SUMMARY OF MATERIAL MODIFICATIONS
To the Summary Plan Description for
The George Washington University Welfare Benefit Plan
Effective: April 1, 2019
Group Number: 730193

A Summary Plan Description ( SPD) was published effective January 1, 2019. The following are modifications and clarifications that are effective April 1, 2019 unless otherwise stated. These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this summary with your SPD since this material plus the SPD comprise your complete SPD.

In the event of any discrepancy between this Summary of Material Modifications (SMM) and the SPD, the provisions of this SMM shall govern.

1. Effective April 1, 2019, there is no coverage for Non-Network dialysis.

2. The Plans are amended to remove “dialysis” from the services that require Prior Authorization under the Therapeutic Treatments – Outpatient Benefit in Section 6, Additional Coverage Details:

Prior Authorization Requirement
For Non-Network Benefits for IV infusion, radiation oncology, intensity modulated radiation therapy and MR-guided focused ultrasound you must obtain prior authorization from the Claims Administrator five business days before scheduled services are received or, for non-scheduled services, within one business day or as soon as is reasonably possible. If you fail to obtain prior authorization as required, Benefits will be reduced to 50% of Eligible Expenses.

All Active Sets – 04/09/2019
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