

Open Enrollment Guide 2022

Affordable Care Act

Create a Path to Well-being



Benefits

THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON, DC

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Start Planning

Start Planning 2022

Under the Affordable Care Act (ACA), large employers are required to offer minimum essential coverage to employees who are considered full-time as defined by the ACA.

The ACA defines a full-time [FT] employee as anyone employed by a given employer for an average of 30 or more hours per week (or 130 hours per month).

The George Washington University has identified you as a FT employee for purposes of ACA. As such, you have the opportunity to participate in the healthcare program described in this guide.

Please take the time to review this information. Should you choose to enroll or make a change, be sure to complete your online enrollment within the Open Enrollment period.

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 ACA Open Enrollment webpage at hr.gwu.edu/affordable-care-act, your destination for all Open Enrollment-related information!

WHO ACA-eligible employees and their eligible dependents.

WHEN Monday, October 11, 2021 through Friday, October 29, 2021 (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 2022 contribution amounts.

3 WEEKS!

Don't miss this annual opportunity! You have three weeks to complete your Open Enrollment elections. For medical plan highlights, see page 23.

Explore Ways to Tour Open Enrollment Information



Online Resources

Visit the ACA Open Enrollment webpage at go.gwu.edu/2022OE to review plan details and access other benefits resources.



Log Into EasyEnroll to Enroll Starting October 11, 2021

To get started, visit go.gwu.edu/openrollment.

Fight the Flu for a Healthier GW

The CDC highly recommends all people 6 months and older get a yearly flu vaccine. Details on flu shot availability by employee designation group are below:

For faculty and staff working on campus this fall, GW will offer flu clinics at the Foggy Bottom and Virginia Science and Technology campuses in October. Please visit the Onward website for details.

Employees covered by a GW medical plan can visit area pharmacies and convenience care clinics to receive a flu shot at no cost. **GW medical plan participants will need to show their CVS Caremark ID card at the time of your flu shot.**

If you are not covered on a GW medical plan, please verify costs with your health insurance company. Most plans will cover the full cost of seasonal flu shots.



The Building Blocks of a Healthy GW Community

As a GW employee, 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 well-being.

Going Digital for Health

- Take charge of your health with Castlight, a free service for GW employees, spouses/domestic partners and adult dependents covered through a university health plan. With Castlight, you can find a high-quality doctor for an affordable price before you make an appointment—all from the convenience of your phone or computer! You can also compare nearby physicians, facilities, medical services and prescriptions, and review step-by-step explanations of past medical and pharmacy spending. Current GW medical plan participants: register at mycastlight.com/GW. Learn more at hr.gwu.edu/castlight.
- 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! GW employees covered by a university medical plan can continue to receive preventive services at no cost—just go in-network.

TIP

Telemental Health

Telemental Health, available through UHC, is a secure service with video-calling technology to provide real-time access to a behavioral health professional. The network has over 70,000 providers in all 50 states.

Sign in or register on myuhc.com®. Then, go to Find a Doctor > Behavioral Health Directory > People > Provider Type > Telemental Health Providers.

Quit for Life

As part of the American Cancer Society's 37th annual Great American Smokeout, GW prohibited smoking in university-owned outdoor spaces, as well as public spaces adjacent to all residential, academic, athletic, recreational and administrative support buildings in August 2013. The policy promotes a healthy environment for all members of the GW community and protects non-smokers from the dangers of secondhand smoke.

The Quit For Life® program, brought to you by the American Cancer Society® and Alere Wellbeing, is the nation's leading tobacco cessation program and available to GW employees, eligible dependents and students.

The program helps participants overcome physical, psychological and behavioral addictions to tobacco through coaching, a customized quitting plan and a supportive online community.

Learn more at hr.gwu.edu/quit-life.



Learn >

What is Open Enrollment?

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

What's Included?

The benefits below are part of Open Enrollment, which runs **October 11-29 2021**, and can only be changed during this period unless you experience a Qualified Life Event (QLE):

Benefit	What you'll have in 2022 if you don't act during Open Enrollment:
Health Savings Account	Your 2021 annual election will roll over into 2022. For example, if you elected to contribute \$1,000 for 2021, you would have an automatic election of \$1,000 for 2022.
Medical and Prescription Plan	The same plan you have now.

These benefits are part of Open Enrollment, and can only be changed once per year during Annual Open Enrollment, unless you have a [qualified life event](#).

What's Staying the Same for 2022

Medical Faculty Associates Benefit Coverage Tier

The GW HSP medical plan includes a separate benefit coverage tier for Medical Faculty Associates (MFA). When GW medical plan participants see an MFA provider*, they pay lower copayments and lower employee coinsurance, helping medical expense dollars go further because a greater portion of your care will be covered by the Plan. GW employees also have a dedicated phone number to schedule appointments at: 202-677- 6000.

*The MFA tier applies to professional charges by MFA providers, MFA behavioral health providers will continue to be out of network.

Castlight

Maximize the use of your medical plan and spending with Castlight, which will continue to be a free service for GW employees, spouses and adult dependents covered under a GW health plan. Search for doctors, prescriptions, hospitals and medical services and compare them by cost and quality. Understand what's covered under your plan and monitor where you are in reaching your deductible. See current balances for your Health Care HSA. You can access Castlight online and through the mobile app.

Register at mycastlight.com/GW. Learn more about Castlight by visiting [Register at mycastlight.com/GW](https://mycastlight.com/GW). Learn more about Castlight by visiting hr.gwu.edu/castlight.

UHC Virtual Visits

Virtual Visits will remain a health plan feature for 2022, allowing UHC 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.

Telemental Health

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.

Real Appeal

Real Appeal is a virtual weight-loss support program offered through the GW HSP medical plan. The program supports members with a body mass index (BMI) of 19 or more—at no cost. Weekly online coaching sessions and tools, includes food and weight scales, a blender, healthy recipes, digital workouts, and more are included.

If you are currently enrolled in the GW HSP medical plan, you may enroll at any time if you meet BMI eligibility requirements. If you are newly electing the GW HSP during 2022 Open Enrollment, you may enroll beginning January 1, 2022.

Visit gwu.realappeal.com for more information.

CHANGE**2022 Medical Contribution Overview:**

For the 2022 Plan year, participating full-time faculty and staff will experience a **nominal increase of 1% in their contributions** (across all salary bands and plans*).

Approximately 90% of full-time medical plan participants will see an average increase of less than \$5 per month. The monthly employee contribution increase will range from less than \$1 to about \$8, depending on your plan, coverage level and salary band.

- For example, a full-time benefits-eligible employee with a salary between \$50k and \$90k who enrolls in the GW HSP for individual coverage will see an increase of under \$1 per month for 2022.
- On the other hand, an employee with a salary between \$50k and \$90k who enrolls in the GW HSP with family coverage, will see a medical contribution increase of about \$3 per month for 2022.

***Please note: There are no changes to the current salary bands. UnitedHealthcare will continue to be the medical benefits administrator for both plans. Benefits salary is defined as the salary(ies) of an employee's active benefits-eligible primary and secondary positions. For more details on contribution rates by salary band, please see page 32.**

NEW**Diabetes Management Program**

GW will be implementing a new Diabetes Management Program for GW medical plan participants. Most programs take a one-size-fits-all approach based on principles of population health. CVS's Next Generation Transform Diabetes Care program focuses on a highly personalized approach, customizing support based on a participant's risk profile.

Currently Using Livongo?

If you are currently using the Transform Diabetes Care program with Livongo, CVS Caremark will send you information in November and December on how to transition to the new program as well as how to get started with the new program's offerings.

CHANGE**IRS Account Based Plan Limit Updates****Health Savings Account (HSA)**

The HSA contribution limit (combined employee + GW contribution)

- For those with individual Health Savings Plan (HSP) coverage, the annual maximum for the HSA will increase by \$50, from \$3,600 to \$3,650.
- For those with family HSP coverage, the annual maximum for the HSA will increase by \$100, from \$7,200 to \$7,300.
- GW's HSA matching contribution continues: GW will match up to \$600 for individuals who contribute at least \$600, and up to \$1,200 for those covering dependents who contribute at least \$1,200.

What's New and What's Changing for 2022

CHANGE**Maintenance Choice All Access with Opt-Out**

If you have a condition that requires ongoing prescription medication, you will pay the lowest cost 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 retail store or through CVS Caremark mail order, helping you save time and money!

Beginning January 1, under the Mandatory Maintenance Choice - All Access with Opt Out program, the number of 30-day fills for maintenance prescriptions at a retail pharmacy (including CVS) will continue to be limited to three. However, after your third 30-day fill of a maintenance prescription, your medication will not be covered until you either:

1. Move to a 90 day prescription filled at CVS retail or CVS Caremark mail order; Or,
2. 2) You opt out of the program. If you opt out, you can continue filling monthly at your local pharmacy but will forgo the savings and convenience opportunities associated with the program. Deductible/coinsurance applies.

New delivery offerings are also provided. Please see [page 24](#) for details.

NEW!**Simple Therapy**

Simple Therapy is a new GW Benefits program available in 2022 available at **no cost** to GW HSP medical plan participants and their eligible adult dependents (18+). The program combines a comprehensive digital program with Live Physical Therapists to help you manage and prevent pain across 18 body parts including knee, hip, neck, shoulder, back, hand, and wrist.

Through 5-15 minute exercise therapy sessions and live PT consults, Simple Therapy applies evidence-based exercise therapy to address a wide spectrum, from well to complex needs.

This GW-sponsored program includes unlimited coaching support, and a care pack filled with tools to help address pain or prevent injuries.

Win an Apple Watch from Simple Therapy!

GW Medical Plan participants, complete Simple Therapy's [musculoskeletal risk survey](#) to understand your risk of developing a muscle or joint condition. Enter your email address and you will be notified first when the program launches. You'll also be entered to win an Apple Watch.

**What's >
New and
What's
Changing
for 2022**

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.

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.

$$\begin{aligned} & \text{Premiums} \\ + & \text{Deductible} \\ + & \text{Copays \& Coinsurance} \\ & \text{(up to the Out-of-Pocket Maximum)} \end{aligned}$$

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

Total Employee Costs

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 is not applicable to all services. Please see page 23.) *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.*

Deductibles

Understanding Your Deductibles

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

↓ Low Deductible = ↑ Higher Premium

↑ High Deductible = ↓ Lower Premium

Consider if you have enough money in your budget—or in savings—to cover the deductible.

Deductibles (*continued*)

Types of Deductibles

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

Network Deductibles: The GW HSP 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 some plans, one family member can meet the deductible for the entire family. For example, under the GW HSP, if you elect coverage for yourself and one or more dependents, the full family deductible (in-

network family deductible is \$4,000) will need to be met before coinsurance begins for any family member. Note: One member or multiple members together can meet the family deductible under the HSP.

Please note: The deductible for the GW HSP includes both medical and pharmacy expenses.

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

Other Terms to Know

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

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 than a traditional insurance plan. These plans typically have lower monthly premiums, but you must pay more out of pocket initially (your deductible for pharmacy and medical) before the plan starts to pay. An HDHP can be combined with a Health Savings Account. This allows you to pay for certain medical expenses with pretax dollars. (*The GW HSP is considered 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."



Going Digital for Health!

Take the mystery out of your healthcare with Castlight, a one-stop-shop platform for GW medical plan participants to compare prices on medical services and prescription drug options and read reviews for doctors. Castlight's cost generator provides estimates based on your location and health plan information, and its step-by-step explanations of past medical and pharmacy spending help you keep track of your healthcare expenses. Register now at mycastlight.com/GW, or learn more at hr.gwu.edu/castlight.

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.

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

For those on the GW HSP:

- You must pay all costs for prescription drugs until you meet your annual deductible. After you meet your annual deductible, you will be responsible for 20 percent coinsurance until you reach the out-of-pocket maximum.
- Under the GW HSP, your pharmacy deductible is combined with your medical deductible. You can use your HSA to pay for eligible out-of-pocket costs, including your deductible and prescription coinsurance.

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

Note: Maintenance Choice provisions apply. After three 30-day retail fills, in order to continue receiving your maintenance prescription covered at no cost, you will need to fill a 90-day prescription via CVS Retail or CVS Mail Order, OR contact CVS Caremark to opt-out of the maintenance choice program and continue filling at your preferred pharmacy. Please see page 30 for details.

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 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 HSP. If you go to a facility that is not in the preferred network, you will pay 40 percent coinsurance under the GW HSP. **LabCorp and Quest Diagnostics will continue to be GW's preferred vendors for lab work.**

When you do need outpatient lab tests and imaging, refer to the checklist on the right outlining what to ask.



*In-network freestanding facilities and GW hospital

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?

GW Health Savings Plan (HSP)

GW Health Savings Plan (HSP)



The **GW Health Savings Plan (HSP)** with **Health Savings Account (HSA)** is designed to give you control over your healthcare dollars and save for your future. It is a lower-premium, high deductible health insurance plan, which means you pay less out-of-pocket each month and more at the point of care before the plan pays for services that are not considered preventive.

- The GW HSP covers in- and out-of-network services (you'll pay more for out-of-network providers).
- In-network preventive services and medications are covered at 100 percent.
- For all other services, you are responsible for paying the full cost of care until you reach the plan's deductible. Then, you are responsible for a portion of the cost of care (your coinsurance) until you reach the plan's out-of-pocket maximum.

GW Health Savings Account (HSA)

GW Health Savings Account (HSA)

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



Contribute to your HSA

In 2022, you may contribute up to \$3,650 if you have individual HSP coverage, or up to \$7,300 if you are covering yourself and additional family member(s) under the HSP. If you are age 55 or older, you may contribute an additional \$1,000 to your account.

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.

HSA Funds Roll Over and Have Tax-Free Benefits

Contributions to your HSA roll over from year to year, and accumulate if not used. Your HSA contribution + GW's contribution cannot exceed the annual IRS limits. Please see page 16 for details on GW's HSA match. 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 pre-tax, and any interest earned on the account is tax-free.



Contribute



Earn Interest



Save



Invest



Am I eligible to enroll in a Health Savings Account?

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

- Must be covered by a qualified HDHP (like the GW HSP)
- Cannot be enrolled in Medicare or TRICARE
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be covered by another health plan that is not HSA-qualified

Other insurance or accounts not allowed with an HSA:

- Part A and/or Part B Medicare (In some cases, drawing Social Security benefits automatically enrolls you in Medicare Part A)
- TRICARE or TRICARE For Life
- Any VA benefits used within previous three months, unless used for a service-connected disability

NOTE

If you are not eligible for an HSA but participate in the GW HSP, you can enroll in the GW Health Care Flexible Spending Account (HCFSA). See page 17 for details.

GW HSA Matching Contribution

GW HSA Matching Contribution



For 2022, GW will make a tax-free matching contribution to your account. You must open an HSA through GW's third-party administrator, PayFlex, in order to receive this funding. As long as you have opened your account, the GW Match will be deposited coincident with your first paycheck of 2022:

Employee-only coverage

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

Covering any dependents (spouse/domestic partner or children)

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

REMINDER *Your HSA contribution + GW's contribution **cannot exceed** the annual IRS limits.*

No claims to process! How do I access my HSA funds?

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

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

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

GW Health Care Flexible Spending Account (HCFSA)

How to Utilize Your Care

GW Health Care Flexible Spending Account (HCFSA)

If you participate in the GW HSP but are not eligible for an HSA, you will have the opportunity to elect the GW Health Care Flexible Spending Account (HCFSA). FSAs save you money by allowing you to use pre-tax dollars to pay for qualifying expenses. When you set aside some of your salary into an FSA, the contributions are not subject to federal, state, local or FICA taxes.

Health Care FSA:

You can contribute up to \$2,750 for eligible expenses not covered by insurance:

- Health expenses
- Prescription expenses
- Dental expenses
- Vision expenses

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

IMPORTANT

The Health Care FSA option does not roll over and requires you to re-enroll each year.

Compare

For more details about the coverage provided under the GW HSP, please review the chart below.

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

Medical Plan Highlights

NOTE

The GW HSP uses the UHC Choice Plus network.

GW Health Savings Plan (HSP)

MFA Provider[†] In-Network Out-of-Network

Deductible

Individual	--	\$2,000	\$3,000
Family	--	\$4,000 ^{††}	\$6,000 [†]

Out-of-Pocket Maximum (OOPM)^{†††}

Individual	--	\$4,000	\$6,000
Family	--	\$8,000	\$12,000

Coinsurance

After deductible	GW - 90% Employee - 10%	GW - 80% Employee - 20%	GW - 60% Employee - 40%
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Lifetime Maximum

		Unlimited	
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Office Visit

Primary Care Physician (PCP)	After deductible: GW - 90% Employee - 10%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
Specialist	After deductible: GW - 90% Employee - 10%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%

Virtual Visit

		After deductible: GW - 80% Employee - 20%	
--	--	---	--

Imaging and Labs^{††††} LabCorp and Quest Diagnostics are GW's preferred vendors for lab work.

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

[†] The MFA tier applies to professional charges by MFA providers; MFA behavioral health providers continue to be out-of-network.

^{††} 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).

GW Health Savings Plan (HSP)

In-Network

Out-of-Network

Hospital Care

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

Preventive

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

Applied Behavior Analysis (ABA)

	Covered	Covered
--	---------	---------

Chiropractic Care

	After deductible: GW - 80% Employee - 20% up to 60 visits per year (combined in- and out-of-network)	After deductible: GW - 60% Employee - 40% up to 60 visits per year (combined in- and out-of-network)
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Acupuncture

	After deductible: GW - 80% Employee - 20% up to 20 visits per year (combined in- and out-of-network)	After deductible: GW - 60% Employee - 40% up to 20 visits per year (combined in- and out-of-network)
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* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit uhc.com/health-and-wellness/preventive-care for additional details on ALL preventive care guidelines based on your age and sex.

GW HEALTH SAVINGS PLAN (HSP)

In-Network

Out-of-Network

Vision

	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
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Durable Medical Equipment (DME)

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

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

Individual	Combined with medical
Family	Combined with medical

Preventive Drugs

	Covered at 100%
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Retail Prescription Drugs

Generic	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
Brand Formulary	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
Brand Non-Formulary	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%

Mail-Order Prescription Drugs

Generic <i>Vacation Exception Additional 30-day supply one time per year</i>	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
Brand Formulary <i>Vacation Exception Additional 30-day supply one time per year</i>	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
Brand Non-Formulary	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%

Summaries of Benefits and Coverage (SBC) will soon be available at hr.gwu.edu/affordable-care-act. Please review for additional plan coverage information. To review 2022 contribution rates for Medical Coverage, please refer to page 32.



Prescription Drug Benefits

Coverage for GW HSP Participants

When you enroll in the **GW 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).

You must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible (combined with medical; please see chart on page 23). After you meet the deductible, you will be responsible for 20 percent in-network coinsurance until you reach the out-of-pocket maximum. You can use your HSA to pay for your prescriptions.



Under the GW HSP, preventive medications are covered at 100 percent (deductible and coinsurance do not apply).

*Note: Maintenance Choice provisions apply. After three 30-day retail fills, in order to continue receiving your preventive medication at no cost, you will need to fill a 90-day prescription via CVS Retail or CVS Mail Order, **OR** contact customer service to opt-out and continue filling at your local pharmacy. To review a list of preventive drugs, visit hr.gwu.edu/medical_benefits.*

New! Maintenance Choice Prescription Program All Access With Opt Out

If you have a condition that requires ongoing prescription medication, you will pay the lowest cost 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!

Beginning January 1, under the Mandatory Maintenance Choice - All Access with Opt Out program, the number of 30-day fills for

maintenance prescriptions at a retail pharmacy (including CVS) will continue to be limited to three. However, after your third 30-day fill of a maintenance prescription, your medication will not be covered until you either move to a 90 day prescription filled at CVS retail or CVS Caremark mail order OR you opt out of the program (and continue filling at local pharmacy).

New! CVS Health's Transform Diabetes Care™ with Livongo

GW will be implementing a new Diabetes Management Program for 2022 - CVS's Next-Generation Transform Diabetes Care Program. Many condition management programs take a one-size-fits-all approach based on principles of population health. This new program focuses on a highly personalized approach that uses memberspecific data to help customize program offerings based on their risk profile.

For those currently using the Transform Diabetes Care program with Livongo, you will receive information on how to transition to the new program as well as how to get started with the new program offerings in early November.

Program features from Next Generation TDC include:

- Highly personalized support and from Certified Diabetes Care Nurses.
- Two comprehensive diabetes visits at MinuteClinic locations, or virtually, with no out-of-pocket cost, including A1C checks.
- A meter that best suits your condition. Test strips and lancets will be available at \$0 OOP cost.
- Access to digital tools within the CVS Pharmacy mobile app, including medication refill reminders, nutritional assessments, as well as the ability to refill prescriptions via two-way text messaging with your diabetes care nurseway text messaging.

NOTE

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

TIP

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

How The Medical Plan Works



Hi, I'm Jane!

Status: full-time employee

Plan: employee-only coverage

Annual Salary: \$65,000

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

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

What will the GW HSP cost for Jane in 2022?

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

Cost of Coverage

Total annual premium cost deducted from paycheck		\$1,003
Amount contributed by Jane to her HSA from paycheck*		\$600
Amount contributed by GW to Jane's HSA		(\$600)
Jane's Total Costs <i>(Payroll Contributions and Cost of Care)</i>		\$1,500

*Jane decides to save \$50/month in her Health Savings Account (HSA) to pay for medical and prescription drug costs and maximize the GW match. GW matches her contribution up to \$600. After using her HSA to pay \$487 for her cost of care, Jane carries \$713 in her HSA over to the next year for future health-related expenses.



Hi, I'm Robert!

Status: full-time employee

Plan: family coverage (spouse plus two kids)

Annual Salary: \$100,000

Robert and each of his family members receive their yearly physicals and annual preventive screenings, including their flu shots, at no cost.

Unfortunately, Robert's child is injured playing soccer and goes to the emergency room.

He receives a prescription for generic pain medication (filled at a retail pharmacy) and sees a specialist for a consultation a week later.

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

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

What will the GW HSP cost for Robert and his family in 2022?

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

Cost of Coverage

Total annual premium cost deducted from paycheck		\$3,892
Amount contributed by Robert to his HSA from paycheck*		\$1,200
Amount contributed by GW to Robert's HSA		(\$1,200)
Robert's Total Costs <i>(Payroll Contributions and Cost of Care)</i>		\$6,369

* Robert contributes \$100 each month (pre-tax) to his Health Savings Account (HSA) to pay for medical and prescription drug costs in order to receive GW's match of \$1,200.

Find High Quality and Affordable Doctors

Castlight

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

You already know that the cost of medical services can vary significantly based on where you go, but you don't always have the time or resources to navigate the many options available. Until now. Get ready to experience healthcare in a whole new way with Castlight, a cost transparency tool that allows you to easily compare prices and read patient reviews for doctors and medical services or prescriptions - all from the convenience of your computer or mobile phone.

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



With Castlight, you gain peace of mind by knowing that better care doesn't have to be expensive care.

Current GW medical plan participants, register in minutes at mycastlight.com/GW.

Learn more about Castlight by visiting hr.gwu.edu/castlight.

Privacy and Security

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

Questions? Need Help?

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

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

Live chat via the web app

Email: support@castlighthealth.com

TIP

Register Today

Castlight is available at no cost to GW employees, spouses/domestic partners and adult dependents covered under a GW health plan. To register, visit mycastlight.com/GW.

Simple Therapy

Beginning January 1, Simple Therapy will be available to GW medical plan participants and their eligible adult dependents (18+) at no cost.

Simple Therapy is a musculoskeletal program that combines a comprehensive digital program with Live Physical Therapists to help you manage and prevent pain across 18 body parts including knee, hip, neck, shoulder, back, hand, and wrist.

Through 5-15 minute exercise therapy sessions and live PT consults, Simple Therapy applies evidence based exercise therapy to address a wide spectrum, from well to complex needs. This GW-sponsored program includes unlimited coaching support, and a care pack filled with tools to help address pain or prevent injuries.

Simple Therapy's Core Digital Program

Simple Therapy's **Core Digital Program** is available and accessible at any time, and at no cost, to employees and their family members (18 or older) enrolled in a GW medical plan. The program offers:

- Head-to-toe muscle and joint pain prevention and pain management programs.
- An initial 30 45-minute comprehensive virtual consultation with a licensed physical therapist.
- Unlimited coaching support.
- A care pack filled with items to speed your recovery.
- A diverse panel of board-certified physicians, chiropractors, and physical therapists to answer questions and evaluate a member's care plan throughout their journey.

SimpleTherapy's Telehealth Physical Therapy Services

For members that would like to enroll in SimpleTherapy's telehealth Physical Therapy services, you may pay a share of the cost in the form of a copay, annual deductible, or coinsurance. Here's how it works:

- Your initial virtual consultation with a physical therapist will help determine your eligibility for SimpleTherapy's telehealth physical therapy services.
- Members who are not progressing in SimpleTherapy's core digital program will have the opportunity to work with their physical therapist to evaluate the need moving to SimpleTherapy telehealth physical therapy services.
- Members will work directly with their Physical Therapist who will help them enroll and get started with their telehealth physical therapy visits.

What you can expect from your telehealth PT visit:

- Movement evaluation to determine your true problem.
- Education on why you are hurting and how to prevent it from reoccurring.
- Exercise prescription specifically to meet your needs.

How Do I Register for Simple Therapy?

Benefits-eligible GW staff and faculty, and their dependents age 18 years and up, who are enrolled in a GW medical plan, can sign-up beginning January 1, 2022. Complete [SimpleTherapy's musculoskeletal risk survey](#) to understand your risk of developing a muscle or joint condition. When you enter your email address, you will be the first to be notified when the program launches.

Contribution Rates

The charts below summarize your contribution rates for coverage in 2020:

UHC Medical Coverage

2022 Full-Time with Benefits Salary ≤ \$35,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions

GW Health Savings Plan (HSP)

EE	\$33.97	\$565.87	\$15.68	\$261.17	\$45.29	\$754.49
EE+SP/DP	\$105.93	\$1,153.73	\$48.89	\$532.49	\$141.24	\$1,538.31
EE+ Child(ren)	\$92.84	\$1,046.85	\$42.85	\$483.16	\$123.79	\$1,395.80
Family	\$164.80	\$1,634.72	\$76.06	\$754.49	\$219.73	\$2,179.63

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

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

UHC Medical Coverage

2021 Full-Time with Benefits Salary \$35,000.01 - \$50,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$54.86	\$544.98	\$25.32	\$251.53	\$73.15	\$719.44
EE+SP/DP	\$171.11	\$1,088.55	\$78.97	\$502.41	\$228.15	\$1,437.03
EE+ Child(ren)	\$149.99	\$989.70	\$69.23	\$456.78	\$199.99	\$1,306.55
Family	\$266.25	\$1,533.27	\$122.88	\$707.66	\$355.00	\$2,024.12

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

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

UHC Medical Coverage

2022 Full-Time with Benefits Salary \$50,000.01 - \$90,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$84.41	\$515.43	\$38.96	\$237.89	\$112.55	\$687.24
EE+SP/DP	\$209.18	\$1,050.48	\$96.54	\$484.84	\$278.91	\$1,400.64
EE+ Child(ren)	\$186.57	\$953.12	\$86.11	\$439.90	\$248.76	\$1,270.83
Family	\$299.66	\$1,499.86	\$138.30	\$692.24	\$399.55	\$1,999.81

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

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

UHC Medical Coverage

2022 Full-Time with Benefits Salary \$90,000.01 - \$130,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$92.00	\$507.84	\$42.46	\$234.39	\$122.67	\$677.12
EE+SP/DP	\$231.53	\$1,028.13	\$105.80	\$474.52	\$308.71	\$1,370.84
EE+ Child(ren)	\$208.31	\$931.38	\$95.19	\$429.87	\$277.75	\$1,241.84
Family	\$324.37	\$1,475.15	\$149.71	\$680.84	\$432.49	\$1,966.87

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

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

UHC Medical Coverage

2022 Full-Time with Benefits Salary \$130,000.01 - \$200,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$100.28	\$499.56	\$ 46.28	\$230.57	\$133.71	\$666.08
EE+SP/DP	\$271.06	\$988.60	\$125.10	\$456.28	\$361.41	\$1,318.13
EE+ Child(ren)	\$245.64	\$894.05	\$113.37	\$412.64	\$327.52	\$1,192.07
Family	\$374.96	\$1,424.56	\$173.06	\$657.49	\$499.95	\$1,899.41

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

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

UHC Medical Coverage

2022 Full-Time with Benefits Salary \$200,000.01 - \$300,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$109.30	\$490.54	\$50.45	\$226.40	\$145.73	\$654.05
EE+SP/DP	\$311.50	\$948.16	\$143.77	\$437.61	\$415.33	\$1,264.21
EE+ Child(ren)	\$284.97	\$854.72	\$131.52	\$394.49	\$379.96	\$1,139.63
Family	\$418.72	\$1,380.80	\$193.26	\$637.29	\$558.29	\$1,841.07

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

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

UHC Medical Coverage

2021 Full-Time with Benefits Salary >\$300,000

Monthly		Bi-Weekly		Paid Over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$119.14	\$480.70	\$54.99	\$221.86	\$158.85	\$640.93
EE+SP/DP	\$363.92	\$895.74	\$167.96	\$413.42	\$485.23	\$1,194.32
EE+ Child(ren)	\$325.74	\$813.95	\$150.34	\$375.67	\$434.32	\$1,085.27
Family	\$476.65	\$1,322.87	\$219.99	\$610.56	\$635.53	\$1,763.83

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

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

Decide

Using the EasyEnroll System

To make the most of your GW benefits, you'll need to make informed choices using the information in this guide. You'll also use an online enrollment tool called EasyEnroll. You can access EasyEnroll online at any time during Open Enrollment, which runs October 11 - 29, 2021.

EasyEnroll Login Instructions for Active Faculty and Staff

How to use the EasyEnroll system:

1. Read this guide and consider your benefit needs for 2022. If you are enrolling a new dependent*, please be sure to have his/her Social Security number, date of birth and address available to complete the enrollment process.
2. Go online to go.gwu.edu/openenrollment.
3. EasyEnroll has single sign-on capability. If you are logged in to a GW-provided computer with your NetID and password, you will automatically be directed into the EasyEnroll site. If you are logging in from a personal computer, you will be prompted to enter your NetID and password. You will subsequently enter into the EasyEnroll system.
4. Once you've gained access to EasyEnroll, please select "**Open Enrollment for 2022**" as the enrollment you would like to process.
5. Next, please confirm your personal data and review your benefit options.
6. Follow the prompts to make your benefits elections. If you are not actively changing your coverage for 2022, confirm that the coverage currently in the system is correct.
7. Review your confirmation statement for accuracy, and save a copy for your records.

** If adding a new dependent to coverage, supporting documentation must be received by GW Benefits by November 5, 2021.*

Manage Your Benefits Throughout the Year

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

You can also find benefit summaries and costs, Summary Plan Descriptions and more on the GW Benefits Affordable Care Act webpage, hr.gwu.edu/affordable-care-act.

If You Do Not Enroll Online or Make Changes During Open Enrollment:

- If you choose not to take action, your 2021 coverage options will roll over into 2022, with the exception of the Health Care Flexible Spending Account (HCFSA), if applicable. Even if you would like to keep the same coverage, you should verify that all of your information is accurate.

NOTE

Enrollment Deadline

October 29, 2021 is the LAST day to make changes for 2022. The system will close at 8 p.m. (ET).

IMPORTANT

Open Enrollment is the only time you can make changes to your benefits or covered dependents unless you have a Qualified Life Event. For details, visit hr.gwu.edu/benefits.

NOTE

Important

During Open Enrollment, you can log on to EasyEnroll as often as you like through October 29, 2021 at 8 p.m. (ET). The elections on file as of the enrollment deadline will be your final coverage for 2022.

From October 11- 29, 2021, the call center is available to assist at (888) 4GWUBEN (449-8236), Monday through Friday, 9 a.m. to 8 p.m. (ET).

NOTE

Confirming Your Elections

Please review your enrollment elections on the pre-confirmation screen and edit them if necessary. If correct, select "Continue" to authorize your enrollment changes. You will receive a confirmation number once authorization is complete. We recommend printing or saving a copy of the enrollment confirmation page for your records, as the confirmation number may be required for any future inquiries regarding your enrollment.

Contact Information

Who to Call	Contact Information	Plan Information (if applicable)
Medical		
UnitedHealthcare (Customer Service and Advocate4Me)	(877) 706-1739 • myuhc.com	Group# 730193
Prescription Drug		
CVS Caremark	(877) 357-4032 • caremark.com FastStart for maintenance prescriptions (800) 875-0867	Group# RX6475
Health Savings Account		
PayFlex	(800) 284-4885 • payflex.com	
GW Departments		
Benefits Call Center (Health & Welfare Benefits and Enrollment Inquiries)	(888) 4GWUBEN (449-8236)	
GW Benefits	571) 553-8382 • hr.gwu.edu/benefits	
Payroll (Pre-tax Transportation and Parking Benefits)	(571) 553-4277 • hr.gwu.edu/payroll	
Faculty and Staff Service Center	(202) 994-8500 University Student Center Suite 242, 800 21st NW	

Important Legal Notices

COBRA

Under certain circumstances, you and your enrolled dependents have the right to continue coverage under the medical plan, as well as the health care flex account, beyond the time that coverage would have ordinarily ended. You may elect continuation of coverage for yourself and your dependents if you lose coverage under the plan due to one of the following qualifying events:

- Termination (for reasons other than gross misconduct)
- Reduction in employment hours
- Retirement
- You become entitled to Medicare

* If you separate from the George Washington University, a COBRA election packet will be automatically mailed to your home address by our COBRA administrator, PayFlex.

In addition, continuation of coverage may be available to your eligible dependents if:

- You die
- You and your spouse divorce or separate
- A covered child ceases to be an eligible dependent
- You become entitled to Medicare

To apply for COBRA coverage, you or a dependent must contact GW Benefits within 60 days of a Qualified Life Event (QLE).

You and/or your dependents must pay the full cost of COBRA coverage. Under the law, COBRA must be offered to eligible individuals at group rates. These rates are subject to change annually, based on plan experience.

Newborns and Mothers Health Protection Act

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

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

Women's Health and Cancer Rights Act

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

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and physical complications of all stages of mastectomy, including lymphedema

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

HIPAA Special Enrollment

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

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

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

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

Protecting Pregnant Workers Fairness Act

The Protecting Pregnant Workers Fairness Act of 2014 (PPWFA) requires District of Columbia employers to provide reasonable workplace accommodations for employees whose ability to perform job duties is limited because of pregnancy, childbirth, breastfeeding or a related medical condition. Typical reasonable accommodations can include, but are not limited to: more frequent breaks; time off to recover from childbirth; exemption from heavy lifting; private (non-bathroom) space for expressing breast milk; temporary restructuring of the employee's position to provide light duty or a modified work schedule. For questions or to request a reasonable accommodation, please contact the Office of Equal Employment Opportunity at **(202) 994-9656** or **eeo@gwu.edu**.

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC