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MEDICAL
UnitedHealthcare

If you elected to continue medical coverage in the GW Health Savings Plan (HSP) or the GW PPO for 2021, your 2020 UnitedHealthcare (UHC) ID card will remain valid. You will not receive a new UHC ID card for 2021.

If you elected to change medical plans, or if you are newly enrolled in the GW HSP or the GW PPO for 2021, you will receive a new healthcare ID card from UHC by January 1, 2021.

If your UHC ID card is not received prior to your next healthcare provider visit, you may obtain a temporary ID card myuhc.com. You can also access an electronic version of your ID card through the UnitedHealthcare App.

Please note: Participants must register with UHC for online account access to review claim data, print temporary ID cards and order additional/replacement ID cards. Beginning January 1, 2021, new plan participants may register at myuhc.com by selecting “Register Now.”

To View, Print or Request a UHC ID Card Online:

**STEP 1** Visit myuhc.com.
**STEP 2** Log in using your username and password. If you do not have a username or password, you must register using your UHC medical ID card.
**STEP 3** Select “View & Print Member ID Cards” from the box located at the center of the page.
**STEP 4** To print an ID card, select “Print ID Card.” To request a new/replacement card, select “Mail,” verify mailing address and select “Mail Card.”

Access a UHC ID Card on the UnitedHealthcare App:

**STEP 1** Download the UnitedHealthcare app from the iPhone App Store or Android Google Play Store.
**STEP 2** Enter your myuhc.com username and password. If you have not created a username/password, click on “New User? Create an account” below the login section and follow the instructions.
**STEP 3** Log in using your username and password. Scroll down to view an image of your ID card. Tap Flip ID Card to view the back of your card. Tap Send ID Card to email your ID card to your provider.

MFA Benefit Coverage Tier

Effective January 1, 2021, GW has added a new benefit coverage tier (i.e. Tier 1) within their medical plans specific to care provided by GW MFA providers.* The new tier provides lower copayments and lower employee coinsurance for GW medical plan participants when they are seen by a GW MFA provider.

MFA Dedicated Phone Line for GW Medical Plan Participants 202-677-6000

GW medical plan participants have a dedicated phone line for easy access to MFA Patient Care Coordinators to gain assistance with scheduling appointments. Telehealth visits are available with all MFA providers. **202-677-6000 will be active beginning December 28, 2020.**

**Schedule a 1:1 virtual meeting with UHC. Discuss questions about your medical/vision plans and review claims**

UHC Customer Service Information

For assistance with online registration or password resets, please contact **UHC Customer Service** at (877) 706-1739 (available Mon - Fri, 8 a.m. - 8 p.m. ET).

Castlight

With GW medical plan participation, you gain access to Castlight, a free tool that lets you experience healthcare in a whole new way by providing:

- Personalized cost estimates
- Doctor ratings and reviews
- One place to view past bills
- Explanations of past medical spending
- GW Benefits program information (medical and pharmacy)
- Help locating in-network physicians and specialist in your area
- Information about conditions and treatments
- Current balances for your Health Care Flexible Spending Account (HCFSA) and Health Savings Account (HSA)
- Information about your prescription drug benefit (cost, coverage)

Castlight is completely confidential and free for GW employees and their spouses/domestic partners and adult dependents enrolled in a university medical plan. Register for Castlight at mycastlight.com/gw.

*The MFA tier applies to professional charges by MFA providers; MFA behavioral health providers continue to be out-of-network.
Your Benefits. 
Your Choice. 
Your Wellbeing.

PRESCRIPTION 
CVS Caremark

If you newly enrolled in a medical plan for 2021, you will receive a prescription ID card from CVS Caremark. If you do not receive your ID card by the time you need to fill a prescription, you may obtain a temporary ID card through your CVS Caremark online account.

Please note: Participants must register with CVS Caremark in order to access their online account. You may register for online account access beginning January 1, 2021.

To Register Online with CVS Caremark:

**STEP 1** Visit caremark.com.

**STEP 2** Select “Not Registered Yet.”

**STEP 3** You will be prompted to enter a “Participant ID Number,” as well as other required personal information. **Note:** To obtain your Participant ID Number, you must call CVS Caremark Online Customer Service at (800) 378-9442.

**STEP 4** Create a username and password.

**STEP 5** Review information and confirm.

Once you have registered online with CVS Caremark, you may print a temporary ID card.

To Print a Temporary ID Card:

**STEP 1** Log into your online CVS Caremark account at caremark.com.

**STEP 2** Select “Update Your Profile.”

**STEP 3** On the left-hand side, under “My Account,” select “Print My Prescription Benefit Card.”

If you are unable to register online and would like to request a temporary ID card, please contact CVS Caremark Customer Service at (877) 357-4032.

If you must fill a prescription prior to receiving your prescription ID card (and you are unable to obtain a temporary ID card online), you may provide the following information to your pharmacy:

- **ID Number:** Cardholder Social Security Number
- **Group Number:** RX6475
- **BIN:** 004336
- **PCN:** ADV PCS

**CVS Caremark Mobile App**

“Easy, convenient, accessible” is the CVS Caremark mobile app motto. Indeed, the app provides just about everything you need for managing your medicine, from easy refills to timesaving tools convenient savings. App features include:

- Scan a prescription label for refill
- See when prescriptions are due for refill
- Manage prescription deliveries by mail, auto refill and pharmacy
- Submit a photo of your paper prescription
- ID unknown pills with the pill identifier
- Check for potential drug interactions
- Check order status and view prescription history
- Set reminders for when to take medications

Download the CVS Caremark mobile app today and get the access you need, anywhere and anytime.

**Contact Information**

For assistance with CVS Caremark online registration, please call (800) 378-9442.

CVS Caremark Customer Service: (877) 357-4032.
Available seven days a week, 8 a.m. - 8 p.m.
DENTAL

Aetna

If you changed or continued your dental plan, or elected new coverage for 2021, you have the option to print your dental ID card from your online Aetna account or access an electronic version of your dental ID card through the Aetna mobile app.

Aetna does not issue dental ID cards, as ID cards are not required to receive coverage – you are only required to provide the dental office with your name, date of birth and Member ID Number (or your Social Security Number). You can obtain your Member ID Number by calling Aetna Member Services at (877) 238-6200.

Please note: Participants must register with Aetna for online account access in order to review claim activity and Explanation of Benefits (EOB) information, locate in-network providers and print a dental ID card.

Beginning January 1, 2021, you may register at aetna.com by selecting “Log In/Register” from the blue box located on the right-hand side of the screen.

To View or Print a Dental ID Card Online:

**STEP 1** Visit aetna.com.

**STEP 2** Select “Individuals”

**STEP 3** Select “ID Card” from the upper right area of the screen.

**STEP 4** Select member name and card type (dental).

**STEP 5** Select “View.”

**STEP 6** Select “Print/Download ID Card” and follow the instructions to print your ID card. Aetna members also have the option of requesting an eligibility letter - which will arrive in an envelope containing paper dental ID card(s) - by contacting Aetna Member Services at (877) 238-6200.

If You Elected the Aetna DMO Plan:

You must elect a Primary Care Dentist (PCD) from within the Aetna DMO network to coordinate dental care. To have coverage effective on the first of the month, your PCD selection must be received by Aetna by the 15th of the month prior. This allows for your name to appear on your PCD’s monthly roster. Notify Aetna of your PCD selection through your online account or by calling Aetna Member Services at (877) 238-6200.

Contact Information

To request an eligibility letter, please contact Aetna Member Services at (877) 238-6200.

Aetna Health App

With Aetna Health, you can view your dental plan information whenever you want, wherever you are. Some of the features include:

- View benefits and claim details for your whole family
- Access your member ID card whenever you need it
- Find a dentist or facility based on your current location and get turn-by-turn directions to the office
- Check PayFlex® HSA, HRA and FSA account balances
- Contact Us feature for fast answers

Two ways to download your free Aetna Health app:

1. Text AETNA to 90156 to download now*
2. Download from the App Store or Google Play

To learn more, visit aetna.com/mobile.

*Standard text messaging rates apply.
VISION
UnitedHealthcare

If you changed or continued your vision plan, or if you elected new coverage for 2021, you have the option to print your vision ID card from your UnitedHealthcare (UHC) Vision online account. UHC does not issue vision ID cards, as they are not required to receive coverage.

Please note: Participants must register with UHC for online account access to view claim activity and detailed benefit coverage, locate network providers and print a vision ID card. You may register for online account access beginning January 1, 2021 (steps differ depending on whether or not you are also enrolled in a GW medical plan).

How to Register:
If you are enrolled in a GW medical plan AND elected vision coverage:

**STEP 1** Visit myuhc.com and log in using your username and password. If you do not have a username and password, register using the information found on your medical ID card.

**STEP 2** After logging in, select “Coverage and Benefits”

**STEP 3** Select “Vision” from the tool bar located at the top of the screen.

**STEP 4** Under “Vision,” select “Vision Benefit Highlights.” This will automatically redirect you to myuhcvision.com.

**STEP 5** Select “Print ID Card” from the Main Menu.

If you are NOT enrolled in a GW medical plan, but you elected vision coverage

**STEP 1** Visit myuhcvision.com

**STEP 2** Select “Register Now.”

**STEP 3** Complete the User Registration page. Please note: You will need to use your full Social Security Number (SSN) or the last four digits of your SSN.

**STEP 4** Once you are logged in, select “Print ID Card” from the Main Menu.

Contact Information
For assistance with online registration, please contact UHC Vision Customer Service at (800) 638-3120.

You will incur less out-of-pocket expenses if you see an in-network vision provider. Locate in-network vision providers by visiting myuhcvision.com.

When visiting your vision provider, have our group ID codes handy:
Basic: C0904
Enhanced: C1214

Health Advocate
Health Advocate is the nation’s leading independent healthcare advocate and assistance company. As a special benefit paid for by GW, Health Advocate can help you:

- Find doctors, hospitals and treatment centers
- Clarify insurance plan(s) and help you decide which plan is right for you
- Untangle medical bills, uncover errors and negotiate fees
- Estimate costs for medical procedures
- Locate eldercare and caregiver support resources
- Understand conditions and treatment options

As a GW employee, you are automatically enrolled in Health Advocate at no cost, and you do not need to participate in a GW medical plan to be eligible.

Call Health Advocate at (866) 695-8622.
FLEXIBLE SPENDING ACCOUNTS

PayFlex

If you newly enrolled in a Flexible Spending Account (FSA), you should receive your new debit card by January 1, 2021.

If you enrolled in both a Health Care Flexible Spending Account (HCFSA) and a Dependent Day Care Flexible Spending Account (DCFSA), you will receive only one debit card; this debit card will reflect both accounts. Please be sure to sign, activate and obtain a Personal Identification Number (PIN) for your debit card by calling the number found on the label on the front of the card.

2020 FSA participants who are continuing their FSA(s) for 2021 will not receive a new debit card but may continue to use their existing card.

PayFlex Debit Card Expiration and Deactivation:

Debit cards have an expiration date; PayFlex issues new debit cards 15 days prior to expiration.

If you did not elect HCFSA for 2021, your debit card will work through the plan’s grace period deadline of March 15, 2021, after which your card will be deactivated. Card deactivation may occur at any time on March 15, 2021.

Healthcare expenses incurred on March 15, 2021, after the deactivation of your debit card, will require a paper claim form (instructions provided on page 7). You also have the option to file an Express Claim online at payflex.com, if you have online access to your PayFlex account.

2021 FSA participants: If you elected the HCFSA for 2021, your 2021 annual election will be front-loaded to your existing debit card on January 1, 2021 (if you were enrolled during 2020). If you newly enrolled, you should receive your new debit card by January 1, 2020.

You will receive only one debit card in the mail. You may request replacement or additional debit cards for yourself or for your eligible dependents at no additional charge by visiting payflex.com.

Participants may also review account balances, as well as claims activity for the 2020 health care grace period and plan year 2021, through their online PayFlex account.

Please note: Participants must register with PayFlex for online account access. You may register for online account access beginning January 1, 2021.

To Register Online with PayFlex:

STEP 1 Visit payflex.com.

STEP 2 Select “Sign In” from the upper right corner of the screen.

STEP 3 Select “Create Your Profile” (on the lower left side of the webpage). Your Member ID is your GWID without the G.

STEP 4 Follow prompts to enter your personal information and create a username and password. Have your PayFlex Card® nearby. You’ll be asked to enter part of your card number in the next step. Please note: The mailing address you provide should be your home address (the address that appears on your W-4).

STEP 5 Once complete, review entered information and confirm.

Contact Information

For assistance with online registration or password resets, please contact PayFlex Customer Service.

PayFlex Customer Service:
(800) 284-4885 or (844) PAYFLEX (729-3539). Available Mon - Fri, 8 a.m. - 8 p.m.; Sat, 10 a.m. - 3 p.m.

On the next page, you will find:

• Instructions for filing paper claim reimbursements
• Important account use deadlines for 2020 HCFSA and DCFSA participants
FLEXIBLE SPENDING ACCOUNTS (CONT’D)

PayFlex

To File a Paper Claim Reimbursement:

**STEP 1** Complete a Flexible Spending Account Reimbursement Claim Form. You may request reimbursement for health and dependent day care expenses on the same form.

**STEP 2** Attach copies of your Explanation of Benefits (EOB) statement issued by the insurance provider (preferred) or itemized receipts. If submitting receipts, the receipts should include:

- Name of the doctor, hospital or facility that treated you
- Your name or the name of the patient
- Date of service
- Type of service
- Final amount paid

Please note: You cannot be reimbursed if the EOB or receipt(s) do not accompany the request. Cancelled checks and credit card receipts do not qualify as receipts. PayFlex is not able to accept the EOB or detailed statements that show estimated or pending amount due; you must provide the final amount that you paid after insurance was applied.

**STEP 3** Receipts for dependent day care expenses must include a written statement from the provider (1) stating that the dependent day care expense has been incurred, and (2) listing the amount of the expense as well as the tax ID number of the day care provider. Your dependent day care provider’s signature must be on the statement. If your dependent care caregiver completes and signs the Payflex Reimbursement Claim Form in the Dependent Care Expenses section, you do not need to include an itemized statement or receipt.

**STEP 4** Sign and date the form.

**STEP 5** Submit the form by mail or fax, or submit an Express Claim online: payflex.com

**MAIL** PayFlex Systems USA, Inc.
P.O. Box 981158
El Paso, TX 79998-1158
Fax: (855) 703-5305

2020 Flexible Spending Account Reminders:

**Health Care FSA**

2020 FSA expenses for your health care account must be incurred no later than March 15, 2021. Per IRS regulations, unclaimed funds are required to be forfeited to the plan. The deadline to submit eligible claims incurred between January 1, 2020 and March 15, 2021, is April 30, 2021.

**Dependent Day Care FSA**

Due to the impact of COVID-19, a DCFSA grace period has been added for the 2020 plan year. 2020 FSA expenses for your dependent care account must be incurred no later than March 15, 2021. Per IRS regulations, unclaimed funds are required to be forfeited to the plan. The deadline to submit eligible claims incurred between January 1, 2020 and March 15, 2021 is April 30, 2021.

**Important:** Claims for 2020 FSA expenses submitted to PayFlex after April 30, 2021 will be considered ineligible.

**Email Option for PayFlex Customer Service**

PayFlex now offers a more convenient, 24/7 solution when it comes to contacting their customer service department. Members can directly email their questions throughout the year to PayFlex Customer Service.

To Email PayFlex Customer Service:

**STEP 1** Visit payflex.com and sign in.

**STEP 2** From your account dashboard, select “Help & Support” at the top of the screen.

**STEP 3** Select “Contact Us.”

**STEP 4** From that page, select “Send an Email.”

You can also call PayFlex Customer Service at (844) PAYFLEX (729-3539), available Monday - Friday, 8 a.m. - 8 p.m. and Saturday, 10 a.m. - 3 p.m.
HEALTH SAVINGS ACCOUNT

PayFlex (GW HSP Participants Only)

If you are a GW Health Savings Plan (HSP) participant and you newly enrolled in a Health Savings Account (HSA), you should receive a debit card from PayFlex in the mail.*

If PayFlex requires additional information to open your HSA, you will receive a letter. Please respond quickly in order to avoid delays in opening your account, receiving your debit card and your employer and employee contributions.

HSA participants who are continuing their HSAs for 2021 may continue to use their existing card.

*Action Required: You will receive your debit card from PayFlex via mail with account activation information, as well as other useful tips to manage your account. Be sure to take action immediately to ensure that you can access your account.

Activating Your HSA:

HSA accountholders must agree to online account terms and conditions and provide the following information:

- Marital status
- Health plan information - including start date and coverage type
- Beneficiary information - including primary and contingent beneficiary information

Participants can manage their HSAs online at payflex.com. Here, you can initiate account actions such as scheduling automatic payments, linking other bank accounts and setting up account notifications.

Debit cards have an expiration date; PayFlex issues new cards 15 days prior to expiration.

Contact Information

For assistance with online registration or password resets, please contact PayFlex Customer Service.

PayFlex Customer Service:
(800) 284-4885 or (844) PAYFLEX (729-3539).
Mon - Fri, 8 a.m. - 8 p.m.; Sat, 10 a.m. - 3 p.m.

To Register Online with PayFlex:

STEP 1 Visit payflex.com.

STEP 2 Select “Sign In” from the upper right corner of the screen.

STEP 3 Select “Create Your Profile” (located in the lower left-side of the webpage).

STEP 4 Follow the prompts to enter your personal information and create a username and password. Be sure to have your PayFlex Card® nearby. You’ll be asked to enter part of your card number in the next step. Please note: The mailing address you provide should be your home address (the address that appears on your W-4).

STEP 5 Review entered information and confirm.

If you elected an HSA for 2021, your annual contribution will be deducted in equal amounts from each paycheck throughout the year.

Important:

Per IRS rules, participants cannot have an HCFSA and HSA at the same time. If you have an HCFSA for 2020, and you have funds left in this account as of December 31, 2020, these funds will carry over and be available during the HCFSA grace period, which ends on March 15, 2021. If you chose/choose to elect an HSA, the earliest it will be effective is April 1, 2021.

If you wish to have your HSA begin as of January 1, 2021, all HCFSA funds must be used before December 31, 2020 (account balance must be zero*). If you have questions regarding your current HCFSA, please contact PayFlex Customer Service at (800) 284-4885.

*If you have claims pending substantiation as of December 31, 2020 (even if your HCFSA balance is zero), your HSA will be effective on April 1, 2021.
LEGAL RESOURCES & QUALIFIED LIFE EVENTS

Legal Resources
If you are newly enrolled in the Legal Resources plan, you should receive a membership card by January 1, 2021. Your membership card will include your law firm’s name and telephone number.

After receiving your card, you may begin to contact your law firm directly regarding any legal needs, with no restrictions on usage.

Contact Information
If you have questions or wish to change your law firm, please contact Legal Resources Member Services at (800) 728-5768.

Important Note to All GW Benefits Eligible Employees: Please Review Your Paycheck
Make sure to review your first paycheck in 2021 to ensure that the benefit elections you made during Open Enrollment are accurate.

After January 1, 2021, please refer to your most current benefit confirmation statement to verify the deductions reported on your paycheck. You may access a copy of your confirmation statement at go.gwu.edu/easyenroll.

What is a Qualified Life Event?
The health and welfare elections you make apply to an entire calendar year and generally cannot be changed outside of the annual Open Enrollment period, as per IRS rules. However, if you experience a Qualified Life Event (QLE), you will be able to make benefit changes that are consistent with your life event.

What is considered a QLE?
- Marriage, divorce or newly eligible same- or opposite-sex domestic partner
- Birth or adoption of a child
- Death of a spouse, same- or opposite-sex domestic partner or dependent child
- Dependent becoming ineligible for coverage
- Spouse or same- or opposite-sex domestic partner gaining or losing coverage
- Transfer between benefits-eligible full-time and part-time status
- Move from a non-benefits eligible position to a benefits eligible position

Learn more about Qualified Life Events - including steps to take to make mid-year benefits changes as well as examples of supporting documentation - on the Benefits website.

Questions?
If you have any questions regarding GW’s health and welfare benefit offerings, contributions or eligibility, please contact the Benefits Call Center at (888) 4GWUBEN (449-8236). The Call Center is available Monday through Friday, from 9 a.m. to 6 p.m. ET.

You may also seek assistance from GW Benefits by emailing benefits@gwu.edu or calling (571) 553-8382.

Please note: You cannot make any changes to the 2021 benefit elections documented on your confirmation statement until the next Open Enrollment period unless you experience a Qualified Life Event (QLE).
NATIONWIDE PET INSURANCE

If you recently enrolled in Nationwide Pet Insurance, you can access your account online at petinsurance.com/gw. This site will allow you to:

• Update your contact and payment information
• Check claim status and history
• Download forms
• Renew your policy
• Read pet health stories, policy news and more in The Companion newsletter

Submit a Claim

If you need to submit a claim, visit petinsurance.com/submit-claim to fax, email or mail your claim.

STEP 1 Download your claim form that’s specific to the state you reside in

STEP 2 After you’ve paid your veterinarian, fill in the claim form completely, including your pet’s diagnosis and the invoice totals

STEP 3 You can mail, fax or email your claim form along with your paid invoices. That’s it!

MAIL Nationwide Claims Department
P.O. Box 2344
Brea, CA 92822
Fax: (714) 989-5600

EMAIL submitmyclaim@petinsurance.com

* Attach both your completed claim form and invoice(s). Please send only PDF, DOC, JGP, TIPP and BMP files that are less than 10MB and please disable your email signature.

To enroll or receive a free quote, please visit petinsurance.com/gw or dial (877) 738-7874. You may enroll in or cancel pet insurance at any time during the year. Coverage will begin 14 days after enrollment. Payment for this voluntary program are made directly to Nationwide.

Already have pet insurance through Nationwide?

Call (877) 738-7874 and speak with a member of the Nationwide’s care team. Let them know that you are a GW employee and they will apply the appropriate discount to the policy.

Vitus Vet

Vitus Vet is a third-party mobile app that you can use to submit Nationwide® pet insurance claims via your smartphone.

• Download the free app in the App store or on Google play.

• Once you’ve downloaded the app, input your pet’s information, simply choose your pet’s name under “My Pets” and select the “Submit a Claim” icon. Finally, confirm your information and receipts before submitting.

• If your claim was submitted correctly, you will see a “thank you” confirmation page. You will also receive an email within 48 hours, once your claim processing has begun.

Contact Information

For questions related to your plan or claims, call (800) 540-2016 to speak with a Member Care professional. For questions related to enrollment, call (8777) 738-7874. Members also have access to a 24/7 free service, Vet Helpline, for guidance on any pet health concern at (855) 331-2833.

* Nationwide Pet Insurance is a voluntary benefit. Payments are made directly to Nationwide. You may enroll or cancel at any time during the year.
ALLSTATE® IDENTITY PROTECTION PRO PLUS

InfoArmor is rebranding to Allstate Identity Protection on January 1, 2021, without any changes to your benefit program. If unusual activity is identified, you will receive an alert via your preferred contact method. Respond to the alert by either selecting “Me” or “Not Me” and following the instructions.

To manage alert preferences:

STEP 1 Log in at myaip.com/gw
STEP 2 Click on your name in the top right corner
STEP 3 Select “Account Settings”
STEP 4 Set your alert preferences (email, email and text only)

How do I activate my features to know I’m fully protected?
Log in to your account at myaip.com/gw. Each additional feature has its own tab and will walk you through instructions to set it up. If you have trouble logging in, please contact a Privacy Advocate at (800) 789-2720.

What should I do if my identity is stolen or I’m the victim of identity fraud?
Please contact the Privacy Advocate team as soon as possible, either by selecting “Not me” on the alert within your portal or calling (800) 789-2720. You will be assigned to a Remediation Specialist who will work on your behalf to manage your case and fully restore your identity.

To enroll in Allstate’s Identity Protection Pro Plus®, visit myaip.com/gw to receive a quote. You can enroll or cancel identity theft protection at any time during the year. Coverage will begin immediately after enrollment.

* Allstate identity protection is a voluntary benefit. Payments are made directly to Allstate. You may enroll or cancel at any time during the year.