of Care | Total Cost of Service | GW HSP | GW PPO |
|---|---------------------------------------|-------------------------------|-------------------------------|
| Four office visits <i>Routine physical and eligible preventive screenings</i> | \$1,200 | \$0 <i>Covered at 100%</i> | \$0 <i>Covered at 100%</i> |
| One visit to the emergency room | \$1,186 | \$1,186 | \$1,186 |
| One generic pain medication | \$25 | \$25 | \$15 |
| 90-day prescriptions for generic preventive high blood pressure filled four times | \$640 <i>(\$160 per Rx)</i> | \$0 <i>Covered at 100%</i> | \$150 |
| Three specialist visits | \$966 | \$966 | \$150 |
| 30-day prescription for brand formulary anti-inflammatory medication filled two times | \$300 <i>(\$150 per 30 day Rx)</i> | \$300 | \$60 |
| Total Cost of Care | \$4,317 | \$2,477 | \$1,561 |

Cost of Coverage

| | | | |
|--|--|----------------|----------------|
| Total annual premium cost deducted from paycheck | | \$3,096 | \$6,415 |
| Amount contributed by Robert to his HSA from paycheck* | | \$1,200 | n/a |
| Amount contributed by GW to his HSA | | (\$1,200) | n/a |
| Robert's Total Costs <i>(Payroll Contributions & Cost of Care)</i> | | \$5,573 | \$7,976 |

* Robert puts \$100 a month pre-tax into his Health Savings Account (HSA) to pay for medical and prescription drug costs in order to receive GW's match of \$1200.

YOUR PRESCRIPTION DRUG BENEFITS

PRESCRIPTION COVERAGE WITH THE PPO PLAN

When you enroll in the **GW PPO** medical plan option, you are automatically enrolled in the prescription drug coverage below through CVS Caremark. You have access to prescription medications through both retail pharmacies and a mail-order program. Under the prescription plan, generic, brand formulary and brand non-formulary drugs will be paid by fixed percentage of the total cost each time you fill a prescription. There is a cap to limit the amount you will spend on a prescription, referred to as a maximum.

HOW YOUR PRESCRIPTIONS ARE COVERED

The table below gives you an overview of how your prescription medications are covered under the CVS Caremark plan.

| | RETAIL | MAIL-ORDER |
|---------------------------------|---|---|
| MAXIMUM SUPPLY PER ORDER | 30 days | 90 days |
| GENERIC DRUG | 10% Coinsurance (Minimum \$15, Maximum \$30) | 10% Coinsurance (Minimum \$37.50, Maximum \$75) |
| BRAND, FORMULARY | 20% Coinsurance (Minimum \$30, Maximum \$50) | 20% Coinsurance (Minimum \$75, Maximum \$125) |
| BRAND, NON-FORMULARY | 25% Coinsurance (Minimum \$60, Maximum \$100) | 25% Coinsurance (Minimum \$150, Maximum \$250) |
| VACATION EXCEPTION | Additional 30-day supply one time per year | N/A |

HOW IT WORKS

If your doctor writes you a prescription, here are some examples of how the the plan will work when you arrive at the pharmacy:

| TYPE | NEW COINSURANCE | IF THE DRUG COSTS... | YOU PAY... | MAXIMUM YOU WILL PAY FOR EACH DRUG... |
|-----------------------------|-----------------|----------------------|------------|---------------------------------------|
| GENERIC | 10% | \$180 | \$18 | \$30 |
| BRAND, FORMULARY | 20% | \$200 | \$40 | \$50 |
| BRAND, NON-FORMULARY | 25% | \$1,000 | \$100 | \$100 |

PRESCRIPTION COINSURANCE:

- If the full drug cost is less than the minimum amount listed in the chart above, you pay the full drug cost.
- If the coinsurance calculation is less than the minimum amount listed in the chart above, you pay the minimum amount.
- If the coinsurance calculation is greater than the maximum amount listed in the chart above, you pay the maximum amount.
- If the coinsurance calculation falls between the minimum and maximum amounts listed in the chart above, you pay the coinsurance amount.

MAINTENANCE CHOICE PRESCRIPTION PROGRAM:

If you have a condition that requires ongoing prescription medication, you will receive the lowest total coinsurance possible by requesting that your doctor provide a prescription for a 90-day supply of your medication. You will have the option to fill this 90-day prescription at any CVS/ pharmacy or through CVS Caremark mail order, helping you save time and money! Please note: The number of 30-day fills for maintenance prescriptions at a retail pharmacy (including CVS) is limited to three. After your third 30-day fill of a maintenance prescription you will pay the higher cost. To pay the lowest cost possible, be sure to obtain a 90-day prescription from your doctor and fill via mail order or at a CVS/pharmacy.

TO GET STARTED TODAY:

BY MAIL - THROUGH THE CVS CAREMARK MAIL SERVICE PHARMACY

- Ask your doctor to fax or call in 90-day prescription(s) to the CVS Caremark Mail Service Pharmacy toll-free at **(800) 378-0323** (by fax) or **(800) 378-5697** (by phone).
- Visit www.caremark.com to order 90-day prescription(s) online. If you have not registered yet as a member, it takes only a few minutes to do so. Click on the "Request a New Prescription" link to get started and then follow the prompts as indicated.
- To receive help getting your 90-day prescription, please call CVS Caremark's FastStart Department toll-free at **(800) 875-0867**.

Your prescription(s) will be mailed directly to your home. You will pay nothing for regular shipping. Please allow 10-14 days for Caremark to receive, process and mail your order. Expedited shipping is also available at a cost.

BY RETAIL-THROUGH YOUR LOCAL CVS/PHARMACY

- Ask your doctor to call in your 90-day prescription(s) to a local CVS/pharmacy; or
- Call your local CVS/pharmacy to provide your prescription card information and arrange for your prescription(s) to be ready for pick up; or
- Bring your 90-day prescription(s) to your local CVS/pharmacy and provide your prescription card information.

| OPTIONS TO FILL 90-DAY MAINTENANCE PRESCRIPTION | AT CVS/PHARMACY | THROUGH MAIL-ORDER | AT RETAIL OTHER THAN CVS* |
|---|---|---|---------------------------|
| Generic Drug | 10% Coinsurance (Minimum \$37.50, Maximum \$75) | 10% Coinsurance (Minimum \$37.50, Maximum \$75) | \$135 (\$45 per month) |
| Brand, Formulary | 20% Coinsurance (Minimum \$75, Maximum \$125) | 20% Coinsurance (Minimum \$75, Maximum \$125) | \$210 (\$70 per month) |
| Brand, Non-Formulary | 25% Coinsurance (Minimum \$150, Maximum \$250) | 25% Coinsurance (Minimum \$150, Maximum \$250) | \$405 (\$135 per month) |

* Three 30-day fills allowed at retail coinsurance level, then pay higher amount listed.

PRESCRIPTION BENEFITS WITH HSP PLAN

When you enroll in the **GW HSP**, you are automatically enrolled in the prescription drug coverage below through CVS Caremark. You have access to prescription medications through both retail pharmacies and a mail-order program.

- You must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible (combined with medical, please see chart on page 12.) After you meet the deductible, you will be responsible for 20% coinsurance until you reach the out-of-pocket maximum.
- You can use your HSA to pay for your prescriptions.
- Preventive medications are covered at 100% and the deductible and coinsurance do not apply. To review a list of preventive drugs please visit <https://benefits.gwu.edu/prescription-benefit-high-deductible-health-plan-hdhp>.
- Maintenance Choice Program applies. Please see page X for details.

TIP: It's a good idea to occasionally check up on your medications' coverage tier (generic, brand formulary and brand non-formulary) as sometimes drugs change tiers. To be certain which tier your medication is on, call CVS Caremark at **(877) 357-4032** or visit www.caremark.com.

UNDERSTANDING THE PRESCRIPTION DRUG FORMULARY

A drug formulary is a list of medications published by CVS Caremark. Medications on the list fall into one of the following three categories:

- **Generic Drugs** - An FDA-approved drug, composed of virtually the same chemical formula as a brand-name drug.
- **Brand, Formulary** - If a generic medication is not available for your condition, your doctor may prescribe a brand-name medication. Preferred Brand Drugs have been evaluated by physicians and pharmacists at CVS Caremark and are deemed to be the most cost-effective way to treat a specific condition. These are covered at a slightly higher cost to you than generic drugs but at a lesser cost than the Non-Preferred Brand Drug.
- **Brand, Non-Formulary** - In the event you require a prescription medication that is neither generic nor on the Preferred Brand Drug list, you will pay the highest out-of-pocket cost for a Non-Preferred Brand Drug.
- **Specialty Drugs** - Prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.

Any time you receive a prescription, ask your doctor if a generic drug is available, and whether it's right for your condition. Doing so can save you hundreds of dollars.

USING GENERIC MEDICATIONS

Generic prescription medications are drugs that meet the same quality standards and are composed of virtually the same chemical formula as their brand-name equivalents, but generally have a lower copay. For more details about generic prescriptions, visit CVS Caremark's "Count on Generics®" website at www.caremark.com/countongenerics.

PRESCRIPTION PLAN PROGRAMS AND FEATURES

FORMULARY (FOR SPECIALTY AND NON-SPECIALTY DRUGS):

The CVS Caremark pharmacy staff continually reviews medicines, products and prices for the George Washington University. This helps GW to make sure the medicines (both specialty and non-specialty) that work well and are cost-effective become part of your drug benefit plan.

Certain drugs on the plan are not covered. These drugs all have covered FDA approved alternatives and/or equivalents that continue to be available to you. Should you choose to purchase a medication that is not covered, you will pay the full amount, unless a medical necessity Prior Authorization is obtained.

EXCLUSIVE SPECIALTY

Specialty drugs are made available to you and your dependents exclusively via CVS Caremark Specialty Pharmacies or a local CVS Retail Pharmacy near you via the CVS Caremark Specialty Connect program. Because most pharmacies do not keep these expensive therapies on hand, members typically have to wait to receive their medication. By using CVS Caremark Specialty Pharmacies or a local CVS to obtain your medication, you have the option to have the medication shipped to your home, or available for convenient pick up at a local CVS. In addition, a Specialty Care Representative with expertise in your condition will perform outreach to you throughout the year to ensure you're getting the most out of your medication. If you choose to purchase your medication outside of a CVS Retail Pharmacy or a CVS Caremark Specialty Pharmacy, your claim will be denied.

SPECIALTY GUIDELINE MANAGEMENT

Because of the complexity of treating conditions that require Specialty Drugs, these drugs will require Prior Authorization before they will be covered by the plan. Your prescriber will need to answer questions about your diagnosis before the prescription can be filled. Once your doctor completes this authorization, your medication can be filled via a CVS Caremark Specialty Pharmacy or a CVS Retail Pharmacy via the CVS Caremark Specialty Connect program.

PERSONAL PHARMACY CARE

GW and CVS Caremark understand that serious health conditions - like diabetes, high blood pressure, and heart disease - can affect each person differently. People who take long-term medication to manage chronic conditions need personal attention and support to manage their health and stay on track with their medication. This program provides personal pharmacy care for adults with diabetes, congestive heart failure (CHF), coronary artery disease (CAD), hypertension (high blood pressure), dyslipidemia (high cholesterol), COPD, Depression, Osteoporosis, Breast Cancer (18 years of age or older) and for adults and children with asthma.

With Pharmacy Advisor Counseling®, you can look forward to a more personal approach to care. Staffed with registered pharmacists and technicians, Pharmacy Advisor Counseling can be a valuable resource to help you manage your medication and provide you with:

- Quick, confidential advice at your convenience
- Information about medications and how they work in your body
- Tips to help manage or avoid side effects from your medication
- Guidance to help you stay on track with your prescriptions

Just having someone to talk to about your medicine may make you feel better about taking it.

Look for more information about this program through a letter or phone call from CVS Caremark.

SAVE EVEN MORE WITH CVS CAREMARK EXTRACARE® HEALTH CARD

GW faculty and staff enrolled in the CVS Caremark prescription drug plan qualify for the ExtraCare® Health Card, which saves you money at your local CVS/pharmacy. Any time you shop at a CVS/pharmacy, you can present your ExtraCare® Health Card to the cashier, and you'll receive an additional 20% discount on select CVS/pharmacy-branded products.

In addition, your ExtraCare® Health Card earns you 2% in Extra Bucks® rewards for all your non-prescription purchases, and one Extra Buck® for every two prescriptions purchased.

For more details about the ExtraCare® Health Card, contact CVS Caremark directly using the contact information on page 51 of this Guide.

CVS CAREMARK MOBILE APP helps you stay connected and take charge of you and your family's health. This app is now easier to use with some new features that make managing your prescription benefit easier than ever.

- Check drug coverage and cost under your plan
- Find local pharmacies in your plan's network
- Refill and renew mail service prescriptions from yourself and family members
- ID unknown pills with the pill identifier
- Check for potential drug interactions among medications
- Check order status and view your prescription history

Download the app today or browse the **Caremark.com** mobile site from any smart device.

YOUR VISION COVERAGE OPTIONS

UHC VOLUNTARY VISION PLAN OPTIONS: BASIC PLAN VS. ENHANCED PLAN

GW offers a choice of voluntary vision plans through UnitedHealthcare (UHC). The vision plans offer you the flexibility to see any provider you choose; however, you generally pay less when you use a UHC Vision provider. Please note that GW vision plans are “stand-alone” plans, so you can enroll in vision coverage whether or not you have medical coverage.

In-network, covered-in-full benefits (after applicable copay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal or lined trifocal lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eye glasses. The chart below provides a summary of some of the in-network services and costs:

| | BASIC | ENHANCED |
|---------------------------------------|-------|----------|
| COPAYS FOR IN-NETWORK SERVICES | | |
| Exam | \$0 | \$0 |
| Materials | \$20 | \$20 |

| BENEFIT FREQUENCY | | |
|---------------------------------------|----------------------|----------------------|
| Comprehensive Exam | Once every 12 months | Once every 12 months |
| Spectacle Lenses | Once every 12 months | Once every 12 months |
| Frames | Once every 24 months | Once every 12 months |
| Contact Lenses in Lieu of Eye Glasses | Once every 12 months | Once every 12 months |

| FRAME BENEFIT | | |
|---------------------------|-------|-------|
| Private Practice Provider | \$130 | \$130 |
| Retail Chain Provider | \$130 | \$130 |

LENS OPTIONS

For both the basic and enhanced plans, standard scratch-resistant coating lenses are covered in full. (Discount varies by provider.) The Enhanced Plan covers the following additional lens options in full: standard progressive lenses, standard anti-reflective coating, polycarbonate lenses, ultraviolet coating, glass coating, tints.

CONTACT LENS BENEFIT

Covered-in-full elective contact lenses: The fitting/evaluation fees, contact lenses and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to four boxes are included when obtained from a network provider. For the Enhanced Plan, up to six boxes are covered.

LASER VISION BENEFIT

UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call **(888) 563-4497** or visit us at www.uhclasik.com.

Out-of-network benefits are available with fixed reimbursement directly to you after submission of legible, detailed paid-in-full receipt. (Please be sure to include your ID number, name, home address and patient’s name and date of birth with claim submission.)

Please note: You will incur less out-of-pocket expense if you see an in-network vision provider. To find an in-network vision provider, please visit www.myuhcvision.com.

Please visit <https://benefits.gwu.edu> for additional details.

YOUR DENTAL COVERAGE OPTIONS

Caring for your teeth and keeping your smile healthy can help ensure the rest of your body stays healthy as well. All GW faculty and staff are eligible to choose from three dental plan options.

The GW dental plans are “stand-alone” plans, so you can enroll in dental coverage whether or not you have medical coverage through GW.

AETNA DENTAL PPO PLANS – HIGH AND LOW OPTIONS

As with any PPO plan, the Aetna Dental PPO plans are designed to provide you with a greater level of coverage for using service providers within the Aetna network. Some coverage is available for providers outside the Aetna network; however any services you receive from an out-of-network provider will be paid only at the “Reasonable and Customary” amount.

The High Option provides you with a greater level of coverage, and therefore carries a higher premium. The Low Option provides you with preventive and basic coverage and has a lower premium. Take a look at the table below to evaluate which of the PPO options may be right for you.

Percentages in the accompanying chart represent the percentages of the negotiated amounts (in-network) and reasonable and customary amounts (out-of-network) covered by the plan.

| | HIGH OPTION DENTAL PPO | | LOW OPTION DENTAL PPO | |
|--|-------------------------------|-------------------------------|----------------------------|----------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| ANNUAL DEDUCTIBLE (Individual) | \$50 | \$50 | \$50 | \$50 |
| ANNUAL DEDUCTIBLE (Per Family) | \$50 (Max 3 per family) | \$50 (Max 3 per family) | \$50 (Max 3 per family) | \$50 (Max 3 per family) |
| ANNUAL MAXIMUM COVERAGE* (Per Person Per Year Combined In- and Out-of-Network) | \$1,500 | \$1,500 | \$1,000 | \$1,000 |
| PREVENTIVE CARE** oral examinations, cleanings, x-rays, etc. | 100% | 100% | 100% | 100% |
| BASIC CARE** silver/composite fillings, root canals, stainless steel crowns, some extractions, some oral surgery, general anesthesia, etc. | 90% | 80% | 80% | 70% |
| MAJOR CARE** inlays, onlays, crowns, full & partial dentures, denture repairs, pontics, implants*** core build-up, etc. | 50% | 50% | Not Covered | Not Covered |
| ORTHODONTIA (Children Only Combined In- and Out-of-Network) | 50% (Lifetime max \$1,500) | 50% (Lifetime max \$1,500) | Not Covered | Not Covered |

* Under the Aetna PPO High or Aetna PPO Low plans, preventive care services do not apply toward your annual maximum.

** Services shown are a partial list. For a complete list, see your Dental Plan Benefits Summary, available at <https://benefits.gwu.edu>.

*** Implants are covered under the PPO High Option Only.

To review 2017 contribution rates for Dental Coverage, please refer to page 47.

REASONABLE AND CUSTOMARY: Dental providers who participate in the Aetna network have agreed to accept a standard level of payment for their services. This is called the "Negotiated" amount. Providers who are not in the network may charge more than the "Reasonable and Customary" amount, however, your coverage will not pay more than that amount. You will be responsible for the difference.

AETNA DENTAL MAINTENANCE ORGANIZATION (DMO)

You also have the option of selecting coverage through the Aetna DMO, which provides benefits in a similar manner to an HMO medical plan.

You must elect a Primary Care Dentist (PCD) from within the Aetna network to coordinate all your dental care.

To be effective on the first of the month, Primary Care Dentist (PCD) selections must be received by Aetna by the 15th of the month prior. In order to schedule an appointment with your PCD, your name must appear on his/her monthly roster.

If your PCD believes you need to visit a dental specialist, he or she will refer you to a specialist in the DMO network.

The DMO does not provide coverage outside the Aetna network. There is no deductible to meet under the DMO, nor is there an annual maximum coverage amount. Office visits require a \$5 copay.

Orthodontic services are available for both adults and children, and require a \$2,300 copay.

DID YOU KNOW?

Preventive dental care can help reduce health risks. Periodontal disease has been linked to heart disease, diabetes and preterm birth.

Each of the three dental plans will now cover an additional cleaning or visit to treat gum disease, if you have heart disease, diabetes or are pregnant. If you have one of these conditions or are pregnant and would like to enroll in these enhanced benefits, please call the Aetna Dental Medical Integration Team at **(800) 779-3357**, Monday through Friday 8:00am to 6:00pm EST. A dental care coordinator will be happy to assist you.

FLEXIBLE SPENDING ACCOUNTS

With Flexible Spending Accounts (FSA's), you can use pre-tax dollars to pay for certain allowed expenses. There are two different plans:

- The Healthcare FSA plan is used for eligible out-of-pocket healthcare costs.
- The Dependent Day Care FSA plan is used for eligible dependent care expenses while you work.

You can choose to contribute to one or both of these FSA options. Here's how the plans work:

1. You decide how much you want to contribute to one or both FSAs for the calendar year.
2. Your contributions are then taken out of your pay in equal amounts each pay period before taxes are deducted.
3. You and your tax-qualified dependents incur eligible expenses.
4. You use your FSA Debit Card to pay for healthcare and/or dependent care expenses at participating locations, or file a claim online, via fax or mail for reimbursement.
5. Your reimbursements are paid to you tax-free.

NOTE:

Your FSA elections do not carry over from year to year. You **MUST** enroll each year to participate.

IMPORTANT:

Health Savings Plan participants who are NOT eligible for the Health Savings Account (HSA) can participate in the Healthcare FSA.

ADVANTAGES OF FSA's

Flexible Spending Accounts are a great way to save money because your eligible expenses are paid using tax-free dollars. You don't pay federal, FICA or most state income taxes on contributions you make to the FSA. Depending on your tax bracket, you may save as much as \$40 for every \$100 you contribute to an FSA.

The following chart provides an overview of the Healthcare and Dependent Day Care Flexible Spending Accounts. More detailed information can be found later in this section.

| | HOW MUCH YOU CAN CONTRIBUTE* | EXAMPLES OF ELIGIBLE EXPENSES | FOR A COMPLETE LIST OF ELIGIBLE EXPENSES |
|---------------------------------|--|---|--|
| HEALTHCARE FSA | \$100 to \$2,550 | Healthcare expenses not covered by your medical, dental and vision plans, including: <ul style="list-style-type: none"> • deductibles • copays • coinsurance | Go to www.irs.gov and see Publication 502 |
| DEPENDENT DAY CARE FSA** | \$100 to \$5,000 (or \$2,500, if you and your spouse file separate income tax returns) | Dependent care while you're at work, including: <ul style="list-style-type: none"> • day care • after-school programs • care in your home | Go to www.irs.gov and see Publication 503 |

* You cannot use Healthcare FSA dollars to pay for dependent day care expenses and vice versa. Each of these accounts is independent of one another.

** Please note: Per IRS regulations, your annual dependent day care contribution may be reduced based on the level of participation by all faculty and staff.

FSA ADMINISTRATOR - PAYFLEX

The FSA plan administrator, PayFlex, will help you manage your accounts and claims processing. PayFlex provides many convenient services such as:

- Online account management (check account balances and order additional debit cards for your dependents);
- Online claims management (file new claims, review pending claims, see next claim payment date);
- Email notification when your claim is processed (through "eNotify");
- Educational materials and planning tools (such as calculators and listing of eligible and non-eligible expenses); and
- Extended customer service hours (8:00am-8:00pm Monday-Friday and 10:00am-3:00pm Saturday EST)

To contact PayFlex with questions, or if you need to file a claim, use the contact information found on page 51 of this guide.

FSA CLAIMS

Generally, you should try to use the money in your FSA during the year in which you make the contributions. However, the IRS (who governs the plans) has extended a 2-½ month grace period (from January 1st to March 15th of the following year) to incur eligible healthcare expenses providing you more time to use up the money in the healthcare FSA account.

The grace period is non-applicable to the Dependent Day Care FSA.

FILING 2017 CLAIMS

The table below explains how to submit your claim for the 2017 plan year:

| IF YOUR 2017 FSA ENROLLMENT IS FOR... | YOUR ELIGIBLE EXPENSES SHOULD BE INCURRED BETWEEN... | CLAIMS FOR REIMBURSEMENT MUST BE SUBMITTED TO... | BY THE CLAIM DEADLINE OF... |
|---------------------------------------|--|--|-----------------------------|
| HEALTHCARE | Your Coverage Effective Date or January 1 (whichever is later) - March 15, 2018 | PayFlex | April 30, 2018 |
| DEPENDENT DAY CARE | Your Coverage Effective Date or January 1 (whichever is later) - December 31, 2017 | PayFlex | April 30, 2018 |

For questions regarding claims or claims filing, please contact PayFlex at **(800) 284-4885** or www.payflex.com.

IMPORTANT IRS REGULATIONS

Flexible Spending Accounts are subject to the IRS “use it or lose it” rule. This means that if you contribute more than the amount of your actual eligible expenses, you forfeit any money left in your account. Be sure to estimate your expenses carefully and be conservative when deciding how much to contribute.

Don't let the “use it or lose it” rule scare you away. Just plan carefully and use the PayFlex FSA healthcare calculator to help you determine what you should set aside. Visit <https://www.payflex.com/individuals/calculate-savings>.

FSA TAX SAVINGS - AN EXAMPLE

Here's how the tax advantages of the FSA helps you put extra money in your wallet. For the purpose of this example, this GW employee has an annual salary of \$50,000 and FSA-qualified expenses of \$2,550.

| | WITHOUT THE FSA | WITH THE FSA |
|---|---------------------------|------------------------------|
| ANNUAL GROSS PAY | \$50,000 | \$50,000 |
| CONTRIBUTION TO THE HEALTHCARE FSA | - \$0 | - \$2,550 |
| TAXABLE INCOME | \$50,000 | \$47,450 |
| ESTIMATED TAXES (25%) | - \$12,500 (50,000 x .25) | - \$11,862.50 (47,450 x .25) |
| HEALTHCARE EXPENSES | - \$2,550 | - \$2,550 |
| REIMBURSEMENT FROM HEALTHCARE FSA | +\$0 | +\$2,550 |
| ANNUAL NET INCOME (TAXABLE INCOME MINUS TAXES) | \$35,000 | \$35,587.50 |
| PRE-TAX SAVINGS | \$0 | \$587.50 |

* Please note the 25% (.25) tax rate is for illustrative purposes only.

USING THE HEALTHCARE FSA

The Healthcare FSA covers certain out-of-pocket healthcare expenses allowed by the IRS for **you and your legal dependents**. This includes your spouse and your children.

You can be reimbursed from the Healthcare FSA for any eligible expense not covered by your health plans (medical, dental and vision). This includes deductibles; copays and coinsurance; prescriptions; and over-the-counter drugs with prescription; glasses; contact lenses, and more.

For a complete list of eligible and non-eligible expenses, go to www.irs.gov and see Publication 502.

USING THE DEPENDENT DAY CARE FSA

You may use the Dependent Day Care FSA to pay for eligible dependent day care expenses that allow you to work. If you are married, your spouse must also work, be a full-time student or be disabled.

NOTE: The Dependent Day Care FSA may not be used for healthcare expenses for your dependents.

Your Dependent Day Care FSA maximum election amount* depends on your tax status as described in the table below.

| IF YOUR TAX STATUS IS... | YOU CAN SET ASIDE... |
|--|--|
| Single or married filing jointly | Up to \$5,000 |
| Married filing jointly and your spouse's employer offers a Dependent Care FSA Plan | Up to \$5,000, combined in the two plans |
| Married filing separately | Up to \$2,500 |

* Your annual Dependent Day Care FSA maximum election amount may be reduced based on the level of participation by all GW faculty and staff.

Expenses must be incurred to provide care for a qualified dependent, including:

- Your children under the age of 13 whom you claim as tax dependents (if you are divorced or separated, you may be able to claim reimbursement for childcare expenses you pay even if you cannot claim the child as an exemption);
- Your spouse who is physically or mentally incapable of self-care and who resides with you for more than half the year; and/or
- Any other dependent that is physically or mentally incapable of self-care whom you can claim as a dependent on your tax return and who resides with you for more than half the year.

Eligible dependent day care expenses include:

- Before and after-school programs;
- Care in your own home - or in someone else's home (as long as the caregiver isn't your dependent and is age 19 or older);
- Day care - at a licensed child or adult facility;
- Nursery school or preschool;
- Summer day camp;
- Housekeeper who performs dependent care duties; and/or
- Taxes paid toward a caregiver's wages.

For a complete list of eligible and ineligible expenses, go to www.irs.gov and see Publication 503.

DEPENDENT DAY CARE FSA VS. DEPENDENT CARE TAX CREDIT

As you consider a Dependent Day Care FSA, think about what works best for you - the FSA or the dependent care tax credit provided by federal law. It is important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through an FSA. In some cases, the tax credit may provide more savings than an FSA.

NEED HELP FINDING CHILDCARE?

Our Wellbeing Hotline can help. See page 36 for information on this and other work-life programs.

PayFlex offers a tool to help you determine the best way for you and your family to take advantage of the tax savings allowed by the IRS. You must decide to take advantage of the Dependent Day Care FSA through your employer or take the Federal Tax Credit when you file your income tax return at the end of the year. Follow the steps below to access this tool:

1. Visit www.payflex.com
2. Click on the on the side-bar for "Individuals"
3. From the drop-down menu, select, "Calculate your savings"
4. Choose the "Dependent Care Savings Calculator" from the drop-down list
5. Enter information needed for calculation and click "Calculate Savings" to complete.

Please note: This tool is meant for illustrative purposes only and does not replace the advice of your tax advisor. If you have questions about tax savings, you may want to consult a tax advisor.

YOUR HEALTHCARE AND DEPENDENT DAY CARE FSA DEBIT CARD

IF YOU ENROLL IN THE HEALTHCARE FSA PLAN:

PayFlex will issue you a debit card. This debit card is credited with your full Healthcare FSA election amount for the year and allows you to pay for your eligible expenses as you incur them.

When you use your card for eligible healthcare FSA expenses, be sure to purchase them separately from other non-eligible expense items.

IF YOU ENROLL IN THE DEPENDENT DAY CARE FSA PLAN:

PayFlex will issue you a debit card. This debit card is credited with your Dependent Day Care contributions as you make them throughout the year. (You must first contribute the funds to the Dependent Day Care FSA before you can access them.)

IF YOU ENROLL IN BOTH THE HEALTHCARE AND DEPENDENT DAY CARE FSA PLANS:

PayFlex will issue you **ONE** card. This debit card will be credited with your elections/contributions as indicated above.

If your card is not accepted, simply pay for the eligible expense out-of-pocket and submit a claim and corresponding receipts for reimbursement. Reimbursement forms are available on PayFlex website, www.payflex.com.

You will be able to use your FSA debit card for eligible dependent care services provided by Day Care providers using Merchant Code (MCC) 8351 (child care services) and 8211 (elementary and secondary school day programs). You must contribute the funds first to be able to access them.

KEEP YOUR RECEIPT

Even though you may use your Healthcare FSA Debit Card to pay for eligible expenses, you should always save your receipts in case additional documentation is required.

BASIC TERM LIFE AND ACCIDENT COVERAGE

Most of us don't like to think about the necessity of life insurance; however, it is important that you take time now to make sure you have the right coverage for your personal situation. GW provides every full-time faculty and staff member with:

- Basic term life insurance equal to your annual benefits salary, (rounded to the next higher multiple of \$1,000, if not already an exact multiple) up to \$500,000.
- Basic accidental death and dismemberment (AD&D) insurance equal to your annual benefits salary, (rounded to the next higher multiple of \$1,000, if not already an exact multiple) up to \$500,000.
- A death benefit of one month's salary is paid by GW to your beneficiary, if you die while an active employee.

Full-time faculty and staff, as well as part-time faculty and staff* working at least 14 hours per week qualify for basic life insurance.

* Part-time staff have a six-month waiting period.

LIFE INSURANCE AND INCOME TAXES

The university pays for your Basic Term Life and Accident coverage. The cost of any coverage exceeding \$50,000 is considered "imputed income" by the IRS. Imputed income will be reported on your W-2 form as part of your taxable income. If you wish to avoid imputed income, you may waive coverage over \$50,000.

Please note: If you waive employer coverage over \$50,000 initially and later decide to change this election, you will need to provide Evidence of Insurability at that time (please see the Evidence of Insurability section to the right).

ADDITIONAL COVERAGE OPTIONS

In addition to the basic coverage, you can purchase additional life coverage under GW's group policy through The Standard. You have the option to purchase:

- Additional Life Insurance coverage for yourself in increments of \$10,000, up to a maximum of \$750,000 or five times your annual benefits salary (whichever is less);
- Additional Life Insurance coverage for your spouse or domestic partner in increments of \$5,000, up to a maximum of \$375,000 or 50% of your coverage (whichever is less) Note: You must have additional employee life coverage to elect this plan; and
- Additional Life Insurance coverage for your children up to age 26 in increments of \$2,000. Coverage for children is limited to a maximum of \$10,000 or 50% of your coverage (whichever is less). Note: You must have additional employee life coverage to elect this plan.

You pay the full cost for all additional coverage, which may be subject to Evidence of Insurability (see next column).

You can also purchase additional accident (AD&D) coverage under GW's group policy through The Standard. You have the option to purchase:

- Additional AD&D Insurance coverage for yourself in increments of \$10,000, up to a maximum of \$750,000 or five times your annual benefits salary (whichever is less). (You may purchase AD&D coverage for yourself regardless of whether you purchase Life coverage.)
- Additional AD&D Insurance coverage for your spouse or domestic partner in increments of \$5,000, up to a maximum of \$375,000 or 50% of your coverage (whichever is less). Note: You must have additional employee AD&D coverage to elect this plan; and
- Additional AD&D Insurance coverage for your children up to age 26 in increments of \$2,000. Coverage for children is limited to a maximum of \$10,000 or 50% of your coverage (whichever is less). Note: You must have additional employee AD&D coverage to elect this plan.

EVIDENCE OF INSURABILITY (EOI)

EVIDENCE OF INSURABILITY

Proof showing you and/or your dependents are in good health.

Coverage is dependent upon The Standard approving your EOI.

As a new hire, you can elect up to the Guaranteed Issue (GI) without EOI. For additional employee life insurance, the GI is the lesser of \$200,000 or five times your benefit salary. For your spouse's life insurance, the GI is the lesser of \$25,000 or 50% of your additional employee life insurance. Amounts elected above the GI will require EOI (you will be enrolled in \$200,000 or \$25,000 until the EOI is approved).

If you have selected a coverage that requires evidence of insurability, you will be directed to The Standard's Electronic Evidence of Insurability tool (E-EOI) upon completion of your online benefits enrollment. A separate submission is required for each individual for which you have selected coverage that requires evidence of insurability.

Special note - Guaranteed Issue and Open Enrollment:

If you elect additional life insurance for yourself, spouse or dependent in an amount that is less than the GI when you are first eligible, you will still be eligible to elect up to the GI without EOI during a subsequent Open Enrollment period. All other rules apply.

Example: If you have previously enrolled in at least \$5,000 but less than \$25,000 of additional spouse life coverage (and you have enrolled in at least \$50,000 of additional employee life coverage), you will be able to enroll up to \$25,000 without EOI. Any amount over \$25,000 will require EOI.

When completing the coverage section of your submission you will be asked for Current amount in force, Additional Amount Requested and Total amount. These fields should be completed for your additional coverage only and should not include any Basic Life (unless you previously declined basic coverage in excess of \$50,000) or Accidental Death and Dismemberment you may have requested. Coverage will be effective on the approval date from The Standard and will not be retroactive if approved after January 1st.

To complete the E-EOI process please visit:
http://www.standard.com/mybenefits/mhs_ho.html.

Please note: If you prefer, you may also print your medical history statement from <http://www.standard.com/forms/ebid/mhonly>. Once completed, please scan and email to: MUSC@standard.com or mail to **The Standard Attn: Medical Underwriting 900 SW Fifth Avenue Portland, OR 97204**.

You have 60 days from your date of hire to complete your EOI. EOI received after this time period will not be processed.

AGE REDUCTION

Please note, as in the past, the GW Group Life Insurance and Accidental Death and Dismemberment Insurance policies (both basic and additional) include an age reduction clause. Your coverage continues; however, this means that the insurance coverage is reduced by certain percentages based on where you fall within the age bands. Please see the age reduction schedule below: As of January 1:

- If you are age 70-74, your coverage is reduced to 67% of the amount of coverage prior to age 70.
- If you are age 75-79, your coverage is reduced to 45% of the amount of coverage prior to age 70.
- If you are age 80-84, your coverage is reduced to 30% of the amount of coverage prior to age 70.
- If you are age 85 or older, your coverage is reduced to 20% of the amount of coverage prior to age 70.

For example: Salary: \$67,500
Date of birth: 6/22/1950

If you remain in an active employment status, in 2020, the year you turn 70, your coverage will reduce as follows. For Basic Life and AD&D: Round salary to \$68,000.

Age reduction occurs the first of the year following your birthday, therefore, on 1/1/2021, your coverage would reduce to \$45,560 (67% of your prior coverage). The \$45,560 would remain in effect until the first of the year following your 75th birthday (1/1/2026), and then reduce again per the following schedule if you are still active:

If age 75, $\$68,000 \times 45\% = \$30,600$
If age 80, $\$68,000 \times 30\% = \$20,400$
If age 85, $\$68,000 \times 20\% = \$13,600$

If you have spouse or dependent coverage, his/her coverage will be reduced based on your age as of January 1st. You can verify your coverage, your spouse, and/or dependent coverage by logging on to go.gwu.edu/easyenroll and reviewing your benefits confirmation statement.

And finally, please also note that upon retirement, a separate age reduction schedule applies as a retiree.

DESIGNATING YOUR BENEFICIARY

It is important to designate a beneficiary to receive your life insurance benefits.

To determine your benefits salary, please see page 7.

To review 2017 contribution rates for Life and AD&D Coverage, please refer to page 49.

DISABILITY INSURANCE OPTIONS

GW offers you disability insurance that can provide you with income in the event that you are ill or disabled and cannot work. Note: Employee must meet the definition of disability in order to qualify for benefits.

SHORT-TERM DISABILITY (STD) INSURANCE

The STD Program provides you income replacement if you are unable to work due to a non-occupational disability after a defined period of time, called the benefit waiting period (the benefit waiting period is included in the STD approval period). Your benefits will replace up to a percentage of your benefits eligible salary as provided in the group policy or program document.

GW offers three levels of coverage based on employment status and years of benefit eligible service:

1. EMPLOYEE PAID VOLUNTARY SHORT-TERM DISABILITY

- Part-Time - any years of benefit-eligible service
- Residents - any years of benefit-eligible service
- Full-Time Faculty and Staff - less than two years of benefit-eligible service

2. GW PAID SHORT-TERM DISABILITY (50%)

- Full-Time Staff Only - two years of benefit-eligible service but less than five

3. GW PAID SHORT-TERM DISABILITY (100%)

- Full-Time Faculty - two or more years of benefit-eligible service
- Full-Time Staff - five or more years of benefit-eligible service

| STAFF | ELIGIBLE FOR | BENEFIT | BENEFIT WAITING PERIOD (CALENDAR DAYS) | PAID BY |
|--|---|---|--|----------|
| Regular Part-Time Staff and Residents* (regardless of benefit eligible years of service) and Full-Time Staff with less than 2 years of benefit-eligible service | Voluntary Short-Term Disability (must elect) | 60% of income up to \$3,000 per week and up to 150 days | 30 days | Employee |
| Full-Time Staff with 2 years of benefit-eligible service but less than 5 | 50% income replacement Short-Term Disability Plan (automatically enrolled) | 50% of benefit salary up to 166 days | 14 days | GW |
| Full-Time Staff with 5 or more years of benefit-eligible service | 100% income replacement Short-Term Disability Plan (automatically enrolled) | 100% of benefit salary up to 166 days | 14 days | GW |

* Residents please refer to your manual for additional paid disability program offerings.

| FACULTY | ELIGIBLE FOR | BENEFIT | BENEFIT WAITING PERIOD (CALENDAR DAYS) | PAID BY |
|---|---|---|--|----------|
| Regular Part-Time Faculty (regardless of benefit-eligible years of service) and Full-Time Faculty with less than 2 years of benefit-eligible service | Voluntary Short-Term Disability (must elect) | 60% of income up to \$3,000 per week up to 150 days | 30 days | Employee |
| Full-Time Faculty with two or more years of benefit-eligible service | 100% income replacement Short-Term Disability Plan (automatically enrolled) | 100% of benefit salary up to 166 days | 14 days | GW |

For information on, filing a claim for STD and more, please visit <https://benefits.gwu.edu>.

If you choose not to enroll in Voluntary Short-Term Disability during your new hire enrollment period but enroll at a later time, you will be required to provide EOI. Coverage is dependent upon The Standard approving your EOI.

Residents please refer to your manual for paid disability program offerings.

LONG-TERM DISABILITY (LTD) INSURANCE

BASIC LTD

All full-time faculty and full-time staff receive basic LTD insurance after one year of employment (pre-existing conditions apply). The basic coverage provides you with 60% of your monthly benefits salary, up to a maximum of \$10,000 per month, after 180 days of disability. Your benefit may be reduced if you receive Social Security or other income supplements while you are disabled.

The maximum duration of your benefit is determined by your age when you start receiving benefits.

If you have been on long-term disability for more than two years, you will be considered disabled if you are unable to perform any gainful occupation for which you are reasonably fitted by education, training or experience.

LTD BUY-UP OPTION

You have the option, as a full-time faculty member or full-time staff member, to elect a higher level of LTD coverage, known as the "Buy-Up" option. If you elect this option, your coverage provides you with $66\frac{2}{3}\%$ of your monthly benefits salary, up to a maximum of \$12,000 per month, after 180 days of disability.

To review 2017 contribution rates for Short-Term Disability and Long-Term Disability, please refer to page 50.

LEGAL RESOURCES® PLAN

The Group Legal program, provided by the Legal Resources® Plan, is designed to give you access to professional attorneys and provide protection against high legal fees. Accessing the services provided under this plan are convenient because you have a group of over 11,000 attorneys nationwide available to help you with your legal needs.

Please note: Legal Resources® will choose a law firm from the Legal Resources® network closest to your home zip code. This exclusive network is made up of highly qualified law firms. Once your plan becomes effective, you may then call your law firm directly with your legal need. If you would like to change your law firm, call **(800) 728-5768**.

You pay for coverage under this plan with after-tax contributions that you make through payroll contributions.

If you enroll for this benefit, you, your spouse/domestic partner and your dependent children will have access to a broad range of legal services covered under the monthly fee. The following services are examples of legal matters covered at 100%:

- Contract/document review of personal legal documents;
- General consultation and advice;
- Will preparation, review and updates;
- Uncontested domestic adoptions;
- Real estate - buying or selling a home;
- Traffic violations;
- Elder law;
- Consumer relations and credit protection;
- Landlord/tenant issues;
- Divorce (uncontested) and legal separation;
- Civil actions as the plaintiff or defendant in District Court; and
- Refinancing

Any legal matter not fully covered will be at a 25% attorney fee discount with one hour of free consultation. The following services are examples of legal matters provided at a 25% attorney fee discount:

- Child support;
- Personal injury;
- Contested family law issues;
- Tax issues/IRS issues
- Small business matters;
- Immigration; and
- Bankruptcy
- Pre-existing legal matters*

To enroll in the Legal Resources® Plan, visit the EasyEnroll website at go.gwu.edu/openenrollment.

For more information and to identify network providers on the Legal Resources® Plan visit their website at www.legalresources.com.

NOTE:

You may not cancel your membership in the plan until you've participated for at least 12 months.

* The matter requiring legal services originated prior to the coverage effective date and involved either:

1. The commencement of any legal action or legal proceeding by or against Primary Member including the issuance of a summons;
2. The prior retention by Primary Member of the services of another attorney or mediator;
3. The signing of a real estate contract or separation agreement prior to membership.

SUPPORTING EMPLOYEE WELLBEING

We take great pride in creating a supportive work environment and understand that faculty and staff are our greatest asset. Our mission is to promote faculty and staff wellbeing by providing programs, policies and resources to create a strong and healthy workforce.

WELLBEING HOTLINE

Our Wellbeing Hotline is a one-stop-shop for help with personal issues, planning for life events or simply managing daily life. Below are just some of the many services provided through the Wellbeing Hotline:

WORK-LIFE SOLUTIONS - DELEGATE YOUR "TO-DO" LIST

Our work-life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

CONFIDENTIAL COUNSELING - SOMEONE TO TALK TO

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by highly trained master's and doctoral-level clinicians who will listen to your concerns and quickly refer you to

in-person, phone or televideo counseling for:

- Stress, anxiety and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

FINANCIAL AND LEGAL RESOURCES - DISCOVER YOUR BEST OPTIONS

You and members of your household have access to legal, financial and identity theft professionals who can help resolve issues and concerns that may arise in your life.

To take advantage of these programs call 1-866-522-8509 anytime, 24/7, for expert guidance and support that's free and confidential or visit go.gwu.edu/well.

TIP: When you get regular exercise, eat healthy, drink plenty of water and avoid smoking or drinking too much alcohol, you're boosting both your health and cutting your risk of future health problems and costs. While tackling all of these at once could be difficult, taking the first step toward improving your health might be easier than you think. Visit Human Resources' website to learn more about programs and resources GW provides to help you increase your wellbeing: <https://hr.gwu.edu/health-wellness>

WELLNESS BENEFITS

GW provides many resources to faculty and staff. In addition to the traditional health and welfare benefits, GW also offers employees resources to help you and your family members balance your work and personal life.

These three services are available 24/7 by phone or web, are completely confidential, and are free to you as an employee.

HEALTH ADVOCATE

GET PERSONALIZED HELP THROUGH THE HEALTHCARE MAZE

Health Advocate, the nation's leading independent healthcare advocacy and assistance company, is a special benefit paid for by GW that can help you personally resolve your healthcare and insurance issues, promptly and reliably. Health Advocate is designed to help cut through the barriers that often create frustration and problems.

HEALTH ADVOCATE CAN HELP YOU:

- Find doctors, specialists, hospitals and treatments centers;
- Clarify insurance plan(s) and help you decide which plan is right for you;
- Untangle medical bills, uncover errors and negotiate fees;
- Help estimate costs for medical procedures;
- Locate eldercare and caregiver support resources;
- Research and explain conditions and treatment options;
- And more.

Call **(866) 695-8622** to speak with someone at Health Advocate. You are automatically enrolled. Your assigned Personal Health Advocate (PHA) begins the process of working on your issue, no matter how long it takes. Your PHA is available for follow-up needs.

You do not need to participate in a GW medical plan to be eligible.

Health Advocate does not replace your health insurance or the health plan's customer service line. It is meant to supplement your basic health coverage by providing a range of services to smoothly facilitate your interaction with healthcare providers and insurers.

HEALTH ADVOCATE CAN HELP YOUR EXTENDED FAMILY TOO!

Health Advocate is available to you, your spouse/domestic partner, dependents, parents and even your spouse's or domestic partner's parents at no cost to you!

REMEMBER! Health Advocate is confidential, unbiased and objective. For more information, please visit <http://healthadvocate.com/gwu>.

SMOKING CESSATION PROGRAM

We know it's not easy to quit, but we will give you the support you need. All faculty, staff and members of their households are eligible to participate in GW's smoking cessation program, Quit for Life, in partnership with the American Cancer Society® and Alere Wellbeing. Participants will have access to an integrated mix of medication support, phone-based coaching, text messaging and web-based learning. The program is 100% paid for by GW.

For additional details, please visit <http://smokefree.gwu.edu>.

HEALTHY PREGNANCY

If you are pregnant and you participate in GW's health insurance plan, we encourage you to sign up for GW's Healthy Pregnancy Program. By participating in this program you will have 24-hour access to experienced nurses, one-on-one support throughout your pregnancy and the opportunity to earn up to \$250 in cash, plus free gifts and valuable resources. The program is also open to your spouse, partner or dependent if they are on GW's health plan.

To participate in GW's Healthy Pregnancy Program, please visit go.gwu.edu/pregnancy or call **1 (888) 246-7389**.

WORK-LIFE BENEFITS

BACK-UP FAMILY CARE

GW is proud to offer a comprehensive program that provides a temporary solution for the care of your loved ones, giving you peace of mind while you work. GW's Backup Family Care program through CCLC has been tailored to meet the unique needs of working families when your usual family care arrangements are disrupted. CCLC provides access to a network of highly trained and experienced in-home care providers, select CCLC centers and more than 1,600 KinderCare community-based, early learning centers. Faculty and staff have up to five days per year of backup care for children, adults and elders. To access this benefit, call **(877) 914-7683** or visit www.cclc.com/gwu.

PAID PARENTAL LEAVE

GW offers Paid Parental Leave for all regular, full-time staff with at least two years of continuous benefits-eligible service. Under this leave program, eligible staff will receive six weeks of continuous paid leave following the birth or adoption of a child. While on paid parental leave, employees continue to receive the same university benefits as when actively working. For more details, please visit: <https://hr.gwu.edu/paid-parental-leave>. Regular faculty should refer to Parental Childcare Leave in the Faculty Code.

GW CHILDCARE OPTIONS

Finding the right care for your child can be challenging. With a number of different options and so many things to consider, the decision can feel overwhelming.

GW provides a variety of benefits to help you meet both your short-term and long-term child care needs. For additional information visit <https://hr.gwu.edu/child-care>.

TUITION REMISSION

As a GW employee, you're eligible for a tuition remission benefit that can help you, your spouse/domestic partner, and/or your dependents pay for tuition to GW classes.

| EMPLOYEE TYPE | EMPLOYEE ELIGIBILITY | EMPLOYEE BENEFIT* | SPOUSE/ DOMESTIC PARTNER/ DEPENDENT ELIGIBILITY | SPOUSE/DOMESTIC PARTNER/DEPENDENT BENEFIT* |
|---|---|---|---|---|
| FULL-TIME STAFF | First semester following 180 days of employment | 90% of: 6 spring credits, 6 summer credits, and 6 fall credits | Same as employee | Spouse/Domestic Partner: Within first five years of employment - 48% More than five years of employment - 71% Dependent: <1 yr/service - 47% 1 yr/service - 57% 2 yr/service - 67% 3 yr/service - 77% ≥4 yr/service - 87% |
| FULL-TIME FACULTY, MEDICAL RESIDENT, EXECUTIVE STAFF | First semester coinciding or following the appointment date | | First semester following 90 days of employment | |
| RESEARCH STAFF | | | | |
| PART-TIME STAFF | First semester following 180 days of employment | 90% of: 3 spring credits, 3 summer credits, and 3 fall credits | Same as employee | Spouse/Domestic Partner: Within first five years of employment - 24% More than five years of employment - 35.5% Dependent: <1 yr/service - 23.5% 1 yr/service - 28.5% 2 yr/service - 33.5% 3 yr/service - 38.5% ≥4 yr/service - 43.5% |

* Not to exceed the current Columbian College of Arts and Sciences (CCAS) tuition rate. To view the tuition policy, visit <http://benefits.gwu.edu>.

TAX IMPLICATIONS

The value of tuition remission benefits may be considered taxable income. Any taxable portion will be included in your compensation through payroll during the semester in which the courses are taken.

If you have questions about how tuition remission benefits may impact your tax situation, contact the GW Benefits Administration Department at (571) 553-8382.

TRANSPORTATION BENEFITS

PRE-TAX TRANSPORTATION BENEFIT

SmartBenefits allow you to set aside pre-tax dollars from your paycheck each month to be credited to your WMATA SmarTrip card, which can be used to pay for Metrorail, Metrobus and Metro parking. You may elect payroll deductions in increments of \$10 with a minimum of \$40 up to the current maximum per month of \$225 Transit and \$110 Metro Parking.

Non-Metro (DC) Transit

You can still participate in the SmartBenefits program and take advantage of pre-tax savings if you use area providers that do not currently accept the SmarTrip card. You may allocate your SmartBenefits to a personal account through Commuter Direct or Maryland Transit Authority (MTA) for providers such as MetroAccess, Virginia Railway Express (VRE), MARC Train Service and MTA Commuter buses (Eyre, Dillon's, & Keller). You are responsible for contacting the provider to set up this form of transit. To learn more about how to allocate funds to another provider, visit the WMATA Employer Fare Program (SmartBenefits) site at http://www.wmata.com/business/employer_fare_program/vanpool_transit.cfm.

PAYFLEX-OFF CAMPUS AND OCCASIONAL ON-CAMPUS PARKING

The university offers all benefit eligible employees a pre-tax deduction for parking expenses up to the IRS limit of \$255 per month. You may elect an amount based on your estimated monthly parking expenses by going to go.gwu.edu/easyenroll. Once funds have been deducted from your paycheck, you can then go to www.payflex.com to claim a reimbursement for accrued funds.

For questions regarding the SmartBenefits or PayFlex Parking Reimbursement Program, including Participation Deadlines and reimbursement procedures, please contact Payroll Services at (571) 553-8508.

PLEASE NOTE: Contact Parking Services for pre-tax on-campus parking benefit at (202) 994-PARK (7275). You can also visit <https://transportation.gwu.edu/welcome-parking-gwu>.

RETIREMENT BENEFITS

The university provides you several options to save for your retirement, giving you control over how you direct your investments and save for your future.

You can access your retirement accounts(s) online at www.NetBenefits.com/GW (account management, Fidelity balances) or www.tiaa.org/gwu (TIAA balances), or by calling Fidelity Investments at (800) 343-0860 or TIAA at (800) 842-2776.

403(B) PLAN (SUPPLEMENTAL RETIREMENT PLAN)

Eligible employees may begin contributions to the George Washington University 403(b) Supplemental Plan at any time. The Plan allows you to make pre-tax and/or post-tax Roth contributions toward your retirement. IRS regulations limit your total annual contributions to the 403(b) Plan.

401(A) PLAN (BASE AND MATCHING CONTRIBUTIONS)

GW employees who have completed two years of service* at GW are automatically enrolled in the George Washington University 401(a) Retirement Plan for Faculty and Staff. Once you are enrolled, GW contributes 4% of your eligible salary to an account on your behalf.

*Prior employment at a college or university may be considered for meeting the two-year waiting period. Please see the Prior Employment Verification Form at <https://benefits@gwu.edu> for details.

If you are eligible for the 401(a) Plan and participating in the 403(b) Plan, you are eligible to receive a matching contribution from the university. Each year, GW will match 150% of the first 4% of your eligible compensation contributed to the 403(b) Plan. The total match cannot exceed 6% of your eligible annual compensation.

IMPORTANT!

You need to decide how you want to invest your contributions and the university base and match contributions, if eligible. Please visit www.NetBenefits.com/GW to enroll in the 403(b) Plan, change your 403(b) payroll contribution percentage, change your investment provider or manage your Fidelity investment elections. To manage your TIAA investment elections, visit www.tiaa.org/gwu.

CONTRIBUTION RATES

The charts below summarize your contribution rates for coverage in 2017.

UHC Medical Coverage 2017 Full-Time with Benefits Salary ≤\$35,000

| Monthly | | Bi-weekly | | Paid over 9 Months Monthly Contributions | |
|------------------------|------------------|------------------------|------------------|---|------------------|
| Employee Contributions | GW Contributions | Employee Contributions | GW Contributions | Employee Contributions | GW Contributions |

GW Health Savings Plan (HSP)

| | | | | | | |
|----------------|----------|------------|---------|----------|----------|------------|
| EE | \$15.00 | \$458.67 | \$6.92 | \$211.69 | \$20.00 | \$611.56 |
| EE+SP/DP | \$84.00 | \$910.71 | \$38.77 | \$420.33 | \$112.00 | \$1,214.28 |
| EE+ Child(ren) | \$63.00 | \$813.29 | \$29.08 | \$375.36 | \$84.00 | \$1,084.39 |
| Family | \$142.00 | \$1,326.38 | \$65.54 | \$612.18 | \$189.33 | \$1,768.51 |

GW PPO

| | | | | | | |
|----------------|----------|------------|----------|----------|----------|------------|
| EE | \$39.60 | \$490.16 | \$18.28 | \$226.23 | \$52.80 | \$653.55 |
| EE+SP/DP | \$254.10 | \$858.40 | \$117.28 | \$396.18 | \$338.80 | \$1,144.53 |
| EE+ Child(ren) | \$213.40 | \$766.66 | \$98.49 | \$353.84 | \$284.53 | \$1,022.21 |
| Family | \$407.00 | \$1,235.26 | \$187.85 | \$570.12 | \$542.67 | \$1,647.01 |

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact the Benefits Administration Department as these contributions differ from those presented above.

UHC Medical Coverage

2017 Full-Time with Benefits Salary \$35,000.01 - \$60,000

| Monthly | | Bi-weekly | | Paid over 9 Months Monthly Contributions | |
|------------------------|------------------|------------------------|------------------|--|------------------|
| Employee Contributions | GW Contributions | Employee Contributions | GW Contributions | Jan-May and Sept-Dec | GW Contributions |

GW Health Savings Plan (HSP)

| | | | | | | |
|----------------|----------|------------|----------|----------|----------|------------|
| EE | \$60.00 | \$413.67 | \$27.69 | \$190.92 | \$80.00 | \$551.56 |
| EE+SP/DP | \$174.00 | \$820.71 | \$80.31 | \$378.79 | \$232.00 | \$1,094.28 |
| EE+ Child(ren) | \$153.00 | \$723.29 | \$70.62 | \$333.83 | \$204.00 | \$964.39 |
| Family | \$258.00 | \$1,210.38 | \$119.08 | \$558.64 | \$344.00 | \$1,613.84 |

GW PPO

| | | | | | | |
|----------------|----------|------------|----------|----------|----------|------------|
| EE | \$116.60 | \$413.16 | \$53.82 | \$190.69 | \$155.47 | \$550.88 |
| EE+SP/DP | \$353.10 | \$759.40 | \$162.97 | \$350.49 | \$470.80 | \$1,012.53 |
| EE+ Child(ren) | \$312.40 | \$667.66 | \$144.18 | \$308.15 | \$416.53 | \$890.21 |
| Family | \$534.60 | \$1,107.66 | \$246.74 | \$511.23 | \$712.80 | \$1,476.88 |

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact the Benefits Administration Department as these contributions differ from those presented above.

UHC Medical Coverage

2017 Full-Time with Benefits Salary \$60,000.01 - \$120,000

| Monthly | | Bi-weekly | | Paid over 9 Months Monthly Contributions | |
|------------------------|------------------|------------------------|------------------|--|------------------|
| Employee Contributions | GW Contributions | Employee Contributions | GW Contributions | Jan-May and Sept-Dec | GW Contributions |

GW Health Savings Plan (HSP)

| | | | | | | |
|----------------|-----------------|------------|-----------------|----------|-----------------|------------|
| EE | \$60.00 | \$413.67 | \$27.69 | \$190.92 | \$80.00 | \$551.56 |
| EE+SP/DP | \$174.00 | \$820.71 | \$80.31 | \$378.79 | \$232.00 | \$1,094.28 |
| EE+ Child(ren) | \$153.00 | \$723.29 | \$70.62 | \$333.83 | \$204.00 | \$964.39 |
| Family | \$258.00 | \$1,210.38 | \$119.08 | \$558.64 | \$344.00 | \$1,613.84 |

GW PPO

| | | | | | | |
|----------------|-----------------|------------|-----------------|----------|-----------------|------------|
| EE | \$116.60 | \$413.16 | \$53.82 | \$190.69 | \$155.47 | \$550.88 |
| EE+SP/DP | \$353.10 | \$759.40 | \$162.97 | \$350.49 | \$470.80 | \$1,012.53 |
| EE+ Child(ren) | \$312.40 | \$667.66 | \$144.18 | \$308.15 | \$416.53 | \$890.21 |
| Family | \$534.60 | \$1,107.66 | \$246.74 | \$511.23 | \$712.80 | \$1,476.88 |

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact the Benefits Administration Department as these contributions differ from those presented above.

UHC Medical Coverage

2017 Full-Time with Benefits Salary \$120,000.01 - \$180,000

| Monthly | | Bi-weekly | | Paid over 9 Months Monthly Contributions | |
|------------------------|------------------|------------------------|------------------|--|------------------|
| Employee Contributions | GW Contributions | Employee Contributions | GW Contributions | Jan-May and Sept-Dec | GW Contributions |

GW Health Savings Plan (HSP)

| | | | | | | |
|----------------|-----------------|------------|-----------------|----------|-----------------|------------|
| EE | \$67.00 | \$406.67 | \$30.92 | \$187.69 | \$89.33 | \$542.23 |
| EE+SP/DP | \$194.00 | \$800.71 | \$89.54 | \$369.56 | \$258.67 | \$1,067.61 |
| EE+ Child(ren) | \$171.00 | \$705.29 | \$78.92 | \$325.52 | \$228.00 | \$940.39 |
| Family | \$288.00 | \$1,180.38 | \$132.92 | \$544.79 | \$384.00 | \$1,573.84 |

GW PPO

| | | | | | | |
|----------------|-----------------|------------|-----------------|----------|-----------------|------------|
| EE | \$129.80 | \$399.96 | \$59.91 | \$184.60 | \$173.07 | \$533.28 |
| EE+SP/DP | \$394.90 | \$717.60 | \$182.26 | \$331.20 | \$526.53 | \$956.80 |
| EE+ Child(ren) | \$348.70 | \$631.36 | \$160.94 | \$291.40 | \$464.93 | \$841.81 |
| Family | \$597.30 | \$1,044.96 | \$275.68 | \$482.29 | \$796.40 | \$1,393.28 |

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact the Benefits Administration Department as these contributions differ from those presented above.

UHC Medical Coverage

2017 Full-Time with Benefits Salary \$180,000.01 - \$240,000

| Monthly | | Bi-weekly | | Paid over 9 Months Monthly Contributions | |
|------------------------|------------------|------------------------|------------------|--|------------------|
| Employee Contributions | GW Contributions | Employee Contributions | GW Contributions | Jan-May and Sept-Dec | GW Contributions |

GW Health Savings Plan (HSP)

| | | | | | | |
|----------------|-----------------|------------|-----------------|----------|-----------------|------------|
| EE | \$70.00 | \$403.67 | \$32.31 | \$186.31 | \$93.33 | \$538.23 |
| EE+SP/DP | \$203.00 | \$791.71 | \$93.69 | \$365.40 | \$270.67 | \$1,055.61 |
| EE+ Child(ren) | \$179.00 | \$697.29 | \$82.62 | \$321.83 | \$238.67 | \$929.72 |
| Family | \$300.00 | \$1,168.38 | \$138.46 | \$539.25 | \$400.00 | \$1,557.84 |

GW PPO

| | | | | | | |
|----------------|-----------------|------------|-----------------|----------|-----------------|------------|
| EE | \$136.40 | \$393.36 | \$62.95 | \$181.55 | \$181.87 | \$524.48 |
| EE+SP/DP | \$411.40 | \$701.10 | \$189.88 | \$323.58 | \$548.53 | \$934.80 |
| EE+ Child(ren) | \$364.10 | \$615.96 | \$168.05 | \$284.29 | \$485.47 | \$821.28 |
| Family | \$622.60 | \$1,019.66 | \$287.35 | \$470.61 | \$830.13 | \$1,359.55 |

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact the Benefits Administration Department as these contributions differ from those presented above.

UHC Medical Coverage

2017 Full-Time with Benefits Salary >\$240,000

| Monthly | | Bi-weekly | | Paid over 9 Months Monthly Contributions | |
|------------------------|------------------|------------------------|------------------|--|------------------|
| Employee Contributions | GW Contributions | Employee Contributions | GW Contributions | Jan-May and Sept-Dec | GW Contributions |

GW Health Savings Plan (HSP)

| | | | | | | |
|----------------|----------|------------|----------|----------|----------|------------|
| EE | \$73.00 | \$400.67 | \$33.69 | \$184.92 | \$97.33 | \$534.23 |
| EE+SP/DP | \$211.00 | \$783.71 | \$97.38 | \$361.71 | \$281.33 | \$1,044.95 |
| EE+ Child(ren) | \$186.00 | \$690.29 | \$85.85 | \$318.60 | \$248.00 | \$920.39 |
| Family | \$313.00 | \$1,155.38 | \$144.46 | \$533.25 | \$417.33 | \$1,540.51 |

GW PPO

| | | | | | | |
|----------------|----------|----------|----------|----------|----------|------------|
| EE | \$141.90 | \$387.86 | \$65.49 | \$179.01 | \$189.20 | \$517.15 |
| EE+SP/DP | \$429.00 | \$683.50 | \$198.00 | \$315.46 | \$572.00 | \$911.33 |
| EE+ Child(ren) | \$379.50 | \$600.56 | \$175.15 | \$277.18 | \$506.00 | \$800.75 |
| Family | \$649.00 | \$993.26 | \$299.54 | \$458.43 | \$865.33 | \$1,324.35 |

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact the Benefits Administration Department as these contributions differ from those presented above.

UHC Medical Coverage 2017 Part-Time

| Monthly | | Bi-weekly | | Paid over 9 Months Monthly Contributions | |
|------------------------|------------------|------------------------|------------------|---|------------------|
| Employee Contributions | GW Contributions | Employee Contributions | GW Contributions | Jan-May and Sept-Dec | GW Contributions |

GW Health Savings Plan (HSP)

| | | | | | | |
|----------------|-----------------|----------|-----------------|----------|-----------------|----------|
| EE | \$93.00 | \$380.67 | \$42.92 | \$175.69 | \$124.00 | \$507.56 |
| EE+SP/DP | \$497.00 | \$497.71 | \$229.38 | \$229.71 | \$662.67 | \$663.61 |
| EE+ Child(ren) | \$438.00 | \$438.29 | \$202.15 | \$202.29 | \$584.00 | \$584.39 |
| Family | \$734.00 | \$734.38 | \$338.77 | \$338.94 | \$978.67 | \$979.17 |

GW PPO

| | | | | | | |
|----------------|-----------------|----------|-----------------|----------|-------------------|------------|
| EE | \$233.20 | \$296.56 | \$107.63 | \$136.87 | \$310.93 | \$395.41 |
| EE+SP/DP | \$585.20 | \$527.30 | \$270.09 | \$243.37 | \$780.27 | \$703.07 |
| EE+ Child(ren) | \$515.90 | \$464.16 | \$238.11 | \$214.23 | \$687.87 | \$618.88 |
| Family | \$863.50 | \$778.76 | \$398.54 | \$359.43 | \$1,151.33 | \$1,038.35 |

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For EIU Local 32 employee contributions, please contact the Benefits Administration Department as these contributions differ from those presented above.

Dental Coverage

Full-Time and Part-Time

| Coverage Categories | Monthly (Paid over 12 months) | Biweekly | Paid over 9 Months Monthly Contributions |
|--------------------------|-------------------------------|----------|--|
| DMO | | | |
| Employee Only | \$21.64 | \$9.99 | \$28.85 |
| Employee + One | \$49.45 | \$22.82 | \$65.93 |
| Employee + Family | \$59.84 | \$27.62 | \$79.79 |
| High PPO | | | |
| Employee Only | \$53.05 | \$24.48 | \$70.73 |
| Employee + One Dependent | \$115.04 | \$53.10 | \$153.39 |
| Employee + Family | \$139.20 | \$64.25 | \$185.60 |
| Low PPO | | | |
| Employee Only | \$31.74 | \$14.65 | \$42.32 |
| Employee + One Dependent | \$67.44 | \$31.13 | \$89.92 |
| Employee + Family | \$81.64 | \$37.68 | \$108.85 |

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

UHC Vision Coverage

Full-Time and Part-Time

| | Monthly (Paid over 12 months) | Biweekly | Paid over 9 Months Monthly Contributions |
|--|-------------------------------|----------|--|
|--|-------------------------------|----------|--|

Basic

| | | | |
|-------------------|---------|--------|---------|
| Employee Only | \$4.99 | \$2.30 | \$6.65 |
| Employee + One | \$9.24 | \$4.26 | \$12.32 |
| Employee + Family | \$14.73 | \$6.80 | \$19.64 |

Enhanced

| | | | |
|--------------------------|---------|--------|---------|
| Employee Only | \$7.24 | \$3.34 | \$9.65 |
| Employee + One Dependent | \$13.40 | \$6.18 | \$17.87 |
| Employee + Family | \$21.36 | \$9.86 | \$28.48 |

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

2017 Life and AD&D Rates

| Additional Child Life | Monthly Rate per \$1,000 of coverage |
|-----------------------|--------------------------------------|
|-----------------------|--------------------------------------|

| | |
|------------|---------|
| Flat Rate* | \$0.103 |
|------------|---------|

| Additional Employee and Spouse Life** | Monthly Rate per \$1,000 of coverage |
|---------------------------------------|--------------------------------------|
|---------------------------------------|--------------------------------------|

| | |
|--------------------|--------|
| age 19 and younger | \$0.05 |
|--------------------|--------|

| | |
|--------------|--------|
| ages 20 - 24 | \$0.05 |
|--------------|--------|

| | |
|--------------|--------|
| ages 25 - 29 | \$0.06 |
|--------------|--------|

| | |
|--------------|--------|
| ages 30 - 34 | \$0.08 |
|--------------|--------|

| | |
|--------------|--------|
| ages 35 - 39 | \$0.09 |
|--------------|--------|

| | |
|--------------|--------|
| ages 40 - 44 | \$0.12 |
|--------------|--------|

| | |
|--------------|--------|
| ages 45 - 49 | \$0.22 |
|--------------|--------|

| | |
|--------------|--------|
| ages 50 - 54 | \$0.39 |
|--------------|--------|

| | |
|--------------|--------|
| ages 55 - 59 | \$0.66 |
|--------------|--------|

| | |
|-------------|--------|
| ages 60- 64 | \$0.90 |
|-------------|--------|

| | |
|--------------|--------|
| ages 65 - 69 | \$1.62 |
|--------------|--------|

| | |
|--------------|--------|
| ages 70 - 74 | \$2.15 |
|--------------|--------|

| | |
|------------------|--------|
| age 75 and older | \$2.44 |
|------------------|--------|

| Additional Employee AD&D | Monthly Rate per \$1,000 of coverage |
|--------------------------|--------------------------------------|
|--------------------------|--------------------------------------|

| |
|---------|
| \$0.035 |
|---------|

| Additional Spouse AD&D | Monthly Rate per \$1,000 of coverage |
|------------------------|--------------------------------------|
|------------------------|--------------------------------------|

| |
|---------|
| \$0.035 |
|---------|

| Additional Child AD&D | Monthly Rate per \$1,000 of coverage |
|-----------------------|--------------------------------------|
|-----------------------|--------------------------------------|

| |
|---------|
| \$0.035 |
|---------|

* The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

** NOTE: For additional life, the rate will increase as the covered participant ages and moves to the next age band. This will occur on January 1st following the covered participant's birthdate.

2017 Long-Term Disability and Short-Term Disability Rates*

| Short-Term voluntary Disability (<i>employee Paid</i>) | Rates |
|--|----------|
| ages 15 - 24 | \$0.0204 |
| ages 25 - 29 | \$0.0246 |
| ages 30 - 34 | \$0.0204 |
| ages 35 - 39 | \$0.0183 |
| ages 40 - 44 | \$0.0190 |
| ages 45 - 49 | \$0.0211 |
| ages 50 - 54 | \$0.0261 |
| ages 55 - 59 | \$0.0324 |
| ages 60 - 64 | \$0.0387 |
| ages 65 - 69 | \$0.0408 |
| age 70 and over | \$0.0408 |

* NOTE: For short-term voluntary disability, the rate will increase as the covered participant ages and moves to the next age band.

This will occur on January 1st following the covered participant's birthdate.

Calculate your monthly cost:

1. Determine your weekly benefit if disabled: $\frac{\text{Annual benefits salary}}{52} \times .60$
2. Take your weekly benefit times your age band rate. (If Weekly Benefit is over \$3,000, use \$3,000.)

Sample Calculation for 35-year-old earning \$40,000 a year:

1. $\frac{\$40,000}{52} \times .60 = \461.54
2. $\$461.54 \times .0183 = \8.45

| Long-Term Disability | Rate |
|----------------------|--------|
| Buy-Up Benefit | 0.066% |

To calculate your monthly cost:

1. Determine your monthly covered payroll: $\frac{\text{Annual benefits salary}}{12}$
2. Take your monthly covered payroll times 0.00066. (If Monthly Payroll is over \$18,000, use \$18,000.)

Sample Calculation for someone earning \$45,000 a year:

1. $\frac{\$45,000}{12} = \$3,750.00$
2. $\$3,750.00 \times 0.00066 = \2.48

Note: Your rate will increase as you age and move to the next age band. This will occur on January 1st following your birthdate.

IMPORTANT CONTACT INFORMATION

| Who to Call | Contact Information | Plan Information (if applicable) |
|--|---|---|
| Medical | | |
| UnitedHealthcare (Customer Service & Nurseline) | (877) 706-1739 • www.myuhc.com Nurseline: (800) 846-4678 | Group# 730193 |
| Dental | | |
| Aetna | (877) 238-6200 • www.aetna.com | Group# 622758 |
| Prescription Drug | | |
| CVS Caremark | (877) 357-4032 • www.caremark.com FastStart for maintenance prescriptions (800) 875-0867 | Group# RX6475 |
| Health Savings Account | | |
| PayFlex | (800) 284-4885 • https://www.payflex.com Toll Free Fax: (855) 703-5305 | |
| Flexible Spending Accounts | | |
| PayFlex | (800) 284-4885 • www.payflex.com Claims Fax: (402) 231-4310 | |
| Vision | | |
| UnitedHealthcare Vision | Customer Service: (800) 638-3120 Provider Locator: (800) 839-3242 www.myuhcvision.com | |
| Retirement Plans | | |
| | www.MyRetirementPlan.gwu.edu | |
| Fidelity Investments | (800) 343-0860 • www.NETBENEFITS.com/GW | |
| TIAA-CREF | (800) 842-2776 • www.tiaa.org/gwu | |
| Short-Term and Long-Term Disability; AD&D; Life Insurance | | |
| The Standard | (855) 554-2918 www.standard.com Electronic EOI: http://www.standard.com/mybenefits/mhs_ho.html | VSTD /LTD/Life and AD&D Plan Number: 649377 GW Paid STD Plan Number: 649391 |
| Voluntary Legal Services | | |
| Legal Resources® Plan | (800) 728-5768 • www.legalresources.com | |
| Work-Life and Wellness Benefits | | |
| Wellbeing Hotline | go.gwu.edu/well | |
| Health Advocate | (866) 695-8622 • Healthadvocate.com/gwu | |
| CCLC Back-up Care | (877) 914-7683 • www.cclc.com/gwu | |
| Quit for Life Smoking Cessation | (866) QUIT-4-LIFE • www.quitnow.net | |

IMPORTANT CONTACT INFORMATION

| Who to Call | Contact Information |
|---|--|
| GW Departments | |
| Benefits Call Center (Health & Welfare Benefits and Enrollment Inquiries) | (888) 4GWUBEN (449-8236) |
| Benefits Administration Department | (571) 553-8382 • https://benefits.gwu.edu |
| Payroll (Pre-tax Transportation and Parking Benefits) | (571) 553-8508 • https://payroll.gwu.edu |
| Faculty and Staff Service Center | (202) 994-8500 • Rice Hall, 2121 Eye Street, NW, Suite 101, Washington, DC 20052 |

COBRA

Under certain circumstances, you and your enrolled dependents have the right to continue coverage under the medical and dental plans, as well as the healthcare flex account, beyond the time coverage would have ordinarily ended. You may elect continuation of coverage for yourself and your dependents if you lose coverage under the plan because of one of the following qualifying events:

- Termination (for reasons other than gross conduct)
- Reduction in employment hours
- Retirement
- You become entitled to Medicare
 - * If you separate from the George Washington University, a COBRA election packet will be automatically mailed to your home address by our COBRA administrator, PayFlex.

In addition, continuation of coverage may be available to your eligible dependents if:

- You die
- You and your spouse divorce or separate
- A covered child ceases to be an eligible dependent
- You become entitled to Medicare

To apply for COBRA coverage, you or a dependent must contact the Benefits Administration Department within 60 days of a qualifying life event. You and/or your dependents must pay the full cost of COBRA coverage. Under the law, COBRA must be offered to eligible individuals at group rates. These rates are subject to change annually, based on plan experience.

NEWBORNS AND MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurance issuers offering group insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth, for the mother of newborn child, to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of the above periods.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Group health plans that cover mastectomies must cover post-mastectomy reconstructive breast surgery. Specifically, health plans must cover:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis and physical complications of all stages of mastectomy, including lymphedema.

Benefits required by law will be provided in consultation between the patient and attending physician. These benefits are subject to the health plan's regular plan provisions and benefits.

HIPAA SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan in the following circumstances:

- If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage);
- If you or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage. However, you must request enrollment within 60 days after the loss of such coverage; or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 60 days after you or your dependents become eligible for such assistance.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact the Benefits Administration Department.

PROTECTING PREGNANT WORKERS FAIRNESS ACT

The Protecting Pregnant Workers Fairness Act of 2014 (PPWFA) requires District of Columbia employers to provide reasonable workplace accommodations for employees whose ability to perform job duties is limited because of pregnancy, childbirth, breastfeeding or a related medical condition. Typical reasonable accommodations can include but are not limited to: more frequent breaks; time off to recover from childbirth; exempt from heavy lifting; providing private (non-bathroom) space for expressing breast milk; temporarily restructuring the employee's position to provide light duty or a modified work schedule. For questions or to request a reasonable accommodation please contact the Office of Equal Employment Opportunity at eeo@gwu.edu or at **202-994-9656**.

This Benefits Guide is not a contract. Its purpose is to provide summary information about your benefits. It does not fully describe each benefit. Please refer to the Summary Plan Descriptions and the material that is provided by the insurance carriers for the details of each benefit. Every effort has been made to ensure that the information contained in this Guide is accurate. The provisions of the actual contract will govern in the event of a discrepancy.

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC