Retirees

2019
Start Planning

The Open Enrollment period that runs October 8-26, 2018, is only for those retirees or dependents who are continuing benefits via PayFlex.

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: All GW faculty and staff retirees and their eligible dependents 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, spouse’s work status or coverage, etc.

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

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 retirees, 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 at (800) 359-3921.
The Building Blocks of a Healthy GW Community

As a GW retiree, you have access to a number of different resources and tools that make it easier to get on - and stay on - the path towards improved health and financial wellness:

**Going Digital for Health**
- With GW’s Retiree HSP, you can skip the waiting room with UnitedHealthcare’s Virtual Visits. Gain convenient access to a doctor from a mobile device or computer - no appointment needed! During a Virtual Visit, a doctor can diagnose and treat a wide range of non-emergency conditions as well as write prescriptions (if needed), which you may subsequently pick up at your local pharmacy.

**Healthy Living**
- Time for a check-up! Retirees covered by GW’s Retiree HSP can continue to receive preventive services at no cost - just go in-network.

**Financial Fitness**
- Meet with retirement consultants from Fidelity and TIAA on campus. Consultants can help you understand the plans and investments available, and assist you with creating individualized plans and reviewing account balances. Learn more by visiting benefits.gwu.edu/retirement-counseling.
Learn

What is Open Enrollment?

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

Retirees 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 through 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 | For retirees and their dependents under age 65:  
  • GW Retiree HSP - 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  
| For retirees 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.
What’s Staying the Same for 2019

Staying What’s eligible dependents (depending on years of service).

Retirees will continue to be eligible for the tuition remission benefit, to a behavioral health professional, and features a network of over 3,000 services uses secure, video-calling technology to provide real-time access via mobile device or computer – 24/7, no appointment needed. Get Virtual Visits will remain a health plan feature under the GW Retiree HSP

For hassle-free assistance with resolving healthcare and insurance issues, look no further than GW’s Health Advocate program, which

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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 GW Retirees enrolled in a medical plan through PayFlex or Via Benefits.

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 GW Retirees and their dependents enrolled in the GW Retiree HSP, GW will continue to offer a preferred network, including a lower copay, for usage of freestanding facilities in lieu of hospitals for lab tests, radiology services, major diagnostics and other services. LabCorp and Quest Diagnostics

GW is pleased to introduce pet insurance through Nationwide’s Tail’r Made giveaway. Four

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

Pre-Age 65 Retiree: GW Retiree HSP

For 2019, GW will continue to offer the GW Retiree Health Savings Plan (Retiree HSP) for retirees and their dependents under age 65. GW’s Basic and Enhanced vision plans will remain the same for 2019, with no changes in plan coverage or contributions.

Cvs Transform Diabetes Care with Livongo

For GW Retirees and their dependents enrolled in the GW Retiree HSP, 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.

What’s New and What’s Changing for 2019

Life 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 insurance products marketed as Liberty National Insurance, including life coverage provided to retirees by GW, will be rebranded to the Lincoln Financial brand.

Tip: Telemental health is available through your UHC medical benefit. The

Health Advocate

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Real Appeal

Find weight loss support and improve your health with the Real Appeal weight loss program, new to GW’s Retiree HSP.

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.

For retirees and dependents age 65 and older participating in medical, pharmacy, vision or dental plans through Via Benefits, the Open Enrollment period will be October 15 - December 7, 2018. For more information, contact Via Benefits at (855) 232-5748.

What’s New and What’s Changing for 2019

Pre-Age 65 Retiree: Medicare Exchange

For retirees and dependents age 55 and older participating in medical, pharmacy, vision or dental plans through Via Benefits, the Open Enrollment period will be October 15 - December 7, 2018. For more information, contact Via Benefits at (855) 232-5748.

Note: Retirees 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.

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

Group Home and Auto Insurance

GW Retirees 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.

Discou DS 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 Retiree: Medicare Exchange

For retirees and dependents age 65 and older participating in medical, pharmacy, vision or dental plans through Via Benefits, the Open Enrollment period will be October 15 - December 7, 2018. For more information, contact Via Benefits at (855) 232-5748.

What’s New and What’s Changing for 2019

Pre-Age 65 Retiree: GW Retiree HSP

For 2019, GW will continue to offer the GW Retiree Health Savings Plan (Retiree HSP) for retirees and their dependents under age 65. GW’s Basic and Enhanced vision plans will remain the same for 2019, with no changes in plan coverage or contributions.

CVS Mail Order.

With no changes in plan coverage or contributions.

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 GW Retirees enrolled in a medical plan through PayFlex or Via Benefits.

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

What’s Staying the Same for 2019

Staying What’s eligible dependents (depending on years of service).

Retirees 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 a retiree’s spouse or domestic partner and eligible dependents (depending on years of service).
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:

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

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.

High Deductible Health Plan (HDHP): A plan with a higher deductible (combined medical and pharmacy) that you must pay 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 Retiree HSP is an HDHP.)

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 to Utilize Your Care

How Prescription Coinsurance Works

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

On the Retiree HSP:

- You must pay all costs for prescription drugs until you meet your annual deductible. After you meet your deductible, you will be responsible for 20 percent coinsurance until you reach the out-of-pocket maximum.
- Please note: Under the GW Retiree HSP, your pharmacy deductible is combined with your medical deductible.

Preventive medications are covered at 100 percent under the GW Retiree HSP. Coinsurance and deductible do not apply. 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.

Remember: You can use your HSA to pay for eligible out-of-pocket costs, including your deductible and prescription coinsurance.

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 Retiree HSP, 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 your 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 Retiree HSP. If you go to a facility that is not in the preferred network, you will pay 40 percent coinsurance under the GW Retiree HSP. LabCorp and Quest Diagnostics (beginning January 1, 2019) are GW’s preferred vendors for lab work.

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

Visit 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

Average costs of imaging and diagnostic services for the GW Retiree HSP

<table>
<thead>
<tr>
<th>Selected Imaging, X-Ray, Major Diagnostic Service</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>
<tbody>
<tr>
<td>MRI Scan</td>
<td>Total - $559&lt;br&gt;Member - $112</td>
<td>Total - $1,087&lt;br&gt;Member - $435</td>
</tr>
<tr>
<td>Ultrasound - Abdomen</td>
<td>Total - $114&lt;br&gt;Member - $23</td>
<td>Total - $323&lt;br&gt;Member - $129</td>
</tr>
<tr>
<td>General Blood Health Panel Test</td>
<td>Total - $15&lt;br&gt;Member - $3</td>
<td>Total - $21&lt;br&gt;member - $8</td>
</tr>
<tr>
<td>PET Scan with CT Scan</td>
<td>Total - $539&lt;br&gt;Member - $108</td>
<td>Total - $730&lt;br&gt;Member - $292</td>
</tr>
</tbody>
</table>

*Coinsurance after deductible has been met

When using outpatient lab tests and imaging, ask:

- Do you know the cost of the tests you are ordering?
- Is the provider or laboratory in my network?
- Since my share of the cost is less for services performed 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?

Health Savings Account (HSA)

When you are covered by a high deductible health plan like the GW Retiree HSP, you are eligible to participate in an HSA.

Contribute to your HSA

In 2019, you may contribute up to $3,500 if you have individual HSP coverage, or up to $7,000 if you are covering yourself and additional family member(s) under this HSP. If you are age 55 or older, you may contribute an additional $1,000 to your account.

Contributions to your HSA accumulate if not used.

You may use HSA funds to pay for any qualified health expenses incurred after the account is opened. Bills may be paid 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.

HSA is an investment tool

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

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

**Check out these 10 money-saving tips:**

### 1. Choose In-Network Providers

UnitedHealthcare negotiates with providers and healthcare facilities for discounted fees. Those 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 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 check-up 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.

### 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. Take advantage of an HSA

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

### 8. 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!

### 9. 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, 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.

### 10. 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 to learn more about Virtual Visits.
Explore Ways to Tour Open Enrollment Information

Open Enrollment Fairs
See page 17 for the schedule of fairs and plan to join us! For Open Enrollment event dates, visit benefits.gwu.edu/events.

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.

UnitedHealthcare On-Site Meetings
UnitedHealthcare periodically visits the Foggy Bottom and Virginia Science and Technology campuses to meet with GW health plan members one-on-one regarding their medical and vision plans. Make an appointment at benefits.gwu.edu/events.

Return completed and signed enrollment form to PayFlex postmarked by October 26, 2018.

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 seasonal flu, H1N1 and other forms of the flu virus.

On-campus flu clinics will be held during the Open Enrollment Fairs in October. All retirees 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 retirees who participate in the GW Retiree HSP. 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 for Retirees

Retirees (and dependents) age 65 or older
Retirees (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.

Retirees (and dependents) under age 65
Retirees (and dependents) who are under age 65 are eligible to enroll in group medical coverage through the GW Retiree HSP. Detailed information on benefits coverage under the Retiree HSP 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 Retiree HSP plan in the future.
The following pages provide the Medical Plan chart, which highlights some of the services provided under the GW Retiree HSP.

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

### Medical Plan

#### GW Retiree Health Savings Plan (HSP)

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
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<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,000</td>
</tr>
<tr>
<td>Family</td>
<td>$4,000†</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (OOPM)††</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$4,000</td>
</tr>
<tr>
<td>Family</td>
<td>$7,900</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
</tr>
<tr>
<td>GW – 80%</td>
<td>GW – 60%</td>
</tr>
<tr>
<td>Retiree – 20%</td>
<td>Retiree – 40%</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td></td>
</tr>
<tr>
<td>Unlimited</td>
<td>Unlimited</td>
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#### Office Visit

<table>
<thead>
<tr>
<th>GW</th>
<th>Retiree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Physician (PCP)</strong></td>
<td>After deductible: GW – 80% Retiree – 20%</td>
</tr>
<tr>
<td>After deductible: GW – 60% Retiree – 40%</td>
<td></td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>After deductible: GW – 80% Retiree – 20%</td>
</tr>
<tr>
<td>After deductible: GW – 60% Retiree – 40%</td>
<td></td>
</tr>
<tr>
<td><strong>Virtual Visit</strong></td>
<td>After deductible: GW – 80% Retiree – 20%</td>
</tr>
<tr>
<td>After deductible: GW – 60% Retiree – 40%</td>
<td></td>
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</tbody>
</table>

#### Imaging and Labs†††

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

### Hospital Care

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

### Preventive

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

### Applied Behavior Analysis (ABA)

Covered

### Chiropractic Care

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

### Acupuncture

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

* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit uhpreeventicare.com for additional details on ALL preventive care guidelines based on your age and sex.

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

†† Under Healthcare Reform all plans must have an out-of-pocket maximum. In addition deductibles, copays and coinsurance must apply to the 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)

* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit uhpreeventicare.com for additional details on ALL preventive care guidelines based on your age and sex.
To review 2019 contribution rates for retiree medical coverage, please visit benefits.gwu.edu/annual-open-enrollment.

<table>
<thead>
<tr>
<th>Prescription Drug Benefits</th>
</tr>
</thead>
</table>

When you enroll in the GW Retiree HSP, 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).

### Vision

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>GW - 80% Retiree - 20%</td>
<td>GW - 60% Retiree - 40%</td>
</tr>
</tbody>
</table>

### Durable Medical Equipment (DME)

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>GW - 80% Retiree - 20%</td>
<td>GW - 60% Retiree - 40%</td>
</tr>
</tbody>
</table>

### Prescription Drug Deductible

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>GW - 80% Retiree - 20%</td>
<td>GW - 60% Retiree - 40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

### Preventive Drugs

<table>
<thead>
<tr>
<th>Covered at 100%</th>
</tr>
</thead>
</table>

### Retail Prescription Drugs

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand Formulary</th>
<th>Brand Non-Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>After deductible: GW - 80% Retiree - 20%</td>
<td>After deductible: GW - 60% Retiree - 40%</td>
<td>After deductible: GW - 80% Retiree - 20%</td>
</tr>
</tbody>
</table>

### Mail-Order Prescription Drugs

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand Formulary</th>
<th>Brand Non-Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>After deductible: GW - 80% Retiree - 20%</td>
<td>After deductible: GW - 60% Retiree - 40%</td>
<td>After deductible: GW - 80% Retiree - 20%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vacation Exception Additional 30-day supply one time per year</th>
</tr>
</thead>
</table>

To review 2019 contribution rates for retiree medical coverage, please visit benefits.gwu.edu/annual-open-enrollment.

**Prescription Drug Benefits**

When you enroll in the GW Retiree HSP, 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).

### 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.

### 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.
## Vision Coverage Options

All retirees 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.

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### 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></th>
<th>Basic</th>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Copays for In-Network Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Materials</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Benefit Frequency</strong></td>
<td></td>
<td></td>
</tr>
<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>
<tr>
<td><strong>Frame Benefit</strong></td>
<td></td>
<td></td>
</tr>
<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>
<tr>
<td><strong>Lens Options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lens Benefit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laser Vision Benefit</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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 at uhclasik.com.

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**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 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.

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To review 2019 contribution rates for vision coverage, please refer to page 29.
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.

**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></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Annual Deductible (Individual)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Annual Deductible (per Family)</td>
<td>$50 (max 3 per family)</td>
<td>$50 (max 3 per family)</td>
</tr>
<tr>
<td>Annual Maximum Coverage* (per person per year combined in- and out-of-network)</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Preventive Care**</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Care**</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Major Care**</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia (Children only combined in- and out-of-network)</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.

**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.

**TIP**

Did You Know?

Preventive dental care can help reduce health risks. Periodontal disease has been linked to heart disease, diabetes and preterm birth.
Active faculty and staff receive group term life insurance in an amount equal to their annualized salary, rounded to the next highest thousand dollars. The maximum amount of coverage is one times salary or $500,000, whichever is less.

Please note: Age reduction provisions apply for active employees age 70 and older. Please see the life insurance certificate for details.

• On your retirement date, the life insurance coverage is reduced to 80 percent of the life insurance in effect on your last full day of active work, rounded up to the nearest $1,000.
• On July 1 coinciding with or next following the first anniversary of retirement, the life insurance coverage is reduced to 60 percent of the life insurance in effect on your last full day of active work (not rounded), or $2,500 if age 70.
• On July 1 coinciding with or next following the second anniversary of retirement, the life insurance coverage is reduced to 40 percent of the life insurance in effect on your last full day of active work (not rounded), or $2,500 if age 70.
• On July 1 coinciding with or next following the third anniversary of retirement, the life insurance coverage is reduced to 20 percent of the life insurance in effect on your last full day of active work (not rounded), or $2,500 if age 70.
• On July 1 coinciding with or next following the fourth anniversary of retirement, the life insurance coverage is reduced to $2,500.

Example 1: An employee with a life insurance benefit of $104,000 prior to retirement at age 60:
• On the date of retirement, the benefit reduces to $84,000.
• On July 1 following the first anniversary of retirement, the benefit reduces to $62,400.
• On July 1 following the second anniversary of retirement, the benefit reduces to $41,600.
• On July 1 following the third anniversary of retirement, the benefit reduces to $20,800.
• On July 1 following the fourth anniversary of retirement, the benefit reduces to $2,500.

Example 2: An employee with a life insurance benefit of $104,000 prior to retirement at age 68:
• On the date of retirement, the benefit reduces to $84,000 (age 68).
• On July 1 following the first anniversary of retirement, the benefit reduces to $62,400 (age 69).
• On July 1 following the second anniversary of retirement, the benefit reduces to $20,800 (age 70).

Premiums for retiree group term life insurance are fully paid by the university. Premiums paid by GW for benefits in excess of $50,000 are taxable to active employees and to retirees, and are reported on form W-2 each year. While you are an active employee, this information appears on your regular W-2 from GW. Once you are retired, GW will generate and mail to you a special W-2 for the purposes of reporting this benefit.

To review the 2019 retiree medical contribution rates, please visit benefits.gwu.edu/annual-open-enrollment (scroll down to the bottom of the page and select the drop-down “Retirees” tab).

### Dental Coverage

<table>
<thead>
<tr>
<th>Coverage Categories</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMO</td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$14.69</td>
</tr>
<tr>
<td>Retiree + One</td>
<td>$33.58</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$40.64</td>
</tr>
<tr>
<td>High PPO</td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$50.27</td>
</tr>
<tr>
<td>Retiree + One Dependent</td>
<td>$109.02</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$131.91</td>
</tr>
<tr>
<td>Low PPO</td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$30.07</td>
</tr>
<tr>
<td>Retiree + One Dependent</td>
<td>$63.91</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$77.36</td>
</tr>
</tbody>
</table>

### UHC Vision Coverage

<table>
<thead>
<tr>
<th>Coverage Categories</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$4.99</td>
</tr>
<tr>
<td>Retiree + One</td>
<td>$9.24</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$14.73</td>
</tr>
<tr>
<td>Enhanced</td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$7.24</td>
</tr>
<tr>
<td>Retiree + One Dependent</td>
<td>$13.40</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$21.36</td>
</tr>
</tbody>
</table>
How to Enroll

For retirees 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.
• If you have any questions during the Open Enrollment period, please contact the Benefits Call Center at (888) 4GWUBEN (449-8236).

For retirees 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 through 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 retirees, 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.

Important Contact Information

Who to Call | Contact Information | Plan Information (if applicable)

Medical
UnitedHealthcare (Customer Service & Nurseline) | (877) 706-1739 • myuhc.com | Nurseline (800) 846-4678 Group# 730193

Dental
Aetna | (877) 238-6200 • aetna.com | Group# 622758

Prescription Drug
CVS Caremark | (877) 357-4032 • caremark.com | FastStart for maintenance prescriptions (800) 875-0867 Group# RX6475

Vision
UnitedHealthcare Vision | Customer Service: (800) 638-3120 | Provider Locator: (800) 839-3242 myuhcvision.com

Medical, Prescription Drug, Dental and Vision if Enrolled at Via Benefits
Via Benefits | (855) 232-5748 • my.viabenefits.com/gw | Group Home and Auto
Liberty Mutual | (800) 699-4378 • www.libertymutual.com/gw-university | Client ID# 135234

Enrollment Process, Premiums or Billing
PayFlex (if enrolled at PayFlex) | (800) 359-3921 • payflex.com | Via Benefits (if enrolled at Via Benefits) | (855) 232-5748 • my.viabenefits.com/gw

Voluntary Benefits
InfoArmor | (800) 789-2720 • infoarmor.com/gw | Nationwide | (877) 738-7874 • petinsurance.com/gw

Advocacy Series
Health Advocate | (866) 695-8622 • healthadvocate.com/gwu | GW Departments
Benefits Call Center | (888) 4GWUBEN (449-8236) | GW Benefits | (571) 553-8382 • benefits.gwu.edu