



International Travel (Non-Business) On The Horizon?



Here Is What You Need To Know



Benefits

Medical Coverage:

Both of GW's medical plans, the PPO and HSP, provide coverage for covered members while traveling outside the United States.

- Eligible Expenses for services incurred while outside the United States are reimbursed at the out-of-Network benefit level and are subject to the Annual Deductible.
- Emergency services received outside the United States will be paid at the network benefit level subject to the Annual Deductible.
- Members receiving treatment while traveling outside the United States, must pay for the services up-front and then submit a [claim form](#) along with the receipt and an itemized bill from the provider to United Healthcare for reimbursement. Payments issued will be based on the conversion rate to USD on the date of service listed on the claims.

NOTE: Itemized bills from the provider must be provided in English.

For details on the procedures for filing a claim, please review your SPD and (refer to Section 9, Claims Procedures).

Prescription Coverage:

Vacation override (maintenance medications):

When a participant is going to be out of the country for an extended period, we recommend contacting CVS Caremark customer service at the number listed on the back of their CVS ID card (1-877-357-4032). The participant will then be connected to a representative who can assist them in requesting vacation overrides for any maintenance medications prescribed so they can obtain them before traveling outside the country since US law prohibits shipping medications out of the country.

In the event that you need to purchase medication outside of the U.S., CVS Caremark asks that you keep a receipt that lists the medication name and purchase price. Participants are then able to submit a prescription claim online via Caremark.com or through the CVS Caremark App. Participants may also submit a prescription reimbursement [claim form](#) through the mail.*

**All claims are subject to review, and reimbursement is not guaranteed.*

Vision Coverage:

Both of GW's vision plans, basic and enhanced; provide coverage for covered members while traveling outside the United States.

- Eligible Expenses for services incurred while outside the United States are reimbursed at the in-network benefit level and are subject to the same plan requirements including the annual calendar year benefit maximum.
- Members receiving treatment while traveling outside the United States, must pay for the services up-front and then submit a claim form along with the receipt and an itemized bill from the provider noting it is a foreign claim to United Healthcare Vision for reimbursement.

- Payments will be made in U.S. currency and dispersed to the U.S. address of the Subscriber. UHC Vision makes no guarantee on value of payment and will not protect against currency risk. Currency valuations for payment liability will be based on exchange rates published on the date the Vision Care Services were rendered.
- All [claim forms](#) for non-Network services must be submitted to UHC Vision within 12 months after the date of service.

Dental Coverage:

The Aetna PPO and DMO plans provide coverage for covered members while traveling outside the United States.

- DMO Plan: Emergency out of country coverage is provided on a reimbursement basis for palliative* care only. Members pay the out-of-country provider for their emergency palliative care. To request reimbursement, members need to submit the claim form with the receipt or billing statement issued by the provider to Aetna. Aetna will reimburse members for services based on emergency coverage provided by the plan and allowed in-network rate. Exchanges and/or translations (if required) are handled by Aetna when the claim is received.
- PPO Plans: Both of GW's dental PPO plans provide overseas coverage for urgent and non-urgent dental services. Members pay the out-of-country provider for dental care services. To request reimbursement, members need to submit the claim form with the receipt or billing statement issued by the provider to Aetna. Aetna will reimburse members for services based on emergency coverage provided by their PPO plan at the allowed in-network rate. Exchanges and/or translations (if required) are handled by Aetna when the claim is received.

NOTE: Claims will process as of the currency exchange rate on the date of service, not the claim processing date.

- *Treatment to temporarily relieve pain, swelling or bleeding, e.g., a sedative filling, a pulpotomy, or a simple extraction. Services not considered palliative care include, crowns, root canals, and fillings.
- All [claim forms](#) for non-Network services must be submitted to Aetna within 27 months after the date of service.

Travel Assistance:

TravelConnectSM is a comprehensive program that can bring help, comfort, and reassurance if an employee or their eligible dependent(s) faces a medical emergency while traveling 100 or more miles from home. The program includes coordinating and providing transportation to the nearest medical facility if the current facility is inappropriate to treat the medical condition, monitoring medical care and recovery, and coordinating travel and airfare home once an employee or their eligible dependent is deemed medically stable for safe transport.

GW employees, as well as the employee's eligible dependents, who are covered under group life and/or AD&D insurance policies issued by Lincoln Financial are eligible to use TravelConnectSM services. For a list of services included in this coverage as well as helpful resources, please visit the [Benefits website](#).

We Are Here To Help

For questions regarding the information above, please contact GW Benefits at benefits@gwu.edu or (571) 553-8382.

