

2024

Benefits Tips & Reminders for the New Year

Maximize Your Health & Well-being



Be Well



Stay Healthy



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Supporting Employee Well-being



As a GW employee, you have access to a number of different resources and tools to improve and maintain a healthy lifestyle. In 2024, we invite you to explore and engage with our four pillars of [well-being](#) including emotional, financial, social, and physical.

Emotional -

- Employee Assistance Program (EAP) & Talkspace
- Headspace

Financial -

- TIAA & Fidelity Retirement Counseling & Educational Webinars
- Castlight*
- Employee Discounts

Social -

- Bright Horizons Family Care

Physical -

- Active & Fit Direct
- Quit For Life
- Healthy Pregnancy Program (UHC)*
- Real Appeal*
- SimpleTherapy*

*These benefits are available at no cost to those enrolled on a GW medical plan.



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MEDICAL UnitedHealthcare

For 2024, if you elected to **continue medical coverage** in the GW Health Savings Plan (HSP) or the GW PPO, your 2023 UnitedHealthcare (UHC) ID card will remain valid. You will not receive a new UHC ID card for 2024.

If you elected to **change medical plans**, or if you are **newly enrolled** in the [GW HSP or the GW PPO](#) for 2024, you will receive a new healthcare ID card from UHC by January 1, 2024.

If you do not receive your new UHC ID card prior to your next visit to your healthcare provider, you may obtain a temporary ID card at [myuhc.com](#). You can also access an electronic version of your ID card on your smart phone or device through the UnitedHealthcare App.

Please note: Participants **must** register with UHC for online account access to review claim data and health information, print temporary ID cards and order additional/replacement ID cards.

Beginning January 1, 2024, new plan participants may register by visiting [myuhc.com](#) and selecting **"Register Now."**

Schedule a [virtual 1:1 meeting](#) with UHC to discuss your medical & vision benefits, or claims.

Contact 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).

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

- 1 Visit [myuhc.com](#).
- 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.
- 3 Select **"View & Print Member ID Cards"** from the box located under **"Health and Wellness."**
- 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."**

UnitedHealthcare Mobile App:



When you want to easily access your health information anywhere you go, the UnitedHealthcare app is your go-to. Download it today to get instant access to your health plan details.

Find care

- Find network care options for doctors, clinics and hospitals in your area.
- See reviews and ratings for doctors.
- Talk to a doctor by video 24/7.

Manage your health plan details

- Generate and share digital health plan ID cards.
- View claims and account balances.

Stay on top of costs

- Estimate the costs of common procedures.
- View your copay, annual deductible and out-of-pocket expenses.



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PRESCRIPTION CVS Caremark

If you **newly enrolled** in a medical plan for 2024, 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. You may also provide the following information to your pharmacy:

ID Number: Cardholder Social Security Number

Group Number: RX6475

BIN: 004336

PCN: ADV PCS

Please note: Participants must register online in order to access their account beginning January 1, 2024. After registration, you may print a temporary ID card.

To Register Online CVS Caremark:

- 1 Visit caremark.com.
- 2 Select **"Not Registered Yet."**
- 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.**
- 4 Create a username and password.
- 5 Review information and confirm.

Contact Information

CVS Caremark Online Customer Service: (800) 378-9442.

CVS Caremark Customer Service: (877) 357-4032. Available everyday, 8 a.m. - 8 p.m. ET.

To Print a Temporary ID Card:

- 1 Log into your online CVS Caremark account at caremark.com.
- 2 Select **"Profile"** at the top of the homepage.
- 3 On the left-hand side, under **"My Account,"** select **"Print My Prescription Benefit Card."** Then select **"Print Member ID Card"** under **"Update Your Profile."**

If you are unable to register online and would like to request a temporary ID card, please contact **CVS Caremark Customer Service.**

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 to 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.



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DENTAL Aetna

If you **changed or continued** your dental plan, or **elected new coverage** for 2024, 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**.

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, 2024, register at aetna.com by selecting “**Member Log In**” from the purple box located on the righthand side of the screen. Then select the “**Register**” box outlined in purple under “**Don’t have an Account**”.

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**.

To View or Print a Dental ID Card Online:

- 1 Log in to aetna.com.
- 2 Select your profile name in the upper right corner.
- 3 Select “**ID Card**”.
- 4 Select member’s name and card type (dental).
- 5 Select the print icon located under the ID card image.

Aetna Health Mobile 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
- Use the Contact Us feature for fast answers

To learn more, visit aetna.com/mobile.

*Standard text messaging rates apply.

Contact Information

For questions or to request an eligibility letter, please contact **Aetna Member Services** at (877) 238-6200.



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VISION UnitedHealthcare

If you **changed or continued** your vision plan, or if you **elected new coverage** for 2024, 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: The Plan code for the UHC Enhanced Plan is C1214. The Plan code for the UHC Basic Plan is C0904. Participants must register with UHC for online account access beginning January 1, 2024 to view claim activity and detailed benefit coverage, locate network providers and print a vision ID card (steps differ depending on your benefit elections).

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

How to Register:

If you are enrolled in a GW medical plan **AND** elected vision coverage:

- 1 Visit myuhcvision.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.
- 2 After logging in, select "**Coverage and Benefits**"
- 3 Select "**Vision**" from the "**On this page**" section on the left.
- 4 Under "**Vision**," select "**View Vision Plan**." This will redirect you to myuhcvision.com.
- 5 Select "**Print ID Card**" from the Main Menu.

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

- 1 Visit myuhcvision.com.
- 2 Select "**Register Now**."
- 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.
- 4 Once you are logged in, select "**Print ID Card**" from the Main Menu.

Contact Information

For assistance, please contact **UHC Vision Customer Service** at (800) 638-3120.

TIP! Health Advocate:

[Health Advocate](#) is the nation's leading independent healthcare advocacy and assistance company. It is staffed by registered nurses, medical doctors and is supported by benefits claims specialists who keep shared information confidential. As a special benefit paid for all employees by GW, it 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

Call **Health Advocate** at (866) 695-8622, visit the [member website](#), or download the [mobile app](#) for more information.



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CRITICAL ILLNESS

Voya

Get benefits for covered illnesses and conditions.

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition that happens on or after your coverage effective date. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

To explore your coverage and cost, review the [Voya Critical Illness brochure](#).

Your Critical Illness Insurance includes a wellness benefit. This is an annual benefit you and everyone covered on your certificate can earn by completing an eligible health screening test. The benefit payment you receive for your health screening test can be used to help pay for the cost of the test or however you like.

Wellness Benefit With Your Critical Illness Insurance:

\$50 For yourself & your covered spouse **+ \$50** 100% of the benefit amount for each covered child

Watch this [video](#) to see how to file a wellness claim.

Please note: The Group Policy Name for Voya Critical Illness is The George Washington University. The Group Policy Number is 739553.

How to file a claim via the Voya Claims Center:

- 1 Visit voya.com/claims and click on "Start a Claim".
- 2 Complete the questionnaire.
- 3 Download your claim form package, if applicable.
- 4 Complete the form package, if applicable, or go to the next step.
- 5 Gather additional documents as instructed on claim form.
- 6 Submit your completed and signed forms using your preferred method below:
 - Submit your claim [online](#) via secure upload and click on "Submit Your Forms".
 - **Mail** or **Fax** your submission using the information on the top of your custom claims form package.
- 7 Monitor your claim's status at voya.com/claims. If your claim is approved, your benefit will be paid within 10 business days.

TIP! Visit the [Employee Benefits Resource Center](#) for more plan information and to file a claim.

Contact Information

For assistance with claims, please contact **Voya** at **(888) 238-4840**.



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HOSPITAL INDEMNITY Voya

Get a daily benefit if you have an eligible stay in a covered medical facility.

Your Hospital Indemnity Insurance includes the following benefits:

- **Confinement Daily Benefits**

Benefits are payable upon admission on an inpatient basis to a covered facility for confinement as an inpatient due to treatment of an injury or sickness.

- **Confinement-Related Daily Benefits**

Additional benefits are payable on a per day basis for the same days an admission or a confinement benefit is payable. This applies to eligible employees and spouses only.

- **Non-Confinement Daily Benefits**

Payable on a per day basis for a maximum of once per calendar year for events where the insured is not confined to a hospital.

To explore your coverage and cost, review the [Voya Hospital Indemnity brochure](#).

If You Add A Child To Your Family:

- Hospital Indemnity Insurance Benefits are available if you have employee or spouse coverage and the individual is hospitalized for childbirth. Your newborn child(ren) may be covered as well.

If Child Coverage Is Effective Before The Child Is Born:

- Benefits will apply just as they would for any other child.

If Child Coverage Is Not Effective Before The Child Is Born:

- A one-time benefit of \$100 is payable for the newborn child's birth
- No admission benefit is payable.

How to file a claim via the Voya Claims Center:

- 1 Visit voya.com/claims and click on "Start a Claim".
- 2 Complete the questionnaire.
- 3 Download your claim form package, if applicable.
- 4 Complete the form package, if applicable, or go to the next step.
- 5 Gather additional documents as instructed on claim form.
- 6 Submit your completed and signed forms using your preferred method below:
 - Submit your claim [online](#) via secure upload and click on "Submit Your Forms".
 - **Mail** or **Fax** your submission using the information on the top of your custom claims form package.
- 7 Monitor your claim's status at voya.com/claims. If your claim is approved, your benefit will be paid within 10 business days.

TIP! Visit the [Employee Benefits Resource Center](#) for more plan information and to file a claim.

Please note: The Group Policy Name for Voya Critical Illness is The George Washington University. The Group Policy Number is 739553.

Contact Information

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FLEXIBLE SPENDING ACCOUNTS

Bank of America

If you **newly enrolled** in a Flexible Spending Account (FSA), you should receive your new debit card by January 1, 2024. 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 note: Participants **must register** with Bank of America for online account access. You may register for online account access once you receive your debit card.

2024 HCFSA dollars based on your annual election will be front loaded onto your debit card.

2023 Flexible Spending Account Reminders and Grade Period Extensions

All 2023 FSA funds processing and submissions for incurred claims will remain with PayFlex.

HealthCare FSA

2023 HCFSA expenses must be incurred no later than March 15, 2024. Per IRS regulations, unclaimed funds are required to be forfeited to the plan. The deadline to submit eligible claims incurred between January 1, 2023 and March 15, 2024, is April 30, 2024.

Dependent Day Care FSA

2023 DCFSA expenses must be incurred by December 31, 2023. Per IRS regulations, unclaimed funds are required to be forfeited to the plan. The deadline to submit eligible claims incurred between January 1, 2023 and December 31, 2023 is April 30, 2024.

Important: Claims for 2023 FSA expenses submitted to PayFlex **after April 30, 2024** will be considered ineligible.

Resources:

Getting started with your new Bank of America Account? [Check out these important details.](#)

Accessing the portal for the first time? [Here's how!](#)

Need to enter a claim on the portal or mobile app? [Learn More.](#)

Be sure to bookmark the [Learn Center](#) and [Account Holder Portal](#). Here you'll find information on how to make the most of your accounts including how to submit claims, invest your HSA, view your balance(s) and more!

Questions? The dedicated **GW Call Center at Bank of America** is available at **800- 838-1868** 24 hours a day /7 days a week.



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HEALTH SAVINGS ACCOUNT Bank of America

If you are a [GW Health Savings Plan \(HSP\)](#) participant and you **newly enrolled** in a [Health Savings Account \(HSA\)](#) for 2024, you will receive a debit card from Bank of America in the mail and a Welcome Kit.*

HSA and HCFSAs IRS Rules

Per the IRS, participants cannot have an HCFSAs and HSA at the same time. If you elected an HSA for 2024, and you have HCFSAs funds left in your account as of December 31, 2023, these funds will carry over and be available with PayFlex until March 15, 2024. The funds will then be forfeited.

In this scenario, if you chose/choose to elect an HSA, the earliest it will be effective is April 1, 2024. If you wish to have your HSA begin as of January 1, 2024, all 2023 HCFSAs funds must be used before December 31, 2023 (**account balance must be zero***). If you have questions regarding your current HCFSAs with Payflex, please contact **PayFlex Customer Service** at **(800) 284-4885**.

**If you have claims pending substantiation as of December 31, 2023 (even if your HCFSAs balance is zero), your HSA will be effective on April 1, 2024.*

Did you know your HSA Funds can be Invested?

Once you reach a minimum balance of \$1,000, you can open an investment account and invest your funds over \$1,000. More good news - the contributions, earnings and qualified withdrawals to these investment accounts are tax-free. [Bank of America](#) has more information on investing and an on-demand seminar to help you get started.

Resources:

Getting started with your new Bank of America Account? [Check out these important details.](#)

Accessing the portal for the first time? [Here's how!](#)

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GROUP LEGAL & ADDITIONAL INFORMATION Legal Resources

If you **newly enrolled** in the Legal Resources plan, you should receive a membership card by January 1, 2024. 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

To ensure that the benefit elections you made during Open Enrollment are accurate, please review your first 2024 paycheck.

After January 1, 2024, you can refer to your most current benefit confirmation statement to verify the deductions reported on your paycheck. Visit go.gwu.edu/enroll4benefits to access a copy of your confirmation statement.

Please note: You cannot make any changes to the 2024 benefit elections documented on your confirmation statement until the next Open Enrollment period unless you experience a Qualified Life Event (QLE).

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 situations are 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](#).

We Are Here To Help!

If you have any questions regarding GW's health and welfare benefit offerings, contributions or eligibility, please contact the **Benefits Call Center** at (833) 698-0324. The Call Center is available Monday through Friday, from 8 a.m. to 8 p.m. ET.

You may also seek assistance from **GW Benefits** by emailing benefits@gwu.edu or calling (571) 553-8382, Monday - Friday 8:30 a.m. - 5:00 p.m. ET.



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