

Open Enrollment COBRA Participants 2023

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



Benefits

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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

COBRA participants

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, the birth or adoption of a child, etc.

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

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 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.



UNIVERSITY, THE GEORGE WASHINGTON

Learn About Open Enrollment

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.

What's Included?

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

Benefit	What you'll have in 2023 if you don't act during Open Enrollment:
GW PPO	
GW Health Savings Plan	The same plan you have now.
Dental Plan	
Vision	

These benefits are part of Open Enrollment, and can only be changed once per year unless you experience a qualified life event.

What's *Staying* the Same for 2023

Medical Plan Features/Programs Medical Faculty Associates Benefit Coverage Tier

The GW PPO and HSP medical plans include 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 employees also have a dedicated phone number to schedule appointments at: 202-677- 6000.**

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

Real Appeal

Real Appeal is a virtual weight loss support program offered through both the GW HSP and GW PPO. (You must be a UHC plan participant to join.) Members must have a body mass index (BMI) of 19 or more to participate. Weekly online coaching sessions and tools, such as a Program Success Guide, Nutrition Guide, fitness DVDs and resistance bands, are included.

If you are currently enrolled in a UnitedHealthcare medical plan through GW, you may enroll at any time after meeting BMI eligibility requirements. If you are newly electing UnitedHealthcare for 2023 Open Enrollment, you may enroll beginning January 1, 2023. Visit gwu.realappeal.com for more information.

UHC Virtual Visits

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

There will be no increase to the cost of Virtual Visits for 2023:

- **GW HSP: 20% coinsurance after deductible**
- **GW PPO: \$10 copay (deductible does not apply)**

24/7 Virtual Visits provide fast, convenient, on-demand access to care without having to leave home or the workplace. No appointment is necessary and a visit usually takes less than 20 minutes. Sign in at myuhc.com or download the UnitedHealthcare app.

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. GW offers 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 are GW's preferred vendors for lab work. The cost for visiting a GW-preferred network facility will remain the same for 2023:

- **GW HSP: 20 percent coinsurance after deductible**
- **GW PPO: 20 percent coinsurance after deductible**

Search for an outpatient center or laboratory on myuhc.com or in the Castlight app. Choose "Freestanding Facility" to help reduce out-of-pocket costs.

* In-network freestanding facilities and GW Hospital

Prescription Plan Features/Programs

Mandatory Maintenance Choice - All Access with Opt-Out

Under the Maintenance Choice program, the number of 30-day fills for maintenance prescriptions at a retail pharmacy (including CVS) is limited to three. After their third 30-day fill members will be prompted to either move their prescription to CVS or contact customer care to opt out and continue filling at their local pharmacy. Through this program, participants 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.**

What's *Changing* for 2023

Prudent Rx

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.

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.

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. The network includes 3,000 providers in all 50 states. Learn more at myuhc.com.

Medical Plan Contributions **CHANGE**

GW will continue to offer the GW PPO and HSP medical plan with CVS prescription coverage for COBRA recipients and their dependents under age 65. Plan participants will see an increase of 5.9% in premiums.

2023 Dental Contribution Overview **CHANGE**

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

2023 Vision Contribution Overview **CHANGE**

GW will continue to offer the Basic and Enhanced Visions Plans administered by UnitedHealthcare for 2023. Vision coverage contributions for plan participants will increase 1.5% across all plans and coverage tiers. The monthly contribution increase will be less than \$1 across both plans and all coverage levels. There will be no changes to coverage.

Plan Features >

Benefits have a language all their own. Understanding how your insurance plans work is crucial to making the most out of your coverage. Become familiar with these commonly-used benefits terms to help you compare and choose plans.

Total Out-of-Pocket Costs

Here's a simple equation that shows how much you'll pay out-of-pocket for your health insurance each year.

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

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

Total Costs

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

Deductible: The amount you pay out-of-pocket for healthcare before plan starts to pay. (Please note, the deductible is not applicable to all services.) *Separate in-and-out of network deductibles apply.*

Copays: A set amount (for example, \$30) you pay for a covered healthcare service.

Coinsurance: The percentage you pay for the cost of covered healthcare services, after you meet your deductible.

Out-of-Pocket Maximum: This is a "cap" on your costs for the year; it is the most you'll pay for healthcare services. Once you reach your out-of-pocket maximum, the plan pays 100 percent of your covered medical expenses for the balance of the year. *Separate in- and out-of-network out-of-pocket maximums do apply.*

Deductibles

Understanding Your Deductibles

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

↓ Low Deductible = ↑ Higher Premium

↑ High Deductible = ↓ Lower Premium

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

Deductibles (continued)

Types of Deductibles

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

Network Deductibles: GW's health plans have separate annual deductibles for when you get in-network care versus out-of-network care. These amounts are usually different for individuals and families.

Family Deductibles: With some plans, you'll need to meet the deductible for each covered family member up to the family cap. For example, under the GW 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.

NOTE

The deductible for the GW PPO includes medical expenses only.

With other plans, one family member can meet the deductible for the entire family. For example, under the GW HSP, if you elect coverage for yourself and one or more dependents, the full family deductible (in-network family deductible is \$4,000) will need to be met before coinsurance begins for any family member.

NOTE

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

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

Other Terms to Know

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

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

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

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

High Deductible Health Plan (HDHP): A plan with a higher deductible than a traditional insurance plan. These plans typically have lower monthly premiums, but you must pay more out-of-pocket initially (your deductible for medical and pharmacy) before

the plan starts to pay. An HDHP can be combined with a Health Savings Account (HSA), which allows you to pay for certain medical expenses with pretax dollars, if eligible. (*The GW 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."

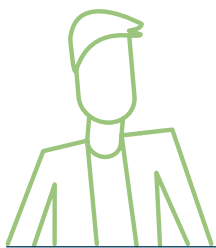
Preferred Provider Organization (PPO): A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You may still use doctors, hospitals and providers outside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

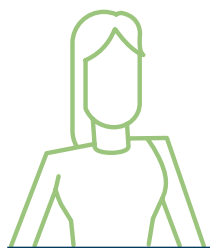
There is financial protection built into the prescription drug benefit in that you will never pay more than the "maximum," outlined in the tables below. Once you reach the out-of-pocket maximum (OOPM), GW will pay 100 percent of prescription drug costs thereafter.



George

George is enrolled in the GW 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 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

For those on the GW HSP:

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

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

Maintenance Choice provisions apply. After three 30-day retail fills, **in order to have continue receiving your preventive prescription at no cost**, you will need to fill a 90-day prescription via CVS Retail or CVS Mail Order OR contact CVS Caremark to opt-out of the maintenance choice program.

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

Save Money by Using Freestanding Facilities

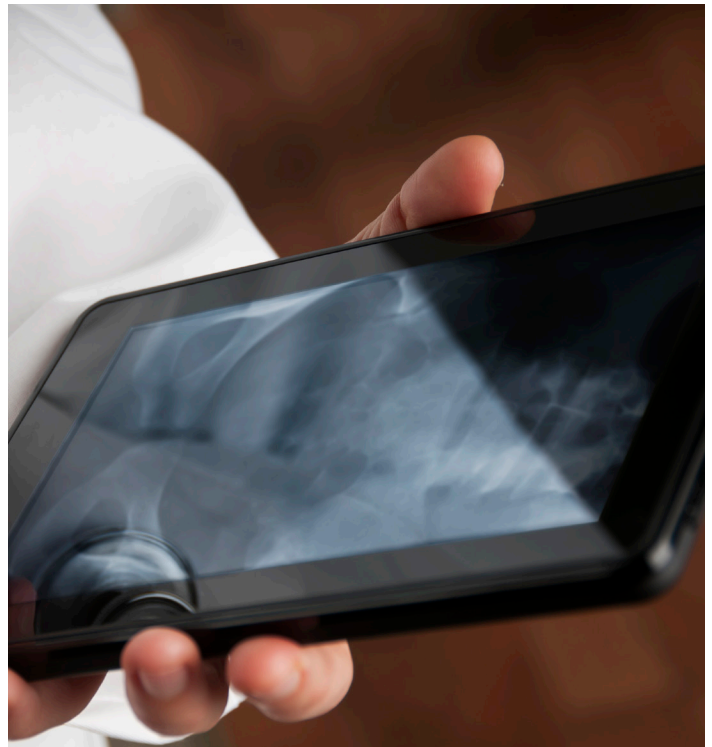
Prices vary significantly for imaging and lab work - even if you go in-network.

Not only do prices vary, but 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 PPO or GW HSP plans. If you go to a facility that is not in the preferred network, you will pay 40 percent coinsurance under the GW PPO or GW HSP plans. **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 PPO

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?

Compare >

For more details about your coverage options, read the [Comparing the Medical Plans](#) chart, which follows.

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

Comparing the Medical Plans

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

GW Health Savings Plan (HSP)			GW PPO		
MFA Provider †	In-Network	Out-of-Network	MFA Provider †	In-Network	Out-of-Network

Deductible

	MFA Provider †	In-Network	Out-of-Network	MFA Provider †	In-Network	Out-of-Network
Individual		\$2,000	\$3,000		\$750	\$2,000
Family		\$4,000 ^{††}	\$6,000 ^{††}		\$1,500	\$4,000

Out-of-Pocket Maximum (OOPM)^{†††}

	MFA Provider †	In-Network	Out-of-Network	MFA Provider †	In-Network	Out-of-Network
Individual		\$4,000	\$6,000		\$3,000	\$6,000
Family		\$8,000	\$12,000		\$6,000	\$12,000

Coinsurance

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

Lifetime Maximum

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

Office Visit

	MFA Provider †	In-Network	Out-of-Network	MFA Provider †	In-Network	Out-of-Network
Primary Care Physician (PCP)	10% after ded	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	\$10 copay	\$30 copay	After deductible: GW - 60% Participant - 40%
Specialist	10% after ded	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	\$25 copay	\$50 copay	After deductible: GW - 60% Participant - 40%

Virtual Visit

	MFA Provider †	In-Network	Out-of-Network	MFA Provider †	In-Network	Out-of-Network
		After deductible: GW - 80% Participant - 20%			\$10 copay	

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

		Preferred	Non-Preferred		Preferred	Non-Preferred
Diagnostic Test (x-ray, blood work)		After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%		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%		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.

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

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

(Only allowed charges will count towards the OOPM for out-of-network benefits).

†††† Preferred Network = in-network freestanding facilities and GW hospital; Non-Preferred Network = in-network hospitals (other than GW Hospital) or out-of-network freestanding facilities or hospitals.

(In or out-of-network deductible applies as appropriate).

GW Health Savings Plan (HSP)		GW PPO	
In-Network	Out-of-Network	In-Network	Out-of-Network

Hospital Care

Inpatient	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	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%	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%
Urgent Care	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	\$30 copay	After deductible: GW - 60% Participant - 40%
Emergency Room	After deductible: GW - 80% Participant - 20%	After deductible: GW - 80% Participant - 20%	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%	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%	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%	GW covers 100% if part of wellness exam	After deductible: GW - 60% Participant - 40%

Applied Behavior Analysis (ABA)

Covered	Covered	Covered	Covered
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Chiropractic Care

After deductible: GW - 80% Participant - 20% 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)	\$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)
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Acupuncture

After deductible: GW - 80% Participant - 20% 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)	\$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)
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Fertility Benefits**

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

Not Covered	Not Covered	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%
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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.

** Artificial insemination and in vitro fertilization are covered as well as other services. Limitations apply. Please review the Fertility Benefit Overview PDF at hr.gwu.edu/benefits.

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

GW Health Savings Plan (HSP)

GW PPO

In-Network

Out-of-Network

In-Network

Out-of-Network

Cochlear Implants

Not Covered	Not Covered	Covered	Not Covered
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Bariatric Surgery****

Not Covered	Not Covered	Up to \$60,000 lifetime limit	Not Covered
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Vision

	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	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 PPO.
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Prescription Drug Deductible

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

Individual	Combined with medical	\$3,600	\$7,200
Family	Combined with medical	\$7,200	\$14,400

Preventive Drugs

Covered at 100%	Subject to coinsurance
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Retail Prescription Drugs

Generic	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	10% Coinsurance (Minimum \$15, Maximum \$30) 30-day supply
Brand Formulary	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	20% Coinsurance (Minimum \$30, Maximum \$50) 30-day supply
Brand Non-Formulary	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	25% Coinsurance (Minimum \$60, Maximum \$100) 30-day supply

Mail-Order Prescription Drugs

Generic <i>Vacation Exception Additional 30-day supply one time per year</i>	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	10% Coinsurance (Minimum \$37.50, Maximum \$75) 90-day supply
Brand Formulary <i>Vacation Exception Additional 30-day supply one time per year</i>	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	20% Coinsurance (Minimum \$75, Maximum \$125) 90-day supply
Brand Non-Formulary	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%	25% Coinsurance (Minimum \$150, Maximum \$250) 90-day supply

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

Summaries of Benefits and Coverage (SBCs) are available go.gwu.edu/2023OE.
Please see details on the following page.

Prescription Drug Benefits

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.

Coverage for GW HSP Participants

When you enroll in the **GW HSP**, you are automatically enrolled in prescription drug coverage through CVS Caremark. You have access to prescription medications through both retail pharmacies and a mail-order program. You must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible. After you meet the deductible, you will be responsible for 20 percent in-network coinsurance until you reach the out-of-pocket maximum. You can use your HSA to pay for your prescriptions.

Under the GW HSP, preventive medications are covered at 100 percent (deductible and coinsurance do not apply). To review a list of preventive drugs, visit hr.gwu.edu/prescription-plan-health-savings-plan-hsp.

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.

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.
- 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.

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.

TIP

Check Drug Coverage Tiers

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



Vision Coverage Options

Caring for your eyes and keeping your eyesight healthy will benefit you in all aspects of life. All GW COBRA participants 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.)

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

- ▶ 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 24.

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 procedures. 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.

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



Dental Coverage Options

Caring for your teeth and keeping your smile healthy can help ensure the rest of your body stays healthy as well. All GW COBRA participants 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 table to evaluate which of the PPO options may be right for you.

To review 2023 contribution rates for dental coverage, please refer to page 24.

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 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 PPO Option provides you with a greater level of coverage, and therefore carries a higher premium. **Adult orthodontia is also covered under the High PPO Plan.** 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/benefits.

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

Aetna Dental Maintenance Organization (DMO)

You may also elect the Aetna DMO option, which provides benefits in a similar manner to an HMO medical plan. You must elect a Primary Care Dentist (PCD) from within the Aetna network to coordinate all of your dental care. Office visits require a \$5 copay.

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

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

Dental implant coverage is available for 2023. Read the DMO Plan Summary on the Benefits website for benefit coverage details.

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.

Contribution Rates

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

UHC Medical Coverage

Monthly Contributions

GW Health Savings Plan (HSP)

Participant Only	\$647.93
Participant + SP/DP	\$1,360.66
Participant + Child(ren)	\$1,231.07
Family	\$1,943.80

GW PPO

EE	\$724.66
EE+SP/DP	\$1,521.78
EE+ Child(ren)	\$1,376.86
Family	\$2,173.99

Dental Coverage

Monthly Contributions

DMO

Participant Only	\$15.05
Participant + One	\$34.38
Participant + Family	\$41.62

High PPO

Participant Only	\$53.50
Participant + One	\$116.05
Participant + Family	\$140.40

Low PPO

Participant Only	\$32.01
Participant + One	\$68.03
Participant + Family	\$82.34

UHC Vision Coverage

Monthly Contributions

Basic

Participant Only	\$5.16
Participant + One	\$9.57
Participant + Family	\$15.25

Enhanced

Participant Only	\$7.50
Participant + One	\$13.87
Participant + Family	\$22.11

Decide

How to Enroll

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

For COBRA 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 COBRA 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. 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/COBRA 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.

REMINDER All of your eligible 2022 benefit elections (medical, dental and vision) will roll over into 2023. If you do not wish to make any changes, no action is needed; however, we recommend that you review your current elections to ensure they still provide the coverage you need. Please remember that changes made during this period become effective **January 1, 2023**.

If you have any questions during the Open Enrollment period, please contact the Benefits Call Center at **(866) 365-2413**.

Enrollment Deadline

October 28, 2022 is the LAST day to make changes for 2023.

IMPORTANT

Open Enrollment is the only time you can make changes to your benefits or covered dependents unless you experience a qualified life event.

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 (Advocate4Me)	(877) 706-1739 • myuhc.com (800) 846-4678	Group# 730193
Dental		
Aetna	(877) 238-6200 • aetna.com	Group# 622758
Prescription Drug		
CVS Caremark	(877) 357-4032 • caremark.com FastStart for maintenance prescriptions (800) 875-0867	Group# RX6475
Vision		
UnitedHealthcare Vision	Customer Service: (800) 638-3120 Provider Locator: (800) 839-3242 myuhcvision.com	
GW Departments		
Benefits Call Center	(866) 365-2413	
GW Benefits	(571) 553-8382 • hr.gwu.edu/benefits	

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