



benefits.georgetown.edu



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2022

BENEFITS GUIDE



1789
GEORGETOWN UNIVERSITY
Office of Faculty & Staff Benefits

HR CARES

The Office of Faculty & Staff Benefits is a division of the Department of Human Resources. HR CARES for the employees and retirees of Georgetown University through culture, accessibility, respect, engagement and service. To learn more visit hr.georgetown.edu.



GEORGETOWN UNIVERSITY
Office of Faculty & Staff Benefits

The Office of Faculty and Staff Benefits

Questions?

Contact the
HR/Benefits/Payroll Service Center
Monday – Friday, 8:30 a.m. – 5:00 p.m.



1-202-687-2500



benefitshelp@georgetown.edu



Schedule an Appointment

Meet with a benefits team member by phone or Zoom. Schedule your personal benefits appointment at benefits.georgetown.edu.



Language Translation Services

Language translation services are available through AdAstra. Contact the Office of Faculty and Staff Benefits to arrange an appointment supported by a translator.

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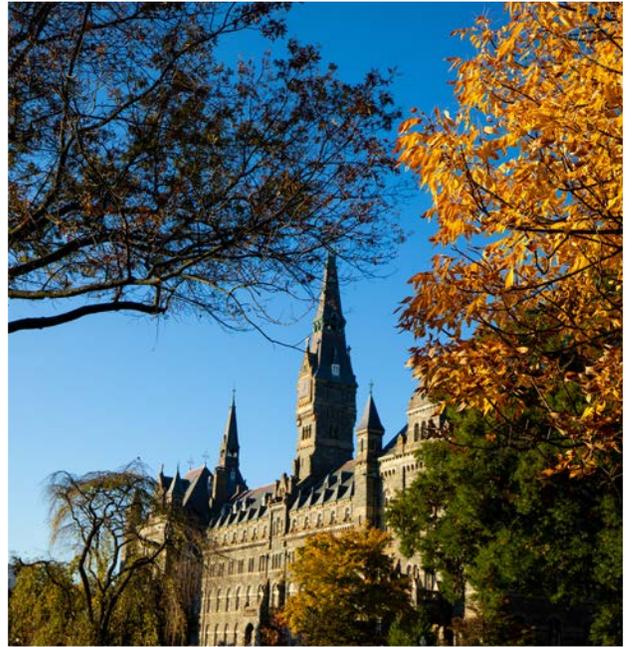
Important Information About Medicare Prescription Drug Coverage

If you or your dependents have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage — see pages 44-45.

Welcome to Georgetown University!

It is a pleasure and an honor to have you as part of our community. The work you do here will further Georgetown University's mission of research, teaching and service. That is important work.

The concept of Cura Personalis, or Care for the Whole Person, is central to who we are as an institution of higher learning and as an employer. Whether you are maintaining good health, managing a chronic illness through the pandemic, planning for retirement, pursuing education, or caring for young children or aging parents, the Office of Faculty and Staff Benefits is here to offer you resources and assistance in your endeavors. It's the privilege of the Office of Faculty and Staff Benefits to support your well-being through the benefits, programs, resources and services we provide.



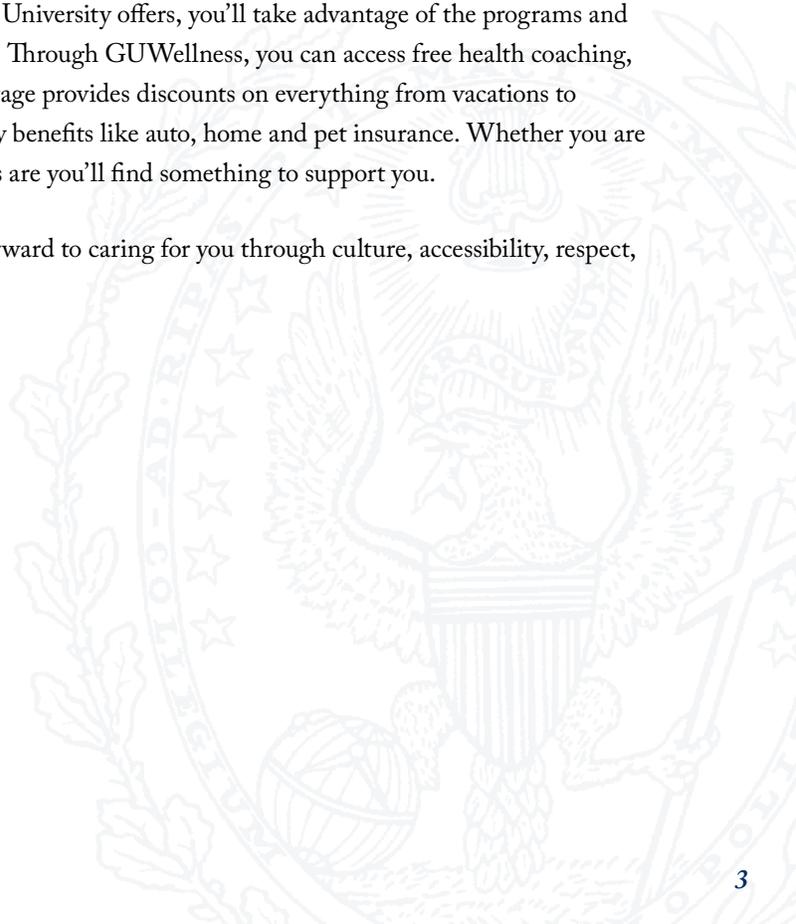
I invite you to take the time to review this guide and the information available at benefits.georgetown.edu. If you have questions, contact our office by phone (1-202-687-2500), email (benefitshelp@georgetown.edu) or visit our website to make an appointment for a one-on-one benefits consultation. We understand that the nitty gritty of health insurance, retirement savings and other benefits can be confusing, complex and, at times, stressful. We will strive to provide you with the information you need to make the best choices for you and your family.

We hope that, in addition to the comprehensive benefits that the University offers, you'll take advantage of the programs and resources of GUWellness: Mind, Body, Soul and GUAdvantage. Through GUWellness, you can access free health coaching, workshops, webinars and fun community challenges. GUAdvantage provides discounts on everything from vacations to electronics to gym memberships, as well as a number of voluntary benefits like auto, home and pet insurance. Whether you are looking for wellness for your body, brain, spirit or wallet, chances are you'll find something to support you.

Thank you for all you do for Georgetown University. We look forward to caring for you through culture, accessibility, respect, engagement and service.

Be well,

Charles DeSantis
Associate Vice President and Chief Benefits Officer





Benefits and Eligibility

Eligibility for coverage under the various benefit plans is based on your employment category. To find out which benefits you're eligible to participate in, visit benefits.georgetown.edu/staff/enrolling.

Eligible Dependents

Most plans allow you to cover your eligible dependents, including your children up to a certain age. If you are covered under a plan, you may also elect coverage for your legal spouse/legally domiciled adult (LDA) and your eligible dependent children. To find out if your dependents are eligible to enroll in benefits, visit benefits.georgetown.edu/eligibility.

Georgetown reserves the right to require documentation of a dependent's eligibility at any time.

If you do not enroll your dependents for coverage when you are first eligible, you have to wait until the next Open Enrollment except as summarized in the *Making Changes During the Year* and the *HIPAA Special Enrollment Rights* sections of this guide.

New Employees

Newly hired benefits-eligible faculty, staff and academic administrative professionals (AAPs) are encouraged to attend a Benefits Orientation to learn more about the benefits offered through Georgetown University and how to enroll. Newly hired or newly eligible employees have 30 days to make their benefits elections in GMS.

You can find the Benefits Orientation schedule and register at guwellness.eventbrite.com. More new hire resources can be found at hr.georgetown.edu/orientations-and-more.

Enrollment in the following benefits is *not* automatic: medical*, dental, vision, flexible spending accounts, supplemental life insurance, spouse/child life insurance, voluntary accidental death & dismemberment, and voluntary programs through GUA Advantage.

* Please refer to the section titled *Health Insurance Marketplace* for important information about your medical coverage options.

Enroll promptly to have access to your benefits as soon as they take effect. Plan ID cards are usually sent within two to three weeks of enrollment; however, you can seek care before having them in hand. Just call your insurance company, register on the vendor's website or download their mobile app (see page 58).

Making Benefit Elections in Georgetown Management System (GMS)



Log in to the GMS website at gms.georgetown.edu using your NetID and password or through the Workday app.

- In your GMS inbox, select the option to enroll in benefits. Open **Benefit Change Event**.
- Elect or waive coverage for each option and select **Continue** when you are sure your selections are accurate.
- You need the date of birth, Social Security number and address for each dependent and/or beneficiary you include. You also need to submit documentation via GMS that verifies the eligibility of your dependent (such as a birth or marriage certificate).
- Submit your elections after reviewing/completing each page.

You can also make your retirement plan elections through GMS. After you enroll, you will receive account information from the vendor and can change your allocations any time through the vendor's website.

New Hire Enrollment and Effective Date Rules

You have 30 days from your hire date to enroll in benefits through the Georgetown Management System (GMS). Medical, dental, vision, flexible spending account, supplemental life insurance, spouse/child life insurance and other voluntary benefits elected will take effect on either: a) the first of the month following your date of hire; or b) on your date of hire (if your date of hire is the first of the month). If your life insurance election requires you and/or your spouse to submit an online Statement of Health form (see page 30), coverage above the allowed amount will take effect on the date MetLife approves insurability. Basic life insurance, basic AD&D insurance, business travel accident insurance, short term disability/salary continuance, long term disability and retirement benefits are effective on your date of hire.

If you do not enroll for coverage when you are first eligible, you have to wait until the next Open Enrollment except as summarized in the *Making Changes During the Year and the HIPAA Special Enrollment Rights* sections of this guide. Attending a Benefits Orientation session does not automatically enroll you in any benefits.

Continuing Coverage

If you have insurance coverage that is continuing beyond the effective date of your Georgetown coverage, you may waive the Georgetown-sponsored plans and keep your current medical, dental and/or vision coverage. When your non-Georgetown coverage ends, it counts as a qualifying event that lets you enroll in Georgetown coverage. This allows you to maintain continuous coverage without paying premiums on overlapping coverage. To enroll as a result of a qualifying event, you need to provide supporting documentation that verifies the loss of other coverage. Supporting documentation should be uploaded into GMS. You'll also be able to enroll and change plans during Open Enrollment.

Making Changes During the Year

Generally, Open Enrollment is the only time you can change your benefit plan elections. However, after a qualifying event, you have 30 calendar days from the event to log in to GMS, request changes to your elections and upload supporting documents. Find more information in the Qualifying Events Matrix at benefits.georgetown.edu/benefitschanges.

You can change your retirement savings plan elections at any time during the year if you're eligible. See the *Retirement Benefits* section for more details.

Open Enrollment

Open Enrollment is your opportunity to review and elect your benefits for the upcoming year. Open Enrollment is held in the fall (typically mid-October through mid-November). During this time, you may enroll and make changes to your benefits using GMS.

You need to take action during Open Enrollment if you want to:

- Change your medical, dental, vision, supplemental life (for you), dependent life (for your legal spouse/child) and/or other voluntary insurance coverage
- Enroll a dependent or drop their coverage
- Enroll (or re-enroll) in a flexible spending account (health care and/or dependent care) or a health savings account





Medical Coverage

You and your eligible dependents can enroll in one of these Georgetown medical plans. They all provide comprehensive coverage and cover network preventive care at 100%.

	Kaiser Signature HMO		CareFirst BlueChoice Advantage CDHP with HSA
	Kaiser Signature HDHP 3 with HSA		UnitedHealthcare Choice Plus PPO
	CareFirst BlueChoice Advantage POS		

Georgetown pays a portion of your medical premium. The total amount you pay — or your contribution — is calculated like this:





Plan Features to Compare (Besides the Premium)

Premiums aren't the only thing to look at when choosing a plan. It's a good idea to also compare these other key features across the plans.

1 Service Area. Where can I access care?

Kaiser Signature HMO	Kaiser Signature HDHP 3 with HSA	CareFirst BlueChoice Advantage POS	CareFirst BlueChoice Advantage CDHP with HSA	UnitedHealthcare Choice Plus PPO
Washington, D.C. Metro Area	Washington, D.C. Metro Area	USA	USA	USA

You only have emergency or urgent care coverage outside a plan's **service area**.

2 Network. Can I use non-network providers and facilities?

Kaiser Signature HMO	Kaiser Signature HDHP 3 with HSA	CareFirst BlueChoice Advantage POS	CareFirst BlueChoice Advantage CDHP with HSA	UnitedHealthcare Choice Plus PPO
No	No	Yes	Yes	Yes

Network providers have set limits on how much they charge you for services.

Non-network providers don't have set limits on how much they can charge you — that's why you pay more money at non-network providers.



3

Out-of-Pocket Costs. Will I be responsible for paying deductibles, copays, coinsurance or a combination?

Kaiser Signature HMO	Kaiser Signature HDHP 3 with HSA	CareFirst BlueChoice Advantage POS	CareFirst BlueChoice Advantage CDHP with HSA	UnitedHealthcare Choice Plus PPO
Copays	Deductible, coinsurance	Deductible, copays, coinsurance	Deductible, coinsurance	Deductible, copays, coinsurance

Copay is a fixed amount you pay each time you receive a specific service.

Deductible is an annual amount you reach by adding up your out-of-pocket payments for eligible medical and prescription expenses. Once you meet the deductible, your medical plan starts paying a portion of eligible costs for you. Some plans have network and non-network deductibles.

Coinsurance is the portion of costs you pay when a plan is also paying a portion. You start paying coinsurance after meeting the deductible.

4

Deductible. Will I have to pay an annual deductible? How much?

	Kaiser Signature HMO	Kaiser Signature HDHP 3 with HSA	CareFirst BlueChoice Advantage POS	CareFirst BlueChoice Advantage CDHP with HSA	UnitedHealthcare Choice Plus PPO
Network	None	\$1,500 ind. \$3,000 fam.	\$125 ind. \$250 fam.	\$2,000 ind. \$4,000 fam.	\$500 ind. \$1,000 fam.
Non-network	N/A	N/A	\$1,000 ind. \$2,000 fam.	\$3,000 ind. \$6,000 fam.	\$1,000 ind. \$2,000 fam.

When the costs you pay at network providers add up to the **network deductible**, you start paying coinsurance at network providers.

When the costs you pay at non-network providers add up to the **non-network deductible**, you start paying coinsurance at non-network providers.

5

Coinsurance Limit. What's the most I'll pay for coinsurance for the year?

	Kaiser Signature HMO	Kaiser Signature HDHP 3 with HSA	CareFirst BlueChoice Advantage POS	CareFirst BlueChoice Advantage CDHP with HSA	UnitedHealthcare Choice Plus PPO
Network	N/A	N/A	\$1,500 ind. \$3,000 fam.	\$1,000 ind. \$2,000 fam.	N/A
Non-network	N/A	N/A	\$5,000 ind. \$10,000 fam.	\$3,000 ind. \$6,000 fam.	N/A



Annual coinsurance limit is the highest amount you may pay out-of-pocket annually for coinsurance before the plan pays 100%. Depending on your plan, medical and/or prescription copays may still apply and would count toward your out-of-pocket maximum.

6

Out-of-Pocket Limit. What is most I'll pay out of pocket this year?

	Kaiser Signature HMO	Kaiser Signature HDHP 3 with HSA	CareFirst BlueChoice Advantage POS	CareFirst BlueChoice Advantage CDHP with HSA	UnitedHealthcare Choice Plus PPO
Network	\$1,300 ind. \$2,600 fam.	\$3,500 ind. \$7,000 fam.	\$6,000 ind. \$12,000 fam.	\$6,000 ind. \$12,000 fam.	\$2,000 ind. \$4,000 fam.
Non-network	N/A	N/A			\$4,000 ind. \$8,000 fam.

When your deductible and coinsurance costs at network providers add up to the **network out-of-pocket limit**, the plan starts paying 100% of your eligible costs at network providers.

When your deductible and coinsurance costs at non-network providers add up to the **non-network out-of-pocket limit**, the plan starts paying 100% of your eligible costs at non-network providers.

7

Prescription Drugs. What carrier provides the prescription drug coverage for my plan?

Kaiser Signature HMO	Kaiser Signature HDHP 3 with HSA	CareFirst BlueChoice Advantage POS	CareFirst BlueChoice Advantage CDHP with HSA	UnitedHealthcare Choice Plus PPO
Kaiser Permanente	Kaiser Permanente	CVS Caremark	CVS Caremark	CVS Caremark



Health Savings Account. Does my medical plan allow me to contribute to an HSA?

8

Kaiser Signature HMO	Kaiser Signature HDHP 3 with HSA	CareFirst BlueChoice Advantage POS	CareFirst BlueChoice Advantage CDHP with HSA	UnitedHealthcare Choice Plus PPO
No	Yes	No	Yes	No

A **Health Savings Account**, or HSA, lets you save up pre-tax money for eligible medical, prescription drug, dental and vision expenses — including deductible and coinsurance amounts. Unused money carries over each year and is yours to keep even if you change medical plans, change jobs or retire. This account also lets you:

- Earn tax-free interest.
- Invest.
- Make tax-free withdrawals for eligible expenses.

The Internal Revenue Service limits how much you can contribute to an HSA each year. In 2022, you can contribute up to: \$3,650 for individual coverage and up to \$7,300 for family coverage. If you're age 55 or above, you can contribute an additional \$1,000 per year (catch-up contribution).

Learn more at irs.gov/publications/p969 and see a list of eligible HSA expenses at irs.gov/publications/p502.

You can contribute to an HSA if you're enrolled in a qualified high deductible health plan and meet the following criteria:

- No one in your household is enrolled in a Health Care FSA for 2022.
- You don't have a remaining (unspent) 2021 Health Care FSA balance as of January 1, 2022.
- You aren't enrolled in Medicare Part A or B.

9

Dependent Children. What is the age limit for enrolling dependent children under my plan?*

Kaiser Signature HMO	Kaiser Signature HDHP 3 with HSA	CareFirst BlueChoice Advantage POS	CareFirst BlueChoice Advantage CDHP with HSA	UnitedHealthcare Choice Plus PPO
Under 26	Under 26	Under 26 (or under 30 if full-time student)	Under 26 (or under 30 if full-time student)	Under 26 (or under 30 if full-time student)

* Age limit for wards is under 24 years old if they were your ward at the time your legal guardianship expired under applicable state law.

Side-by-Side Comparison of Medical Coverage

The following table provides a quick comparison of the medical benefits under each 2022 medical plan.

Key Features	Kaiser Signature		CareFirst BlueChoice Advantage				UnitedHealthcare Choice Plus	
	HMO	HDHP 3 with HSA	POS		CDHP with HSA		PPO	
	Network	Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Annual Deductible (ded.)*								
	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Individual	None	\$1,500	\$125	\$1,000	\$2,000	\$3,000	\$500	\$1,000
Family		\$3,000	\$250	\$2,000	\$4,000	\$6,000	\$1,000	\$2,000
Annual Coinsurance Limits								
Individual	N/A	N/A	\$1,500	\$5,000	\$1,000	\$3,000	N/A	N/A
Family			\$3,000	\$10,000	\$2,000	\$6,000		
Annual Out-of-Pocket Limits**								
Individual	\$1,300	\$3,500	\$6,000		\$6,000		\$2,000	\$4,000
Family	\$2,600	\$7,000	\$12,000		\$12,000		\$4,000	\$8,000
Office Visit, Lab & Testing								
PCP visit	\$20 copay		\$25 copay				\$20 copay	
Specialist visit	\$30 copay		\$40 copay				\$30 copay	
Outpatient surgery	\$50 copay		10% after ded.				20% after ded.	
X-ray & lab testing	No charge	10% after ded.	\$25 copay (PCP)/\$40 copay (spec.)	30% after ded.	10% after ded.	30% after ded.	20% after ded.	25% after ded.
Specialty imaging	\$50 copay		\$50 copay				20% after ded.	
Diagnostic services	Varies		\$25/\$40 copay				20% after ded.	
Inpatient Hospital Services								
Room & board								20% after ded.
Physician	\$100 copay	10% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	20% after ded.	25% after ded.
Surgeon								25% after ded.
Emergency or Urgent Care								
Emergency room	\$100 copay***		10% after ded.***	Paid as in-network		Paid as in-network	\$100 copay***	\$100 copay***
Ambulance	\$50 copay	10% after ded.	\$50 copay	Paid as in-network	10% after ded.	Paid as in-network	20% after ded.	Paid as in-network
Urgent care	\$30 copay		\$40 copay	\$40 copay		10% after ded.	\$30 copay	25% after ded.
Mental Health/Substance Abuse								
Inpatient services	\$100 copay		10% after ded.				20% after ded.	20% after ded.
Outpatient services	\$20 copay (ind.)/\$10 copay (grp.)	10% after ded.	\$25 copay	30% after ded.	10% after ded.	30% after ded.	\$20 copay	25% ded. waived

You are responsible for any non-network charges that exceed the plan's allowable charge.

This summary is provided for general information only. Since exclusions, dollar, frequency, age limitations and medical necessity guidelines apply, you should refer to the specific plan documents for detailed information. *For the HMO, POS and PPO plan, no individual will pay more than their individual deductible, even if they're enrolled in family coverage (known as an "embedded" deductible). However, for those enrolled in HDHP and CDHP family coverage, the total family deductible must be met before the HDHP and CDHP begins sharing the cost for eligible services for any individual (known as a "non-embedded" deductible). **The out-of-pocket limit includes deductibles, coinsurance, medical copays and prescription drug copays. The family out-of-pocket limit has an embedded individual out-of-pocket limit that allows for individuals who have satisfied their plan's individual out-of-pocket limit to have their eligible expenses paid at 100% even if the family out-of-pocket limit has not yet been met. ***Waived if admitted.

Side-by-Side Comparison of Medical Coverage

The following table provides a quick comparison of the prescription drug benefits under each 2022 medical plan.

Key Features	Kaiser Signature				CareFirst BlueChoice Advantage		UnitedHealthcare Choice Plus
	HMO		HDHP 3 with HSA		POS	CDHP with HSA	PPO
	Network		Network		♥CVS caremark®	♥CVS caremark®	♥CVS caremark®
	You Pay		You Pay		You Pay	You Pay	You Pay
Prescription Drug Benefits							
Retail	Copay for 30-day supply		Copay for 30-day supply after ded.		Copay for 30-day supply	Copay for 30-day supply after ded.	Copay for 30-day supply
	Kaiser facility	Participating pharmacy	Kaiser facility	Participating pharmacy			
Tier 1	\$15	\$20	\$15	\$25	\$10	\$10	\$10
Tier 2	\$25	\$45	\$35	\$45	\$30	\$30	\$30
Tier 3	\$40	\$60	\$60	\$80	\$50	\$50	\$50
Tier 4	N/A	N/A	N/A	N/A	\$0*	N/A	\$0*
Mail Order	Copay		Copay after ded.		Copay for 90-day supply	Copay for 90-day supply after ded.	Copay for 90-day supply
	30-day	90-day	30-day	90-day			
Tier 1	\$15	\$30	\$15	\$30	\$20	\$20	\$20
Tier 2	\$25	\$50	\$35	\$70	\$60	\$60	\$60
Tier 3	\$40	\$80	\$60	\$120	\$100	\$100	\$100

* Through the partnership between CVS Caremark and PrudentRx, you can receive a 30-day supply of specialty medications with no copay by enrolling in the PrudentRx program. Otherwise, your cost will be 30% coinsurance.

CareFirst and UnitedHealthcare Participants

You have a separate pharmacy plan administered by CVS Caremark. This means you'll have **two separate member ID cards** – one for medical and one for filling prescriptions. Through your pharmacy benefit, you'll have access to:

- Savings opportunities
- Online tools
- Specialty pharmacy

You can fill prescriptions at your local pharmacy or mail service. Take advantage of the 9,500 CVS Pharmacy locations and 68,000 network pharmacies, including independent pharmacies and chains. All participants will receive a welcome kit with more information and a CVS Caremark ID card.

90 Day Supply of Maintenance Medications

Your 90-day supply of maintenance medications must be filled directly through CVS retail pharmacies, Target or CVS Caremark's mail order program. This will help you reduce prescription medication costs for conditions such as high blood pressure, arthritis and diabetes.



Two separate member ID cards

All the Georgetown medical plans cover network preventive care at 100%. When you receive preventive care from non-network providers, charges may apply. Find more details in the plan's Summary of Benefits and Coverage on benefits.georgetown.edu.

Kaiser Signature HMO Plan Basics

Available to: You and your eligible dependents.
Plan service area: Washington, D.C. metro area
Network providers required? Yes
Medical carrier: Kaiser Permanente
 (my.kp.org/georgetown or 1-800-777-7902)
Prescription carrier: Kaiser Permanente

Eligible for a Health Savings Account? No
Age limit for enrolled children: Under 26*

How to Access Care

- 1. If you had a different medical plan in 2021, look for a new ID card in your mailbox at home.** Always use your new card to avoid errors.
- 2. Create an account at my.kp.org/georgetown and download the Kaiser Permanente app to your phone.** Both let you:
 - View your medical ID card.
 - Make appointments.
 - Check lab results.
 - Fill prescriptions.
 - Email your doctor.

Download the Kaiser Permanente App



- 3. Save the Advice Nurse Line phone number — 1-800-777-7904 — to your phone.** It's free and lets you talk to a nurse about non-emergency health concerns, such as mild Covid-19-like symptoms, minor cuts and stomachaches.
- 4. Sign up for your video visit service at healthy.kaiserpermanente.org/get-care.** Video visits are free and let you connect with a doctor through your phone, laptop or tablet about non-emergencies. Doctors can provide diagnosis and prescribe medications.
- 5. Schedule preventive care services.** These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

Care Outside the Washington, D.C. Service Area

Outside the plan's service area, you and enrolled family members generally only have coverage for:

- Emergency and urgent care services within and outside the United States.
- Authorized referrals.
- Covered services received in other Kaiser Permanente regions and group health cooperative service areas.

Use the Away from Home Travel Line

- 1-951-268-3900
- kp.org/travel

If You Leave the Service Area

If you stop working and/or living in the Washington, D.C. metro area, you must switch to a different medical plan. The Kaiser HMO plan only provides emergency and urgent care coverage outside its service area. **You have up to 30 days after the date you move to change your medical plan.** Please contact the benefits service team at benefitshelp@georgetown.edu.



* Age limit for wards is under 24 years old if they were your ward at the time your legal guardianship expired under applicable state law.

Kaiser Signature HDHP 3 with HSA Plan Basics

Available to: You and your eligible dependents.
Plan service area: Washington, D.C. metro area
Network providers required? Yes
Medical carrier: Kaiser Permanente
 (my.kp.org/georgetown or 1-800-777-7902)
Prescription carrier: Kaiser Permanente

Eligible for a Health Savings Account? Yes
Employer contribution to HSA? Yes
HSA administrator: Kaiser Permanente
 (kp.org/healthpayment, 1-877-761-3399 or
 kp@healthaccountservices.com)
Age limit for enrolled children: Under 26*

How to Access Care

- 1. If you had a different medical plan in 2021, look for a new ID card in your mailbox at home.** Always use your new card to avoid errors.
- 2. Create an account at my.kp.org/georgetown and download the Kaiser Permanente app to your phone.** Both let you:
 - View your medical ID card.
 - Make appointments.
 - Check lab results.
 - Fill prescriptions.
 - Email your doctor.

Download the Kaiser Permanente App



- 3. Save the Advice Nurse Line phone number — 1-800-777-7904 — to your phone.** It's free and lets you talk to a nurse about non-emergency health concerns, such as mild Covid-19-like symptoms, minor cuts and stomachaches.
- 4. Sign up for your video visit service at healthy.kaiserpermanente.org/get-care.** Video visits are free if you have satisfied your deductible and let you connect with a doctor through your phone, laptop or tablet about non-emergencies. Doctors can provide diagnosis and prescribe medications.
- 5. Schedule preventive care services.** These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

Care Outside the Washington, D.C. Service Area

Outside the plan's service area, you and enrolled family members generally only have coverage for:

- Emergency and urgent care services within and outside the United States.
- Authorized referrals.
- Covered services received in other Kaiser Permanente regions and group health cooperative service areas.

Use the Away from Home Travel Line

- 1-951-268-3900
- kp.org/travel

If You Leave the Service Area

If you stop working and/or living in the Washington, D.C. metro area, you must switch to a different medical plan. The Kaiser HDHP only provides emergency and urgent care coverage outside its service area. **You have up to 30 days after the date you move to change your medical plan. Please contact the benefits service team at benefitshelp@georgetown.edu.**



* Age limit for wards is under 24 years old if they were your ward at the time your legal guardianship expired under applicable state law.



Kaiser Signature HDHP 3 with HSA Plan Basics (continued)

How to Use a Health Savings Account

Contribute to your account up to the IRS limit

In 2022, you can contribute pre-tax up to:

\$3,650 individual coverage

\$7,300 family coverage

\$1,000 catch-up contributions if you're age 55 or above



If you establish your HSA with Kaiser, Georgetown contributes to your HSA over the course of the year with a total annual contribution of \$750 if you have individual coverage or \$1,500 if you have family coverage.

Pay current eligible expenses

Use your HSA debit card to pay eligible medical, prescription drug, dental and vision expenses — including deductible and coinsurance amounts.



There's a tax penalty for paying ineligible expenses with your HSA before age 65.

Save for expenses down the road

Unused HSA money carries over each year and is yours to keep even if you change medical plans, change jobs or retire. It also earns tax-free interest and lets you invest and make tax-free withdrawals for eligible expenses. Learn more at irs.gov/publications/p969 and see a list of eligible HSA expenses at irs.gov/publications/p502.

CareFirst BlueChoice Advantage POS Plan Basics

Available to: You and your eligible dependents.

Plan Service Area: United States

Network providers required? No, but you pay more money at non-network providers. For the highest level of benefits, use:

- BlueChoice Advantage providers.
- BlueCard PPO providers outside the Washington, D.C. metro area. Call 1-800-810-BLUE (2583) or visit provider.bcbs.com to find BlueCard providers.

Medical carrier: CareFirst

(carefirst.com or 1-877-691-5856)

Prescription carrier: CVS Caremark
(caremark.com or 1-844-256-0030)

Eligible for a Health Savings Account? No

Age limit for enrolled children: Under 26
(or under 30 if full-time student)*

How to Access Care

1. Use your new ID cards. If you had a different medical plan in 2021, you'll receive two ID cards by mail — one for your medical coverage and one for your CVS Caremark pharmacy benefits. If you're new to the plan, you also receive a Welcome Kit from CVS Caremark with more information.

2. Create an account at carefirst.com and download the CareFirst app to your phone. Both let you:

- View your medical ID card.
- Find doctors and other providers.
- Make appointments.
- Check lab results.
- Email your doctor.

Download the CareFirst App



3. Create an account at caremark.com and download the CVS Caremark app to your phone. Both let you:

- View your prescription ID card.
- Find pharmacies near you.
- Fill and refill prescriptions.

Download the CVS Caremark App



4. Save the Advice Nurse Line phone number — 1-800-535-9700 — to your phone. This free service lets you talk to a nurse about non-emergency health concerns, such as mild Covid-19-like symptoms, minor cuts and stomachaches.

5. Sign up for your video visit service at carefirstvideovisit.com. Enter your CareFirst member ID when signing up. You pay \$25 per video visit. Use them to connect with a doctor through your phone, laptop or tablet about non-emergencies. Doctors can provide diagnosis and prescribe medications.

6. Schedule preventive care services. These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

Care Outside the Washington, D.C. Service Area

You and enrolled family members have:

- Network coverage if you use BlueCard PPO providers.
- Non-network coverage if you use non-BlueCard PPO providers.
- Emergency coverage within and outside the United States.

* Age limit for wards is under 24 years old if they were your ward at the time your legal guardianship expired under applicable state law.

CareFirst BlueChoice Advantage CDHP with HSA Plan Basics

Available to: You and your eligible dependents.

Plan Service Area: United States

Network providers required? No, but you pay more money at non-network providers. For the highest level of benefits, use:

- BlueChoice Advantage providers.
- BlueCard PPO providers outside the Washington, D.C. metro area. Call 1-800-810-BLUE (2583) or visit provider.bcbs.com to find BlueCard providers.

Medical carrier: CareFirst

(carefirst.com or 1-877-691-5856)

Prescription carrier: CVS Caremark
(caremark.com or 1-844-256-0030)

Eligible for a Health Savings Account? Yes

Employer contribution to HSA? No

HSA administrator: Further

(member.carefirst.com/mos/#/login, 1-866-758-6119 or CareFirstSolutions@HelloFurther.com)

Age limit for enrolled children: Under 26
(or under 30 if full-time student)*

How to Access Care

1. Use your new ID cards. If you had a different medical plan in 2021, you'll receive two ID cards by mail — one for your medical coverage and one for your CVS Caremark pharmacy benefits. If you're new to the plan, you also receive a Welcome Kit from CVS Caremark with more information.

2. Create an account at carefirst.com and download the CareFirst app to your phone. Both let you:

- View your medical ID card.
- Find doctors and other providers.
- Make appointments.
- Check lab results.
- Email your doctor.

Download the CareFirst App



3. Create an account at caremark.com and download the CVS Caremark app to your phone. Both let you:

- View your prescription ID card.
- Find pharmacies near you.
- Fill and refill prescriptions.

Download the CVS Caremark App



4. Save the Advice Nurse Line phone number — 1-800-535-9700 — to your phone. This free service lets you talk to a nurse about non-emergency health concerns, such as mild Covid-19-like symptoms, minor cuts and stomachaches.

5. Sign up for your video visit service at carefirstvideovisit.com. Enter your CareFirst member ID when signing up. You pay 10% coinsurance per video visit after your deductible. Use video visits to connect with a doctor through your phone, laptop or tablet about non-emergencies. Doctors can provide diagnosis and prescribe medications.

6. Schedule preventive care services. These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

Care Outside the Washington, D.C. Service Area

You and enrolled family members have:

- Network coverage if you use BlueCard PPO providers.
- Non-network coverage if you use non-BlueCard PPO providers.
- Emergency coverage within and outside the United States.

* Age limit for wards is under 24 years old if they were your ward at the time your legal guardianship expired under applicable state law.

CareFirst BlueChoice Advantage CDHP with HSA Plan Basics (continued)

How to Use a Health Savings Account

Contribute to your account up to the IRS limit

In 2022, you can contribute pre-tax up to:

\$3,650 individual coverage

\$7,300 family coverage

\$1,000 catch-up contributions if you're age 55 or above

Set or update your HSA contribution amount

- Go to member.carefirst.com/mos/#/login and sign in with your user name and password. If it is your first time visiting the website, go to **New > Register Now** to select your user name and password.
- Select **Coverage > BlueFund Administration > Make a Deposit**.

Pay current eligible expenses

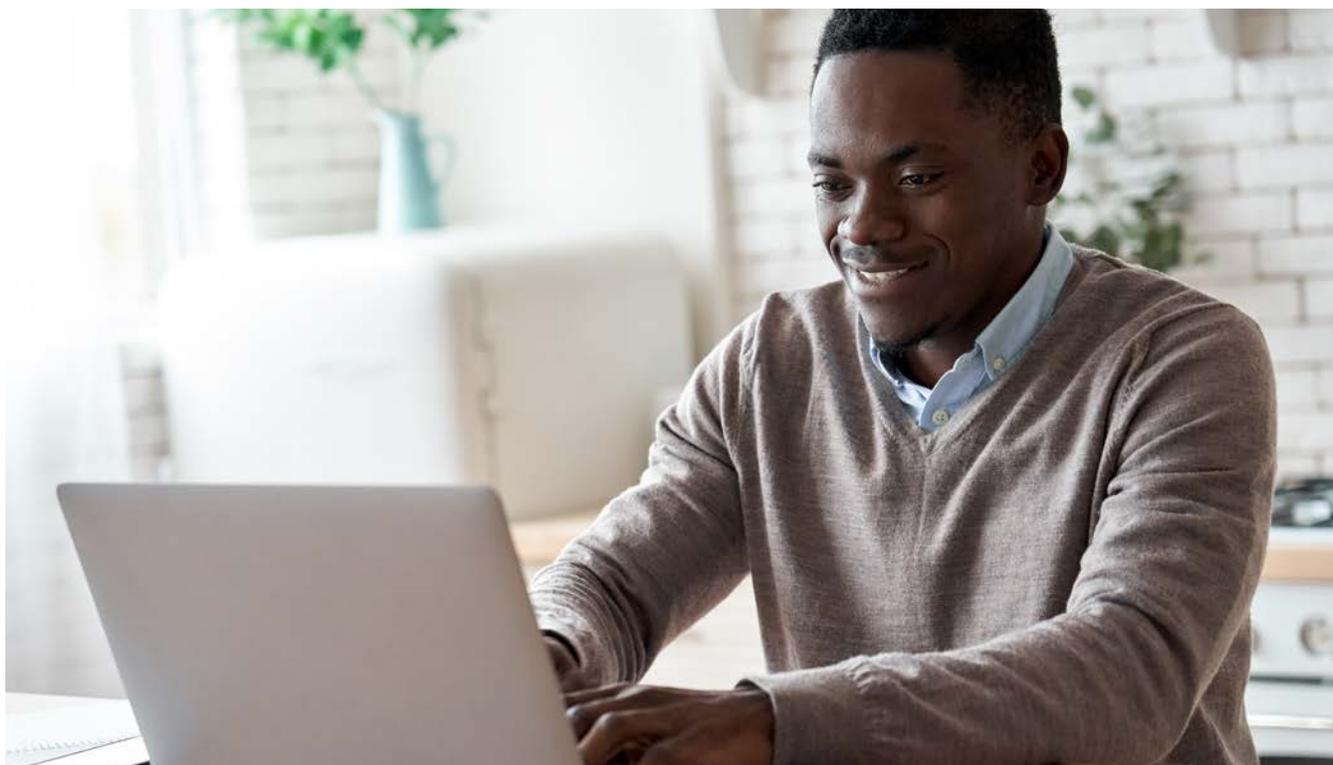
Use your HSA debit card to pay eligible medical, prescription drug, dental and vision expenses — including deductible and coinsurance amounts.



There's a tax penalty for paying ineligible expenses with your HSA before age 65.

Save for expenses down the road

Unused HSA money carries over each year and is yours to keep even if you change medical plans, change jobs or retire. It also earns tax-free interest and lets you invest and make tax-free withdrawals for eligible expenses. Learn more at irs.gov/publications/p969 and see a list of eligible HSA expenses at irs.gov/publications/p502.



UnitedHealthcare Choice Plus PPO Plan Basics

Available to: You and your eligible dependents.
Plan Service Area: United States
Network providers required? No, but you pay more money at non-network providers.
Medical carrier: UnitedHealthcare (myuhc.com or 1-888-332-8885)

Prescription carrier: CVS Caremark (caremark.com or 1-844-256-0030)
Eligible for a Health Savings Account? No
Age limit for enrolled children: Under age 26 (or under age 30 if full-time student)*

How to Access Care

1. Use your new ID cards. If you had a different medical plan in 2021, you'll receive two ID cards by mail — one for your medical coverage and one for your CVS Caremark pharmacy benefits. If you're new to the plan, you also receive a Welcome Kit from CVS Caremark with more information.

2. Create an account at myuhc.com and download the Health4Me app to your phone. Both let you:

- View your medical ID card.
- View claims.
- Find doctors and other providers.
- Make appointments.
- Manage prescriptions.
- Check lab results.
- Email your doctor.

Download the Health4Me App



3. Create an account at caremark.com and download the CVS Caremark app to your phone. Both let you:

- View your prescription ID card.
- Find pharmacies near you.
- Fill and refill prescriptions.

Download the CVS Caremark App



4. Save the Advice Nurse Line phone number — 1-877-365-7949 — to your phone. This free service lets you talk to a nurse about non-emergency health concerns, such as mild Covid-19-like symptoms, minor cuts and stomachaches.

5. Sign up for your video visit service at uhc.com/virtualvisits. Enter your UnitedHealthcare member ID when signing up. You pay \$20 per video visit. Use them to connect with a doctor through your phone, laptop or tablet about non-emergencies. Doctors can provide diagnosis and prescribe medications. You can choose from four doctor networks — Teladoc, Doctor on Demand, AmWell and Optum Virtual Care.

6. Schedule preventive care services. These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

Care Outside the Plan's Service Area

You and enrolled family members have emergency coverage within and outside the United States.

Health Advocate: Make the Most of Your Health Care and Health Benefits (No Cost to You)

Georgetown University is excited to provide FREE Health Advocate services to you and your family.

Health Advocate is the nation's leading health care advocacy and assistance company. They are not affiliated with any insurance or third party provider nor do they replace health insurance coverage, provide medical care or recommend treatment.

Health Advocacy

The Health Advocacy Program provides you and your eligible dependents (including your parents and parents-in-law) with unlimited phone or email access to a Personal Health Advocate. Personal Health Advocates are typically registered nurses, supported by medical directors and benefits and claims specialists, who can help you resolve a wide variety of health care and insurance-related issues.

Health Advocate is designed to help you and your family navigate the often complex health care system. For example, your Personal Health Advocate can help locate the right doctors, answer questions about your health benefits, sort out medical billing issues, research treatment options, secure second opinions, schedule tests and appointments, locate elder care services, facilitate access to Centers of Medical Excellence and more.

Medical Bill Saver

If you receive a medical or dental bill for services not covered by your insurance plan with a balance of more than \$400, Health Advocate's special negotiating team will contact the medical provider and attempt to lower your bill. Call the toll-free number and ask to talk to a Medical Bill Saver Specialist.

HealthAdvocateSM

Wellness Coaching

The Wellness Coaching Program provides you and your eligible dependents (your legal spouse and dependent children age 18 and older) with unlimited phone, email and secure web messaging access to a certified Personal Wellness Coach. Your Personal Wellness Coach is available to guide you in your path toward better health.

You can also utilize online health tools, including:

- A Personal Health Profile – Take a confidential health risk assessment so that you can identify your health risks and create an action plan
- Wellness programs – Find tutorials, tip sheets and progress trackers for your fitness, exercise and weight management goals
- MedChoice SupportTM – Comparative, interactive tools to guide you step-by-step through key decisions about tests, procedures, treatments and medications

In addition, you can participate in interactive fitness competitions, seasonal campaigns and receive discounted gym memberships.

Access Health Advocate

Normal business hours are Monday – Friday, 8 a.m – 9 p.m. Eastern Time. Health Advocate is also available after hours and weekends.

1-866-695-8622

HealthAdvocate.com/georgetown
answers@HealthAdvocate.com

Download the Health Advocate App



Delta Dental PPO Plus Premier

deltadentalins.com 1-800-932-0783

Delta Dental offers you the lowest contracted fees and opportunities to save money by visiting network dentists. You can choose from two Delta Dental preferred provider organization (PPO) plans — the Standard PPO Plan and the Enhanced PPO Plan.

Standard PPO Plan

- Pays up to \$1,000 per member each calendar year.
- Orthodontia is not covered.

Enhanced PPO Plan

- Pays up to \$2,000 per member each calendar year.
- Offers a lifetime maximum orthodontia benefit of up to a \$2,000 for dependent children up to age 19.



Aetna DMO

aetna.com/docfind 1-800-843-3661

- A dental maintenance organization plan.
- You always need to use network dentists.
- You pay a \$10 copay per visit for non-preventive care and most other services at network providers.
- Offers 50% coverage for orthodontia for covered children younger than 20 (some exceptions apply for services started under another plan).
- You don't have to pay a deductible and there's no annual maximum on benefits.

DMO Versus PPO

- The DMO has a smaller network.
- You need to choose your DMO primary dentist by the 15th of any month so your choice is effective on the 1st of the following month. You can't schedule appointments until your name is on their monthly roster.
- There's no guarantee your dentist in either network will stay in-network for the entire year.

Find a Dentist

Delta Dental PPO

If you enroll in a Delta Dental PPO plan, you can search for a dentist within these two networks:

- **Delta Dental PPO network** — You save the most money in this network.
- **Delta Dental Premier network** — You save some money in this network, but less than you would with the Delta Dental PPO network.



Aetna DMO

If you enroll in the Aetna DMO, you need to choose a dentist for yourself and your dependents. Make the process easier with these tips:

- Call the dentist you're thinking of choosing.
- Confirm they're in the Aetna DMO network and that they expect to be in it for all of 2022.
- Verify they're accepting new patients.



Compare the Dental Plans for 2022

Use this table to compare key features of the 2022 dental plans.*

Key Features	Delta Dental Standard PPO			Delta Dental Enhanced PPO			Aetna DMO
	In PPO Network	Out of PPO Network		In PPO Network	Out of PPO Network		Network
		In Premier Network**	Non-Network**		In Premier Network**	Non-Network**	
Plan Maximums (per person)							
Calendar year	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000	None
Orthodontia lifetime	N/A	N/A	N/A	\$2,000	\$2,000	\$2,000	None
Annual Deductible (ded.)							
	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Individual only	\$50	\$50	\$50	\$50	\$50	\$50	None
Family	\$100	\$100	\$100	\$100	\$100	\$100	None
Diagnostic & Preventive Services							
Exams, cleanings, x-rays, sealants	No charge	20%, no ded.	20%, no ded.	No charge	No charge	No charge up to the allowable amt., ded. waived	No charge
Basic Services							
Fillings, simple extractions, non-surgical gum treatment	20% after ded.	20% after ded.	20% after ded.	10% after ded.	20% after ded.	20% after ded.	\$10 copay
Major Services							
Crowns, inlays, onlays, cast restorations, bridges, dentures, implants***, surgical gum treatment	40% after ded.	50% after ded.	50% after ded.	40% after ded.	50% after ded.	50% after ded.	\$10 copay
Orthodontic Services							
Children only (under age 20)	Not covered	Not covered	Not covered	25%, no ded.	25%, no ded.	25%, no ded.	50%

This summary is provided for general information only. Since exclusions, dollar, frequency, age limits and medical necessity guidelines apply, refer to the specific plan documents for detailed information.

*Services and materials may vary from dentist to dentist. Check with your provider regarding coverage before seeking services.

**Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

***Implants are not covered under the Aetna DMO plan.

Non-Delta Dental Dentists Balance Bill You

This means non-Delta Dental dentists bill you for the difference between what your Delta Dental plan pays and the usual fee they charge. You may also need to pay non-Delta Dental dentists out-of-pocket and later submit a reimbursement claim to Delta Dental. For the Aetna DMO, there is no coverage for out-of-network dentists.

EyeMed Vision Care *Select Plan*

eyemed.com

1-866-723-0514 (members)

1-866-299-1358 (non-members)

The EyeMed Vision Care Select Plan offers comprehensive coverage for you and enrolled family members, including:

- 100% covered annual eye exams for you and enrolled family.
- \$130 for new frames every 24 months per member.

See the chart on the next page for more details.



Find a Provider

Find an eye doctor or vision center within the EyeMed Select network at:

- eyemed.com
- glasses.com
- contactsdirect.com
- contacts.lenscrafters.com

EyeSiteOnWellness.com

Find tips for vision health, including:

- Eye protection during the pandemic.
- Ways to protect children's eyes from screen overexposure.
- Finding glasses that look great in video meetings.

EyeMed Vision Plan Perks

Freedom Pass — Show this pass at Target or Sears Optical to pay \$0 for any frame, even if it costs more than your \$130 frame allowance. Find it at eyemed.com > **Special Offers** or request it from the Office of Faculty and Staff Benefits. The offer code is 755288.

\$20 Contacts Direct Booster — Add \$20 to your \$130 frame allowance by creating an account at ContactsDirect.com and linking your EyeMed membership. The \$20 are added at checkout when you pay for frames.

International Travel Solution — Members can get support for eyewear emergencies 24/7. Call the International Customer Care Center at 1-513-765-2870 for details.

Vision Benefits Through GU-Sponsored Medical Plans

You may be eligible for certain vision benefits through a Georgetown medical plan. Use the chart below to figure out if you also need vision coverage through the EyeMed Vision Care Select plan.

Plan	Routine Exam	Eyeglass Frames and Lenses	Contact Lenses	Office Visits for Medical Conditions of the Eye
Kaiser HMO	At Kaiser facilities: \$20 per optometrist visit; \$30 per ophthalmologist visit*	25% discount from Kaiser facilities	15% discount on initial pair of contact lenses only from Kaiser facilities	\$20 per visit (PCP); \$30 per visit (Kaiser specialist)
Kaiser HDHP	Full charges until you meet ded., then 10%*	25% discount from Kaiser facilities	15% discount on initial pair of contact lenses only from Kaiser facilities	Full charges until you meet ded., then 10%
CareFirst POS and CDHP	When using a Davis Vision Network provider: \$10 per visit (limited to one exam per benefit period)	Discounts from participating Davis Vision Centers	Discounts from participating Davis Vision Centers	\$25 per visit (PCP); \$40 per visit (network specialist)
UHC	Not covered*	Discounts available through UnitedHealth Allies	Discounts available through UnitedHealth Allies	\$20 per visit (primary); \$30 per visit (network specialist)

*100% coverage for in-network preventive care well child visits.

Vision Plan Summary for 2022

Use this table to view the EyeMed Select vision plan's coverage for 2022.

EyeMed Plan Benefits	Network You Pay	Non-Network Plan Allowance
Exam (with dilation as necessary) – Once every 12 months		
Exam	\$0 copay	Up to \$35
Retinal imaging benefit	Up to \$39	None
Contact lens visits		
Standard contact lens fit and follow up	Up to \$40; then plan pays 100%	None
Premium contact lens fit and follow up	90% of retail price	None
Lenses (glasses or contacts) – Once every 12 months		
Standard plastic lenses		
Single vision/bifocal/trifocal	\$15 copay	Up to \$25/\$40/\$55
Lens options		
Standard anti-reflective coating/UV treatment	\$10 copay	Up to \$5
Tint (solid and gradient)/standard plastic scratch coating/standard polycarbonate for adults and kids under 19	\$0 copay	Up to \$5
Contact lenses (material only)		
Conventional	85% of balance over \$130	Up to \$104
Disposable	100% of balance over \$130	Up to \$104
Medically necessary	No charge	Up to \$200
Frames – Once every 24 months		
Provider's available frames	80% of balance over \$130	Up to \$65
Discounts		
LASIK (or PRK) surgery	15% discount on retail or 5% off promotional price from U.S. Laser Network (eyemedlasik.com)	None
Additional discounts	20% discount on items not covered by the plan; 40% discount on an additional complete pair of prescription eyeglasses; Hearing discount program (see below)	None

This summary is provided for general information only. Since exclusions, dollar and frequency limitations apply, refer to the specific plan documents for detailed information. The benefits schedule reflects amounts paid by members for network benefits; however, for non-network benefits, the plan allowance is shown. The plan allowance is the maximum amount reimbursed by the plan.

Amplifon Hearing Discounts*

The EyeMed vision plan give you access to many Amplifon hearing discounts, such as:

40% OFF

40% off hearing exams at thousands of convenient locations nationwide



Discounts on thousands of hearing aids



Low price guarantee – if you find the same product at a lower price, Amplifon will beat it by 5%



60-day hearing aid trial period with no restocking fees



Free batteries for 2 years with initial purchase



3-year warranty plus loss and damage coverage

Call 1-877-203-0675 to find a hearing care provider near you and schedule a hearing exam today.

*This is not insurance. EyeMed contracts with Amplifon to provide only discounts for its members.

Flexible Spending Accounts

optumfinancial.com 1-877-292-4040

Flexible spending accounts (FSAs) let you use pre-tax dollars to pay for out-of-pocket qualified health and dependent care expenses. Contributing to an FSA can lower your taxable income and help you save money.

Our FSA administrator, ConnectYourCare, transitioned to the Optum Financial brand. That means you can expect the same great level of service and products, only now with more choice and technology under Optum Financial.



If you or your spouse is contributing to an HSA, you cannot enroll in a Health Care FSA.



The Health Care FSA and Dependent Care FSA are two distinct accounts and money cannot be transferred between them. Refer to the chart below for details regarding eligible expenses permitted by each account.

	Health Care FSA	Dependent Care FSA
Advantages	<ul style="list-style-type: none"> • Pay for eligible, out-of-pocket expenses with pre-tax dollars • Reduce your taxable income • Increase your take home pay 	
What's Covered	Health-related expenses that are not covered by your medical, dental or vision plan	Dependent care expenses that allow you (and your legal spouse) to work
Examples of Eligible Expenses	<ul style="list-style-type: none"> • Deductibles, copays and coinsurance • Over-the-counter medications • Menstrual care products 	<ul style="list-style-type: none"> • Child day care for children under age 13 • Adult dependent day care • Dependent day care centers • Preschool expenses • Housekeeping services in your home for your child or other qualifying individual
Restrictions	<ul style="list-style-type: none"> • Medical expenses that are not deductible under IRS Section 213 may not be reimbursed 	<ul style="list-style-type: none"> • Expenses reimbursed under this plan may not be claimed as a federal tax credit on your tax return • This account is NOT used for dependent health care (medical, prescription drug, dental or vision) expenses – the Health Care FSA provides reimbursement options for those expenses
Maximum Annual Election	\$2,850 per person	\$5,000 per household (\$2,500 if you and your spouse file separate tax returns)
Access to Funds	As soon as coverage starts	As funds accrue
IRS Regulations	Publication 502: irs.gov/pub/irs-pdf/p502.pdf	Publication 503: irs.gov/pub/irs-pdf/p503.pdf

FSA Grace Period

Although FSA funds not used by December 31 are usually lost, you have a grace period. This means if you have unspent 2022 FSA money on December 31, 2022, you can use it on eligible expenses you incur through March 15, 2023. April 30, 2023 is the deadline to submit those claims to Optum Financial for reimbursement.

Eligible Expenses and Savings Calculator

- Find examples of eligible FSA expenses at optum.com/financial/resources/library/medical-expenses.html.
- To get answers to frequently asked questions, go to optum.com/financial/support/faqs/fsa-faqs.html.

optumfinancial.com

As an FSA participant, you may track your account balances, pending and completed reimbursements, view account statements and much more.

Learn more about FSAs at optum.com/financial/resources.html.

Using Your Health Care FSA

Optum Financial makes it easy to access and use your account funds. There are two ways to pay for health care:

1. **Use your health care payment card.** Save your receipt in case you need to provide proof of your expenses. You can upload any required receipts on your Optum Financial account. You can also download the manual claim form.



2. **Pay out of pocket with your personal credit card, cash or check.** Save your receipt and log on to your Optum Financial account to request reimbursement and upload your receipt. You can also download the manual claim form. Choose to receive reimbursement funds via check or direct deposit.

TIP

Set up direct deposit online for faster reimbursements.

The Optum Store

Optum Financial has an **online shop** stocked exclusively with eligible health care FSA products. When you use your Optum Financial health payment card, transactions are automatically verified.

Contributing to Your FSAs

FSA contributions do NOT automatically roll over each year. To contribute to the FSAs each year, you must actively enroll in GMS. If you're currently enrolled in the FSAs and you do not re-enroll during the annual Open Enrollment period, your contribution will default to \$0 on January 1.

If you would like to make a change to your FSA contribution outside of Open Enrollment, email benefitshelp@georgetown.edu to see if you meet the IRS mid-year change requirements.

How to Pay at the Doctor, Dentist, Eye Doctor or Hospital

When you pay for health care at the doctor, dentist, eye doctor or hospital, always present your health insurance ID card first to ensure proper processing of your charges.

- **Copays:** You may pay with your health care payment card, or you may pay out of pocket and request reimbursement from your account. Save your itemized receipt to submit as documentation.
- **Additional charges:** If you're asked to pay additional charges, if possible, do not pay your provider until the claim is processed by your health plan and you receive your Explanation of Benefits (EOB) in the mail to avoid overpayment. Compare your EOB with the provider bill to verify the amount being charged by your provider is the same as the patient balance on the EOB. Then, pay with your health care payment card, or pay out of pocket and request reimbursement from your account. You may send in your EOB or itemized provider bill as documentation.

How to Pay Your Dependent Care Provider

Pay for your qualified dependent care expenses out of pocket and request reimbursement from your Optum Financial account and upload your receipt. Your receipts must include the name of the dependent and the tax identification number of the dependent care provider.

Short Term Disability (STD) All Staff

mybenefits.metlife.com 1-866-729-9201

STD benefits replace up to 100% of your income in the event you become unable to work due to an injury, illness, or other medical scenario such as a scheduled surgery or birth of a child. The maximum period for which STD benefits can be paid is 90 days; however, this period varies based on the type of claim.

Before you can begin receiving these benefits, you need to satisfy an unpaid waiting period that lasts 15 workdays. This means that you'll either need to use PTO, unpaid leave or sick leave (union only). If a University holiday occurs during this 15 workday waiting period, you won't have to take leave for that holiday.

Example: Having a Baby

Birth claims are approved for 8 weeks

First 3 weeks
unpaid

You must use PTO, unpaid leave or sick leave (union only).

Remaining 5 weeks
paid

Covered at 100% under the STD plan.

Up to two additional weeks available

If it is medically necessary to remain on leave, your STD leave will be approved for up to 2 more weeks.



Salary Continuance Faculty/AAP

Salary continuance benefits replace up to 100% of your income in the event you become unable to work due to an injury, illness, or other medical scenario such as a scheduled surgery or birth of a child. In addition to no elimination period, faculty members and AAPs are covered under the plan on the first day of work.

Salary continuance for AAPs is administered through MetLife and faculty claims are managed through a campus administrator. You will be expected to return to work after your disability period ends. Should you exhaust the disability leave period and your physician determines that you are unable to return to work due to disability, you may elect to file for LTD benefits.

DC Paid Family Leave Faculty/AAP/Staff/SEIU 1199

dcpaidfamilyleave.dc.gov 1-202-899-3700

The District of Columbia's Paid Family Leave (PFL) program provides paid time off for qualifying reasons, such as medical leave for a serious health condition, leave to care for a family member's serious health condition or parental leave. DC PFL is administered directly through DC's Department of Employment Services. Georgetown University's leave policies run concurrently with DC PFL whenever possible. DC PFL benefit payments are calculated based on a percentage of your average weekly wage up to a maximum of \$1,009 per week.

If you're eligible to receive paid leave benefits from Georgetown's STD or salary continuance plan and DC PFL, your benefits will be coordinated so you receive 100% of your salary from both sources combined. If you are eligible to receive DC PFL benefits, Georgetown will automatically offset your STD/salary continuance payment by the estimated amount of your DC PFL payment. Refer to page 49 for more information.

Long Term Disability (LTD) Faculty/AAP/Staff/SEIU 1199

mybenefits.metlife.com 1-866-729-9201

LTD benefits begin after you are unable to work, due to an injury or illness and you have satisfied the required elimination period, as summarized in the chart below.

LTD Benefits			
	% of Base Pay	Elimination Period	Maximum Benefit Period
Faculty/AAP/Staff	60% up to \$15,000 per month	90 days	Up to age 65 or Normal Retirement Age as defined by Social Security Act (24 months for mental/nervous disorders, substance abuse and self-diagnosed disabilities)
SEIU 1199 Members	60% up to \$5,000 per month		

If you have a preexisting medical condition that causes a disability within 12 months after your effective date of coverage, benefits may be denied for that disability. Benefits are coordinated with disability benefits under other plans, such as Social Security and state disability programs.



Filing a Claim?

After you register for a MetLife account, you can file a claim, view your claim status and more. File your disability claims directly with MetLife by calling 1-866-729-9201 or by visiting mybenefits.metlife.com (Policy #123529). You can also file a claim by downloading the MetLife US app available on the App Store® or Google Play™.



Need more help? Please visit benefits.georgetown.edu/disability.

Basic Life/AD&D Insurance

You're automatically enrolled in:

- MetLife's Basic Term Life insurance in the amount of \$20,000.
- MetLife's Basic Accidental Death & Dismemberment (AD&D) coverage of up to \$20,000.

Both benefits are provided at no cost to you and with no medical questions asked. Georgetown University pays their entire cost. Basic AD&D insurance is a benefit payable in the event of your death or if you suffer a significant loss as a result of an accident.

Supplemental Life and AD&D

MetLife's Supplemental Life and AD&D coverages allow you to purchase additional financial protection for you and your eligible dependents (as shown on the next page). You can enroll within the first 30 days of your employment and can update your election(s) during the annual Open Enrollment period. Please refer to the Supplemental Life and AD&D Insurance Options chart on the next page for more details.

Will Preparation and Estate Resolution Services (ERS)*

If you are enrolled in MetLife's Supplemental Life plan, you and your legal spouse have:

- Face-to-face and telephone access to the MetLife Legal Plan network of over 14,000 participating plan attorneys at no cost to you.
- Unlimited access to prepare or update a will, living will or power of attorney (your beneficiaries have the same access to probate an estate).
- The option of choosing a participating MetLife Legal Plan attorney (whose attorney fees are fully covered without filing claim forms) or a non-network attorney (and receiving reimbursement for covered services according to a set fee schedule).

After you're enrolled in MetLife's Supplemental Life plan, you can call MetLife Legal Plans at 1-800-821-6400 (Group Number: 123529).



Insurance Calculator

Find out how much coverage you need using the insurance calculator at metlifeiseasier.net.

Business Travel Accident (BTA)

Georgetown University provides you with access to employer-paid BTA coverage insured through The Hartford that can help protect you when you are traveling for eligible business-related purposes. The maximum benefit payable is \$750,000, subject to a \$3.75 million maximum aggregate amount payable for any single accident. BTA benefits are in addition to your MetLife Basic Life and AD&D coverage, as well as any MetLife Supplemental Life and AD&D coverage you have.

MetLife offers additional insurance programs through GUAdvantage — see page 36.



Keep Your Beneficiaries Updated

Designate or update your beneficiaries in GMS at any time. Without a valid beneficiary, the life and AD&D insurance proceeds payable will be distributed according to the terms of the insurance contract. Keep in mind that changes in your family situation (such as marriage, divorce, birth, adoption or death) will not automatically change or revoke your beneficiary designation. Visit benefits.georgetown.edu for instructions.

It takes 1-2 days to see your updated beneficiaries in GMS.

* Included with MetLife Supplemental Life Insurance. Will Preparation and MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Contact the Office of Faculty and Staff Benefits or your MetLife Group Representative for costs and complete details.

Supplemental Life and AD&D Insurance Options

The following table summarizes the key features of the benefits available under the 2022 supplemental life and AD&D plans.

Plan	Description	Coverage Amount*	Online Statement of Health Required?	Monthly Cost (per \$1,000 of coverage except for Child Life)	
				Your age as of 1/1/2022	Rate
Supplemental Life • For you	Complements your basic life insurance by providing additional coverage in the event of your death. Enhanced features include free Will Preparation service.	<ul style="list-style-type: none"> • 1 – 8 times your salary (rounded to the next higher multiple of \$1,000) Maximum: \$1 million If you are age 65 or above in 2022, see the automatic benefit reduction clause* below	<u>During Open Enrollment</u> - Yes, if you are increasing coverage or enrolling for the first time. <u>When You Are First Hired</u> - No, if your total election does not exceed \$500,000. - Yes, if your total election exceeds \$500,000.	Under 25 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70+	\$0.05 \$0.06 \$0.08 \$0.09 \$0.10 \$0.15 \$0.23 \$0.29 \$0.43 \$0.84 \$1.36
Supplemental AD&D • For you • For you & your family	Complements your supplemental life coverage in the event of death due to accident or covered disabling injury. This coverage can help replace lost income and lessen the impact of costs associated with serious injuries.	<ul style="list-style-type: none"> • \$10,000 – \$1 million (in increments of \$10,000) The amount of dependent insurance is based on a percentage of your coverage amount: <u>Legal Spouse</u> - 50% of your coverage amount if children are not covered. - 40% of your coverage amount if children are covered. <u>Children</u> - 15% of your coverage amount if spouse is not covered. - 10% of your coverage amount if spouse is covered.	No.	\$0.015 \$0.025	
Spouse Life	You must be enrolled in supplemental life if you wish to enroll in spouse life.	<ul style="list-style-type: none"> • \$10,000 • \$30,000 • \$50,000 • \$100,000 • \$150,000 • \$200,000 • \$250,000 Maximum: You may choose from the options above, up to 50% of your supplemental life amount (rounded down to closest coverage option) or \$250,000, whichever is less.	<u>During Open Enrollment</u> - Yes, if you are increasing coverage or enrolling for the first time. <u>When You Are First Hired</u> - No, if your total election does not exceed \$30,000. - Yes, if your election exceeds \$30,000.	<u>Legal spouse's age as of 1/1/2022</u> Under 25 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70+	Rate \$0.05 \$0.06 \$0.08 \$0.10 \$0.12 \$0.17 \$0.31 \$0.49 \$0.87 \$1.50 \$2.37
Child Life	From age 15 days to 23 years, or 25 years if a full-time student.	<ul style="list-style-type: none"> • \$5,000 • \$10,000 	No.	\$0.75 per month \$1.50 per month (Regardless of the number of children covered)	

This summary is provided for general information only since exclusions and limitations apply. Evidence of insurability may be required.

*Life coverage is reduced according to an age reduction schedule beginning at age 65 (reduced by 35%) and at age 70 (reduced to 50% of the original amount). Although the face value of your coverage will decrease according to the age reduction schedule, your cost for the coverage will increase according to the premium rate associated with your age bracket (refer to the Monthly Cost column in the table above).



You and your children can access tuition benefits through the Tuition Assistance Program (TAP).

Your Eligibility

To become eligible to receive TAP benefits, you must work at least 90% time or 36 hours per week. You begin gaining eligibility on your date of hire. You must attain two years of service prior to the first day of GU Main Campus undergraduate classes for the semester in which you are seeking TAP benefits.

Your Benefits

- Georgetown pays 90% of tuition (you pay 10% plus fees).
- Benefits apply to up to six credit hours per semester, though certain exceptions apply.
- Benefits have a lifetime maximum of 120 credit hours (if not already exhausted before July 1, 2020).
- Covers courses taken at Georgetown University.

If you are Staff or AAP, you can use your TAP benefit for Georgetown undergraduate or graduate courses.

If you are Faculty, you can use TAP benefits for Georgetown graduate courses only.

Your Children's Eligibility

If you are eligible for TAP, your children are also eligible if they are under age 30 (or under age 24 if they are your ward).

Your Children's Benefits at Georgetown

- Georgetown pays 33% of their tuition (in the semester following your completion of **three** years continuous, active full-time service in benefits-eligible position).
- Georgetown pays 67% of tuition (in the semester following your completion of **five** years continuous, active full-time service in benefits-eligible position)
- Georgetown pays 100% of their tuition if you were hired by Georgetown before 1996.
- Benefits have a lifetime maximum of 8 semesters.
- Benefits only apply to undergraduate courses, though certain exceptions apply.

Your Children's Benefits at Outside Institutions

- Georgetown pays 16.5% of Georgetown tuition (in the semester following parent's completion of **three** years continuous, active full-time)
- Georgetown pays 33% of Georgetown tuition (in the semester following parent's completion of **five** years continuous, active full-time)
- Benefits have a lifetime maximum of 8 semesters.

Your children's TAP benefits only apply to undergraduate courses.

How to Apply for TAP Benefits

You need to apply for TAP benefits every semester. TAP only pays for tuition — deposits, university fees, late fees, and room and board are not covered. For more information, including instructions and the taxability of certain TAP benefits, visit benefits.georgetown.edu/tap or contact tapbenefits@georgetown.edu.



Anyone using TAP benefits must qualify for admission into courses. TAP benefits don't provide admission.

Defined Contribution Retirement Plan 403(b) (DCRP)*

With this plan, you and Georgetown University work together to invest in your future. Your retirement account balance grows based on:

- Your contributions,
- Georgetown University’s contributions, and
- Investment income on your total account balance.

When Does Eligibility Begin?

You are eligible to receive a “matching” University contribution of up to 5% of earnings after one full year of service. You become eligible to receive a University “core” contribution of 5% of earnings after two full years of service.

Phase One

During the first year of employment, you are eligible to participate in the Voluntary Contribution Retirement Plan (VCRP) and will be automatically enrolled in the VCRP to contribute 3% of your earnings on a pre-tax basis. Your contributions will be invested in a TIAA Lifecycle Index fund. You may log in to GMS to opt-out of, or increase or decrease, the 3% automatic contribution. You may also change your investment company and fund allocations at any time. Instructions for making changes to the VCRP can be found at benefits.georgetown.edu/retirement/voluntary.

Phase Two

Upon completion of one year of employment, you will be automatically enrolled in the DCRP to contribute 3% of your earnings on a pre-tax basis to the DCRP. Your contributions to the VCRP will end. DCRP contributions will be invested in a TIAA Lifecycle Index fund. You may log in to GMS to opt-out of or decrease the DCRP 3% automatic election or select different retirement vendors. Investment fund allocations can be changed at any time by contacting your retirement plan company (TIAA, Fidelity or Vanguard). You receive a matching University contribution based on your contribution level:

- 5% University match if you contribute 3%
- 3.34% University match if you contribute 2%
- 1.67% University match if you contribute 1%
- 0% University match if you contribute 0%

If you contributed more than 3% of your earnings to the VCRP during your first year of employment or wish to make additional contributions to the VCRP at this time, you must make a new VCRP election through GMS.

Phase Three

Upon successful completion of two full years of continuous service, you will receive a 5% core contribution from the University, increasing the total University contribution (match plus core contribution) as illustrated below:

Employee Contribution	University Contribution	Total
3.00%	10.00%	13.00%
2.00%	8.34%	10.34%
1.00%	6.67%	7.67%
0.00%	5.00%	5.00%

Contributions to the plan (yours and Georgetown University’s) are made to your account every pay period, giving your account the opportunity to grow throughout the year. You decide how to invest your contributions by choosing among a variety of funds offered by Fidelity Investments, TIAA and Vanguard. All investment earnings and/or losses are reflected in your account. In-service withdrawals, including loans, are strictly prohibited under this plan.

Exceptions to the Waiting Period

Visit benefits.georgetown.edu/dcrpwaiting for information on exceptions and how to apply for a waiver of the Phased Waiting Period.

*Go to benefits.georgetown.edu/dcrp to see if you’re eligible to participate. General Exclusions to Eligibility. An Employee who is (1) a member or employee of the Georgetown Jesuit community, (2) a resident, (3) an intern, (4) a fellow, (5) a student teacher, (6) a medical notetaker, (7) classified in a non-benefited faculty class code, (8) classified as a “non-benefited temporary employee” in accordance with the Employer’s personnel policies and procedures, (9) classified as a “non-benefited special employee” in accordance with the Employer’s personnel policies and procedures, (10) classified as a student employee in accordance with the Employer’s policies and procedures, (11) subject to a collective bargaining agreement unless the applicable collective bargaining agreement expressly provides that he or she shall be an Eligible Employee, or (12) performing services pursuant to anement between exceptions and the Employer and the Employee that provides that such Employee shall not be an Eligible Employee under the Plan.



Voluntary Contribution Retirement Plan 403(b) (VCRP)

You do not receive contributions to your account from Georgetown University. Contributions to this plan are only limited by the annual contribution maximums outlined by the IRS; this annual maximum includes your combined contributions to both the Voluntary and Defined Contribution Retirement Plans.

This plan provides an opportunity for you to add to your retirement savings while decreasing current income tax. When you participate in the plan, you contribute to your account on a pre-tax basis. You decide how to invest your contributions by choosing among a variety of funds offered by Fidelity Investments, TIAA and Vanguard. All investment earnings and/or losses are reflected in your account.

For both the DCRP and the VCRP, you are immediately 100% vested in your account balance. Therefore, you are entitled to all the funds in your account when you leave the University.

457(b) Retirement Plan

If you are already contributing the maximum allowable amount to your Voluntary Contribution Retirement Plan and have a base salary of \$200,000 or more, you are eligible to participate in this plan.

Additional Retirement Benefits

Financial Counseling

Representatives from Fidelity Investments, TIAA and Vanguard are available to meet with you on-campus or by phone to help you meet your financial and retirement goals.

Financial Wellness Webinars, Workshops and More

Each month, Georgetown University and its financial and retirement services partners offer educational workshops, webinars and other resources focused on financial planning for all life stages.

Retirement Orientation

**Second Wednesday of each month
9:30 – 11 a.m.**

This 90-minute program provides practical and actionable information on how to navigate the retirement process at Georgetown. Come learn about the benefits available to you in retirement so you can start planning for your next chapter.

**To register for these and other programs, visit
guwellness.eventbrite.com.**

Terminated or Severance Employees

As you leave Georgetown University, you may have questions about what happens to your benefits. The following summarizes your eligibility for continued benefits after you leave. The information only applies to you if you were enrolled in the specific plan(s) upon separation. This summary is intended as a high-level summary, please contact the Office of Faculty and Staff Benefits for more information.

Health, Dental and Vision Insurance

Coverage ends on the last day of the month in which your employment terminates. Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) you may continue your group medical, dental and/or vision insurance coverage for up to 18 months as long as you remit the required premium for the coverage period.

Life/Disability Insurance

Coverage ends on the last day of the month in which your employment terminates. You may be eligible to convert your group coverage to an individual policy with MetLife Insurance Co., the life insurance carrier, and/or The Hartford, the disability insurance carrier.

Flexible Spending Accounts

Coverage ends on the last day of your employment. You can be reimbursed for eligible expenses incurred through your last day of employment. You have until December 31 (of the year in which your employment terminates) to submit claims. Any unused funds will be forfeited. You may choose to continue your participation in the Health Care FSA for up to 18 months under COBRA as long as you remit the required payment for the coverage period.

Defined Contribution Retirement Plan (DCRP)

Contributions made to this plan are immediately vested; however, there are rules regarding when and how these funds may be withdrawn. In order to initiate any type of distribution, contact the investment company(ies) for the specific forms.

Voluntary Contribution Retirement Plan (VCRP)

Contributions made to this plan are immediately vested. Details regarding your options under this plan are the same as those for the Georgetown University DCRP.

Georgetown University Retirement Plan (GURP)

If you are vested in this plan upon termination, please contact the Office of Faculty and Staff Benefits for information regarding your benefits.

Tuition Benefits

If you or your dependent(s) are using tuition benefits when your employment terminates, you will not be required to repay the benefit if it has already been dispersed.

Retiring Faculty & Staff

In order to be eligible for retiree health insurance and other benefits, retirees must meet the Rule of 75, in which:

- They have attained the age of 55;
- They have at least 10 years of continuous benefits-eligible service; and
- Their age plus years of service must equal at least 75.

Exception to Rule of 75

For those employees who, as of December 31, 2018, were 50 years old and had at least 10 years of service, eligibility will continue to be governed by previous eligibility rules of 55/10 (age 55 plus 10 years of continuous benefits-eligible service). See the **Retiree Benefits Guide** for more details.

If you are eligible for retiree benefits, you will be offered the following options:

- Medical coverage through one of the retiree plan options (you must be enrolled at the time you retire to continue medical or choose a one-time deferral),
- Voluntary dental insurance (you must also be enrolled in medical insurance),
- Vision care discount program,
- \$5,000 face value of life insurance, and
- Tuition benefits for yourself or your dependent children.

All terminating faculty and staff, regardless of their age and years of service, are eligible for a distribution of their vested benefits from the DCRP, the VCRP and the GURP, as applicable.

TIAA: 1-800-842-2776
 The Vanguard Group: 1-800-523-1188
 Fidelity Investments: 1-800-343-0860



GUWellness: Mind, Body, Soul is a well-being initiative of the Office of Faculty and Staff Benefits at Georgetown University.

Now more than ever, self-care and wellness practice is essential. GUWellness offers programs, experiences (virtual), resources and opportunities to help build and sustain a self-care practice. Allow yourself the time to be nourished. Explore the opportunities to attend to your needs in this moment.



GEORGETOWN UNIVERSITY
Office of Faculty & Staff Benefits

- Wellness coaching, challenges, workshops and more at healthadvocate.com/georgetown
- Free meditation, mind-body and qigong classes
- Financial wellness and retirement planning classes and support
- Annual GUWellness Fairs for faculty, staff and retirees
- Weekly (virtual) community walk led by Charles DeSanitis

Learn more and get involved at benefits.georgetown.edu.



GU Advantage Discounts Through Beneplace

You can find great deals on electronics, entertainment, gym memberships, travel and retail, as well as special offers on auto, home and pet insurance through our GU Advantage program. Use the code **GUSAVES** when registering for the site. Log on to beneplace.com/georgetown to learn more and save.



The following programs require GMS enrollment within 30 days from your date of hire or during the Open Enrollment period. Premiums are paid through convenient payroll deductions.

MetLife Accident Insurance

Provides you with payment for a covered accident that can be used to help pay for whatever expenses you have while recuperating from an accident. It also pays if you undergo testing, receive medical services, treatment, or care for any one or more of 150 covered events as defined in your group certificate (including hospitalization resulting from an accident and accidental death or dismemberment).

MetLife Critical Illness Insurance

This plan can help cover the extra expenses associated with a serious illness. If you meet the group policy requirements, this plan provides you with a lump-sum payment of \$15,000 or \$30,000 upon diagnosis of cancer, heart attack, stroke, kidney failure, Alzheimer's Disease, major organ transplant and over twenty additional conditions.

MetLife Hospital Indemnity Insurance

In the event you or your covered dependents are hospitalized, this plan provides a lump-sum benefit of up to \$1,000 each time you're admitted to the hospital, as well as benefits for associated treatment. This plan complements your existing medical coverage and helps fill financial gaps caused by out-of-pocket hospital expenses. Payments are made directly to you to spend as you choose.

MetLife Legal Plans

Enrolling in the MetLife Legal Plans provides you, your spouse and dependents with access to experienced, local network attorneys for legal events – whether you're buying a new home, drawing up a will or just in need of some legal advice. There are no deductibles, no copays, no claim forms or usage limits when using a network attorney.

MetLife Legal Plans Plus Parents

This plan provides you, your spouse, dependents, your parents and parents-in-law unlimited access to networks attorneys and coverage for common legal issues, such as estate planning, elder care issues, real estate and identity management. There are no deductibles, no copays, no claim forms or usage limits when using a network attorney.

beneplace.com/georgetown



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The following programs allow enrollment directly with the insurance provider year-round (you are not limited to the new hire or Open Enrollment period). Premiums vary based on type of coverage.

Nationwide Pet Insurance

There are two plans to choose from and both plans reimburse 90% on vet bills including accidents, illnesses and hereditary conditions.* You may use any vet and get additional benefits for emergency boarding, lost pet advertising and more. Plus, Nationwide's 24/7 *vethelpline*® is available as a free service to all pet insurance members (\$150 value).

Enroll online at beneplace.com/georgetown (click on the **Insurance** tab and select the Nationwide option under **Pet Insurance**) or call 1-877-738-7874 and mention you are a faculty or staff member of Georgetown University to receive a policy discount.

*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion.

MetLife Auto, Home and Renter's Insurance

Your auto, home, renter's and other policies can be renewed at any time during the year. MetLife can seamlessly cancel your other policy and get you started with your new coverage once the policy is bound. Protect yourself and your belongings with a policy for your auto, home, renter's, boat, recreational vehicle, condo and more. You can pay your premiums through payroll deductions. Contact MetLife at 1-800-GET-MET-8 (1-800-438-6388) for more information.

For more information about the MetLife voluntary programs, visit metlife.com/georgetown-university.

Bright Horizons Back-Up Care

Benefits-eligible staff have access to back-up child, adult and elder care through Bright Horizons. This benefit will provide seven days of care each year at no cost to you when:

- Your child’s school is closed and you need to be at work.
- A regular caregiver is unavailable.
- Mom or Dad needs support in their home or yours.

Register and Reserve Back-Up Care

Go to backup.brighthorizons.com > Register. If prompted, enter **Georgetown** as the Employer Username and **Benefits4You** as the password. You will need your nine-digit GUID to complete your registration.



Bright Horizons Enhanced Support for Caregivers



Georgetown University is excited to provide eligible faculty and staff with a resource to help you accomplish more balance in your work-life equation through America’s largest and most trusted online source for in-home caregivers with over one million nationwide caregiver profiles.

Your Bright Horizons benefit gives you unlimited access to Sittercity and Years Ahead, two nationwide resources for finding self-selected, pre-screened caregivers, every day care (babysitters and nannies) for children of all ages, elder care resources (planning and referrals), pet care (dog walkers and pet sitters) and more.

The program includes preferred enrollment at Bright Horizons centers as well as tuition discounts at participating extended network centers, such as La Petite Academy, Children’s Courtyard, ChildTime and Tutor Time.

Annual membership is fully paid by Georgetown University and is completely free to you.

To take advantage of your free membership, log in to:

clients.brighthorizons.com/georgetown

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Sittercity is your dependent care benefit to help you find the local caregivers that meet your family’s care needs. You can choose from local pre-screened caregivers for your family, including babysitters (every day and last minute), nannies, pet sitters and housekeepers. Take advantage of all that Sittercity has to offer, including: before and after-school care, child care during school holidays, sick child care, infant and young child care, special needs care, last minute care, pet care and housekeeping.



Years Ahead provides you and your family with several ways for finding the right care solution. For those who are unsure about the type or level of care needed, you will be provided a state-of-the-art Care Path Needs Assessment where you answer questions on the specifics of the senior in need of care, including health care needs, individual preferences and finances. You’ll also receive a detailed recommendation on the specific care options that best meet your and your family’s needs. You and your family will be provided your own account on Years Ahead, where you can save your Needs Assessment results, create a shortlist of your favorite care providers, share findings with other family members and more.

Summary of Benefits and Coverage (SBC)

The Affordable Care Act requires that you have access to an SBC to help you understand and evaluate your health plan choices. SBCs are provided to you when you first become benefits-eligible and SBCs are distributed electronically during the annual Open Enrollment period. You can get free copies of the SBC for each of the Georgetown-sponsored medical plans by visiting the Georgetown Benefits website at benefits.georgetown.edu or by calling the Office of Faculty and Staff Benefits at 1-202-687-2500.

Notice of Privacy Practices

Effective September 23, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact the Georgetown University Privacy Official, Georgetown University, 202 Healy Hall, 37th & O Streets, N.W., Washington, D.C. 20057-1246, 1-202-687-6457, or by email to hipaaprivacy@georgetown.edu.

Who Must Follow This Notice

This notice describes the privacy practices of the self-insured health care plan(s) offered by Georgetown University to its employees and retirees (“Georgetown Plans”). The Georgetown Plans are managed for the University by our “business associates,” administrators who interact with the medical care providers and/or handle members’ claims. The Georgetown Plans include the UnitedHealthcare Choice Plus and Medicare Standard Plans and the CareFirst BlueChoice Advantage Plans. This notice does not apply to the health care plans offered by the University that are fully insured.

Our Obligations

We are required by law to:

- Maintain the privacy of protected health information as required by applicable laws and as set forth in this notice;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that is currently in effect.

How We May Use and Disclose Health Information

The following categories describe ways that we may use and disclose health information that identifies you (“Health Information”). Some of the categories include examples, but every type of use or disclosure of Health Information in a category is not listed.

Except for the purposes described below, we will use and disclose Health Information only with your written permission. If you give us permission to use or disclose Health Information for a purpose not discussed in this notice, you may revoke that permission, in writing, at any time by contacting the University Privacy Official.

For Treatment. We may use Health Information to facilitate your treatment or receipt of health care services. We may use or disclose Health Information to doctors, nurses, technicians, or other personnel who are involved in your medical care. For example, we may use or disclose your Health Information to determine your eligibility for services requested by a provider.

For Payment. We may use and disclose Health Information in the course of activities that involve reimbursement for health care, such as determination of eligibility for coverage, claims processing, billing, obtaining payment of premiums, utilization review, medical necessity determinations, health care data processing, and precertifications.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our enrollees receive quality care and for our operation and management purposes. For example, we may use and disclose Health Information to a business associate who on the Georgetown plans’ behalf performs a function or activity involving the use or disclosure of your medical information, including claims processing or administration, planning, data analysis, utilization review, quality assurance benefits management, referrals to specialists, or provides legal, actuarial, accounting, consulting, data aggregation, management, administrative or financial services that involve individually identifiable Health Information.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services. We may use and disclose Health Information to contact you as a reminder that you have an appointment. We also may use and disclose Health Information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.

Fundraising Activities. We may use Health Information to contact you in an effort to raise money. We may disclose Health Information to a related foundation or to our business associate so that they may contact you to raise money for us. However, you have the right to opt out of any such communications by contacting the University Privacy Official in writing.

Individuals Involved in Your Care or Payment for Your Care. We may release Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, though, the project will go through a special approval process. This process evaluates a proposed research project and its use of Health Information to balance the benefits of research with the need for privacy of Health Information. Even without special approval, we may permit certain researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, so long as they do not remove or take a copy of any Health Information.

To Plan Sponsor. The Georgetown Plans may only disclose Health Information to the University, the Plan Sponsor, as is necessary for the use and administration of the Plans. The Plan Sponsor can only use the Health Information as permitted or required in the plan documents and applicable law, and the Plan Sponsor cannot use or disclose the Health Information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan.

Special Circumstances

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs, to the extent authorized by the laws relating to these programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of the hospital in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for oversight activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner for the purposes of identifying a deceased person, determining the cause of death, or performing other duties required by law. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the administration, safety and security of the correctional institution; or (4) for the law enforcement of the correctional institution.

Your Rights

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are considered prohibited marketing communications under federal law, without your written authorization.

Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time by contacting the University Privacy Official in writing, except if we have already acted based on your authorization.

You have the following rights regarding Health Information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy certain Health Information that we maintain about you and that may be used to make decisions about your care or payment for your care. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. To inspect and copy your Health Information, you must make your request, in writing, to the University Privacy Official. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.

Right to Get Notice of a Breach. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request, in writing, to the University Privacy Official and you must provide the reasons for the requested amendment.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of Health Information we made. To request an accounting of disclosures, you must make your request, in writing, to the University Privacy Official. This accounting will not include disclosures of information made (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. In addition, you have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your legal spouse. To request a restriction, you must make your request, in writing, to the University Privacy Official. We are not required to agree to your request. If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request, in writing, to the University Privacy Official. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, benefits.georgetown.edu.

To obtain a paper copy of this notice, contact:
 University Privacy Official
 Georgetown University
 202 Healy Hall, 37th & O Streets, N.W.
 Washington, D.C. 20057

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice at the Office of Faculty and Staff Benefits.

Important Notices

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the University Privacy Official. All complaints must be made in writing. You will not be penalized for filing a complaint.

Primary Care Physicians (PCPs) and OB/GYN Care

To the extent that any of the medical plan options allow for the designation of a primary care provider, you have the right to designate any primary care provider who is available to accept you or your family members and who participates in the applicable medical plan option's network of providers. For children, you may designate a pediatrician as the primary care provider. Until you make this designation, the medical plan option may designate one for you.

Furthermore, you do not need prior authorization from your medical plan carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the applicable medical plan's network (as applicable) who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the applicable medical plan carrier.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your medical plan carrier.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Treatment of physical complications of the mastectomy, including lymphedema.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

Michelle's Law

Public law 110-381, also known as "Michelle's Law," allows dependent college students insured under their parent's policy to remain covered if they are required to take a medical leave of absence from school or make any other enrollment changes that might cause them to lose dependent student eligibility. In order to qualify for this continued coverage, the dependent must be suffering from a serious illness or injury and the leave of absence or other enrollment changes must be medically necessary, as determined by the treating physician. Such dependents may remain covered up to the earlier of: one year after the first day of the medically necessary leave of absence; or the date on which such coverage would otherwise terminate under the terms of the plan/coverage. Following the medical leave, student dependents will once again be required to provide student certification (as may be required under the applicable plan) in order to remain eligible for dependent coverage.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office, dial 1-877-KIDS-NOW (1-877-543-7669) or visit insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled.

This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your state for more information on eligibility.

Alabama – Medicaid

Website: <http://myalhipp.com>
Phone: 1-855-692-5447

Alaska – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

Arkansas – Medicaid

Website: <http://myarhipp.com>
Phone: 1-855-MyARHIPP (1-855-692-7447)

California – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 1-916-445-8322
Email: hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: www.healthfirstcolorado.com
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

Florida – Medicaid

Website: www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
Phone: 1-877-357-3268

Georgia – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 1-678-564-1162 ext. 2131

Indiana – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: www.in.gov/fssa/hip
Phone: 1-877-438-4479
All other Medicaid
Website: www.in.gov/medicaid
Phone: 1-800-457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website:
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

Kansas – Medicaid

Website: www.kancare.ks.gov
Phone: 1-800-792-4884

Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
 Phone: 1-855-459-6328
 Email: KIHIPPPROGRAM@ky.gov
 KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
 Phone: 1-877-524-4718
 Kentucky Medicaid Website: <https://chfs.ky.gov>

Louisiana – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
 Medicaid Hotline: 1-888-342-6207
 LaHIPP Phone: 1-855-618-5488

Maine – Medicaid

Enrollment Website: www.maine.gov/dhhs/ofi/applications-forms
 Phone: 1-800-442-6003
 TTY: Maine Relay 711
 Private Health Insurance Premium Webpage:
www.maine.gov/dhhs/ofi/applications-forms
 Phone: 1-800-977-6740
 TTY: Maine Relay 711

Massachusetts – Medicaid and CHIP

Website:
www.mass.gov/info-details/masshealth-premium-assistance-pa
 Phone: 1-800-862-4840

Minnesota – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
 Phone: 1-800-657-3739

Missouri – Medicaid

Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm
 Phone: 1-573-751-2005

Montana – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084

Nebraska – Medicaid

Website: www.ACCESSNebraska.ne.gov
 Phone: 1-855-632-7633
 Lincoln: 1-402-473-7000
 Omaha: 1-402-595-1178

Nevada – Medicaid

Website: <http://dhcfp.nv.gov>
 Phone: 1-800-992-0900

New Hampshire – Medicaid

Website: www.dhhs.nh.gov/oi/hipp.htm
 Phone: 1-603-271-5218
 HIPP program: 1-800-852-3345 ext. 5218

New Jersey – Medicaid and CHIP

Medicaid Website:
www.state.nj.us/humanservices/dmahs/clients/medicaid
 Medicaid Phone: 1-609-631-2392
 CHIP Website: www.njfamilycare.org/index.html
 CHIP Phone: 1-800-701-0710

New York – Medicaid

Website: www.health.ny.gov/health_care/medicaid
 Phone: 1-800-541-2831

North Carolina – Medicaid

Website: <https://medicaid.ncdhhs.gov>
 Phone: 1-919-855-4100

North Dakota – Medicaid

Website: www.nd.gov/dhs/services/medicalserv/medicaid
 Phone: 1-844-854-4825

Oklahoma – Medicaid and CHIP

Website: www.insureoklahoma.org
 Phone: 1-888-365-3742

Oregon – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
www.oregonhealthcare.gov/index-es.html
 Phone: 1-800-699-9075

Pennsylvania – Medicaid

Website: www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
 Phone: 1-800-692-7462

Rhode Island – Medicaid and CHIP

Website: www.eohhs.ri.gov
 Phone: 1-855-697-4347
 Direct RIt Share Line: 1-401-462-0311

South Carolina – Medicaid

Website: www.scdhhs.gov
 Phone: 1-888-549-0820

South Dakota – Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

Texas – Medicaid

Website: <http://gethipptexas.com>
 Phone: 1-800-440-0493

Utah – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

Vermont – Medicaid

Website: www.greenmountaincare.org
 Phone: 1-800-250-8427

Virginia – Medicaid and CHIP

Website: www.coverva.org/en/famis-select
www.coverva.org/en/hipp
 Phone: 1-800-432-5924

Washington – Medicaid

Website: www.hca.wa.gov
 Phone: 1-800-562-3022

West Virginia – Medicaid

Website: <http://mywvhipp.com>
 Phone: 1-855-MyWVHIP (699-8447)

Wisconsin – Medicaid and CHIP

Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
 Phone: 1-800-362-3002

Wyoming – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>
 Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your eligible dependents (including your legal spouse/LDA) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward 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).

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.

If you decline enrollment for yourself or for an eligible dependent (including your legal spouse/LDA) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. If you or your dependents (including your legal spouse/LDA) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 30 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program or after your or your dependents' determination of eligibility for such state premium assistance, whichever is applicable.

For more information on making changes during the year, refer to the [Qualifying Events Matrix](#) at benefits.georgetown.edu/enrolling/benefitschanges or contact the Office of Faculty and Staff Benefits at 1-202-687-2500 or benefitshelp@georgetown.edu.

Summary Annual Reports (SARs)

The SARs for Georgetown University's benefit plans are available online and include an explanation of plan expenses, employee and employer contribution information, and details on how you can obtain additional information about the plan. Since you were enrolled in, or eligible for, one or more of the University's benefits plans, it is your legal right as a participant to know this information about your benefits.

Effective each December 15, you may view copies of the prior plan year's SARs on our website at benefits.georgetown.edu. You may not be enrolled in all of the plans that are referenced, so please disregard any reports that do not apply to you. If you require a paper copy of the SARs, you can order them from the Office of Faculty and Staff Benefits. Simply email benefitshelp@georgetown.edu or call 1-202-687-2500.

Important Notice from Georgetown University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Georgetown University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Georgetown University has determined that the prescription drug coverage offered by the Georgetown University Health and Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. If your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Read this notice carefully – it explains your options.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. This applies to all Georgetown University Health and Welfare Plans.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you are an active employee (or a covered legal spouse or dependent of an active employee), your current Georgetown University active employee medical plan pays for other medical expenses in addition to prescription drug benefits. If you decide to join a Medicare drug plan, your current Georgetown University coverage will not be affected. Specifically, you and your eligible dependents will still be eligible to receive all of your current medical and prescription drug benefits under Georgetown University's active employee medical and prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current Georgetown University active employee medical and prescription drug plan, be aware that you and your dependents may be able to enroll back into Georgetown University's active employee medical and prescription drug plan at a later time, such as during an Open Enrollment period.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

For plans with creditable coverage (all Georgetown University Health and Welfare Plans), you should also know that if you drop or lose your current coverage with Georgetown University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the Office of Faculty and Staff Benefits at 1-202-687-2500 or benefitshelp@georgetown.edu.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Georgetown University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	October 15, 2021
Name of Entity/Sender:	Georgetown University
Contact-Position/Office:	Office of Faculty and Staff Benefits Associate Vice President for Benefits
Address:	2115 Wisconsin Avenue, N.W. Suite 601 Washington, D.C. 20007
Phone Number:	1-202-687-2500
Email:	benefitshelp@georgetown.edu

Health Insurance Marketplace

You can buy health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and the health coverage offered by Georgetown University.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace generally begins in November for coverage starting the following January 1.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if Georgetown University does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from Georgetown University that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in Georgetown University's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if Georgetown University does not offer coverage to you at all, or does not offer coverage that meets certain standards.

Does the health coverage offered by Georgetown University satisfy the standards set by the Affordable Care Act?

The Georgetown University health plans offered satisfies the minimum value standard and the costs of the plan is intended to be affordable, based on wages. Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Georgetown University, then you may lose the contribution provided by Georgetown University. Your payments for coverage through the Marketplace are made on an after-tax basis.

Questions?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its costs. Please visit healthcare.gov for more information, including an online application for health insurance coverage.

Notice for Highly Compensated Employees with a Dependent Care FSA

In accordance with Internal Revenue Code regulations, Georgetown University examines Dependent Care FSA elections each year to ensure that the benefit does not disproportionately benefit highly compensated employees (HCEs) and that the Plan remains compliant. You are considered “highly compensated” if your gross earnings are above the annual amount set by the Internal Revenue Service (see the IRS website for details). If the benefit is found to favor HCEs, Georgetown University will reduce contributions made by HCEs to a level that enables compliance with the IRC. See benefits.georgetown.edu/flexspendacct for more details.

Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination Is Against the Law

Georgetown University complies with applicable Federal and District of Columbia civil rights laws. The University provides equal opportunity in employment for all persons and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other factor prohibited by law.

Georgetown University provides:

- Accommodation assistance to people with disabilities, including applicants for employment and current employees, to communicate effectively with the University. Such reasonable accommodations may include:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Office of Institutional Diversity, Equity, and Affirmative Action (“IDEAA”). IDEAA is responsible for coordinating the University’s response to various accommodation requests in accordance with federal and District of Columbia laws, as well as University policies.

If you believe that Georgetown University has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or other factor prohibited by federal or District of Columbia law, you can file a grievance with IDEAA in person or by mail, fax, or email. If you need help filing a grievance, an IDEAA staff member is available to help you:

Office of Institutional Diversity, Equity, and Affirmative Action
M-36 Darnall Hall
37th & O Streets, N.W.
Washington, D.C. 20057

Main number: 1-202-687-4798
Fax: 1-202-687-7778
Email: ideaa@georgetown.edu

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-202-687-4798.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-202-687-4798.

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-202-687-4798。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-202-687-4798.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-202-687-4798.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-202-687-4798.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-202-687-4798.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-202-687-4798.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-202-687-4798.

Dè dè nà ke dyédé gbo: O jù ké m̀ [Bàsòò-wùdù-po-nyò] jù ní, nií, à wuđù kà kò dọ po-poò b́én m̀ gbo kpáa. Dá 1-202-687-4798

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-202-687-4798.

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-202-687-4798.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-১-২০২-৬৮৭-৪৭৯৮

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-202-687-4798 まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-202-687-4798 번으로 전화해 주십시오.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-202-687-4798.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-202-687-4798.

Notice to All Employees of Georgetown University: 2022 403(b) Universal Availability Notice for Georgetown University Voluntary Contribution Retirement Plan

This notice is to inform you that as an employee of Georgetown University you are eligible to participate in the Voluntary Contribution Retirement Plan.

The Georgetown University Voluntary Contribution Retirement Plan (the “Voluntary Plan”) is a retirement workplace 403(b) savings plan. The Voluntary Plan, distinct from GURP and the Defined Contribution Retirement Plan, allows employees to make pre-tax contributions or additional pre-tax contributions to a 403(b) savings account to help save for retirement. The University does not contribute to the Voluntary Plan; all employee contributions are made through salary reduction. Employees are always 100% vested in the Voluntary Plan. Plan contributions as well as any investment earnings are tax-deferred – and are not taxable until distributed.

Eligibility

If you are an employee of the University, you are eligible to enroll in the Voluntary Plan.

Enrollment

You may enroll in the Voluntary Plan or discontinue or change your enrollment at any time. For more information, visit benefits.georgetown.edu/retirement/voluntary or call the Office of Faculty and Staff Benefits at 1-202-687-2500.

Contribution and Investment Elections

To enroll, you must elect your contribution amount and designate the investment company to which you want your contributions deposited. To do so, log on to gms.georgetown.edu with your NetID and password. New Employees will be prompted to enroll as part of the New Hire benefit event in their GMS inbox. All other employees should follow the instructions at benefits.georgetown.edu/retirement/voluntary. Annual contribution limits do apply. Once you’ve submitted your choices in GMS, you’ll be automatically enrolled in a target date retirement fund by the investment company(ies) you have selected. You can change your investment allocations at any time after your first contribution has been made by contacting your investment company. You will receive further information and instructions from your chosen investment company(ies) soon after you enroll.

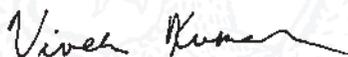
Investment Companies

You may obtain further information about the Voluntary Plan by contacting the investment companies directly. You may do so by visiting their websites or by calling their toll-free numbers to talk to a representative.

Investment Company	Website	Telephone
Fidelity Investments	netbenefits.com/georgetown	1-800-343-0860
TIAA	tiaa.org/georgetown	1-800-842-2888
Vanguard	georgetown.vanguard-education.com/ekit	1-800-523-1188

We look forward to serving you in 2022 and beyond.

Sincerely,



Vivek Kumar
Retirement Benefits Analyst
Office of Faculty and Staff Benefits

Notice to Employees Information on Paid Family Leave in the District of Columbia

Georgetown University is subject to the District of Columbia's Paid Family Leave law, which provides covered employees paid time off from work for qualifying parental, family, medical and prenatal events. For more information about the Paid Family Leave program, visit the DC Office of Paid Family Leave's website at dcpaidfamilyleave.dc.gov.

Covered Workers

To receive benefits under the Paid Family Leave program, you must work for a covered employer in DC. To find out if you are a covered worker, speak with Georgetown University's Office of Faculty and Staff Benefits or contact the District of Columbia's Office of Paid Family Leave (see contact information at end of this page). Georgetown University is required to tell you if you are covered by the Paid Family Leave program. Additionally, Georgetown University is required to provide you information about the Paid Family Leave program at these three (3) times:

1. At the time you were hired;
2. At least once a year; and
3. If you ever ask Georgetown University for leave that could qualify for benefits under the Paid Family Leave program.

Covered Events

There are four (4) kinds of Paid Family Leave benefits:

1. Parental leave - receive benefits to bond with a new child for up to 8 weeks in a year;
2. Family leave - receive benefits to care for a family member for up to 6 weeks in a year;
3. Medical leave - receive benefits for your own serious health condition for up to 6 weeks in a year; and
4. Prenatal leave - receive benefits for prenatal medical care for up to 2 weeks in a year.

Maximum Leave Entitlement

Each kind of leave has its own eligibility rules and its own limit on the length of time you can receive benefits in a year. The maximum amount of leave for any combination of parental, family and medical leave is 8 weeks. However, there is an exception for pregnant women who take prenatal leave. Pregnant women are eligible for 2 weeks of prenatal leave while pregnant and 8 weeks of parental leave after giving birth, for a maximum of 10 weeks.

Applying for Benefits

If you have experienced an event that may qualify for benefits, be sure to apply no more than 30 days after beginning your leave. You can learn more about applying for benefits with the DC Office of Paid Family Leave at dcpaidfamilyleave.dc.gov.

Benefit Amounts

Paid Family Leave benefits are based on the wages Georgetown University paid to you and reported to the Department of Employment Services. If you believe your wages were reported incorrectly, you have the right to provide proof of your correct wages. The maximum weekly benefit amount is \$1,009.

Employee Protection

The Paid Family Leave program does not provide job protection to you when you take leave and receive Paid Family Leave benefits. However, you may be protected against actions taken by your employer that are harmful to you if those actions were taken because you applied for or claimed Paid Family Leave benefits. If harmful actions were taken against you because you applied for or claimed Paid Family Leave benefits, it is known as "retaliation." If you believe you have been retaliated against, you may file a complaint with the DC Office of Human Rights (OHR), which receives complaints at ohr.dc.gov.

You may be eligible for job protection under the DC Family and Medical Leave Act (DCFMLA). For more information on DCFMLA, visit ohr.dc.gov.

If You Have Questions

For more information about Paid Family Leave, please visit the DC Office of Paid Family Leave's website at dcpaidfamilyleave.dc.gov, call 1-202-899-3700, or email does.opfl@dc.gov.

Continuation Coverage Rights Under COBRA

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Georgetown University, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to Georgetown University.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [healthcare.gov](https://www.healthcare.gov).

Can I Enroll In Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information, visit [medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you).

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [dol.gov/ebsa](https://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [healthcare.gov](https://www.healthcare.gov).

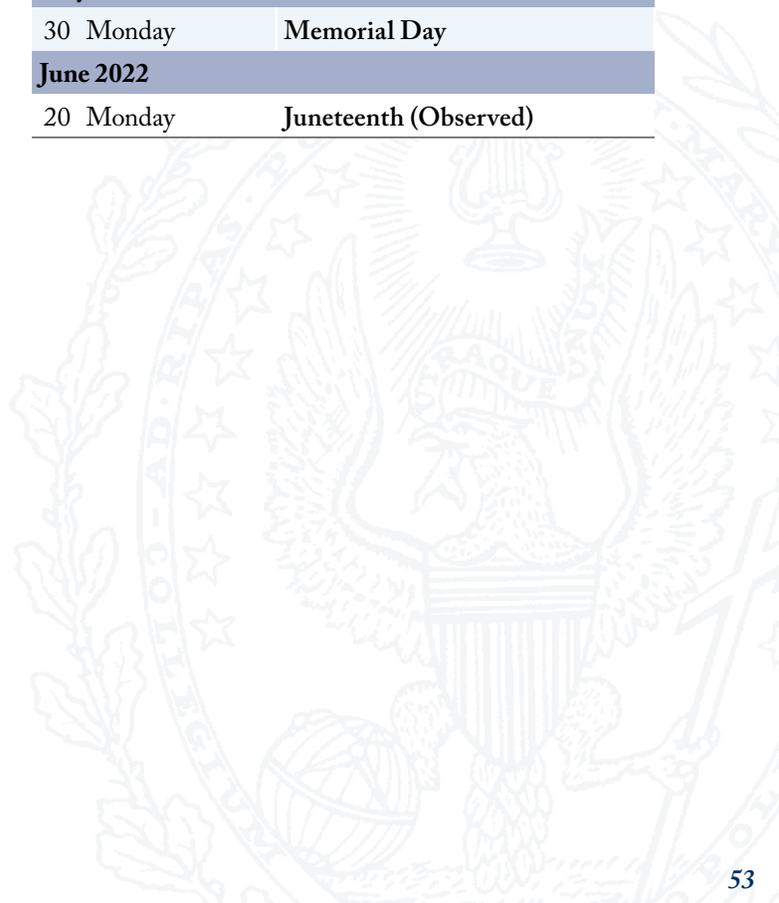
Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

The following benefits are available to all Georgetown faculty and staff:

- **Capital Bikeshare:** Discounts are available for new annual memberships.
- **Car Sharing:** Discounts available through Zipcar.
- **Child Care:** Hoya Kids Learning Center is an on-site facility for children from 18 months old to 5 years old. Fees vary by income level; separate facility and policy at GU Law Center.
- **Credit Union:** Hoya Federal Credit Union offers financial products and services to you and your family.
- **Faculty and Staff Assistance Program:** Assists you and your family with professional and personal concerns, provided at no cost to you, as well as short term and crisis counseling and coordination of wellness programs, while remaining completely confidential.
- **Holidays:** You are provided with paid holidays.
- **Lactation Room:** Georgetown University provides a clean, comfortable space on Main Campus designated for nursing mothers to pump. The room accommodates up to 5 women at one time and is available for any GU staff, faculty, or student with a valid GUID. On the Medical Center campus, nursing mothers who need to access the Mother's Room should see Medical Center Human Resources Office located in the Office of the EVP, Suite 120, Building D. A similar facility is available on the Georgetown University Law Center campus.
- **Learning and Development:** In-person and web-based trainings, self-paced courses through LinkedIn Learning, workshops, tools and a variety of other resources to support and enhance your personal and professional growth and well-being.
- **Parking/Transportation:** On-campus and satellite options available, paid for by pre-tax paycheck deductions, price varies by income level and site, free shuttle service to Wisconsin Avenue, Dupont Circle, Arlington, and Law Center, free motorist assistance, pre-tax SmartBenefits.
- **PNC Bank:** Offers on-campus ebranch, ATMs, workplace banking, as well as financial literacy programs.

2021-2022 Academic Year Holiday Calendar	
Date	Event
October 2021	
11 Monday	Mid-Semester Holiday
November 2021	
25 Thursday	Thanksgiving Day
26 Friday	Day After Thanksgiving
December 2021	
24 Friday	Christmas Eve
27 Monday	Christmas Day (Observed)
28 Tuesday	Holiday
29 Wednesday	Holiday
30 Thursday	Holiday
31 Friday	New Year's Eve
January 2022	
3 Monday	New Year's Day (Observed)
17 Monday	Dr. Martin Luther King, Jr. Day
February 2022	
21 Monday	Presidents' Day
April 2022	
15 Friday	Good Friday
May 2022	
30 Monday	Memorial Day
June 2022	
20 Monday	Juneteenth (Observed)



Your cost for coverage depends on the benefit elections you make and how many eligible dependents you enroll. Medical, dental, vision and FSA contributions are automatically deducted from your pay on a pre-tax basis. Supplemental life/AD&D, LTD and voluntary insurance benefit contributions are deducted from your pay on an after-tax basis.

If you are paid monthly, your contributions will be deducted from each paycheck throughout the year. If you are paid biweekly, all premiums will be deducted from 24 of your 26 annual paychecks. In those months in which there are three pay dates, only retirement plan contributions will be deducted from the third paycheck.

The charts on the following pages show the amounts that will be deducted from your pay each pay period for medical, dental and vision insurance.

Pre-tax contributions save you money because pre-tax contributions are deducted from your pay before federal – and in most cases, state – income tax withholdings and FICA (Social Security and Medicare) tax withholdings are calculated. This lowers your taxable income, which in turn lowers the total amount you pay in taxes.

After-tax contributions have certain advantages. Because you pay on an after-tax basis, any benefits paid will not be taxed again. This means that if you receive benefits from your disability, supplemental life/AD&D or voluntary insurance plans, you will not be taxed on the benefit amount.



University Contribution Strategy for Medical

The employee cost of the monthly medical premium are calculated based on salary. There are four salary bands (Band One: up to \$74,999, Band Two: \$75,000-\$124,999, Band Three: \$125,000-\$299,999, Band Four: \$300,000+). Georgetown's contribution is on a sliding scale, with the greatest contribution for those in Band One. Salary bands do not affect SEIU1199 members enrolled in the Kaiser HMO plan.

Employees with Legally Domiciled Adults (LDAs)

Federal law requires that an employee with a non-tax dependent LDA must pay taxes on part of the benefit. The IRS considers the employer-provided value of the health care benefit for an LDA who is not the employee's tax dependent (as defined by the IRS) to be income to the employee. The IRS calls this 'imputed income' – and it is subject to taxation. Be sure to designate your LDA as a non-tax dependent in GMS, if applicable.

Monthly Imputed Income Liability*

Plan	Liability
Medical	
- Kaiser Signature HMO	\$620.40
- Kaiser Signature HDHP 3 with HSA	\$519.79
- CareFirst BlueChoice Advantage POS	\$725.22
- CareFirst BlueChoice Advantage CDHP with HSA	\$584.08
- UnitedHealthcare Choice Plus PPO	\$894.29
Dental	
- Delta Dental Standard PPO	\$41.60
- Delta Dental Enhanced PPO	\$74.78
- Aetna DMO	\$42.22
Vision	
- EyeMed Vision Care Select	\$5.72

* Monthly imputed income calculation = Employee/Legal Spouse Total minus the Employee Only Total.

For Faculty, Staff, Academic & Administrative Professionals (AAPs) and Fellows*



Your portion of the medical plan premium is calculated based on salary. Salary bands do not affect SEIU1199 members enrolled in the Kaiser HMO plan.



Medical

Employee Medical Premiums								
Your Salary Band	Band 1 Up to \$74,999		Band 2 \$75,000 - \$124,999		Band 3 \$125,000 - \$299,999		Band 4 \$300,000+	
Your Pay Period	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly
Kaiser Signature HMO								
Employee Only	\$55.43	\$110.86	\$60.00	\$120.00	\$64.76	\$129.52	\$69.69	\$139.38
Employee & Spouse/LDA	\$116.41	\$232.82	\$126.00	\$252.00	\$135.98	\$271.96	\$146.34	\$292.68
Employee & Child(ren)	\$105.31	\$210.62	\$114.00	\$228.00	\$123.03	\$246.06	\$132.40	\$264.80
Family	\$166.29	\$332.58	\$180.00	\$360.00	\$194.26	\$388.52	\$209.05	\$418.10
Kaiser Signature HDHP 3 with HSA								
Employee Only	\$13.33	\$26.66	\$14.43	\$28.86	\$15.57	\$31.14	\$16.76	\$33.52
Employee & Spouse/LDA	\$23.18	\$46.36	\$25.10	\$50.20	\$27.08	\$54.16	\$29.14	\$58.28
Employee & Child(ren)	\$26.94	\$53.88	\$29.16	\$58.32	\$31.47	\$62.94	\$33.87	\$67.74
Family	\$44.10	\$88.20	\$47.74	\$95.48	\$51.52	\$103.04	\$55.44	\$110.88
CareFirst BlueChoice Advantage POS								
Employee Only	\$87.45	\$174.90	\$94.66	\$189.32	\$102.16	\$204.32	\$109.94	\$219.88
Employee & Spouse/LDA	\$183.62	\$367.24	\$198.77	\$397.54	\$214.50	\$429.00	\$230.85	\$461.70
Employee & Child(ren)	\$166.12	\$332.24	\$179.82	\$359.64	\$194.06	\$388.12	\$208.84	\$417.68
Family	\$262.29	\$524.58	\$283.92	\$567.84	\$306.40	\$612.80	\$329.74	\$659.48
CareFirst BlueChoice Advantage CDHP with HSA								
Employee Only	\$21.85	\$43.70	\$23.65	\$47.30	\$25.53	\$51.06	\$27.47	\$54.94
Employee & Spouse/LDA	\$45.85	\$91.70	\$49.63	\$99.26	\$53.56	\$107.12	\$57.64	\$115.28
Employee & Child(ren)	\$41.49	\$82.98	\$44.91	\$89.82	\$48.47	\$96.94	\$52.15	\$104.30
Family	\$65.50	\$131.00	\$70.90	\$141.80	\$76.51	\$153.02	\$82.34	\$164.68
UnitedHealthcare Choice Plus PPO								
Employee Only	\$176.66	\$353.32	\$182.98	\$365.96	\$186.63	\$373.26	\$190.31	\$380.62
Employee & Spouse/LDA	\$370.97	\$741.94	\$384.24	\$768.48	\$391.90	\$783.80	\$399.65	\$799.30
Employee & Child(ren)	\$355.55	\$711.10	\$368.26	\$736.52	\$375.61	\$751.22	\$383.03	\$766.06
Family	\$514.24	\$1,028.48	\$532.63	\$1,065.26	\$543.26	\$1,086.52	\$553.98	\$1,107.96

*The only Fellows eligible for dental benefits are Law Center Fellows.

The dental and vision plans aren't affected by salary bands.

Dental

Employee Dental Premiums		
Your Pay Period	Biweekly	Monthly
Delta Dental Standard PPO		
Employee Only	\$13.36	\$26.72
Employee & Spouse/LDA	\$34.16	\$68.32
Employee & Child(ren)	\$27.76	\$55.52
Family	\$42.11	\$84.22
Delta Dental Enhanced PPO		
Employee Only	\$26.17	\$52.34
Employee & Spouse/LDA	\$63.56	\$127.12
Employee & Child(ren)	\$52.06	\$104.12
Family	\$77.95	\$155.90
Aetna DMO		
Employee Only	\$15.04	\$30.08
Employee & Spouse/LDA	\$36.15	\$72.30
Employee & Child(ren)	\$40.77	\$81.54
Family	\$60.94	\$121.88



Vision

Employee Vision Premiums		
Your Pay Period	Biweekly	Monthly
EyeMed Vision Care Select		
Employee Only	\$3.20	\$6.40
Employee & Spouse/LDA	\$6.06	\$12.12
Employee & Child(ren)	\$6.37	\$12.74
Family	\$9.35	\$18.70



2022 METLIFE VOLUNTARY PLAN PREMIUMS

Learn more at metlife.com/georgetown-university

MetLife Accident Insurance		
Coverage Options	Monthly Cost	
	Low Plan	High Plan
Employee	\$5.68	\$10.54
Employee + Spouse	\$8.40	\$15.82
Employee + Child(ren)	\$10.70	\$20.16
Employee + Spouse/Child(ren)	\$13.66	\$25.50

MetLife Critical Illness Insurance (\$15,000 Benefit)				
Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$4.50	\$8.70	\$10.80	\$15.00
25 – 29	\$4.50	\$9.30	\$11.10	\$15.90
30 – 34	\$6.30	\$12.90	\$12.60	\$19.20
35 – 39	\$9.00	\$18.30	\$15.30	\$24.60
40 – 44	\$13.20	\$27.30	\$19.50	\$33.60
45 – 49	\$20.10	\$41.10	\$26.40	\$47.10
50 – 54	\$29.10	\$59.40	\$35.40	\$65.70
55 – 59	\$40.50	\$84.00	\$46.80	\$90.30
60 – 64	\$58.50	\$121.50	\$64.80	\$127.80
65 – 69	\$88.20	\$183.60	\$94.50	\$189.90
70 – 74	\$133.80	\$276.90	\$140.40	\$283.20
75 – 79	\$202.20	\$415.80	\$208.50	\$422.10
80 – 84	\$311.40	\$633.00	\$317.70	\$639.30
85+	\$411.60	\$833.10	\$417.90	\$839.40

MetLife Critical Illness Insurance (\$30,000 Benefit)				
Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$9.00	\$17.40	\$21.60	\$30.00
25 – 29	\$9.00	\$18.60	\$22.20	\$31.80
30 – 34	\$12.60	\$25.80	\$25.20	\$38.40
35 – 39	\$18.00	\$36.60	\$30.60	\$49.20
40 – 44	\$26.40	\$54.60	\$39.00	\$67.20
45 – 49	\$40.20	\$82.20	\$52.80	\$94.20
50 – 54	\$58.20	\$118.80	\$70.80	\$131.40
55 – 59	\$81.00	\$168.00	\$93.60	\$180.60
60 – 64	\$117.00	\$243.00	\$129.60	\$255.60
65 – 69	\$176.40	\$367.20	\$189.00	\$379.80
70 – 74	\$267.60	\$553.80	\$280.80	\$566.40
75 – 79	\$404.40	\$831.60	\$417.00	\$844.20
80 – 84	\$622.80	\$1,266.00	\$635.40	\$1,278.60
85+	\$823.20	\$1,666.20	\$835.80	\$1,678.80

MetLife Hospital Indemnity Insurance	
Coverage Options	Monthly Cost
Employee	\$25.88
Employee & Spouse	\$51.02
Employee & Child(ren)	\$39.96
Employee & Spouse/Child(ren)	\$65.10

MetLife Legal Plans	
Coverage Options	Monthly Cost
Employee	\$16.50
Plus Parents	\$22.50

Access your benefits and ID cards on the go by downloading these apps from the App Store® and Google Play™.



Kaiser Permanente

Search “Kaiser Permanente” to download. Find more details at healthy.kaiserpermanente.org/pages/mobile-app.



- Video consultations.
- Contact your PCP’s office.
- Schedule, cancel or view appointments.
- Refill prescriptions.
- Access health information.

CareFirst

Search “CareFirst” to download. Find more details at carefirst.com/mobileaccess.



- Video consultations.
- View your claims.
- Locate a provider or urgent care center.
- Maintain your account and communication preferences.

UnitedHealthcare

Search “Health4Me” to download. Find more details at uhc.com/member-resources/health-care-tools/unitedhealthcare-app.



- Video consultations.
- View your claims.
- Locate a provider or urgent care center near you.
- Manage prescriptions.
- Connect with a nurse or customer service.

CVS Caremark

(for CareFirst and UnitedHealthcare Members)

Search “CVS Caremark” to download. Find more details at fast.caremark.com/mcontainer/v0/info-caremark-mobile.



- Fill new prescriptions.
- Easy refills.
- Locate a pharmacy.
- Manage your profile.

Delta Dental

Search “Delta Dental” to download. Find more details at deltadental.com/us/en/member/mobile.html.



- Use the dental care cost estimator.
- Search for a dentist.
- Schedule appointments.
- Use a toothbrush timer.
- Discover your smile score.

Aetna

Search “Aetna Mobile” to download. Find more details at aetna.com/individuals-families/using-your-aetna-benefits/aetna-mobile/app.html.



- Search for a dentist.
- View claims and coverage.
- Connect with customer service.

EyeMed

Search “EyeMed Members” to download. Find more details at eyemed.com/en-us/member/faq.



- Search for providers.
- Set eye exam and contact lens change reminders.
- Save prescriptions.
- Find answers to common questions.

Optum Financial

Search “Optum Financial” to download. Find more details at optum.com/financial/resources/mobile.html.



- View account balances and claims history.
- View claims requiring your attention.
- Update your FSA contributions.
- Access a list of eligible expenses.

Workday Mobile App

- Review your current benefits.
- Make Open Enrollment elections.
- Request time off.
- View payslips.
- And so much more!

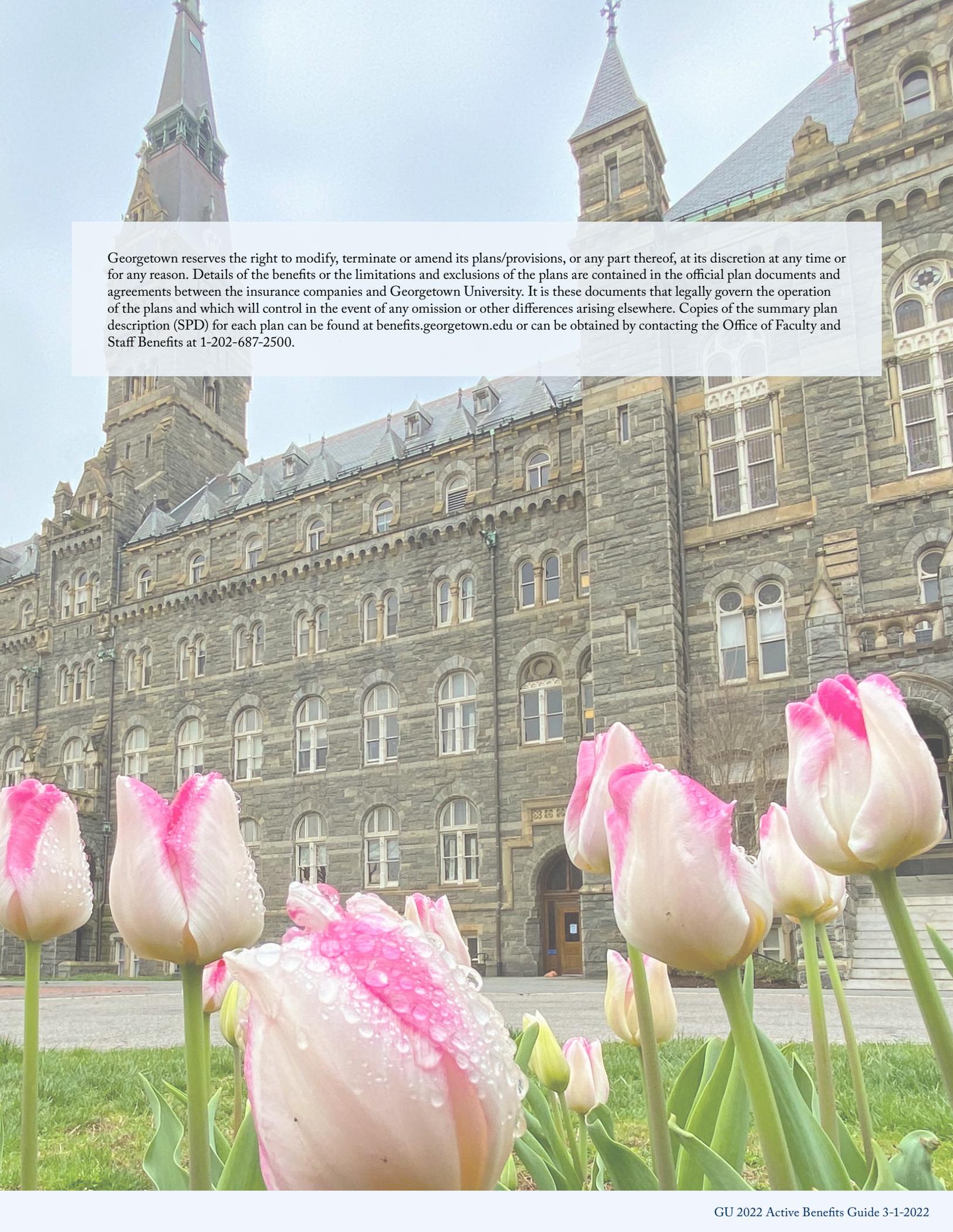


Mobile Benefits Directory

Use any mobile device to connect to our Benefits Directory. Visit teamcreativa.com/gubenefits, save the app to your home screen for easy access to your benefits contacts.



Office of Faculty and Staff Benefits		
- Benefits Help	1-202-687-2500	benefits.georgetown.edu
- GMS Assistance		benefitshelp@georgetown.edu
Georgetown Management System (GMS)		
- Benefits Enrollment	1-202-687-4949	gms.georgetown.edu help@georgetown.edu
Medical		
- Kaiser Permanente	1-800-777-7902	my.kp.org/georgetown
- Kaiser HDHP HSA Health Payment Services	1-877-761-3399	kp.org/healthpayment kp@healthaccountservices.com
- CareFirst	1-800-628-8549	carefirst.com/georgetown
- HSA, Administered by Further	1-866-758-6119	member.carefirst.com/mos/#/login CareFirstSolutions@HelloFurther.com
- UnitedHealthcare	1-888-332-8885	myuhc.com
- CVS Caremark	1-844-256-0030	caremark.com
Health Advocate		
- Medical Bill Assistance	1-866-695-8622	HealthAdvocate.com/georgetown answers@HealthAdvocate.com
- Wellness Coaching		
Dental		
- Delta Dental	1-800-932-0783	deltadentalins.com
- Aetna Dental DMO	1-800-843-3661	aetna.com
Vision		
- EyeMed Vision Care Select	1-866-723-0514	eyemed.com
- Amplifon Hearing Discounts for EyeMed Members	1-877-203-0675	eyemed.com/en-us/member/benefits/hearing
Flexible Spending Accounts		
- Optum Financial	1-877-292-4040	optumfinancial.com
Short Term Disability Insurance and Long Term Disability Insurance		
- MetLife	1-866-729-9201	mybenefits.metlife.com
Life/AD&D Insurance		
- MetLife	1-866-492-6983	
- MetLife Legal Plans (Supplemental Life Will Prep)	1-800-821-6400	Group Number: 123529
Business Travel Accident Insurance		
- The Hartford	Contact the Office of Faculty and Staff Benefits	
Retirement		
- Fidelity Investments	1-800-343-0860	netbenefits.com/georgetown
- TIAA	1-800-842-2776	tiaa.org/georgetown
- Vanguard	1-800-523-1188	georgetown.vanguard-education.com/ekit
	Hit "*" then "0" to speak with an associate	
GUAdvantage		
- Insurance (Personal, Home, Auto, Pet)	1-800-683-2886	beneplace.com/georgetown
- Health, Wellness, Travel, Electronics and More		(Discount Code: "GUSaves")
MetLife Voluntary Benefits		
- Accident, Hospital Indemnity, Critical Illness, Legal, Auto/Home	1-800-GET-MET-8 (1-800-438-6388)	metlife.com/georgetown-university
Bright Horizons		
- Sittercity, Years Ahead	1-877-BH-CARES	clients.brighthorizons.com/georgetown
- Back-Up Care, Preferred Enrollment	(242-2737)	backup.brighthorizons.com
- Tuition Discounts		(Employer Username: Georgetown Password: Benefits4You)



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