OPEN ENROLLMENT 2017

AFFORDABLE CARE ACT (ACA) ELIGIBLE EMPLOYEES

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC
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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 open enrollment period.

**WHAT:** Mark your calendar for Open Enrollment, the annual opportunity for you to make health and welfare benefits changes and to add or drop coverage for eligible dependents. And, be sure to bookmark the Benefits Open Enrollment website [https://benefits.gwu.edu/affordable-care-act-aca](https://benefits.gwu.edu/affordable-care-act-aca), your destination for all employee open enrollment benefit-related information!

**WHO:** Affordable Care Act (ACA) Eligible Employees and their eligible dependents.

**WHEN:** December 5 - 16 (2 weeks only!)

**WHY:** Even if you are happy with your elections from last year, it’s always a good practice to review and confirm that you’ve signed up for the right plan for you and your family. If you choose not to take action, coverage will “roll over.”* So take the time to review your options; otherwise, you’ll have to wait until the next Open Enrollment period unless you experience a qualified life event (such as getting married, having a baby) to make changes.

*The cost of the coverage will reflect 2017 contribution amounts.
START PLANNING
Over the years, GW has been working proactively to help employees get on a path toward improved health and wellness by implementing a number of strategies:

**Smoke-Free GW**
- As part of the American Cancer Society’s 37th annual Great American Smokeout, GW prohibited smoking in university-owned outdoor spaces, as well as public spaces adjacent to all residential, academic, athletic, recreational and administrative support buildings in August 2013. The policy promotes a healthy environment for all members of the GW community and protects non-smokers from the dangers of secondhand smoke. The university also covers the cost of the American Cancer Society’s Quit for Life Program, aimed at helping smokers to quit by providing phone- and web-based coaching and replacement therapy like gum or patches.
- For more information visit: [https://smokefree.gwu.edu](https://smokefree.gwu.edu)

**Preventive Care and Telemedicine**
- 100% of preventive services are covered in network for those enrolled in the UHC Health Savings Plan (HSP) offered to employees.
- Telemedicine, also referred to as Virtual Visits, was introduced in 2016 and provides participants convenient access to providers to assist with a wide range of conditions and questions, getting the help and prescriptions they need while avoiding the waiting room!

**Healthy Living**
- Efforts from the Urban Food Task Force and the Office of Sustainability have been critical in giving employees access to well-balanced, nutritional meals. GW’s GroW Garden, annual Food Day celebrations and cooking classes encourage employees to adopt healthy eating habits.
- GW also promotes physical activity by offering free yoga and zumba classes through the Milken Institute School of Public Health, summer softball games through Campus Recreation and Human Resources and running/walking Meet-Up groups.

**Financial Fitness**
- The university promotes financial responsibility by giving employees access to the Wellbeing Hotline. Services include, free telephonic consultations that provide help with a number of topics, including budgeting, disputes with creditors, debt counseling and more.

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**Top Healthy Employer in DC**
- GW received the America Heart Association’s Fit-Friendly Worksite Award which recognizes employers for creating a culture of wellness in the workplace. GW received Platinum status in 2014, 2015 and 2016!
- The Washington Business Journal named the George Washington University to its 2014 and 2015 list of greater Washington’s healthiest employers. GW was the only higher education institution recognized for creating some of the best wellness work programs in the city.
LEARN
WHAT IS OPEN ENROLLMENT?
Open Enrollment is your annual opportunity to reflect on your and your family’s needs and fine tune your benefits package to match. Many life events can occur over the course of the year that can impact the types of plans and amount of coverage you need. Take this opportunity to think about the changes you and your family have experienced in the past year, or anticipate in the coming year. Then, determine which benefit plans and programs will best meet your needs and make your selections online using EasyEnroll, www.benedetails.com. Please enter 91364 when prompted for the portal/enrollment ID.

WHAT’S INCLUDED?
The benefits below are part of Open Enrollment, which will run December 5-16 and can only be changed once per year unless you have a qualified life event:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>What you’ll have in 2017 if you don’t act during Open Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Savings Account</td>
<td>Your 2016 annual election will rollover to 2017. For example, if you elected to contribute $1,000 for 2016, you would have an automatic election of $1,000 for 2017.</td>
</tr>
<tr>
<td>GW High Deductible Health Plan (HDHP) (including pharmacy)</td>
<td>The GW Health Savings Plan (HSP) - same type of plan, new name!</td>
</tr>
</tbody>
</table>

*These benefits are part of Open Enrollment, and can only be changed once per year unless you have a qualified life event.*
WHAT’S STAYING THE SAME FOR 2017

Pharmacy Coverage
If you participate in the GW health plan option, you will continue to have pharmacy coverage through CVS Caremark. There will be no changes to the plan coverage including coinsurance amounts.

Free-Standing Imaging and Labs
Prices vary significantly for imaging and lab work—even if you go in-network! The GW health plans will continue to offer a preferred network including a lower coinsurance when you use a freestanding network facility instead of a hospital for labs, X-rays and major diagnostics.

WHAT’S NEW AND WHAT’S CHANGING FOR 2017

Information about the new 2017 benefit programs and changes is outlined below. For details on plan coverage, please review the chart beginning on page 23.

Here are the highlights of the changes and details:

GW Health Savings Plan
(formerly the High Deductible Health Plan)
• The GW High Deductible Health Plan (HDHP) is now called the GW Health Savings Plan (HSP).
• This name better aligns with the Health Savings Account (HSA), an optional savings account that you may elect to help offset eligible healthcare expenses. With this plan, GW will also make a matching contribution to your HSA.

Health Savings Account (HSA)
The HSA contribution limit (employee + GW contribution)
• For those with individual HSP coverage, the limit will increase by $50 to $3,400.
• There is no change to the family limit of $6,750 or the over age 55 catch up of $1,000.
• GW’s matching contribution is increasing for 2017!
  • GW will now match $1 for $1 up to $600 for individuals who contribute at least $600.
  • GW will now match $1 for $1 up to $1,200 for those covering dependents who contribute at least $1,200.

NEW! Acupuncture
• Acupuncture will now be covered under both the GW HSP and GW PPO up to 20 visits per year. (combined in- and out-of-network).
MORE OF WHAT’S NEW AND WHAT’S CHANGING FOR 2017

Flexible Spending Accounts (FSA)
• In 2017, HSP participants who are NOT eligible for the HSA (ex. enrolled in Medicare), will now be able to participate in the Healthcare FSA.

NEW! Transgender Coverage
• GW will add coverage for surgery and commonly used medications for gender reassignment.

BlueStar
The GW prescription plans now cover a new digital therapy for adults living diagnosed with type 2 diabetes. The digital therapy is called BlueStar and enables personalized coaching based on your individual treatment plan, through the use of your cell phone and/or computer. BlueStar is a prescribed therapy. To learn more, please contact a BlueStar Customer Care representative at 888-611-4794.

Centers of Excellence
In 2017 GW will offer UHC’s Centers for Excellence for Cancer and Infertility. These Centers of Excellence 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.

NEW! Castlight
• In 2017, the university will launch a new web-based cost tracker called Castlight to help participants on GW’s medical plans shop for, learn about and manage their pharmacy and medical care.

NEW! Online Middle and High School Tuition Discount
• Beginning September 15, 2016, employees of GW, along with their extended family, may enroll students in grades 6-12 in the George Washington University Online High School (GWUOHS) through an exclusive 20% off tuition discount.
• This benefit may be applied to enrollment in either the full-time, diploma-granting program or part-time AP® courses.* Employees and their extended family may take advantage of this discount at any time during the year regardless of when the GW Open Enrollment window occurs.

Visit gwuohs.com/discount for more information or to begin the enrollment process. (Note: The enrollment process for Fall ’16 is going on now through October 14th. Enrollment deadlines for upcoming semesters are available on the website.)

* Discount may not be combined with any other offer or discount.
**PLAN FEATURES**

Benefits have a language all their own. Understanding how your insurance plans work is something everyone needs to understand to make the most out of your coverage.

**Know Before You Go**

Become familiar with these commonly used benefits terms to help you compare plans and decide!

**Total Out-of-Pocket Costs**

Here’s a simple equation that shows how much you’ll pay out-of-pocket for your health insurance each year.

\[
\text{PREMIUMS} + \text{DEDUCTIBLE} + \text{COPAYS} \& \text{COINSURANCE (UP TO THE OUT-OF-POCKET MAXIMUM)} = \text{TOTAL EMPLOYEE COSTS}
\]

Once you **meet your plan’s Out-of-Pocket Maximum**, the plan pays **100% of your covered medical expenses** for the balance of the year.

**Understanding your Deductibles**

Your deductible is tied to your premium. Just like car insurance, a plan with a low deductible will cost you a higher premium. On the flip side, a health savings plan with a higher deductible will have a lower premium.

\[
\downarrow \text{LOW DEDUCTIBLE} = \uparrow \text{HIGHER PREMIUM}
\]

\[
\uparrow \text{HIGH DEDUCTIBLE} = \downarrow \text{LOWER PREMIUM}
\]

Consider **if you have enough money in your budget—or in savings**—to cover the deductible.
Decoding your Deductible
Not all deductibles are created equal. Here are a couple of common types:

Network Deductibles
The GW HSP has separate annual deductibles for when you get in-network care and out-of-network care. These are usually different for individuals and families.

Family Deductibles
With some plans, you’ll need to meet the deductible for each covered family member up to the family cap. With other plans, one family member can meet the deductible for the entire family. For example, under the GW HSP, if you elect coverage for yourself and one or more dependents, the full family deductible (in-network family deductible is $4,000) will need to be met before coinsurance begins for any family member. Remember, the HSP deductible includes both medical and pharmacy expenses.

When you cover your family, review your family deductible closely.

Glossary of Terms
Covered Services: Those services deemed by your plan to be medically necessary for the care and treatment of an injury or illness.

Formulary: Sometimes referred to as a preferred drug list, a list of prescription medications that are covered by a pharmacy plan. Drugs not on a formulary may not be available, may carry a higher cost-share amount or may be accessible only with prior authorization.

Generic: An FDA-approved drug, composed of virtually the same chemical formula as a brand-name drug. Ask for generics! Generic medications contain the same active ingredients as brand-name drugs but cost less. Talk to your doctor about getting generics and making sure medications are on your plan’s formulary.

Specialty Drugs: Low-volume, high-cost medication prescribed for chronic and complex illnesses such as multiple sclerosis, hepatitis C and hemophilia as well as some common diseases such as rheumatoid arthritis. Specialty drugs often require special storage and handling and are not readily available at the typical local retail pharmacy.

High Deductible Health Plan (HDHP): A plan with a higher deductible than a traditional insurance plan. These plans typically have lower monthly premiums but you must pay more out of pocket initially (your deductible for pharmacy and medical) before the plan starts to pay. A HDHP can be combined with a health savings account. This allows you to pay for certain medical expenses with pretax dollars. (The GW HSP is considered one of these plans.)

Network: A group of doctors, labs, hospitals and other providers that your plan contracts with at a set payment rate.

Preventive Care: Preventive care services include services that help you manage your health, such as routine physical exams, screenings and lab tests – these are all covered at 100% by the GW health plans, with no out-of-pocket costs like deductibles or copays as long as the services are received in-network. Be sure your provider codes the services as “preventive.”

Going Digital for Health!
Did you know that the GW pharmacy programs now cover a new digital therapy for adults living diagnosed with type 2 diabetes? The digital therapy is called BlueStar and enables personalized coaching based on your individual treatment plan, through the use of your cell phone and/or computer. BlueStar is a prescribed therapy. To learn more, please contact a BlueStar Customer Care representative at 888-611-4794.
HOW TO UTILIZE YOUR CARE

How Prescription Coinsurance Works

Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the cost for the service or prescription drug. GW pays the rest of the cost.

- You must pay all costs for prescription drugs until you meet your annual deductible.
- After you meet your deductible, you will be responsible for 20% coinsurance until you reach the out-of-pocket maximum.

Remember

- Your pharmacy deductible is combined with your medical deductible.
- You can use your HSA to pay for eligible out-of-pocket costs, including your deductible and prescription coinsurance.
- **HSP participants**: Preventive medications are covered at 100%! Coinsurance and deductible do not apply.
Prices vary significantly for imaging and lab work – even if you go in-network.

Not only do prices vary, but you will pay a lower coinsurance when you use a freestanding network facility instead of a hospital for healthcare services or treatments that do not require an overnight hospital stay. A freestanding facility performs outpatient services and submits claims separately from any hospital affiliation. GW offers a preferred network for labs, X-ray and major diagnostics. When you go to a preferred network freestanding facility for these services, you will pay 20% coinsurance for the PPO or HSP plans. If you go to a facility that is not in the preferred network you will pay 40% coinsurance for the PPO or HSP plans. LabCorp will remain the preferred vendor for lab work.

When you do need outpatient lab tests and imaging, refer to the checklist below of what to ask.

Visit go.gwu.edu/preferred for directions on how to compare costs and locate a preferred provider for networks and labs.

**Average costs of imaging and diagnostic services for the GW PPO Plan**

<table>
<thead>
<tr>
<th>Selected Imaging, X-Ray, Major Diagnostic Service</th>
<th>In-Network Free Standing Facility Total Cost / Member Cost (20% Coinsurance)*</th>
<th>Hospital Total Average Cost / Member Cost (40% Coinsurance)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI Scan</td>
<td>Total - $559</td>
<td>Total - $1,087</td>
</tr>
<tr>
<td></td>
<td>Member - $112</td>
<td>Member - $435</td>
</tr>
<tr>
<td>Ultrasound – Abdomen</td>
<td>Total - $114</td>
<td>Total - $323</td>
</tr>
<tr>
<td></td>
<td>Member - $23</td>
<td>Member - $129</td>
</tr>
<tr>
<td>General Blood Health Panel Test</td>
<td>Total - $15</td>
<td>Total - $21</td>
</tr>
<tr>
<td></td>
<td>Member - $3</td>
<td>Member - $8</td>
</tr>
<tr>
<td>PET Scan with CT Scan</td>
<td>Total - $539</td>
<td>Total - $730</td>
</tr>
<tr>
<td></td>
<td>Member - $108</td>
<td>Member - $292</td>
</tr>
</tbody>
</table>

*Coinsurance after deductible has been met

**When using outpatient lab tests and imaging, ask:**

- Do you know the cost of the tests you are ordering?
- Is the provider or laboratory in my network?
- Since my share of the cost is less for services performed in a freestanding facility that is not connected to a hospital, can the test or service be performed at a freestanding facility?
- Can you recommend a freestanding facility in the UnitedHealthcare network? (Your doctor can access a list of participating laboratories by visiting www.unitedhealthcareonline.com)
The GW Health Savings Plan (HSP) with Health Savings Account (HSA) is designed to give you control over your healthcare dollars and save for your future. It is a lower-premium, high deductible health insurance plan, which means you pay less out-of-pocket each month and more at the point of care before the plan pays for services that are not considered preventive.

- The network and coverage for the HSP are identical to the GW PPO Plan, and there is no need to designate a Primary Care Physician or to obtain specialist referrals.

- The GW HSP covers in- and out-of-network services (you’ll pay more for out-of-network providers).

- In-network preventive services and medications are covered at 100%.

- For all other services, you are responsible for paying the full cost of care until you reach the plan’s deductible. Then you are responsible for a portion of the cost of care (your coinsurance) until you reach the plan’s out-of-pocket maximum.
GW HEALTH SAVINGS ACCOUNT

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)*.

HSA is an investment tool

An HSA is an investment tool that helps you save for healthcare expenses, including deductibles and coinsurance. Contributions to your HSA account are pre-tax, and any interest earned on the account is tax-free.

Contribute to your HSA

In 2017, you may contribute 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 incurred 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 healthcare expenses are tax-free.

* Am I eligible for a Health Savings Account?

To be eligible you must meet these few criteria:
• Be covered by a qualified HDHP (like the GW HSP)
• 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

NEW!

Beginning in 2017, if you are not eligible for a HSA but participate in the HSP, you’ll be able to enroll in the GW Healthcare Flexible Spending Account. See page 16 for details.
GW HSA MATCHING CONTRIBUTION

For 2017, 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. As long as you have opened your account, the GW Match will be deposited coincident with your first paycheck of 2017:

**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 will match your contribution on a one-for-one basis up to $1,200!

*Remember, your HSA contribution + GW’s contribution cannot exceed the annual IRS limits.*

**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.

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**GW Healthcare Flexible Spending Account**

If you participate in the GW HSA but are not eligible for a HSA, you will have the opportunity to elect the GW healthcare Flexible Spending Account (FSA).

A FSA can save you money by allowing you to use pre-tax dollars to pay for qualifying expenses. When you set aside some of your salary into a FSA, the contributions are not subject to federal, state, local or FICA taxes.

**Healthcare FSA:**
You can contribute up to $2,550 for eligible expenses not covered by insurance:

- Health expenses
- Dental expenses
- Vision expenses

These expenses can be for you or your eligible tax dependents, whether or not they are covered on a GW health plan. You can pay for expenses using the PayFlex debit card or submit a claim online and be reimbursed. Your full annual election is available to use as of the beginning of the plan year.
HEALTHY HABITS OF A GOOD HEALTHCARE CONSUMER

Did you know that GW’s medical and prescription drug plans are self-insured? Self-insured means that the institution pays for healthcare claims directly out of its operating budget. Every one of us plays an important role in keeping healthcare costs low. Taking steps to lower healthcare costs will benefit us as individuals as well as the entire university. What can you do to reduce healthcare costs? Check out these 10 cost saving tips.

1. Choose In-Network Providers

UnitedHealthcare negotiates with providers and healthcare facilities for discounted fees. These providers make up the health plan’s network. When you visit an in-network provider, you usually pay a lower copayment, lower deductible and lower coinsurance. Using an out-of-network provider can cost you more money out-of-pocket. Beginning in 2017, you can discover how much you will pay for a doctor’s visit by using Castlight.

2. Choose Generics

Generic prescription medications are nearly identical to their brand-name equivalents in quality and composition, but generally cost much less due to the lower coinsurance. Every time you fill a prescription, you could be saving money by asking for a generic version of the medicine. The difference in cost can add up to big savings in a short time.

3. Time for a Check-Up

Prevention and early detection of disease are the best ways to live a healthy life. A simple checkup could mean the difference between treating a chronic condition for an indefinite amount of time and making small lifestyle changes to prevent the onset of disease. The better your health, the lower your healthcare costs are likely to be. Preventive health screenings are 100% covered by all GW health plans if you go to an in-network provider. Need a provider? Call Health Advocate, a GW-provided benefit, to help you navigate the healthcare system at 866-695-8622.
Use the Emergency Room for Emergencies

You will save money when you visit an in-network provider or walk-in clinic for routine ailments such as sore throats, colds, flu, earaches, minor back pain and tension headaches. If you are not sure if your condition requires a trip to the ER, call UHC’s Nurseline any time day or night 877-706-1739.

Choose Freestanding Facilities

Choose in-network freestanding facilities for lab and imaging services and save. An MRI at a hospital can cost the plan more than $1,500 while the same MRI at a freestanding facility may cost only $500.

Ask Your Doctor Questions

Become an active participant in your healthcare and ask questions about all the services your physician recommends, including radiological services, hospital stays, lab tests, medications and anything else. Talk to your doctor and find out if a procedure is absolutely necessary. You could lower your healthcare costs by eliminating an unnecessary test or procedure. Visit healthadvocate.com/gwu to create a personal medical visit checklist.

Take advantage of an HSA

With a health savings account (HSA), you choose to have pre-tax dollars deducted from your paycheck for out-of-pocket medical costs. These accounts are great for covering expected and unexpected medical expenses and lowering your taxable income, which saves you money.

Use Maintenance Mail Order for Prescriptions

If you have a condition that requires ongoing prescription medication, you will have the lowest out-of-pocket costs possible by requesting that your doctor provide a prescription for a 90-day supply of your medication. Not only will you save money, you also save a trip to the pharmacy!

Stay Healthy

A great way to save money on your healthcare is to stay healthy! When you get regular exercise, eat healthy, drink plenty of water and avoid smoking or drinking too much alcohol, you’re improving your health and reducing the likelihood of future health problems. Lowering your risk for future health problems not only improves your quality of life, it also lowers healthcare costs for you and the university. While tackling all of these at once could be difficult, taking the first step toward improving your health might be easier than you think.

Skip the Waiting Room with Virtual Visits

A virtual visit lets you see and talk to a doctor from your mobile device or computer, any time, without an appointment! Virtual Visits will cost you less than using an urgent care facility! It’s offered to you as part of your GW health plan benefits. Log in to go.gwu.edu/virtualvisit or download the UnitedHealthcare Health4Me® app at go.gwu.edu/Health4Me app to learn more about virtual visits.

BECOME A HEALTH CARE CONSUMER!

Being an informed consumer is the best way to get the healthcare you need and the most value from your GW benefits.
EXPLORE
Review Plan Details and Access Other Resources
https://benefits.gwu.edu/affordable-care-act-aca
To review plan details and access other benefit resources online!

Log into EasyEnroll to Enroll starting December 5, 2016.
To get started, log into www.benedetails.com and enter portal/enrollment ID 91364.
Fight the Flu for a Healthier GW

Flu season is here, and it’s more important than ever for you to take care of your health. A flu shot can protect you against the seasonal flu, and other forms of the flu virus. Take a positive step to help reduce your chances of catching this season’s viruses and get a flu vaccine.

Flu shots are available at CVS/pharmacy, RiteAid Pharmacy, Target Pharmacy and Walgreens Pharmacy at no cost for faculty and staff who participate in the GW HSP. This also includes your spouse/domestic partner and dependent children if they are covered under your GW health plan.

Just present your UnitedHealthcare card, and your shot is 100% covered.
COMPARE
For more details about the coverage provided under the GW HSP, 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.

## MEDICAL PLAN HIGHLIGHTS

Note: The GW HSP uses the UHC Choice Plus network.

<table>
<thead>
<tr>
<th>GW Health Savings Plan (HSP)</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>In-Network</strong></td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
</tr>
</tbody>
</table>

### Deductible

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>$2,000</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$4,000†</td>
<td>$6,000†</td>
</tr>
</tbody>
</table>

### Out-of-Pocket Maximum‡‡

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>$4,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$7,150</td>
<td>$12,000</td>
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</table>

### Coinsurance

<table>
<thead>
<tr>
<th></th>
<th>GW - 80%</th>
<th>GW - 60%</th>
<th>Employee - 20%</th>
<th>Employee - 40%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCP</strong></td>
<td>After deductible:</td>
<td>After deductible:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GW - 80%</td>
<td>GW - 60%</td>
<td>Employee - 20%</td>
<td>Employee - 40%</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>After deductible:</td>
<td>After deductible:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GW - 80%</td>
<td>GW - 60%</td>
<td>Employee - 20%</td>
<td>Employee - 40%</td>
</tr>
</tbody>
</table>

### Lifetime Maximum

|                  | Unlimited |

### Office Visit

- **Diagnostic Test (x-ray, blood work)**
  - After deductible: GW - 80%       Employee - 20%
  - After deductible: GW - 60%       Employee - 40%

- **Imaging and Labs†††**
  - 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%

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

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

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

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

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

** 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.
<table>
<thead>
<tr>
<th>GW Health Savings Plan (HSP)</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%

**Durable Medical Equipment (DME)**
- 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)

**Prescription Out-of-Pocket Maximum**
- Individual: Combined with medical
- Family: Combined with medical

**Preventive Drugs**
- Covered at 100%

**Retail Prescription Drugs**
- **Generic**
  - After deductible:
    - GW - 80%
    - Employee - 20%
- **Brand Formulary**
  - After deductible:
    - GW - 80%
    - Employee - 20%
- **Brand Non-Formulary**
  - After deductible:
    - GW - 80%
    - Employee - 20%

**Mail-Order Prescription Drugs**
- **Generic**
  - Vacation Exception Additional 30-day supply one time per year
  - After deductible:
    - GW - 80%
    - Employee - 20%
- **Brand Formulary**
  - Add vacation exception Additional 30-day supply one time per year
  - After deductible:
    - GW - 80%
    - Employee - 20%
- **Brand Non-Formulary**
  - After deductible:
    - GW - 80%
    - Employee - 20%

**** 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 31.
YOUR PRESCRIPTION DRUG BENEFITS

Coverage for GW HSP Participants
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 27). After you meet the deductible, you will be responsible for 20% in-network coinsurance until you reach the out-of-pocket maximum.

Please see chart on page 27 for additional details.

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.

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, visit www.caremark.com or download the CVS Caremark Mobile App.
**CHOOSING A MEDICAL PLAN**

**Hi, I’m Jane!**

**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 the GW HSP cost for Jane in 2017?

<table>
<thead>
<tr>
<th>Cost of Care</th>
<th>Total Cost of Service</th>
<th>GW HSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well adult office visit</td>
<td>$200</td>
<td>$0 Covered at 100%</td>
</tr>
<tr>
<td><em>Routine physical and eligible preventive screenings</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well women’s visit</td>
<td>$200</td>
<td>$0 Covered at 100%</td>
</tr>
<tr>
<td><em>Routine physical and eligible preventive screenings</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90 day prescriptions for generic preventive asthma medication filled four times</td>
<td>$640 ($160 per Rx)</td>
<td>$0 Covered at 100%</td>
</tr>
<tr>
<td>One primary care visit</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>One generic antibiotic</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>One specialist visit</td>
<td>$322</td>
<td>$322</td>
</tr>
<tr>
<td><strong>Total Cost of Care</strong></td>
<td><strong>$1,527</strong></td>
<td><strong>$487</strong></td>
</tr>
</tbody>
</table>

### Cost of Coverage

- Total annual premium cost deducted from paycheck: $720
- Amount contributed by Jane to her HSA from paycheck*: $660
- Amount contributed by GW to her HSA: ($600)

### Jane’s Total Costs  
(Payroll Contributions & Cost of Care)  
$1,267

*Jane decides to save about $55/month 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.
Hi, I'm Robert!

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?

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

<table>
<thead>
<tr>
<th>Cost of Coverage</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total annual premium cost deducted from paycheck</td>
<td>$3,096</td>
<td></td>
</tr>
<tr>
<td>Amount contributed by Robert to his HSA from paycheck*</td>
<td>$1,200</td>
<td></td>
</tr>
<tr>
<td>Amount contributed by GW to his HSA</td>
<td>($1,200)</td>
<td></td>
</tr>
</tbody>
</table>

Robert's Total Costs
(Payroll Contributions & Cost of Care) $5,573

* 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.
Wouldn’t it be great if you could easily compare prices and read patient reviews for doctors and medical services or prescriptions?

**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 through mail order.

---

**INTRODUCING CASTLIGHT**

**With Castlight you can:**

- Compare nearby doctors and medical facilities based on the price you’ll pay and quality of care.
- See personalized cost estimates based on your location, health plan and whether you’ve paid your deductible.
- Review step-by-step explanations of past medical spending so you know how much you paid and why.
- Learn more about prescription drug options.

**Why Use Castlight?**

Prices for medical services vary a lot. It may surprise you, but prices for medical services can be different depending on where you go.

Out-of-pocket costs for a standard office visit can range from $80 to $250. For other types of visits, lab tests and x-rays, the range can be even larger.

Frequently you can find exactly the same service for a lower price without any difference in the quality of care.

Castlight is personalized to each member. When it shows the price for a service, it is based on the contracted price negotiated by the medical plan, as well as the member’s deductible status.

Better care doesn’t have to be expensive care.

*Additional information about Castlight will be available during Open Enrollment.*
Mark your Calendars!
Beginning in 2017, GW will offer Castlight, a free service for GW employees, their spouses, domestic partners and adult dependents who are covered on a GW health plan, the GW PPO or the GW HSP.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Bi-weekly</th>
<th>Paid over 9 Months Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Contributions</td>
<td>GW Contributions</td>
<td>Employee Contributions</td>
</tr>
<tr>
<td>EE</td>
<td>$15.00</td>
<td>$458.67</td>
<td>$6.92</td>
</tr>
<tr>
<td>EE+SP/DP</td>
<td>$84.00</td>
<td>$910.71</td>
<td>$38.77</td>
</tr>
<tr>
<td>EE+ Child(ren)</td>
<td>$63.00</td>
<td>$813.29</td>
<td>$29.08</td>
</tr>
<tr>
<td>Family</td>
<td>$142.00</td>
<td>$1,326.38</td>
<td>$65.54</td>
</tr>
</tbody>
</table>

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

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.
## UHC Medical Coverage
### 2017 Full-Time with Benefits Salary $35,000.01 - $60,000

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Bi-weekly</th>
<th>Paid over 9 Months Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>GW</td>
<td>Employee</td>
</tr>
<tr>
<td>Contributions</td>
<td>Contributions</td>
<td>Contributions</td>
</tr>
<tr>
<td>EE</td>
<td>$60.00</td>
<td>$413.67</td>
</tr>
<tr>
<td>EE+SP/DP</td>
<td>$174.00</td>
<td>$820.71</td>
</tr>
<tr>
<td>EE+ Child(ren)</td>
<td>$153.00</td>
<td>$723.29</td>
</tr>
<tr>
<td>Family</td>
<td>$258.00</td>
<td>$1,210.38</td>
</tr>
</tbody>
</table>

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

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.
### UHC Medical Coverage
#### 2017 Full-Time with Benefits Salary $60,000.01 - $120,000

<table>
<thead>
<tr>
<th>Employee Contributions</th>
<th>GW Contributions</th>
<th>Employee Contributions</th>
<th>GW Contributions</th>
<th>Paid over 9 Months</th>
<th>Monthly Contributions</th>
<th>GW Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EE</td>
<td>$60.00</td>
<td>$413.67</td>
<td>$27.69</td>
<td>$190.92</td>
<td>$80.00</td>
<td>$551.56</td>
</tr>
<tr>
<td>EE+SP/DP</td>
<td>$174.00</td>
<td>$820.71</td>
<td>$80.31</td>
<td>$378.79</td>
<td>$232.00</td>
<td>$1,094.28</td>
</tr>
<tr>
<td>EE+ Child(ren)</td>
<td>$153.00</td>
<td>$723.29</td>
<td>$70.62</td>
<td>$333.83</td>
<td>$204.00</td>
<td>$964.39</td>
</tr>
<tr>
<td>Family</td>
<td>$258.00</td>
<td>$1,210.38</td>
<td>$119.08</td>
<td>$558.64</td>
<td>$344.00</td>
<td>$1,613.84</td>
</tr>
</tbody>
</table>

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

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

### 2017 Full-Time with Benefits Salary $120,001 - $180,000

<table>
<thead>
<tr>
<th>Monthly Contributions</th>
<th>Bi-weekly Contributions</th>
<th>Paid over 9 Months Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Contributions</td>
<td>GW Contributions</td>
<td>Employee Contributions</td>
</tr>
<tr>
<td>EE</td>
<td>$67.00</td>
<td>$406.67</td>
</tr>
<tr>
<td>EE+SP/DP</td>
<td>$194.00</td>
<td>$800.71</td>
</tr>
<tr>
<td>EE+ Child(ren)</td>
<td>$171.00</td>
<td>$705.29</td>
</tr>
<tr>
<td>Family</td>
<td>$288.00</td>
<td>$1,180.38</td>
</tr>
</tbody>
</table>

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

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.
### UHC Medical Coverage
**2017 Full-Time with Benefits Salary $180,000.01 - $240,000**

<table>
<thead>
<tr>
<th>Monthly Contributions</th>
<th>Bi-weekly Contributions</th>
<th>Paid over 9 Months Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE</td>
<td>$70.00</td>
<td>$403.67</td>
</tr>
<tr>
<td>EE+SP/DP</td>
<td>$203.00</td>
<td>$791.71</td>
</tr>
<tr>
<td>EE+ Child(ren)</td>
<td>$179.00</td>
<td>$697.29</td>
</tr>
<tr>
<td>Family</td>
<td>$300.00</td>
<td>$1,168.38</td>
</tr>
</tbody>
</table>

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

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.
## UHC Medical Coverage
### 2017 Full-Time with Benefits Salary >$240,000

<table>
<thead>
<tr>
<th>Monthly Contributions</th>
<th>Bi-weekly Contributions</th>
<th>Paid over 9 Months Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE</td>
<td>$73.00</td>
<td>$400.67</td>
</tr>
<tr>
<td>GW</td>
<td>$33.69</td>
<td>$184.92</td>
</tr>
<tr>
<td>EE+SP/DP</td>
<td>$211.00</td>
<td>$783.71</td>
</tr>
<tr>
<td>EE+ Child(ren)</td>
<td>$186.00</td>
<td>$690.29</td>
</tr>
<tr>
<td>Family</td>
<td>$313.00</td>
<td>$1,155.38</td>
</tr>
</tbody>
</table>

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

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.
## UHC Medical Coverage
### 2017 Part-Time

<table>
<thead>
<tr>
<th>Monthly Contributions</th>
<th>Bi-weekly Contributions</th>
<th>Paid over 9 Months Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>GW Contributions</td>
<td>GW Contributions</td>
<td>GW Contributions</td>
</tr>
<tr>
<td><strong>Employee</strong></td>
<td><strong>GW</strong></td>
<td><strong>Employee</strong></td>
</tr>
<tr>
<td><strong>Contributions</strong></td>
<td><strong>Contributions</strong></td>
<td><strong>Contributions</strong></td>
</tr>
<tr>
<td></td>
<td>Jan–May</td>
<td>and Sept–Dec</td>
</tr>
</tbody>
</table>

### GW Health Savings Plan (HSP)

<table>
<thead>
<tr>
<th></th>
<th>EE</th>
<th>EE+SP/DP</th>
<th>EE+ Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Contributions</td>
<td>$93.00</td>
<td>$497.00</td>
<td>$438.00</td>
<td>$734.00</td>
</tr>
<tr>
<td>Bi-weekly Contributions</td>
<td>$380.67</td>
<td>$497.71</td>
<td>$438.29</td>
<td>$734.38</td>
</tr>
<tr>
<td>Paid over 9 Months</td>
<td>$42.92</td>
<td>$229.38</td>
<td>$202.15</td>
<td>$338.77</td>
</tr>
<tr>
<td>Monthly Contributions</td>
<td>$175.69</td>
<td>$229.71</td>
<td>$202.29</td>
<td>$338.94</td>
</tr>
<tr>
<td>GW Contributions</td>
<td>$124.00</td>
<td>$662.67</td>
<td>$584.00</td>
<td>$978.67</td>
</tr>
<tr>
<td>Paid over 9 Months</td>
<td>$507.56</td>
<td>$663.61</td>
<td>$584.39</td>
<td>$979.17</td>
</tr>
</tbody>
</table>

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

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.
DECIDE
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 also use an online enrollment tool called EasyEnroll. You can access EasyEnroll online at any time during Open Enrollment, from December 5th through 16th.

EasyEnroll LOGIN INSTRUCTIONS FOR ACA ELIGIBLE 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 adding a new dependent** or beneficiary, 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 www.benedetails.com and enter 91364 as the portal/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 2017, 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.

** If newly adding a dependent to coverage, supporting documentation must be received by Benefits Administration by Thursday, December 22, 2016.

MANAGE YOUR BENEFITS THROUGHOUT THE YEAR

EasyEnroll does more than capture your Open Enrollment 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.

IF YOU DO NOT ENROLL ONLINE OR MAKE CHANGES DURING OPEN ENROLLMENT:

• If you choose not to take action, your 2016 coverage will “roll over.” Even if you want to keep the same coverage, it’s a good idea to verify that all your information is accurate.

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 Open Enrollment.
### IMPORTANT CONTACT INFORMATION

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<thead>
<tr>
<th>Who to Call</th>
<th>Contact Information</th>
<th>Plan Information (if applicable)</th>
</tr>
</thead>
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<tr>
<td><strong>Medical</strong></td>
<td></td>
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<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>
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<tr>
<td><strong>Prescription Drug</strong></td>
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<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>
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<tr>
<td><strong>Health Savings Account</strong></td>
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<tr>
<td>PayFlex</td>
<td>800-284-4885 • <a href="http://www.payflex.com">www.payflex.com</a> Toll Free Fax: 855-703-5305</td>
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<tr>
<td><strong>Work-Life and Wellness Benefits</strong></td>
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<tr>
<td>Wellbeing Hotline</td>
<td>866-522-8509 • go.gwu.edu/well</td>
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<tr>
<td>Health Advocate</td>
<td>866-695-8622 • healthadvocate.com/gwu</td>
<td></td>
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<tr>
<td>CCLC Back-up Care</td>
<td>877-820-7190 • <a href="http://www.cclc.com/gwu">www.cclc.com/gwu</a></td>
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<tr>
<td>Quit for Life Smoking Cessation</td>
<td>866-QUIT-4-LIFE • <a href="http://www.quitnow.net">www.quitnow.net</a></td>
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<tr>
<td><strong>GW Departments</strong></td>
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<tr>
<td>Benefits Call Center (Health &amp; Welfare Benefits and Enrollment Inquiries)</td>
<td>888-4GWUBEN (449-8236)</td>
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<tr>
<td>Benefits Administration Department</td>
<td>571-553-8382 • <a href="https://benefits.gwu.edu">https://benefits.gwu.edu</a></td>
<td></td>
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<tr>
<td>Payroll (Pre-tax Transportation and Parking Benefits)</td>
<td>571-553-4277 • <a href="https://payroll.gwu.edu">https://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>
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</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.

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**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.