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What: Open Enrollment is your annual opportunity to make health and welfare benefits changes and to add or drop coverage for eligible dependents. Be sure to bookmark the Annual Open Enrollment webpage, benefits.gwu.edu/annual-open-enrollment, your destination for all Open Enrollment-related information!

Who: LTD participants currently enrolled in a plan via PayFlex.

When: Monday, October 8, 2018, through Friday, October 26, 2018 (3 weeks only!).

Why: Even if you are happy with your elections from last year, it’s always a good practice to review and confirm that you’ve signed up for the right plan for you and your family. If you choose not to take action, your existing coverage options will roll over into the next year.*

Take the time to review your options; otherwise, you cannot make changes until the next Open Enrollment period unless you experience a Qualified Life Event (QLE), such as a change in marital status, the birth or adoption of a child, etc.

*The cost of the coverage will reflect 2019 contribution amounts.

Contact: PayFlex (800) 359-3921

**NOTE**
Change of Address or Personal Contact Information

Please be sure to provide your current address and phone number to PayFlex. We periodically mail information to LTD participants, and may be unable to contact you without this information. In the event that you relocate in the future, please be sure PayFlex is notified of your new address and any change to your phone number.
## What is Open Enrollment?

Open Enrollment is your annual opportunity to reflect on your and your family’s needs and fine-tune your benefits package to match. Many life events can occur over the course of the year that can impact the types of plans and amount of coverage you need. Take this opportunity to think about the changes you and your family have experienced in the past year, or anticipate in the coming year. Then, determine which benefit plans and programs will best meet your needs.

LTD participants age 65 and older who are enrolled at Via Benefits may have additional dental and vision plan options. Please contact Via Benefits at (855) 232-5748 for further details.

## What’s Included?

The benefits below are part of Open Enrollment for those continuing coverage via PayFlex, which runs **October 8-26, 2018**, and can only be changed during this period unless you experience a Qualified Life Event (QLE):

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Options</th>
</tr>
</thead>
</table>
| **Medical and Prescription Plans**<br>For LTD participants and their dependents under age 65: | • GW LTD PPO - includes prescription drug coverage through CVS Caremark  
• Waive Coverage - note that if you decide to drop GW group medical coverage, you will not be able to enroll in the future |
| **Medical and Prescription Plans**<br>For LTD participants and their dependents age 65 and older: | • Via Benefits  
• Waive Coverage |
| **Dental Plans**       | • Aetna High PPO Plan  
• Aetna Low PPO Plan  
• Aetna DMO Plan  
• Waive Coverage |
| **Vision Plans**       | • UnitedHealthcare Basic Vision Plan  
• UnitedHealthcare Enhanced Vision Plan  
• Waive Coverage |

*These benefits are part of Open Enrollment, and can only be changed once per year unless you have a qualified life event.*
CVS Transform Diabetes Care with Livongo
For LTD participants and their dependents enrolled in the GW LTD PPO, GW will continue to offer CVS Health’s Transform Diabetes Care with Livongo as part of its pharmacy benefit. The total condition level management program is designed to improve health outcomes and lower participant pharmacy costs through highly personalized support and coaching, two comprehensive diabetes visits at MinuteClinic locations at no out-of-pocket cost (including A1C checks) and access to digital tools to reduce the complexity of daily disease management. To enroll, visit livongo.com using registration code “GW.”

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

Life and Disability Insurance
There will be no changes in coverage to GW’s life and disability insurance. Lincoln National Life Insurance Company, a Lincoln Financial Group Company, has acquired Liberty Life Assurance Company of Boston as of May 1, 2018. Group life and disability insurance products marketed as Liberty Mutual Insurance will be rebranded to the Lincoln Financial brand. There will be no changes to your benefits or interruption to your claims processing during the rebranding. As the brand migration proceeds, please open all correspondence displaying either the Lincoln or Liberty Mutual company logos.

UnitedHealthcare Vision Plans
GW’s Basic and Enhanced vision plans will remain the same for 2019, with no changes in plan coverage or contributions.

Freestanding Imaging and Labs Preferred Network
A freestanding network facility performs outpatient services and submits claims separately from any hospital affiliation, and may be a lower cost option for certain medical services. For LTD participants and their dependents enrolled in the GW LTD PPO, GW will continue to offer a preferred network,* including a lower coinsurance, for usage of freestanding facilities in lieu of hospitals for lab tests, radiology services, major diagnostics and other services. LabCorp and Quest Diagnostics (beginning January 1, 2019) will be GW’s preferred vendors for lab work.

*In-network freestanding facilities and GW Hospital

Health Advocate
For hassle-free assistance with resolving healthcare and insurance issues, look no further than GW’s Health Advocate program, which will continue to be a special benefit offering available to all LTD participants. Example services include resolving medical bill errors, estimating costs for medical procedures, locating eldercare and caregiver support resources, clarifying insurance plans and more.

Call Health Advocate at (866) 695-8622 or visit healthadvocate.com/gwu.

UnitedHealthcare Virtual Visits
Virtual Visits will remain a health plan feature under the GW LTD PPO for 2019, allowing UnitedHealthcare members to connect with a doctor via mobile device or computer – 24/7, no appointment needed. Get timely care, including diagnosis and prescription, and pay less out-of-pocket.

Tip: Telemental health is available through your UHC medical benefit. The service uses secure, video-calling technology to provide real-time access to a behavioral health professional, and features a network of over 3,000 providers in all 50 states. Learn more or schedule a visit at myuhc.com.

Tuition
LTD participants will continue to be eligible for the tuition remission benefit, which pays a percentage of tuition costs based on years of service. The benefit may also be used by an LTD participant’s spouse or domestic partner and eligible dependents (depending on years of service).
Pre-Age 65 LTD Participant: GW LTD PPO

For 2019, GW will continue to offer the GW LTD PPO medical plan with CVS prescription coverage for LTD participants and their dependents under age 65. Plan participants will see between a 2.8 and 6.2 percent increase in premiums for 2019.

Pet Insurance

GW is pleased to introduce pet insurance through Nationwide as a voluntary benefit offering. The My Pet Protection suite of pet insurance plans provides significant savings on veterinarian bills, offering one set price per species, regardless of a pet’s age. Visit any vet, anywhere, and enroll multiple pets in individual plans at an additional discount. A wellness plan option includes spay/neuter, preventive dental cleaning and more. All members have access to a 24/7 Vet Helpline, which provides unlimited access to a veterinary professional via call, email or online chat.

Get a quote in October and you’ll be entered to win a $25 Amazon.com gift card in Nationwide’s Tail’r Made giveaway. Four winners will be drawn – which means you have an even greater chance of winning!

Get a quote at petinsurance.com/gw.

Note: You may enroll in or cancel pet insurance at any time during the year. The program will be available beginning October 8, 2018. Coverage will begin 14 days after enrollment. Payments for this voluntary program are made directly to Nationwide.

Identity Theft Protection

GW will expand its selection of voluntary benefits with the addition of InfoArmor identity theft protection services. InfoArmor’s robust protections include proactive identity monitoring, three bureau credit monitoring, digital analysis, social media, financial and email protections. Other offerings include a dedicated InfoArmor Privacy Advocate to handle alert escalations and contact merchants to remediate on behalf of the participant, a $1,000,000 Identity Theft Insurance Policy and a generous Under Roof/Under Wallet participant definition that covers the entire family.

Enroll in identity theft protection at infoarmor.com/gw.

Note: You may enroll in or cancel identity theft protection services at any time during the year. The program will be available beginning October 8, 2018. Coverage will begin immediately after enrollment. Payments for this voluntary program are made directly to InfoArmor.

Real Appeal

Find weight loss support and improve your health with the Real Appeal weight loss program, new to GW’s LTD PPO. Real Appeal is a virtual program that helps individuals make small changes for long-term health results, and is based on weight-loss research studies commissioned by the National Institutes of Health. The program uses live online coaching and highly interactive weekly internet videos to drive small behavior changes week by week over the course of an entire year. Real Appeal is designed to support members who are obese (body mass index or BMI over 30), overweight (BMI of 25 to 29.9) or simply ready to lose weight (BMI of 23 to 25) - at no cost to members. Following their first group coaching session, program participants receive a Success Kit providing tools to help kick-start their weight loss, including a Program Success Guide, Nutrition Guide with recipes, portion plate, electronic food scale, digital weight scale, Fitness Guide, 12 fitness DVDs and resistance bands. A personal blender will be sent to participants during week eight of the program, in advance of the class on healthy smoothie options.

Visit realappeal.com for more information. Plan participants will be able to enroll beginning January 1, 2019.

Group Home and Auto Insurance

LTD participants now have access to Group Home and Auto discounts, through Liberty Mutual. Participants will receive preferred pricing on home and auto insurance packages, including discounts of up to 10 percent on auto and 5 percent on home, renters and condo insurance. For details, call (800) 699-4378 or visit libertymutual.com/gw-university. Discounts are available immediately.

Dental Savings

For 2019, GW has negotiated savings ranging from $3 to $11 per month for the Aetna Dental High PPO and Low PPO, and savings of $6 to $17 per month for the Aetna DMO.

Post-Age 65 LTD Participant: Medicare Exchange

For LTD participants and dependents age 65 and older enrolled in coverage with Via Benefits, the Open Enrollment period will be October 15 - December 7, 2018. For more information, contact Via Benefits at (855) 232-5748.

Note: LTD participants enrolled at via Benefits who opted to continue dental and/or vision coverage through PayFlex, please see “How to Enroll” section for more Open Enrollment details.
Total Out-of-Pocket Costs

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

\[
\text{Total Employee Costs} = \text{Premiums} + \text{Deductible} + \text{Copays & Coinsurance (up to the Out-of-Pocket Maximum)}
\]

Premiums

The amount you pay for your health insurance every month.

Deductible

The amount you pay out-of-pocket for healthcare before plan starts to pay. (Please note, the deductible may not be applicable to all services. Please see page 18.) Separate in- and out-of-network deductibles apply.

Copays

A set amount (for example, $30) you pay for a covered healthcare service.

Coinsurance

The percentage you pay for the cost of covered healthcare services, after you meet your deductible.

Out-of-Pocket Maximum

This is a “cap” on your costs for the year; it is the most you’ll pay for healthcare services. Once you reach your out-of-pocket maximum, the plan pays 100 percent of your covered medical expenses for the balance of the year. Separate in- and out-of-network out-of-pocket maximums do apply.

Plan Features

Benefits have a language all their own. Understanding how your insurance plans work is crucial to making the most out of your coverage. Become familiar with these commonly-used benefits terms to help you compare and choose plans.
Deductibles

Not all deductibles are created equal. Here are a few common types:

**Network Deductibles:** The GW LTD PPO has separate annual deductibles for when you get in-network care versus out-of-network care. These amounts are usually different for individuals and families.

**Family Deductibles:** With the GW LTD PPO, you’ll need to meet the deductible for each covered family member up to the family cap.

For example, under the GW LTD 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.

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

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**Glossary of Terms**

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

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

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

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

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

**Preventive Care:** Preventive care services include those that help you manage your health, such as routine physical exams, screenings and lab tests. These services are covered at 100 percent by the GW health plans, with no out-of-pocket costs (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 can use doctors, hospitals and providers outside of the network for an additional cost.
How Prescription Coinsurance Works

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

There is financial protection built into the prescription drug benefit in that you will never pay more than the “maximum,” outlined in the tables below. Once you reach the out-of-pocket maximum (OOPM), GW will pay 100 percent of prescription drug costs thereafter.

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George is enrolled in the GW LTD PPO. He isn’t feeling well so he goes to his Primary Care Physician. He has bronchitis and his physician recommends a prescription antibiotic as treatment. George asks his physician if he can prescribe a generic antibiotic.

Martha is enrolled in the GW LTD PPO and does not feel well. Martha goes to her Primary Care Physician and has bronchitis. Her physician writes her a prescription for a preferred brand antibiotic with a similar chemical formula to the antibiotic George received. She gets to the pharmacy and finds out the total antibiotic cost is $400.

<table>
<thead>
<tr>
<th>George</th>
<th>Martha</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>George</strong></td>
<td><strong>Martha</strong></td>
</tr>
<tr>
<td><strong>Generic Coinsurance</strong></td>
<td><strong>Preferred Brand Coinsurance</strong></td>
</tr>
<tr>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Maximum</strong></td>
<td><strong>Maximum</strong></td>
</tr>
<tr>
<td>$30</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Cost of Drug</strong></td>
<td><strong>Cost of Drug</strong></td>
</tr>
<tr>
<td>$160</td>
<td>$400</td>
</tr>
<tr>
<td><strong>George Pays</strong></td>
<td><strong>Martha Pays</strong></td>
</tr>
<tr>
<td>$16</td>
<td>$50</td>
</tr>
<tr>
<td><strong>GW Pays</strong></td>
<td><strong>GW Pays</strong></td>
</tr>
<tr>
<td>$144</td>
<td>$350</td>
</tr>
</tbody>
</table>

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Save Money by Using Freestanding Facilities

Prices vary significantly for imaging and lab work – even if you go in-network.

Not only do prices vary, but if you participate in the GW LTD PPO, you will pay a lower coinsurance when you use a freestanding network facility instead of a hospital for healthcare services or treatments that do not require an overnight hospital stay. A freestanding facility performs outpatient services and submits claims separately from any hospital affiliation. GW offers a preferred network* for labs, X-ray and major diagnostics. When you go to a preferred network freestanding facility for these services, you will pay 20 percent coinsurance under the GW LTD PPO. If you go to a facility that is not in the preferred network, you will pay 40 percent coinsurance under the GW LTD PPO. **LabCorp and Quest Diagnostics (beginning January 1, 2019)** will be GW's preferred vendors for lab work.

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

Visit [go.gwu.edu/preferred](go.gwu.edu/preferred) for instructions on how to compare costs and locate a preferred provider for networks and labs.

*In-network freestanding facilities and GW Hospital

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

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

*Coinsurance after deductible has been met

---

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

- ☐ Do you know the cost of the tests you are ordering?
- ☐ Is the provider or laboratory in my network?
- ☐ Since my share of the cost is less for services performed at a freestanding facility that is not connected to a hospital, can the test or service be performed at a freestanding facility?
- ☐ Can you recommend a freestanding facility in the UnitedHealthcare network?
Healthy Habits of a Good Healthcare Consumer

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

Check out these nine money-saving tips:

1. Choose In-Network Providers
UnitedHealthcare negotiates with providers and healthcare facilities for discounted fees. These providers make up the health plan’s network. When you visit an in-network provider, you usually pay a lower copayment, lower deductible and lower coinsurance. Using an out-of-network provider can cost you more money out-of-pocket. You can estimate the cost of a doctor’s visit by logging onto www.myuhc.com.

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

3. Get Regular Check-Ups
Prevention and early detection of disease are the best ways to live a healthy life. A simple checkup could mean the difference between treating a chronic condition for an indefinite amount of time and making small lifestyle changes to prevent the onset of disease. The healthier you are, the lower your healthcare costs are likely to be. Preventive health screenings are 100 percent covered by the GW LTD PPO if you go to an in-network provider. Need help finding a provider? Call Health Advocate, a GW-provided benefit, to help you navigate the healthcare system at (866) 695-8622.
4

Save the Emergency Room for Emergencies
Avoid high ER fees by visiting an in-network provider or walk-in clinic for routine ailments such as sore throats, colds, flu, earaches, minor back pain and tension headaches. You may also visit an urgent care center for an illness or injury that does not appear life-threatening, but also can’t wait until the next day. If you are unsure whether your condition requires a trip to the ER, call UHC’s Nurseline anytime, day or night (877) 706-1739.

5

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

6

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

7

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

8

Stay Healthy
A great way to save money on your healthcare is to stay healthy! When you exercise regularly, eat healthy, drink plenty of water, avoid smoking and limit alcohol consumption, you improve your health and reduce the likelihood of future health problems. Lowering your risk for future health problems not only improves your quality of life, but it also lowers healthcare costs for you and the university. While tackling all of these at once could be difficult, taking the first step toward improving your health might be easier than you think.

9

Skip the Waiting Room with Virtual Visits
A Virtual Visit lets you see and talk to a doctor from your mobile device or computer, anytime, without an appointment! Virtual Visits will cost you less than using an urgent care center and are offered to you as part of your GW health plan benefits. Log in to go.gwu.edu/virtualvisit or download the UnitedHealthcare Health4Me® app at go.gwu.edu/Health4Me app to learn more about Virtual Visits.

TIP
Become a Healthcare Consumer!
Being an informed consumer is the best way to get the healthcare you need and the most value from your GW benefits.
Explore Ways to Tour Open Enrollment Information

Open Enrollment Fairs
See below for the schedule of fairs and plan to join us!

Online Resources
Visit our Open Enrollment webpage at benefits.gwu.edu/annual-open-enrollment to review plan details and access other benefits resources.

Extended Call Center Hours
From October 8-26, 2018, the Benefits Call Center will have extended hours: 9 a.m. - 8 p.m. (ET). Call (888) 4GWUBEN (449-8236) for assistance with any benefits questions or concerns.

Open Enrollment Events

Open Enrollment Fairs
The annual Open Enrollment fairs give you the opportunity to receive direct assistance with the enrollment process as well as speak with GW’s benefit plan providers. We strongly encourage you to attend one of these fairs to get important information to help you select the best plan for you and your family.

Foggy Bottom Campus:
Wednesday, October 10, 2018
10 a.m. - 3 p.m.
Marvin Center, Grand Ballroom

Wednesday, October 24, 2018
10 a.m. - 3 p.m.
Marvin Center, Grand Ballroom

Virginia Science and Technology Campus:
Wednesday, October 17, 2018
10 a.m. - 1 p.m.
Enterprise Hall, Room 175

For more information on Open Enrollment, please visit benefits.gwu.edu/annual-open-enrollment
On-Campus Flu Clinics

With flu season upon us, it's more important than ever that you protect yourself (and the people around you) by getting a flu vaccine. A flu shot is the best defense against the season flu, H1N1 and other forms of the flu virus.

On-campus flu clinics will be held during the Open Enrollment Fairs in October. You can make an appointment for receiving a flu shot online at go.gwu.edu/flu. You must present your GW or other health insurance card at time of appointment.

Please note: High dose flu shots, generally recommended for those over age 65, will not be available during the on-campus flu clinics. If you require a high dose flu shot, please consult with your healthcare provider or pharmacy.

Can't make it to one of the fairs? Flu shots are also available at CVS/Caremark, RiteAid, Target and Walgreens pharmacies at no cost for LTD participants covered under a GW health plan. Spouses/domestic partners and dependent children covered under a GW health plan may also receive a flu shot at these locations at no cost.

For more information on the on-campus flu clinics, visit go.gwu.edu/flu.
Medical Plan Options During Long-Term Disability

LTD participants (and dependents) age 65 or older

LTD participants (and dependents) who are age 65 or older are eligible for the individual medical plans offered through Via Benefits, a private Medicare exchange. If you or your dependents turn 65 and are eligible, Via Benefits will contact you directly, provide medical plan details and premiums as well as assist you with enrollment.

For more information on benefits available at the exchange, please contact Via Benefits at (855) 232-5748.

LTD participants (and dependents) under age 65

LTD participants (and dependents) who are under age 65 are eligible to enroll in group medical coverage through the GW LTD PPO during long-term disability. Detailed information on benefits coverage under the GW LTD PPO plan is outlined in the following chart.

Please note: If you decide to drop GW group medical coverage, you will not be able to enroll in the GW LTD PPO in the future.
Percentages in the accompanying chart represent the percentages of allowed benefit covered by the GW plan as well as the LTD participant responsibility. Important: If you are under age 65 and eligible for Medicare, please review the Coordination of Benefits with Medicare section on page 21 for details on how this plan coordinates with Medicare.

**Medical Plan**

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

<table>
<thead>
<tr>
<th>GW LTD PPO</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
</table>

### Deductible

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>$750</td>
<td>$1,500</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

### Out-of-Pocket Maximum (OOPM)

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$6,000</td>
<td>$12,000</td>
</tr>
</tbody>
</table>

### Coinsurance

GW - 80%
Participant - 20%
GW - 60%
Participant - 40%

### Lifetime Maximum

Unlimited
Unlimited

### Office Visit

<table>
<thead>
<tr>
<th></th>
<th>After deductible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP)</td>
<td>GW - 80%</td>
</tr>
<tr>
<td></td>
<td>Participant - 20%</td>
</tr>
<tr>
<td>Specialist</td>
<td>After deductible:</td>
</tr>
<tr>
<td></td>
<td>GW - 60%</td>
</tr>
<tr>
<td></td>
<td>Participant - 40%</td>
</tr>
</tbody>
</table>

### Virtual Visit

$10 copay

### Imaging and Labs†

**LabCorp and Quest Diagnostics will be GW's preferred vendors for lab work.**

<table>
<thead>
<tr>
<th></th>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Test (x-ray, blood work)</td>
<td>After deductible: GW - 80% participant - 20%</td>
<td>After deductible: GW - 60% participant - 40%</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>After deductible: GW - 80% participant - 20%</td>
<td>After deductible: GW - 60% participant - 40%</td>
</tr>
</tbody>
</table>

† **Preferred Network** = in-network freestanding facilities and GW hospital

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

### Inpatient
- **After deductible:**
  - GW: 80%
  - Participant: 20%
- **After deductible:**
  - GW: 60%
  - Participant: 40%

### Outpatient
- **After deductible:**
  - GW: 80%
  - Participant: 20%
- **After deductible:**
  - GW: 60%
  - Participant: 40%

### Urgent Care
- $30 copay
- **After deductible:**
  - GW: 60%
  - Participant: 40%

### Emergency Room
- **After deductible:**
  - GW: 80%
  - Participant: 20%
  - **After deductible:**
    - GW: 80%
    - Participant: 20%

## Preventive

### Mammography*
- GW: 100% for one preventive mammogram per year, age 40 and over

### Pap Test*
- GW covers 100% if part of wellness exam
- **After deductible:**
  - GW: 60%
  - Participant: 40%

### Prostate Exam*
- GW covers 100% if part of wellness exam
- **After deductible:**
  - GW: 60%
  - Participant: 40%

### Well Child and Well Adult Exams*
- GW covers 100%
- **After deductible:**
  - GW: 60%
  - Participant: 40%

## Applied Behavior Analysis (ABA)

- Covered
- Covered

## Chiropractic Care

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

## Acupuncture

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

## Infertility Benefits**

- Up to $30,000 lifetime medical benefit and up to a $8,000 pharmacy benefit
- Not Covered

## Hearing Aids***

- **After deductible:**
  - GW: 80%
  - Participant: 20%
  - **After deductible:**
    - GW: 60%
    - Participant: 40%

---

* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit [www.uhcpreventivecare.com](http://www.uhcpreventivecare.com) for additional details on ALL preventive care guidelines based on your age and sex.

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

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

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

### Obesity Surgery****

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered</td>
<td>Up to $60,000 lifetime limit</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

### Vision

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 LTD PPO.

### Prescription Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,600</td>
<td>$7,200</td>
<td></td>
</tr>
</tbody>
</table>

### Retail Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>10% Coinsurance (Minimum $15, Maximum $30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>30-day supply</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>20% Coinsurance (Minimum $30, Maximum $50)</td>
</tr>
<tr>
<td></td>
<td>30-day supply</td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td>25% Coinsurance (Minimum $60, Maximum $100)</td>
</tr>
<tr>
<td></td>
<td>30-day supply</td>
</tr>
</tbody>
</table>

### Mail-Order Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>10% Coinsurance (Minimum $37.50, Maximum $75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>90-day supply</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>20% Coinsurance (Minimum $75, Maximum $125)</td>
</tr>
<tr>
<td></td>
<td>90-day supply</td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td>25% Coinsurance (Minimum $150, Maximum $250)</td>
</tr>
<tr>
<td></td>
<td>90-day supply</td>
</tr>
</tbody>
</table>

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

To review 2019 contribution rates for medical coverage, please refer to page 28.
Coordination of Benefits With Medicare

The GW LTD PPO will pay secondary to Medicare if:

You are enrolled in Medicare Part A and Part B:

• If you are enrolled in Medicare and you go to a provider that accepts Medicare, the allowable expense will be the Medicare approved amount.

• If you go to a provider that does not participate in Medicare but still agrees to take a payment from Medicare, the allowable expense will be the Medicare limiting charge. The limiting charge means the highest amount Medicare will pay a provider that does not participate in Medicare.

• Some providers choose to opt-out of Medicare, which means that the provider is not allowed to bill Medicare. If you go to a provider that opts out of Medicare, the allowable expense will be the Medicare approved amount as determined by UnitedHealthcare.

• UnitedHealthcare may treat the provider’s billed charges as the allowable expense for Medicare when estimating the Medicare approved amount. Any determinations by UnitedHealthcare will be final, binding and not subject to review.

You are Medicare eligible but have not enrolled in Medicare Part A and Part B:

• If you are Medicare eligible but do not participate in Medicare, your benefits will be determined as if you timely enrolled in Medicare and obtained services from a Medicare participating provider. Thus, the allowable expense under the Plan will be the Medicare approved amount as determined by UnitedHealthcare.

• UnitedHealthcare may treat the provider’s billed charges as the allowable expense for Medicare when estimating the Medicare approved amount. Any determinations by UnitedHealthcare will be final, binding and not subject to review.

• Medicare payments combined with your benefit under the Plan will not exceed 100 percent of the allowable expense. You will be responsible for any charges in excess of the allowable expense.

For more information on Medicare benefits, please contact Medicare at (800) MEDICARE or visit their website at medicare.gov.

Get Personalized Help Through the Healthcare Maze!

Health Advocate, the nation’s leading independent healthcare advocacy and assistance company, is a special benefit paid for by GW that can help you personally resolve your healthcare and insurance issues, promptly and reliably.

Health Advocate is designed to help cut through the barriers that often create frustration and problems. Health Advocate can also help you determine your Medicare eligibility status and review how Medicare coordinates with the GW LTD PPO.

To reach Health Advocate, call (866) 695-8622 or visit members.healthadvocate.com.
Prescription Drug Benefits

When you enroll in the GW LTD PPO, you are automatically enrolled in prescription drug coverage 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 are 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).

TIP

Check Drug Coverage Tiers

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 be certain which tier your medication is in, call CVS Caremark at (877) 357-4032, visit caremark.com or download the CVS Caremark Mobile App.

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.

GW will continue to offer 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
- Two 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

With TDC/Livongo, patients can embark on a path to better health by keeping their diabetes under control while reducing their out-of-pocket costs.

To enroll, visit livongo.com using registration code “GW.”

PLEASE NOTE: Diabetic medications and supplies must be filled through CVS Retail or CVS Mail Order.
Choosing the Correct Medical Plan Rate

Example 1:
Status: George, GW LTD participant, is Medicare eligible; however, his spouse Martha is not Medicare eligible.
Plan: George would like to enroll in medical coverage for both himself and Martha. George would need to choose LTD Participant Only coverage under the GW LTD PPO Medicare plan at the monthly rate of $481.99 for himself and choose Spouse Only coverage under the GW LTD PPO Pre-Medicare plan at the monthly rate of $602.49 for Martha.

Example 2:
Status: Neither George, a GW LTD participant, nor his spouse Martha, are Medicare eligible.
Plan: George would like to enroll in medical coverage for both himself and Martha. George would need to choose LTD Participant + One coverage under the GW LTD PPO Pre-Medicare plan at the monthly rate of $1,265.22.

Example 3:
Status: George, a GW LTD participant, and his spouse Martha, are both Medicare eligible.
Plan: George would like to enroll in medical coverage for both himself and Martha. George would need to choose LTD Participant + One coverage under the GW LTD PPO Medicare plan at the monthly rate of $963.98.

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.

Bring your 90-day prescription(s) to your local CVS/pharmacy and provide your prescription card information.

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

All LTD participants are eligible to choose from **two voluntary vision plan options**.

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

Out-of-network benefits are available with fixed reimbursement directly to you after submission of 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 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, please visit myuhcvision.com.

**Take a look at the table to evaluate which of the options may be right for you.**

To review 2019 contribution rates for vision coverage, please refer to page 28.
UHC Voluntary Vision Plan Options: Basic Plan vs. Enhanced Plan

GW offers a choice of two voluntary vision plans through UnitedHealthcare: Basic and Enhanced.

<table>
<thead>
<tr>
<th>Copays for In-Network Services</th>
<th>Basic</th>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Materials</td>
<td>$20</td>
<td>$20</td>
</tr>
</tbody>
</table>

**Benefit Frequency**

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Exam</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>Once every 24 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Contact Lenses in Lieu of Eye Glasses</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
</tbody>
</table>

**Frame Benefit**

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Practice Provider</td>
<td>$130</td>
<td>$130</td>
</tr>
<tr>
<td>Retail Chain Provider</td>
<td>$130</td>
<td>$130</td>
</tr>
</tbody>
</table>

**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: 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 covered 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 uhclasik.com.

**TIP**

Did You Know?

Nearly 1 out of every 2 adults experiences at least one chronic condition, many of which an eye exam can help diagnose.

Getting an eye exam plays a critical role in your overall health!

Learn more about the vision options available: benefits.gwu.edu/ltd-vision-benefits

**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
- standard scratch-resistant coating and frame or contact lenses in lieu of eye glasses

Refer to the chart above, which provides a summary of some of the in-network services and costs.

Please visit benefits.gwu.edu for additional details.
Dental Coverage Options

All LTD participants are eligible to choose from **three voluntary dental plan options**.

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

**TIP**

Reasonable and Customary:

Dental providers who participate in the Aetna network have agreed to accept a standard level of payment for their services. This is 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 PPO Plans — High and Low Options

GW offers a choice of three voluntary dental plans through Aetna: High PPO, Low PPO and DMO. 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.

<table>
<thead>
<tr>
<th></th>
<th>High Option Dental PPO</th>
<th>Low Option Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Annual Maximum Coverage</strong></td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Care</strong></td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major Care</strong></td>
<td>50%</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>50% (lifetime max $1,500)</td>
<td>50% (lifetime max $1,500)</td>
</tr>
</tbody>
</table>

* 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 benefits.gwu.edu.

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

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, 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.

TIP
Did You Know?

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

Dental Coverage Options | 27
The charts below summarize your contribution rates for coverage in 2019.

### UHC Medical Coverage

<table>
<thead>
<tr>
<th>GW LTD PPO Pre-Medicare</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTD Participant Only</td>
<td>$602.49</td>
</tr>
<tr>
<td>LTD Participant + One</td>
<td>$1,265.22</td>
</tr>
<tr>
<td>LTD Participant + Family</td>
<td>$1,807.47</td>
</tr>
<tr>
<td>Spouse Only</td>
<td>$602.49</td>
</tr>
<tr>
<td>Child Only</td>
<td>$602.49</td>
</tr>
<tr>
<td>2 Children Only</td>
<td>$1,265.22</td>
</tr>
<tr>
<td>3 or More Children</td>
<td>$1,807.47</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GW LTD PPO Medicare (for those under age 65)</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTD Participant Only</td>
<td>$481.99</td>
</tr>
<tr>
<td>LTD Participant + One</td>
<td>$963.98</td>
</tr>
<tr>
<td>LTD Participant + Family</td>
<td>$1,445.97</td>
</tr>
<tr>
<td>Spouse Only</td>
<td>$481.99</td>
</tr>
<tr>
<td>Child Only</td>
<td>$481.99</td>
</tr>
<tr>
<td>2 Children Only</td>
<td>$963.98</td>
</tr>
<tr>
<td>3 or More Children</td>
<td>$1,445.97</td>
</tr>
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</table>

### Dental Coverage

<table>
<thead>
<tr>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMO</td>
</tr>
<tr>
<td>LTD Participant Only</td>
</tr>
<tr>
<td>LTD Participant + One</td>
</tr>
<tr>
<td>LTD Participant + Family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTD Participant Only</td>
</tr>
<tr>
<td>LTD Participant + One</td>
</tr>
<tr>
<td>LTD Participant + Family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTD Participant Only</td>
</tr>
<tr>
<td>LTD Participant + One</td>
</tr>
<tr>
<td>LTD Participant + Family</td>
</tr>
</tbody>
</table>

### UHC Vision Coverage

<table>
<thead>
<tr>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
</tr>
<tr>
<td>LTD Participant Only</td>
</tr>
<tr>
<td>LTD Participant + One</td>
</tr>
<tr>
<td>LTD Participant + Family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTD Participant Only</td>
</tr>
<tr>
<td>LTD Participant + One</td>
</tr>
<tr>
<td>LTD Participant + Family</td>
</tr>
</tbody>
</table>
How to Enroll

For LTD participants and/or their dependents under age 65

PayFlex, GW’s direct bill administrator, will mail you billing information.

- Included in this packet will be a cover letter and an enrollment form. Review this information carefully, change or select new benefits and return your completed information to PayFlex.
- Please note: Your enrollment form must be returned to PayFlex and postmarked no later than October 26, 2018.
- If you have any questions regarding the enrollment process, premiums or billing, please contact PayFlex at (800) 359-3921, visit payflex.com or send correspondence to the address below:
  PayFlex Systems USA, Inc.
  P.O. Box 953374
  St. Louis, MO 63195-3374
- Reminder: All of your eligible 2018 benefit elections (medical, prescription, dental and vision) will roll over into 2019. If you do not wish to make any changes, no action is needed; however, we recommend that you review your current elections to ensure they still provide the coverage you need. Please remember that changes made during this period become effective January 1, 2019.
- If you choose not to continue medical coverage, you will not be eligible to participate in the GW medical plan in the future.

For LTD participants age 65 and older

You may receive separate Open Enrollment packets. If you are enrolled in dental or vision coverage at PayFlex, PayFlex will mail you an Open Enrollment packet. If you are enrolled in medical, prescription, dental or vision coverage at Via Benefits, Via Benefits will mail you an Open Enrollment packet.

- If you have any questions regarding the enrollment process, premiums or billing for coverage at PayFlex, please contact PayFlex at (800) 359-3921 or visit payflex.com.
- If you have any questions regarding the enrollment process, premiums or billing for coverage at Via Benefits, please contact Via Benefits at (855) 232-5748.

Changes of address or personal contact information

Be sure to provide your current address and phone number to PayFlex. We periodically mail information to LTD participants, and may be unable to contact you without this information. In the event that you relocate in the future, please be sure PayFlex is notified of your new address and any change to your phone number.

Contact: PayFlex (800) 359-3921

Enrollment Deadline

October 26, 2018 is the LAST day to make changes for 2019.

Remember:
Open Enrollment is the only time you can make changes to your benefits or covered dependents unless you experience a Qualified Life Event (QLE).

Adding a Dependent
If adding a dependent for the first time, submit your dependent documentation to GW Benefits, 45155 Research Place, Suite 160, Ashburn, VA 20147 by Friday, November 2, 2018.

Please note that dependent enrollment is pending until documentation is received and verified.
## Contact Information

<table>
<thead>
<tr>
<th>Who to Call</th>
<th>Contact Information</th>
<th>Plan Information (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare (for pre-65) (Customer Service &amp; Nurseline)</td>
<td>(877) 706-1739 • myuhc.com Nurseline: (800) 846-4678</td>
<td>Group# 730193</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna</td>
<td>(877) 238-6200 • aetna.com</td>
<td>Group# 622758</td>
</tr>
<tr>
<td><strong>Prescription Drug</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVS Caremark</td>
<td>(877) 357-4032 • caremark.com FastStart for maintenance prescriptions (800) 875-0867</td>
<td>Group# RX6475</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare Vision</td>
<td>Customer Service: (800) 638-3120 Provider Locator: (800) 839-3242 myuhcvision.com</td>
<td></td>
</tr>
<tr>
<td><strong>Medical, Prescription Drug, Dental and Vision if Enrolled at Via Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Via Benefits</td>
<td>(855) 232-5748 • my.viabenefits.com/gw</td>
<td></td>
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<tr>
<td><strong>Group Home and Auto</strong></td>
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<tr>
<td>Liberty Mutual</td>
<td>(800) 699-4378 libertymutual.com/gw-university</td>
<td>Client ID# 135234</td>
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<td><strong>Enrollment Process, Premiums or Billing</strong></td>
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<tr>
<td>PayFlex (if enrolled at PayFlex)</td>
<td>(800) 359-3921 • payflex.com</td>
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<tr>
<td>Via Benefits (if enrolled at Via Benefits)</td>
<td>(855) 232-5748 • my.viabenefits.com/gw</td>
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<td><strong>Voluntary Benefits</strong></td>
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<tr>
<td>InfoArmor</td>
<td>(800) 789-2720 • infoarmor.com/gw</td>
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<tr>
<td>Nationwide</td>
<td>(877) 738-7874 • petinsurance.com/gw</td>
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<td><strong>Advocacy Series</strong></td>
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<tr>
<td>Health Advocate</td>
<td>(866) 695-8622 • healthadvocate.com/gwu</td>
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<td><strong>GW Departments</strong></td>
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<td>Benefits Call Center</td>
<td>(888) 4GWUBEN (449-8236)</td>
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<td>GW Benefits</td>
<td>(571) 553-8382 • benefits.gwu.edu</td>
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