

Open Enrollment *Retiree Guide* 2023

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



Benefits

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Start Planning

The Open Enrollment period that runs October 10 - 28, 2022, is only for those retirees or dependents who are continuing or newly electing GW group medical, dental or vision benefits billed by bswift.

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

All GW retirees and their eligible dependents.

WHEN

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

WHY

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

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

*The cost of the coverage will reflect 2023 contribution amounts.

NOTE

Change of Address or Personal Contact Information

Please be sure to provide your current address and phone number to bswift. We periodically mail information to GW retiree 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.

Please contact the Benefits Call Center (866) 365-2413, 8 a.m. to 5 p.m. ET Monday - Friday.

Learn >

What is Open Enrollment?

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

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

What's Included?

The benefits below are part of Open Enrollment for those continuing coverage through PayFlex, which runs **October 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	<p><i>For retirees and their dependents under age 65*:</i></p> <ul style="list-style-type: none"> • GW Retiree HSP - includes prescription drug coverage through CVS Caremark • Waive Coverage - note that if you decide to drop GW group medical coverage, you will not be able to enroll in the future <p><i>*Retirees and their dependents who are age 65 or older and enrolled in coverage through Via Benefits will receive separate information from Via Benefits during the Medicare Open Enrollment period</i></p>
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

Life Insurance

There will be no change to the GW-provided life insurance coverage for retirees. Please remember that reductions do apply.

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 GW retirees enrolled in a medical plan through bswift or Via Benefits. Example services include resolving medical bill errors, estimating costs for medical procedures, locating eldercare and caregiver support resources, clarifying insurance plans and more.

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

Freestanding Imaging and Labs Preferred Network

A freestanding network facility performs outpatient services and submits claims separately from any hospital affiliation, and may be a lower cost option for certain medical services. For GW retirees and their dependents enrolled in the GW Retiree HSP, GW will continue to offer a preferred network,* including a lower 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**

UnitedHealthcare Virtual Visits

Virtual Visits will remain a health plan feature under the GW Retiree HSP 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.

Real Appeal

The weight-loss support program, Real Appeal, will continue to be offered through the GW Retiree HSP. (You must be a plan participant to join Real Appeal.) Real Appeal is designed to support members who have 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 over the course of an entire year.

If you are currently enrolled in a UnitedHealthcare medical plan through GW, 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.**

Mandatory Maintenance Choice - All Access with Opt-Out

Under the Current Maintenance Choice program, the number of 30-day fills for maintenance prescriptions at a retail pharmacy (including CVS) is limited to three. After your third 30-day fill of a maintenance prescription, you pay the higher cost.

Under this prescription program, members will be prompted after their third 30-day fill to either move their prescription to CVS or contact customer care to opt out and continue filling at their local pharmacy. Participants will be responsible for the applicable coinsurance; however, the higher cost will no longer apply.

Through this program, participants will gain access to delivery offerings:

- On-Demand Delivery - Four-hour delivery offered within 10 miles of any CVS Pharmacy store, for a small fee.
- One- to Two-Day Delivery - Delivery provided by USPS within 1-2 days, at no extra cost to the member.

Medical Faculty Associates (MFA) Benefit Coverage Tier

The GW Retiree HSP 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 coinsurance, helping your medical expense dollars go further because a greater portion of your care will be covered by the Plan. GW Retirees on the HSP medical plan 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.**

Tuition

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

What's *Changing* for 2023

Medical Plan Contributions NEW

For 2023, GW will continue to offer the GW Retiree Health Savings Plan (Retiree HSP) for retirees and their dependents under age 65. GW medical plan participants will see an 5.9% increase in medical premiums for 2023.

Dental Contributions

GW will continue to offer the Aetna High PPO, Low PPO and DMO in 2023 with no changes to coverage. 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.

Vision Contributions

The UnitedHealthcare Basic and Enhanced Vision Plans will continue to be offered in 2023 with no changes to coverage. Participating retirees 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.

NOTE

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.

Post-Age 65 Retiree: Medicare Exchange

The Open Enrollment period for GW retirees 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**.

NOTE

Retirees enrolled at Via Benefits who opted to continue dental and/or vision coverage through bswift, please see the "How to Enroll" section on page 28 for more Open Enrollment details.



Voluntary > Benefits

Pet Insurance

GW retirees 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 free quote at petinsurance.com/gw or call **(877) 738-7874** and mentioning the George Washington University.

Identity 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

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.

Auto and Home Insurance

GW is pleased to offer Group Home and Auto discounts, through Liberty Mutual. Participants receive preferred pricing on home and auto insurance packages, including discounts of up to 10 percent on auto and 5 percent on home, renters and condo insurance. For details, call (800) 298-8947 or visit

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

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.

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

Total Costs

Once you **meet** your plan's **Out-of-Pocket Maximum**, the **plan pays 100% of your covered medical expenses** for the remainder 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 remainder of the year. *Separate in- and out-of-network out-of-pocket maximums do apply.*

Glossary of Terms

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

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

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

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

High Deductible Health Plan (HDHP): A plan with a higher deductible (combined medical and pharmacy) that you must pay before the plan starts to pay. An HDHP can be combined with a Health Savings Account (HSA), which allows you to pay for certain medical expenses with tax-deductible dollars. *(The GW Retiree HSP is an HDHP.)*

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

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

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

How to Utilize Your Care

Retiree Health Savings Plan (HSP)

The GW Retiree Health Savings Plan (HSP) is designed to give you control over your healthcare dollars and save for your future.

On the Retiree HSP:

- The GW Retiree 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.
- There is no need to designate a Primary Care Physician or to obtain specialist referrals.

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

Save Money by Using Freestanding Facilities

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

Not only do prices vary, but if you participate in the GW Retiree HSP, you will pay a lower coinsurance when you use a freestanding network facility instead of a hospital for healthcare services or treatments that do not require an overnight hospital stay. A freestanding facility performs outpatient services and submits claims separately from 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 Retiree HSP. If you go to a facility that is not in the preferred network, you will pay 40 percent coinsurance under the GW Retiree HSP. **LabCorp** and **Quest Diagnostics** will continue to be GW's preferred vendors for lab work.

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

 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

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

Selected Imaging, X-Ray, Major Diagnostic Service	In-Network Freestanding Facility Total Cost / Member Cost (20% Coinsurance)*	Hospital Total Average 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

*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?

How Prescription Coinsurance Works



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

On the Retiree HSP:

- You must pay all costs for prescription drugs until you meet your annual deductible. After you meet your deductible, you will be responsible for 20 percent coinsurance until you reach the out-of-pocket maximum.
- Under the GW Retiree HSP, your pharmacy deductible is combined with your medical deductible.
- Preventive medications are covered at 100 percent under the GW Retiree HSP. Coinsurance and deductible do not apply.

NOTE

Maintenance Choice provisions apply. After three 30-day retail fills, you will need to fill a 90-day prescription via CVS Retail or CVS Mail Order or contact customer service to opt out and continue filling your prescription at your preferred pharmacy to continue receiving the preventive medications at no cost.

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

Health Savings Account (HSA)

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

Contribute to your HSA

In 2023, you may contribute up to \$3,850 if you have individual HSP coverage, or up to \$7,750 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.

*Contributions to your **HSA** accumulate **if not used**.*

You may use HSA funds to pay for any qualified health expenses incurred after the account is opened. Bills may be paid directly via the HSA, or you may use the HSA to reimburse yourself for payments that you make.

*Payments and withdrawals **made from your HSA** to cover qualified healthcare expenses are **tax-free**.*

HSA is an investment tool

An HSA helps you save for healthcare expenses, including deductibles and coinsurance. HSA contributions are pre-tax, and any interest earned on the account is tax-free. Once your balance reaches \$1,000, you can open an investment account and invest your funds over \$1,000. Earnings and qualified withdrawals to these investment accounts are tax-free. If you do not currently have an HSA, many banks, brokerages or other financial institutions offer HSAs (fees may apply).



* 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 Retiree 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



Contribute



Earn Interest



Save



Invest

Explore Open Enrollment Tools

Explore >



Online Resources

Visit our Open Enrollment webpage at go.gwu.edu/2023OE to review the 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.

COVID-19 Booster and Flu Shots

The CDC advisory committee recommends [updated COVID-19 boosters](#). GW Retiree HSP Participants 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.

- GW Retiree HSP Participants 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..



Compare

Medical Plan Options for Retirees

Retirees (and dependents) age 65 or older

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



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

Retirees (and dependents) under age 65

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

NOTE

If you decide to drop GW group medical coverage, you will not be able to enroll in the GW Retiree HSP plan in the future.

The following pages provide the Medical Plan chart, which highlights some of the services provided under the GW Retiree HSP.

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

Medical Plan

NOTE

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

GW Retiree 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

	10% after ded	GW - 80% Retiree - 20%	GW - 60% Retiree - 40%
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Lifetime Maximum

		Unlimited	
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Office Visit

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

Virtual Visit

		After deductible: GW - 80% Retiree - 20%	
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Imaging and Labs^{†††} *LabCorp and Quest Diagnostics will continue to be GW's preferred vendors for lab work.*

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

In-Network

Out-of-Network

Hospital Care

Inpatient	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%
Outpatient	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%
Urgent Care	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%
Emergency Room	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 80% Retiree - 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% Retiree - 40%
Prostate Exam*	GW covers 100% if part of wellness exam	After deductible: GW - 60% Retiree - 40%
Well Child and Well Adult Exams*	GW covers 100%	After deductible: GW - 60% Retiree - 40%

Applied Behavior Analysis (ABA)

Covered

Covered

Chiropractic Care

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

	After deductible: GW - 80% Retiree - 20% up to 20 visits per year (combined in- and out-of-network)	After deductible: GW - 60% Retiree - 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 myuhc.com for additional details on ALL preventive care guidelines based on your age and sex.

GW Retiree Health Savings Plan (HSP)

In-Network

Out-of-Network

Vision

After deductible:
GW - 80%
Retiree - 20%

After deductible:
GW - 60%
Retiree - 40%

Durable Medical Equipment (DME)

After deductible:
GW - 80%
Retiree - 20%

After deductible:
GW - 60%
Retiree - 40%

Prescription Drug Deductible

Included in overall plan deductible (\$2,000 individual / \$4,000 family)

Prescription Out-of-Pocket Maximum

Individual

Combined with medical

Family

Combined with medical

Preventive Drugs

Covered at 100%

Retail Prescription Drugs

Generic

After deductible:
GW - 80%
Retiree - 20%

After deductible:
GW - 60%
Retiree - 40%

Brand Formulary

After deductible:
GW - 80%
Retiree - 20%

After deductible:
GW - 60%
Retiree - 40%

Brand Non-Formulary

After deductible:
GW - 80%
Retiree - 20%

After deductible:
GW - 60%
Retiree - 40%

Mail-Order Prescription Drugs

Generic

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

After deductible:
GW - 80%
Retiree - 20%

After deductible:
GW - 60%
Retiree - 40%

Brand Formulary

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

After deductible:
GW - 80%
Retiree - 20%

After deductible:
GW - 60%
Retiree - 40%

Brand Non-Formulary

After deductible:
GW - 80%
Retiree - 20%

After deductible:
GW - 60%
Retiree - 40%

To review 2023 contribution rates for retiree medical coverage, please visit go.gwu.edu/2023OE.

Prescription Drug Benefits

When you enroll in the GW Retiree HSP, you are automatically enrolled in prescription drug coverage through CVS Caremark. You have access to prescription medications through both retail pharmacies and a mailorder program

The GW Retiree HSP covers *preventive medications at 100 percent (deductible and coinsurance do not apply)*. To review a list of preventive drugs, visit hr.gwu.edu/benefits.

For non-preventive medications, you must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible (combined with medical). After you meet the deductible, you will be responsible for 20 percent in-network coinsurance until you reach the out-of-pocket maximum.

To Opt Out of the Maintenance Choice Program

- To opt-out of maintenance choice and continue filling a 30-day supply at your local in-network pharmacy, please call 1-877-357-4032.

Maintenance Choice Prescription Program for HSP and PPO Medical Plans

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.

NOTE

Maintenance Choice provisions apply. After three 30-day retail fills, you will need to fill a 90-day prescription via CVS Retail or CVS Mail Order or contact customer service to opt-out and continue filling at your local pharmacy, in order to continue receiving the preventive medication at no cost.

TIP

Check Drug Coverage Tiers

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

Next-Generation Transform Diabetes Care Program for the HSP and PPO Plans

GW will continue to offer CVS's Next-Generation Transform Diabetes Care Program for 2023.

Many condition management programs take a one-size-fits-all approach based on principles of population health. CVS's Next Generation Transform Diabetes Care focuses on a highly personalized approach, customizing support based on 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 from Certified Diabetes Care Nurses.
- Two comprehensive diabetes visits at MinuteClinic locations, or virtually, at no out-of-pocket cost, including A1C checks. These can be downloaded from the CVS app.
- A meter that best suits your condition. Test strips and lancets will be available at \$0 out-of-pocket 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 nurse.

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



Vision Coverage Options

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

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

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

To review 2023 contribution rates for vision coverage, please refer to page 27.

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 at 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.

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

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

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.



Dental Coverage Options

Retirees 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.

Take a look at the information on the following page to evaluate which of the dental options may be right for you.

To review 2023 contribution rates for dental coverage, please refer to page 27.

TIP

Reasonable and Customary:

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

Aetna Dental PPO Plans – High and Low Options

GW offers a choice of three voluntary dental plans through Aetna: High PPO, Low PPO and DMO. As with any PPO plan, the Aetna Dental PPO plans are designed to provide you with a greater level of coverage for using service providers within the Aetna network. Some coverage is available for providers outside the Aetna network; however, any services you receive from an out-of-network provider will be paid only at the “Reasonable and Customary” amount.

The High Option provides you with a greater level of coverage, and therefore carries a higher premium. The Low Option provides you with preventive and basic coverage and has a lower premium.

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

Aetna Dental Maintenance Organization (DMO)

You also have the option of selecting coverage through the Aetna DMO, which provides benefits in a similar manner to an HMO medical plan.

You must elect a Primary Care Dentist (PCD) from within the Aetna DMO network to coordinate all your dental care.

To be effective on the first of the month, PCD selections must be received by Aetna by the 15th of the month prior. In order to schedule an appointment with your PCD, your name must appear on his or her monthly roster.

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

The DMO does not provide coverage outside of the Aetna network. There is no deductible to meet under the DMO, nor is there an annual maximum coverage amount. Office visits require a \$5 copay.

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

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

TIP

Did You Know?

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



Life Insurance

Active faculty and staff receive group term life insurance in an amount equal to their annualized salary, rounded to the next highest thousand dollars. The maximum amount of coverage is one times salary or \$500,000, whichever is less.

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

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

EXAMPLE 1

An employee with a life insurance benefit of \$104,000 prior to retirement at age 60:

- On the date of retirement, the benefit reduces to \$84,000.
- On July 1 following the first anniversary of retirement, the benefit reduces to \$62,400.
- On July 1 following the second anniversary of retirement, the benefit reduces to \$41,600.
- On July 1 following the third anniversary of retirement, the benefit reduces to \$20,800.
- On July 1 following the fourth anniversary of retirement, the benefit reduces to \$2,500.

EXAMPLE 2

An employee with a life insurance benefit of \$104,000 prior to retirement at age 68:

- On the date of retirement, the benefit reduces to \$84,000 (age 68).
- On July 1 following the first anniversary of retirement, the benefit reduces to \$62,400 (age 69).
- On July 1 following the second anniversary of retirement, the benefit reduces to \$2,500 (age 70).

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

Contribution Rates

To review the 2023 retiree medical contribution rates, please visit go.gwu.edu/2023OE (scroll down to the bottom of the page and select the drop-down "Retirees" tab).

UHC Medical Coverage

GW Retiree Staff HSP (Within 8 Years of Retirement Date)	Monthly Contributions
Retiree Only	\$647.93
Retiree + One	\$1,360.66
Retiree + Family	\$1,943.80
GW Retiree Faculty HSP (Within 8 Years of Retirement Date)	Monthly Contributions
Retiree Only	\$485.95
Retiree + One	\$1,020.50
Retiree + Family	\$1,457.85
GW Retiree Faculty/Staff HSP (8+Years from Date of Retirement)	Monthly Contributions
Retiree Only	\$647.93
Retiree + One	\$1,360.66
Retiree + Family	\$1,943.80

Dental Coverage

Coverage Categories	Monthly Contributions
DMO	
Retiree Only	\$14.75
Retiree + One	\$33.71
Retiree + Family	\$40.80
High PPO	
Retiree Only	\$52.45
Retiree + One Dependent	\$113.77
Retiree + Family	\$137.65
Low PPO	
Retiree Only	\$31.38
Retiree + One Dependent	\$66.70
Retiree + Family	\$80.73
UHC Vision Coverage	
Coverage Categories	Monthly Contributions
Basic	
Retiree Only	\$5.06
Retiree + One	\$9.38
Retiree + Family	\$14.95
Enhanced	
Retiree Only	\$7.35
Retiree + One Dependent	\$13.60
Retiree + Family	\$21.68

Decide

How to Enroll

The GW Benefits Enrollment System Login Instructions

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 his/her 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 Retirees 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 Retirees 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. 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.*

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).

Important Contact Information

Who to Call	Contact Information	Plan Information (if applicable)
Medical		
UnitedHealthcare (Customer Service and Advocate4Me)	(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	
Medicare Supplemental plans if Enrolled at Via Benefits		
Via Benefits	(855) 232-5748 • my.viabenefits.com/gw	
Group Home and Auto		
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		
Liberty Mutual	(800) 699-4378 libertymutual.com/gw-university	Client ID# 135234
Allstate	(800) 789-2720 • 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 GW Benefits	(866) 365-2413 (571) 553-8382 • hr.gwu.edu/benefits	

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