

Open Enrollment *LTD Guide* 2023

Building a *Healthier* Today
for a *Brighter* Tomorrow



Benefits

Content

Plan

- 3 Start Planning

Learn

- 5 What is Open Enrollment and What's Included?
- 6 What's Staying the Same for 2023
- 7 What's Changing for 2023
- 8 Voluntary Benefits
- 10 Plan Features
- 12 How to Utilize Your Care

Explore

- 14 Open Enrollment Information
- 15 COVID-19 Boosters and Flu Shots

Compare

- 16 Medical Plan Options
- 18 Medical Plan
- 21 Coordination of Benefits with Medicare
- 21 GW LTD PPO Medical Plan *Pre-Medicare and Medicare Rates*
- 22 Prescription Drug Benefits
- 24 Vision Coverage Options
- 26 Dental Coverage Options
- 28 Contribution Rates

Decide

- 29 How to Enroll
- 30 Contact Information

Start Planning

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, go.gwu.edu/2023OE, your destination for all Open Enrollment-related information!

WHO

LTD recipients currently enrolled in a plan via bswift.

WHEN

Monday, October 10, 2022, through Friday, October 28, 2022 (3 weeks only!).

WHY

Even if you are happy with your current benefit elections, Open Enrollment is your time each year to review and confirm that your benefits are the right choices for you and your family. If you choose not to take action, your existing coverage options will roll over into 2023.*

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 2023 contribution amounts.

Contact: Benefits Call Center, (866) 365-2413

NOTE

Change of Address or Personal Contact Information

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

Learn >

What is Open Enrollment?

Open Enrollment is your annual opportunity to reflect on you 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.

Important: The Open Enrollment period that runs October 10 - 28, 2022, is only for those LTD recipients or dependents who are continuing benefits via bswift.

Post-Age 65 LTD Recipients: Medicare Exchange

The Open Enrollment period for GW LTD recipients and dependents age 65 and older, who participate in medical, pharmacy, vision or dental plans through Via Benefits, is October 15 - December 7, 2022. For more information, please contact Via Benefits at (855) 232-5748.

What's Included?

The benefits below are part of Open Enrollment for those continuing coverage via bswift, which runs **October 10-28, 2022**, and can only be changed during this period unless you experience a Qualified Life Event (QLE):

Benefit Type	Options
Medical and Prescription Plans	Medical and Prescription Plans <i>For LTD recipients and their dependents under age 65:</i> <ul style="list-style-type: none">• GW LTD PPO - includes prescription drug coverage through CVS Caremark• Waive Coverage - note that if you decide to drop GW group medical coverage, you will not be able to enroll in the future
Dental Plans	<ul style="list-style-type: none">• Aetna High PPO Plan• Aetna Low PPO Plan• Aetna DMO Plan• Waive Coverage
Vision Plans	<ul style="list-style-type: none">• 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 2023

MFA Benefit Coverage Tier

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

NOTE

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

Life and Disability Insurance

There will be no changes in coverage to GW's life and disability insurance.

Prudent Rx

PrudentRx for specialty medications is included in the GW LTD PPO Pharmacy Benefit. This program is designed to lower your out-of-pocket costs by assisting you with enrollment in drug manufacturers discount copay cards/assistance programs.

When enrolled in PrudentRx, your out-of-pocket cost will be \$0 for medications included on the PrudentRx exclusive specialty drug list.

If you opt out, you will be responsible for the 30% coinsurance only; the amount you pay out of pocket will apply toward your deductible/out of pocket maximums for essential health benefit medications.

Diabetes Management Program

GW will continue its Diabetes Management Program for 2023 GW medical plan participants - 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 member-specific data to help customize program offerings based on their risk profile.

Real Appeal

Real Appeal is a weight-loss support program offered under the GW LTD PPO plan. (You must be a plan participant to join Real Appeal.) Real Appeal supports plan participants with a body mass index (BMI)* of 19 or more - at no cost. The program uses live online coaching and highly interactive weekly internet videos to drive small behavior changes week by week.

If you are currently enrolled in the GW LTD PPO plan, you may enroll at any time after meeting BMI eligibility requirements.

Visit gwu.realappeal.com for more information.

***BMI eligibility requirements must be met to enroll.**

Freestanding Imaging and Labs Preferred Network

A freestanding network facility performs outpatient services and submits claims separately from any hospital affiliation, and may be a lower cost option for certain medical services. For LTD recipients and their dependents enrolled in the GW LTD PPO, GW continues to offer a preferred network,* including a lower coinsurance, for usage of freestanding facilities in lieu of hospitals for lab tests, radiology services, major diagnostics and other services. **LabCorp and Quest Diagnostics will continue to be GW's preferred vendors for lab work.**

*In-network freestanding facilities and GW Hospital.

Health Advocate

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

Health Advocate: (866) 695-8622 | healthadvocate.com/gwu.

UnitedHealthcare Virtual Visits

Virtual Visits will remain a health plan feature under the GW LTD PPO for 2023, allowing UnitedHealthcare members to connect with a doctor via mobile device or computer - 24/7, no appointment needed. Get timely care, including diagnosis and prescription, and pay less out-of-pocket.

TIP

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

Tuition

LTD recipients will continue to be eligible for the tuition remission benefit, which pays a percentage of tuition costs based on years of service. The benefit may also be used by an LTD recipient's spouse or domestic partner and eligible dependents (depending on years of service).

Pet Insurance

Pet Insurance will continue to be offered as a voluntary benefit through Nationwide®. There will be no changes to the voluntary benefit plan.

ID Theft Protection

Allstate Insurance will continue to offer LTD recipients identity protection with PrivacyArmor Plus®. There will be no changes to the voluntary benefit plan.

Group Home and Auto Insurance

LTD recipients may continue to take advantage of Group Home and Auto discounts, through Liberty Mutual. Participants can save on auto and home, renters, and condo insurance. For details, call **(800) 298-8947** or visit libertymutual.com/gw-university (mention Client # **135234**)

What's *Changing* for 2023

PRE-Age 65 LTD Recipients: GW LTD PPO

For 2023, GW will continue to offer the GW LTD PPO medical plan with CVS prescription coverage for LTD recipients and their dependents under age 65. Plan participants will see a 5.9 percent increase in premiums for 2023. There will be no change in coverage.

Dental Contributions

Dental contributions will increase approximately 1.4% in 2023 across all three dental plan options for each coverage tier. The monthly contributions will increase by less than \$2 across all plans and coverage tiers. The High PPO, Low PPO and DMO plans will continue with no changes in coverage.

UnitedHealthcare Vision Plans

Participating LTD recipients and dependents will experience an increase of 1.5% in their vision contributions across all plans and coverage tiers.

The monthly contribution increases will be less than \$1 for all plans and coverage tiers. Both the GW Basic and Enhanced vision plans will continue to be offered. There will be no changes in coverage.

Voluntary > Benefits



Pet Insurance

LTD recipients can continue to enroll in the My Pet Protection plans from Nationwide®, a voluntary benefit offering. Depending on the plan you select, your coverage allows for 50 or 70 percent reimbursement for accidents, illnesses and much more

You may enroll in or cancel pet insurance at any time during the year. Coverage will begin 14 days after enrollment. Payments for this voluntary program are made directly to Nationwide. Get a fast, no-obligation quote today at petinsurance.com/gw. Or, by calling **(877) 738-7874** and mentioning the George Washington University.

Group Home and Auto

Group Home and Auto discounts, through Liberty Mutual offers 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) 298-8947** or visit

libertymutual.com/gw-university (mention Client ID# 135234).

ID Theft protection

GW will continue to offer identity protection plans from Allstate Identity Protection. The PrivacyArmor Plus® plan is a proactive monitoring service that alerts you at the first sign of fraud. Get alerts for credit inquiries, accounts opened in your name, unsavory content on your social media account, compromised credentials and financial transactions. Enrolling your family extends that protection to anyone in your household.

In the event of fraud, you don't have to figure out what to do – or even do it. Dedicated Privacy Advocates® fully manage and restore your identity. Services like HSA reimbursements, tax fraud refund advances and a \$1 million identity theft insurance policy mean InfoArmor won't let your finances suffer.

There are two plans through Allstate: AIP Pro Plus Individual and AIP Pro Plus Family. You may enroll in or cancel identity protection at any time during the year. Coverage will begin immediately after enrollment. Visit myaip.com/gw for more information, pricing and enrollment.

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.

Premiums

+ Deductible

+ Copays & Coinsurance
(up to the Out-of-Pocket Maximum)

Total Employee Costs

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.

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

Deductible: The amount you pay out-of-pocket for healthcare before plan starts to pay. (Please note, the deductible may not be applicable to all services.) *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

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

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

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

For example, under the GW LTD PPO, each person will need to meet the in-network individual deductible of \$750 (capped at \$1,500 per family). Once an individual meets the \$750 deductible, coinsurance begins for that person.

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

Glossary of Terms

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

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

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

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

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

Preventive Care: Preventive care services include those that help you manage your health, such as routine physical exams, screenings and lab tests. These services are covered at 100 percent by the GW health plans, with no out-of-pocket costs (such as deductibles or copays) if the services are received in-network. Be sure your provider codes the services as "preventive."

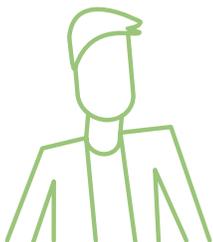
Preferred Provider Organization (PPO): A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals and providers outside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

How 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.

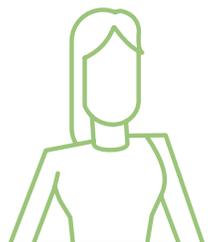
There is financial protection built into the prescription drug benefit in that you will never pay more than the "maximum," outlined in the tables below. Once you reach the out-of-pocket maximum (OOPM), GW will pay 100 percent of prescription drug costs thereafter.



George

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

Generic Coinsurance	10%
Maximum	\$30
Cost of Drug	\$160
George Pays	\$16
GW Pays	\$144



Martha

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

Preferred Brand Coinsurance	20%
Maximum	\$50
Cost of Drug	\$400
Martha Pays	\$50
GW Pays	\$350

Save Money by Using Freestanding Facilities

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

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

For instructions on how to compare costs and locate a preferred provider for networks and labs view [UHC's flier for freestanding facilities](#).

*In-network freestanding facilities and GW hospital.

Non-Preferred Lab/Hospital Cost/Member Cost (40% Coinsurance)**

Selected Imaging, X-Ray, Major Diagnostic Service	In-Network Freestanding Facility Total Cost / Member Cost (20% Coinsurance)**	Non-Preferred Lab/Hospital Cost/Member Cost (40% Coinsurance)**
MRI Scan with and without Dye - Abdomen	Total - \$617 Member - \$123	Total - \$1,556 Member - \$622
Ultrasound - Abdomen	Total - \$114 Member - \$23	Total - \$445 Member - \$178
General Blood Health Panel Test	Total - \$24 Member - \$5	Total - \$92 Member - \$37
PET Scan with CT Scan	Total - \$1,800 Member - \$360	Total - \$3,984 Member - \$1,594

Simple Therapy - Virtual Musculoskeletal Care

Simple Therapy will continue to be available in 2023 to GW LTD PPO participants and their eligible dependents (18+) at no cost. The program combines a comprehensive digital program with Live Physical Therapists to help you manage and prevent pain across body parts including knee, hip, neck, shoulder, back, hand, & 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.

Please visit <https://hr.gwu.edu/simple-therapy-for-details>.

**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?

Explore Ways to Tour Open Enrollment Information

In-Person Open Enrollment Fairs and Virtual One-on-One Support

Join us for the return of our in-person fairs where you have the opportunity to speak directly with GW benefit plan providers and receive assistance with the enrollment process. Benefits' vendor partners will be available for 10-minute one-on-one appointments to discuss questions that may arise as you review information and make your choices for the upcoming year. Visit go.gwu.edu/2023OEvents to register for webinars and view the calendar of events including fair details.

Online Resources

Visit our Open Enrollment webpage at go.gwu.edu/2023OE to review the Open Enrollment Letter, Open Enrollment Guide and other resources during the Open Enrollment period.

Call Center Support

The GW Benefits Call Center is available at **(866) 365-2413**, 8 a.m. to 5 p.m. ET Monday - Friday to help address any benefits questions or provide enrollment assistance.

For more information on Open Enrollment, please visit go.gwu.edu/2023OE.

Explore >



COVID-19 Boosters and Flu Shots

The CDC advisory committee recommends [updated COVID-19 boosters](#). Employees covered by a GW medical plan can receive the applicable booster at no cost.

In addition, the CDC highly recommends that all individuals age 6 months and older receive the flu vaccine each year.

Details on flu shot availability are below:

- 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.

Medical Plan Options During Long-Term Disability

LTD recipients (and dependents) age 65 or older

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



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

LTD recipients (and dependents) under age 65

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

NOTE

*If you decide to drop GW group medical coverage, you will **not** be able to enroll in the GW LTD PPO in the future.*

Compare >

Percentages in the accompanying chart represent the percentages of **allowed** benefit covered by the GW plan as well as the LTD recipient responsibility.

Medical Plan

GW LTD PPO

NOTE

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

MFA Provider †

In-Network

Out-of-Network

Deductible

	MFA Provider †	In-Network	Out-of-Network
Individual		\$750	\$2,000
Family		\$1,500	\$4,000

Out-of-Pocket Maximum (OOPM)

	MFA Provider †	In-Network	Out-of-Network
Individual		\$3,000	\$6,000
Family		\$6,000	\$12,000

Coinsurance

	MFA Provider †	In-Network	Out-of-Network
	GW - 90% Participant - 10%	GW - 80% Participant - 20%	GW - 60% Participant - 40%

Lifetime Maximum

	MFA Provider †	In-Network	Out-of-Network
		Unlimited	Unlimited

Office Visit

	MFA Provider †	In-Network	Out-of-Network
Primary Care Physician (PCP)	\$10 copay	\$30 copay	After deductible: GW - 60% Participant - 40%
Specialist	\$25 copay	\$50 copay	After deductible: GW - 60% Participant - 40%

Virtual Visit

	MFA Provider †	In-Network	Out-of-Network
		\$10 copay	

Imaging and Labs^{††} *LabCorp and Quest Diagnostics will continue to be GW's preferred vendors for lab work.*

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

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

†† **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 LTD PPO

In-Network

Out-of-Network

Hospital Care

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

Preventive

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

Applied Behavior Analysis (ABA)

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

Chiropractic Care

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

Acupuncture

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

Fertility Benefits**

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

Hearing Aids***

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

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

** Artificial insemination, in vitro fertilization, and other procedures are covered. Please contact UHC for details..

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

GW LTD PPO

In-Network

Out-of-Network

Cochlear Implants

Covered

Not Covered

Bariatric Surgery****

Up to \$60,000
lifetime limit

Not Covered

Vision

Routine eye exams are covered once every 24 months with applicable copay. Discounts on hardware frames/contacts are available at participating eye centers. You are subject to the annual deductible and coinsurance if you go out-of-network in the GW LTD PPO.

Prescription Out-of-Pocket Maximum

Individual

\$3,600

\$7,200

Family

\$7,200

\$14,400

Retail Prescription Drugs

Generic

10% Coinsurance
(Minimum \$15, Maximum \$30)
30-day supply

Brand Formulary

20% Coinsurance
(Minimum \$30, Maximum \$50)
30-day supply

Brand Non-Formulary

25% Coinsurance
(Minimum \$60, Maximum \$100)
30-day supply

Specialty

30% Coinsurance for PrudentRx eligible specialty prescriptions filled at CVS Specialty*, \$0 when enrolled in PrudentRx

*Your plan includes the PrudentRx program for specialty medications. This program is designed to lower your out of pocket costs by assisting you with enrollment in drug manufacturers discount copay cards/assistance programs. When enrolled in PrudentRx, your out of pocket cost will be \$0 for medications included on the PrudentRx exclusive specialty drug list. If you opt out, you will be responsible for the 30% coinsurance (only the amount you pay out of pocket will apply toward your deductible/out of pocket maximums for essential health benefit medications.)

Mail-Order Prescription Drugs

Generic

*Vacation Exception
Additional 30-day supply one time per year*

10% Coinsurance
(Minimum \$37.50, Maximum \$75)
90-day supply

Brand Formulary

*Vacation exception
Additional 30-day supply one time per year*

20% Coinsurance
(Minimum \$75, Maximum \$125)
90-day supply

Brand Non-Formulary

25% Coinsurance
(Minimum \$150, Maximum \$250)
90-day supply

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

To review 2023 contribution rates for medical coverage, please refer to page 28.

Coordination of Benefits With Medicare

The GW LTD PPO will pay secondary to Medicare if:

You are enrolled in Medicare Part A and Part B:

- If you are enrolled in Medicare and you go to a provider that accepts Medicare, the allowable expense will be the Medicare approved amount.
- If you go to a provider that does not participate in Medicare but still agrees to take a payment from Medicare, the allowable expense will be the Medicare limiting charge. The limiting charge means the highest amount Medicare will pay a provider that does not participate in Medicare.
- Some providers choose to opt-out of Medicare, which means that the provider is not allowed to bill Medicare. If you go to a provider that opts out of Medicare, the allowable expense will be the Medicare approved amount as determined by UnitedHealthcare.
- UnitedHealthcare may treat the provider's billed charges as the allowable expense for Medicare when estimating the Medicare approved amount. Any determinations by UnitedHealthcare will be final, binding and not subject to review.

GW LTD PPO Medical Plan Pre-Medicare and Medicare Rates

The GW LTD PPO has different rates for plan participants depending on the Medicare eligibility of the LTD recipient and dependents.

If you and/or your dependents are eligible for Medicare, are paying the higher GW LTD PPO Pre-Medicare rates and would like to be enrolled at the GW LTD PPO Medicare rates, please contact GW Benefits at benefits@gwu.edu or (571) 553-8382 for further assistance.

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

- If you are Medicare eligible but do not participate in Medicare, your benefits will be determined as if you timely enrolled in Medicare and obtained services from a Medicare participating provider. Thus, the allowable expense under the Plan will be the Medicare approved amount as determined by UnitedHealthcare.
- UnitedHealthcare may treat the provider's billed charges as the allowable expense for Medicare when estimating the Medicare approved amount. Any determinations by UnitedHealthcare will be final, binding and not subject to review.
- Medicare payments combined with your benefit under the Plan will not exceed 100 percent of the allowable expense. You will be responsible for any charges in excess of the allowable expense.



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

Get Personalized Help Through the Healthcare Maze!

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

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

To reach Health Advocate, call **(866) 695-8622** or visit healthadvocate.com/gwu.

Prescription Drug Benefits

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

Coverage for GW PPO Participants

When you enroll in the **GW PPO**, you are automatically enrolled in prescription drug coverage through CVS Caremark.

You have access to prescription medications through both retail pharmacies and a mail-order program. Under the prescription plan, generic, brand formulary and brand non-formulary drugs are paid by fixed percentage of the total cost each time you fill a prescription, with caps in place to limit the amount you will spend on a prescription (referred to as a maximum).

PrudentRx for PPO Participants

PrudentRx for **specialty medications** is included in the GW PPO Pharmacy Benefit. This program is designed to lower your out of pocket costs by assisting you with enrollment in drug manufacturers discount copay cards/assistance programs. When enrolled in PrudentRx, your out of pocket cost will be \$0 for medications included on the PrudentRx exclusive specialty drug list, which is updated monthly and posted on the Benefits website.

If you opt out, you will be responsible for the 30% coinsurance (only the amount you pay out of pocket will apply toward your deductible/out of pocket maximums for essential health benefit medications).

How to Enroll in PrudentRx

After enrolling in the GWU PPO plan, you will be contacted via phone to enroll in PrudentRx at the time of your first specialty fill. You must complete any additional enrollment steps with PrudentRx to receive the \$0 benefit.

IMPORTANT: Members must enroll in the PrudentRx program to access \$0 copay benefits. Formulary exclusions will supersede this list.

If a participant's specialty medication is not on the PrudentRx list, then the brand formulary or brand non-formulary plan design will apply.

For additional information, visit hr.gwu.edu/prudent.

Next-Generation Transform Diabetes Care Program

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. 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 offers a Diabetes Management Program - 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 program focuses on a highly personalized approach, customizing support based a Participant's risk profile

This program is 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 from Certified Diabetes Educators
- Two comprehensive diabetes visits at MinuteClinic locations at no out-of-pocket cost, including A1C checks
- 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

NOTE

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



TIP

Check Drug Coverage Tiers

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

Maintenance Choice Prescription Program with All Access Opt Out

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 retail pharmacy or through CVS Caremark mail order. 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, your medication will not be covered until you take one of two actions:

- Move to a 90 day prescription filled at a CVS retail store OR via CVS Caremark mail order.
- Or, 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.



Vision Coverage Options

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

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

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

NOTE You will incur less out-of-pocket expense if you see an in-network vision provider. To find an in-network vision provider, please visit myuhcvision.com.

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

To review 2023 contribution rates for vision coverage, please refer to page 28.

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

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

	Basic	Enhanced
Copays for In-Network Services		
Exam	\$0	\$0
Materials	\$20	\$20
Benefit Frequency		
Comprehensive Exam	Once every 12 months	Once every 12 months
Spectacle Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months
Contact Lenses in Lieu of Eye Glasses	Once every 12 months	Once every 12 months
Frame Benefit		
Private Practice Provider	\$130	\$130
Retail Chain Provider	\$130	\$130
Lens Options		
For both the Basic and Enhanced plans, standard scratch-resistant coating lenses are covered in full. (Discount varies by provider.) The Enhanced Plan covers the following additional lens options in full: standard progressive lenses, standard anti-reflective coating, polycarbonate lenses, ultraviolet coating, glass coating and tints.		
Contact Lens Benefit		
Elective contact lenses: fitting/evaluation fees, contact lenses and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts: under the Basic Plan, up to four boxes are covered when obtained from a network provider; under the Enhanced Plan, up to six boxes are covered.		
Laser Vision Benefit		
UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide members with access to discounted laser vision correction providers. Members receive 15 percent off usual and customary pricing, 5 percent off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call (888) 563-4497 or visit uhclasik.com .		

In-network, covered-in-full benefits (after applicable copay) include:

- a comprehensive exam
- eye glasses with standard single vision
- lined bifocal or lined trifocal lenses
- standard scratch-resistant coating and frame or contact lenses in lieu of eye glasses

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

TIP

Did You Know?

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

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



Please visit hr.gwu.edu/benefits for additional details.



Dental Coverage Options

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

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

▶ **To review 2023 contribution rates for dental coverage, please refer to page 28.**

TIP

Reasonable and Customary:

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

Aetna Dental PPO Plans – High and Low Options

GW offers a choice of three voluntary dental plans through Aetna: High PPO, Low PPO and DMO. The Aetna Dental PPO plans is 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. Adult orthodontia is covered under the High PPO Plan. The plan will pay 50%, up to \$1500 towards adult orthodontia.

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

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

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

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

** Services shown are a partial list. For a complete list, see your Dental Plan Benefits Summary, available at hr.gwu.edu/dental-benefits.

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

Aetna Dental Maintenance Organization (DMO)

The Aetna DMO option 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 their monthly roster.

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

The DMO Plan includes dental implant coverage. Read the DMO Plan Summary on the Benefits website for more information.

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

TIP

Did You Know?

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

Contribution Rates

The charts below summarize your contribution rates for coverage in 2023.

UHC Medical Coverage

GW LTD PPO Pre-Medicare	Monthly Contributions
LTD Recipient Only	\$710.45
LTD Recipient + One	\$1,491.94
LTD Recipient + Family	\$2,131.36
Spouse Only	\$710.45
Child Only	\$710.45
2 Children Only	\$1,491.94
3 or More Children	\$2,131.36

GW LTD PPO Medicare (for those under age 65)	Monthly Contributions
LTD Recipient Only	\$568.36
LTD Recipient + One	\$1,136.72
LTD Recipient + Family	\$1,705.08
Spouse Only	\$568.36
Child Only	\$568.36
2 Children Only	\$1,136.72
3 or More Children	\$1,705.08

Dental Coverage

Coverage Categories	Monthly Contributions
DMO	
LTD Recipient Only	\$14.75
LTD Recipient + One	\$33.71
LTD Recipient + Family	\$40.80
High PPO	
LTD Recipient Only	\$52.45
LTD Recipient + One	\$113.77
LTD Recipient + Family	\$137.65
Low PPO	
LTD Recipient Only	\$31.38
LTD Recipient + One	\$66.70
LTD Recipient + Family	\$80.73

UHC Vision Coverage

Coverage Categories	Monthly Contributions
Basic	
LTD Recipient Only	\$5.06
LTD Recipient + One	\$9.38
LTD Recipient + Family	\$14.95
Enhanced	
LTD Recipient Only	\$7.35
LTD Recipient + One	\$13.60
LTD Recipient + Family	\$21.68

Decide

How to Enroll

Login Instructions for LTD

How to use the GW Benefits Enrollment System:

1. Read this guide and consider your benefit needs for 2023. If you are adding a new dependent* or beneficiary, please be sure to have their Social Security number, date of birth and address available to complete the enrollment process.

2. Go online to go.gwu.edu/directbill.

3. Upon initial login to the new GW Benefits Enrollment System, you will be prompted to enter your username and password.

For LTD participants PRIOR to 08/01/2022

- Username: LastName + YYYY of your date of birth (Ex. Smith1970)
- Password: Your date of birth in the format of MMDDYYYY

For LTD participants AFTER 08/01/2022

- Username: GWID
- Password: Your date of birth in the format of MMDDYYYY

You will be asked to change your password after your initial login. You will subsequently enter into the system.

4. After log in, please click the "Enroll Now" button to begin.
5. Once you've gained access to your account, confirm your personal data and review your benefit options.

6. Follow the prompts to make your benefit elections. If you are not actively changing your coverage for 2023, confirm that the coverage currently in the system is correct.
7. Enter your life insurance beneficiary information.**
8. 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 Benefits by Friday, November 4, 2022. Remember, you can upload your documentation directly into the GW Benefits Enrollment System.*

*** If you have already designated a beneficiary, be sure to review during Open Enrollment to ensure that the information listed is up-to-date.*

Manage Your Benefits Throughout the Year

The GW Benefits Enrollment System does more than capture your Open Enrollment choices. Throughout the year, you can use the system at go.gwu.edu/directbill to find information to manage your benefits.

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

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

- Your 2022 coverage options will roll over into 2023. Even if you would like to keep the same coverage, you should verify that all of your information is accurate.

Enrollment Deadline

October 28, 2022

is the LAST day to make changes for 2023.

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).

Important

During Open Enrollment, you can log on to the GW Benefits Enrollment System as often as you like through October 28, 2022. The elections on file as of the enrollment deadline will be your final coverage for 2023. The call center is available at (866) 365-2413 Monday through Friday, 8 a.m. to 5 p.m. (ET).

Contact Information

Who to Call	Contact Information	Plan Information (if applicable)
Medical		
UnitedHealthcare	(877) 706-1739 • myuhc.com	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) 298-8947 libertymutual.com/gw-university	Client ID# 135234
Enrollment Process, Premiums or Billing		
bswift (if enrolled at bswift)	(866) 365-2413 • go.gwu.edu/directbill	
Via Benefits (if enrolled at Via Benefits)	(855) 232-5748 • my.viabenefits.com/gw	
Voluntary Benefits		
Allstate	(800) 789-2720 • https://www.myaip.com/gw	
Nationwide	(877) 738-7874 • petinsurance.com/gw	
Advocacy Series		
Health Advocate	(866) 695-8622 • healthadvocate.com/gwu	
GW Departments		
Benefits Call Center	(866) 365-2413	
GW Benefits	(571) 553-8382 • benefits.gwu.edu	

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC