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GW

BENEFITS GUIDE

MAXIMIZE YOUR HEALTH & WELL-BEING

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

Faculty and Staff

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Maximize *Your Health & Well-being*

The George Washington University's benefit program is designed to care for you/your family by continually exploring innovative options that offer security and support employees' unique needs. We strive to create a program that evolves as you grow through different life stages, offering a flexible selection of programs, which go beyond medical, life insurance and retirement options.

We aim to deliver a holistic program that builds a healthier you to include education advancement, time away to rest and focus on your personal interests as well as physical, social, financial and emotional well-being programs.

Our website tools and resources – including this Benefits Guide – are designed to help you make informed decisions about your benefits to help you maximize your health and well-being. Explore your choices in this guide and please be in touch if we can help you understand options to make the most use of your available benefits.

Benefits At-A-Glance

Your benefits are a partnership between you and GW. They are offered in a way that gives you choice and flexibility, so that you can choose the benefits that are right for you/your family. The following chart summarizes the benefit options available to you.

Benefit Type	Options
Medical Plans (Aetna Medical) Includes prescription drug coverage through CVS Caremark, and access to SimpleTherapy, Real Appeal, Tobacco Cessation, and Fertility, Family Building, Pregnancy, and Postpartum Support through Progyny	• GW Health Savings Plan (HSP) • GW PPO Plan • Waive Coverage
Dental Plans (Aetna Dental)	• High Option Dental PPO • Low Option Dental PPO • DMO (Dental Maintenance Organization) • Waive Coverage
Vision Plans (UnitedHealthcare)	• Basic Vision Plan • Enhanced Vision Plan • Waive Coverage
Health Savings Account (HSA) (Bank of America)	• Health Savings Account (HSA) with GW match
Flexible Spending Accounts (FSAs) (Bank of America)	• Health Care Flexible Spending Account (HCFSA) • Dependent Day Care Flexible Spending Account (DCFSA)
Life and Accidental Death & Dismemberment (AD&D) Insurance (Lincoln Financial)	• Basic Group Term Life Insurance • Basic Accidental Death & Dismemberment (AD&D) Insurance • Optional Employee, Spouse and Child Life Insurance • Optional Employee, Spouse and Child AD&D Insurance
Disability Insurance (Lincoln Financial)	• Voluntary Short-Term Disability (STD) Insurance • GW-Paid STD Insurance • Basic Long-Term Disability (LTD) Insurance • LTD Buy-Up Insurance
Voluntary Programs	• Critical Illness through Voya • Hospital Indemnity through Voya • Legal Resources Plan • Pet Insurance through Nationwide • Group Home and Auto Insurance through Liberty Mutual • Identity Protection through Allstate
Well-Being and Work-Life Programs	• Employee Assistance Program (EAP) • Health Advocate • Headspace • Active and Fit Direct • Tobacco Cessation Program* • Pregnancy, and Postpartum Support through Progyny* • Real Appeal* • Family Care Benefits including Back-up and Elder Care and Paid Parental Leave • Lerner Health and Wellness Center
Other GW Benefits	• SimpleTherapy* • Tuition Remission • Pre-Tax Transportation Benefits • Retirement Benefits

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

Helping You Make Your Decisions

In order to make the right benefit decisions for you and your family members, you need to be prepared. Here's a step-by-step list of actions you should take during the new hire enrollment period.

Enrollment Checklist

- ☐ **Step 1:** Review your current benefits and coverage levels using our GW Benefits Enrollment System, at **go.gwu.edu/enroll4benefits**.

- ☐ **Step 2:** Read this Benefits Guide and attend new hire orientation to understand your benefits for 2026. Please visit **hr.gwu.edu/new-employee-enrollment** for additional information.

- ☐ **Step 3:** Collect all necessary documentation (such as Social Security numbers) for eligible dependents that you wish to add to coverage. See page 6 for details on what documentation you need to submit.

- ☐ **Step 4:** Gather a summary of 2025 health and child care expenses to help you estimate next year's FSA elections (or HSA election if you enroll in the GW Health Savings Plan).

- ☐ **Step 5:** Log in to the GW Benefits Enrollment System at **go.gwu.edu/enroll4benefits** **within 30 calendar days** of your hire date to make your elections.

- ☐ **Step 6:** Update beneficiary information for your life insurance plans.

- ☐ **Step 7:** If adding a dependent to coverage, submit your dependent documentation to GW Benefits **within 30 calendar days** of your hire date. **PLEASE NOTE:** Dependent enrollment is pending until documentation is received and verified. You may upload documentation directly into the enrollment system or submit information by mail, fax or email:

Mail: GW Benefits
44983 Knoll Square, Suite 391
Ashburn, VA 20147
Phone: (571) 553-8382
Fax: (571) 553-8385
E-mail: **benefits@gwu.edu**

TIP: Health Advocate is available to assist you with making your 2026 health and welfare elections. See page 38 for more details.

REMEMBER: You have 30 calendar days from your date of hire to make your elections online.

Eligibility and Coverage Information

Full- and part-time faculty and staff in benefits-eligible positions are able to participate in the benefits described in this guide. To review eligibility by employee type and benefit, please review the benefits **eligibility chart**.

You may also enroll eligible dependents in certain benefits. **Eligible dependents** include:

- Your spouse;
- Your common-law marriage partner, as defined by state law;
- Your domestic partner;
- Your dependent children up to age 26 (regardless of marital status), including a biological child, stepchild, legally adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian;
- Your unmarried children age 26 or older who are mentally or physically disabled and who rely on you for support and care; and/or
- Children of a same-sex or opposite-sex domestic partner relationship, up to age 26 (regardless of marital status). **PLEASE NOTE:** Your domestic partner must also be enrolled in order to cover his/her child.

You may enroll eligible dependents in the following benefit plans:

- Medical
- Dental
- Vision
- Optional Spouse, Domestic Partner and Child Life Insurance
- Optional Spouse, Domestic Partner and Child AD&D Insurance
- Critical Illness
- Hospital Indemnity

Coverage Level Information

There are four coverage levels from which you can choose for medical benefits:

- Employee Only
- Employee Plus Spouse/Domestic Partner (this may include a common-law marriage partner)
- Employee Plus Child(ren) (this includes you plus one or more children)
- Employee Plus Family (this includes you, plus a spouse/domestic partner and at least one other dependent)

Domestic Partner Coverage

You may cover your same- or opposite-sex domestic partner for certain benefits. For Domestic Partner coverage, you must submit a "Declaration of Domestic Partnership" form verifying eligibility of your domestic partner. Forms are available on the Benefits website at **hr.gwu.edu/benefits-forms**.

IRS regulations mandate that the value of GW's contributions to healthcare benefits for domestic partners and their children be considered taxable income (also called imputed income) to the employee. **This means you will pay income taxes on GW's contribution towards your domestic partner's coverage.**

Documentation Verification for Dependents

GW needs to verify eligibility for dependent coverage to add dependents to your coverage. Please provide the documentation as outlined below to complete enrollment:

- Spouse – marriage certificate or a copy of last year's tax return
- Child – birth certificate or other proof of birth or copy of last year's tax return
- Common-Law Marriage Partner – Declaration of Common-Law Marriage Partner form
- Domestic Partner – Declaration of Domestic Partnership form

NOTE: GW reserves the right to require documentation of a dependent's eligibility status at any time.

Please submit your dependent documentation to Benefits **within 30 calendar days** of your hire date. Documents may be uploaded directly to the GW Benefits Enrollment System.

PLEASE NOTE: Dependent enrollment is pending until documentation is received and verified by Benefits.

Making Changes During the Year (Qualified Life Events)

In most cases, changes to your benefit elections can only be made during annual Open Enrollment. However, if you experience a Qualified Life Event (QLE), certain benefits may be changed, as defined by the plan documents, related to that event. For example, the birth of a child allows you to add your child to your medical coverage.

Qualified Life Events include:

- Marriage
- Divorce or legal separation*
- Birth, adoption or placement for adoption of an eligible child†
- Death of your spouse or covered child
- Change in your or your spouse's work status that affects benefits eligibility (for example, starting/leaving a job, changing from part- to full-time status, starting/returning from an unpaid leave of absence, etc.)
- A significant change in your or your spouse's health coverage, attributable to your spouse's employment
- A change in your childrens' eligibility for benefits (CHIP)*
- Becoming eligible for Medicare or Medicaid*
- Becoming eligible for domestic partner status in accordance with GW's Domestic Partner Policy

You **must** complete the steps below **within 30 calendar days** of the Qualified Life Event in order to make changes to your benefit elections. Changes are effective on the first of the month following completion of the following steps:

Step 1: Go online to your GW Benefits Enrollment System account to enter your Qualified Life Event (**go.gwu.edu/enroll4benefits**). Click on **Process a life event** in the **Find it Fast** section.

Step 2: Gather supporting documentation of the life event (as described on page 6.

Step 3: Send all supporting documentation to Benefits (as described on page 5.

*For divorce or change in medicaid/CHIP eligibility life events, you must complete the steps above **within 60 calendar days**.

For loss/gain of coverage events: If you or your dependent are losing/gaining health coverage as of the last day of a month, please send Benefits the supporting documentation in advance of the loss or gain in coverage date. This ensures there is no lapse or overlap in coverage.

For example, the other coverage is ending 11/30 and you wish to have GW coverage begin 12/1. You must provide your supporting documentation to Benefits no later than 11/30. You will then have 30 calendar days from the life event date to enter your online changes. If approved, the coverage changes will be retroactive to 12/1.

Coverage Start and End Dates

For most benefits, your coverage begins on the first day of the month following your date of hire. If you are hired on the first day of the month, your benefits begin on your hire date.**

Mid-year changes are effective on the first day of the month following submission of all documentation required as long as documentation is received within 30 calendar days of the Qualified Life Event.

†**Exception for birth, adoption or placement for adoption life events:** If you enroll a new child within 60 calendar days of the birth, adoption or placement for adoption, then the child's coverage will be retroactive back to the birth, adoption or placement for adoption date. If you enroll a new child after 60 calendar days, then coverage will be effective on the first of the month following the university's receipt of enrollment.

For most plans, benefits coverage ends on the last day of the month in which you are eligible. For specific details, please see your Summary Plan Description (SPD) on the Benefits website at **hr.gwu.edu/health-benefits**.

**Residents, please refer to the documents you received upon hire.

†Please see page 8 for Documentation Verification for Dependents.

Paying for Benefits

You and the university share the cost of most of your benefits. Your share of the cost is deducted based on your pay frequency in the chart below.

Pay Frequency:

Bi-weekly	12 Month	9, 10, 11 Month
26 Pay Periods	12 Pay Periods	9 Pay Periods

Your contributions for health and welfare benefits are made either on a before-tax basis or an after-tax basis, as outlined below:

- Medical, dental, vision and flexible spending and health savings account contributions are deducted **before taxes** are calculated.
- Optional life and AD&D insurance, long-term disability buy-up, voluntary short-term disability and group legal are deducted **after taxes** are calculated.

NOTE: In limited situations, a benefit deduction may be missed in your initial paycheck; most often, this is a result of payroll running before benefit elections can be uploaded to the payroll system, particularly if benefits are elected towards the end of the new hire 30 calendar day enrollment period. Should this occur, missing deductions will arrear and a double deduction will be taken from a later pay date. Please contact Benefits with questions about your deductions: **benefits@gwu.edu** or **(571) 553-8382**.

Determining Your Benefits Salary

Your benefits salary is equal to the salary(ies) of your active benefits eligible primary and secondary positions. This benefits salary is used to determine salary-driven contributions as well as plan coverages and premiums, as applicable.

Costs

Your costs for each benefit depend on your benefits salary and coverage level. You can find specific rate information for 2026 beginning on page 42 of this guide and on the GW Benefits Enrollment System website at **go.gwu.edu/enroll4benefits**.

Using the GW Benefits Enrollment System

The GW Benefits Enrollment System is an online enrollment tool to help you make your benefits elections. You can access the system online at any time during your enrollment period. You will not be able to make changes to your benefits or covered dependents at any time in 2025 unless you experience a **Qualified Life Event.**

The GW Benefits Enrollment System Login Instructions for Active Faculty and Staff

How to use the GW Benefits Enrollment System:

1. Read this guide and consider your benefit needs for 2026. If you are enrolling a dependent† or beneficiary, please be sure to have his/her Social Security number, date of birth and address available to complete the enrollment process.
2. Go online to **go.gwu.edu/enroll4benefits**.
3. The GW Benefits Enrollment System has single sign-on capability. If you are logged in to a GW-provided computer with your UserID and password, you will automatically be directed into the system. If you are logging in from a personal computer, you will be prompted to enter your GW credentials (UserID and password) and you may be required to go through the GW multi factor authentication process. You will subsequently enter into the system.
4. After log in, please click the **Enroll Now** button to begin new hire or newly eligible enrollment. If you wish to process a Qualified Life Event, select **Process a Life Event** under **Find it Fast**.
5. Follow the prompts to make your benefit elections.
6. Enter your life insurance beneficiary information.
7. Print a confirmation statement, review it for accuracy and keep it for your records. If you are adding dependents, you can upload supporting documentation directly to the GW Benefits Enrollment System.

REMINDER! Health Advocate is available to assist you with making your new hire/Qualified Life Event plan choices. See page 38 for details.

Confirming Your Elections

After you submit your enrollment elections and review the confirmation page, you are finished! We recommend saving the enrollment confirmation page as verification of your election choices.

IMPORTANT: During your new hire enrollment period (30 calendar days from date of hire), you can access the GW Benefits Enrollment System as often as you like. The elections on file as of the enrollment deadline will be your final coverage for 2026.

DON'T FORGET to designate a beneficiary to receive your life insurance benefits.

†Documentation Verification for Dependents

If you are adding a dependent to coverage as a new hire or as a result of a mid-year life event, you must provide supporting documentation to complete enrollment. Supporting documents can be uploaded directly to the GW Benefits Enrollment System.

If adding a dependent, please provide:

Spouse (Same-Sex and Opposite-Sex) – marriage certificate or a copy of last year's tax return

Child – birth certificate or other proof of birth or a copy of last year's tax return

Common-Law Marriage Partner – Declaration of Common-Law Marriage Partner form

Domestic Partner (Same-Sex and Opposite-Sex) – Declaration of Domestic Partnership form

If you are making a benefit change due to a Qualified Life Event, you must also provide documentation supporting this event.

Manage Your Benefits Throughout the Year

The GW Benefits Enrollment System does more than just capture your new hire benefits choices. You can use the system at **go.gwu.edu/enroll4benefits** to find information to manage your benefits throughout the year.

To review your benefits during the year, login at **go.gwu.edu/enroll4benefits** and select **Your Current Benefits** under **Benefits Resources**.

You can also find benefit summaries and costs, vendor contact information, Summary Plan Descriptions and more on the **Benefits website**.

On the Go?

Download the mobile app, enter our company code GWbenefitscenter, along with your GWID and password (date of birth in MMDDYYYY format) and take your GW benefits with you wherever you go.

Your Medical Options

In today's world, it's more important than ever to be in control of your healthcare choices. Take an active role in making the right coverage decisions for your personal situation. Making good decisions about your care—from choosing the coverage that meets your healthcare needs to requesting generic prescription drugs—is essential to getting the most out of every healthcare dollar you spend.

When considering your healthcare options, look beyond the per-pay-period cost and consider whether you're getting the coverage that is right for you and your family.

Important Terms

- **Benefits Salary:** Sometimes referred to as a benefits eligible salary, the salary(ies) of your active benefits eligible primary and secondary positions.
- **Coinsurance:** The percentage you pay for the cost of covered healthcare services, after you meet your deductible. For example, if your plan has coinsurance of 20 percent and you have already paid the deductible, the plan pays 80 percent of the costs and you pay 20 percent.
- **Copay:** A set amount (for example, $30) you pay up-front for a covered healthcare service.
- **Covered Services:** Those services deemed by your plan to be medically necessary for the care and treatment of an injury or illness.
- **Deductible:** The amount you pay out-of-pocket before the plan starts to pay. For example, the GW PPO requires a $750 deductible for an individual using in-network services; this means that you pay the first $750 in medical care you use.

  ⬇ Low Deductible = ⬆ Higher Premium
  ⬆ High Deductible = ⬇ Lower Premium

  PLEASE NOTE: The deductible is not applicable to all services.
- **Formulary:** Sometimes referred to as a preferred drug list, a list of prescription medications that are covered by a pharmacy plan.
- **Generic:** An FDA-approved drug, composed of virtually the same chemical formula as a brand-name drug.
- **Out-of-Pocket Maximum:** The most you will pay for covered healthcare services in a year. Once you reach your out-of-pocket maximum, the plan pays 100 percent of your covered medical expenses for the balance of the year.
- **Premium:** The amount you pay for health insurance every month.

An **explanation of benefits (EOB)** is a statement sent by your health insurance company to explain what medical treatments and/or services were paid for on your behalf. These are not bills, so no payment is required; however, it's important to review your EOBs to gain a better understanding of the services paid for and the cost of care.

Aetna is a Self-Insured Plan

What does it mean to have a self-insured plan?

A self-insured plan means the university pays the claims. Aetna processes the claims from health providers for GW faculty and staff. The university does not receive any private medical information or details about claims incurred.

Our premiums for the medical plans are based on our claims experience. High volume and/or high cost claims in a year directly impact the premiums we pay as participants in the following year.

But you can help. When you choose generic medications, stick with your healthy regimens and get preventive screenings, you generally incur less in claim costs, which directly impacts next year's premiums.

Choosing a Plan

We know you want the best benefit coverage with the fewest obstacles between you and your healthcare. With two different medical plan options, you can choose what is best for you and your family. You also have the option to waive coverage from GW if you have coverage from another source.

Aetna is our sole provider of medical plans. Our partnership with Aetna provides you with many "perks," such as:

- Both plans offer a national network – you can locate a provider or facility in any of the 50 states.
- Both plans are open access – no Primary Care Physician (PCP) referrals required. Simply choose a provider within the network for benefits at the in-network level.
- Electronic tools are available 24 hours a day, seven days a week at **www.aetnaresource.com/n/George-Washington**. Your personalized website features tools designed to help you. You can find, price and save on care by comparing costs for providers. Get get from anywhere with Virtual Visits and access all claim details.

The GW Health Savings Plan with Health Savings Account

GW's Health Savings Plan (HSP) with the Health Savings Account (HSA) is a different approach to how you pay for today's healthcare and save for your future. The GW HSP is a lower-premium, high deductible health insurance plan, which means you pay less out of your paycheck for premiums and more out-of-pocket at the point of care—before the plan pays for services that are not considered preventive GW's HSP meets the federal requirements that allow an enrollee to also qualify for a tax-advantaged HSA.

There are a few key features of the GW HSP with HSA to consider:

The Health Plan:

The HSP provides you the flexibility to receive care from both in- and out-of-network providers (you'll pay more for out-of-network providers).

In-network preventive care services are covered at 100 percent, meaning that you do not pay for this type of service (as defined by the plan). Preventive medications also covered at 100 percent. Learn more at **hr.gwu.edu/medical_benefits**.

For all other services, you are responsible for paying the full cost of care (medical and prescription) until you reach the plan's annual deductible. You are then responsible for a portion of the cost of care (your coinsurance) until you reach the plan's out-of-pocket maximum.

PLEASE NOTE: The GW HSP has a combined medical and prescription deductible, meaning that you are responsible for paying the full cost of medical care and non-preventive prescriptions up to the deductible before coinsurance applies. The out-of-pocket maximum is also a combined limit.

The HSA:

When you are covered by a high deductible health plan like the GW HSP, you are eligible to participate in a Health Savings Account (HSA)*. An HSA is an investment tool that helps you save for healthcare expenses, including deductibles and coinsurance. Contributions to your HSA account are pre-tax, and any interest earned on the account is tax-free.

In 2026, you may contribute (via payroll deduction) up to $4,400 to your HSA if you have individual coverage, or up to $8,750 if you are covering yourself and additional family member(s). If you are age 55 or older, you may contribute an additional $1,000 to your HSA.

Contributions to your HSA roll over from year to year, and accumulate if not used. You may use HSA funds to pay for any qualified health expenses incurred after the account is opened.

You may pay bills directly via the HSA, or you may use the HSA to reimburse yourself for payments that you make. Payments and withdrawals made from your HSA to cover qualified healthcare expenses are tax-free.

Did You Know?

You have the opportunity to invest some of your HSA dollars once you meet the investment threshold of $1,000 (any dollars over the threshold can be invested). For a list of qualified expenses and information on investments, please visit **healthaccounts.bankofamerica.com/gwu.**

To be eligible for an HSA, you must meet the following criteria:

- You must be covered under a qualified High Deductible Health Plan (like the GW HSP)
- You cannot be covered under a non-HDHP along with the HSP (i.e. the GW PPO plan)
- You cannot be covered under your spouse's non-HDHP.
- Your spouse cannot have a Health Care FSA, other than a Limited Purpose FSA, if you elect an HSA.
- You cannot be claimed as a dependent on someone else's tax return.

Other insurance or accounts not allowed with an HSA:

- Part A and/or Part B Medicare (in some cases, drawing Social Security benefits automatically enrolls you in Medicare Part A)
- TRICARE or TRICARE For Life
- Any VA benefits used within previous three months, unless used for a service-connected disability

NOTE: HSA participants cannot participate in the Health Care Flexible Spending Account (HCFSA). However, if you enroll in the GW HSP and are NOT eligible for the HSA, you have the opportunity to participate in the HCFSA.

Withdrawals

- Qualified medical expenses include anything from doctor's office visits to dental or vision care to prescription medications. For a list of qualified expenses, visit **What Expenses Are Covered By My Health Account?** or consult IRS Publication 502, "Health Savings Accounts and Other Tax-Favored Health Plans," available at **irs.gov**.
- You can also use HSA funds to pay COBRA and long-term care insurance premiums, though health insurance premiums are not qualified.
- Withdrawals from your HSA for non-qualified expenses are taxable, carry a 20 percent penalty and must be added back into gross income, which is subject to income taxes.

GW HSA Matching Contribution

GW will make a tax-free matching contribution to your account. You must open an HSA through GW's third-party administrator, Bank of America, in order to receive this funding.
PLEASE NOTE: Any match due will be deposited into your HSA at the same time your first contribution is deposited.

If you have employee-only coverage:
For every $1 you contribution to your HSA, GW will match your contribution on a one-for-one basis up to $600!

If you are covering any dependents (spouse/domestic partner or children):
For every $1 you contribute to your HSA, GW will match your contribution on a one-for-one basis up to $1,200!

IMPORTANT: Your HSA contribution + GW's contribution ***cannot exceed*** the annual IRS limits.

Plan participants under the GW HSP will have access to a **Pregnancy and Postpartum program through Progyny.** See page 39 for more details.

No claims to process!

How do I access my HSA funds?

Three ways to pay for health care expenses using your HSA:

1. **Use your Bank of America Health and Benefit Account Visa® debit card—it's the easiest way to pay.** Simply swipe or insert your card at checkout or use it to pay bills from your providers.
2. **Pay the provider directly from the member website or MyHealth app.** Just like you pay other bills online, you can also go online to pay for your health care expenses with funds from your health account. A check will generally be mailed to your provider within 3 to 5 days.

   Recurring payments
   You can also schedule a payment to recur monthly or weekly. You can pick the day and select the start and end dates.

   Member website
   From the Home screen select "Send Payment" and follow the on-screen instructions to complete the submission process.

   MyHealth app
   Select "Make HSA Transaction" > "Distribution" > "Add a Payee" > follow the on-screen instructions.
3. **Reimburse yourself.** If you've already paid for qualified health care expenses out of your own pocket, you can reimburse yourself from the funds in your HSA.

   Member website
   From the Home screen select "Reimburse Myself" and follow the on-screen instructions to complete the submission process.

   MyHealth app
   Select "Make HSA Transaction" > "Distribution" > "Me" > follow the on-screen instructions.

Savings

- Tax-deferred interest earnings may be accumulated in your HSA.
- You can choose to invest some of your HSA dollars in mutual funds. Visit **hr.gwu.edu/hsa** for more information related to HSA investing.
- The HSA is yours and stays with you even if you change jobs, change healthcare coverage, become unemployed, move to another state or change marital status.

Contribute | Earn Interest | Save | Invest

The GW PPO Plan

The GW PPO Plan is designed to give you freedom and flexibility. You have the ability to visit your doctor of choice. When using a participating provider, you receive greater benefits, while coverage is also available for doctors and facilities that do not participate in the Aetna network. The national network is always at your fingertips! There's no requirement to select a Primary Care Physician (PCP) or to obtain referrals for specialty care; you simply select your healthcare provider of choice and benefits will be determined based on the status of the provider selected.

Please remember that most office visits with a participating provider are covered in full after a $30 copayment (or $50 copayment for a specialist). Most out-of-network services are covered at 60 percent of allowable charges after deductible.

In addition to comprehensive benefits, the GW PPO offers:

- Acupuncture
- Applied Behavior Analysis (ABA) coverage
- Copayments for PCP/specialty care ($30/$50)
- Gender Dysphoria coverage
- Hair prosthetic (up to $350 per year)
- Hearing aids and testing for adults and children
- In-network cochlear implant benefit
- In-network deductibles - $750 per individual, $1,500 per family
- Fertility, Family Building, Pregnancy, and Postpartum Support through Progyny
- The freedom to use out-of-network providers

Fertility and Family Building Benefits through Progyny

Under the GW PPO, employees are offered fertility and family-building benefits through Progyny, a leading fertility and family-building benefits solution. The Progyny benefit includes comprehensive fertility treatment coverage leveraging the latest technologies, convenient access to a network of top fertility specialists, and an integrated pharmacy solution for fertility medications. You also have access to unlimited personalized guidance from a dedicated Patient Care Advocate (PCA) through each phase of your family-building journey, including preconception and trying to conceive support, and adoption and surrogacy counseling. For more information, review the **benefit overview** and **welcome video** or call **833-233-0557** to speak with a PCS to discuss how Progyny can support you.

Plan Participants under the GW PPO will also have access to a **Pregnancy and Postpartum program through Progyny**. Please see page 39 for more details.

The Advantage of In-Network Services

When you select in-network providers, your money goes further because a greater portion of your care is covered by the plan. The great news is that Aetna has one of the largest networks in the nation.

The Aetna network is available to help meet your unique healthcare needs. This means that almost anywhere you are in the country, you'll be able to find a network provider or facility and receive the same benefit coverage level you would find at home. Whether your home is in Texas, the DC area, Colorado or almost anywhere else, your benefits travel with you. To locate a provider or place of service, visit **aetna.com**.

GW Medical Faculty Associates (MFA Tier)

Both GW medical plans include an MFA benefit coverage tier. When a medical plan participant visits an eligible MFA provider*, the participant pays a lower copayments and lower employee coinsurance. Please review the medical comparison chart on the next page for details.

GW employees can connect with **dedicated patient care coordinators** to schedule appointments with GW MFA providers by calling **(202) 677-6000**. These patient care coordinators are available during normal business hours.

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

Preferred Network for Imaging and Labs

GW has a preferred network for labs, x-rays and major diagnostics. When you go to an in-network freestanding facility or GW Hospital for these services, you will experience a lower overall cost. Visit **hr.gwu.edu/medical_benefits** to learn more.

TIP: Before you make your appointment, be sure to visit **aetnaresource.com/n/George-Washington** or call the toll-free member phone number on your healthcare ID card to find an in-network freestanding facility near you.

NOTE: GW Benefit programs such as Fertility, Family Building, Pregnancy, and Postpartum Support, Tobacco Cessation, Real Appeal, and SimpleTherapy are included at no cost to those enrolled on a GW medical plan.

Fertility, Family Building, Pregnancy, and Postpartum Support services vary based on medical plan type.

Comparing the Medical Plans

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

NOTE: *The GW medical plan offerings use the Aetna Choice POS II (Open Access) network.*

	GW Health Savings Plan (HSP)			GW PPO		
	MFA Provider†	In-Network	Out-of-Network	MFA Provider†	In-Network	Out-of-Network
Deductible						
Individual		$2,000	$3,000		$750	$2,000
Family		$4,000††	$6,000††		$1,500	$4,000
Out-of-Pocket Maximum (OOPM)†††						
Individual		$4,000	$6,000		$3,000	$6,000
Family		$8,000	$12,000		$6,000	$12,000
Coinsurance						
	After deductible: GW – 90% Employee – 10%	GW – 80% Employee – 20%	GW – 60% Employee – 40%	After deductible: GW – 90% Employee – 10%	GW – 80% Employee – 20%	GW – 60% Employee – 40%
Lifetime Maximum						
		Unlimited			Unlimited	
Office Visit						
Primary Care Physician (PCP)	After deductible: GW – 90% Employee – 10%	After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%	**$10 copay**	$30 copay	After deductible: GW – 60% Employee – 40%
Specialist	After deductible: GW – 90% Employee – 10%	After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%	**$25 copay**	$50 copay	After deductible: GW – 60% Employee – 40%
Virtual Visit*						
		After deductible: GW – 80% Employee – 20%			$10 copay	
Telehealth Visits**						
Primary Care Physician (PCP)	After deductible: GW - 90% Employee - 10%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	**$10 copay**	$30 copay	After deductible: GW - 60% Employee: 40%
Specialist	After deductible: GW - 90%, Employee - 10%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	**$25 copay**	$50 copay	After deductible: GW - 60% Employee - 40%
Imaging and Labs†††† *LabCorp and Quest Diagnostics will continue to be GW's preferred vendors for lab work.*						
		Preferred	Non-Preferred		Preferred	Non-Preferred
Diagnostic Test (x-ray, blood work)		After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%		After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%
Imaging (CT/PET scans, MRIs)		After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%		After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%

* Virtual visits are those provided by a CVS Health Virtual Visit Provider (e.g. Virtual Primary Care, Urgent Care, Behavioral Health.) Note: Participants are eligible to receive one preventive care visit through CVS Health Virtual Primary Care services at no cost.

** Telehealth Visits include medical and behavioral health care and are provided via phone or video by Primary Care Providers and Medical or Behavioral Health specialists. Copay or deductible/coinsurance apply.

† 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% Employee – 20%	After deductible: GW – 60% Employee – 40%	After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%
Outpatient	After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%	After deductible: GW - 80% Employee - 20%	After deductible: GW – 60% Employee – 40%
Urgent Care	After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%	$30 copay	After deductible: GW – 60% Employee – 40%
Emergency Room	After deductible: GW – 80% Employee – 20%	After deductible: GW – 80% Employee – 20%	After deductible: GW – 80% Employee – 20%	After deductible: GW – 80% Employee – 20%
Preventive				
Mammography*	100% for one preventive mammogram per year, based on American Cancer Society Guidelines			
Pap Test*	GW covers 100% if part of wellness exam	After deductible: GW – 60% Employee – 40%	GW covers 100% if part of wellness exam	After deductible: GW – 60% Employee – 40%
Prostate Exam*	GW covers 100% if part of wellness exam	After deductible: GW – 60% Employee – 40%	GW covers 100% if part of wellness exam	After deductible: GW – 60% Employee – 40%
Well Child and Well Adult Exams*	GW covers 100%	After deductible: GW – 60% Employee – 40%	GW covers 100% if part of wellness exam	After deductible: GW – 60% Employee – 40%
Applied Behavior Analysis (ABA)				
	Covered	Covered	Covered	Covered
Chiropractic Care				
	After deductible: GW – 80% Employee – 20% up to 60 visits per year (combined in- and out-of-network)	After deductible: GW – 60% Employee – 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% Employee – 40% up to 60 visits per year (combined in- and-out-of-network)
Acupuncture				
	After deductible: GW – 80% Employee – 20% up to 20 visits per year (combined in- and out-of-network)	After deductible: GW – 60% Employee – 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% Employee – 40% up to 20 visits per year (combined in- and out-of-network)
Fertility Benefits				
	Not Covered	Not Covered	Covered through **Progyny**	Not Covered
Breast Reduction Surgery**				
	Not Covered	Not Covered	Covered	Covered
Hearing Aids***				
	Not Covered	Not Covered	After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%

* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit **aetna.com** for additional details on ALL preventive care guidelines based on your age and sex.
** Covered when considered medically necessary. Note: Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary. For example, for services provided in the Physician's Office, a Copayment will apply to the office visit. All other services would be deductible and then co-insurance.
*** 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*				
Inpatient	Not Covered	Not Covered	Covered	Not Covered
Bariatric Surgery**				
	Not Covered	Not Covered	Up to $60,000 lifetime limit	Not Covered
Vision				
Up to one routine exam every 24 months Note: Materials are NOT covered	After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%	$30 copay	After deductible: GW – 60% Employee – 40%
Durable Medical Equipment (DME)				
	After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%	After deductible: GW – 80% Employee – 20%	After deductible: GW – 60% Employee – 40%
Prescription Drug Deductible				
	Included in overall plan deductible ($2,000 individual / $4,000 family)	N/A	N/A	
Prescription Out-of-Pocket Maximum				
Individual	Combined with medical	N/A	$3,600	$7,200
Family	Combined with medical	N/A	$7,200	$14,400
Preventive Drugs				
	Covered at 100%	N/A	Subject to coinsurance	
Retail Prescription Drugs				
Generic	After deductible: GW – 80% Employee – 20%	N/A	10% Coinsurance (Minimum $15, Maximum $30) 30-day supply	N/A
Brand Formulary	After deductible: GW – 80% Employee – 20%	N/A	20% Coinsurance (Minimum $30, Maximum $50) 30-day supply	N/A
Brand Non-Formulary	After deductible: GW – 80% Employee – 20%	N/A	25% Coinsurance (Minimum $60, Maximum $100) 30-day supply	N/A
Specialty under Brand Non-Formulary	After deductible: 30% for PrudentRx eligible specialty prescriptions filled at CVS Specialty, $0**** when enrolled in PrudentRx	N/A	30% for PrudentRx eligible specialty prescriptions filled at CVS Specialty, $0 when enrolled in PrudentRx	N/A
Mail-Order Prescription Drugs***				
Generic *Vacation Exception: Additional 30-day supply one time per year*	After deductible: GW – 80% Employee – 20%	N/A	10% Coinsurance (Minimum $37.50, Maximum $75) 90-day supply	
Brand Formulary *Vacation Exception: Additional 30-day supply one time per year*	After deductible: GW – 80% Employee – 20%	N/A	20% Coinsurance (Minimum $75, Maximum $125) 90-day supply	
Brand Non-Formulary	After deductible: GW – 80% Employee – 20%	N/A	25% Coinsurance (Minimum $150, Maximum $250) 90-day supply	

* Covered when considered **medically necessary**.
** Notification is required six months prior to surgery. Please contact Aetna for plan details.
*** Mandatory Maintenance Choice with Opt Out provisions apply. Please see page 22 for more information.
**** HSP participants must meet their combined medical/prescription deductible before the out of pocket cost will be $0.

Summaries of Benefits and Coverage (SBCs) provide additional plan coverage information - **hr.gwu.edu/medical_benefits**.

Getting the Most Out of Your Coverage

Effective use of your health coverage is about much more than seeing a doctor when you're sick—it's about managing your health in a smart way so you stay healthy.

For more information about the programs listed in this section, contact Aetna directly using the contact information on page 55 of this guide.

Primary Care

For routine, primary/preventive care or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor has access to your health history and medical records. You may also pay the least amount out-of-pocket when you receive care in your doctor's office.

TIP: The Aetna Concierge dedicated phone line is available at at 844-989-8811 to provide personalized 1:1 support, Monday through Friday, 8 a.m.– 6 p.m. local time.

The Aetna 24-Hour Nurse Line gives members ready access to registered nurses who can answer questions on variety of health topics.

Members can reach these nurses on a 24/7 basis via a toll-free phone number (800-556-1555) or through an email link on their Aetna.com member website.

The 24/7 telephone nurse line provides access to a nurse via toll-free number and video access service.

Convenience Care Clinic

Sometimes you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider a convenience care clinic. Convenience care clinics are often located in malls or some retail stores - such as CVS/pharmacy, Walgreens, Walmart and Target - and offer services without the need to schedule an appointment.

Services at a convenience care clinic may be provided at a lower out-of-pocket cost than at an urgent care clinic, and are subject to PCP office visit copays. Convenience care clinic services are generally available to patients 18 months of age or older. Services available may vary by clinic.

Typical conditions that may be treated at a convenience care clinic include:

- Common infections
- Minor skin conditions
- Flu shots
- Pregnancy tests

To find an in-network convenience care clinic near you, visit **Aetna.com**.

CVS Healths's Virtual Visits

As an Aetna medical plan participant, you have access to a network of care providers offering Virtual Visits by video. Consult with an in-network physician using real-time video technology to obtain a diagnosis for minor medical needs, including allergies, sinus and bladder infections, bronchitis and other conditions.

Most visits take about 10-15 minutes and doctors can write a prescription, if needed, which you may subsequently pick up at your local CVS/pharmacy.

Virtual Visits will cost you less than using an urgent care center and are offered to you as part of your GW health plan benefits. All other virtual visits will have the regular copays/deductibles applied. To access a CVS Health Virtual Visit provider, log on to **aetna.com** or download the Aetna Health App.

TIP: Telemental Health is available through your Aetna medical benefit. The service uses secure, video-calling technology to provide real-time access to a behavioral health professional, and the Aetna behavioral health provider network features a network of over 500K providers in all 50 states. Learn more or schedule a visit at **Aetna.com**.

Urgent Care Center

Sometimes you may need medical care fast. However, a trip to the emergency room may not be necessary. If you require urgent care outside your doctor's regular office hours, or you are unable to be seen by your doctor immediately, you may consider visiting an urgent care center. At an urgent care center, you can generally be treated for many minor medical problems faster than at an emergency room.

Typical conditions that may be treated at an urgent care center include:

- Sprains
- Small cuts
- Strains
- Sore throats
- Mild asthma attacks
- Rashes
- Minor infections

If you are unsure whether your condition requires a trip to the ER, call Aetna day or night: **(844) 989-8811**. Services available may vary by clinic. If you choose to use an urgent care center, make sure it is in-network by calling the toll-free number on the back of your healthcare ID card or by visiting **Aetna.com**.

Emergency Room

If you believe that you or your loved one may be experiencing an emergent medical condition, you should go to the nearest emergency room or call 911. Emergency services are always considered at the in-network benefit level.

If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at your doctor's office, a convenience care clinic or an urgent care facility.

Some examples of emergent conditions include:

- Heavy bleeding, large open wounds
- Sudden change in vision
- Chest pain and/or difficulty breathing, sudden weakness
- Trouble walking and any spinal injuries
- Severe head injury

Special Help for Chronic Conditions

A range of resources are available if you develop a chronic health condition. Disease management programs help you better control common conditions such as asthma or diabetes. If you are affected by a transplant, cancer or congenital heart disease, specialized resources can help with choosing the right medical center, finding a nearby hotel when you have treatment and more.

Online Resources

Get more from your health benefits with **aetna.com**:

Organize claims

- See the status of current claims
- View monthly statements
- See claims for your whole family in one view
- Print copies for your records

Find a doctor

- Search for a doctor or hospital in your area
- See which doctors meet stringent quality standards
- Evaluate hospitals on cost, quality and patient safety
- Find a mental health professional
- Get driving directions and print a map

Get the facts

- Learn more about personal coverage
- Check current eligibility
- Look up your deductible or out-of-pocket limit
- Improve your health
- Take a free confidential Health Assessment online, with recommendations for change
- Read up-to-date, trustworthy healthy lifestyle advice
- Use tools, quizzes and calculators on everything from aging well to world travel

Get help with decisions

- Learn more about health conditions or procedures
- Connect with a nurse via telephone by calling **(800) 556-1555**.
- Read up on common symptoms and what they might mean
- Explore various treatment options

TIP: Stay on top of health screenings for yourself and your family based on recommendations from the U.S. Preventive Services Task Force and the CDC at **aetna.com**. Create account, log in as a member. Navigate to the Health & Wellness tab and select Preventive Health Schedule.

Did you know?

Aetna Institutes® is a program that offers access to networks of high-performing hospitals, clinics and health care facilities that offer specialized care. These programs are:

Institutes of Excellence® for Transplant support, Infertility, and Pediatric Congenital Heart Surgery Institutes of Quality® for Bariatric, Cardiac, and Orthopedic Institutes of Quality for Behavioral Health Gene-based, Cellular and Other Innovative Therapies (GCIT®) Designated Networks

How to Choose a Medical Plan

Hi, I'm Jane!

Status: full-time employee
Plan: employee-only coverage
Annual Salary: $65,000

Jane tends to be healthy but takes one preventive medication for asthma that she fills four times a year through 90-day maintenance mail order.

Jane has a bad cold and decides to go to an in-network doctor. Jane has already had her yearly physical office visit and her well women's visit, during which she received eligible preventive screenings at no cost to her. This is the first time this year that she has gone to the doctor, and Jane hasn't met her health plan deductible. Later in the year, Jane visits a dermatologist.

Cost of Care	**Total Cost of Service**	**GW HSP**	**GW PPO**
Well adult office visit *routine physical and eligible preventive screenings*	$200	$0 *Covered at 100%*	$0 *Covered at 100%*
Well women's visit *routine physical and eligible preventive screenings*	$200	$0 *Covered at 100%*	$0 *Covered at 100%*
90 day prescriptions for generic preventive asthma medication filled four times	$640 *($160 per Rx)*	$0 *Covered at 100%*	$150
One primary care visit	$150	$150	$30
One generic antibiotic	$15	$15	$15
One specialist visit	$322	$322	$50
Total Cost of Care	**$1,527**	**$487**	**$245**

Cost of Coverage			
Total annual premium cost deducted from paycheck		$1,225	$1,827
Amount contributed by Jane to her HSA from paycheck*		$600	n/a
Amount contributed by GW to Jane's HSA		($600)	n/a
Jane's Total Costs *(Annual employee contributions & Cost of Care)*		**$2,312**	**$2,072**

*Jane saves $50 per month in her Health Savings Account (HSA) to pay for medical and prescription drug costs and maximize the GW match. GW matches her contributions of $600. After using her HSA to pay $487 for her cost of care, Jane carries $713 in her HSA over to the next year for future health-related costs.

Hi, I'm Robert!

Status: full-time employee
Plan: family coverage (spouse plus two kids)
Annual Salary: $100,000

Robert and each of his family members receive their yearly physical and annual preventive screenings, including their flu shots, at no cost.

Unfortunately, Robert's child is injured playing soccer and goes to the emergency room.

He receives a prescription for generic pain medication (filled at a retail pharmacy) and sees a specialist for a consultation a week later. Robert's spouse has high blood pressure, for which she receives a generic prescription that is filled four times a year through 90-day maintenance mail order. Robert himself is prescribed an anti-inflammatory medication to treat chronic shoulder pain; he fills his brand formulary prescription twice.

Robert's second child has allergies, for which she sees a specialist twice a year.

Cost of Care	**Total Cost of Service**	**GW HSP**	**GW PPO**
Four office visits *routine physical and eligible preventive screenings*	$1,200	$0 *Covered at 100%*	$0 *Covered at 100%*
One visit to the emergency room	$1,186	$1,186	$1,186
One generic pain medication	$25	$25	$15
90-day prescriptions for generic preventive high blood pressure filled four times	$640 *($160 per Rx)*	$0 *Covered at 100%*	$150
Three specialist visits	$966	$966	$150
30-day prescription for brand formulary anti-inflammatory medication filled two times	$300 *($150 per 30 day Rx)*	$300	$60
Total Cost of Care	**$4,317**	**$2,477**	**$1,561**
Cost of Coverage			
Total annual premium cost deducted from paycheck		$4,709	$9,147
Amount contributed by Robert to his HSA from paycheck*		$1,200	n/a
Amount contributed by GW to Robert's HSA		($1,200)	n/a
Robert's Total Costs *(Payroll Contributions & Cost of Care)*		**$8,386**	**$10,708**

* Robert contributes $100 each month (pre-tax) to his Health Savings Account (HSA) to pay for medical and prescription drug costs in order to receive GW's match of $1,200.

Your Prescription Drug Benefits

Prescription Coverage with the PPO Plan

When you enroll in the **GW PPO** medical plan option, you are automatically enrolled in the prescription drug coverage below 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 will be 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

The PPO prescription benefit also includes PrudentRx for **specialty medications**. This program is designed to lower your out-of-pocket costs by facilitating 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**.

How Your Prescriptions Are Covered

The table below provides an overview of how prescription medications are covered under the CVS Caremark plan:

	Retail	Mail-Order
Maximum Supply Per Order	30 days	90 days
Generic Drug	10% Coinsurance (Minimum $15, Maximum $30)	10% Coinsurance (Minimum $37.50, Maximum $75)
Brand, Formulary*	20% Coinsurance (Minimum $30, Maximum $50)	20% Coinsurance (Minimum $75, Maximum $125)
Brand, Non-Formulary	25% Coinsurance (Minimum $60, Maximum $100)	25% Coinsurance (Minimum $150, Maximum $250)
Specialty	30% Coinsurance for eligible PrudentRx specialty prescriptions filled at CVS Specialty; $0 when enrolled in PrudentRx.**	N/A
Vacation Exception	Additional 30-day supply, one time per year	N/A

* Formulary: Sometimes referred to as a preferred drug list, a list of prescription medications that are covered by a pharmacy plan.
** If a participant's specialty medication is not on the PrudentRx list, then the brand formulary or brand non-formulary plan design will apply

How Prescription Coinsurance Works:

- If the full drug cost is less than the minimum amount listed in the chart above, you pay the full drug cost.
- If the coinsurance calculation is less than the minimum amount listed in the chart above, you pay the minimum amount.
- If the coinsurance calculation is greater than the maximum amount listed in the chart above, you pay the maximum amount.
- If the coinsurance calculation falls between the minimum and maximum amounts listed in the chart above, you pay the coinsurance amount.

If your doctor writes you a prescription, here are some examples of how the plan will work when you arrive at the pharmacy:

Type	Coinsurance	If the Drug Costs…	You Pay…	Maximum you will pay for each drug…
Generic	10%	$180	$18	$30
Brand, Formulary	20%	$200	$40	$50
Brand, Non-Formulary	25%	$1,000	$100	$100
Specialty when Enrolled in PrudentRx	30%	$5,000	$1,500; or, $0 when enrolled in PrudentRx	$0

* If a participant's specialty medication is not on the PrudentRx list, then the brand formulary or brand non-formulary plan design will apply.

Prescription Benefits with GW HSP

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 (combined with medical; please see chart on page 15. After you meet the deductible, you will be responsible for 20 percent 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 the **Benefits website.**

NOTE: Maintenance Choice provisions apply to preventive drugs. After three 30-day retail fills, in order to continue receiving your maintenance prescription covered 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 and continue filling at your preferred pharmacy.

TIP: Checking your medication's coverage tier (generic, brand formulary and brand non-formulary) is helpful - sometimes medications change tiers. To check CVS Caremark at **(877) 357-4032**, visit **caremark.com/welcome-center** or download the CVS Caremark app.

PrudentRx for HSP Participants

The HSP prescription benefit also includes PrudentRx for **specialty medications**. This program is designed to lower your out-of-pocket costs by facilitating 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 **out-of-pocket** maximums for essential health benefit medications.

*HSP participants must meet their combined medical/prescription deductible before the out of pocket cost will be $0.

How to Enroll in PrudentRx

After enrolling in the GWU HSP 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**.

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 GET STARTED TODAY:

By Mail – Through the CVS Caremark Mail Service Pharmacy

- Ask your doctor to fax or call in 90-day prescription(s) to the CVS Caremark Mail Service Pharmacy toll-free at **(800) 378-0323 (by fax)** or **(800) 378-5697 (by phone).**
- Visit **caremark.com/welcome-center** to order 90-day prescription(s) online. If you have not registered yet as a member, it takes only a few minutes to do so. Click on the "Request a New Prescription" link to get started, and then follow the prompts as indicated.
- For help getting your 90-day prescription, please call CVS Caremark's FastStart Department toll-free at **(800) 875-0867**. Your prescription(s) will be mailed directly to your home. You will pay nothing for regular shipping. Please allow 10–14 days for Caremark to receive, process and mail your order. Expedited shipping is also available at a cost.

By Retail–Through Your local CVS/pharmacy

- Ask your doctor to call in your 90-day prescription(s) to a local CVS/pharmacy; or
- Call your local CVS/pharmacy to provide your prescription card information and arrange for your prescription(s) to be ready for pickup; or
- Bring your 90-day prescription(s) to your local CVS/pharmacy and provide your prescription card information.

To Opt Out of the Maintenance Choice Program

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

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

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.

Prescription Plan Programs and Features

Understanding the Prescription Drug Formulary

A drug formulary is a list of medications published by CVS Caremark. Medications on the list fall into one of the following three categories:

- **Generic:** An FDA-approved drug, composed of virtually the same chemical formula as a brand-name drug. Generic medications contain the same active ingredients as brand-name drugs, but cost less.
- **Brand, Formulary:** If a generic medication is not available for your condition, your doctor may prescribe a brand-name medication. Preferred Brand Drugs have been evaluated by physicians and pharmacists at CVS Caremark and are deemed to be the most cost-effective way to treat a specific condition. These are covered at a slightly higher cost to you than generic drugs, but at a lesser cost than the Non-Preferred Brand Drug.
- **Brand, Non-Formulary:** In the event that you require a prescription medication that is neither generic nor on the Preferred Brand Drug list, you will pay the highest out-of-pocket cost for a Non-Preferred Brand Drug.
- **Specialty Drugs:** Prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.

Using Generic Medications

Generic prescription medications are drugs that meet the same quality standards and are composed of virtually the same chemical formula as their brand-name equivalents, but generally have a lower copay. Anytime you receive a prescription, ask your doctor if a generic option is available and whether it's right for your condition. Doing so can save you hundreds of dollars.

Formulary (for Specialty and Non-Speciality Drugs):

The CVS Caremark pharmacy staff continuously reviews medicines, products and prices for the George Washington University. This helps GW make sure that the medicines (both specialty and non-specialty) that work well and are cost-effective become part of your drug benefit plan.

Certain drugs on the plan are not covered. These drugs all have covered, FDA-approved alternatives and/or equivalents that continue to be available to you. Should you choose to purchase a medication that is not covered, you will pay the full amount, unless a medical necessity Prior Authorization is obtained.

Exclusive Specialty

Specialty drugs are made available to you and your dependents exclusively via CVS Caremark Specialty Pharmacies or a local CVS Retail Pharmacy near you via the CVS Caremark Specialty Connect program. Because most pharmacies do not keep these expensive therapies on hand, members typically have to wait to receive their medication. By using CVS Caremark Specialty Pharmacies or a local CVS to obtain your medication, you have the option of having the medication shipped to your home or available for convenient pickup at a local CVS.

In addition, a Specialty Care Representative with expertise in your condition will perform outreach to you throughout the year

Specialty Guideline Management

Because of the complexity of treating conditions that require Specialty Drugs, these drugs will require Prior Authorization before they are covered by the plan. Your prescriber will need to answer questions about your diagnosis before the prescription can be filled. Once your doctor completes this authorization, your medication can be filled at a CVS Caremark Specialty Pharmacy or a CVS Retail Pharmacy via the CVS Caremark Specialty Connect program.

Personal Pharmacy Care

GW and CVS Caremark understand that serious health conditions – such as diabetes, high blood pressure and heart disease –can affect each person differently. People who take long-term medication to manage chronic conditions need personal attention and support to manage their health and stay on track with their medication. The CVS Caremark Pharmacy Advisor® program provides personal pharmacy care for adults (18 years of age or older) with diabetes, congestive heart failure (CHF), coronary artery disease (CAD), hypertension (high blood pressure), dyslipidemia (high cholesterol), COPD, Depression, Osteoporosis or Breast Cancer, and for adults and children with asthma.

With Pharmacy Advisor Counseling, you can look forward to a more individualized approach to care. Staffed with registered pharmacists and technicians, Pharmacy Advisor Counseling can be a valuable resource that helps you manage your medication and provides you with:

- Quick, confidential advice at your convenience
- Information about medications and how they work in your body
- Tips to help manage or avoid side effects from your medication
- Guidance to help you stay on track with your prescriptions

SimpleTherapy

SimpleTherapy is a musculoskeletal program available at no cost to GW medical plan participants and their eligible dependents (13 years +).

SimpleTherapy combines a comprehensive digital program with Live Physical Therapists to help you manage and prevent pain across 18 body parts including knee, hip, neck, shoulder, back, hand, and wrist.

Through 5-15 minute exercise therapy sessions and live PT consults, SimpleTherapy applies evidence based exercise therapy to address a wide spectrum of needs. This GW-sponsored program includes unlimited coaching support, and a care pack filled with tools to help address pain or prevent injuries.

SimpleTherapy's Core Digital Program

SimpleTherapy's Core Digital Program is available and accessible at any time, and at no cost, to employees and their family members (13 or older) enrolled in a GW medical plan. The program offers:

- Head-to-toe muscle and joint pain prevention and pain management programs.
- An initial 30–45-minute comprehensive virtual consultation with a licensed physical therapist.
- Unlimited coaching support.
- A care pack filled with items to speed your recovery.
- A diverse panel of board-certified physicians, chiropractors, and physical therapists to answer questions and evaluate a member's care plan throughout their journey.

SimpleTherapy's Telehealth Physical Therapy Services

For members that would like to enroll in SimpleTherapy's telehealth Physical Therapy services, you may pay a share of the cost in the form of a copay, annual deductible, or coinsurance. Here's how it works:

- Your initial virtual consultation with a physical therapist will help determine your eligibility for SimpleTherapy's telehealth physical therapy services.
- Members who are not progressing in SimpleTherapy's core digital program will have the opportunity to work with their physical therapist to evaluate the need moving to SimpleTherapy telehealth physical therapy services.
- Members will work directly with their Physical Therapist who will help them enroll and get started with their telehealth physical therapy visits.

What you can expect from your telehealth PT visit:

- Movement evaluation to determine your true problem.
- Education on why you are hurting and how to prevent it from reoccurring.
- Exercise prescription specifically to meet your needs.

How Do I Register for SimpleTherapy?

Benefits-eligible GW staff and faculty, and their dependents age 13 years and up, who are enrolled in a GW medical plan, can register at **simpletherapy.com/go/gw/**.

Your Vision Coverage Options

UHC Voluntary Vision Plan Options: Basic Plan vs. Enhanced Plan

GW offers a choice of **two voluntary vision plans** through UnitedHealthcare (UHC): Basic and Enhanced. The vision plans offer you the flexibility to see any provider you choose; however, you generally pay less when you use a UHC Vision provider.

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

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 and standard scratch-resistant coating and frame (or contact lenses in lieu of eye glasses). The chart below provides a summary of some of the in-network services and costs:

	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	$150
Retail Chain Provider	$130	$150

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 included when obtained from a network provider; under the Enhanced Plan, up to six boxes are covered.

Laser Vision Benefit for UHC Vision Buy-up

UnitedHealthcare Vision has partnered with QualSight LASIK surgeons to provide members with access to discounted laser vision correction providers. UHC Buy-up vision members receive up to 35% off national pricing. To learn more about laser vision correction, and to find a network surgeon, visit **uhc.qualsight.com** or call **1-855-321-2020**.

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, visit **member.uhc.com/myuhc**.

Please visit **hr.gwu.edu/vision-benefits** for additional details. To review 2026 contribution rates for Vision Coverage, please refer to page 50.

Your Dental Coverage Options

GW faculty and staff are eligible to choose from **three voluntary dental plan options** through Aetna: High PPO, Low PPO and DMO. The GW dental plans are **"stand-alone" plans**, so you can enroll in dental coverage whether or not you have medical coverage through GW.

Aetna Dental PPO Plans – High and Low Options

As with any PPO plan, the Aetna Dental PPO plans are designed to provide you with a greater level of coverage for using service providers within the Aetna network. Some coverage is available for providers outside the Aetna network; however, any services you receive from an out-of-network provider will be paid only at the "Reasonable and Customary" amount.

The High Option provides you with a greater level of coverage, and therefore carries a higher premium. The Low Option provides you with preventive and basic coverage and has a lower premium. The table below can help evaluate which of the PPO options may be right for you.

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 (Individual)	$50	$50	$50	$50
Annual Deductible (per Family)	$50 (max 3 per family)	$50 (max 3 per family)	$50 (max 3 per family)	$50 (max 3 per family)
Annual Maximum Coverage* (per person per year combined in- and out-of-network)	$1,500	$1,500	$1,000	$1,000
Preventive Care** oral examinations, cleanings, x-rays, etc.	100%	100%	100%	100%
Basic Care** silver/composite fillings, root canals, stainless steel crowns, some extractions, some oral surgery, general anesthesia, etc.	90%	80%	80%	70%
Major Care** inlays, onlays, crowns, full and partial dentures, denture repairs, pontics, implants*** core build-up, etc.	50%	50%	Not Covered	Not Covered
Orthodontia (adult and children; combined per member In- and out-of-network services)	50% (lifetime max $1,500)	50% (lifetime max $1,500)	Not Covered	Not Covered

* Under the Aetna High PPO or Aetna Low PPO plans, preventive care services do not apply toward your annual maximum or deductible.

** 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.

To review 2026 contribution rates for Dental Coverage, please refer to page 50.

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

Aetna Dental Maintenance Organization (DMO)

You also have the option of selecting coverage through the Aetna DMO, which provides benefits in a similar manner to an HMO medical plan. The DMO does not provide coverage outside of the Aetna network.

You must elect a Primary Care Dentist (PCD) from within the Aetna network to coordinate all of your dental care. To be effective on the first of the month, Primary Care Dentist (PCD) selections must be received by Aetna by the 15th of the month prior.

To schedule an appointment with your PCD, your name must appear on his/her monthly roster. If your PCD believes you need to visit a dental specialist, he or she will refer you to a specialist in the DMO network. There is no deductible to meet under the DMO, nor is there an annual maximum coverage amount. Office visits require a $5 copay.

Orthodontic services are available for both adults and children and require a $2,300 copay. Dental implant coverage is also included. **This is a fixed copayment plan, please refer to the Plan Summary document on the Benefits website for specific copayment amounts.**

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

Additional Cleaning for Medical Conditions and Pregnancy: Each of the three GW dental plans cover an additional cleaning or visit to treat gum disease if you have heart disease, diabetes or are pregnant. If you have one of these conditions or are pregnant please call the Aetna Dental Medical Integration Team at **(800) 779-3357**, Monday - Friday from 8 a.m. to 6 p.m. EST. A dental care coordinator will be happy to assist you.

To review 2026 contribution rates for Dental Coverage, please refer to page 50.

Flexible Spending Accounts

With Flexible Spending Accounts (FSAs), you can use pre-tax dollars to pay for certain allowed expenses. There are two different plans:

- The Health Care FSA (HCFSA) is used for eligible out-of-pocket healthcare costs.
- The Dependent Day Care FSA (DCFSA) is used for eligible dependent care expenses while you work.

You can choose to contribute to one or both of these FSA options. Here's how the plans work:

1. You decide how much you want to contribute to one or both FSAs for the calendar year.
2. Your contributions are then taken out of your pay in equal amounts each pay period before taxes are deducted.
3. You and your tax-qualified dependents incur eligible expenses.
4. You use your FSA Debit Card to pay for healthcare and/or dependent care expenses at participating locations, or file a claim online, via mobile app, via fax or mail for reimbursement.
5. Your reimbursements are paid to you tax-free.

Note:Your FSA elections do not carry over from year to year. You must re-enroll each year to participate.

Important: GW Health Savings Plan (HSP) participants who are NOT eligible for the Health Savings Account (HSA) may participant in the Heath Care FSA.

Advantages of FSAs

Flexible Spending Accounts are a great way to save money because your eligible expenses are paid using tax-free dollars. You don't pay federal, FICA or most state income taxes on contributions you make to the FSA. Depending on your tax bracket, you may save as much as $40 for every $100 you contribute to an FSA.

The following chart provides an overview of the Health Care and Dependent Day Care Flexible Spending Accounts. More detailed information can be found later in this section.

	How much you can contribute*	Examples of eligible expenses	For a complete list of eligible expenses
Health Care FSA	$100 to **$3,300**	Healthcare expenses not covered by your medical, dental and vision plans, including: • deductibles • copays • coinsurance	Go to **irs.gov** and see Publication 502
Dependent Day Care FSA**	$100 to **$7,500** (or $3,750, if you and your spouse file separate income tax returns)	Dependent care while you're at work, including: • day care • after-school programs • care in your home	Go to **irs.gov** and see Publication 503

* You cannot use Health Care FSA dollars to pay for dependent day care expenses, and vice versa. Each of these accounts is independent of one another.

**** PLEASE NOTE:** Dependent day care flexible spending account plans (DCFSA) are subject to Internal Revenue Code nondiscrimination requirements. Under the Code, DCFSAs must not discriminate in favor of highly paid and key employees with respect to plan eligibility, pre-tax contributions or benefits. Based on the result of the annual testing, the annual maximums of the highly compensated employees may be reduced to ensure the plan remains equitable.

FSA Administrator – Bank of America

The FSA plan administrator, Bank of America, will help you manage your accounts and claims processing. Bank of America provides many convenient services such as:

- Online account management (check account balances and order additional debit cards for your dependents)
- Online claims management (file new claims, review pending claims, see next claim payment date)
- Email notification when your claim is processed
- Educational materials and planning tools (such as calculators and listings of eligible and non-eligible expenses)
- Extended customer service hours available 24/7 by phone, or 8 AM to 7 PM EST with a live agent on the portal

To contact Bank of America with questions, or if you need to file a claim, use the contact information found on page 55 of this guide.

Health Care FSA Grace Period

Generally, you should try to use the money in your FSA during the year in which you make the contributions. However, the IRS (who governs the plans) has extended a 2-½ month grace period (from January 1st to March 15th of the following year) to incur eligible healthcare expenses, providing you more time to use up the money in your Health Care FSA account.

The grace period is not applicable to the Dependent Day Care FSA.

Filing 2026 Claims

The table below explains how to submit your claim for the 2026 plan year:

If your 2026 FSA enrollment is for…	Your eligible expenses should be incurred between…	Claims for reimbursement must be submitted to…	By the claim deadline of…
Health Care	January 1 or Your Coverage Effective Date (whichever is later) – March 15, 2027	Bank of America	April 30, 2027
Dependent Day Care	January 1 or Your Coverage Effective Date (whichever is later) – December 31, 2026	Bank of America	April 30, 2027

For questions regarding claims or claims filing, please contact Bank of America at **(800) 838-1868** or visit **healthaccounts.bankofamerica.com/gwu**.

Important IRS Regulations

Flexible Spending Accounts are subject to the IRS "use it or lose it" rule. This means that if you contribute more than the amount of your actual eligible expenses, you forfeit any money left in your account. Be sure to estimate your expenses carefully and be conservative when deciding how much to contribute.

FSA Tax Savings – An Example

Here's how the tax advantages of the FSA help you put extra money in your wallet. For the purpose of this example, this GW employee has an annual salary of $50,000 and FSA-qualified expenses of $2,750.

	Without the FSA	With the FSA
Annual gross pay	$50,000	$50,000
Contribution to the Health care FSA	- $0	- $2,750
Taxable income	$50,000	$47,250
Estimated taxes (25%)*	- $12,500 (50,000 x .25)	- $11,813 (47,250 x .25)
Healthcare expenses	- $2,750	- $2,750
Reimbursement from Healthcare FSA	+$0	+$2,750
Annual net income (taxable income minus taxes)	$34,750	$35,437.00
Pre-tax savings	$0	$687.00

***PLEASE NOTE:** The 25% (.25) tax rate is for illustrative purposes only.

Using the Health Care FSA

The Health Care FSA (HCFSA) covers certain out-of-pocket healthcare expenses allowed by the IRS for **you and your legal dependents**; this includes your spouse and your children.

You can be reimbursed from the HCFSA for any eligible expense not covered by your health plans (medical, dental and vision). This includes deductibles, copays, coinsurance, prescriptions, over-the-counter drugs, glasses, contact lenses and more.

For a complete list of eligible and non-eligible expenses, visit **irs.gov** and see Publication 502.

Using the Dependent Day Care FSA

You may use the Dependent Day Care FSA (DCFSA) to pay for eligible dependent day care expenses that allow you to work. If you are married, your spouse must also work, be a full-time student or be disabled.

NOTE: The DCFSA may not be used for healthcare expenses for your dependents.

Your DCFSA maximum election amount* depends on your tax status, as described in the table below.

If your tax status is…	You can set aside…
Single or married filing jointly	Up to $7,500
Married filing jointly and your spouse's employer offers a DCFSA Plan	Up to $7,500, combined in the two plans
Married filing separately	Up to $3,750

* Dependent day care flexible spending account plans (DCFSA) are subject to Internal Revenue Code nondiscrimination requirements. Under the Code, DCFSAs must not discriminate in favor of highly paid and key employees with respect to plan eligibility, pre-tax contributions or benefits. Based on the result of the annual testing, the annual maximums of the highly compensated employees may be reduced to ensure the plan remains equitable.

Expenses must be incurred to provide care for a qualified dependent, including:

- Your children under the age of 13 whom you claim as tax dependents (if you are divorced or separated, you may be able to claim reimbursement for childcare expenses you pay even if you cannot claim the child as an exemption);
- Your spouse who is physically or mentally incapable of self-care and who resides with you for more than half of the year; and/or
- Any other dependent that is physically or mentally incapable of self-care whom you can claim as a dependent on your tax return and who resides with you for more than half of the year.

Eligible dependent day care expenses include:

- Before and after-school programs;
- Care in your own home – or in someone else's home (as long as the caregiver isn't your dependent and is age 19 or older);
- Day care – at a licensed child or adult facility;
- Nursery school or preschool;
- Summer day camp;
- Housekeeper who performs dependent care duties; and/or
- Taxes paid toward a caregiver's wages.

For a complete list of eligible and ineligible expenses, visit **irs.gov** and see Publication 503.

Dependent Day Care FSA vs. Dependent Care Tax Credit

As you consider a Dependent Day Care FSA, think about what works best for you – the FSA or the dependent care tax credit provided by federal law. It is important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through an FSA. In some cases, the tax credit may provide more savings than an FSA.

Need help finding childcare? The GW Employee Assistance Program and Bright Horizons family care benefit can help. See page 39 for information on these and other well-being programs.

Bank of America offers a tool to help you determine the best way for you and your family to take advantage of the tax savings allowed by the IRS. You must decide to take advantage of an FSA through your employer or take the Federal Tax Credit when you file your income tax return at the end of the year. Follow the steps below to access this **tool**:

1. Visit **healthaccounts.bankofamerica.com/gwu**
2. Click on FSA resources > FSA basics > Calculate how much you can save with an FSA

PLEASE NOTE: This tool is meant for illustrative purposes only and does not replace the advice of your tax advisor. If you have questions about tax savings, you may want to consult a tax advisor.

Your Health Care and Dependent Day Care FSA Debit Card

If you enroll in the Health Care FSA:

Bank of America will issue you a debit card. This debit card is credited with your full Health Care FSA election amount for the year and allows you to pay for your eligible expenses as you incur them.

When you use your card for eligible healthcare expenses, be sure to purchase them separately from other non-eligible expense items.

If you enroll in the Dependent Day Care FSA:

Bank of America will issue you a debit card. This debit card is credited with your Dependent Day Care contributions as you make them throughout the year. (You must first contribute the funds to the Dependent Day Care FSA before you can access them.)

If you enroll in both the Health Care and Dependent Day Care FSAs:

Bank of America will issue you **ONE** card. This debit card will be credited with your elections/contributions as indicated above.

If your card is not accepted, simply pay for the eligible expense out-of-pocket and submit a claim and corresponding receipt for reimbursement.

You will be able to use your FSA debit card for eligible dependent care services provided by Day Care providers using Merchant Code (MCC) **8351 (child care services)** and **8211 (elementary and secondary school day programs)**. You must first contribute the funds to be able to access them.

KEEP YOUR RECEIPT

Even though you may use your Health Care FSA Debit Card to pay for eligible expenses, you should always save your receipts in case additional documentation is required.

Life Insurance Options

Basic Term Life and Accident Coverage

Most of us don't like to think about the necessity of life insurance; however, it is important that you take time now to make sure you have the right coverage for your personal situation. GW provides every benefits-eligible employee with:

- Basic term life insurance equal to your annual benefits salary, (rounded to the next higher multiple of $1,000, if not already an exact multiple) up to $500,000.
- Basic accidental death and dismemberment (AD&D) insurance equal to your annual benefits salary, (rounded to the next higher multiple of $1,000, if not already an exact multiple) up to $500,000.
- A death benefit of one month's salary is paid by GW to your beneficiary, if you die while an active employee.

Full-time faculty and staff, as well as part-time faculty and staff working at least 14 hours per week, qualify for basic life and AD&D insurance.

Life Insurance and Income Taxes

The university pays for your Basic Term Life and Accident coverage. The cost of life insurance coverage exceeding $50,000 is considered "imputed income" by the IRS. Imputed income will be reported on your W-2 form as part of your taxable income. If you wish to avoid imputed income, you may waive coverage over $50,000.

PLEASE NOTE: If you waive employer coverage over $50,000 initially, and later decide to change this election, you may need to provide Evidence of Insurability at that time (please see the Evidence of Insurability section to the right).

Additional Coverage Options

In addition to the basic coverage, you can purchase optional life coverage under GW's group policy through Lincoln Financial. You have the option to purchase:

- Optional life insurance coverage for yourself in increments of $10,000, up to a maximum of $1,000,000.
- Optional life insurance coverage for your spouse or domestic partner in increments of $5,000, up to a maximum of $500,000 or 50% of your coverage (whichever is less). **PLEASE NOTE:** You must have optional employee life coverage in order to elect coverage for your spouse or domestic partner; and
- Optional life insurance coverage for your dependent children up to age 26 in increments of $2,000, up to a maximum of $20,000 or 50% of your coverage (whichever is less). **PLEASE NOTE:** You must have optional employee life coverage in order to elect coverage for your dependent children.

You pay the full cost for all optional coverage, which may be subject to Evidence of Insurability (see section to the right).

You can also purchase optional accidental death and dismemberment (AD&D) coverage under GW's group policy through Lincoln Financial. You have the option to purchase:

- Optional AD&D insurance coverage for yourself in increments of $10,000, up to a maximum of $1,000,000. You may purchase AD&D coverage for yourself regardless of whether you purchase optional life coverage.
- Optional AD&D insurance coverage for your spouse or domestic partner in increments of $5,000, up to a maximum of $500,000 or 50% of your coverage (whichever is less). **PLEASE NOTE:** You must have optional employee AD&D coverage in order to elect coverage for your spouse or domestic partner; and
- Optional AD&D insurance coverage for your children up to age 26 in increments of $2,000, up to a maximum of $20,000 or 50% of your coverage (whichever is less). **PLEASE NOTE:** You must have optional employee AD&D coverage in order to elect coverage for your dependent children.

Evidence of Insurability (EOI)

Evidence of Insurability offers proof that you and/or your dependents are in good health. Coverage is dependent upon Lincoln Financial approving your EOI.

As a new hire, or newly eligible employee, you can elect up to the Guaranteed Issue (GI) without EOI as follows:

- Optional Employee Life Insurance GI is $500,000.
- Optional Spouse Life Insurance GI is the lesser of $50,000 or 50% of your optional employee life insurance.

Amounts elected above the GI will require EOI. (You will be enrolled in a maximum of $500,000 or $50,000 until the EOI is approved.)

If the coverage you selected requires EOI, you will be redirected from the GW Benefits Enrollment System to Lincoln Financial's portal to complete your EOI. The portal has single sign on capability so you will not need a separate log in to submit your EOI application. You can also access the EOI application directly at **go.gwu.edu/mlp**.

You have 30 calendar days from your hire or newly eligible date to submit your EOI application. Please select only the coverage(s) you selected during your enrollment when submitting your EOI application.

If Lincoln Financial requires supporting medical documentation to process your EOI application, you will have 60 calendar days from the date that Lincoln requests that documentation to submit the supporting documentation. Coverage will be effective on the approval date from Lincoln Financial.

You have 30 days from your date of hire or newly eligible date to complete your EOI. EOI received after this time period will not be processed. For additional details on the coverage available and to determine when EOI applies, please visit **hr.gwu.edu/EOI**.

Age Reduction

Please note that the GW Group Life Insurance and Accidental Death and Dismemberment Insurance policies (both basic and optional) include an age reduction clause. Your coverage continues; however, this means that the insurance coverage is reduced by certain percentages based on where you fall within the age bands. Please see the age reduction schedule below: As of January 1:

- If you are age 70-74, your coverage is reduced to 67% of the amount of coverage prior to age 70.
- If you are age 75-79, your coverage is reduced to 45% of the amount of coverage prior to age 70.
- If you are age 80-84, your coverage is reduced to 30% of the amount of coverage prior to age 70.
- If you are age 85 or older, your coverage is reduced to 20% of the amount of coverage prior to age 70.

For example: Salary: $67,500
Date of birth: 6/22/1954

If you remain in an active employment status, in 2025 (the year you turn 70) your coverage will reduce as follows:

1. For Basic Life and AD&D, round salary to $68,000.
2. Age reduction occurs the first of the year following your birthday; therefore, on 1/1/2025, your coverage would reduce to $45,560 (67% of your prior coverage). The $45,560 would remain in effect until the first of the year following your 75th birthday (1/1/2030), and then reduce again per the following schedule if you are still active:

   If age 75, $68,000 x 45% = $30,600
   If age 80, $68,000 x 30% = $20,400
   If age 85, $68,000 x 20% = $13,600
3. If you have spouse or dependent coverage, his/her coverage will be reduced based on your age as of January 1. You can verify your coverage, your spouse's coverage and/or your dependent coverage by logging on to **go.gwu.edu/enroll4benefits**. Select **Your Current Benefits** under **Benefits Resources**.
4. Finally, please note that upon retirement, a separate age reduction schedule applies as a retiree.

Designating Your Beneficiary

It is important to designate a beneficiary to receive your life insurance benefits.

To determine your benefits salary, please see page 7. To review 2026 contribution rates for Life and AD&D Coverage, please refer to page 51.

Disability Insurance Options

GW offers you disability insurance that can provide you with income in the event that you are ill or disabled and cannot work.
PLEASE NOTE: The employee must meet the definition of disability in order to qualify for benefits.

Short-Term Disability (STD) Insurance

The STD Program provides you with income replacement if you are unable to work due to a non-occupational disability after a defined period of time, called the benefit waiting period. (The benefit waiting period is included in the STD approval period.) Your benefits will replace up to a percentage of your benefits salary as provided in the group policy or program document.

GW offers three levels of coverage based on employee type and years of benefits eligible service:

1. Employee Paid Voluntary Short-Term Disability

- Part-Time Faculty and Staff – any years of benefits-eligible service
- Residents – any years of benefits-eligible service*
- Full-Time Faculty and Staff – less than two years of benefits-eligible service

2. GW Paid Short-Term Disability (50%)

- Full-Time Staff Only – two years of benefits-eligible service but less than five

3. GW Paid Short-Term Disability (100%)

- Full-Time Faculty – two or more years of benefits-eligible service
- Full-Time Staff – five or more years of benefits-eligible service

Staff	Eligible For	Benefit	Benefit Elimination Period (Calendar Days)	Premium Paid By
Part-Time Staff & Residents* (regardless of benefits-eligible years of service) and **Full-Time Staff** with less than 2 years of benefits-eligible service	Voluntary Short-Term Disability (must elect)	60% of benefits salary up to $3,000 per week and up to 150 days	14 days	Employee
Full-Time Staff with at least 2 but less than 5 years of benefits-eligible service	50% income replacement Short-Term Disability Plan (automatically enrolled)	50% of benefits salary up to 166 days	14 days	GW
Full-Time Staff with 5 or more years of benefits-eligible service	100% income replacement Short-Term Disability Plan (automatically enrolled)	100% of benefits salary up to 166 days	14 days	GW

* Residents: Please refer to your Resident manual for additional paid disability program offerings.

Faculty	Eligible For	Benefit	Benefit Elimination Period (Calendar Days)	Paid By
Part-Time Faculty (regardless of benefits-eligible years of service) and **Full-Time Faculty** with less than 2 years of benefits-eligible service	Voluntary Short-Term Disability (must elect)	60% of benefits salary up to $3,000 per week and up to 150 days	14 days	Employee
Full-Time Faculty with 2 or more years of benefits-eligible service	100% income replacement Short-Term Disability Plan (automatically enrolled)	100% of benefits salary up to 166 days	14 days	GW

For information on filing a claim for STD and more, please visit **hr.gwu.edu/short-term-disability**

If you choose not to enroll in Voluntary Short-Term Disability during your new hire enrollment period but enroll at a later time, you may be required to provide EOI. If required, coverage is dependent upon Lincoln Financial approving your EOI.

Long-Term Disability (LTD) Insurance

Basic LTD

All full-time faculty and staff receive basic LTD insurance after one year of employment (pre-existing conditions apply). Basic coverage provides you with 60% of your monthly benefits salary, up to a maximum of $10,000 per month, after 180 days of disability. Your benefit may be reduced if you receive Social Security or other income supplements while you are disabled.

The maximum duration of your benefit is determined by your age when you start receiving benefits.

If you have been on long-term disability for more than two years, you will be considered disabled if you are unable to perform any gainful occupation for which you are reasonably fitted by education, training or experience.

LTD Buy-Up Option

You have the option, as a full-time faculty or staff member, to elect a higher level of LTD coverage, known as the "Buy-Up" option. If you elect this option, your coverage provides you with 66$^{2}/_{3}$% of your monthly benefits salary, up to a maximum of $12,000 per month, after 180 days of disability.

To review 2026 contribution rates for Short-Term Disability and Long-Term Disability, please refer to page 52.

Voluntary Benefits

Critical Illness

Critical Illness Insurance through Voya provides a lump-sum payment if there is diagnosis of an unexpected covered medical condition for you or an eligible family member. Claims and documentation of the medical condition that meet the policy and certificate requirements will need to be provided directly to Voya.

Critical Illness insurance will complement, not replace your medical coverage, and will be paid directly to you in addition to GW's medical and disability benefits (if eligible and enrolled). Plan features include:

- You select your coverage amount from $10,000 or $20,000. Spouse/Domestic Partner coverage is also available in an amount equal to the selected employee benefit.
- Dependent coverage is available at 50% of the selected employee benefit.
- Additionally, covered plan participants receive an annual wellness benefit of $50 for completing an eligible health screening test.

For more information on cost and coverage visit the **Voya Critical Illness brochure**.

Enroll* online via the **GW benefits enrollment system**.

***PLEASE NOTE:** Enrollment is restricted to open enrollment, new hire, and life events.

Hospital Indemnity

With Hospital Indemnity insurance administered by Voya, you'll receive a fixed daily benefit if you or an eligible family member have a covered stay in a hospital, intensive care unit, or rehabilitation facility that occurs after your coverage effective date.

- You choose between the High or Low plan options and whether you wish to enroll eligible dependents.
- Benefit amounts are dependent on the type of facility and number of days of confinement.
- Claims and documentation that meet the policy and certificate requirements will need to be provided directly to Voya.
- No medical questions or tests are required for coverage.

Hospital Indemnity insurance is not health insurance and doesn't replace your medical coverage; instead, it complements it. The benefit payments go directly to you to be used however you'd like rather than straight towards medical bills and treatments you may need. Choose this supplemental health insurance for added protection and to get yourself back on track financially should a covered hospitalization occur.

For more information on cost and coverage visit **Voya Hospital Indemnity brochure**.

Enroll* online via the **GW benefits enrollment system**.

***PLEASE NOTE:** Enrollment is restricted to open enrollment, new hire, and life events.

Legal Resources® Plan

The Group Legal program, provided by the Legal Resources® Plan, is designed to give you access to a nationwide network of over 11,000 professional attorneys and provide protection against high legal fees.

PLEASE NOTE: Legal Resources will choose a law firm from the Legal Resources network closest to your home zip code. This exclusive network is made up of highly qualified law firms. Once your plan becomes effective, you may call your law firm directly with your legal need. If you would like to change your law firm, call **(800) 728-5768**.

You pay for coverage under this plan with after-tax contributions made through payroll deductions.

If you enroll in this benefit, you, your spouse/domestic partner and your eligible dependent children will have access to a broad range of legal services covered under the monthly fee. The following services are examples of legal matters covered at 100 percent:

- Contract/document review of personal legal documents
- General consultation and advice
- Will preparation, review and updates
- Uncontested domestic adoptions
- Real estate – buying or selling a home
- Traffic violations
- Elder law
- Consumer relations and credit protection
- Landlord/tenant issues
- Divorce (uncontested) and legal separation
- Civil actions as the plaintiff or defendant in District Court
- Refinancing

Any legal matter not fully covered will be at a 25 percent attorney fee discount, with one hour of free consultation. The following services are examples of legal matters provided at a 25 percent attorney fee discount:

- Child support
- Personal injury
- Contested family law issues
- Tax/IRS issues
- Small business matters
- Immigration
- Bankruptcy
- Pre-existing legal matters*

To enroll in the Legal Resources Plan, visit the GW Benefits Enrollment System at **go.gwu.edu/enroll4benefits**.

For more information and to identify network providers on the Legal Resources Plan, visit their website at **legalresources.com**.

NOTE: You may not cancel your membership in the plan until you've participated for at least 12 months.

* Pre-existing legal matters refer to matters requiring legal services that originated prior to the coverage effective date and involved either:

1. The commencement of any legal action or legal proceeding by or against Primary Member, including the issuance of a summons;
2. The prior retention by Primary Member of the services of another attorney or mediator; or
3. The signing of a real estate contract or separation agreement prior to membership.

Pet Insurance

The My Pet Protection suite of pet insurance plans, offered by Nationwide, can provide savings on veterinarian bills regardless of a pet's age. Visit any vet, anywhere, and enroll multiple pets in individual plans at an additional discount.

All members have access to a 24/7 Vet Helpline, which provides unlimited access to a veterinary professional via call, email or online chat. Coverage is also available for many exotic pets.

Get a fast, no-obligation quote today at **petinsurance.com/gw**. Or, by calling **(877) 738-7874** and mentioning the George Washington University.

PLEASE NOTE: You may enroll in or cancel pet insurance at any time during the year. Coverage will begin 14 days after enrollment. Payments for this voluntary program are made directly to Nationwide.

My Pet Protection

Up to 70% back on veterinary bills

- Accidents and illnesses
- Hereditary and congenital conditions
- Common illnesses, such as ear infections and diarrhea
- Prescription therapeutic diets and supplements
- Procedures/services, such as surgeries and X-ray

Already have Nationwide pet insurance?
Call **(877) 738-7874** and speak with a member of Nationwide's care team. Let them know you are a GW employee and they will apply the appropriate discounts to the policy.

Allstate® Identity Protection Pro Plus

Allstate Identity Protection offers GW employees a group rate on identity theft protection. 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.

Get alerts for credit inquiries, accounts opened in your name, compromised credentials and financial transactions. Services like Health Savings Account (HSA) reimbursements, tax fraud refund advances and a $1 million identity theft insurance policy mean Allstate won't let your finances suffer. A generous "under uoof/ under wallet" participant definition covers the entire family.

PLEASE NOTE: You may enroll in or cancel identity theft protection services at any time during the year. Coverage will begin immediately after enrollment. Payments for this voluntary program are made directly to Allstate.

Visit **myaip.com/gw** to enroll.

Other services include

- Dark web monitoring
- Rapid alerts
- High-risk transaction monitoring
- Tri-bureau credit monitoring
- Unlimited credit reports from TransUnion
- Annual tri-bureau credit report and assistance
- Credit freeze assistance
- Credit lock (adult and child)
- In-portal credit disputes
- Accounts secured with two-factor authentication
- Human-sourced intelligence
- Social media reputation monitoring
- Social account takeover monitoring
- IP address monitoring
- Digital wallet storage and monitoring
- Deceased family member coverage
- Data breach notifications

Group Home and Auto Insurance with Liberty Mutual

Participants receive preferred pricing on home and auto insurance packages, including discounts of up to 10 percent on auto and 5 percent on home, renters and condo insurance. For details, call **(800) 298-8947** or visit **libertymutual.com/gw-university** (Client ID# 135234).

Supporting Employee Well-being

Serving faculty and staff by investing in your health and well-being is a key component of our thriving community. As a GW employee, you have access to a number of different resources and tools that make improved well-being – physical, financial, emotional and social – easier.

Employee Assistance Program (EAP)

At some point in our lives, each of us faces a problem or situation that we can use help to resolve. When these instances arise, the employee assistance program (EAP) can help. The GW EAP powered by SupportLinc provides free, confidential support to help address life's challenges and demands that come with balancing home and work. EAP services offered include work-life solutions, financial, legal, and identify theft resource referrals as well as confidential counseling. You choose how you access care from in-the-moment support via phone and live chat to email, video counseling, textcoach, and in-person support. SupportLinc also provides online appointment scheduling in real time, vetted work-life referrals/resources, and more!

Financial And Legal Resources - Discover Your Best Options

You and members of your household have access to legal, financial and identity theft professionals who can help resolve issues and concerns that may arise in your life. To take advantage of these programs, call **(888) 881-5462** anytime, 24/7, for expert guidance and support that's free and confidential, or visit **hr.gwu.edu/eap**.

Lerner Health and Wellness Center Faculty and Staff Gym Membership

Getting in shape just got easier! Join the **GW Lerner Health and Wellness Center** at a **reduced membership rate** available to faculty and staff. Members have access to spacious free weights, weight machines, and cardiovascular fitness areas, as well as a suspended jogging track, a lap pool, and basketball and racquetball courts. The center's multipurpose room can be used for aerobics, dance, yoga, and other activities. If you choose, benefit-eligible employees may for the discounted gym membership via **payroll deduction**. **PLEASE NOTE:** You will need your GWorld to enter the facility.

Health Advocate

Get personalized help through the healthcare maze.

Health Advocate is a confidential free service for GW employees. As the nation's leading independent healthcare advocacy and assistance company, Health Advocate offers assistance with resolving insurance claim issues, seeking additional information about a recent diagnosis and comparing plans to find what's best for you and your family.

As a GW employee, you are automatically enrolled in Health Advocate (at no cost). You do not need to participate in a GW medical plan to utilize Health Advocate.

Health Advocate can help you:

- Find doctors, specialists, hospitals and treatments centers
- Find the health insurance plan that's right for you
- Untangle medical bills, uncover errors and negotiate fees
- Help estimate costs for medical procedures
- Locate eldercare and caregiver support resources

Call **(866) 695-8622** or visit **healthadvocate.com/gwu**. Your assigned Personal Health Advocate (PHA) begins the process of working on your issue, no matter how long it takes and is available for follow-up needs. Health Advocate is meant to supplement your basic health coverage by providing a range of services to smoothly facilitate your interaction with healthcare providers and insurers.

Health Advocate can help your extended family too!

Health Advocate is available to you, your spouse/domestic partner, dependents, parents and even your spouse's or domestic partner's parents at no cost to you!

Headspace

Headspace, the mindfulness app, is available to benefits-eligible faculty and staff at no cost. This daily tool provides 1000+ hours of meditation, sleep, movement exercises and kids programs to help you live your whole day happier and healthier.

Visit **hr.gwu.edu/headspace** for sign-up instructions and additional program details.

Active&Fit Direct™

GW employees are eligible for discounted gym memberships from the Active&Fit Direct™ program. Gain access to a network of 12,200+ fitness centers across the U.S. and 9,300+ workout videos at a discounted rate with no long-term contracts. Use the zip code search on the **Active&Fit Direct website** to see which fitness centers participate in your area.

To access more information about the Active&Fit Direct program, please visit **hr.gwu.edu/physical-well-being-programs**.

Tobacco Cessation Program

Quitting your smoking habit is challenging, but support is available to help you kick it. GW faculty and staff on a GW medical place, as well as eligible members of their households, can participate in the tobacco cessation program. Whether you smoke, use e-cigarettes or something else, the Aetna **Tobacco Cessation** program can help you say goodbye to tobacco or nicotine. Your wellness coach will be there for you at every step. Together you'll work on proven ways to quit, spot and manage your triggers for tobacco and nicotine use and find healthy ways to replace the feeling you get from nicotine.

Pregnancy, and Postpartum Benefits through Progyny

Plan Participants under the GW PPO and GW HSP will have access to a **Pregnancy and Postpartum program through Progyny**. Progyny provides ongoing support, guidance, and education for expecting parents and those newly postpartum. You'll have personalized, high-touch support from dedicated Pregnancy and Postpartum Coaches (PPCs) who are labor and delivery nurses, the ability to schedule virtual visits with lactation consultants and baby feeding experts to get a personalized feeding plan, and 24/7 access to an exclusive app. These consultations and educational resources are designed to empower you at each milestone and support your overall well-being. For more information, review the **benefit overview** and **FAQS** or call **833-233-0557** to speak with a PPC.

Real Appeal

Real Appeal is a weight-loss support program offered through both the GW HSP and GW PPO. (You must be a plan participant to join Real Appeal and meet eligibility requirements*.) This virtual program is based on weight-loss research studies commissioned by the National Institutes of Health. The program uses live online coaching and highly interactive weekly internet videos to drive small behavior changes week by week over the course of an entire year.

Participants can look forward to weekly online coaching sessions and tools, such as food and weight scales, a blender, countless healthy recipes, digital workouts, and more.

**Real Appeal is designed to support members who have a body mass index (BMI) at 23 or greater.*

NOTE: You are eligible to participate in Real Appeal when your GW medical benefits are effective.

Visit **gwu.realappeal.com** to enroll.

Work-Life Benefits

Family Care

The Bright Horizons Enhanced Family Supports™ is designed to support families at different stages. When accessing the Bright Horizons GW microsite you gain access to:

- In-center and in-home back-up care
- An Elder Care program to assist you in developing care plans for aging relatives.
- A Sittercity membership at no cost.
- Assistance with full-time nanny placement for a discounted cost.
- Other discounts with online tutors and more!

Registration

Visit the GW/Bright Horizons microsite and register to get started. You only need one log-in to access all Bright Horizons' programs. **hr.gwu.edu/family_care**

Paid Parental Leave

GW provides paid parental leave for eligible full-time staff, medical residents, postdocs and specialized faculty not eligible for the faculty parental childcare leave program. Paid parental leave covers up to six continuous weeks for the birth mother and/or partner, adoptive parent or foster parent. While on paid parental leave, employees continue to receive the same university benefits as when actively working, including annual and sick time accruals. For more details, please visit: **hr.gwu.edu/paid-time**.

Regular faculty should refer to the Parental Childcare Leave section in the Faculty Code.

GW Childcare options

GW partners with several childcare facilities in order to provide discounted tuition rates at centers in D.C., Maryland and Virginia.

For an updated list of childcare center tuition discounts, visit the Family Care page on the **Benefits website**.

Other GW Benefits

Tuition Remission

As a GW benefits-eligible employee, you, your spouse/domestic partner and your dependent(s) are eligible for the tuition remission benefit for courses offered at and billed directly by GW.

Employee Category	Employee Eligibility	Employee Benefit	Spouse/Domestic Partner/ Dependent Eligibility	Spouse/Domestic Partner/Dependent Benefit
Executive Staff **Full-Time Faculty** **Full-Time Staff** **Medical Resident** **Postdoc Associates**	First semester that starts on or follows date of hire	100% of: 6 spring credits, 6 summer credits and 6 fall credits	Same as employee	Tuition remission coverage for dependents is based on the employee's hire date and years of benefits-eligible service. <1 yr/service – not eligible 1 - 3 yrs/service – 75% 4 - 9 yrs/service – 90% 10+ yrs/service – 100%
Part-Time Staff	First semester that starts on or follows date of hire	100% of: 3 spring credits, 3 summer credits and 3 fall credits	Same as employee	Tuition remission coverage for dependents is based on the employee's hire date and years of benefits-eligible service. <1 yr/service – not eligible 1 - 3 yrs/service – 37.5% 4 - 9 yrs/service – 45% 10+ yrs/service – 50%

Tax Implications

The value of tuition remission benefits received for you and/or your eligible dependent(s) may be considered taxable income. Any taxable portion will be included in your compensation through payroll during the semester in which the courses are taken.

If you have questions about how tuition remission benefits may impact your tax situation, contact GW Benefits at **(571) 553-8382** or **tuition@gwu.edu**.

Benefit Coverage

The benefit covers only the cost of courses and not fees, charges or penalties. All university awards - including GW-funded scholarships, fellowships and grants - cannot be accepted in conjunction with payments received through the GW Tuition Remission benefit.

Exceptions may apply to students who meet eligibility for need-based awards as determined by the Office of Student Financial Assistance.

Tuition Remission Benefit Policy

More information about Tuition Remission benefit coverage, eligibility, and application deadlines is available at **hr.gwu.edu/tuition-remission**.

Transportation Benefits

Pre-Tax Transportation Benefit

SmartBenefits allows you to set aside pre-tax dollars from your paycheck and apply it to your WMATA SmarTrip card to pay for work-related commuting expenses including Metrorail, Metrobus, and Metro parking. You may elect payroll deductions in increments of $10, with a minimum of $40 up to the current maximum per month of $325 Transit and $325 Metro Parking. Visit the fares section of the WMATA site to estimate your cost. Contact WMATA with questions about your trips and parking.

You can also elect payroll deductions to purchase a SelectPass that allows you to ride Metrorail for one low monthly price for all of your regular commuting trips. The SelectPass must be purchased through WMATA by the 1st of the month manually each time, or select auto reload to automatically receive a new pass when the old pass expires.

Visit the **SmartBenefits** and **SmartBenefits Enrollment, Changes and Termination webpages** on the HRMD website for more information.

Non-Metro (DC) Transit

You can still participate in the SmartBenefits program and take advantage of pre-tax savings if you use area providers that do not currently accept the SmarTrip card. You may allocate your SmartBenefits to a personal account through Commuter Direct or Maryland Transit Authority (MTA) for providers such as MetroAccess, Virginia Railway Express (VRE), MARC Train Service and MTA Commuter buses (Eyre, Dillon and Keller). You are responsible for contacting the provider to set up this form of transit. the **How to use SmartBenefits Transit Allocation** section of the WMATA site at **www.wmata.com/business/smartbenefits/How-to-Use-SmartBenefits.cfm#allocation**.

Bank of America Campus and Occasional On-Campus Parking

The university offers all benefits eligible employees a pre-tax deduction for parking expenses up to the 2025 IRS limit of $325 per month. You may elect an amount based on your estimated monthly parking expenses by going to **go.gwu.edu/enroll4benefits**. Once funds have been deducted from your paycheck, you can then go to **healthaccounts.bankofamerica.com/gwu** to claim a reimbursement for accrued funds.

For questions regarding SmartBenefits, please contact Payroll Services at **(571) 553-8508**. For questions regarding the Bank of America Parking Reimbursement Program, including participation deadlines and reimbursement procedures, please contact GW Benefits at **(571) 553-8382**.

PLEASE NOTE: Contact Parking Services regarding the pre-tax on-campus parking benefit at **(202) 994-PARK (7275)**. You can also visit **transportation.gwu.edu**.

Retirement Benefits

The university provides you several options for saving for retirement, giving you control over how you direct your investments and save for your future.

You can access your retirement accounts(s) online at **NetBenefits.com/GW** (account management, Fidelity balances) or **tiaa.org/gwu** (TIAA balances), or by calling Fidelity Investments at **(800) 343-0860** or TIAA at **(800) 842-2776**.

403(b) Plan (Supplemental Retirement Plan)

Eligible employees may begin contributions to the **George Washington University 403(b) Supplemental Plan** at any time. The Plan allows you to make pre-tax and/or post-tax Roth contributions toward your retirement. You may contribute any percentage of your pay to the Plan, up to the annual IRS contribution limit.

401(a) Plan (Base and Matching Contributions)

GW employees who have completed two years of eligible service* at GW are automatically enrolled in the **George Washington University 401(a) Retirement Plan for Faculty and Staff**.

Once you are enrolled, GW contributes 4% of your eligible salary to an account on your behalf.

If you also participate in the 403(b) Plan, eligible employees will also receive a matching contribution from the university . Each year, GW will match 150% of eligible compensation you contribute to the 403(b) Plan, up to a maximum matching contribution equal to 6% of your eligible annual compensation.

*Prior employment at a college or university may be considered for meeting the two-year waiting period. Please see the Prior Employment Verification Form on the **Benefits website**.

IMPORTANT!
You need to decide how you want to invest your contributions and the university base and match contributions, if eligible. Please visit **NetBenefits.com/GW** to enroll in the 403(b) Plan, change your 403(b) payroll contribution percentage, change your investment provider or manage your Fidelity investment elections. To manage your TIAA investment elections, visit **tiaa.org/gwu**.

Contribution Rates

The charts below summarize your contribution rates for coverage in 2026.

Aetna Medical Coverage

Full-Time with Benefits Salary ≤ $35,000

	Monthly		Bi-Weekly		Paid Over 9 Months Monthly Contributions	
	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions
GW Health Savings Plan (HSP)						
EE	**$41.10**	$768.30	**$18.97**	$354.60	**$54.80**	$1,024.40
EE+SP/DP	**$128.16**	$1,571.64	**$59.15**	$725.37	**$170.88**	$2,095.52
EE+ Child(ren)	**$112.33**	$1,425.58	**$51.84**	$657.96	**$149.77**	$1,900.78
Family	**$199.39**	$2,228.93	**$92.03**	$1,028.73	**$265.85**	$2,971.91
GW PPO						
EE	**$54.22**	$851.06	**$25.02**	$392.80	**$72.29**	$1,134.75
EE+SP/DP	**$162.71**	$1,738.37	**$75.10**	$802.32	**$216.95**	$2,317.82
EE+ Child(ren)	**$142.96**	$1,577.08	**$65.98**	$727.88	**$190.61**	$2,102.78
Family	**$251.44**	$2,464.41	**$116.05**	$1,137.42	**$335.25**	$3,285.88

EE = Employee | SP/DP = Spouse/Domestic Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

Aetna Medical Coverage

Full-Time with Benefits Salary $35,000.01 – $50,000

	Monthly		Bi-Weekly		Paid Over 9 Months Monthly Contributions	
	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions
GW Health Savings Plan (HSP)						
EE	**$66.37**	$743.03	**$30.63**	$342.94	**$88.49**	$990.71
EE+SP/DP	**$207.02**	$1,492.78	**$95.55**	$688.97	**$276.03**	$1,990.37
EE+ Child(ren)	**$181.47**	$1,356.44	**$83.76**	$626.04	**$241.96**	$1,808.59
Family	**$322.13**	$2,106.19	**$148.68**	$972.08	**$429.51**	$2,808.25
GW PPO						
EE	**$98.98**	$806.30	**$45.68**	$372.14	**$131.97**	$1,075.07
EE+SP/DP	**$296.96**	$1,604.12	**$137.06**	$740.36	**$395.95**	$2,138.82
EE+ Child(ren)	**$260.93**	$1,459.11	**$120.43**	$673.43	**$347.91**	$1,945.48
Family	**$458.89**	$2,256.96	**$211.80**	$1,041.67	**$611.85**	$3,009.28

EE = Employee | SP/DP = Spouse/Domestic Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

Aetna Medical Coverage

Full-Time with Benefits Salary $50,000.01 – $90,000

	Monthly		Bi-Weekly		Paid Over 9 Months Monthly Contributions	
	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan–May and Sept–Dec	GW Contributions
GW Health Savings Plan (HSP)						
EE	**$102.13**	$707.27	**$47.14**	$326.43	**$136.17**	$943.03
EE+SP/DP	**$253.09**	$1,446.71	**$116.81**	$667.71	**$337.45**	$1,928.95
EE+ Child(ren)	**$225.73**	$1,312.18	**$104.18**	$605.62	**$300.97**	$1,749.58
Family	**$362.57**	$2,065.75	**$167.34**	$953.42	**$483.43**	$2,754.33
GW PPO						
EE	**$152.30**	$752.98	**$70.29**	$347.53	**$203.07**	$1,003.97
EE+SP/DP	**$456.87**	$1,444.21	**$210.86**	$666.56	**$609.16**	$1,925.61
EE+ Child(ren)	**$401.43**	$1,318.61	**$185.28**	$608.58	**$535.24**	$1,758.15
Family	**$706.00**	$2,009.85	**$325.85**	$927.62	**$941.33**	$2,679.80

EE = Employee | SP/DP = Spouse/Domestic Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

Aetna Medical Coverage

Full-Time with Benefits Salary $90,000.01 – $130,000

	Monthly		Bi-Weekly		Paid Over 9 Months Monthly Contributions	
	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan–May and Sept–Dec	GW Contributions
GW Health Savings Plan (HSP)						
EE	**$111.32**	$698.08	**$51.38**	$322.19	**$148.43**	$930.77
EE+SP/DP	**$280.13**	$1,419.67	**$129.29**	$655.23	**$373.51**	$1,892.89
EE+ Child(ren)	**$252.04**	$1,285.87	**$116.33**	$593.47	**$336.05**	$1,714.50
Family	**$392.46**	$2,035.86	**$181.14**	$939.62	**$523.28**	$2,714.48
GW PPO						
EE	**$165.99**	$739.29	**$76.61**	$341.21	**$221.32**	$985.72
EE+SP/DP	**$497.97**	$1,403.11	**$229.83**	$647.59	**$663.96**	$1,870.81
EE+ Child(ren)	**$437.55**	$1,282.49	**$201.95**	$591.91	**$583.40**	$1,709.99
Family	**$762.33**	$1,953.52	**$351.84**	$901.63	**$1,016.44**	$2,604.69

EE = Employee | SP/DP = Spouse/Domestic Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

Aetna Medical Coverage

Full-Time with Benefits Salary $130,000.01 – $200,000

	Monthly		Bi-Weekly		Paid Over 9 Months Monthly Contributions	
	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan–May and Sept–Dec	GW Contributions
GW Health Savings Plan (HSP)						
EE	**$121.32**	$688.08	**$55.99**	$317.58	**$161.76**	$917.44
EE+SP/DP	**$327.96**	$1,371.84	**$151.37**	$633.15	**$437.28**	$1,829.12
EE+ Child(ren)	**$297.19**	$1,240.72	**$137.16**	$572.64	**$396.25**	$1,654.30
Family	**$453.66**	$1,974.66	**$209.38**	$911.38	**$604.88**	$2,632.88
GW PPO						
EE	**$180.93**	$724.35	**$83.51**	$334.31	**$241.24**	$965.80
EE+SP/DP	**$542.80**	$1,358.28	**$250.52**	$626.90	**$723.73**	$1,811.04
EE+ Child(ren)	**$476.93**	$1,243.11	**$220.12**	$573.74	**$635.91**	$1,657.48
Family	**$838.77**	$1,877.08	**$387.12**	$866.35	**$1,118.36**	$2,502.77

EE = Employee | SP/DP = Spouse/Domestic Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

Aetna Medical Coverage

Full-Time with Benefits Salary $200,000.01 – $300,000

	Monthly		Bi-Weekly		Paid Over 9 Months Monthly Contributions	
	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan–May and Sept–Dec	GW Contributions
GW Health Savings Plan (HSP)						
EE	**$132.24**	$677.16	**$61.03**	$312.54	**$176.32**	$902.88
EE+SP/DP	**$376.88**	$1,322.92	**$173.94**	$610.58	**$502.51**	$1,763.89
EE+ Child(ren)	**$344.78**	$1,193.13	**$159.13**	$550.67	**$459.71**	$1,590.84
Family	**$506.61**	$1,921.71	**$233.82**	$886.94	**$675.48**	$2,562.28
GW PPO						
EE	**$197.21**	$708.07	**$91.02**	$326.80	**$262.95**	$944.09
EE+SP/DP	**$591.65**	$1,309.43	**$273.07**	$604.35	**$788.87**	$1,745.90
EE+ Child(ren)	**$519.87**	$1,200.17	**$239.94**	$553.92	**$693.16**	$1,600.23
Family	**$914.28**	$1,801.57	**$421.98**	$831.49	**$1,219.04**	$2,402.09

EE = Employee | SP/DP = Spouse/Domestic Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

Aetna Medical Coverage

Full-Time with Benefits Salary >$300,000.01

	Monthly		Bi-Weekly		Paid Over 9 Months Monthly Contributions	
	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan–May and Sept–Dec	GW Contributions
GW Health Savings Plan (HSP)						
EE	**$144.15**	$665.25	**$66.53**	$307.04	**$192.20**	$887.00
EE+SP/DP	**$440.30**	$1,259.50	**$203.22**	$581.30	**$587.07**	$1,679.33
EE+ Child(ren)	**$394.11**	$1,143.80	**$181.90**	$527.90	**$525.48**	$1,525.07
Family	**$576.71**	$1,851.61	**$266.17**	$854.59	**$768.95**	$2,468.81
GW PPO						
EE	**$214.98**	$690.30	**$99.22**	$318.60	**$286.64**	$920.40
EE+SP/DP	**$644.91**	$1,256.17	**$297.65**	$579.77	**$859.88**	$1,674.89
EE+ Child(ren)	**$566.65**	$1,153.39	**$261.53**	$532.33	**$755.53**	$1,537.86
Family	**$996.57**	$1,719.28	**$459.96**	$793.51	**$1,328.76**	$2,292.37

EE = Employee | SP/DP = Spouse/Domestic Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

Aetna Medical Coverage

Part-Time

	Monthly		Bi-Weekly		Paid Over 9 Months Monthly Contributions	
	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan–May and Sept–Dec	GW Contributions
GW Health Savings Plan (HSP)						
EE	**$129.90**	$679.50	**$59.95**	$313.62	**$173.20**	$906.00
EE+SP/DP	**$849.90**	$849.90	**$392.26**	$392.26	**$1,133.20**	$1,133.20
EE+ Child(ren)	**$768.96**	$768.95	**$354.90**	$354.90	**$1,025.28**	$1,025.27
Family	**$1,214.16**	$1,214.16	**$560.38**	$560.38	**$1,618.88**	$1,618.88
GW PPO						
EE	**$452.64**	$452.64	**$208.91**	$208.91	**$603.52**	$ 603.52
EE+SP/DP	**$950.54**	$950.54	**$438.71**	$438.71	**$1,267.39**	$1,267.38
EE+ Child(ren)	**$860.02**	$860.02	**$396.93**	$396.93	**$1,146.69**	$1,146.70
Family	**$1,357.92**	$1,357.93	**$626.73**	$626.74	**$1,810.56**	$1,810.57

EE = Employee | SP/DP = Spouse/Domestic Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

Dental Coverage

Full-Time and Part-Time

Coverage Categories	Monthly (Paid Over 12 months)	Bi-Weekly	Paid Over 9 Months Monthly Contributions
DMO			
Employee Only	$15.95	$7.36	$21.27
Employee + One	$36.46	$16.83	$48.61
Employee + Family	$44.13	$20.37	$58.84
High PPO			
Employee Only	$63.04	$30.63	$84.05
Employee + One	$136.73	$66.43	$182.31
Employee + Family	$165.43	$80.37	$220.57
Low PPO			
Employee Only	$37.71	$18.32	$50.28
Employee + One	$80.17	$38.95	$106.89
Employee + Family	$97.02	$47.14	$129.36

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

UHC Vision Coverage

Full-Time and Part-Time

	Monthly (Paid Over 12 months)	Bi-Weekly	Paid Over 9 Months Monthly Contributions
Basic			
Employee Only	$5.22	$2.41	$6.96
Employee + One	$9.66	$4.46	$12.88
Employee + Family	$15.40	$7.11	$20.53
Enhanced			
Employee Only	$7.89	$3.64	$10.52
Employee + One	$14.59	$6.73	$19.45
Employee + Family	$23.25	$10.73	$31.00

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

Life and AD&D

Optional Child Life	Monthly Rate per $1,000 of Coverage
Flat Rate*	$0.103
Optional Employee and Spouse Life**	**Monthly Rate per $1,000 of Coverage**
ages 19 and younger	$0.03
ages 20 – 24	$0.03
ages 25 – 29	$0.04
ages 30 – 34	$0.05
ages 35 – 39	$0.06
ages 40 – 44	$0.08
ages 45 – 49	$0.14
ages 50 – 54	$0.23
ages 55 – 59	$0.41
ages 60– 64	$0.57
ages 65 – 69	$1.02
ages 70 – 74	$1.35
ages 75 and older	$1.53
Optional Employee, Spouse and Child AD&D	**Monthly Rate per $1,000 of Coverage**
	$0.035

* The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

** **NOTE:** For optional life, the rate will increase as the employee ages and moves to the next age band. This will occur on January 1st following the employee's birthdate.

Long-Term Disability and Short-Term Disability

Short-Term Voluntary Disability (Employee Paid)	Monthly Rate per $10 of Coverage
ages 15 - 24	$0.204
ages 25 - 29	$0.246
ages 30 - 34	$0.204
ages 35 - 39	$0.183
ages 40 - 44	$0.190
ages 45 - 49	$0.211
ages 50 - 54	$0.261
ages 55 - 59	$0.324
ages 60 - 64	$0.387
ages 65 - 69	$0.408
ages 70 and over	$0.408

* **NOTE:** For short-term voluntary disability, the rate will increase as the employee ages and moves to the next age band. This will occur on January 1st following the employee's birthdate.

1. Determine your weekly benefit if disabled: $\frac{\text{Annual benefits salary}}{52} \times .60$
2. Take your weekly benefit times your age band rate. (If weekly benefit is over $3,000, use $3,000.)

1. ($40,000/52) x .60 = $461.54
2. ($461.54/$10) x .183 = $8.45

Long-Term Disability	Rate
Buy-Up Benefit	$0.066 per $100 of monthly covered payroll

1. Determine your monthly covered payroll: $\frac{\text{Annual benefits salary}}{12}$
2. Take your monthly covered payroll divided by 100. (If monthly payroll is over $18,000, use $18,000.)

1. $45,000/12 = $3,750.00
2. $3,750.00/100 = $37.50 per $100 of monthly covered payroll
3. $37.50 x .066 = $2.48. This is the cost of the employee's monthly voluntary LTD buy-up.

Critical Illness

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age as of January 1, 2026 and the amount of coverage selected.

Monthly Rates
Employee: $10,000; Spouse: $10,000; Child(ren): $5,000

Low Option

Attained Age	EE Only	EE + SP	EE + CH	Family
Under 25	$1.90	$3.80	$2.65	$4.55
25-29	$2.30	$4.60	$3.05	$5.35
30-34	$2.90	$5.80	$3.65	$6.55
35-39	$3.50	$7.00	$4.25	$7.75
40-44	$4.90	$9.80	$5.65	$10.55
45-49	$6.90	$13.80	$7.65	$14.55
50-54	$9.70	$19.40	$10.45	$20.15
55-59	$11.10	$22.20	$11.85	$22.95
60-64	$13.40	$26.80	$14.15	$27.55
65-69	$14.00	$28.00	$14.75	$28.75
70+	$19.90	$39.80	$20.65	$40.55

High Option

Attained Age	EE Only	EE + SP	EE + CH	Family
Under 25	$3.80	$7.60	$5.30	$9.10
25-29	$4.60	$9.20	$6.10	$10.70
30-34	$5.80	$11.60	$7.30	$13.10
35-39	$7.00	$14.00	$8.50	$15.50
40-44	$9.80	$19.60	$11.30	$21.10
45-49	$13.80	$27.60	$15.30	$29.10
50-54	$19.40	$38.80	$20.90	$40.30
55-59	$22.20	$44.40	$23.70	$45.90
60-64	$26.80	$53.60	$28.30	$55.10
65-69	$28.00	$56.00	$29.50	$57.50
70+	$39.80	$79.60	$41.30	$81.10

Hospital Indemnity Insurance Costs

The tables below show your rates for Hospital Indemnity Insurance, depending on whether you choose the low or high option.

Low Option

Coverage Type	Daily Benefit	Monthly Rates
Employee	$100	$10.49
Employee + Spouse*	$100	$20.13
Employee + Children*	$100	$18.01
Employee + Family	$100	$27.65

High Option

Coverage Type	Daily Benefit	Monthly Rates
Employee	$200	$20.23
Employee + Spouse*	$200	$39.19
Employee + Children*	$200	$35.04
Employee + Family	$200	$54.00

Legal Resources

Monthly Contribution: $18.00

Contact Information

Who to Call	Contact Information	Plan Information (if applicable)
Medical		
Aetna	(844) 989-8811 • aetna.com	Group# 256750
Progyny	(833) 233-0557	
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
Health Savings Account		
Bank of America	(800) 838-1868 • healthaccounts.bankofamerica.com/gwu	
Flexible Spending Accounts		
Bank of America	(800) 838-1868 • healthaccounts.bankofamerica.com/gwu	
Life, AD&D and Disability		
Lincoln Financial	(800) 213-5609 • go.gwu.edu/mlp	
Vision		
UnitedHealthcare Vision	Customer Service: (800) 638-3120 Provider Locator: (800) 839-3242 myuhcvision.com	
Critical Illness		
Voya	(877) 236-7564 • presents.voya.com/EBRC/TGWU	
Hospital Indemnity		
Voya	(877) 236-7564 • presents.voya.com/EBRC/TGWU	
Retirement Plans	hr.gwu.edu/retirement-benefits	
Fidelity Investments	(800) 343-0860 • NETBENEFITS.com/GW	
TIAA	(800) 842-2776 • tiaa.org/gwu	
Voluntary Benefits		
Allstate Identity Theft	(800) 789-2720 • myaip.com/gw	
Legal Resources® Plan	(800) 728-5768 • legalresources.com	
Liberty Mutual Group Home and Auto	(800) 298-8947 • libertymutual.com/gw-university	Client ID# 135234
Nationwide	(877) 738-7874 • petinsurance.com/gw	

Contact Information

Who to Call	Contact Information	Plan Information (if applicable)
Work-Life and Well-being Benefits		
GW Employee Assistance Program	(888) 881-5462 • hr.gwu.edu/eap	
SimpleTherapy	(800) 644-2478 • hr.gwu.edu/simpletherapy	
Health Advocate	(866) 695-8622 • healthadvocate.com/gwu	
Bright Horizons Family Care	(877) 242-2737 • hr.gwu.edu/family_care	
Real Appeal	(844) 924-REAL (7325) • gwu.realappeal.com	
Tobacco Cessation Program	(866) 533-1410 • aetna.com	
Active and Fit Direct	(844) 646-2746 • activeandfitdirect.com/search	
Fertility, Family Building, Pregnancy, and Postpartum Support	(833) 233-0557	
Headspace	teamsupport@headspace.com • hr.gwu.edu/headspace	
GW Departments		
Benefits Call Center (Health and Welfare Benefits and Enrollment Inquiries)	(833) 698-0324	
GW Benefits	(571) 553-8382 • hr.gwu.edu/benefits	
Payroll (Pre-Tax Transportation Benefits)	(571) 553-4277 • hr.gwu.edu/payroll	
Lerner Health and Wellness Center	(202) 994-1532 • campusrecreation.gwu.edu/lerner-health-and-wellness-center	

Important Legal Notices

COBRA

Under certain circumstances, you and your enrolled dependents have the right to continue coverage under the medical and dental plans, as well as the health care flex account, beyond the time that coverage would have ordinarily ended. You may elect continuation of coverage for yourself and your dependents if you lose coverage under the plan due to one of the following qualifying events:

- Termination (for reasons other than gross conduct)
- Reduction in employment hours
- Retirement
- You become entitled to Medicare

  * If you separate from the George Washington University, a COBRA election packet will be automatically mailed to your home address by our COBRA administrator, bswift.

In addition, continuation of coverage may be available to your eligible dependents if:

- You die
- You and your spouse divorce or separate
- A covered child ceases to be an eligible dependent
- You become entitled to Medicare

To apply for COBRA coverage, you or a dependent must contact GW Benefits within 60 days of a qualifying life event. You and/or your dependents must pay the full cost of COBRA coverage. Under the law, COBRA must be offered to eligible individuals at group rates. These rates are subject to change annually, based on plan experience.

Newborns and Mothers Health Protection Act

Group health plans and health insurance issuers offering group insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth, for the mother of newborn child, to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of the above periods.

Women's Health and Cancer Rights Act

Group health plans that cover mastectomies must cover post-mastectomy reconstructive breast surgery. Specifically, health plans must cover:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complications of all stages of mastectomy, including lymphedemax

Benefits required by law will be provided in consultation between the patient and attending physician. These benefits are subject to the health plan's regular plan provisions and benefits.

HIPAA Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan in the following circumstances:

- If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage);
- If you or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage. However, you must request enrollment within 60 days after the loss of such coverage; or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 60 days after you or your dependents become eligible for such assistance.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact GW Benefits at **(571) 553-8382** or **benefits@gwu.edu**.

Protecting Pregnant Workers Fairness Act

The Protecting Pregnant Workers Fairness Act of 2014 (PPWFA) requires District of Columbia employers to provide reasonable workplace accommodations for employees whose ability to perform job duties is limited because of pregnancy, childbirth, breastfeeding or a related medical condition. Typical reasonable accommodations can include, but are not limited to: more frequent breaks; time off to recover from childbirth; exemption from heavy lifting; providing of private (non-bathroom) space for expressing breast milk; temporary restructuring of the employee's position to provide light duty or a modified work schedule. For questions or to request a reasonable accommodation, please contact the Office of Equal Employment Opportunity at **(202) 994-9656** or **eeo@gwu.edu**.

Glossary

Benefits Salary: Sometimes referred to as a benefits eligible salary, the salary(ies) of your active benefits eligible primary and secondary positions.

Claim: A request for a benefit (including reimbursement of a healthcare expense) made by you or your healthcare provider to your health insurer or health plan for items or services that you believe are covered.

COBRA: Also known as the Consolidated Omnibus Budget Reconciliation Act of 1985, a federal law requiring group health plans to provide continued health insurance coverage to certain employees and their dependents whose group coverage has ended.

Coinsurance: The percentage you pay for the cost of covered healthcare services, after you meet your deductible. For example, if your plan has coinsurance of 20% and you have already paid the deductible, the plan pays 80% of the costs and you pay 20%.

Copay: A set amount (for example, $30) you pay up-front for a covered healthcare service, usually when you receive the service. The amount can vary by the type of covered healthcare service.

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

Deductible: The amount you pay out-of-pocket for healthcare before the plan starts to pay. For example, the GW PPO requires a $750 deductible for an individual using in-network services; this means that you pay the first $750 in medical care you use. (**Please note:** The deductible is not applicable to all services. See page 13.) Separate in- and out-of-network deductibles apply.

Dependent: A person covered by your health plan. Eligible dependents include:

- Your spouse
- Your common-law marriage partner, as defined by state law
- Your same- or opposite-sex domestic partner
- Your dependent children up to age 26 (regardless of marital status), including a natural child, stepchild, legally adopted child, a child place or adoption or a child for whom you or your spouse are the legal guardian
- Your unmarried children age 26 or older who are mentally or physically disabled and who rely on you for support and care
- Children of a same- or opposite-sex domestic partner relationship, up to age 26 (regardless of marital status). (**Please note:** Your domestic partner must also be enrolled in order to cover his/her child.)

Effective Date: The date that your insurance plan begins to cover you.

Evidence of Insurability (EOI): Proof that you and/or your dependents are in good health.

Explanation of Benefits (EOB): A statement sent by your health insurance company to explain what medical treatments and/or services were paid for on your behalf. These are not bills, so no payment is required; however, it's important to review your EOBs to gain a better understanding of the services paid for and the cost of care.

Family Deductible: 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. (Please 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. (Please note: The deductible for the GW HSP includes both medical and pharmacy expenses.)

Flexible Spending Account (FSA): A flexible spending account allows you to set aside money from your paycheck on a pretax basis to use for eligible out-of-pocket expenses. GW employees are eligible to fund two different types of FSAs:

- Health Care FSA (HCFSA) – You may use the HCFSA to pay for eligible medical, prescription drug, dental and vision expenses for you and your eligible tax dependents.
- Dependent Day Care FSA (DCFSA) – You may use the DCFSA to pay for eligible child and adult care expenses such as day care, before and after school care, nursery school, preschool and summer day camp.

When you set aside some of your salary into one or both of the FSA options, the contributions are not subject to federal, state, local or FICA taxes.

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.

Freestanding Facility: A facility, not connected to a hospital, that performs outpatient care such as lab tests, radiology services, surgery and other services. Generally, you will have a lower copayment 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.

Generic: An FDA-approved drug, composed of virtually the same chemical formula as a brand-name drug. 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.

Health Savings Account (HSA): A health savings account that is tax-exempt for contributions, earnings and withdrawals for qualified medical expenses. HSAs are only offered in conjunction with high deductible health plans (HDHP) and can only be used to save and pay for qualified medical expenses.

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. (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.

Network Deductible: 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.

Open Enrollment: An annual time when you can choose to enroll in health and welfare benefits or re-enroll in a plan(s) you are already in. You cannot make any changes to your health and welfare benefits elections outside of the Open Enrollment period unless you experience a Qualified Life Event (QLE).

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

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

Preventive Care Services: Covered services that are intended to prevent disease or to identify disease while it is more easily treatable. Preventive care services include those that help you manage your health, such as routine physical exams, screenings, check-ups, lab tests and patient counseling to prevent illnesses, disease or other health problems. These services are covered at 100 percent by the GW health plans, with no out-of-pocket cost (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.

Primary Care Provider (PCP): A physician, including an Medical Doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law and the terms of the plan, who provides, coordinates or helps you access a range of healthcare services.

Qualified Life Event (QLE): An event defined by the IRS that allows an individual to change their benefit selections (benefits changes must be consistent with the event). Qualified Life Events include:

- 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
- A dependent become ineligible for coverage
- A spouse or same- or opposite-sex domestic partner gaining or losing coverage at his/her job
- A transfer between full- and part-time status
- A move from a non-benefits eligible position to a benefits eligible position

Referral: A written order from your Primary Care Provider (PCP) for you to see a specialist or get certain healthcare services.

Specialist: A physician specialist concentrating on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

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.

Summary of Benefits and Coverage (SBC): Also known as a benefits summary, a document that lists the health plan's benefits.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe as to require emergency room care.

Virtual Visit: A virtual appointment with a doctor – performed through a mobile device or computer- for minor medical concerns such as sore throat, allergies, fever, sinus problems, stomachache and more. Virtual Visits allow you to see and talk to a doctor anytime, without an appointment and without physically visiting a physician's office. Virtual Visits will cost you less than using an urgent care center, and doctors may write prescriptions during appointments (if needed).

This Benefits Guide is not a contract. Its purpose is to provide summary information about your benefits. It does not fully describe each benefit. Please refer to the Summary Plan Descriptions and the material that is provided by the insurance carriers for the details of each benefit. Every effort has been made to ensure that the information contained in this Guide is accurate. The provisions of the actual contract will govern in the event of a discrepancy.

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