As we prepare for the New Year, the GW Benefits Administration Team would like to communicate some important reminders and expectations regarding your benefits.

**Medical**

If you elected to continue medical coverage, change medical plans or are newly enrolled in the Choice Plus-High Deductible Health Plan (HDHP), Choice Plus-Basic, or Choice Plus-Medium plans for 2015, you will receive a new ID card from UnitedHealthcare (UHC) by January 1, 2015.

If you have not received your new ID card by your next visit to your medical provider, Click Here to access a temporary ID card.

Please follow the steps below to complete registration on the UHC website for online account access to claims data, order additional ID cards, and health information.

**Step 1:** Go to [www.myuhc.com](http://www.myuhc.com)
**Step 2:** Click, “Register Now”
**Step 3:** Enter your personal information, member ID and group/account number; click, “Next Step” (Note: Click, “No ID card” if you don’t have a UHC ID card).
**Step 4:** Provide e-mail address and click “Next Step”.
**Step 5:** Create user name and password.

Please contact UHC customer service if you need assistance with online registration or password resets at (877) 844-4999.

**UHC Member Services:** (877) 706-1739 / Available Monday – Friday from 8:00 a.m. to 8:00 p.m. (EST) excluding holidays.

**Nurse Line:** (800) 846-4678 / Available 24/7

**CVS Caremark**

If you have newly enrolled in a medical plan for 2015, you will receive an ID card from CVS Caremark. If you have not received your prescription benefit card by the time you need to fill your prescription please follow the steps below to obtain a temporary ID card. **NOTE:** Participants **must** be registered with CVS Caremark in order to access their online account and print temporary ID cards.

**Online Registration:**

**Step 1:** Go to [https://www.caremark.com](https://www.caremark.com)
**Step 2:** Click on, “Not registered yet”
**Step 3:** Enter Participant ID number (available on CVS Caremark participant ID card) and required personal information
   **NOTE:** Call CVS Caremark online customer service at (800) 378-9442 if you don’t have your participant ID number or need assistance with completing registration.
**Step 4:** Create user name and password
**Step 5:** Review information and confirm
Print Temporary ID Card:

Step 1: Go to, https://www.caremark.com
Step 2: Log-in to your account.
Step 3: Click on, “Update Your Profile”.
Step 4: On the left side of the screen under, “My Account”, select, “Print My Benefit Prescription Benefit card”

Newly enrolled members without an ID card or who are unable to register online can provide the following information to their pharmacy:

ID Number: Social Security Number
Group Number: RX6475
BIN: 004336
PCN: ADV PCS

CVS Caremark Customer Service: (877) 357-4032 / Available from 8:00 a.m. to 8:00 p.m. (EST) seven days a week
Registration Assistance: (800) 378-9442

AETNA

If you changed plans or elected new coverage for 2015; please note that Aetna does not issue ID cards. ID cards are not required to receive coverage, but if you prefer, you can print an ID card by accessing your Aetna account online at www.aetna.com. Registration of your account will allow you to review your claims activity, review your Explanation of Benefits (EOB) and locate in-network providers in your area.

If you elected the Aetna DMO Plan you must elect a Primary Care Dentist (PCD) from within the Aetna network to coordinate all of your dental care. In order to have coverage effective on the first of the month, your PCD selection must be received by Aetna by the 15th of the month prior to so that your name appears on his/her monthly roster.

To log in or register for Aetna Navigator, the secure member website:

Step 1: Go to www.aetna.com
Step 2: Click on “Aetna Navigator Member Log In” (orange-colored link on the left) and enter your user name and password - OR -
Step 3: Click on, “Register” in the blue box on the right hand side of the page.
Step 4: Follow the instructions to complete registration.

Once logged in to Aetna Navigator, click on “Get an ID card” in the left side navigation column under the heading “I want to…”

To Request a Temporary Aetna Dental ID card:

Step 1: Select member name and card type (Dental)
Step 2: Click on “Print a temporary card” or “Order a replacement card” (if needed)
Step 3: Click on “Print” or “Order Now” to request a new ID card

Members have the option to request an eligibility letter be sent to them which will have the paper ID card(s) listed by contacting Aetna Member Services.

Aetna Member Services: (877) 238-6200
Vision

If you newly elected or already have UHC Vision, please note UHC Vision does not issue ID cards. ID cards are not required to receive coverage, but if you prefer, you can print an ID card by accessing your UHC Vision online account at www.myuhcvision.com. In addition, you can review claims activity, detailed benefit coverage and locate network providers.

Step 1: Go to www.myuhcvision.com
Step 2: Click, “Member Login” Log in or register. (Do not register if you also have medical coverage with UnitedHealthcare and going through myuhc.com to access your vision benefits.)
Step 3: Enter the subscribers’ ID number (participants may use their social security number; employees enrolled in a UHC medical plan can use their medical plan participant ID number in lieu of the SS number), last name and date of birth then click, “Next” (Note: Call UHC Vision at (800) 638-3120 if you don’t know your subscriber ID number or need online assistance).
Step 4: Click on “Print ID Card” If you do not see this option, click on the blue “Select” button next to your plan name.
Step 5: From the drop down menu, select the person whose ID card you would like to print. Click on “Get ID Card.”
Step 6: This generates a document with your ID card called How to Use Your Vision Care Benefits. Scroll to the bottom of this document. A toolbar will appear; click on the printer icon to print.

UnitedHealthcare Vision Customer Service: (800) 638-3120

Flexible Spending Accounts (FSA)

If you are newly enrolled in a FSA, you should receive your new card by January 1, 2015. If you enrolled in both health care and dependent day care accounts, you will receive only one debit card; the debit card will reflect both accounts. Please be sure to sign, activate and get a Personal Identification Number (PIN) for your debit card. You can activate your card and get a PIN by calling the number on the label on the front of the card.

You will receive one debit card in the mail. To request additional debit cards for your dependents at no additional charge please visit www.HealthHub.com.

2014 FSA participants will not receive a new debit card. Debit cards have an expiration date; PayFlex issues new debit cards 30 days prior to expiration.

If you elected a FSA for 2015, your 2015 annual election will be loaded to your existing debit card. If you did not elect a FSA for 2015, your debit card(s) will be deactivated the third week of January 2015. Paper claims need to be submitted by April 30, 2015 for healthcare expenses incurred between January 1, 2015 and March 15, 2015. Participants can review account balances, claims activity (for plan year 2015 and 2014 health care grace period balances) and request either replacement or additional debit cards for yourself and eligible dependents at www.HealthHub.com. Participants must be registered with PayFlex in order to access their online account by going to www.HealthHub.com
Step 1: Click on, “EMPLOYEE ACCOUNT LOGIN” (upper left corner of web page)
Step 2: Click on, “REGISTER”
Step 3: Enter “Member ID” (This is your GWID number without the G)
Step 4: Enter “Zip Code” (This is your W-4 address zip code.)
Step 5: Click on, “Register”

Don’t recall your GWID? Click Here: http://gwid.gwu.edu

Please contact PayFlex for assistance with registration or password resets at (800) 284-4885.

Please follow the steps below if you wish to file a Paper Claim Reimbursement:

Step 1: Complete a Flexible Spending Account Claim Form Click Here. You may request reimbursement for health and dependent day care expenses on the same form.
Step 2: Attach copies of your itemized receipts or an Explanation of Benefits from the insurer for the expenses.
Important: You cannot be reimbursed if receipts do not accompany the request. Cancelled checks do not qualify as receipts.
Step 3: Receipts for dependent day care expenses must include a written statement from the provider stating that the dependent day care expense has been incurred, the amount of the expense and the tax ID number of the day care provider. Your dependent day care provider’s signature must be on the statement.
Step 4: Sign and date the form.
Step 5: Mail to: PayFlex Systems USA, Inc.
   P.O. Box 3039
   Omaha, NE 68103-3039
   Or fax to: (402) 231-4310
   Or On-line: www.HealthHub.com

PayFlex FSA Claim Form: Click Here

PayFlex Customer Service: (800) 284-4885 / Available Monday - Friday, 8:00 a.m. – 8:00 p.m. (EST) and Saturday, 10:00 a.m. – 3:00 p.m. (EST).

2014 Flexible Spending Account Reminder:

Health Care FSA: 2014 FSA expenses for your health care account need to be incurred no later than 3/15/2015. Per IRS regulations, unclaimed funds are required to be forfeited to the plan. The deadline to submit eligible claims from 01/01/2014 – 03/15/2015 is April 30, 2015.

Dependent Day Care FSA: 2014 FSA expenses for your dependent day care account need to be incurred no later than 12/31/2014. Per IRS regulations, unclaimed funds are required to be forfeited to the plan. The deadline to submit eligible claims from 01/01/2014 – 12/31/2014 is April 30, 2015.

Important: Claims for 2014 FSA expenses submitted to PayFlex after April 30, 2015 will be considered ineligible.
**Health Savings Account (HSA) (For Choice Plus-HDHP Participants Only)**

Choice Plus-HDHP participants that elect the HSA will receive a debit card following account activation. Participants can manage their HSA on [HealthHub.com](http://www.healthhub.com) including the scheduling of automatic payments and linking to other bank accounts.

**Step 1:** Go to HealthHub.com. Select “Employee Account Login”.

**Step 2:** Enter your “Username” & “Password”. Click Login.

*First-Time Users:* If you are new to HealthHub, click on “Register Now”. Enter your Member ID. (**This is your GWID number without the G**). Enter your zip code. Click “Register”.
Create a “Username” and “Password”. Re-enter your password to confirm. Select a security question and answer. Enter your e-mail address. Click “Confirm”.

**Activating your HSA:**

As an HSA accountholder you will have to agree to the online account terms and conditions. You will also have to provide the following information.

- A-E-mail address
- B-Health plan information – start date, coverage type, and deductible amount
- C- Beneficiary information – names, addresses and Social Security numbers
- D-Personal account information –to link your HSA to a personal bank account for free deposits and withdrawals

Please note: If you have a healthcare flexible spending account (HCFSA) for 2014 and you have funds left in this account as of December 31, 2014 they will carryover and be available during the FSA grace period which ends on March 15th. Your HSA will be effective on April 1, 2015*. Please visit PayFlex’s [HealthHub website](http://www.healthhub.com) for up to date HCFSA balance and claims status. (Under the plan, participants are not eligible to have an active HSA and HCFSA at the same time.) If you wish to have your HSA begin as of January 1, 2015, please be sure to use all funds in your HCFSA by December 31, 2014. If you have questions regarding your current HCFSA, please contact PayFlex at (800) 284-4885 or access your online account at [www.HealthHub.com](http://www.healthhub.com).

* If you have claims pending substantiation as of December 31, 2014 (even if your HCFSA balance is zero), your HSA will also be effective on April 1, 2015.

**Legal Resources**

If you are newly enrolled in the Legal Resources plan, you should receive a membership card by January 1, 2015 which includes your law firm’s name and telephone number. You may then call your law firm directly with all of your legal needs with no restrictions on usage. If you would like to change your law firm, call Member Services at 800-728-5768.

Questions? Call Member Services at 800-728-5768 or go to [http://www.legalresources.com](http://www.legalresources.com)
Please Review Your Paycheck

Although Open Enrollment for 2015 has closed, the last step in this process is for you to review your first paycheck in 2015 to make sure your 2015 benefit elections are accurate. After January 1, 2015, please refer to your most current benefit confirmation statement to verify the deductions reported on your paycheck. You can access a copy of your confirmation statement by visiting www.benedetails.gwu.edu

* Please note that you will not be able to make any changes to the 2015 elections documented on your confirmation statement unless you have a qualifying life event.

Health and Welfare Plan Questions?

If you have any questions regarding your health and welfare plans, contributions or eligibility, please contact our benefits call center at 888-4GWUBEN (449-8236).

Health Advocacy Service

Are you struggling to untangle your current medical bills? Are you looking for a specialist physician?

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.

The program offerings include personal health advocates to help you navigate the healthcare system, provide assistance with resolving insurance claims and/or billing issues, and support you in making choices concerning your health.

This benefit is available to you, your spouse/domestic partner, dependents, parents, parents-in-law and even your spouse’s or domestic partner’s parents at no cost to you. You do not need to participate in a GW medical plan to be eligible.

Calls are unlimited and the service is available 24/7. Just call (866) 695-8622.

Work-Life Benefits

GW Wellbeing Hotline provides you with a number of benefits to support your efforts to balance your work and personal life. Work-life benefits include child and elder care referral services, in-person counseling, assistance with everyday needs or unexpected emergencies, financial and legal support, and back-up child care. You also have access to employee discounts, wellness programs, and a variety of other resources.

To learn more about your work-life benefits, call the Wellbeing Hotline toll-free 24/7 at 1-855-705-2471 or visit the Colonial Community website at: http://hr.gwu.edu/colonial-community.
Smoking Cessation Benefit

GW has partnered with Alere Wellbeing to offer free telephonic coaching and up to eight weeks of over-the-counter nicotine replacement therapy (patch or gum) at no cost to you. This benefit is available to all GW employees and their adult household members. Alere’s Quit For Life® Program is the nation’s leading tobacco cessation program. It can help you or an eligible dependent permanently overcome the physical, psychological and behavioral addictions to tobacco through expert coaching and support. You may qualify for nicotine replacement therapy. The program is free, confidential, and it works.

Call 1-866-QUIT-4-LIFE (1-866-784-8454), or go to smokefree.gwu.edu

Expanded Healthy Pregnancy Program

GW’s Healthy Pregnancy Program provides expectant mothers participating in UnitedHealthcare medical plans with 24-hour access to experienced nurses and one-on-one support throughout the pregnancy. In addition, those enrolling will have the opportunity to receive up to $250 in financial incentives for participation, plus free gifts and valuable resources to promote a healthy pregnancy for both mom and baby. The program is also open to spouses or partners if they are on a GW health plan. To learn more about this program and all the resources available to new and expecting parents, visit: http://hr.gwu.edu/gws-healthy-pregnancy-program

GW Retirement Plans

The IRS retirement plan contribution limits (basic limit and catch-up limit) and the annual compensation limit, will increase for the 2015 calendar year. The dollar limitations for 2015 and 2014 are listed below:

<table>
<thead>
<tr>
<th>Limitation</th>
<th>2015 Amount</th>
<th>2014 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum annual compensation taken into account for contributions to a qualified plan</td>
<td>$265,000</td>
<td>$260,000</td>
</tr>
<tr>
<td>Basic elective deferral limitations for the 403(b) and 457(b) plans</td>
<td>$18,000</td>
<td>$17,500</td>
</tr>
<tr>
<td>Catch-up contribution limits for individuals aged 50 and older for the 403(b) plan only</td>
<td>$6,000</td>
<td>$5,500</td>
</tr>
</tbody>
</table>

As you plan for the next calendar year, please take time to review your current retirement plan elections. If you decide to make any changes, visit http://benefits.gwu.edu/retirement-savings-enrollment.

You can change the percentage you contribute from your paycheck, change your investment elections or your investment provider, at any time during the year. Please note that any changes to the percentage you contribute from your paycheck are generally effective the following pay period.

Retirement Questions?

Fidelity: Call 1-800-343-0860

TIAA-CREF: Call 1-800-842-2776

If you have any questions or concerns regarding the information above, please contact GW Benefits Administration at 703-726-8382, or email benefits@gwu.edu.