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.
TABLE OF CONTENTS

3 Introduction
4 Benefits At-A-Glance
5 What’s New for 2016?
6 What’s Changing for 2016?
7 Helping You Make Your Decisions
8 Eligibility and Coverage Information
10 Using the EasyEnroll System
11 Your Medical Options
17 Getting the Most Out of Your Coverage
19 Your Prescription Drug Benefits
22 Supporting Employee Wellbeing
22 Wellness Benefits
24 Contribution Rates
27 Important Contact Information
The Affordable Care Act (ACA) brings significant changes to how we access and pay for healthcare.

Under the ACA, large employers are required to offer minimum essential coverage to employees who are considered full-time as defined by the ACA.

(Full-time [FT] employees under ACA are defined as anyone employed by a given employer for an average of 30 or more hours per week [or 130 hours per month].)

The George Washington University has identified you as a FT employee for purposes of ACA. As such, you have the opportunity to participate in the healthcare program described in this guide.

Please take some time to review the information and should you choose to enroll or make a change, be sure to complete your online enrollment within the enrollment period.

This Enrollment Guide provides details on your healthcare program option.
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.

<table>
<thead>
<tr>
<th>BENEFIT TYPE</th>
<th>OPTIONS</th>
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<tbody>
<tr>
<td>MEDICAL PLANS</td>
<td>• UnitedHealthcare Choice Plus-High Deductible Health Plan</td>
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<td></td>
<td>• Waive Coverage</td>
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<tr>
<td>HEALTH SAVINGS ACCOUNT (HSA)</td>
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<td>WELLNESS</td>
<td>• Wellbeing Hotline</td>
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<td>• Health Advocate</td>
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<td>• Smoking Cessation Program</td>
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<td></td>
<td>• Healthy Pregnancy</td>
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</table>
Benefits Open Enrollment is here, giving you the opportunity to review and make changes to your health benefit election for 2016. These benefits include medical, prescription, and health savings accounts. This guide will provide you with information regarding changes in 2016, how they may affect you, and tools to help you better understand and maximize your benefits.

Specific information about the 2016 changes is outlined below. Any changes that you make to your health and welfare benefits can be done during Open Enrollment, from Dec. 1-18, 2015.

**WHAT’S NEW FOR 2016?**

Most of us are pretty good at spotting quality and looking for discounts in the things we buy. We shop for cars with good gas mileage or look for the best hotel rates. But when it comes to healthcare, it may be less clear what quality means or how to go about shopping for discounts. Price or cost of a medical service does not always translate into higher quality.

**PREFERRED NETWORK FOR IMAGING AND LABS**

Costs for routine labs and imaging services vary greatly depending on whether a facility is freestanding or affiliated with a doctor’s office or hospital. Beginning in 2016, GW will introduce a new preferred network for labs, x-rays, and major diagnostics. When you go to a provider within GW’s preferred network, you will experience a lower overall cost. Common facilities used by GW employees such as LabCorp and GW Hospital are included in the preferred network.

**UNITEDHEALTHCARE VIRTUAL VISITS**

Beginning January 1, 2016, a network of care providers offering virtual visits will enable you to see and speak with an in-network doctor using real-time video technology to obtain a diagnosis for minor medical needs including allergies, sinus and bladder infections, bronchitis, and other minor conditions. Most visits last about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. A virtual visit lets you see and talk to a doctor through [www.myuhc.com](http://www.myuhc.com) or the Health4Me App without an appointment or physical visit to a physician’s office.

**HEALTH SAVINGS ACCOUNT MATCHING CONTRIBUTION**

Beginning in 2016, if you are enrolled in the High Deductible Health Plan (HDHP) and are eligible for a health savings account (HSA), GW will provide a matching contribution to your HSA. If you elect employee-only coverage, GW will contribute up to $300 and up to $600 if you are covering at least one dependent. To get the maximum match amount, you’ll need to contribute at least $300 if enrolled in individual coverage or $600 if you are covering dependents.

**HOW IT WORKS:**

**EMPLOYEE-ONLY COVERAGE:** for every $1 you contribute to your health savings account, GW will match your contribution on a one-for-one basis up to $300.

**EMPLOYEE AND DEPENDENT COVERAGE:** If you cover any dependents (spouse/domestic partner or children), for every $1 you contribute to your health savings account, GW will match your contribution on a one-for-one basis up to $600.

To get the maximum match amount, you’ll need to contribute $300 if enrolled in individual coverage or $600 if you are covering dependents.

**IMPORTANT:** HSA balances roll over year-to-year and can be used for qualified health-related expenses. Furthermore, your HSA is fully portable, which means you can take the account and funds with you if you leave GW.

To learn more about the HSA, go to [http://go.gwu.edu/hsa](http://go.gwu.edu/hsa).
WHAT’S CHANGING FOR 2016?

EXPANDING SALARY BANDING FOR MEDICAL PREMIUMS

Historically, GW has used two salary bands for health premiums: employees making less than $35,000 annually and those making more than $35,000. The new structure will add five more segments, creating salary bands among employees making between $35,000 and $240,000 a year. For calendar year 2016, if you make $120,000 or less a year will see premium increases limited to 3 percent. For more information about healthcare premium rates for 2016, visit http://benefits.gwu.edu/affordable-care-act-eligible-aca.

PHARMACY BENEFIT CHANGES

With consumer savvy, employees can lower their out-of-pocket pharmacy expenses. Talk to your doctor or visit http://go.gwu.edu/benetools to compare the costs of your prescriptions and for additional information about coinsurance.

GW will be implementing pharmacy management programs that will focus on improving adherence and safety. For 2016, GW will be offering a special program for employees or dependents managing multiple medications for chronic conditions by obtaining additional support through in-person consultation with a local CVS pharmacist or via telephone to help members obtain additional support.

These changes represent new opportunities and responsibilities for you. It’s important that you take the time to review the information available—and be sure to include members of your family in the process.

There are several resources available to help you make the decisions that best fit your personal situation. For more information about these sessions and the resources available to you, visit http://go.gwu.edu/benetools.

REMEMBER!

- Open Enrollment is December 1-18, 2015.
- You must enroll online using the EasyEnroll system at http://benedetails.gwu.edu. Enter 85383 when asked for your portal or enrollment ID.
- The Benefits Call Center is available from 9:00am - 6:00pm EST at (888) 4GWUBEN (449-8236).
- Elections and/or changes MUST be made by 8:00pm EST on December 18. After this deadline, no changes will be accepted unless you have a qualified life event (see page 9 for details).

REMEMINDER: Your 2015 benefit elections will rollover to 2016; however, we do recommend that you log in to the Open Enrollment system to review your elections to ensure they still meet your needs.
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 Open Enrollment, which takes place December 1st though December 18th.

OPEN ENROLLMENT CHECKLIST

- **Step 1:** Review your current benefits and coverage levels using our benefits enrollment tool, EasyEnroll, at [http://benedetails.gwu.com](http://benedetails.gwu.com).
- **Step 2:** Read this Enrollment Guide to understand any changes to your benefits for 2016.
- **Step 3:** Collect necessary documentation, such as Social Security numbers for the eligible dependents you want to cover. See page 8 for details on what documentation you need to turn in.
- **Step 4:** Gather a summary of 2015 health expenses to help you estimate next year’s HSA election if you are enrolled in the HDHP.
- **Step 5:** Log in to EasyEnroll at [http://benedetails.gwu.edu](http://benedetails.gwu.edu) and enter 85383 when prompted for your portal or enrollment ID during Open Enrollment (December 1st though December 18th) to make your elections.
- **Step 6:** If adding a dependent for the first time, submit your dependent documentation to the GW Benefits Administration Department by Friday, December 18, 2015. 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

**REMEMBER!** Open Enrollment is your once-a-year opportunity to enroll or make changes to your benefits. You must make your benefit elections and changes online by 8:00pm EST on December 18, 2015. After this deadline, no changes will be accepted unless you have a qualified life event. (See page 9 for more 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);
- 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.)

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 (http://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 for the first time during Open Enrollment, 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 for the first time, submit your dependent documentation to the GW Benefits Administration Department by Friday, December 18, 2015. 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 (http://benedetails.gwu.edu).
• Gather supporting documentation of the life event (as described on page 8).
• Send the documentation to the Benefits Administration Department (as described on page 7).

COVERAGE START AND END DATES
Your coverage starts on the first of the month following your eligibility date.

Open Enrollment elections are effective January 1 of the following calendar year.

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, http://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:

<table>
<thead>
<tr>
<th>BI-WEEKLY</th>
<th>12 MONTH</th>
<th>9, 10, 11 MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Pay Periods</td>
<td>12 Pay Periods</td>
<td>9 Pay Periods</td>
</tr>
</tbody>
</table>

Your contributions for medical and health savings accounts contributions are deducted before taxes are calculated.

COSTS
Your costs for each benefit depend on your salary and coverage level. You can find specific rate information for 2016 beginning on page 24 of this Guide and on the EasyEnroll website.
To make the most of your GW benefits, you’ll need to make informed choices using the information in this Guide. You’ll also use an online enrollment tool called EasyEnroll. You can access EasyEnroll online at any time during Open Enrollment, from December 1st though December 18th.

**ENROLLMENT DEADLINE**
December 18, 2015 is the LAST day to make changes for 2016. The system will close at 8:00pm EST.

**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 2016. (If you are adding a new dependent, please be sure to have his/her Social Security number, date of birth, and address available to complete the enrollment process.)

2. Go online to [http://benedetails.gwu.com](http://benedetails.gwu.com) and enter 85383 when asked for your portal or enrollment ID.

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.

5. Once your personal account appears, confirm your personal data and review your benefit options.

6. Follow the prompts to make your benefit elections. If you are not actively changing your coverage for 2016, confirm the coverage we have in the system is correct.

7. Print a confirmation statement, review it for accuracy, and keep it for your records.

**MANAGE YOUR BENEFITS THROUGHOUT THE YEAR**
EasyEnroll does more than capture your Open Enrollment choices. You can use EasyEnroll at [http://benedetails.gwu.edu](http://benedetails.gwu.edu) 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, [http://benefits.gwu.edu](http://benefits.gwu.edu).

**IF YOU DO NOT ENROLL OR MAKE CHANGES**
If you do not enroll online during Open Enrollment:

- Your 2015 benefit elections will carry over to 2016 as noted on the EasyEnroll website. Even if you want to keep the same coverage, it’s a good idea to verify that all your information is accurate.

**CONFIRMING YOUR ELECTIONS**
Please review your enrollment elections on the pre-confirmation screen and edit your elections if necessary. If correct, select “Continue” to authorize your enrollment changes. You will receive a confirmation number once authorization is complete. We recommend printing or saving a copy of the enrollment confirmation page for your records since the confirmation number will be necessary for any future inquiries regarding your enrollment.

**IMPORTANT:** During Open Enrollment, you can log on as often as you like through December 18th. The elections on file as of the enrollment deadline will be your final 2016 coverage.

GW’s Enrollment ID is 85383. Please use this if you encounter a screen which asks for a Portal or Enrollment ID to continue with Open Enrollment.
YOUR MEDICAL OPTIONS

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%.

• **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 High Deductible Health Plan requires a $1,500 deductible for an individual using in-network services. This means that you pay the first $1,500 in medical care you use.

• **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](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 administers 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 UnitedHealthcare are based on our claims experience. If we have a high volume and/or high cost claims in a year, the university has to pay more. That means next year’s premiums will increase because our claims experience was not as good.

But you can help. When you choose generic medications, stick with your healthy regimens, get preventive screenings, you generally incur less in claims. The lower our claims, the lower our premiums are for the following year.

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. The UnitedHealth Premium® program evaluates doctors for quality and cost efficiency to help you choose a doctor with confidence. Just visit [www.UnitedHealthPremium.com](http://www.UnitedHealthPremium.com) to learn more.

CHOOSING A PLAN

We know you want the best benefit coverage with the fewest obstacles between you and your healthcare. As an ACA-eligible employee, you have the option to enroll in the Choice Plus - High Deductible Plan (HDHP). 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:

• All plans offer a NATIONAL network - so you can locate a provider or facility in any of the 50 states.

• All 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](http://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 Basic and Medium Choice Plus Plans.

• Well Child and Well Adult visits are covered at 100% when rendered by in-network practitioners.

• Member discounts for acupuncture, alternative medicine, massage therapy, cosmetic dentistry, laser vision correction, hearing services, weight loss programs, fitness clubs, exercise equipment, nutritional supplements, and more are available.
GW’s High Deductible Health plan with a health savings account 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 HDHP 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 HDHP 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 [http://benefits.gwu.edu/annual-open-enrollment](http://benefits.gwu.edu/annual-open-enrollment).

  For all other services, you are responsible for paying the full cost of care 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.

- **THE HSA:**
  If eligible*, you can contribute via payroll deduction on a pre-tax basis to a HSA to pay for out-of-pocket medical expenses, including deductibles, coinsurance, and copays. The HSA is a fully employee-owned account. Funds roll over from year to year. There is no “use it or lose it” rule.

  *An employee is eligible to elect and contribute to a Health Savings Account (HSA) as long as he/she meets the qualifications below.*

  - **Must be covered by a qualified HDHP**
  - **Cannot be enrolled in Medicare**
  - **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.

### Withdrawals

- Any money you take out to pay for qualified medical expenses is income tax-free.
- With PayFlex you can use the Health Savings Account debit card for convenient payment from your HSA for qualified expenses.
- 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](http://www.payflex.com), or consult IRS Publication 502, “Health Savings Accounts and Other Tax-Favored Health Plans,” available at [www.IRS.gov](http://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.

### NEW GW HSA MATCHING CONTRIBUTION:

NEW for 2016, 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.

**If you enroll for Employee only coverage,** for every $1 you contribute to your HSA, GW will match your contribution on a one-for-one basis up to $300.

**If you cover any dependents** (spouse/domestic partner or children), for every $1 you contribute to your HSA, GW will match your contribution on a one-for-one basis up to $600.

(To get the maximum match amount, you’ll need to contribute $300 if enrolled in individual coverage or $600 if you are covering dependents.)

**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.

**REMEMBER:** After January 1, 2016, you can change your HSA contribution amount any time during the year by visiting [http://benedetails.gwu.edu](http://benedetails.gwu.edu). Please note, however, that HSA contributions cannot be decreased below the amount already deposited into your account.
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 Open Enrollment, you can visit www.uhc.com.

PREFERRED NETWORK FOR IMAGING AND LABS: Beginning in 2016, GW will introduce 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 the coverage provided under the HDHP, please review the chart below.

Percentages in the accompanying chart represent the percentages of allowed benefit covered by the plan (GW) as well as the employee responsibility. Bold numbers indicate new information for 2016.

### CHOICE PLUS – HIGH DEDUCTIBLE HEALTH PLAN

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<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
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<tr>
<td><strong>DEDUCTIBLE</strong></td>
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<tr>
<td>Individual</td>
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<td>$3,000</td>
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<tr>
<td>Family</td>
<td>$3,000†</td>
<td>$6,000†</td>
</tr>
<tr>
<td><strong>OUT-OF-POCKET MAXIMUM††</strong></td>
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<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$4,000</td>
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<td>Family</td>
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<td>$12,000</td>
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<tr>
<td><strong>COINSURANCE</strong></td>
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<tr>
<td>GW – 80%</td>
<td>GW – 60%</td>
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<tr>
<td>Employee – 20%</td>
<td>Employee – 40%</td>
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<tr>
<td>GW – 60%</td>
<td>GW – 60%</td>
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<tr>
<td>Employee – 40%</td>
<td>Employee – 40%</td>
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<td><strong>LIFETIME MAXIMUM</strong></td>
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<tr>
<td>Unlimited</td>
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<td><strong>OFFICE VISIT</strong></td>
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<tr>
<td>PCP</td>
<td>After deductible: GW – 80% Employee – 20%</td>
<td>After deductible: GW – 60% Employee – 40%</td>
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<td>Specialist</td>
<td>After deductible: GW – 80% Employee – 20%</td>
<td>After deductible: GW – 60% Employee – 40%</td>
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<tr>
<td><strong>IMAGING AND LABS†††</strong></td>
<td></td>
<td></td>
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<tr>
<td>Diagnostic Test (x-ray, blood work)</td>
<td>After deductible: GW – 80% Employee – 20%</td>
<td>After deductible: GW – 60% Employee – 40%</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>After deductible: GW – 80% Employee – 20%</td>
<td>After deductible: GW – 60% Employee – 40%</td>
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</tbody>
</table>

† 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)
## HOSPITAL CARE

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After deductible:</td>
<td>GW - 80%</td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Employee - 20%</td>
<td>Employee - 40%</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After deductible:</td>
<td>GW - 80%</td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Employee - 20%</td>
<td>Employee - 40%</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After deductible:</td>
<td>GW - 80%</td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Employee - 20%</td>
<td>Employee - 40%</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After deductible:</td>
<td>GW - 80%</td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Employee - 20%</td>
<td>Employee - 40%</td>
</tr>
</tbody>
</table>

## PREVENTIVE

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mammography</strong></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>For one preventive mammogram per year, age 40 and over</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pap Test</strong></td>
<td>GW covers</td>
<td>After deductible:</td>
</tr>
<tr>
<td>100% with wellness exam</td>
<td>GW - 60%</td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Employee - 40%</td>
<td>Employee - 40%</td>
</tr>
<tr>
<td><strong>Prostate Exam</strong></td>
<td>GW covers</td>
<td>After deductible:</td>
</tr>
<tr>
<td>100% with wellness exam</td>
<td>GW - 60%</td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Employee - 40%</td>
<td>Employee - 40%</td>
</tr>
<tr>
<td><strong>Well Child and Well Adult Exams</strong></td>
<td>GW covers 100%</td>
<td>After deductible:</td>
</tr>
<tr>
<td></td>
<td>GW - 60%</td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Employee - 40%</td>
<td>Employee - 40%</td>
</tr>
</tbody>
</table>

## CHIROPRACTIC CARE

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>After deductible:</td>
<td>GW - 80%</td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Employee - 20%</td>
<td>Employee - 40%</td>
</tr>
<tr>
<td>up to 60 visits per year (combined in- and out-of-network)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After deductible:</td>
<td>GW - 60%</td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Employee - 40%</td>
<td>Employee - 40%</td>
</tr>
<tr>
<td>up to 60 visits per year (combined in- and out-of-network)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## INFERTILITY BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Covered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## HEARING AIDS

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Covered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit [www.uhcpreventivecare.com](http://www.uhcpreventivecare.com) for additional details on ALL preventive care guidelines based on your age and sex.
<table>
<thead>
<tr>
<th>CHOICE PLUS – HIGH DEDUCTIBLE HEALTH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
</tr>
</tbody>
</table>

**COCHLEAR IMPLANTS**
- Not Covered
- Not Covered

**OBESITY SURGERY****
- Not Covered
- Not Covered

**VISION**
- After deductible:
  - GW: 80%
  - Employee: 20%
  - After deductible:
  - GW: 60%
  - Employee: 40%

**PRESCRIPTION DRUG DEDUCTIBLE**
- Included in overall plan deductible ($1,500 individual / $3,000 family)

**PRESCRIPTION OUT-OF-POCKET MAXIMUM**
<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined with medical</td>
<td>Combined with medical</td>
</tr>
</tbody>
</table>

**PREVENTIVE DRUGS**
- Covered at 100%

**RETAIL PRESCRIPTION DRUGS**
- **Generic**
  - After deductible:
    - GW: 80%
    - Employee: 20%
  - After deductible:
    - GW: 60%
    - Employee: 40%
- **Brand Formulary**
  - After deductible:
    - GW: 80%
    - Employee: 20%
  - After deductible:
    - GW: 60%
    - Employee: 40%
- **Brand Non-Formulary**
  - After deductible:
    - GW: 80%
    - Employee: 20%
  - After deductible:
    - GW: 60%
    - Employee: 40%

**MAIL-ORDER PRESCRIPTION DRUGS**
- **Generic**
  - After deductible:
    - GW: 80%
    - Employee: 20%
  - After deductible:
    - GW: 60%
    - Employee: 40%
- **Brand Formulary**
  - After deductible:
    - GW: 80%
    - Employee: 20%
  - After deductible:
    - GW: 60%
    - Employee: 40%
- **Brand Non-Formulary**
  - After deductible:
    - GW: 80%
    - Employee: 20%
  - After deductible:
    - GW: 60%
    - Employee: 40%

For a complete listing of coverage and benefits, please review the Summary Plan Description (SPD) available at http://benefits.gwu.edu.
To review 2016 contribution rates for Medical Coverage, please refer to page 24.
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 27 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 18 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:

- 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.

INTRODUCING 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. Now, you don’t have to.

Beginning in 2016, a network of care providers offering virtual visits by video 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.

An emergent medical condition is any condition (including severe pain) that you believe that without immediate medical care may result in:

- Serious jeopardy to your or your loved one’s health, including the health of a pregnant woman or her unborn child.
- Serious impairment to your or your loved one’s bodily functions.
- Serious dysfunction of any of your or your loved one’s bodily organs or parts.

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.
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.
YOUR PRESCRIPTION DRUG BENEFITS

When you enroll in the HDHP, 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 (please see below for details).

- 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 14.) 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 http://benefits.gwu.edu/annual-open-enrollment.

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.

MAINTENANCE CHOICE PRESCRIPTION PROGRAM:

If you have a condition that requires ongoing prescription medication, you will receive the lowest total copay 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.

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

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

2016 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. As part of this effort, there are changes to your drug benefit plan that could affect your current medicine choices.

As of January 1st, 2016, certain drugs on the plan will no longer be 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 no longer 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.

INTRODUCING 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. That’s why we are offering a program that 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 percent discount on select CVS/pharmacy-branded products.

In addition, your ExtraCare® Health Card earns you two percent 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 27 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.
SUPPORTING EMPLOYEE WELLBEING

COLONIAL COMMUNITY - YOUR CENTER FOR 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 counseling and other resources 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 can receive legal and financial guidance from qualified professionals, including a free initial 30-minute consultation on a wide range of legal and financial issues.

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 UHR's Colonial Community’s website to learn more about programs and resources GW provides to help you increase your wellbeing:

http://hr.gwu.edu/colonial-community

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](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 percent paid for by GW.

For additional details, please visit [http://smokefree.gwu.edu](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 [http://go.gwu.edu/pregnancy](http://go.gwu.edu/pregnancy) or call (800) 411-7984.
The charts below summarize your contribution rates for coverage in 2016.

**UHC MEDICAL COVERAGE**

**2016 FULL-TIME WITH BASE SALARY ≤$35,000**

<table>
<thead>
<tr>
<th>Monthly Contributions</th>
<th>GW Contributions</th>
<th>Bi-Weekly Contributions</th>
<th>GW Contributions</th>
<th>Paid Over 9 Months</th>
<th>GW Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td><strong>GW</strong></td>
<td><strong>Employee</strong></td>
<td><strong>GW</strong></td>
<td><strong>Jan-May and Sept-Dec</strong></td>
<td><strong>GW</strong></td>
</tr>
<tr>
<td>EE</td>
<td>$15.00</td>
<td>$444.95</td>
<td>$6.92</td>
<td>$205.36</td>
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<tr>
<td>EE+SP/DP</td>
<td>$84.00</td>
<td>$881.90</td>
<td>$38.77</td>
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<tr>
<td>EE+ Child(ren)</td>
<td>$63.00</td>
<td>$787.91</td>
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<tr>
<td>Family</td>
<td>$142.00</td>
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<td>$592.55</td>
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**UHC MEDICAL COVERAGE**

**2016 FULL-TIME WITH BASE SALARY $35,000.01 - $60,000**

<table>
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<th>Monthly Contributions</th>
<th>GW Contributions</th>
<th>Bi-Weekly Contributions</th>
<th>GW Contributions</th>
<th>Paid Over 9 Months</th>
<th>GW Contributions</th>
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<td><strong>Employee</strong></td>
<td><strong>GW</strong></td>
<td><strong>Employee</strong></td>
<td><strong>GW</strong></td>
<td><strong>Jan-May and Sept-Dec</strong></td>
<td><strong>GW</strong></td>
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<tr>
<td>EE</td>
<td>$60.00</td>
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<td>EE+SP/DP</td>
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<td>$1,167.85</td>
<td>$119.08</td>
<td>$539.01</td>
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</table>

EE = Employee  |  SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July, or August.
### UHC Medical Coverage 2016 Full-Time with Base Salary $60,000.01 - $120,000

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<th>Bi-Weekly</th>
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<tbody>
<tr>
<td>Employee Contributions</td>
<td>GW Contributions</td>
<td>Employee Contributions</td>
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<tr>
<td>CHOICE PLUS–HIGH DEDUCTIBLE HEALTH PLAN</td>
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<tr>
<td>EE</td>
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<td>$399.95</td>
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<td>EE+SP/DP</td>
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<td>EE+ Child(ren)</td>
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### UHC Medical Coverage 2016 Full-Time with Base Salary $120,000.01 - $180,000

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<td>Employee Contributions</td>
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EE = Employee  |  SP/DP = Spouse/Partner

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

**2016 Full-Time with Base Salary $180,000.01 - $240,000**

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<td>EE</td>
<td>$70.00</td>
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**UHC Medical Coverage**

**2016 Full-Time with Base Salary >$240,000**

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<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>GW</td>
<td></td>
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<tr>
<td><strong>Choice Plus–High Deductible Health Plan</strong></td>
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<td>EE</td>
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<td>EE+SP/DP</td>
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<tr>
<td>EE+ Child(ren)</td>
<td>$186.00</td>
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<td>$306.88</td>
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<td>$886.55</td>
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<tr>
<td>Family</td>
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<td></td>
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<td>$1,483.80</td>
</tr>
</tbody>
</table>

**EE = Employee  | SP/DP = Spouse/Partner**

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

<table>
<thead>
<tr>
<th>WHO TO CALL</th>
<th>CONTACT INFORMATION</th>
<th>PLAN INFORMATION (IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare (Customer Service &amp; Nurseline)</td>
<td>(877) 706-1739 • <a href="http://www.myuhc.com">www.myuhc.com</a> Nurseline: (800) 846-4678</td>
<td>Group# 730193</td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUG</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVS Caremark</td>
<td>(877) 357-4032 • <a href="http://www.caremark.com">www.caremark.com</a> FastStart for maintenance prescriptions (800) 875-0867</td>
<td>Group# RX6475</td>
</tr>
<tr>
<td><strong>HEALTH SAVINGS ACCOUNT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PayFlex</td>
<td>(800) 284-4885 • <a href="https://www.payflex.com">https://www.payflex.com</a> Toll Free Fax: (855) 703-5305</td>
<td></td>
</tr>
<tr>
<td><strong>WELLNESS BENEFITS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellbeing Hotline</td>
<td>go.gwu.edu/well</td>
<td></td>
</tr>
<tr>
<td>Health Advocate</td>
<td>(866) 695-8622 • Healthadvocate.com/gwu</td>
<td></td>
</tr>
<tr>
<td>Quit for Life Smoking Cessation</td>
<td>(866) QUIT-4-LIFE • <a href="http://www.quitnow.net">www.quitnow.net</a></td>
<td></td>
</tr>
<tr>
<td><strong>GW DEPARTMENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits Call Center (Health &amp; Welfare Benefits and Enrollment Inquiries)</td>
<td>(888) 4GWUBEN (449-8236)</td>
<td></td>
</tr>
<tr>
<td>Benefits Administration Department</td>
<td>(571) 553-8382 <a href="http://benefits.gwu.edu">http://benefits.gwu.edu</a></td>
<td></td>
</tr>
<tr>
<td>Payroll (Pre-tax Transportation and Parking Benefits)</td>
<td>(571) 553-4277 • <a href="http://payroll.gwu.edu">http://payroll.gwu.edu</a></td>
<td></td>
</tr>
<tr>
<td>Faculty and Staff Service Center</td>
<td>(202) 994-8500 • Rice Hall, 2121 Eye Street, NW, Suite 101, Washington, DC 20052</td>
<td></td>
</tr>
<tr>
<td>Colonial Community</td>
<td>(202) 994-8500 <a href="https://hr.gwu.edu/colonial-community">https://hr.gwu.edu/colonial-community</a></td>
<td></td>
</tr>
</tbody>
</table>
IMPORTANT LEGAL NOTICES

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.
• Prostheses 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.

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.