

THE GEORGE WASHINGTON UNIVERSITY

Benefits Guide 2018

For Medical Residents



THE GEORGE
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WASHINGTON, DC



Table of Contents

3	Introduction
4	Benefits At-A-Glance
5	Helping You Make Your Decisions
6	Eligibility and Coverage Information
8	Using the EasyEnroll System
9	Your Medical Options
15	Getting the Most Out of Your Coverage
17	How to Choose a Medical Plan
19	Your Prescription Drug Benefits
23	Your Vision Coverage Options
24	Your Dental Coverage Options
26	Flexible Spending Accounts
31	Life Insurance Options
33	Disability Insurance Options
34	Legal Resources® Plan
35	Supporting Employee Wellbeing
35	Wellness Benefits
36	Work-Life Benefits
37	Other GW Benefits
39	Contribution Rates
50	Important Contact Information
52	Important Legal Notices
53	Glossary



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

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

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

Benefits At-A-Glance

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

Benefit Type	Options
Medical Plans Includes prescription drug coverage through CVS Caremark	<ul style="list-style-type: none">• UnitedHealthcare GW Health Savings Plan (HSP)• UnitedHealthcare GW PPO Plan• Waive Coverage
Dental Plans	<ul style="list-style-type: none">• Aetna High Option Dental PPO• Aetna Low Option Dental PPO• Aetna DMO (Dental Maintenance Organization)• Waive Coverage
Vision Plan	<ul style="list-style-type: none">• UnitedHealthcare Basic Vision Plan• UnitedHealthcare Enhanced Vision Plan• Waive Coverage
Health Savings Account (HSA)	
Flexible Spending Accounts (FSAs)	<ul style="list-style-type: none">• Health Care Flexible Spending Account (HCFSA)• Dependent Day Care Flexible Spending Account (DCFSA)
Life and Accidental Death & Dismemberment Insurance	<ul style="list-style-type: none">• Basic Group Term Life Insurance• Basic Accidental Death & Dismemberment (AD&D) Insurance• Optional Employee, Spouse and Child Life Insurance• Optional Employee, Spouse and Child AD&D Insurance
Disability Insurance	<ul style="list-style-type: none">• Voluntary Short-Term Disability (VSTD) Insurance• GW Paid Short-Term Disability (STD) Insurance• Basic Long-Term Disability (LTD) Insurance• LTD Buy-Up Insurance
Group Legal Plan	<ul style="list-style-type: none">• Legal Resources® Plan
Wellness and Work-Life Programs	<ul style="list-style-type: none">• Wellbeing Hotline• Health Advocate• Quit For Life® Smoking Cessation Program• UnitedHealthcare Healthy Pregnancy Program• Back-Up Family Care
Other GW Benefits	<ul style="list-style-type: none">• Tuition Remission• Pre-Tax Transportation• Pre-Tax Parking• Retirement Benefits• Group Home & Auto Discount• Castlight

Helping You Make Your Decisions

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

Enrollment Checklist

- ❑ **Step 1:** Review your current benefits and coverage levels using our benefits enrollment tool, EasyEnroll, at go.gwu.edu/easyenroll.
- ❑ **Step 2:** Read this Benefits Guide and attend new resident orientation to understand your benefits for 2018. Please visit <https://benefits.gwu.edu> for additional information.
- ❑ **Step 3:** Collect necessary documentation (such as Social Security Numbers) for eligible dependents that you wish to add to coverage. See page 6 for details on what documentation you need to submit.
- ❑ **Step 4:** Gather a summary of 2017 health and childcare expenses to help you estimate this year's FSA elections (or HSA election if you enroll in the GW Health Savings Plan).
- ❑ **Step 5:** Log in to EasyEnroll at go.gwu.edu/easyenroll **within 30 calendar days** of your hire date to make your elections.
- ❑ **Step 6:** Update beneficiary information for your life insurance plans.
- ❑ **Step 7:** If adding a dependent to coverage, submit your dependent documentation to GW Benefits **within 30 calendar days** of your hire date. **Please note:** Dependent enrollment is pending until documentation is received and verified. You may submit information by mail, fax or email:

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

Phone: (571) 553-8382

Fax: (571) 553-8385

Email: benefits@gwu.edu

Don't forget!

Health Advocate is available to assist you with making your 2018 elections. See page 35 for more details.

Remember!

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

Eligibility and Coverage Information

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

You may also enroll eligible dependents in certain benefits.

Eligible dependents include:

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

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

- Medical
- Dental
- Vision
- Optional Spouse, Domestic Partner and Child Life Insurance
- Optional Spouse, Domestic Partner and Child AD&D Insurance

Coverage Level Information

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

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

Domestic Partner Coverage

You may cover your same- 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 GW Benefits website at <https://benefits.gwu.edu>.

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

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

Documentation Verification for Dependents

In order to cover your family members, GW needs to verify dependent eligibility. If you are adding a dependent to your coverage, 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 form
- Domestic Partner - Declaration of Domestic Partnership form

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

If adding a dependent to your coverage, please submit your dependent documentation to GW Benefits within 30 calendar days of your hire date. **Please note:** Dependent enrollment is pending until documentation is received and verified by GW Benefits.

Making Changes During the Year (Qualified Life Events)

In most cases, you may only make changes to your benefit elections during Open Enrollment. However, if you experience a Qualified Life Event (QLE), 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:

- Marriage
- 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 status, 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 (CHIP)
- Becoming eligible for Medicare or Medicaid
- 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 in order to make changes to your benefit elections. Changes are effective on the first of the month following completion of the following steps:

Step 1: Go online to your EasyEnroll account to enter your Qualified Life Event (go.gwu.edu/easyenroll).

Step 2: Gather supporting documentation of the life event (as described on page 6).

Step 3: Send all supporting documentation to GW Benefits (as described on page 5).

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

Coverage Start and End Dates

For most benefits, your coverage begins on the first day of the month following your date of hire. If you are hired on the first day of the month, your benefits begin on your hire date.

Please Note: If elected, medical/prescription coverage for residents begins on the date of hire.

Mid-year changes are effective on the first day of the month following submission of all documentation required as long as documentation is received within 30 calendar days of the Qualified Life 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, please see your Summary Plan Description (SPD) on the GW Benefits website at <https://benefits.gwu.edu>.

Paying for Benefits

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

Pay Frequency:

Bi-weekly	12 Month	9, 10, 11 Month
26 Pay Periods	12 Pay Periods	9 Pay Periods

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

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

Note: A deduction may be missed in the initial paycheck that is due; most often, this is a result of payroll running before benefit elections can be uploaded to the payroll system (particularly if electing benefits towards the end of the new hire 30 calendar day enrollment period). Should this occur, missing deductions will arrear and a double deduction will be taken from a later pay date. If you have any questions, please contact GW Benefits at benefits.gwu.edu or (571) 553-8382.

Determining Your Benefits Salary

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

Costs

Your costs for each benefit depend on your benefits salary and coverage level. You can find specific rate information for 2018 beginning on page 39 of this guide and on the EasyEnroll website at go.gwu.edu/easyenroll.

Using the EasyEnroll System

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

EasyEnroll Login Instructions for Active Medical Residents

How to use the EasyEnroll system:

1. Read this guide and consider your benefit needs for 2018. If you are enrolling a dependent[†], please be sure to have his/her Social Security Number, date of birth and address available.
2. Go online to go.gwu.edu/easyenroll.
3. You will be prompted to enter an EID:
EID is your GWid (without the 'G')
4. You will then be prompted to enter your password. Your initial password is the last four digits of your Social Security Number (or the last four digits of your GWid if you don't have a Social Security number). If, at any time, you forget your password, please contact the Benefits Call Center at **(888) 4GWUBEN (449-8236)**.
5. Click on the "Click Here to Enroll Now" button.
6. You will be directed to select the Qualified Life Event that best describes the reason you are entering the online enrollment system.[†] If you are a newly-hired medical resident enrolling for the first time, please select "Newly Eligible".
7. Follow the prompts to make your benefit elections.
8. Enter your life insurance beneficiary information.
9. Print a confirmation statement, review it for accuracy and keep it for your records.

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

Manage Your Benefits Throughout the Year

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

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

Remember: You will not be able to make changes to your benefits or covered dependents any time in 2018 unless you experience a Qualified Life Event. Learn more about Qualified Life events at <https://benefits.gwu.edu/qualified-life-events>.

Confirming Your Elections

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

Important: During your new hire enrollment period (30 calendar days from date of hire), you can access EasyEnroll as often as you like. The elections on file as of the enrollment deadline will be your final coverage for 2018.

GW's Enrollment ID is 94605. Please use this number if you encounter a screen that asks for a Portal or Enrollment ID to continue with enrollment.

REMINDER! Health Advocate is available to assist you with making your new hire/Qualified Life Event plan choices. See page 35 for details.

[†]Documentation Verification for Dependents

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

Spouse (Same-Sex and Opposite-Sex) - marriage certificate

Child - birth certificate or other proof of birth

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

Domestic Partner (Same-Sex and Opposite-Sex) - Declaration of Domestic Partnership form

If you are making a benefit change due to a Qualified Life Event, you must also provide documentation supporting this event.

Your Medical Options

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

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

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

Important Terms

- **Benefits Salary:** Sometimes referred to as a benefits eligible salary, the salary(ies) of your active benefits eligible primary and secondary positions.
- **Coinsurance:** The percentage you pay for the cost of covered healthcare services, after you meet your deductible. For example, if your plan has coinsurance of 20 percent and you have already paid the deductible, the plan pays 80 percent of the costs and you pay 20 percent.
- **Copay:** A set amount (e.g., \$30) you pay up-front for a covered healthcare service.
- **Covered Services:** Services deemed by your plan to be medically necessary for the care and treatment of an injury or illness.
- **Deductible:** The amount you pay before the plan starts to pay. For example, the GW PPO requires a \$750 deductible for an individual using in-network services. This means that you pay the first \$750 in medical care you use (**Please note:** The deductible is not applicable to all services; please see page 12).

↓Low Deductible = ↑Higher Premium

↑High Deductible = ↓Lower Premium

- **Formulary:** Sometimes referred to as a preferred drug list, a list of prescription medications that are covered by a pharmacy 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 healthcare services in a year. Once you reach your out-of-pocket maximum, the plan pays 100 percent 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 EOBs, go to: <http://go.gwu.edu/EOB>.

UnitedHealthcare is a Self-Insured Plan

What Does It Mean To Have A Self-Insured Plan?

A self-insured plan means the university pays the claims. UnitedHealthcare (UHC) processes the claims from health providers for GW employees and their dependents. GW does not receive any private medical information or details about claims incurred.

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

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

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

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

Choosing a Plan

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

UnitedHealthcare (UHC) is our sole provider of medical plans. Our partnership with UHC provides you with many "perks," such as:

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

The GW - Health Savings Plan with Health Savings Account

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

There are a few key features of the GW HSP with HSA to consider:

• THE HEALTH PLAN:

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

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

For all other services, you are responsible for paying the full cost of care (medical and prescription) until you reach the plan's annual 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.*

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

• THE HSA:

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

In 2018, you may contribute via payroll deduction up to \$3,450 to your HSA if you have individual coverage, or up to \$6,850 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 HSA.

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 to enroll in an HSA?

To be eligible for an HSA, you must meet the following criteria:

- Must be covered by a qualified high deductible health plan (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 (like the GW PPO). Exceptions include vision coverage, dental coverage, accident and disability coverage and employee assistance programs.

NOTE: HSA participants cannot participate in the Health Care Flexible Spending Account (HCFSAs).

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

Withdrawals

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

No Claims to Process!

How do I access my HSA funds?

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

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

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

GW HSA Matching Contribution:

GW will make a tax-free matching contribution to your account. You must open an HSA through GW's third-party administrator, PayFlex, in order to receive this funding. GW's matching contribution is loaded to your HSA coincident with your first contribution of the year.

If you have resident-only coverage

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

If you are covering any dependents (spouse/domestic partner or children)

For every \$1 you contribute to your HSA, GW match your contribution on a one-for-one basis up to \$1,200!

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

Savings

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



The GW PPO Plan

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

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

In addition to comprehensive benefits, the GW PPO offers:

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

The Advantage Of In-Network Services

If your physician is currently part of the GW Extended network with UHC, you may continue to receive services from this doctor at the in-network level. If you have questions, contact the Benefits Call Center at (888) 4GWUBEN (449-8236).

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 that UHC has one of the largest networks in the nation, with 843,000 doctors and health professionals; 133,000+ UnitedHealth Premium® Care Physicians; 5,640 hospitals; 2,220+ Convenience Care Centers and 965 Centers of Excellence. The UHC network is available in 96 percent of all U.S. counties and is designed to help meet your unique healthcare needs. This means that almost anywhere you are in the country, you'll be able to find a network provider or facility and receive 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 provider or place of service, visit www.uhc.com.

Preferred Network for Imaging and Labs:

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

TIP: Before you make your appointment, be sure to visit www.myuhc.com or call the toll-free member phone number on your healthcare ID card to find an in-network freestanding facility near you. You can also use Castlight to compare costs for medical services and facilities. Learn more at <https://benefits.gwu.edu/castlight>.

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

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

Comparing the Medical Plans

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

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

Deductible

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

Out-of-Pocket Maximum^{††}

Individual	\$4,000	\$6,000	\$3,000	\$6,000
Family	\$7,350	\$12,000	\$6,000	\$12,000

Coinsurance

GW - 80% Employee - 20%	GW - 60% Employee - 40%	GW - 80% Employee - 20%	GW - 60% Employee - 40%
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Lifetime Maximum

Unlimited	Unlimited
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Office Visit

Primary Care Physician (PCP)	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	\$30 copay	After deductible: GW - 60% Employee - 40%
Specialist	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	\$50 copay	After deductible: GW - 60% Employee - 40%

Virtual Visit

After deductible: GW - 80% Employee - 20%	\$10 copay
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Imaging and Labs^{†††} *LabCorp is the preferred lab for GW medical plans.*

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

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

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

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

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

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

Hospital Care

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

Preventive

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

Applied Behavior Analysis (ABA)

Covered	Covered	Covered	Covered
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Chiropractic Care

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

Not Covered	Not Covered	Up to \$30,000 lifetime medical benefit and up to a \$8,000 pharmacy benefit	Not Covered
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Hearing Aids***

Not Covered	Not Covered	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
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* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit www.uhcpreventivecare.com for additional details on ALL preventive care guidelines based on your age and sex.

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

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

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

Obesity Surgery****

Not Covered	Not Covered	Up to \$60,000 lifetime limit	Not Covered
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Vision

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

After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
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Prescription Drug Deductible

Included in overall plan deductible (\$2,000 individual / \$4,000 family)	N/A
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Prescription Out-of-Pocket Maximum

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

Preventive Drugs

Covered at 100%	Subject to coinsurance
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Retail Prescription Drugs

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

Mail-Order Prescription Drugs

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

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

Summaries of Benefits and Coverage (SBCs) will soon be available at <https://benefits.gwu.edu>. Please review for additional plan coverage information. To review 2018 contribution rates for Medical Coverage, please refer to page 39.

Getting the Most Out of Your Coverage

Effective use of 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 50 of this guide.

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

Primary Care

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

Don't Forget! There is a Nurseline available 24 hours a day, seven days a week. Please see page 16 for details.

Convenience Care Clinics

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 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 a convenience care clinic may be provided at a lower out-of-pocket cost than at an urgent care clinic, 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 available may vary by clinic.

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

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

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

Telemedicine: Unitedhealthcare Virtual Visit

When you feel unwell, or your child is sick, the last thing you want to do is leave the comfort of your home to sit in a waiting room.

As a UHC medical plan participant, you have access to a network of care providers offering Virtual Visits. Virtual Visits allow 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 without an appointment or physical visit to a doctor's office. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, which you may subsequently pick up at your local CVS/pharmacy.

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

Urgent Care Center

Sometimes you need medical care fast. However, a trip to the emergency room may not be necessary. 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 visiting an urgent care center. At an urgent care center, 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 center include:

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

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

Emergency Room

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

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

Some examples of emergent conditions may include:

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

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.

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 choosing the right medical center, finding a nearby hotel when you have treatment and more.

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 help with:

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

Castlight

Take the mystery out of your healthcare with Castlight, a free service for GW employees, spouses/domestic partners and adult dependents covered under a university health plan.

As your personalized healthcare assistant, Castlight helps you get the most out of your health plan and benefits by allowing you to:

- Compare healthcare services
- See personalized costs
- Review past medical spending
- Understand prescription options
- View current HSA and HCFSA balances

Current GW medical plan participants can register in minutes at <https://mycastlight.com/GW>. Learn more about Castlight at <https://benefits.gwu.edu/castlight>.

Privacy and Security

User privacy and security are of the utmost importance. To protect user information, Castlight invests in industry-leading protocols and processes. For additional information, review Castlight's privacy statement at <https://us.castlighthealth.com/v2/privacy>, or read their security detail at archive.castlighthealth.com/security-detail.

Questions? Need Help?

Get support from a Castlight Guide via phone, live chat or email.

Phone: (800) 682-1636 - weekdays 8 a.m. - 9 p.m. EST.

Live chat via the web app

Email: support@castlighthealth.com

Online Resources

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

Organize claims

- See the status of current claims
- View monthly statements
- See claims for 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, the most popular weight loss programs, appointments with massage therapists and more! Log on to www.myuhone.unitedhealthallies.com or call UHC Customer Care at **(800) 513-9213** for more information on the many discounts available to you as a plan member.

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

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

How to Choose a Medical Plan



Hi, I'm Robert!

Status: full-time medical resident
Plan: medical resident-only coverage
Annual Salary: \$65,000

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

Robert has a bad cold and decides to go to an in-network doctor. Robert has already had his yearly physical office visit, during which he received eligible preventive screenings at no cost to him. This is the first time this year that he has gone to the doctor, and Robert hasn't met his health plan deductible. Later in the year, Robert visits a dermatologist.

What will each plan cost for Robert in 2018?

Cost of Care	Total Cost of Service	GW HSP	GW PPO
Well adult office visit routine physical and eligible preventive screenings	\$200	\$0 Covered at 100%	\$0 Covered at 100%
90-day prescriptions for generic preventive asthma medication filled four times	\$640 (\$160 per Rx)	\$0 Covered at 100%	\$150
One primary care visit	\$150	\$150	\$30
One generic antibiotic	\$15	\$15	\$15
One specialist visit	\$322	\$322	\$50
Total Cost of Care	\$1,327	\$487	\$245

Cost of Coverage

Total annual premium cost deducted from paycheck		\$720	\$1,399
Amount contributed by Robert to his HSA from paycheck*		\$660	n/a
Amount contributed by GW to Robert's HSA		(\$600)	n/a
Robert's Total Costs (payroll contributions & cost of care)		\$1,267	\$1,644

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

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



Hi, I'm Jane!

Status: full-time medical resident
Plan: family coverage (spouse plus two kids)
Annual Salary: \$100,000

Jane and each of her family members receive their yearly physical and annual preventive screenings, including their flu shots, at no cost.

Unfortunately, Jane's 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.

Jane's spouse has high blood pressure, for which he receives a generic prescription that is filled four times a year through 90-day maintenance mail order. Jane herself is prescribed an anti-inflammatory medication to treat chronic shoulder pain; she fills her brand formulary prescription twice.

Jane's second child has allergies, for which she sees a specialist twice a year.

What will each plan cost for Jane and her family in 2018?

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

Cost of Coverage

Total annual premium cost deducted from paycheck		\$3,096	\$6,415
Amount contributed by Jane to her HSA from paycheck*		\$1,200	n/a
Amount contributed by GW to Jane's HSA		(\$1,200)	n/a
Jane's Total Costs <i>(payroll contributions & cost of care)</i>		\$5,573	\$7,976

* Jane puts \$100 a month pre-tax into her Health Savings Account (HSA) to pay for medical and prescription drug costs in order to receive GW's match of \$1,200.

Your Prescription Drug Benefits

Prescription Coverage with the PPO Plan

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

How Your Prescriptions Are Covered

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

	Retail	Mail-Order
Maximum Supply Per Order	30 days	90 days
Generic Drug	10% Coinsurance (Minimum \$15, Maximum \$30)	10% Coinsurance (Minimum \$37.50, Maximum \$75)
Brand, Formulary	20% Coinsurance (Minimum \$30, Maximum \$50)	20% Coinsurance (Minimum \$75, Maximum \$125)
Brand, Non-Formulary	25% Coinsurance (Minimum \$60, Maximum \$100)	25% Coinsurance (Minimum \$150, Maximum \$250)
Vacation Exception	Additional 30-day supply one time per year	N/A

How It Works

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

Type	New Coinsurance	If the Drug Costs...	You Pay...	Maximum you will pay for each drug...
Generic	10%	\$180	\$18	\$30
Brand, Formulary	20%	\$200	\$40	\$50
Brand, Non-Formulary	25%	\$1,000	\$100	\$100

Prescription Coinsurance:

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

Maintenance Choice Prescription Program:

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

Options to fill 90-day Maintenance Prescription	At CVS/pharmacy	Through Mail-Order	At Retail Other Than CVS*
Generic Drug	10% Coinsurance (Minimum \$37.50, Maximum \$75)	10% Coinsurance (Minimum \$37.50, Maximum \$75)	\$135 (\$45 per month)
Brand, Formulary	20% Coinsurance (Minimum \$75, Maximum \$125)	20% Coinsurance (Minimum \$75, Maximum \$125)	\$210 (\$70 per month)
Brand, Non-Formulary	25% Coinsurance (Minimum \$150, Maximum \$250)	25% Coinsurance (Minimum \$150, Maximum \$250)	\$405 (\$135 per month)

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

Prescription Benefits with HSP Plan

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

- You must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible (combined with medical, please see chart on page 12). After you meet the deductible, you will be responsible for 20 percent coinsurance until you reach the out-of-pocket maximum.
- You can use your HSA to pay for your prescriptions.
- Under the GW HSP, preventive medications are covered at 100

percent (deductible and coinsurance do not apply). To review a list of preventive drugs, please visit <https://benefits.gwu.edu/prescription-benefit-gw-health-savings-plan-gw-hsp>.

- **Note:** Maintenance Choice provisions apply. After three 30-day retail fills, you will need to fill a 90-day prescription via CVS Retail or CVS Mail Order in order to continue receiving the preventive medication at no cost. Please see page 19 for details.

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

Understanding the Prescription Drug Formulary

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

- **Generic Drugs** - An FDA-approved drug, composed of virtually the same chemical formula as a brand-name drug. Generic medications contain the same active ingredients as brand-name drugs, but cost less.
- **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 that 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.

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

Using Generic Medications

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

Prescription Plan Programs and Features

Formulary (for Specialty and Non-Specialty Drugs):

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

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

Exclusive Specialty

Specialty drugs are made available to you and your dependents exclusively via CVS Caremark Specialty Pharmacies or a local CVS Retail Pharmacy near you via the CVS Caremark Specialty Connect program. Because most pharmacies do not keep these expensive therapies on hand, members typically have to wait to receive their medication. By using CVS Caremark Specialty Pharmacies or a local CVS to obtain your medication, you have the option to have the medication shipped to your home or available for convenient pickup 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 that you're getting the most out of your medication. If you choose to purchase your medication outside of a CVS Retail Pharmacy or a CVS Caremark Specialty Pharmacy, your claim will be denied.

Specialty Guideline Management

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

Personal Pharmacy Care

GW and CVS Caremark understand that serious health conditions - such as 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. The CVS Caremark Pharmacy Advisor® program provides personal pharmacy care for adults (18 years of age or older) with diabetes, congestive heart failure (CHF), coronary artery disease (CAD), hypertension (high blood pressure), dyslipidemia (high cholesterol), COPD, depression, osteoporosis or breast cancer, and for adults and children with asthma.

With Pharmacy Advisor Counseling, you can look forward to a more individualized approach to care. Staffed with registered pharmacists and technicians, Pharmacy Advisor Counseling can be a valuable resource that helps you manage your medication and provides 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.

Be on the lookout for more information regarding this program through a letter or phone call from CVS Caremark.

Save Even More with CVS Caremark ExtraCare® Health Card

GW medical residents 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 2 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 50 of this guide.

CVS Health's Transform Diabetes Care™ with Livongo

Managing diabetes can be difficult and costly for patients. On average, people with diagnosed diabetes incur medical expenses that are approximately 2.3 times higher than those of non-diabetics, according to the American Diabetes Association. With poor management, diabetes is likely to progress and lead to co-morbid conditions, such as high blood pressure and cholesterol. However, studies have shown that overall health can be improved (and medical costs can be significantly reduced) through better lifestyle management, medication adherence and control of A1C.

To help support those with diabetes, GW's pharmacy program includes CVS Health's Transform Diabetes Care™ with Livongo (TDC/Livongo), a total condition level management program designed to improve health outcomes and lower pharmacy costs through three key components: medication adherence, A1C control and lifestyle management. Program features include:

- Highly personalized support and coaching from Certified Diabetes Educators
- Comprehensive diabetes visits at MinuteClinic locations at no out-of-pocket cost, including A1C checks
- A Livongo connected glucometer that uploads blood glucose level readings to a secure online account and provides you with real-time personalized tips
 - Unlimited test strips and lancets delivered to your door at no out-of-pocket cost
- Access to digital tools within the CVS Pharmacy mobile app, including medication refill reminders as well as the ability to refill prescriptions via two-way text messaging

Please note: Diabetic medications and supplies must be filled through CVS Retail or CVS Mail Order.

CVS Caremark Mobile App helps you stay connected and take charge of you and your family's health.

The app's features 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 for yourself and for 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 CVS Caremark Mobile App today or browse the **Caremark.com** mobile site from any smart device.

Your Vision Coverage Options

UHC Voluntary Vision Plan Options: Basic Plan vs. Enhanced Plan

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

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

	Basic	Enhanced
Copays for In-Network Services		
Exam	\$0	\$0
Materials	\$20	\$20
Benefit Frequency		
Comprehensive Exam	Once every 12 months	Once every 12 months
Spectacle Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months
Contact Lenses in Lieu of Eye Glasses	Once every 12 months	Once every 12 months
Frame Benefit		
Private Practice Provider	\$130	\$130
Retail Chain Provider	\$130	\$130

Lens Options

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

Contact Lens Benefit

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

Laser Vision Benefit

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

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

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

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

Your Dental Coverage Options

Caring for your teeth and keeping your smile healthy can help ensure that the rest of your body stays healthy as well. All GW medical residents are eligible to choose from three voluntary dental plan options through Aetna: High PPO, Low PPO and DMO.

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

Aetna Dental PPO Plans – High and Low Options

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

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

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

	High Option Dental PPO		Low Option Dental PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual)	\$50	\$50	\$50	\$50
Annual Deductible (per Family)	\$50 (max 3 per family)	\$50 (max 3 per family)	\$50 (max 3 per family)	\$50 (max 3 per family)
Annual Maximum Coverage* (per person per year combined in- and out-of-network)	\$1,500	\$1,500	\$1,000	\$1,000
Preventive Care** oral examinations, cleanings, x-rays, etc.	100%	100%	100%	100%
Basic Care** silver/composite fillings, root canals, stainless steel crowns, some extractions, some oral surgery, general anesthesia, etc.	90%	80%	80%	70%
Major Care** inlays, onlays, crowns, full and partial dentures, denture repairs, pontics, implants*** core build-up, etc.	50%	50%	Not Covered	Not Covered
Orthodontia (Children only combined in- and out-of-network)	50% (lifetime max \$1,500)	50% (lifetime max \$1,500)	Not Covered	Not Covered

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

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

*** Implants are covered under the Aetna High PPO only.

To review 2018 contribution rates for Dental Coverage, please refer to page 46.

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

Aetna Dental Maintenance Organization (DMO)

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

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

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

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

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

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

Did You Know?

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

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

Flexible Spending Accounts

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

- The Health Care FSA (HCFSA) is used for eligible out-of-pocket healthcare costs.
- The Dependent Day Care FSA (DCFSA) is used for eligible dependent care expenses while you work.

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

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

Note:

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

Important:

GW Health Savings Plan (HSP) participants who are NOT eligible for the Health Savings Account (HSA) may participate in the Health Care FSA.

Advantages of FSAs

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

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

	How much you can contribute*	Examples of eligible expenses	For a complete list of eligible expenses
Health Care FSA	\$100 to \$2,600	Healthcare expenses not covered by your medical, dental and vision plans, including: <ul style="list-style-type: none"> • deductibles • copays • coinsurance 	Go to www.irs.gov and see Publication 502
Dependent Day Care FSA**	\$100 to \$5,000 (or \$2,500, if you and your spouse file separate income tax returns)	Dependent care while you're at work, including: <ul style="list-style-type: none"> • day care • after-school programs • care in your home 	Go to www.irs.gov and see Publication 503

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

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

FSA Administrator - PayFlex

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

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

To contact PayFlex with questions, or if you need to file a claim, use the contact information found on page 50 of this guide.

FSA Claims

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

The grace period is not applicable to the Dependent Day Care FSA.

Filing 2018 Claims

The table below explains how to submit your claim for the 2018 plan year:

If your 2018 FSA enrollment is for...	Your eligible expenses should be incurred between...	Claims for reimbursement must be submitted to...	By the claim deadline of...
Healthcare	Your Coverage Effective Date or January 1 (whichever is later) - March 15, 2019	PayFlex	April 30, 2019
Dependent Day Care	Your Coverage Effective Date or January 1 (whichever is later) - December 31, 2018	PayFlex	April 30, 2019

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

Important IRS Regulations

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

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

FSA Tax Savings - An Example

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

	Without the FSA	With the FSA
Annual gross pay	\$50,000	\$50,000
Contribution to the Health Care FSA	- \$0	- \$2,550
Taxable income	\$50,000	\$47,450
Estimated taxes (25%)	- \$12,500 (50,000 x .25)	- \$11,862.50 (47,450 x .25)
Healthcare expenses	- \$2,550	- \$2,550
Reimbursement from Health Care FSA	+\$0	+\$2,550
Annual net income (taxable income minus taxes)	\$35,000	\$35,587.50
Pre-tax savings	\$0	\$587.50

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

Using the Health Care FSA

The Health Care FSA (HCFSA) covers certain out-of-pocket healthcare expenses allowed by the IRS for **you and your legal dependents**; this includes your spouse and your children.

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

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

Using the Dependent Day Care FSA

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

Note: The DCFSA may not be used for healthcare expenses for your dependents.

Your DCFSA maximum election amount* depends on your tax status, as described in the table below.

If your tax status is...	You can set aside...
Single or married filing jointly	Up to \$5,000
Married filing jointly and your spouse's employer offers a DCFSA Plan	Up to \$5,000, combined in the two plans
Married filing separately	Up to \$2,500

* Your annual DCFSA maximum election amount may be reduced based on the level of participation by all GW employees.

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

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

Eligible dependent day care expenses include:

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

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

Dependent Day Care FSA vs. Dependent Care Tax Credit

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

Need Help Finding Childcare?

Our Wellbeing Hotline can help. See page 35 for information on this and other work-life programs.

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

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

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

Your Health Care and Dependent Day Care FSA Debit Card

If you enroll in the Health Care FSA:

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

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

If you enroll in the Dependent Day Care FSA:

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

If you enroll in *both* the Health Care and Dependent Day Care FSAs:

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

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

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

Keep Your Receipt

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

Life Insurance Options

Basic Term Life and Accident Coverage

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

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

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

Life Insurance and Income Taxes

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

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

Additional Coverage Options

In addition to the basic coverage, you can purchase optional life coverage under GW's group policy through Liberty Mutual. You have the option to purchase:

- Optional life insurance coverage for yourself in increments of \$10,000, up to a maximum of \$750,000 or five times your annual benefits salary (whichever is less);
- Optional life insurance coverage for your spouse or domestic partner in increments of \$5,000, up to a maximum of \$375,000 or 50% of your coverage (whichever is less) **Please note:** You must have optional employee life coverage to elect coverage for your spouse or domestic partner; and
- Optional life insurance coverage for your children up to age 26 in increments of \$2,000, up to a maximum of \$10,000 or 50% of your coverage (whichever is less). **Please note:** You must have optional employee life coverage in order to elect coverage for your dependent children.

You pay the full cost for all optional coverage, which may be subject to Evidence of Insurability (see section to right).

You can also purchase optional AD&D under GW's group policy through Liberty Mutual. You have the option to purchase:

- Optional AD&D insurance coverage for yourself in increments of \$10,000, up to a maximum of \$750,000 or five times your annual benefits salary (whichever is less). (You may purchase AD&D coverage for yourself regardless of whether you purchase life coverage.)
- Optional AD&D insurance coverage for your spouse or domestic partner in increments of \$5,000, up to a maximum of \$375,000 or 50% of your coverage (whichever is less). **Please note:** You must have optional employee AD&D coverage in order to elect coverage for your spouse or domestic partner; and
- Optional AD&D insurance coverage for your children up to age 26 in increments of \$2,000, up to a maximum of \$10,000 or 50% of your coverage (whichever is less). **Please note:** You must have optional employee AD&D coverage in order to elect coverage for your dependent children.

Evidence of Insurability (EOI)

Evidence of Insurability

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

Coverage is dependent upon Liberty Mutual approving your EOI.

As a new hire, you can elect up to the Guaranteed Issue (GI) without EOI. For optional employee life insurance, the GI is the lesser of \$250,000 or five times your benefit salary. For your spouse's life insurance, the GI is the lesser of \$30,000 or 50% of your optional employee life insurance. Amounts elected above the GI will require EOI (you will be enrolled in \$250,000 or \$30,000 until the EOI is approved).

If you have selected a coverage that requires EOI, you may complete your EOI online at www.mylibertyconnection.com. Please have the company code **GWUEE** available when completing your EOI. A separate submission is required for each individual for whom you have selected coverage that requires EOI.

Special note - Guaranteed Issue and Open Enrollment:

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

Example: If you have previously enrolled in at least \$10,000 but less than \$250,000 of optional employee life coverage, you will be able to enroll up to \$250,000 without EOI. Any amount over \$250,000 will require EOI. Similarly, if you have previously enrolled in at least \$5,000 but less than \$30,000 of optional spouse life coverage (and you have enrolled in at least \$60,000 of optional employee life coverage), you will be able to enroll up to \$30,000 without EOI. Any amount over \$30,000 will require EOI.

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

If you make an election that is subject to EOI, you can complete your EOI online at www.mylibertyconnection.com. Please have the company code **GWUEE** available when completing your EOI.

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

Age Reduction

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

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

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

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

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

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

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

Finally, please note that upon retirement, a separate age reduction schedule applies as a retiree.

Designating Your Beneficiary

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

To determine your benefits salary, please see page 7.

To review 2018 contribution rates for Life and AD&D coverage, please refer to page 48.

Disability Insurance Options

GW offers you disability insurance that can provide you with income in the event that you are ill or disabled and cannot work.

Please note: The employee must meet the definition of disability in order to qualify for benefits.

Short-Term Disability (STD) Insurance

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

GW offers one level of short-term disability coverage for medical residents:

Employee Type	Eligible For	Benefit	Benefit waiting Period (calendar days)	Paid By
Medical Resident	Voluntary Short-Term Disability (must elect)	60% of benefits salary up to \$3,000 per week and up to 150 days	30 days	Medical Resident

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

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

Residents: Please refer to your manual for additional paid disability program offerings.

Long-Term Disability (LTD) Insurance

Basic LTD

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

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

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

LTD Buy-Up Option

You have the option, as a full-time medical resident, to elect a higher level of LTD coverage, known as the "Buy-Up" option. If you elect this option, your coverage provides you with 662/3% of your monthly benefits salary, up to a maximum of \$12,000 per month, after 180 days of disability.

To review 2018 contribution rates for Short-Term Disability and Long-Term Disability, please refer to page 49.

Legal Resources® Plan

The Group Legal program, provided by the Legal Resources® Plan, is designed to give you access to a nationwide network of over 11,000 professional attorneys and provide protection against high legal fees.

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

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

If you enroll in this benefit, you, your spouse/domestic partner and your dependent children will have access to a broad range of legal services covered under the monthly fee of \$19.00. The following services are examples of legal matters covered at 100 percent:

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

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

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

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

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

Note:

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

* Pre-existing legal matters refer to matters requiring legal services that originated prior to the coverage effective date and involved either:

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

Supporting Employee Wellbeing

GW takes great pride in creating a supportive work environment, and understand that medical residents are our greatest assets. Our mission is to create a strong and healthy workforce by providing programs, policies and resources that promote employee wellbeing.

Wellbeing Hotline

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

Work-Life Solutions - Delegate Your "To-Do" List

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

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

Confidential Counseling - Someone To Talk To

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

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

Financial And Legal Resources - Discover Your Best Options

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

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

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 <https://benefits.gwu.edu/wellness-discounts> for a comprehensive list of wellness programs, resources and discounts available to GW employees and their families.

Wellness Benefits

GW provides many resources to medical residents. In addition to the traditional health and welfare benefits, GW offers residents and their families wellness benefits to promote work-life balance.

The following three services are available 24/7 by phone or web, are completely confidential and are free to you as a medical resident.

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. As a GW medical resident, you are automatically enrolled in Health Advocate (at no cost). You do not need to participate in a GW medical plan to utilize Health Advocate.

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. 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.

Health Advocate does not replace your health insurance or the health plan's customer service line. Rather, 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 <https://benefits.gwu.edu/health-advocate>.

Smoking Cessation Program

We know it's not easy to quit, but we'll give you the support you need. All medical residents and members of their households are eligible to participate in GW's smoking cessation program, Quit For Life®. Brought to you by the American Cancer Society and Alere Wellbeing, Quit For Life is the nation's leading tobacco cessation program. The program is 100 percent paid for by GW.

Expert Quit Coaches® help participants gain the knowledge, skills and behavioral strategies to quit smoking for life. Participants enjoy unlimited access to phone- and web-based coaching, as well as to Web Coach®, an online community for e-learning and social support. They also receive a printed workbook that helps guide them through the quitting process, and complimentary access to the Text2Quit Program (normally \$29.99).

For details, please visit <https://benefits.gwu.edu/quit-life>.

Healthy Pregnancy

If you are pregnant and you participate in GW's health insurance plan through UnitedHealthcare (UHC), we encourage you to sign up for the UHC Healthy Pregnancy Program. By participating in this program, you will have around-the-clock access to experienced nurses, one-on-one support throughout your pregnancy and the opportunity to earn up to \$250 in cash incentives. The program is also open to your spouse, partner or dependent if they are covered under a GW health plan.

Some of the perks of participating in the UHC Healthy Pregnancy Program include:

- 24-hour, toll-free support from experienced nurses
- Pregnancy educational materials
- Dedicated maternity nurses for one-on-one support for high-risk cases
- Post-delivery support
- Interactive mobile app that delivers personalized content

To learn more about the Health Pregnancy Program, please visit <https://benefits.gwu.edu/uhc-healthy-pregnancy-program> or call 1 (888) 246-7389.

Work-Life Benefits

Back-Up Family Care

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

GW Childcare options

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

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

Other GW Benefits

Tuition Remission

As a GW medical resident, you are eligible for a tuition remission benefit that can help you, your spouse/domestic partner and/or your dependent(s) pay for tuition to GW classes.

Employee Type	Employee Eligibility	Employee Benefit*	Spouse/Domestic Partner/Dependent Eligibility	Spouse/Domestic Partner/Dependent Benefit*
Full-Time Medical Resident	First semester coinciding with or following the appointment date	90% of: 6 spring credits, 6 summer credits and 6 fall credits	Same as medical resident	Spouse/Domestic Partner: Within first five years of employment - 48% More than five years of employment - 71% Dependent: <1 yr/service - 47% 1 yr/service - 57% 2 yr/service - 67% 3 yr/service - 77% ≥4 yr/service - 87%

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

Tax Implications

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

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

Transportation Benefits

Pre-Tax Transportation Benefit

SmartBenefits allows you to set aside pre-tax dollars from your paycheck each month to be credited to your WMATA SmarTrip card, which can be used to pay for Metrorail, Metrobus and Metro parking. You may elect payroll deductions in increments of \$10, with a minimum of \$40 up to the current maximum per month of \$260 Transit and \$120 Metro Parking.

Non-Metro (DC) Transit

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

PayFlex-Off Campus and Occasional On-Campus Parking

The university offers all benefits eligible medical residents a pre-tax deduction for parking expenses up to the 2018 IRS limit of \$260 per month. You may elect an amount based on your estimated monthly parking expenses by going to go.gwu.edu/easyenroll. Once funds have been deducted from your paycheck, you can then go to www.payflex.com to claim a reimbursement for accrued funds.

For questions regarding SmartBenefits, please contact Payroll Services at **(571) 553-8508**. For questions regarding the PayFlex Parking Reimbursement Program, including participation deadlines and reimbursement procedures, please contact GW Benefits at **(571) 553-8382**.

Please note: Contact Parking Services regarding the pre-tax on-campus parking benefit at **(202) 994-PARK (7275)**. You can also visit <https://transportation.gwu.edu>.

Retirement Benefits

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

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

403(B) Plan (Supplemental Retirement Plan)

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

401(A) Plan (Base And Matching Contributions)

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

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

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

Important!

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

Contribution Rates

The charts below summarize your contribution rates for coverage in 2018.

UHC Medical Coverage

2018 Full-Time with Benefits Salary ≤\$35,000

Monthly		Bi-weekly	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions

GW Health Savings Plan (HSP)

EE	\$15.45	\$491.85	\$7.13	\$227.01
EE+SP/DP	\$86.52	\$978.81	\$39.93	\$451.76
EE+ Child(ren)	\$64.89	\$873.62	\$29.95	\$403.21
Family	\$146.26	\$1,426.37	\$67.50	\$658.32

GW PPO

EE	\$40.79	\$526.58	\$18.83	\$243.04
EE+SP/DP	\$261.72	\$929.77	\$120.79	\$429.12
EE+ Child(ren)	\$219.80	\$829.84	\$101.45	\$383.00
Family	\$419.21	\$1,339.65	\$193.48	\$618.30

EE = Employee | SP/DP = Spouse/Partner

UHC Medical Coverage

2018 Full-Time with Benefits Salary \$35,000.01 - \$60,000

Monthly		Bi-weekly	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions

GW Health Savings Plan (HSP)

EE	\$61.80	\$445.50	\$28.52	\$205.62
EE+SP/DP	\$179.22	\$886.11	\$82.72	\$408.97
EE+ Child(ren)	\$157.59	\$780.92	\$72.73	\$360.42
Family	\$265.74	\$1,306.89	\$122.65	\$603.18

GW PPO

EE	\$120.10	\$447.27	\$55.43	\$206.43
EE+SP/DP	\$363.69	\$827.80	\$167.86	\$382.06
EE+ Child(ren)	\$321.77	\$727.87	\$148.51	\$335.94
Family	\$550.64	\$1,208.22	\$254.14	\$557.64

EE = Employee | SP/DP = Spouse/Partner

UHC Medical Coverage

2018 Full-Time with Benefits Salary \$60,000.01 - \$120,000

Monthly		Bi-weekly	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions

GW Health Savings Plan (HSP)

EE	\$63.42	\$443.88	\$29.27	\$204.87
EE+SP/DP	\$183.92	\$881.41	\$84.89	\$406.80
EE+ Child(ren)	\$161.72	\$776.79	\$74.64	\$358.52
Family	\$272.71	\$1,299.92	\$125.87	\$599.96

GW PPO

EE	\$123.25	\$444.12	\$56.88	\$204.98
EE+SP/DP	\$373.23	\$818.26	\$172.26	\$377.66
EE+ Child(ren)	\$330.21	\$719.43	\$152.40	\$332.04
Family	\$565.07	\$1,193.79	\$260.80	\$550.98

EE = Employee | SP/DP = Spouse/Partner

UHC Medical Coverage

2018 Full-Time with Benefits Salary \$120,000.01 - \$180,000

Monthly		Bi-weekly	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions

GW Health Savings Plan (HSP)

EE	\$70.82	\$436.48	\$32.69	\$201.45
EE+SP/DP	\$205.06	\$860.27	\$94.64	\$397.05
EE+ Child(ren)	\$180.75	\$757.76	\$83.42	\$349.74
Family	\$304.42	\$1,268.21	\$140.50	\$585.33

GW PPO

EE	\$137.20	\$430.17	\$63.32	\$198.54
EE+SP/DP	\$417.41	\$774.08	\$192.65	\$357.27
EE+ Child(ren)	\$368.58	\$681.06	\$170.11	\$314.34
Family	\$631.35	\$1,127.51	\$291.39	\$520.39

EE = Employee | SP/DP = Spouse/Partner

UHC Medical Coverage

2018 Full-Time with Benefits Salary \$180,000.01 - \$240,000

Monthly		Bi-weekly	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions

GW Health Savings Plan (HSP)

EE	\$73.99	\$433.31	\$34.15	\$199.99
EE+SP/DP	\$214.57	\$850.76	\$99.03	\$392.66
EE+ Child(ren)	\$189.20	\$749.31	\$87.32	\$345.84
Family	\$317.10	\$1,255.53	\$146.35	\$579.48

GW PPO

EE	\$144.17	\$423.20	\$66.54	\$195.32
EE+SP/DP	\$434.85	\$756.64	\$200.70	\$349.22
EE+ Child(ren)	\$384.85	\$664.79	\$177.62	\$306.83
Family	\$658.09	\$1,100.77	\$303.73	\$508.05

EE = Employee | SP/DP = Spouse/Partner

UHC Medical Coverage

2018 Full-Time with Benefits Salary >\$240,000

Monthly		Bi-weekly	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions

GW Health Savings Plan (HSP)

EE	\$77.16	\$430.14	\$35.61	\$198.53
EE+SP/DP	\$223.03	\$842.30	\$102.94	\$388.75
EE+ Child(ren)	\$196.60	\$741.91	\$90.74	\$342.42
Family	\$330.84	\$1,241.79	\$152.70	\$573.13

GW PPO

EE	\$149.99	\$417.38	\$69.23	\$192.64
EE+SP/DP	\$453.45	\$738.04	\$209.28	\$340.63
EE+ Child(ren)	\$401.13	\$648.51	\$185.14	\$299.31
Family	\$685.99	\$1,072.87	\$316.61	\$495.17

EE = Employee | SP/DP = Spouse/Partner

UHC Medical Coverage

2018 Part-Time

Monthly		Bi-weekly	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions

GW Health Savings Plan (HSP)

EE	\$96.08	\$411.22	\$44.34	\$189.79
EE+SP/DP	\$525.33	\$540.00	\$242.46	\$249.23
EE+ Child(ren)	\$462.97	\$475.54	\$213.68	\$219.48
Family	\$775.84	\$796.79	\$358.08	\$367.75

GW PPO

EE	\$246.49	\$320.88	\$113.76	\$148.10
EE+SP/DP	\$618.56	\$572.93	\$285.49	\$264.43
EE+ Child(ren)	\$545.31	\$504.33	\$251.68	\$232.77
Family	\$912.72	\$846.14	\$421.26	\$390.53

EE = Employee | SP/DP = Spouse/Partner

Dental Coverage

Full-Time and Part-Time

Coverage Categories	Monthly (Paid over 12 months)	Biweekly
DMO		
Employee Only	\$20.99	\$9.69
Employee + One	\$47.97	\$22.14
Employee + Family	\$58.05	\$26.79
High PPO		
Employee Only	\$54.64	\$25.22
Employee + One Dependent	\$118.50	\$54.69
Employee + Family	\$143.38	\$66.18
Low PPO		
Employee Only	\$32.69	\$15.09
Employee + One Dependent	\$69.47	\$32.06
Employee + Family	\$84.09	\$38.81

UHC Vision Coverage

Full-Time and Part-Time

	Monthly (Paid over 12 months)	Biweekly
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Basic

Employee Only	\$4.99	\$2.30
Employee + One	\$9.24	\$4.26
Employee + Family	\$14.73	\$6.80

Enhanced

Employee Only	\$7.24	\$3.34
Employee + One Dependent	\$13.40	\$6.18
Employee + Family	\$21.36	\$9.86

2018 Life and AD&D Rates

Optional Child Life	Monthly Rate per \$1,000 of coverage
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Flat Rate*	\$0.103
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Optional Employee and Spouse Life**	Monthly Rate per \$1,000 of coverage
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age 19 and younger	\$0.05
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ages 20 - 24	\$0.05
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ages 25 - 29	\$0.06
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ages 30 - 34	\$0.08
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ages 35 - 39	\$0.09
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ages 40 - 44	\$0.12
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ages 45 - 49	\$0.22
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ages 50 - 54	\$0.39
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ages 55 - 59	\$0.66
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ages 60- 64	\$0.90
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ages 65 - 69	\$1.62
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ages 70 - 74	\$2.15
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age 75 and older	\$2.44
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Optional Employee, Spouse and Child AD&D	Monthly Rate per \$1,000 of coverage
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	\$0.035
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* The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

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

2018 Long-Term Disability and Short-Term Disability Rates*

Short-Term Voluntary Disability (Employee Paid)	Monthly Rate per \$10 of Coverage
ages 15 - 24	\$0.0204
ages 25 - 29	\$0.0246
ages 30 - 34	\$0.0204
ages 35 - 39	\$0.0183
ages 40 - 44	\$0.0190
ages 45 - 49	\$0.0211
ages 50 - 54	\$0.0261
ages 55 - 59	\$0.0324
ages 60 - 64	\$0.0387
ages 65 - 69	\$0.0408
age 70 and over	\$0.0408

* **Note:** For short-term voluntary disability, the rate will increase as the covered participant ages and moves to the next age band. This will occur on January 1st following the covered participant's birthdate.

Calculate your monthly cost:

1. Determine your weekly benefit, if disabled: $\frac{\text{annual benefits salary}}{52} \times .60$

2. Take your weekly benefit times your age band rate. (If weekly benefit is over \$3,000, use \$3,000.)

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

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

2. $\$461.54 \times .0183 = \8.45

Long-Term Disability	Rate
Buy-Up Benefit	0.066%

To calculate your monthly cost:

1. Determine your monthly covered payroll: $\frac{\text{annual benefits salary}}{12}$

2. Take your monthly covered payroll times 0.00066. (If monthly payroll is over \$18,000, use \$18,000.)

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

1. $\frac{\$45,000}{12} = \$3,750.00$

2. $\$3,750.00 \times 0.00066 = \2.48

Note: For long-term disability, the rate will increase as the covered participant ages and moves to the next age band. This will occur on January 1st following the covered participant's birthdate.

Important Contact Information

Who to Call	Contact Information	Plan Information (if applicable)
Medical		
UnitedHealthcare (Customer Service & Nurseline)	(877) 706-1739 • www.myuhc.com Nurseline: (800) 846-4678	Group# 730193
Dental		
Aetna	(877) 238-6200 • www.aetna.com	Group# 622758
Prescription Drug		
CVS Caremark	(877) 357-4032 • www.caremark.com FastStart for maintenance prescriptions (800) 875-0867	Group# RX6475
Health Savings Account		
PayFlex	(800) 284-4885 • www.payflex.com	
Flexible Spending Accounts		
PayFlex	(800) 284-4885 • www.payflex.com Toll-Free Fax: (855) 703-5305	
Vision		
UnitedHealthcare Vision	Customer Service: (800) 638-3120 Provider Locator: (800) 839-3242 www.myuhcvision.com	
Group Home and Auto		
Liberty Mutual	(800) 699-4378 www.libertymutual.com/gw-university	Client ID# 135234
Retirement Plans		
	https://benefits.gwu.edu/retirement-savings	
Fidelity Investments	(800) 343-0860 • www.netbenefits.com/gw	
TIAA-CREF	(800) 842-2776 • www.tiaa.org/gwu	
Short-Term and Long-Term Disability; AD&D; Life Insurance		
Liberty Mutual	Electronic EOI: www.mylibertyconnection.com	Company Code: GWUEE (use when completing your EOI)
Voluntary Legal Services		
Legal Resources® Plan	(800) 728-5768 • www.legalresources.com	
Work-Life and Wellness Benefits		
Wellbeing Hotline	(866) 522-8509 • go.gwu.edu/well	
Health Advocate	(866) 695-8622 • healthadvocate.com/gwu	
CCLC Back-Up Care	(877) 914-7683 • www.cclc.com/gwu	
Quit for Life® Smoking Cessation	(866) QUIT-4-LIFE • www.quitnow.net	

Important Contact Information

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

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 health care 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 GW Benefits within 60 days of a qualifying life event. You and/or your dependents must pay the full cost of COBRA coverage. Under the law, COBRA must be offered to eligible individuals at group rates. These rates are subject to change annually, based on plan experience.

Newborns and Mothers Health Protection Act

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

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

Women's Health and Cancer Rights Act

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

- Reconstruction of the breast on which the mastectomy has been performed;

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

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

HIPAA Special Enrollment

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

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

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

To request special enrollment or obtain more information, contact GW Benefits at **(571) 553-8382** or **benefits@gwu.edu**.

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; exemption from heavy lifting; providing of private (non-bathroom) space for expressing breast milk; temporary restructuring of 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**.

Glossary

Benefits Salary: Sometimes referred to as a benefits eligible salary, the salary(ies) of your active benefits eligible primary and secondary positions.

Claim: A request for a benefit (including reimbursement of a healthcare expense) made by you or your healthcare provider to your health insurer or health plan for items or services that you believe are covered.

COBRA: Also known as the Consolidated Omnibus Budget Reconciliation Act of 1985, a federal law requiring group health plans to provide continued health insurance coverage to certain employees and their dependents whose group coverage has ended.

Coinsurance: The percentage you pay for the cost of covered healthcare services, after you meet your deductible. For example, if your plan has coinsurance of 20% and you have already paid the deductible, the plan pays 80% of the costs and you pay 20%..

Copay: A set amount (for example, \$30) you pay up-front for a covered healthcare service, usually when you receive the service. The amount can vary by the type of covered healthcare service.

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 out-of-pocket for healthcare before the plan starts to pay. For example, the GW PPO requires a \$750 deductible for an individual using in-network services; this means that you pay the first \$750 in medical care you use. **(Please note:** The deductible is not applicable to all services. See page 12.) Separate in- and out-of-network deductibles apply.

Dependent: A person covered by your health plan. Eligible dependents include:

- Your spouse
- Your common-law marriage partner, as defined by state law
- Your same- or opposite-sex domestic partner
- Your dependent children up to age 26 (regardless of marital status), including a natural child, stepchild, legally adopted child, a child placed or adoption or a child for whom you or your spouse are the legal guardian
- Your unmarried children age 26 or older who are mentally or physically disabled and who rely on you for support and care
- Children of a same- 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.)

Effective Date: The date that your insurance plan begins to cover you.

Evidence of Insurability (EOI): Proof that you and/or your dependents are in good health.

Explanation of Benefits (EOB): 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.

Family Deductible: With some plans, you'll need to meet the deductible for each covered family member up to the family cap. For example, under the GW PPO, each person will need to meet the in-network individual deductible of \$750 (capped at \$1,500 per family). Once an individual meets the \$750 deductible, coinsurance begins for that person. (Please note: The deductible for the GW PPO includes medical expenses only.) 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. (Please note: The deductible for the GW HSP includes both medical and pharmacy expenses.)

Flexible Spending Account (FSA): A flexible spending account allows you to set aside money from your paycheck on a pretax basis to use for eligible out-of-pocket expenses. GW employees are eligible to fund two different types of FSAs:

- Health Care FSA (HCFSA) – You may use the HCFSA to pay for eligible medical, prescription drug, dental and vision expenses for you and your eligible tax dependents.
- Dependent Day Care FSA (DCFSA) – You may use the DCFSA to pay for eligible child and adult care expenses such as day care, before and after school care, nursery school, preschool and summer day camp.

When you set aside some of your salary into one or both of the FSA options, the contributions are not subject to federal, state, local or FICA taxes.

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.

Freestanding Facility: A facility, not connected to a hospital, that performs outpatient care such as lab tests, radiology services, surgery and other services. Generally, you will have a lower copayment 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.

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

Health Savings Account (HSA): A health savings account that is tax-exempt for contributions, earnings and withdrawals for qualified medical expenses. HSAs are only offered in conjunction with high deductible health plans (HDHP) and can only be used to save and pay for qualified medical expenses.

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 medical and pharmacy) before the plan starts to pay. An HDHP can be combined with a Health Savings Account (HSA), which allows you to pay for certain medical expenses with pretax dollars. (The GW HSP is an HDHP.)

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

Network Deductible: GW's health plans have separate annual deductibles for when you get in-network care versus out-of-network care. These amounts are usually different for individuals and families.

Open Enrollment: An annual time when you can choose to enroll in health and welfare benefits or re-enroll in a plan(s) you are already in. You cannot make any changes to your health and welfare benefits elections outside of the Open Enrollment period unless you experience a Qualified Life Event (QLE).

Out-of-Pocket Maximum (OOPM): This is a "cap" on your costs for the year; it is the most you will pay for covered healthcare services. Once you reach your out-of-pocket maximum, the plan pays 100% of your covered medical expenses for the balance of the year. Separate in- and out-of-network out-of-pocket maximums apply.

Premium: The amount you pay for your health insurance every month.

Preventive Care Services: Covered services that are intended to prevent disease or to identify disease while it is more easily treatable. Preventive care services include those that help you manage your health, such as routine physical exams, screenings, check-ups, lab tests and patient counseling to prevent illnesses, disease or other health problems. These services are covered at 100 percent by the GW health plans, with no out-of-pocket cost (such as deductibles or copays) if the services are received in-network. Be sure your provider codes the services as "preventive."

Preferred Provider Organization (PPO): A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You may still use doctors, hospitals and providers outside of the network for an additional cost.

Primary Care Provider (PCP): A physician, including an Medical Doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law and the terms of the plan, who provides, coordinates or helps you access a range of healthcare services.

Qualified Life Event (QLE): An event defined by the IRS that allows an individual to change their benefit selections (benefits changes must be consistent with the event). Qualified Life Events include:

- Marriage, divorce or newly eligible same- or opposite-sex domestic partner
- Birth or adoption of a child
- Death of a spouse, same- or opposite-sex domestic partner or dependent child
- A dependent become ineligible for coverage
- A spouse or same- or opposite-sex domestic partner gaining or losing coverage at his/her job
- A transfer between full- and part-time status
- A move from a non-benefits eligible position to a benefits eligible position

Referral: A written order from your Primary Care Provider (PCP) for you to see a specialist or get certain healthcare services..

Specialist: A physician specialist concentrating on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

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.

Summary of Benefits and Coverage (SBC): Also known as a benefits summary, a document that lists the health plan's benefits.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe as to require emergency room care.

Virtual Visit: A virtual appointment with a doctor - performed through a mobile device or computer- for minor medical concerns such as sore throat, allergies, fever, sinus problems, stomachache and more. Virtual Visits allow you to see and talk to a doctor anytime, without an appointment and without physically visiting a physician's office. Virtual Visits will cost you less than using an urgent care center, and doctors may write prescriptions during appointments (if needed).

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.

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