

## Welcome to Open Enrollment Medical Residents

**IMPORTANT: Open Enrollment this year will be an *online-only* process for all employees except Residents.**

**(Residents: Due to current system upgrades, Residents will not be able to complete the process online this year. Residents may access all the information and forms they need for election changes through the Benefits Administration Website. The completed forms need to be received by the Benefits Administration Department no later than 4:30pm on Friday October 31, 2008.)**

Open Enrollment is your annual opportunity to re-familiarize yourself with the benefits that The George Washington University (GW) offers, learn about new benefits and new coverage options, ask questions about the different programs, and make changes to your coverage, if desired.

In addition, during Open Enrollment you can add or drop dependents from your coverage, or choose to add or drop your own coverage in certain GW benefit plans.

What's New in 2009?	To Enroll or Review your Coverage, Visit <a href="http://my.gwu.edu/">http://my.gwu.edu/</a> (Click on GWeb Info System)
<ul style="list-style-type: none"> <li>Premium decreases in the CIGNA HMO and POS plans.</li> </ul>	<p style="text-align: center;"><b>Everyone must enroll during this Open Enrollment period (10/13 – 10/31) in order to:</b></p>
<ul style="list-style-type: none"> <li>Decrease to the STD and LTD Buy Up rates.</li> </ul>	<ul style="list-style-type: none"> <li>Take advantage of tax savings by participating in one or both flexible spending accounts in 2009 through the FlexFund program.</li> </ul>
<ul style="list-style-type: none"> <li>Effective January 1, 2009 the CareFirst PPO regular office visits and specialist visits will be covered at 100% after a copay of \$25, without having to first meet the deductible.</li> </ul>	<ul style="list-style-type: none"> <li>Add a new benefit or change any of your current elections.</li> </ul>
	<ul style="list-style-type: none"> <li>Add or delete a dependent from your coverage.</li> </ul>
	<ul style="list-style-type: none"> <li>Change or update your beneficiary information.</li> </ul>
	<p>Even if you do not want to make changes to your current coverage, you need to go online to review your 2009 elections and your personal information to ensure that it is accurate. Remember, your 2009 elections will remain in effect for the entire year unless you experience a qualifying life event (QLE) described on page 2.</p>

**This year's Open Enrollment will take place from**

## October 13<sup>th</sup> to October 31, 2008

**Your new benefit elections will take effect on January 1, 2009** and will remain in effect for all of 2009 unless you experience a Qualifying Life Event (QLE) such as the birth of a child, marriage or divorce, or loss of coverage through another plan. If you experience a QLE, you must contact the Employee Benefits Administration Department in writing within 31 days of the date of the event.

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### Paying for Your Coverage

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#### *Cost Sharing*

Faculty and staff who enroll for benefits coverage contribute a portion of the cost for some of their benefits. It has always been our intent, however, to provide a high-quality benefits program that offers flexibility and, above all, offers meaningful choices.

In today's climate, keeping health care cost increases to a reasonable level is an ongoing challenge for all institutions. You'll notice slight increases in premium costs for our CareFirst PPO Plan, however, those who currently have or elect coverage in the CIGNA Point-of-Service (POS) or HMO Plans will actually see a *decrease* in premium rates from this year.

#### *Self-Funded Benefits*

The GW medical program is "self-funded," meaning that the cost of each claim is paid directly by GW—not by an insurance company. By self-funding, GW assumes the risk, but in turn is able to adjust contribution rates and benefits according to plan usage. So, the less money spent on benefit claims, the more money available to keep cost increases to a minimum for our faculty and staff. CareFirst, CIGNA and Caremark are paid only to manage the administration of the plans and your claims.

### What Steps Can You Take to Save?

- **Don't use the Emergency Room (ER) as a doctor's office.**  
Trips to the emergency room are expensive! If you aren't experiencing a true medical emergency, schedule an appointment with your doctor and ease the waiting time in the ER for patients who really need it.
- **Visit network providers to receive care.**  
Whether it's within the medical or dental plans, network providers agree to treat GW participants at a pre-negotiated discount rate, saving money for you and GW.
- **Establish a relationship with a Primary Care Physician.**  
By developing a relationship with one doctor who is responsible for coordinating your care, you are more likely to be on top of your health and to schedule the testing you need, when you need it. Ask your plan and/or doctor for the preventive care schedule that you should be following for your age and gender.
- **Contribute to a Flexible Spending Account (FSA).**  
Decrease your taxes while saving on out-of-pocket health care and dependent care expenses.
- **Invest in the 401(a) and 403(b) plans.**  
Take advantage of the extra dollars that GW gives you for simply participating in these retirement savings vehicles.
- **Take advantage of our tax-saving commuter benefits.**  
They can be used for public transportation and parking.

- **Use the mail order program to purchase your prescription medications.**  
Whenever possible, choose the brand equivalent generic to save money on your prescriptions. Always ask your doctor if a generic drug exists for your needs.
- **Review your Explanation of Benefits (EOB).**  
After incurring medical or dental expenses, you will receive an EOB from the insurance carrier. Please review it carefully and report any discrepancies or errors to your plan right away.
- **Most importantly, keep yourself healthy!**  
Schedule regular physical exams, eat right and get plenty of exercise. Get acquainted with the wellness benefits and programs that your medical plan and GW offer.

## Your Benefits

During Open Enrollment, you can elect coverage or make changes to the following benefits:

- Medical
- Dental
- Flexible Spending Accounts (Health Care & Dependent Care)
- Group Term Life Insurance
- Dependent Life Insurance
- Short-Term Disability
- Long-Term Disability
- Long-Term Care Insurance
- Legal Resources Program
- Supplemental Life

Open Enrollment is also an excellent time to review your entire benefits program. Here's a list of all the programs that GW offers:

- **Health Care Benefits:** Medical, Prescription Drug, Dental, Health Care Flexible Spending Account, and Long Term Care Insurance;
- **Income Protection:** Short-Term and Long-Term Disability Insurance;
- **Life Insurance:** Life and Accidental Death & Dismemberment Insurance;
- **Retirement:** 401(a) Base Retirement Plan, 403(b) Supplemental Retirement Plan, the Matching Retirement Plan, and the 457(b) Deferred Compensation Plan;
- **Transportation:** Transportation Benefits Program and Parking Reimbursement Plan;
- **Balancing Work and Family:** Faculty/Employee Assistance Program (F/EAP), Bright Horizons Family Solutions, Family Care Counseling Service, Dependent Care Flexible Spending Account; and
- **Extras:** Legal Resources Program and Tuition Remission.

For more information about these benefits, visit [www.gwu.edu/hr/benefits/openenrollment2009](http://www.gwu.edu/hr/benefits/openenrollment2009).

## Making Your Choices

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### Reviewing Your Medical Options

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GW cares about your health and the health of your family. That's why we offer three separate medical plans – a Preferred Provider Organization (PPO), a Point of Service (POS) and a Health Maintenance Organization (HMO) plan.

#### ***PPO Plan through CareFirst Blue Cross Blue Shield***

The PPO is a network-based, managed-care plan that gives you the flexibility to select a physician of your choice. Referrals are not required. Regular physician office visits as well as specialist visits are covered at 100% once the \$25 copayment is made. Most other services are covered at 80% once you pay the yearly deductible, when using in-network providers/hospitals. The Plan also offers an out-of-network option, which allows you to choose a physician/provider/hospital outside the network and receive 70% coverage for most services, once the yearly deductible is met.

#### **Office Visits Copay for PPO Plan**

Beginning in 2009, in-network office visits and specialist visits for those in the CareFirst PPO Plan will be covered at 100% after a \$25 copayment. These visits will not be subject to the annual deductible.

#### ***HMO Plan through CIGNA***

If you elect to participate in the HMO, you are required to choose a Primary Care Physician (PCP) to manage your health care needs. When you have a health concern, you must contact your PCP first. If your PCP believes that you need to visit a specialist or have diagnostic tests, he/she will refer you to another provider in the HMO network. You do not have a deductible to meet, and most services are covered at 100% after a flat co-payment rather than a percentage of the cost (coinsurance).

#### ***POS Plan through CIGNA***

Under the POS Plan, you choose a physician who participates in the network as your Primary Care Physician (PCP). For in-network benefits, visit your PCP first whenever you need care. If necessary, he/she will provide a referral to a network specialist or other provider. Your coinsurance is generally 10%, however, office visits require a flat copayment rather than a percentage of the cost (coinsurance).

With the POS Plan, you *also* have the option of accessing out-of-network care. You will pay 30% of the cost of most covered services. The POS Plan offers a comprehensive plan of benefits at a lower employee cost.

## Medical Plans Comparison

	BCBS PPO		CIGNA HMO		CIGNA POS	
	Your Cost In-Network	Your Cost Out-of-Network	Your Cost In-Network	Your Cost Out-of-Network	Your Cost In-Network	Your Cost Out-of-Network
Calendar Year Deductible	\$750 per person/ 2 per family	\$750 per person/ 2 per family	No deductible	You pay all costs	\$300 per person /2 per family	\$750 per person/ 2 per family
Annual Out-of-Pocket Maximum Expense	\$3,000 per person/\$6,000 per family	\$3,000 per person/\$6,000 per family	Not applicable	Not applicable	\$2,500 per person/\$5,000 per family	\$5,000 per person/\$10,000 per family
Office Visit	Plan pays 100% of covered expenses for wellness visits; \$25 copay for office and specialist visits	Plan pays 70% of covered expenses after yearly deductible	\$15 copay PCP/\$25 Specialist	You pay all costs	\$20 copay PCP/\$30 Specialist	Plan pays 70% of covered expenses after deductible
Inpatient Hospitalization	Plan pays 80% of covered expenses after a \$200 per admission copay. Deductible also applies	Plan pays 70% of covered expenses after a \$200 per admission copay. Deductible also applies	\$200 per admission co-ay, then plan pays 100%	You pay all costs	Plan pays 90% after a \$150 per day copay (maximum of 5 copays per admission). Deductible also applies	Plan pays 70% of covered expenses after deductible
Mental Health(MH) & Substance Abuse (SA) Inpatient	Plan pays 80% of covered expenses after a \$200 per admission copay. Deductible also applies	<b>MH:</b> After deductible and \$200 per admission copay, 70% of covered expenses (max of 30 days per calendar year) <b>SA:</b> After deductible, 70% of covered expenses to a max of \$250 per day (max of 30 days or \$5,000 per calendar year)	\$200 per admission co-ay then plan pays 100%	You pay all costs	Plan pays 90% after a \$150 per day copay (maximum of 5 co-pays per admission). Deductible also applies	After deductible, plan pays 50% of covered expenses. Maximum of 45 days per calendar year for Mental Health and 30 days for Substance Abuse
Mental Health (MH) & Substance Abuse (SA) Outpatient	\$25 copay per visit	After deductible 70% of covered expenses	\$25 copay per visit	You pay all costs	\$30 copay per visit	After deductible, 70% of covered expenses

### *Waiving Medical Coverage*

If you have coverage under another medical plan, you may elect to opt-out of the GW medical plan. You must sign a waiver form to do so.

## The Disease Management Program

As part of your medical coverage, participants with asthma, chronic bronchitis/emphysema, diabetes and heart disease have access to our Disease Management Program. This program is designed to provide extra support and resources for those suffering from these chronic illnesses. Your involvement in these specific disease management programs depends on the medical coverage that you elect. Additionally, expectant mothers have access to programs that assist them throughout their pregnancy, and increase the likelihood that their babies will be healthy. Refer to your plan's website ([www.cigna.com](http://www.cigna.com) or [www.carefirst.com](http://www.carefirst.com)) for more information.

## Prescription Drug Coverage

GW provides a retail and mail-order Prescription Drug Program through Caremark. You must be enrolled in a GW medical plan in order to receive prescription drug coverage. The chart below gives an overview of the program and associated costs. Remember – mail order is the less expensive way to purchase your prescriptions since you get a 90-day supply of medication for the cost of 2 months!

	Retail	Mail-Order
Generic Drug Deductible	\$0	\$0
Brand-Name Drug Deductible	\$100 per person per calendar year, combined retail and mail order	
Maximum Supply per Order	30 days	90 days
Generic Drug Copayment	\$5	\$10
Preferred Brand Copayment	\$20	\$40
Non-Preferred Brand Copayment	\$30	\$60
Vacation Exception	Additional 30-day supply one time per year	N/A

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## Dental Care

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GW provides dental coverage through Aetna. We will continue to offer the same High and Low Options, as well as the Dental Maintenance Organization (DMO) option.

**Important!** All Dental Plan options are provided as “stand-alone” plans. This means you can elect dental coverage, even if you do not have medical insurance through GW.

### *High Option Dental PPO*

The Aetna High Option Dental PPO provides the highest level of coverage and, as a result, has a higher premium. You can select the dentist of your choice but seeing a participating dentist reduces your costs. There are deductibles, coinsurance and/or waiting periods for coverage for many of the services.

### *Low Option Dental PPO*

The Aetna Low Option Dental PPO provides a lower level of coverage and, as a result, has a lower premium. As with the High Option Dental PPO, you can see any dentist that you wish but you will receive a higher level of reimbursement by using a participating dentist. The following chart shows a comparison of benefits and costs for dental coverage.

## High and Low Option Dental PPO Comparison

	High Option Dental PPO		Low Option Dental PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Per Person)	\$50 (3 per family)	\$50 (3 per family)	\$50 (3 per family)	\$50 (3 per family)
Annual Maximum Coverage (Per Person)	\$1,500	\$1,500	\$1,000	\$1,000
Preventive Care	100%	100%	100%	100%
Basic Care	90%	80%	80%	70%
Major Care	50%	50%	Not covered	Not covered
Orthodontia (children only)	50% (maximum \$1,500)	50% (maximum \$1,500)	Not covered	Not covered

### ***Dental Maintenance Organization (DMO)***

If you choose the DMO, you must select a Primary Care Dentist (PCD) in the Aetna DMO network. If your PCD believes that you need to visit a dental specialist, he/she will refer you to a specialist in the DMO network. With the DMO, you do not have a deductible to meet, and there is no annual maximum. Office visits require only a \$5 copayment. **Orthodontic services require a \$2,300 copayment and are available for children and adults.**

### **Tax Savings through “FlexFund”**

GW offers a flexible spending account program called FlexFund. Flexible Spending Accounts (FSAs) allow you to stretch the dollars you use to pay certain out-of-pocket expenses for health care and for dependent care. FSAs give you a tax advantage—you’re not required to pay income or Social Security taxes on FSA contributions because those dollars are earmarked to help you pay for eligible health and dependent care expenses.

FlexFund allows you to set up two types of accounts: a health care account and/or a dependent care account. You choose the amount(s) – up to the IRS limits – that will be deducted from your paycheck before taxes and deposited in your spending account(s). When you have eligible expenses, you use your flexible spending debit card to pay with tax-free dollars from your account. Participants have until March 15, 2010 to use any unused funds that are withheld in 2009 for the FlexFund Health Care account.

If you enroll in the health care FSA, you will receive an FSA “debit” card to use for paying eligible expenses at a doctor’s office or pharmacy, or you may file a claim for eligible expenses.

#### **Important!**

Flexible spending accounts require an annual election. Even if you contributed to one or both FSAs in 2008, you must re-enroll to participate in 2009.

#### **Dependent Care Account**

Your 2009 annual maximum contribution may be limited dependent upon the aggregate results of the 2008, IRS required, non-discrimination testing, which will be performed in the first quarter of 2009. However, your contributions may not exceed \$5,000 for the year.

#### **Health Care Account**

The maximum contribution amount for 2009 is \$5,000.

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## Long-Term Care Insurance

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Long-Term Care (LTC) Insurance covers a wide range of personal care services for people unable to care for themselves, either temporarily or permanently.

Typically, medical insurance, Medicare and Medicaid do not cover expenses associated with personal care, such as assisted care facilities, nursing homes and non-professional in-home care.

***Please note:** This benefit program will **not** be accepting new applicants for the 2009 plan year. If you have previously enrolled, your participation will continue unless you decide to cancel.*

### LTC Enrollment

**IMPORTANT!** If you have previously enrolled in Long-Term Care Insurance Plan, remember you're receiving a private policy from UnumProvident. By issuing a private policy, your LTC coverage is completely portable, meaning that if you stop working for GW, you can take your LTC insurance with you.

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## Life Insurance

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GW provides several life insurance options for faculty and staff:

- basic group term life insurance
- accidental death & dismemberment insurance
- supplemental group life insurance

### *Basic Group Term Life and Accidental Death & Dismemberment Insurance (AD&D)*

You are automatically enrolled in both the Basic Group Term Life and AD&D insurance plans as a benefits-eligible employee. You are insured for an amount equal to your base annualized salary up to a maximum benefit of \$500,000. If your death is caused by accident, you are insured up to twice your base annualized salary to a maximum benefit of \$1,000,000.

If you die while an active employee, your estate will also receive a death benefit equivalent to one month's salary.

### *Supplemental Group Term Life Insurance*

During Open Enrollment, you may elect supplemental group term life insurance coverage through UnumProvident. Coverage is available in salary increments of \$10,000 up to a maximum of \$750,000. Coverage is also available for your spouse/domestic partner and eligible dependent child.

If you did not elect this coverage you were first hired, you will need to provide evidence of insurability.

## Disability Insurance

If you become ill or injured and cannot work, GW offers disability insurance for benefits-eligible faculty and staff.

### *Group Short-Term Disability Insurance (STD)*

GW provides short-term disability benefits for eligible full time employees. The Short-Term Disability benefit covers 60% of your base salary up to a maximum of \$3,000 per week after 30 days of disability, provided that appropriate documentation is filed.

If you do not have STD coverage in 2008, evidence of insurability will be required to get coverage in 2009.

### *Group Long-Term Disability Insurance (LTD)*

GW provides group long-term disability benefits to all benefits-eligible full-time employees after one year of service. All or part of this one-year wait will be waived if you can provide evidence of LTD coverage with your previous employer. If you qualify for benefits, you will receive 60% of your monthly salary (not to exceed \$10,000 per month) until you recover or reach normal retirement age under the Social Security Act (benefits that begin at or after age 65 are limited).

### *Buy-Up Option for Long-Term Disability Insurance (LTD)*

You also have the opportunity to elect the employee buy-up option of 66 2/3%. The maximum coverage increases to \$12,000. Pre-existing conditions restrictions apply to this added coverage.

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## Legal Resources Program

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The Legal Resources Program is an independently operated pre-paid legal services benefit. A variety of legal services are available to faculty and staff through participating attorneys for a monthly fee of \$19.

### Legal Resources Enrollment

To enroll for the Legal Resources Program, you must visit the Legal Resources website at [www.legalresourcesplan.com](http://www.legalresourcesplan.com). **IMPORTANT:** When you enroll for this benefit, there is also a one-time only \$20 fee to process your application. You may not cancel your participation in this plan for at least 12 months.

Among the services covered in full for a participating employee, spouse/domestic partner and eligible dependent children are:

- Real estate purchase and sale
- Uncontested adoption
- Name change
- Consumer disputes
- Criminal misdemeanors
- Misdemeanor traffic violations (with valid driver's license) including first DUI violation
- Landlord/tenant issues
- Credit problems resolution
- Uncontested divorce

- Wills, with certain limitations as to trusts and other complicated documents, but including Advanced Medical Directives
- Identity theft

Attorney fees, not covered in full, are provided at a 25% discount on customary and usual fees for many services.

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## Retirement Benefits

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GW's retirement program offers several ways to save for your future: a 401(a) Base Retirement Plan, a 403(b) Supplemental Retirement Plan and a Matching Retirement Plan.

### Free Money Just for Enrolling!

GW contributes to your Base Retirement Plan even if you don't. Maximize your retirement account by deferring salary to get GW's match!

### *Base Retirement Plan*

If you are at least 21 years of age and have completed two years of service at GW, you will be enrolled in the Base Retirement Plan. Under the Plan, GW will contribute to the Plan an amount equal to 4% of your salary. You are not required to contribute anything to receive GW's contribution. You have the option of directing this amount into any of a number of investment options provided through TIAA-CREF and Fidelity Investments.

### *Supplemental Retirement Plan*

You may immediately elect to contribute a portion of your salary to a Supplemental 403(b) Retirement Plan. Under the Plan, you may make contributions on a pre-tax basis to TIAA-CREF, Fidelity Investments, Vanguard Group or Equitable. Your maximum pre-tax contribution is determined by IRS contribution limits.

### *Matching Retirement Plan*

If you are at least 21 years of age and have completed two years of full-time service, you are eligible to enroll in the Matching Retirement Plan. For each 1% you contribute to the Supplemental Retirement Plan, GW contributes an additional amount equal to 1-1/2 times your contribution, up to a maximum GW contribution of 6% of your salary. You may allocate the matching retirement contribution to investment funds offered through TIAA-CREF, Fidelity Investments, or Vanguard.

## How to Enroll

This year's open enrollment will be conducted online. Visit <http://my.gwu.edu/> (Click on GWeb info system) to enroll, change or waive coverage for the 2009 calendar year.

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## Enrollment Checklist

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- ✓ Read this guide to familiarize yourself with the benefits GW offers. If you plan on covering your dependents, share the information in this guide with your family.
- ✓ Review the rate sheet at [www.gwu.edu/hr/benefits/openenrollment2009](http://www.gwu.edu/hr/benefits/openenrollment2009) and contribution amounts to help you make your decisions.
- ✓ **Log on to <http://my.gwu.edu/>** (Click on GWeb info system) **between October 13th and October 31st** to enroll, change or waive coverage.
- ✓ To enroll for Legal Resources, visit [www.legalresourcesplan.com](http://www.legalresourcesplan.com).
- ✓ Be sure to print out your confirmation statement following your enrollment or after you've verified your benefits.

**REMEMBER!** Even if you do not want to make any changes to your benefits and you do not want to participate in a flexible spending account in 2009, we are requesting that you review the options you

have, and update your personal information.

## Key Dates

10/13/08 *Open Enrollment Begins*

### Foggy Bottom Benefit Fairs

10/14/08	10 am – 6 pm	Marvin Center - Grand Ballroom
10/15/08	10 am – 6 pm	Marvin Center - Grand Ballroom

### Virginia Campus Benefit Fair

10/16/08	10 am - 5 pm	Building #2, Executive Dining Room
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### Biostatistics Benefit Fair

10/23/08	10 am – 2 pm	Suite 750
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10/31/08 *Open Enrollment Ends*

*Note: This guide provides a broad overview of your benefit programs and changes. If there is any discrepancy between the information contained in this guide and the actual plan documents, the official documents will govern in all cases.*

*For full details about your plans and plan provisions, see the documents online at <http://www.gwu.edu/hr/benefits/>.*

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