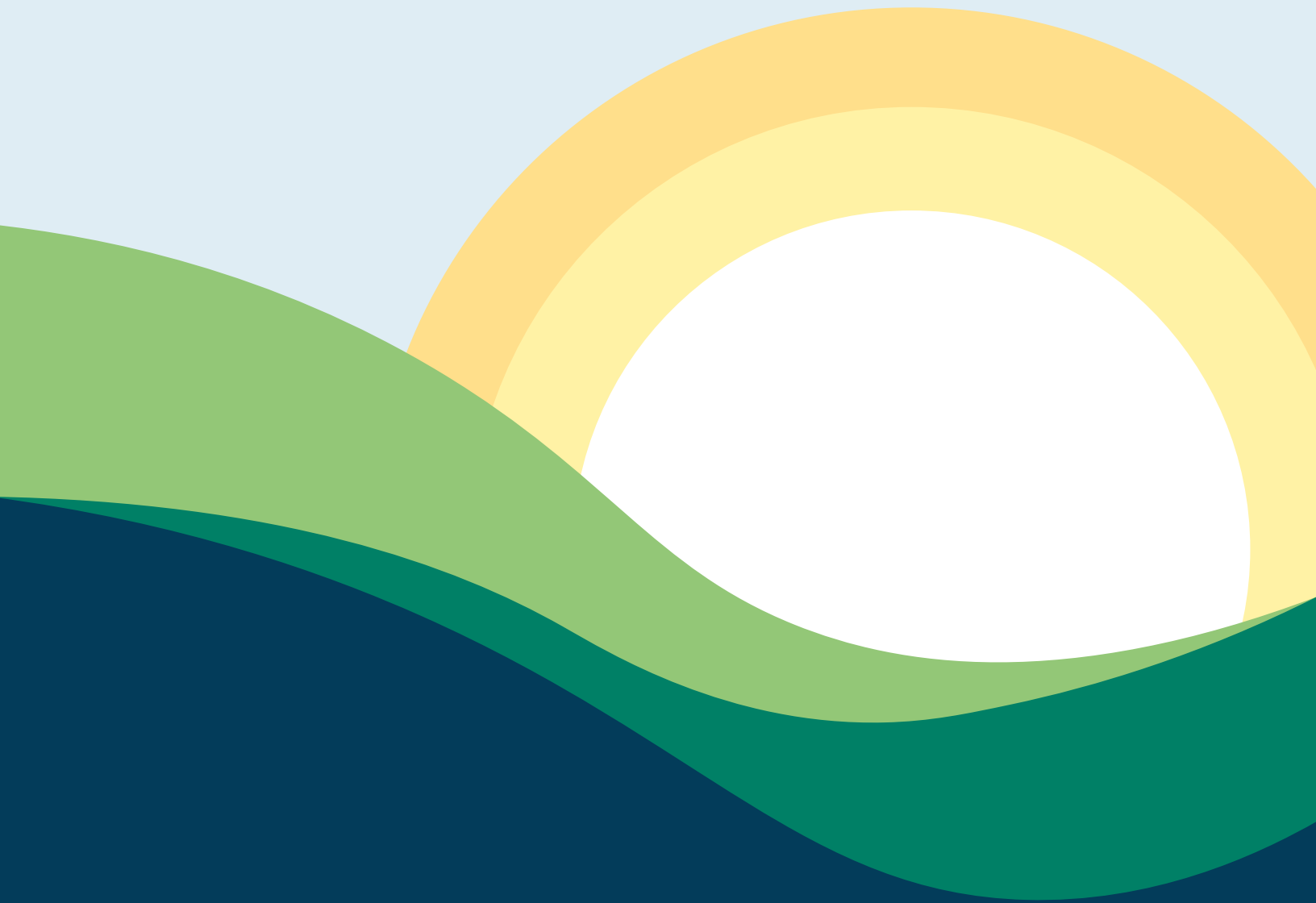


Benefits Guide 2023

Postdocs



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



Benefits

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INTRODUCTION

At GW we value the contributions that postdocs make to further the university's research mission. Just as you are committed to advancing your research and scholarship, it is also important to take time to focus on our health and well-being goals, particularly as our community moves onward together.

GW has partnered with Gallagher Benefits as support to the administration and customer care for the Postdoctoral Benefit Program. The program offers competitive health and welfare benefits and well-being programs as well as optional voluntary benefits.

We are committed to providing you access to resources to assist you in making informed decisions about your benefits . We invite you to review the information included in this guide and available online at hr.gwu.edu/postdoc_benefits.



BENEFITS AT-A-GLANCE



Medical and Pharmacy Insurance:

UnitedHealthcare/OptumRx
GW Postdoc PPO



Dental Insurance:

Aetna DMO, PPO Low and PPO High



Vision Insurance:

UnitedHealthcare



Life | AD&D Insurance:

Lincoln Financial



Long-Term Disability (LTD) Insurance:

Lincoln Financial

Period of Initial Eligibility

Your period of initial eligibility is your window of time to enroll in benefits when you begin as a postdoc.

This window of time is 30 calendar days from your date of hire.

If you do not submit your enrollment during this time, you will not be eligible to enroll in benefits until the next annual Open Enrollment period or if you experience a life event

Making Changes During the Year (Qualified Life Events)

In most cases, you can only make changes to your benefit elections during Open Enrollment. However, if you experience a Qualified Life Event (QLE), you may make changes to certain benefits, as defined by the plan documents, related to that event. For example, if you have a baby, you may 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 a new job, leaving a job, changing from part-time to full-time status, starting or 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 children's eligibility for benefits (CHIP)
- Becoming eligible for Medicare or Medicaid
- Becoming eligible for domestic partner status in accordance with GW's Domestic Partner Policy Domestic Partner Coverage . Please see page 6 for details.

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: Log in to the GW Benefits Enrollment System to enter your Qualified Life Event (go.gwu.edu/enroll4benefits).

Step 2: Gather supporting documentation of the life event

Step 3: Send all supporting documentation to Benefits

* Changes made as a result of birth/adoption will be effective as of the date of birth/adoption as long as the steps above are completed within 30 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. Then 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

ELIGIBILITY AND COVERAGE INFORMATION

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 30 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.

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 on the [Gallagher site](#)

Eligible dependents include:

- Your spouse;
- Your common-law marriage partner, as defined by state law;
- Your same-sex 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 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 their child.

Domestic Partner Coverage

You may cover your same- or opposite-sex domestic partner for certain benefits. For Domestic Partner coverage, submit a "Declaration of Domestic Partnership" form located in the forms section on the GW Benefits website and provide 3 supporting documents listed in the form. A Certificate of Domestic Partnership may be submitted along with the declaration form in lieu of the three supporting documents.

Documentation Verification for Dependents

GW needs to verify eligibility for dependent coverage. In order to add dependents to your coverage, you must provide the following documentation to complete enrollment:

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

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 view the [new hire orientation](#) to understand your benefits for 2023. Please visit hr.gwu.edu/postdoc_benefits 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:** Log in to the GW Benefits Enrollment System go.gwu.edu/enroll4benefits within 30 calendar days of your hire date to make your elections.
- ⇒ **Step 5:** Update beneficiary information for your life insurance plans.
- ⇒ **Step 6:** If adding a dependent to coverage, submit your dependent documentation to GW Benefits within 30 calendar days of your hire date. **Please note:** Dependent coverage is pending until documentation is received and verified. You may submit documentation by email, fax, or mail:

Mail: GW Benefits 45155 Research Place, Suite 160 Ashburn, VA 20147

Phone: (571) 553-8382

Fax: (571) 553-8385

E-mail: benefits@gwu.edu

REMEMBER You have 30 calendar days from your date of hire (or Qualified life event) to make your elections online and submit your dependent documentation.



POSTDOC BENEFITS WEBSITE RESOURCES

Provider Directories

You can find a list of providers on [the Gallagher website](#) via the **Find a Provider** tool.

Alternatively, you can also go to the carrier site directly.

- UHC — www.myuhc.com
- Aetna — www.aetna.com
- UHC Vision (no UHC medical) — www.myuhcvision.com
- UHC Vision (with UHC Medical) www.myuhc.com

Benefit Summaries

This booklet contains benefit “snapshots” of the plans offered with information about core benefits. More detailed plan documents, including full benefit summaries and summaries of benefits and coverage (SBCs), are available on the [Gallagher website](#). SBCs summarize important information about medical insurance to help you learn about your benefits and compare options. Click on **Plan Documents Library** to access detailed plan documents for all plans offered.

2023 Monthly Rates & Contributions

This information is available on the [Gallagher website](#) under **Insurance Benefits and Rates**, as well as page 28 of this booklet.

Summary of Benefits and Coverage (SBC)

Understanding your health plan is important. The Summary of Benefits and Coverage (SBC) summarizes important information about your medical insurance plan in a straight-forward format to help familiarize you with your benefits. This document is accessible through the **Plan Documents Library** on the [Gallagher website](#).

Summary Plan Description

An extensive description of the Health Benefits available to you and your covered family members, including summaries of who is eligible, services that are covered, exclusions, how Benefits are paid, and your rights and responsibilities under the Plan.

PPO (Preferred Provider Organization)

The PPO plan offers flexibility and offers both “in-network” and “out-of-network” options.

The PPO plan does not require that you choose a Primary Care Physician (PCP)

The in-network benefits (coinsurance, out-of-pocket maximum, etc.) will result in lower out-of-pocket costs than the out-of-network benefits.

At the time of service, the member has the ability to seek care from a Specialist, without having to obtain a referral from a PCP.

The PPO Plan and the Provider agree to a "discounted fee for service" model. This means that the participating provider has agreed to provide their services at a discounted rate. Providers outside the network have not agreed to that discounted rate and typically charge a "Reasonable and Customary" fee, resulting in higher out-of-pocket costs.



Deductible

A specific dollar amount that your health insurance company requires you to pay out-of-pocket each year before your health insurance plan begins to make payments for claims. Not all health insurance plans require a deductible.

Out-of-Pocket Maximum

Out-of-pocket maximums apply to all medical plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical expenses for the rest of the plan year. If you see an out-of-network provider, you will still be responsible for out-of-pocket costs that are above the “reasonable and customary” fees.

Copayment

A specific charge that you pay for a specific medical service or supply, also referred to as a "copay." For example, your health insurance plan may require a \$30 copayment for an office visit or brand-name prescription drug, after which the insurance company pays the rest.

Coinsurance

The amount that you are required to pay for covered medical services after you've satisfied any co-payment or deductible required by your health insurance plan. Coinsurance is typically a percentage of the charge for a service. For example, if your insurance company covers 80% of the allowable charge for a specific service, you are responsible for the remaining 20% as coinsurance.

In-Network Provider

A healthcare professional, hospital, or pharmacy that has a contractual relationship with your health insurance company. This contract establishes allowable charges for specific services. In return, healthcare providers gain patients; primary care physicians may receive a capitation fee for each patient assigned to their care. An **out-of-network** provider is a healthcare professional, hospital, or pharmacy that **is not** part of your health plan's network of preferred (in-network) providers. You could pay more for services received from an out-of-network providers because there are no negotiated discounts given. You could pay more than the in-network allowable amount, therefore resulting in receiving a bill from your provider. It is important to check with your provider

Out-of-Pocket Maximum

Out-of-pocket maximums apply to all medical plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will cover most eligible medical expenses for the rest of the year.

Claim

A request by a plan member, or a plan member's health care provider, for the insurance company to pay for medical services.

Reasonable and Customary

Usual, customary and reasonable charges are set by the insurance company, based on the prevailing cost of a service in your geographic area. The insurance company then determines how much it will pay for a given service in your area.

Qualifying Life Event

A life event that allows you to make changes to your insurance coverage that otherwise are only allowed during the annual Open Enrollment period.

Examples of a qualifying life event include, but are not limited to, marriage, divorce, birth or adoption of a child, loss of prior coverage, relocation, and the arrival of a dependent from another country.

Preauthorization

Preauthorization (also known as 'prior authorization') means that approval is needed from your health plan before you have certain health tests or services. To help make sure your care is appropriate and avoid unexpected costs, it's important that approval is received before you get these services. Usually, your network provider will take care of preauthorization before the service is performed. But it is always a good idea to check if your doctor has gotten the needed approval.

Covered Services

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

Premium

The amount you pay for health insurance every month

Explanation of Benefits (EOB)

The statement sent to you by your health plan explaining the benefit calculation and payment of medical services that details the services rendered and the benefits paid or denied for each service. An EOB lists the charges submitted, the amount allowed, the amount paid and any balance owed as the patient's responsibility.

COBRA (Consolidated Omnibus Reconciliation Act)

Federal legislation allowing an employee or an employee's dependents to maintain group health insurance coverage through an employer's health insurance plan, at the individual's expense, for up to 18 months after the loss of employment.

MEDICAL AND PHARMACY PLAN

All GW Postdoc Associates, Scholars and their eligible dependents are able to enroll in the GW Postdoc PPO. Review the table below for coverage details. To review 2023 contribution rates for dental coverage, please refer to pages 28.



PPO		
Core Benefits	In-Network	Out- of-Network
	Postdoc Pays	Postdoc Pays
Deductible Single/Family	\$300 / \$900	\$800 / \$2,400
Out of Pocket Maximums Single/Family	\$2,500 / \$7,500	\$3,000 / \$9,000
Office Visit/ Specialist Visit	\$30 / \$40 Copay	40%* after deductible
Virtual Visits	No Copay	Not Covered
Annual Wellness Visit	No Copay	40%* after deductible
Inpatient Hospital	20%* after deductible	40%* after deductible
Outpatient Surgery	20%* after deductible	40%* after deductible
Emergency Room	\$150 copay	
Urgent Care	\$30 Copay	40%* after deductible
Rx **	\$10 Tier 1	
	\$30 Tier 2	
	\$50 Tier 3	

**After deductible has been met*

***Pharmacy Benefits through Optum Rx*

GW Medical Plan Meets All Health Insurance Requirements for J1/J2 Visa Holders

But Where do I go for care?

Figuring out where to go when you need to access medical care can be daunting. The chart below can be used as a quick-reference guide if you find yourself wondering where to go for a certain illness or injury.

Type of Provider	Scenario	Type of Illness or Injury
Primary Care Physician (PCP)	Annual wellness exams, or moderate pain you need diagnosed	General checkup, moderate pain of unknown origin, etc.
Virtual Visit	Consult with in-network physician using real-time technology for minor medical needs to obtain diagnosis	Allergies, sinus and bladder infections, bronchitis and other conditions
Specialist	Experiencing pain specific to a particular region of the body (i.e. muscular, gastrointestinal, ocular, bone/joint, skin, ears/nose/throat, etc.)	Ulcers, rash, digestive problems, vision problems, elevated levels, etc.
Hospital	Having an inpatient or outpatient procedure performed, in a critical state	Delivering a baby, major/minor surgery, recovery, monitoring, etc.
Walk-in Clinic	Treatment of unscheduled, non-emergency illnesses/injuries and certain immunizations	Vaccination, mild cold/flu, minor cuts/abrasions, etc.
Urgent Care (Alternative to ER)	Treatment of most non-life threatening emergencies	Broken bones (not multiple fractures), minor wounds (not bleeding profusely), mild fever, flu, acute sinusitis, etc.
Emergency Room (ER)	Treatment of all life/limb-threatening emergencies	Severe head trauma, multiple/compound fractures, heavy bleeding, elevated fever, severe burns, seizures, poison, etc.

My UHC—Member Portal

UnitedHealth care allows members to access a plethora of health insurance resources including digital ID cards, claims review, provider directory access and more.

To register for myuhc, simply:

- Visit www.myuhc.com
- Click Register Now

Use the information on your UHC ID card to complete the registration process.

PRESCRIPTION BENEFITS UNDER YOUR PPO MEDICAL PLAN



Prescription Coverage with the PPO Plan

When you enroll in the GW Postdoc PPO medical plan option, you are automatically enrolled in the prescription drug coverage below through OptumRx. 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 copay each time you fill a prescription.

Real World Tips:

- Any time you receive a prescription, ask your doctor if a generic option of the drug is available, and whether it's right for your condition. Doing so can save you hundreds of dollars.
- If you have a condition that requires ongoing prescription medication, you will pay the lowest total copay possible by requesting that your doctor provide a prescription for a 90-day supply of your medication.
- There are no limits to the number of 30-day fills for **maintenance prescriptions** at an in-network retail pharmacy. There are no penalties for continuing to fill your maintenance medication every 30 days rather than moving to a 90 day fill.

A **drug formulary** is a list of medications published by UnitedHealthcare and can be found on www.myuhc.com or the [Gallagher website](#).

Medications on the list fall into one of the following three categories:

1. **Tier 1:** Lowest cost, most commonly generic drugs, but can include some brand-name medications. A generic medication is an FDA-approved drug, composed of virtually the same chemical formula as a brand-name drug.
2. **Tier 2:** If a generic medication is not available for your condition, your doctor may prescribe a brand-name medication. Brand, Formulary Drugs have been evaluated by physicians and pharmacists through the OptumRx network and are deemed to be the most cost-effective means of treating a specific condition. Tier 2 medications will be more expensive, but will help reduce your out-of-pockets if used in lieu of Tier 3 medications.
3. **Tier 3:** In the event that you require a prescription medication that is neither Generic nor on the Brand, Formulary Drug list, you will pay the highest out-of-pocket cost for a Brand, Non-Formulary Drug.



You will receive one card for both your medical and pharmacy benefits.

Postdoc Associates, Scholars and their eligible dependents enrolled in the GW Postdoc PPO can participate in the programs listed below at no additional cost

Rally

A program to help you become more active and eat better. You can earn rewards for certain activities. Enrollment available through myuch.com

Real Appeal

An online weight loss program focused on making small changes for a healthier life. Includes online coach, 24/7 online support and mobile app.

The Cancer Support Program

A cancer diagnosis can change your life forever. UHC is here to help. Their oncology team will work with you to get the treatment, care and support that you and your family need.

Quit For Life

Personal support program for covered UHC members including dependents over the age of 18 to help you with smoking cessation

UHC Maternity Support Program

If you are pregnant and covered under a GW health plan, you are eligible (and encouraged) to participate in the UHC Maternity Support Program at no cost. Participants gain access to 24-hour toll-free call support from experienced nurses, pregnancy and childbirth educational materials, post-natal kits, individual consultation and more. You may also earn financial incentives for participating in the program

Peloton partnership

A 1-yr Peloton digital membership for each covered family member at no additional cost. Membership gives access to thousands



Please Note: PDFs with additional information on these programs can be found under **Wellness Programs** on the Postdoc Benefit page on the [Gallagher website](#)

Simple Therapy

All Postdocs as well as their covered dependents (age 13 or older) who are enrolled in the GW Postdoc PPO will be eligible for the SimpleTherapy program .

www.simpletherapy.com/go/gw/

SimpleTherapy combines a comprehensive digital program with Live Physical Therapists to help you manage and prevent pain across 18 body parts through 5-15 minute exercise therapy sessions and Live PT consults. This employer-sponsored program includes unlimited coaching support, and a care pack filled with everything needed to address pain or prevent injuries anytime, anywhere.

Members maintain a continuous relationship with a Licensed PT virtually beginning from the first 30–45-minute comprehensive visit and extending to every visit thereafter as much as the member needs. Members also have access to a diverse panel of board-certified physicians, DC, DPT and PA and they receive coordinated care from a consistent team of specialists based on their health needs.

SimpleTherapy's core program is available at no cost. For members that would like to enroll in SimpleTherapy's telehealth services*, you may pay a share of the cost in the form of a copay, annual deductible, or coinsurance.

*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

TIP—Simple Therapy

Do you want to understand your risk of developing a muscle or joint condition? Complete SimpleTherapy's free musculoskeletal risk survey by visiting simpletherapy.com/go/gw.

DENTAL PLAN OPTIONS

All GW Postdoc Associates, Scholars and their eligible dependents can choose from **three voluntary dental plan options powered through Aetna**.

- Aetna Dental PPO (High)
- Aetna Dental PPO (Low)
- Aetna Dental DMO (Dental Maintenance Organization). You must choose a Primary care Dentist with this option.
- The GW dental plans are “stand-alone” plans, so you can enroll in dental coverage whether or not you have medical coverage through GW. Take a look at the tables on following pages to evaluate which of the options may be right for you. To review 2023 contribution rates for dental coverage, please refer to page 27.

Aetna Dental Maintenance Organization (DMO)

The Aetna DMO provides benefits in a similar manner to an HMO medical plan. You must elect a Primary Care Dentist (PCD) from within the Aetna network to coordinate all of your dental care. No out of network coverage provided.

If your PCD believes you need to visit a dental specialist, he or she will refer you to a specialist in the DMO network. The DMO does not provide coverage outside of the Aetna network.

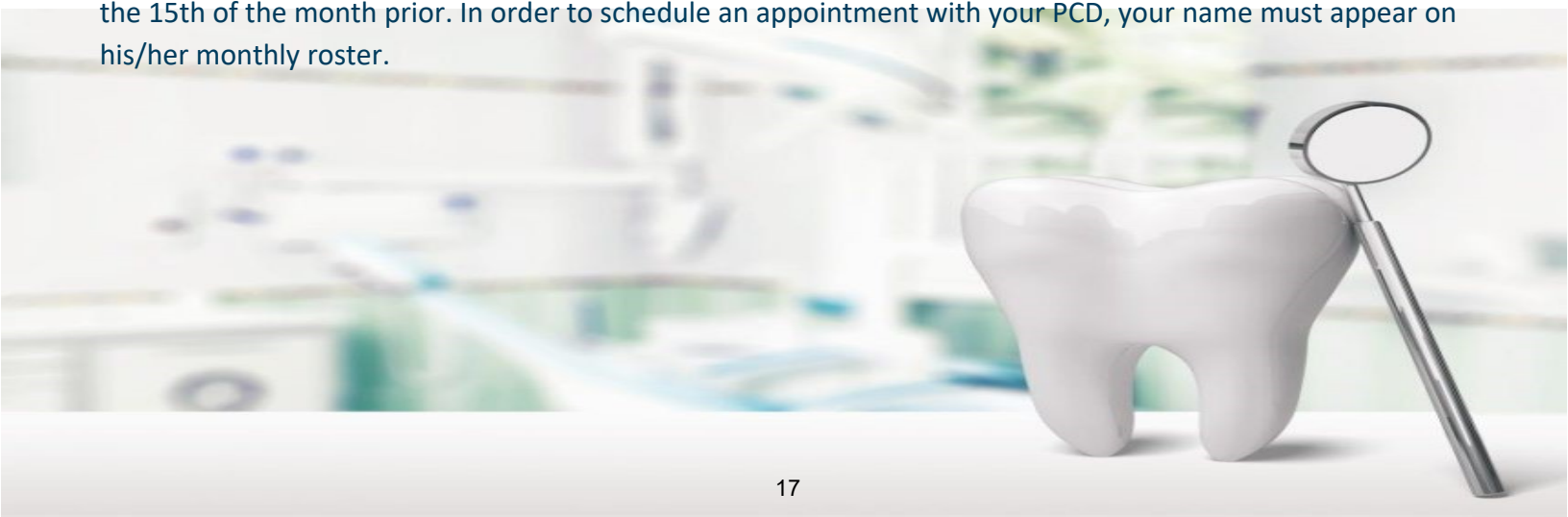
There is no deductible to meet under the DMO, nor is there an annual maximum coverage amount. Office visits require a \$5 copay.

Orthodontic services are available for both adults and children and require a \$2,300 copay. Orthodontic services must begin while covered on the DMO plan and the participant must remain on the DMO plan throughout the duration of the orthodontic care to have full coverage.

For a full listing of costs please visit the [Postdoc Benefits dedicated site](#).

Please note— 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. In order to schedule an appointment with your PCD, your name must appear on his/her monthly roster.



DENTAL PLAN OPTIONS



	Aetna Dental PPO (High Option)		Aetna Dental PPO (Low Option)	
Core Benefits	In-Network	Out-Network	In-Network	Out-Network
Annual Deductible (Individual)	\$50	\$50	\$50	\$50
Annual Deductible (Family)	\$150	\$150	\$150	\$150
Annual Maximum Coverage	\$1,500	\$1,500	\$1,000	\$1,000
PREVENTATIVE/DIAGNOSTIC **				
Oral Exam(a)	100%	100%	100%	100%
Cleaning(a) Adult/Child	100%	100%	100%	100%
Flouride (a)	100%	100%	100%	100%
Sealants (permanent molars) (a)	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%
Bitewing x-rays*	100%	100%	100%	100%
Full mouth series*	100%	100%	100%	100%
BASIC RESTORATIVE ** silver/composite fillings, root canals, stainless steel crowns, some extractions, some oral surgery, general anesthesia, osseous surgery (a), etc.	90%	80%	80%	70%
MAJOR RESTORATIVE** crowns, dentures, implants, inlays, onlays,	50%	50%	Not covered	Not covered
Orthodontics				
Child	50% (\$1,500 Lifetime Max)	50% (\$1,500 Lifetime Max)	Not covered	Not covered
Adult	50% (\$1,500 Lifetime Max)	50% (\$1,500 Lifetime Max)	Not covered	Not covered

*Not all are covered as preventative and may incur a cost

**Services shown are a partial list. For a complete list, see your Dental Plan Benefit Summary, available at gwu.gpa.services

(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate

DENTAL PLAN OPTIONS



	DMO
	In-Network
Core Benefits	Participant Pays
Annual Deductible	None
Annual Benefit Maximums	Unlimited
<u>PREVENTIVE/DIAGNOSTIC</u>	
Office Visit	\$5
Routine Exam	\$0
Teeth Cleanings (Prophylaxis)	\$0
Fluoride—Child	\$0
Sealants	Up to \$10 Copay
Space Maintainers	Varies Copay up to \$80
X-rays	\$0
<u>BASIC PROCEDURES</u>	
Amalgam Fillings (silver)	No Charge
Resin/Composite Filings (white)	Varies Copay up to \$75
Endodontics	Varies up to \$400 Copay
Periodontics	Varies up to \$375 Copay
Oral Surgery	Varies up to \$120 Copay
<u>MAJOR PROCEDURES</u>	
Crowns	Varies up to \$315 Copay
Dentures	Varies up to \$1215 Copay
Implants	Varies up to \$ 320 Copay
<u>ORTHODONTIA</u>	
Child	\$2300*
Adult	\$2300*

*Once complete comprehensive orthodontic treatment per lifetime (excludes dentition)

**Resin/composite (white) anterior teeth only)

Disclaimer: Certain services have specific restrictions. Contact Aetna member services for more details (877-238-6200)

Accessing Out-of-Network Care Under a PPO Plan

When you seek services in-network, meaning, from providers listed in the PPO network, you pay less for care. When you pay 50% for major services from an in-network PPO dentist, you are paying 50% of a contracted, discounted rate. This is not the case with out-of-network providers.

Out-of-Network Example: The out-of-network dentist charges \$1,000 for a porcelain crown on a molar. This dentist can charge whatever they want for this service. Your percentage of the cost for out-of-network care is 50% after the \$50 deductible. For this service (a crown), the Usual, Customary and Reasonable (UCR) cost is \$800, so you pay \$425.

IN ADDITION, you owe the difference between the UCR amount and the dentist's charge (\$1,000—\$800), which is an additional \$200.

Total estimated cost out-of-network for the porcelain crown on a molar: \$625

What is a Usual, Customary and Reasonable (UCR) Charge?

Usual, customary and reasonable charges are set by the insurance company, based on the prevailing cost of a service in your geographic area. The insurance company then determines how much it will pay for a given service in your area.

Enhanced Benefit:

Each of the three 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 and would like to enroll in these enhanced benefits, please call the Aetna Dental Medical Integration Team at (800) 779-3357, Monday through Friday from 8 a.m. to 6 p.m. EST. A dental care coordinator will be happy to assist you.



VISION PLAN



The GW Postdoc vision plan is a "stand-alone" plan, so you can enroll in vision coverage whether or not you have medical coverage through GW.

To review 2023 contribution rates for vision coverage, please refer to page 28

	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	
Vision Examinations	\$0 Copay	Up to \$40 Allowance
	Every 12 Months	
Material Co-Pay	\$ 20	N/A
Corrective Lenses	100%	Up to \$40- \$80 Allowance
Covered Formulary Contacts*	Up to 6 boxes	Up to \$105 Allowance
Non-Formulary Contacts	Up to \$150	Up to \$150
Medically Necessary Contact Lenses	100%	Up to \$210
	Every 12 Months	
Frames	\$130 Allowance + 30% off remaining balance	Up to \$45 Allowance
	Every 12 Months	

*Materials only. In lieu of corrective lenses.



**To find an in-network provider visit
www.myuhcvision.com**

When scheduling your appointment, simply let the provider know that you are a UnitedHealthcare Vision member – there are no ID cards to worry about, but you do have the option to print an ID card directly from your myuhcvision member portal if you prefer.

VISION PLAN

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: up to six boxes are included when obtained from a

Additional Features

- UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com
- As part of your vision benefits, you can save on the cost of contacts when you order through uhcontacts.com, which carries most major brands. Use your vision member ID number to save right away, or place your order without it and get reimbursed later. Either way, ordering is fast and easy.



GW WELL-BEING PROGRAM

Life Made Easier.

Resources for Living

An additional well-being resource available to you is the **GW Employee Assistance Program (EAP)**, which offers postdoc associates and scholars along with their immediate family members confidential, 24/7 access to professional counselors who can help with a wide variety of life challenges and concerns including relationships at home, issues at work and more.

The EAP also offers a free, confidential, unlimited phone-based Life Coach program that can help you with career exploration, parenting, communication, relationships, wellness goals and more.

When you contact the EAP, a professional counselor will assess your needs, provide up to 5 counseling and support sessions, and connect you with appropriate benefit programs and/or community resources – all at no cost to you.



Talkspace, the text therapy app, is now available through the GW EAP. Talkspace hr.gwu.edu/talkspace makes it easy and convenient to connect with a licensed behavioral therapist—from just about anywhere, at any time. Postdoc associates, scholars and their eligible dependents (13+ years and up) receive five weeks of text therapy (per issue) to be used within a 120-day window.

For more information or to access the resources available through the EAP, call 866-522-8509, or visit resourcesforliving.com and enter the username (GW-Wellbeing) and password (Yourlife).



Headspace

Headspace, the mindfulness app, is available at no cost to Postdoc Associates and Scholars. The app offers meditation, sleep, exercises and kids programs. Please visit hr.gwu.edu/headspace to sign up today! The app is available through April 19, 2022.

- Sign up using your computer or device, such as a tablet or iPhone. To use on a tablet or phone, the Headspace app will need to be downloaded first.
- Only your @gwu.edu email address can be used to sign up.



You are not required to be enrolled in a GW sponsored medical plan to have access or participate in any of these programs

GW WELL-BEING PROGRAMS

Health Advocate

Get personalized help through the healthcare maze

Health Advocate is a confidential free service for GW Postdocs. 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 Postdoc, 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!



Family Care via Bright Horizons

Bright Horizons Enhanced Family Supports™ offers back-up care, elder care, online tutoring, and STEM learning providers for your family. Services include:

- Free premium access to Sittercity to search for and secure babysitters, pet care providers, and housekeepers.
- Discounts on a local, personalized placement service that will help you find a full-time nanny.
- Discounts on tutoring, STEM programs, summer camps, and small-group classes for school-age children.
- Special privileges for full-time child care, such as preferred enrollment and waived registration fees at Bright Horizons centers.

The new **Elder Care benefit** can help when you in several scenarios, including when a want an opinion about a relative's care needs, short-term care options, or guidance throughout the caregiving journey. You can also:

- Manage your caregiving tasks through *Bright Horizons Elder Care™*
- Work with an **experienced Care Coach** to get answers to caregiving questions, on-site assessments of your relative's living arrangements, and referrals to specialized providers.
- Access your **care planning platform** to share information, coordinate schedules, and discuss your relative's needs with your Coach and family.
- Reserve in-home caregivers through *Bright Horizons Back-Up Care™*

Please visit hr.gwu.edu/family_care for details on these programs and get started today!



All Postdoc Associates and Scholars are eligible for basic life and accidental death and dismemberment (AD&D) insurance. Enrollment is automatic and coverage is paid for by GW.

Core Benefits	Life and AD&D*
Basic Life	1x earnings to max \$100,000
Accidental Death & Dismemberment	1x earnings to max \$100,000

*Automatic enrollment, paid for by GW

What is Life and AD&D Insurance?

Basic Life insurance helps provide financial protection in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

Additional Features

AD&D Seat Belt Benefit: Up to \$25,000 is payable for death as a result of a car accident while wearing a seat belt.

AD&D Airbag Benefit: Provides further protection in the event of a covered automobile accident for which an AD&D Seat Belt Benefit is payable. The amount of the Air Bag Benefit 100 % of AD&D Policy up to \$ 25,000

AD&D Family Benefits: Includes benefits for career adjustment, childcare, and higher education for eligible surviving family members. Review the Life/AD&D Benefit Summaries in the **Plan Documents Library** for additional details.

Designating Your Beneficiary(ies)

A beneficiary is the person or people who will receive your life insurance benefit in the event of your passing. A contingent beneficiary is the person or people who will receive the benefit if the primary beneficiaries have predeceased the insured. You can designate your beneficiaries in the benefits enrollment system. Beneficiaries can be updated at any time.

Life Insurance and Income Taxes

For Associates: The value of university provided life insurance exceeding \$50,000 is required to be reported as income by IRS. The Imputed income, based on the IRS Premium Table, will be reported on your W-2 form. If you wish to avoid imputed income, you may waive the value of coverage over \$50,000

For Scholars: The full value of the university provided life insurance is required to be reported as income by the IRS. The imputed income, based on the IRS Premium Table, will be reported on your Form 1099.



Please note: International postdocs holding a J-1 visa (and their J-2 dependents) DO NOT need to purchase supplemental medical evacuation and repatriation coverage to meet J-1 and J-2 visa requirements. The Life/AD&D plan satisfies these requirements, even if the postdoc waives the medical, dental and vision coverage.



LONG-TERM DISABILITY (LTD) PLAN

All Postdoc Associates and Scholars are eligible for basic Long-Term Disability Insurance. Enrollment is automatic and coverage is paid for by GW.

What is Long-Term Disability Insurance?

- The LTD plan, offered by Lincoln Financial, provides you a way to protect your income if you become disabled for a lengthy period of time.
- It is important to have protection for your income to allow you to meet your financial obligations when you are unable to work; disability insurance does just that.

LTD insurance is provided at no cost to you.



Core Benefits	Long-Term Disability (LTD)
Benefit Amount	60% of your <i>pre-disability</i> earnings (up to a maximum of \$10,000 per month)
Benefit Waiting Period	Payable after 180 days of continued disability
Maximum Benefit Period	If approved for LTD at age 65 or above, LTD can be approved longer than SSNRA
Pre-existing Conditions	Ailments diagnosed/treated during the 3 months prior to enrollment will not be covered until the plan has been active for 12 months.

VOLUNTARY BENEFITS

ID Theft protection

GW Postdocs are eligible to enroll in identity protection as part of GW's voluntary benefit offerings via Allstate Identity Protection. Allstate Identity Protection delivers a powerful approach to online privacy with unique tools and proactive monitoring that help you see your personal data, manage it with real time alerts, and protect your identity. Monitor your financial transactions, social media, and more. If fraud occurs, in-house experts fully manage restoring your identity.

You may enroll in or cancel identity protection at any time during the year. Coverage begins immediately after enrollment. Payments for this voluntary program are made directly to Allstate.

Visit myaip.com/gw to enroll.

Pet Insurance

GW Postdocs can enroll in the My Pet Protection plans from Nationwide®, a voluntary benefit offering. The plan provides best-in-show coverage for vet bills, with plan offerings that cover 70 or 50 percent reimbursement for accidents, illnesses and much more. My Pet Protection will reimburse a straightforward 70 or 50 percent of your vet bill (depending on the plan selected) instead of using a benefit schedule. Pet insurance will continue to be offered as a voluntary benefit through Nationwide®.

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

Other Benefits



You may be eligible for **additional benefits based on your postdoc classification**, please visit the GW Postdoc Benefits webpage at hr.gwu.edu/postdoc_benefits for eligibility and plan details.

POSTDOC RATES AND CONTRIBUTIONS

MEDICAL		
FULL TIME	Postdoc Contribution	GW Contribution
Postdoc Only	\$98.77	\$453.01
Postdoc + Spouse	\$341.84	\$993.46
Postdoc + Child(ren)	\$248.14	\$748.39
Family	\$509.20	\$1,329.06

MEDICAL		
PART TIME	Postdoc Contribution	GW Contribution
Postdoc Only	\$275.89	\$275.89
Postdoc + Spouse	\$667.65	\$667.65
Postdoc + Child(ren)	\$498.27	\$498.27
Family	\$919.13	\$919.13

DENTAL			
	DMO	Low PPO	High PPO
Postdoc Only	\$15.25	\$31.22	\$52.19
Postdoc + One	\$34.87	\$65.35	\$113.19
Family	\$42.20	\$80.31	\$136.95

VISION	
Postdoc Only	\$7.40
Postdoc + One	\$13.71
Family	\$21.87



ASSOCIATES —Imputed Income: IRS regulations mandate that the value of GW's contributions to healthcare benefits for domestic partners of Associates and their eligible children be considered taxable income to the Associate.



SCHOLARS —Imputed Income: IRS regulations mandate that the value of the GW benefits for Scholars and their eligible dependents be considered taxable income to the Scholar. For questions, please contact benefits@gwu.edu.

ENROLLMENT INSTRUCTIONS FOR POSTDOCS

Using the GW Benefits Enrollment System

How to use the GW Benefits Enrollment System:

1. Read this guide and consider your benefit needs for 2022. If you are adding a new 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 NetID and password, you will automatically be directed the site.

If you are logging in from a personal computer, you will be prompted to enter your NetID and password. You will subsequently enter the GW Benefits Enrollment system.

4. Once you've gained access to the system, select the "Enroll now" button.

5. You will be directed to select the Qualified Life Event that best describes the reason you are entering the online enrollment system. If you are a newly-hired employee enrolling for the first time, please select "Newly Eligible .

6. Follow the prompts to make your benefit selections.

7. Enter your life insurance beneficiary information.

8. Review your confirmation statement for accuracy, and save a copy for your records.

** 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

Child – birth certificate or other proof of birth

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.

GW's Enrollment ID is 108170. Please use this number if you encounter a screen that asks for a Portal or Enrollment ID to continue with enrollment.

NOTE

Don't Forget to designate a beneficiary to receive your life insurance benefits.

NOTE

- Please review your enrollment elections on the pre-confirmation screen and edit them if necessary. If correct, select "Continue" to authorize your enrollment changes. You will receive a confirmation number once authorization is complete. We recommend saving a copy of the enrollment confirmation page for your records, as the confirmation number may be required for any future inquiries regarding your enrollment.
- 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.

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.

You can also find benefit summaries and costs, vendor contact information, Summary Plan Descriptions and more on the [Gallagher Benefits website](#)

CONTACT INFORMATION

Who to Call	Contact Information	Plan Information (if applicable)
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Medical and Pharmacy Benefits

UnitedHealthcare (Customer Service and Advocate4Me)	(866) 633-2446 • myuhc.com	Group# 925169
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Dental

Aetna	(877) 238-6200 • aetna.com	Group # 175055
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Life, AD&D and Disability

Lincoln Financial	(800) 213-5609 • mylincolnportal.com	
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Vision

UnitedHealthcare Vision	Customer Service: (800) 638-3120 Provider Locator: (800) 638-3120 myuhcvision.com	
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Work-Life and Wellness Benefits

GW EAP	(866) 522-8509 • hr.gwu.edu/eap	
Health Advocate	(866) 695-8622 • healthadvocate.com/gwu	
Quit For Life Smoking Cessation	(877) 820-7190 • quitnow.net	

GW Departments

Benefits Call Center (Benefits Enrollment System Inquiries)	(888) 4GWUBEN (449-8236)	
Gallagher Benefits (Health and Welfare Benefits Inquiries)	(800) 261-7109 • https://clients.garnett-powers.com/pd/gwu	
GW Benefits	(571) 553-8382 • hr.gwu.edu/benefits	
Payroll (For Postdoc Associates' pay)	(571) 553-4277 • hr.gwu.edu/payroll	



Insurance | Risk Management | Consulting

This document is an outline of the coverage proposed by the carrier(s), based on information they provide. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your postdoc benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your dedicated account representative.