GEORGETOWN UNIVERSITY
Department of Human Resources
Office of Faculty & Staff Benefits

2025 RETIREE BENEFITS GUIDE

What's inside

AleraEdge Benefits Center

1-800-836-0026 (ext. 7300)
8 a.m. – 4:30 p.m., Eastern Time

GUBenefits@aleragroup.com

View/update your benefits at aleraedge.aleragroup.com

Schedule a phone appointment in the AleraGray web portal or at benefits.georgetown.edu/benefitsretirees

Dear Retiree,

Thank you for your service to Georgetown University. As you consider retirement, it's the privilege of the Department of Human Resources to support you.

To make this important transition easier, we offer many tools to help you navigate the retirement process and explore your retiree benefit options. This guide is a good place to start. If you still have questions, you can go to **benefits.georgetown.edu/benefitsretirees**.

If you're already retired, we encourage you to reach out to AleraEdge with any questions you may have regarding your current benefits. AleraEdge administers Georgetown's retiree benefits and is committed to providing you with timely and meaningful service.

Each month, the Department of Human Resources hosts many webinars, including the Retirement Orientation and Meet AleraEdge webinars, in addition to other retirement-related workshops.

Thank you for allowing us to support you on your retirement journey. Please review this guide and feel free to reach out to us if you have any questions.

Be well,

Charles DeSantis
Associate Vice President and Chief Benefits Officer

Retirement planning

Getting ready for retirement takes time and planning. Use the checklist below to help you stay on track.

Retirement checklist

1 year to retirement

- ☐ If married, discuss retirement with your spouse and prepare a realistic retirement budget.
- ☐ Gather pension and retirement benefits information from current and former employers.
- ☐ Estimate your need for additional health care coverage or long-term care.
- ☐ Assess your investment portfolio — for instance, do you need to adjust contributions to your retirement plan or other taxable accounts?
- ☐ Review your preparations regularly and adjust as needed.
- ☐ **See a financial adviser and/or attend a retirement planning seminar.**

3 months to retirement

- ☐ **See a financial advisor or join a retirement workshop**.
- ☐ Let your department know you're retiring and ask them to enter your retirement date in GMS.
- ☐ **Attend a Retirement Orientation**.
- ☐ Apply for Social Security three months before you want payments to begin.
- ☐ If you're age 65 or above, sign up for Medicare Part A and B at **ssa.gov**.

  If your spouse is 65 or above and you plan to enroll him/her in your Georgetown retiree medical plan, he/she should also enroll in Medicare Part A and B.
- ☐ Request a Social Security earnings summary from **ssa.gov**.

1 month to retirement

- ☐ Confirm with your department that your Date of Termination is in GMS.
- ☐ Confirm GMS has your current contact information prior to your last day of work. Update your personal email address to continue receiving important legal notices and updates.
- ☐ Forward, print or download prior paystubs and tax forms from GMS and any important emails from your Georgetown email account before losing access on your last day of work.
- ☐ AleraEdge, our retiree benefits administrator, will provide you with instructions for enrolling in and paying for retiree benefits, if applicable.

  You must enroll in retiree medical/dental or defer coverage within 30 days. If you enroll in retiree medical/dental coverage, it becomes effective the first day of the month following your retirement date.
- ☐ If you're a 403(b) participant, contact your retirement investment company regarding your distribution options ten days after receiving your final paycheck.

Join a monthly orientation for Retirees
Second Wednesday of the month
9:30 – 11:00 a.m., Eastern Time
Register at **guwellness.eventbrite.com**

Learn about the retirement process, your benefits and ways to plan for a better future.

Benefit options

Georgetown offers a variety of benefits to help make your retirement more comfortable and secure. Check out some of the highlights below.

Medical coverage
Georgetown pays a portion of your plan premium

Dental coverage
You must be enrolled in a Georgetown medical plan to be enrolled in the Georgetown dental plan

Life insurance
$5,000 benefit provided by Georgetown

Tuition Assistance Program (TAP)
Tuition benefits for you and your children

Retirement savings
- Defined Contribution Retirement Plan (DCRP)
- Voluntary Contribution Retirement Plan (VCRP)

GUAdvantage
- EyeMed Vision Care discount program
- Discounts at **guadvantage.savings.beneplace.com**

Health Advocate
A free personal advocate can help you with billing and claim issues, second opinions, appointment scheduling and more

GUWellness: Mind, Body, Soul
Access wellness workshops plus opportunities for discounts, grants, volunteering, fitness programs and more

Eligibility requirements

Rule of 75

In order to be eligible for retiree health insurance and other benefits, you must have:

- Attained the age of 55;
- Completed at least 10 years of continuous benefits-eligible service; ***and***
- Your age plus years of service must equal at least 75.

Rule of 55 and 10

If you were 50 years old and had at least 10 years of service as of December 31, 2018, you are eligible for retiree benefits under the legacy rule of 55 and 10 (age 55 plus 10 years of continuous benefits-eligible service).

Dependent child eligibility

Dependent children include your natural children, legally adopted children, children for whom you or your spouse is the legal guardian (your "ward"), stepchildren and children for whom you are the proposed adoptive parent from the date of placement.

The age limits for your dependent children to be enrolled in coverage are described below:

Plan	Age Limits*
Medical	
Kaiser Signature HMO	• Up to the end of the month they turn 26
Kaiser Signature HDHP 3	• Up to the end of the month they turn 26
Kaiser Medicare Advantage HMO	• Up to the end of the month they turn 26
CareFirst BlueChoice Advantage POS	• Up to the end of the month they turn 26 (or 30 if a full-time student)
CareFirst BlueChoice Advantage CDHP	• Up to the end of the month they turn 26 (or 30 if a full-time student)
UnitedHealthcare Choice Plus PPO	• Up to the end of the month they turn 26 (or 30 if a full-time student)
UnitedHealthcare Medicare Standard PPO	• Up to the end of the month they turn 26 (or 30 if a full-time student)
Dental	
UnitedHealthcare PPO	• Up to the end of the month they turn 19 (or 30 if a full-time student)

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

Watch for these mailings

Retiree benefits enrollment packet
Mailed by AleraEdge to your home address (and email if provided) several weeks before your retirement and each year before Open Enrollment. It includes important information, deadlines and enrollment instructions.

COBRA kit
Mailed by AleraEdge to terminated employees (and/or dependents losing coverage). Provides the option to elect COBRA coverage and extend current benefits up to 18 months.

MetLife notice
Mailed by MetLife if you were enrolled in Basic, Supplemental and/or Dependent Life insurance as an active employee. Provides information about how to convert to an individual policy.

Medicare notice
Mailed by Medicare three months before your 65th birthday. Provides instructions to enroll in Medicare. If you are participating in a retiree medical insurance plan, you must enroll in Medicare when you're eligible to do so.

Connect with AleraEdge

Get help with enrolling or benefit questions

Email AleraEdge, your retiree benefits administrator, at **GUBenefits@aleragroup.com** or attend an AleraEdge Q&A Zoom meeting (register at **guwellness.eventbrite.com**).

TIP You can schedule a phone appointment with an AleraEdge team member by email (**GUBenefits@aleragroup.com**), on the **AleraGray web portal** or at **benefits.georgetown.edu/benefitsretirees**.

Pay Georgetown medical and dental premiums

By direct debit PREFERRED

Payments are deducted on or about the 5th of each month. Go to **aleraedge.aleragroup.com** > **Participant Log In** > **PremiumPay** > **Recurring Payments**.

TIP We recommend paying by direct deposit for convenience and ease of mind. Enroll on **PremiumPay** or request an ACH enrollment form from **GUBenefits@aleragroup.com**.

By check

Payments are due the 1st of each month. Make checks payable to AleraEdge at PO Box 3850, Omaha, NE 68103-3850.

Another way to pay if established prior to 2010

Deductions from monthly TIAA annuities, as long as the monthly annuity is greater than the monthly premium payment due.

Confirm your contact information

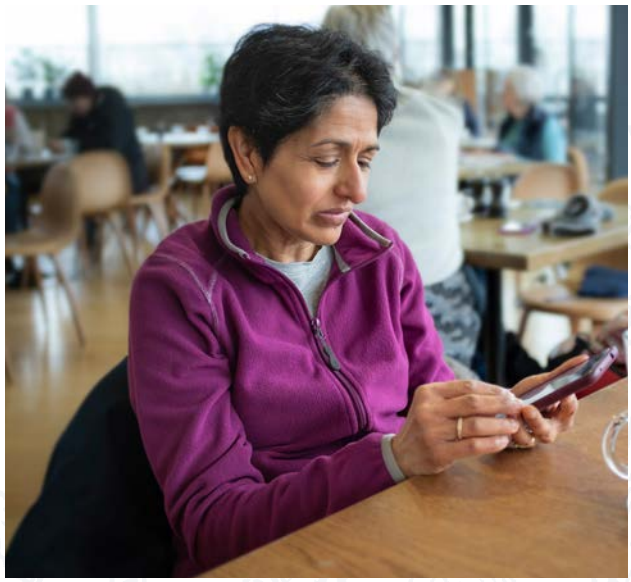
Update your email address and phone number at **aleraedge.aleragroup.com** > **Participant Log In** > **AleraGray** or by calling 1-800-836-0026 (ext. 7300).

Update your mailing address via written notice to the AleraEdge Benefits Center at 800 Parker Hill Drive, Suite 100, Rochester, NY 14625. You can also email your notice to **GUBenefits@aleragroup.com**.

Find details about your benefit options

- Review this guide.
- Visit **aleraedge.aleragroup.com**.
- Visit **benefits.georgetown.edu** > **Retirement** > **Benefits for Retirees**.

Learn about Via Benefits (if you're eligible for Medicare), Health Advocate, GUAdvantage and GUWellness.



Be informed about Medicare

Medicare mails home an enrollment kit three months before your 65th birthday (or your spouse's). If you're retired and turn 65, **you must enroll in**:

Medicare Part A — hospital insurance. If you paid taxes while working in the United States, you probably won't have a premium for Part A.

Medicare Part B — medical insurance. You pay premiums (based on your income) for Part B.

Enrolling in **Medicare Part D** is not mandatory once you're eligible. Keep in mind that:

- Medicare Part D is prescription drug coverage.
- If you enroll in Georgetown medical coverage, it's generally better to keep Georgetown prescription drug benefits rather than switching to a Medicare Part D plan that is not affiliated with Georgetown.
- **Enrolling in a Medicare Part D plan that is not affiliated with Georgetown means permanently losing the ability to enroll in Georgetown medical, prescription drug and dental coverage.**

You can enroll in Medicare Part A and B at **ssa.gov** or by contacting your local Social Security office. Learn more about your options by reviewing the **Medicare & You Handbook**.

You must be at a U.S. citizen or permanent resident to be eligible for Medicare.

Decide who to enroll in your plans

In Georgetown medical and dental plans, you can enroll your:

- Legal spouse.
- Dependent children (see page 6 for eligibility rules and age limits).

You can't enroll Legally Domiciled Adults (LDAs) in your Georgetown medical or dental plan.

Georgetown pays your dependents' entire medical premiums for up to two years after your death if they:

- Were enrolled in your Georgetown medical plan at the time of your death

  and

- Remain eligible for coverage

At the end of the two-year period, your eligible dependents may continue their coverage if they pay the entire monthly premiums.

Dependents enrolled in your dental plan lose coverage at the end of the month following your death. To continue their dental coverage, they must pay the monthly premium.

Enroll in, defer or waive Georgetown medical and dental coverage

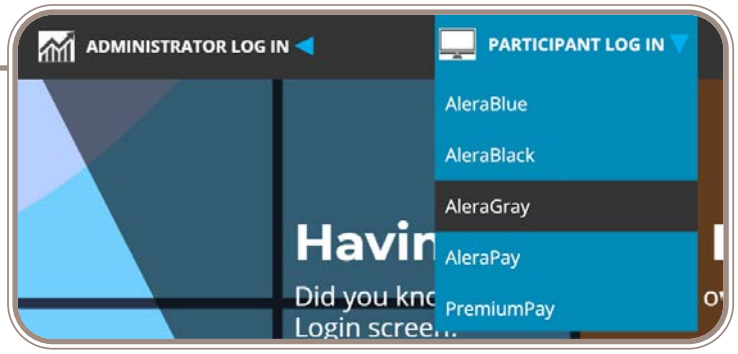
When

Make your choices within 30 days of your last day of employment and again every year during Georgetown's Open Enrollment.

Want to keep your current coverage for 2025?
If you are already enrolled in retiree medical and dental benefits and don't wish to make any changes for the coming year, no action is required during Open Enrollment. Premiums automatically adjust and AleraEdge sends you updated payment information in December.

Where

Online
Go to **aleraedge.aleragroup.com** > **Participant Log In** > **AleraGray**.



By phone
Call the AleraEdge Benefits Center at 1-800-836-0026 (ext. 7300).

Coverage start date

- If you enroll within 30 days after your last day of employment, your coverage starts the first day of the month following your retirement date.
- If you enroll during Georgetown's Open Enrollment, your coverage starts the following January 1.

Look for an enrollment confirmation letter in your mailbox summarizing your benefit elections.

Deferring

Deferring your Georgetown retiree medical coverage means that you intend to enroll at a later date. If you don't elect a medical plan upon retirement, your retiree medical coverage will be automatically deferred.

If you defer Georgetown medical coverage, you automatically defer Georgetown dental coverage. You can only be enrolled in Georgetown dental coverage while enrolled in a Georgetown medical plan. You may return to a Georgetown plan at any time.

Waiving

Waiving Georgetown medical coverage means losing your Georgetown dental coverage and permanently losing the ability to enroll in a Georgetown medical or dental plan. Coverage for all your dependents will automatically terminate.

As long as you remain enrolled in a medical plan, waiving Georgetown dental coverage doesn't affect your ability to enroll in Georgetown medical or dental coverage later.

You can waive Georgetown medical or dental coverage anytime through AleraEdge.

The decision to waive your medical coverage is permanent, meaning you won't have the opportunity to re-enroll in Georgetown medical or dental plans at a later date. This underscores the importance of carefully evaluating your healthcare needs and making an informed decision when it comes to opting out of these plans, as it can have long-term consequences for your coverage.

Changes outside Open Enrollment

Below are some changes you can make outside of Open Enrollment.

Waive Georgetown medical coverage. Make this change anytime through AleraEdge.

Remember that waiving Georgetown medical coverage means waiving your Georgetown dental coverage too, and that anyone else you cover under these plans also loses coverage. You will not be able to re-enroll at a later date.

You are required to enroll in Medicare Part A and B three months before your 65th birthday in order to remain enrolled in a GU-sponsored medical plan. Enroll at **ssa.gov** or by contacting your local Social Security office.

Switch your Kaiser Permanente medical plan to another plan if you leave the Washington, D.C. metro area. You must make this change through AleraEdge within 30 days after your move because the Kaiser Permanente plans only cover urgent and emergency care outside the Washington, D.C. metro area.

Reactivate Georgetown medical coverage if you previously deferred it. You can make this change anytime through AleraEdge.

You can also update your coverage through AleraEdge within 30 days after any of these qualifying events:

- Marriage or divorce.
- Death of a spouse or child.
- Birth or adoption of a child.
- Your spouse gains or loses medical coverage at their job.
- Your spouse enrolls in Medicare.

Confirm your beneficiaries

For life insurance beneficiaries — go to **aleraedge.aleragroup.com** > **Participant Log In** > **AleraGray**.

For DCRP and VCRP beneficiaries — confirm them with your investment company (Fidelity Investments, TIAA or Vanguard).

Key medical plan features

Premiums aren't the only consideration when choosing a plan. It's a good idea to also compare these other key features of your plan options.

Network

Can I use non-network providers and facilities?

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 at non-network providers.

Out-of-pocket costs

Will I have to pay deductibles, copays, coinsurance or a combination?

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 typically start paying coinsurance after meeting the deductible.

Deductible

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

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.

Coinsurance limit

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

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.

Medical out-of-pocket limit

What is the most I'll pay out of pocket for medical expenses this year?

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

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

Prescription drug out-of-pocket limit

What is the most I'll pay out of pocket for prescriptions this year?

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

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

Health savings account

Does my medical plan allow me to contribute to an HSA?

A **Health Savings Account**, or HSA, lets you save pre-tax money for eligible medical, prescription drug, dental and vision expenses — including deductible and coinsurance amounts. Unused money in your account carries over each year and is yours to keep even if you change medical plans, start working again or turn 65. 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. 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 2025.
- You don't have a remaining (unspent) 2024 health care FSA balance as of January 1, 2025.
- You aren't enrolled in Medicare Part A or B.

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

Medical insurance options

If you're eligible for Medicare, you can enroll in one of these Georgetown medical plans. Medicare is primary and your Georgetown insurance is secondary. All plans provide comprehensive coverage and cover network preventive care at 100%.

Kaiser Medicare Advantage HMO

UnitedHealthcare Choice Plus PPO

CareFirst BlueChoice Advantage POS

UnitedHealthcare Medicare Standard PPO

Via Benefits
You may also enroll in a supplemental medical plan through Via Benefits (see page 29).

You pay 100% of your Medicare Part B premium. The University pays a portion of your Georgetown medical plan monthly premium based on your years of service at the time you retired. If when you retired you had:

10 to 14 years of service

Georgetown pays $125.00 toward your monthly medical premium

15 to 24 years of service

Georgetown pays $175.00 toward your monthly medical premium

25 or more years of service

Georgetown pays $225.00 toward your monthly medical premium

Medical and prescription drug coverage comparison

Use this chart to compare 2025 medical and prescription plan details, including copay and coinsurance amounts.

	Kaiser Medicare Advantage HMO	CareFirst BlueChoice Advantage POS	
	Network	Network	Non-network*
How to access care	Kaiser center	Self-referral	Self-referral
Annual deductible (ded.)			
Individual only	None	None	$1,000
Family			$2,000
Annual out-of-pocket limits**			
Medical			
Individual only	$3,400	$2,000	
Family		$4,000	
Prescription drugs			
Per enrolled member	N/A**	$5,900	
Office visit, lab & testing			
Doctor office visit (PCP)	$5 copay	$20 copay	30% after ded.
Doctor office visit (specialty)		$40 copay	
Diagnostic x-ray & lab testing	No charge	$20 copay (PCP)/ $40 copay (spec.)	
Specialty imaging	No charge	$50 copay	
Hospital inpatient services			
Ambulance	No charge	$50 copay	$50 copay
Skilled nursing		No charge	30% after ded.
Hospice care			
Home health care			
Physician/surgeon			
Hospital room & board		$200 copay	
Urgent care	$5 copay	$40 copay	$40 copay
Emergency room	$50 copay	$100 copay	$100 copay
Mental health/substance abuse			
Inpatient services	No charge	$200 copay	30% after ded.
Outpatient services	$5 copay	$20 copay	
Prescription drug benefits	**Coverage provided by Kaiser Permanente**	**Coverage provided by UnitedHealthcare MedicareRx for Groups (PDP)**	
Retail (up to a 30-day supply)			
Tier 1	All tiers: $5 copay at Kaiser facility and $10 copay at Participating pharmacy (up to 60-day supply)	$15 copay	
Tier 2		$35 copay	
Tier 3		$60 copay	
Tier 4		$60 copay	
Mail order (up to a 90-day supply)			
Tier 1	All tiers: $3 copay (up to 90-day supply)	$30 copay	
Tier 2		$70 copay	
Tier 3		$120 copay	
Tier 4		$120 copay	
Catastrophic coverage	After your out-of-pocket costs reach $2,000, you pay $0		

This summary is provided for general information only. Since exclusions, dollar, frequency, age limitations and medical necessity guidelines apply, refer to the specific plan documents for detailed information. *You are responsible for any non-network charges that exceed the plan's allowable charge. **The out-of-pocket limit includes deductibles, coinsurance and medical copays. In addition, the Kaiser Permanente plan includes prescription drug copays in the out-of-pocket limit.

Medical and prescription drug coverage comparison

Use this chart to compare 2025 medical and prescription plan details, including copay and coinsurance amounts.

	UnitedHealthcare Choice Plus PPO		UnitedHealthcare Medicare Standard PPO	
	Network	**Non-network***	**Network**	**Non-network***
How to access care	Self-referral	Self-referral	Self-referral	Self-referral
Annual deductible (ded.)				
Individual only	$400	$800	$162** or Part B ded.	$500
Family	$800	$1,600	$324** or Part B ded.	$1,000
Annual out-of-pocket limits* **				
Medical				
Individual only	$2,000	$4,000	$2,000	
Family	$4,000	$8,000	$4,000	
Prescription drugs				
Per enrolled member	$5,900		$5,900	
Office visit, lab & testing				
Doctor office visit (PCP)	$10 copay	25% after ded.	$10 copay	40% after ded.
Doctor office visit (specialty)	$20 copay		$20 copay	
Diagnostic x-ray & lab testing	No charge		No charge	
Specialty imaging	20% after ded.		20% after ded.	
Hospital inpatient services				
Skilled nursing	No charge	20% after ded.	No charge	40% after ded.
Hospice care				
Home health care				
Hospital room & board			$1,132 or Part A ded., then 20%	
Physician/surgeon	20% after ded.	25% after ded.	20% after ded.	40% after ded.
Ambulance	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Urgent care	$20 copay	25% after ded.	$20 copay	40% after ded.
Emergency room	$35 copay waived if admitted	$35 copay waived if admitted	$35 copay waived if admitted	$35 copay waived if admitted
Mental health/substance abuse				
Inpatient services	No charge	20% after ded.	$1,132 or Part A ded., then 20%	40% after ded.
Outpatient services	$10 copay	25% ded. waived	$10 copay	40% ded. waived
Prescription drug benefits – coverage provided by UnitedHealthcare MedicareRx for Groups (PDP)****				
Retail (up to a 30-day supply)				
Tier 1	$15 copay			
Tier 2	$35 copay			
Tier 3	$60 copay			
Tier 4	$60 copay			
Mail order (up to a 90-day supply)				
Tier 1	$30 copay			
Tier 2	$70 copay			
Tier 3	$120 copay			
Tier 4	$120 copay			
Catastrophic coverage	After your out-of-pocket costs reach $2,000, you pay $0			

This summary is provided for general information only. Since exclusions, dollar, frequency, age limitations and medical necessity guidelines apply, refer to the specific plan documents for detailed information. *You are responsible for any non-network charges that exceed the plan's allowable charge. **Based on Medicare Part B deductible in 2024, you will pay the Part B deductible for 2025 as determined by the Centers of Medicare & Medicaid Services. Your deductible and benefits will vary for dependents who are not Medicare-eligible. ***Prescription drug copays under the UnitedHealthcare MedicareRx for Groups (PDP) do NOT apply toward the UnitedHealthcare medical plan out-of-pocket limits but instead apply toward the separate prescription drug out-of-pocket limits shown above. ****Since the UnitedHealthcare MedicareRx for Groups (PDP) is separate from the medical plan, you have the option to NOT participate in this prescription drug plan; however, you will not have medical coverage through the UnitedHealthcare or the CareFirst medical plans. Refer to page 20 (Opting Out) for more information.

UnitedHealthcare MedicareRx for Groups (PDP): Opting Out

If you are over age 65 and enrolled in a CareFirst or UnitedHealthcare medical plan, you may decline prescription drug coverage through UnitedHealthcare MedicareRx for Groups (PDP). You can opt out through AleraEdge by your enrollment deadline. **If you decline this prescription drug coverage:**

- You will not have medical coverage through the CareFirst or UnitedHealthcare medical plans.
- You must get creditable drug coverage elsewhere, effective within 63 days of your Georgetown prescription drug coverage ending, or you may be subject to a late enrollment penalty upon enrollment in Medicare Part D at a later date.

2025 Medicare Part D member cost sharing thresholds

The thresholds below apply to your prescription medications if your prescription drug carrier is UnitedHealthcare MedicareRx for Groups (PDP) and you're enrolled in one of these Georgetown medical plans:

CareFirst BlueChoice Advantage POS

UnitedHealthcare Choice Plus PPO

UnitedHealthcare Medicare Standard PPO

Part D prescription payment stages					
Annual deductible stage Not applicable.	**Initial coverage stage** Since your plan doesn't have a deductible, you start in this stage.				**Catastrophic coverage stage** In this stage, your plan pays the entire cost for your medications.
Because your plan has no deductible, this payment stage does not apply to you, and you start the year in the initial coverage stage.	You and your plan share the cost of your medications.* This stage ends when your **total out-of-pocket drug costs**** reach **$2,000**.				After your out-of-pocket costs reach $2,000, you pay **$0**. This stage ends when the plan year ends.
Prescription drug copays *your share of the cost	**Tier 1** Preferred Generic	**Tier 2** Preferred Brand	**Tier 3** Non-preferred	**Tier 4** Specialty	
Retail (up to a 30-day supply)	$15	$35	$60	$60	
Mail order (up to a 90-day supply)	$30	$70	$120	$120	

****Total out-of-pocket drug costs**: The amount you pay (or others pay on your behalf) for prescription drugs. Premiums and the amount paid by your prescription medication plan don't count toward total out-of-pocket costs. Your plan will send you an Explanation of Benefits report to help you track your costs and coverage stages.

If you're eligible for Medicare and your Georgetown prescription drug benefits are administered by UnitedHealthcare MedicareRx for Groups (PDP), your Part D prescription drug plan premium is embedded in your monthly medical premium.

Keep in mind: If your modified adjusted gross income as reported on your IRS tax return from two years ago (i.e., the most recent tax return information provided to Social Security by the IRS) is above a certain limit, you may pay a Part D income-related monthly adjustment amount (Part D-IRMAA) in addition to your monthly GU medical plan and Part B premiums. This extra amount is paid directly to Medicare, not to your plan. For more information, visit **medicare.gov** and search **IRMAA**.

Kaiser Medicare Advantage HMO Plan — medical premiums

Check out how much you and Georgetown contribute to each plan's total premium.

2025 monthly costs			
Coverage level	**Retiree contribution**	**University contribution**	**Total premium**
Retiree only (= > 65)			
Hospital*	$335.17	$0.00	$335.17
10-14 years	$210.17	$125.00	$335.17
15-24 years	$160.17	$175.00	$335.17
25+ years	$110.17	$225.00	$335.17
Retired before January 1, 1993	$0.00	$335.17	$335.17
Retiree + legal spouse (both = > 65)			
Hospital*	$670.34	$0.00	$670.34
10-14 years	$545.34	$125.00	$670.34
15-24 years	$495.34	$175.00	$670.34
25+ years	$445.34	$225.00	$670.34
Retired before January 1, 1993	$335.17	$335.17	$670.34
Retiree + legal spouse (retiree = > 65/legal spouse < 65)			
Hospital*	$980.81	$0.00	$980.81
10-14 years	$855.81	$125.00	$980.81
15-24 years	$805.81	$175.00	$980.81
25+ years	$755.81	$225.00	$980.81
Retired before January 1, 1993	$645.64	$335.17	$980.81
Retiree + children			
Hospital*	$916.25	$0.00	$916.25
10-14 years	$791.25	$125.00	$916.25
15-24 years	$741.25	$175.00	$916.25
25+ years	$691.25	$225.00	$916.25
Retired before January 1, 1993	$581.08	$335.17	$916.25
Retiree + family**			
Hospital*	$1,315.98	$0.00	$1,315.98
10-14 years	$1,190.98	$125.00	$1,315.98
15-24 years	$1,140.98	$175.00	$1,315.98
25+ years	$1,090.98	$225.00	$1,315.98
Retired before January 1, 1993	$980.81	$335.17	$1,315.98
Surviving legal spouse (< 65)	$645.64	$0.00	$645.64
Surviving legal spouse (= > 65)	$335.17	$0.00	$335.17
Surviving legal spouse (< 65) + children	$1,226.72	$0.00	$1,226.72
Surviving legal spouse (= > 65) + children	$916.25	$0.00	$916.25

* For Georgetown University Hospital employees who retired between August 1, 1998 and June 30, 2000. ** Assumes legal spouse is Medicare-eligible. Family premiums for a retiree with a legal spouse who isn't Medicare-eligible will incur different premiums. Contact the AleraEdge Benefits Center for more information.

CareFirst BlueChoice Advantage POS Plan — medical premiums

Check out how much you and Georgetown contribute to this plan's total premium.

2025 monthly costs			
Coverage level	**Retiree contribution**	**University contribution**	**Total premium**
Retiree only (= > 65)			
Hospital*	$639.22	$0.00	$639.22
10-14 years	$514.22	$125.00	$639.22
15-24 years	$464.22	$175.00	$639.22
25+ years	$414.22	$225.00	$639.22
Retired before January 1, 1993	$0.00	$639.22	$639.22
Retiree + legal spouse (both = > 65)			
Hospital*	$1,278.44	$0.00	$1,278.44
10-14 years	$1,153.44	$125.00	$1,278.44
15-24 years	$1,103.44	$175.00	$1,278.44
25+ years	$1,053.44	$225.00	$1,278.44
Retired before January 1, 1993	$639.22	$639.22	$1,278.44
Retiree + legal spouse (retiree = > 65, legal spouse < 65)			
Hospital*	$1,427.95	$0.00	$1,427.95
10-14 years	$1,302.95	$125.00	$1,427.95
15-24 years	$1,252.95	$175.00	$1,427.95
25+ years	$1,202.95	$225.00	$1,427.95
Retired before January 1, 1993	$788.73	$639.22	$1,427.95
Retiree + children			
Hospital*	$1,276.17	$0.00	$1,276.17
10-14 years	$1,151.17	$125.00	$1,276.17
15-24 years	$1,101.17	$175.00	$1,276.17
25+ years	$1,051.17	$225.00	$1,276.17
Retired before January 1, 1993	$636.95	$639.22	$1,276.17
Retiree + family**			
Hospital*	$1,986.15	$0.00	$1,986.15
10-14 years	$1,861.15	$125.00	$1,986.15
15-24 years	$1,811.15	$175.00	$1,986.15
25+ years	$1,761.15	$225.00	$1,986.15
Retired before January 1, 1993	$1,346.93	$639.22	$1,986.15
Surviving legal spouse (< 65)	$788.73	$0.00	$788.73
Surviving legal spouse (= > 65)	$639.22	$0.00	$639.22
Surviving legal spouse (< 65) + children	$1,498.54	$0.00	$1,498.54
Surviving legal spouse (= > 65) + children	$1,276.17	$0.00	$1,276.17

* For Georgetown University Hospital employees who retired between August 1, 1998 and June 30, 2000. ** Assumes legal spouse is Medicare-eligible. Family premiums for a retiree with a legal spouse who isn't Medicare-eligible will incur different premiums. Contact the AleraEdge Benefits Center for more information.

UnitedHealthcare Choice Plus PPO Plan — medical premiums

Check out how much you and Georgetown contribute to this plan's total premium.

2025 monthly costs			
Coverage level	**Retiree contribution**	**University contribution**	**Total premium**
Retiree only (= > 65)			
Hospital*	$643.95	$0.00	$643.95
10-14 Years	$518.95	$125.00	$643.95
15-24 Years	$468.95	$175.00	$643.95
25+ Years	$418.95	$225.00	$643.95
Retired before January 1, 1993	$0.00	$643.95	$643.95
Retiree + legal spouse (both = > 65)			
Hospital*	$1,287.90	$0.00	$1,287.90
10-14 years	$1,162.90	$125.00	$1,287.90
15-24 years	$1,112.90	$175.00	$1,287.90
25+ years	$1,062.90	$225.00	$1,287.90
Retired before January 1, 1993	$643.95	$643.95	$1,287.90
Retiree + legal spouse (retiree = > 65, legal spouse < 65)			
Hospital*	$1,616.52	$0.00	$1,616.52
10-14 years	$1,491.52	$125.00	$1,616.52
15-24 years	$1,441.52	$175.00	$1,616.52
25+ years	$1,391.52	$225.00	$1,616.52
Retired before January 1, 1993	$972.57	$643.95	$1,616.52
Retiree + children			
Hospital*	$1,212.82	$0.00	$1,212.82
10-14 years	$1,087.82	$125.00	$1,212.82
15-24 years	$1,037.82	$175.00	$1,212.82
25+ years	$987.82	$225.00	$1,212.82
Retired before January 1, 1993	$568.87	$643.95	$1,212.82
Retiree + family**			
Hospital*	$1,856.77	$0.00	$1,856.77
10-14 years	$1,731.77	$125.00	$1,856.77
15-24 years	$1,681.77	$175.00	$1,856.77
25+ years	$1,631.77	$225.00	$1,856.77
Retired before January 1, 1993	$1,212.82	$643.95	$1,856.77
Surviving legal spouse (< 65)	$972.57	$0.00	$972.57
Surviving legal spouse (= > 65)	$643.95	$0.00	$643.95
Surviving legal spouse (< 65) + children	$1,896.48	$0.00	$1,896.48
Surviving legal spouse (= > 65) + children	$1,212.82	$0.00	$1,212.82

* For Georgetown University Hospital employees who retired between August 1, 1998 and June 30, 2000. ** Assumes legal spouse is Medicare-eligible. Family premiums for a retiree with a legal spouse who isn't Medicare-eligible will incur different premiums. Contact the AleraEdge Benefits Center for more information.

UnitedHealthcare Medicare Standard PPO Plan — medical premiums

Check out how much you and Georgetown contribute to this plan's total premium.

2025 monthly costs			
Coverage level	**Retiree contribution**	**University contribution**	**Total premium**
Retiree only (= > 65)			
Hospital*	$569.99	$0.00	$569.99
10-14 years	$444.99	$125.00	$569.99
15-24 years	$394.99	$175.00	$569.99
25+ years	$344.99	$225.00	$569.99
Retired before January 1, 1993	$0.00	$569.99	$569.99
Retiree + legal spouse (both = > 65)			
Hospital*	$1,139.99	$0.00	$1,139.99
10-14 years	$1,014.99	$125.00	$1,139.99
15-24 years	$964.99	$175.00	$1,139.99
25+ years	$914.99	$225.00	$1,139.99
Retired before January 1, 1993	$570.00	$569.99	$1,139.99
Retiree + legal spouse (retiree = > 65, legal spouse < 65)			
Hospital*	$1,542.56	$0.00	$1,542.56
10-14 years	$1,417.56	$125.00	$1,542.56
15-24 years	$1,367.56	$175.00	$1,542.56
25+ years	$1,317.56	$225.00	$1,542.56
Retired before January 1, 1993	$972.57	$569.99	$1,542.56
Retiree + children			
Hospital*	$1,064.92	$0.00	$1,064.92
10-14 years	$939.92	$125.00	$1,064.92
15-24 years	$889.92	$175.00	$1,064.92
25+ years	$839.92	$225.00	$1,064.92
Retired before January 1, 1993	$494.93	$569.99	$1,064.92
Retiree + family**			
Hospital*	$1,634.90	$0.00	$1,634.90
10-14 years	$1,509.90	$125.00	$1,634.90
15-24 years	$1,459.90	$175.00	$1,634.90
25+ years	$1,409.90	$225.00	$1,634.90
Retired before January 1, 1993	$1,064.91	$569.99	$1,634.90
Surviving legal spouse (< 65)	$972.57	$0.00	$972.57
Surviving legal spouse (= > 65)	$569.99	$0.00	$569.99
Surviving legal spouse (< 65) + children	$1,896.48	$0.00	$1,896.48
Surviving legal spouse (= > 65) + children	$1,064.92	$0.00	$1,064.92

* For Georgetown University Hospital employees who retired between August 1, 1998 and June 30, 2000. ** Assumes legal spouse is Medicare-eligible. Family premiums for a retiree with a legal spouse who isn't Medicare-eligible will incur different premiums. Contact the AleraEdge Benefits Center for more information.

Kaiser Medicare Advantage HMO

my.kp.org/georgetown **1-800-777-7902**

Use your new ID cards

If you're new to the plan, look for an ID card in your mailbox at home.

Create an account and download the app

kp.org

Access your medical and prescription drug benefits information, as well as your ID card from your phone.

Call the Advice Nurse Line

1-800-777-7904

This free service lets you talk to a nurse about non-emergency health concerns, such as mild COVID-19 symptoms, minor cuts and stomachaches.

Sign up for video visits

healthy.kaiserpermanente.org/get-care

Video visits are free and let you connect with a doctor through your smart device about non-emergencies. Doctors can provide a diagnosis and prescribe medications.

Schedule preventive care services

These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

Care outside the 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

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

If you move from 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 because you'll only have emergency and urgent care coverage outside the Kaiser Permanente service area. **You have up to 30 days after the day you move to change your medical plan through AleraEdge.**

How the plan and Medicare coordinate

As a Medicare health plan, the Kaiser Medicare Advantage HMO plan provides all of your Medicare coverage and more under this plan. You will NOT be able to use your red, white and blue Medicare card for Medicare providers outside of the Kaiser Permanente network. To get the most value from the plan and save on costs, you should only visit providers in the Kaiser Permanente network.

CareFirst BlueChoice Advantage POS

CareFirst (medical carrier)	UnitedHealthcare (prescription carrier)
carefirst.com	uhcretiree.com
1-877-691-5856	1-888-556-6648

Use your new ID cards

If you're new to the plan, you'll receive a CareFirst medical ID card and a separate pharmacy ID card from UnitedHealthcare.

Create an account and download the app

carefirst.com

Access your medical benefits information and ID card from your phone.

Call the Advice Nurse Line

1-800-535-9700

This free service lets you talk to a nurse about non-emergency health concerns, such as mild COVID-19 symptoms, minor cuts and stomachaches.

Sign up for video visits

closeknithealth.com **1-866-233-6925**

You pay $25 per video visit. Connect with a doctor through your smart device about non-emergency medical or mental health conditions. Doctors can provide a diagnosis and prescribe medications.

Schedule preventive care services

These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

How the plan and Medicare coordinate

The Medicare payment is applied and then CareFirst pays the balance of allowable expenses. You're responsible for any deductibles, copays and coinsurance due.

UnitedHealthcare Choice Plus PPO and Medicare Standard PPO

Medical	Prescriptions
myuhc.com	uhcretiree.com
1-888-332-8885	1-888-556-6648

Use your new ID cards

If you're new to the plan, you'll receive a medical ID card and a separate pharmacy ID card.

Create an account and download the app

myuhc.com

Access your medical and prescription drug benefits information, as well as your ID card from your phone.

Available on the App Store

Get it on Google play

Call the Advice Nurse Line

1-877-365-7949

This free service lets you talk to a nurse about non-emergency health concerns, such as mild COVID-19 symptoms, minor cuts and stomachaches.

Sign up for video visits

uhc.com/virtualvisits

Enter your UnitedHealthcare member ID when signing up. You pay $20 per virtual visit. Connect with a doctor through your smart device about non-emergencies. Doctors can provide a diagnosis and prescribe medications. You can choose from four doctor networks — Teladoc, Doctor on Demand, AmWell and Optum Virtual Care.

Schedule preventive care services

These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

How the UHC Choice Plus PPO plan and Medicare coordinate

This plan uses 100% coordination of benefits. This means it determines what it would have paid as sole provider, then compares that amount to the balance remaining after Medicare pays. If the amount the plan would pay on its own is greater than the remaining balance, then the plan pays 100% of the balance. You usually don't pay deductible or coinsurance amounts.

How the UHC Medicare Standard PPO plan and Medicare coordinate

This plan uses non-duplication coordination of benefits (or maintenance of benefits). This means it determines what it would have paid as sole provider. If the amount it would pay on its own is greater than what Medicare paid, then the plan pays the balance after the portion you paid and what Medicare paid is applied. This is different from full coordination of benefits because reimbursement is limited to the greater benefit amount allowed by the two plans rather than a total of 100% of the charges.

Via Benefits — A Medicare marketplace for supplemental medical plans

You're eligible to enroll in a Health Reimbursement Arrangement (HRA) and a Medicare Advantage or Medigap (Supplemental) plan with Via Benefits if you:

- No longer work for Georgetown University in any capacity.
- Are at least age 65 and enrolled in Medicare Parts A and B.
- Don't cover a spouse who's under age 65.

Visit **my.viabenefits.com/georgetown** to explore your supplemental plan options or call 1-855-835-3863 to speak with a licensed benefit advisor.

Enroll in two steps

1. Log in to the **AleraGray portal** and select **VIA** as your plan option. You can also email GUBenefits@aleragroup.com to inform them that you're enrolling in a supplemental plan through Via Benefits.
2. Contact Via Benefits at 1-855-835-3863 to select and enroll in a plan. Let them know you are a Georgetown University retiree.

Health Reimbursement Arrangement (HRA)

If you enroll with Via Benefits, your monthly premium subsidy from Georgetown University will be credited to an HRA. You can use your HRA to reimburse yourself for Medicare and supplemental plan premiums and other qualified health expenses.

Supplemental plans

Find a supplemental health plan that's tailored to your specific needs and budget. Via Benefits will help you to quickly find, learn about and compare plans. Shop the Medicare market with confidence knowing you have access to Via Benefits' online tools, world-class customer service, licensed benefit advisors and comprehensive knowledge of the health coverage market.

To participate in the HRA and receive monthly premium subsidy credits, you must notify AleraEdge of your intention to enroll with Via Benefits.

You can return to a Georgetown medical plan (Kaiser Permanente, CareFirst or UnitedHealthcare) or choose a new plan through Via Benefits during next year's Open Enrollment.

VIA BENEFITS™

Learn more about Via Benefits by calling 1-855-835-3863 or visiting **my.viabenefits.com/georgetown**. A Via Benefits advisor may ask you for your phone number, Social Security number, Medicare ID number, prescriptions and names of doctors. Your communications with Via Benefits are confidential.

Medical insurance options

If you're not eligible for Medicare, you can enroll in one of these Georgetown medical plans. They all provide comprehensive coverage and cover network preventive care at 100%.

- **Kaiser Signature HMO**
- **Kaiser Signature HDHP 3**
- **CareFirst BlueChoice Advantage POS**
- **CareFirst BlueChoice Advantage CDHP**
- **UnitedHealthcare Choice Plus PPO**

The University pays a portion of your Georgetown medical plan monthly premium based on your years of service at the time you retired. If when you retired you had:

10 to 14 years of service

Georgetown pays 50% of your monthly medical premium (up to $291.67)

15 to 24 years of service

Georgetown pays 70% of your monthly medical premium (up to $408.33)

25 or more years of service

Georgetown pays 90% of your monthly medical premium (up to $525.00)

Medical coverage comparison

Use this chart to compare medical plan details, including copay and coinsurance amounts for 2025.

	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	$1,650	$250	$1,000	$2,000	$3,000	$500	$1,000
Family		$3,300	$500	$2,000	$4,000	$6,000	$1,000	$2,000
Annual coinsurance limits								
Individual	N/A	N/A	$2,000	$5,000	$1,000	$3,000	N/A	N/A
Family			$4,000	$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	10% after ded.	$25 copay	30% after ded.	10% after ded.	30% after ded.	$20 copay	25% after ded.
Specialty visit	$30 copay		$40 copay				$30 copay	
Outpatient surgery	$75 copay		10% after ded.				0% after ded. (facility)/20% after ded. (surgeon)	
X-ray & lab testing	No charge		$25 copay (PCP)/$40 copay (spec.)				20% after ded.	
Specialty imaging	$75 copay		$50 copay					
Diagnostic services	Varies		$25/$40 copay					
Inpatient hospital services								
Room & board	$300 copay	10% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	20% after ded.	20% after ded.
Physician								25% after ded.
Surgeon								
Emergency or urgent care								
Emergency room	$100 copay***	10% after ded.	10% after ded.	Paid as in-network	10% after ded.	Paid as in-network	$100 copay***	$100 copay***
Ambulance	$75 copay		$50 copay				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	$300 copay	10% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	20% after ded.	20% after ded.
Outpatient services	$20 copay (ind.)/$10 copay (grp.)		$25 copay				$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, refer to the specific plan documents for detailed information. *For the POS and PPO plans, 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.

Prescription drug coverage comparison

Use this chart to compare details about each plan's prescription drug coverage for 2025.

	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	$25	$15	$25	$10	$10	$10
Tier 2	$35	$55	$35	$45	$30	$30	$30
Tier 3	$60	$80	$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	$35	$70	$35	$70	$60	$60	$60
Tier 3	$60	$120	$60	$120	$100	$100	$100

*** If you enroll in the PrudentRx program, you can receive a 30-day supply of specialty medications with no copay. Otherwise, you will pay 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**. All new participants will receive a welcome kit with more information and a CVS Caremark ID card. Your pharmacy benefit gives you 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.

90-day supply of maintenance medications

Your 90-day supply of maintenance medications must be filled directly through a CVS retail pharmacy, Target, Kroger, Costco or CVS Caremark's mail order program. This will help you reduce prescription medication costs for chronic conditions, such as high blood pressure, arthritis and diabetes. Learn more at **benefits.georgetown.edu**.

Kaiser Signature HMO Plan — medical premiums

Check out how much you and Georgetown contribute to this plan's total premium.

2025 monthly costs			
Coverage level	**Retiree contribution**	**University contribution**	**Total premium**
Retiree only (< 65)			
Hospital*	$645.64	$0.00	$645.64
10-14 years	$353.97	$291.67	$645.64
15-24 years	$237.31	$408.33	$645.64
25+ years	$120.64	$525.00	$645.64
Retired before January 1, 1993	$0.00	$645.64	$645.64
Retiree + legal spouse (both < 65)			
Hospital*	$1,355.84	$0.00	$1,355.84
10-14 years	$1,064.17	$291.67	$1,355.84
15-24 years	$947.51	$408.33	$1,355.84
25+ years	$830.84	$525.00	$1,355.84
Retired before January 1, 1993	$710.20	$645.64	$1,355.84
Retiree + legal spouse (retiree < 65/legal spouse = > 65)			
Hospital*	$980.81	$0.00	$980.81
10-14 years	$689.14	$291.67	$980.81
15-24 years	$572.48	$408.33	$980.81
25+ years	$455.81	$525.00	$980.81
Retired before January 1, 1993	$335.17	$645.64	$980.81
Retiree + children			
Hospital*	$1,226.72	$0.00	$1,226.72
10-14 years	$935.05	$291.67	$1,226.72
15-24 years	$818.39	$408.33	$1,226.72
25+ years	$701.72	$525.00	$1,226.72
Retired before January 1, 1993	$581.08	$645.64	$1,226.72
Retiree + family**			
Hospital*	$1,936.92	$0.00	$1,936.92
10-14 years	$1,645.25	$291.67	$1,936.92
15-24 years	$1,528.59	$408.33	$1,936.92
25+ years	$1,411.92	$525.00	$1,936.92
Retired before January 1, 1993	$1,291.28	$645.64	$1,936.92
Surviving legal spouse (< 65)	$645.64	$0.00	$645.64
Surviving legal spouse (= > 65)	$335.17	$0.00	$335.17
Surviving legal spouse (< 65) + children	$1,226.72	$0.00	$1,226.72
Surviving legal spouse (= > 65) + children	$916.25	$0.00	$916.25

* For Georgetown University Hospital employees who retired between August 1, 1998 and June 30, 2000. ** Assumes legal spouse isn't Medicare-eligible. Family premiums for a retiree with a legal spouse who is Medicare-eligible will incur different premiums. Contact the AleraEdge Benefits Center for more information.

Kaiser Signature HDHP 3 with HSA Plan — medical premiums

Check out how much you and Georgetown contribute to this plan's total premium.

2025 monthly costs			
Coverage level	**Retiree contribution**	**University contribution**	**Total premium**
Retiree only (< 65)			
Hospital*	$488.06	$0.00	$488.06
10-14 years	$244.03	$244.03	$488.06
15-24 years	$146.41	$341.65	$488.06
25+ years	$48.80	$439.26	$488.06
Retired before January 1, 1993	$0.00	$488.06	$488.06
Retiree + legal spouse (both < 65)			
Hospital*	$1,024.93	$0.00	$1,024.93
10-14 years	$780.90	$244.03	$1,024.93
15-24 years	$683.29	$341.64	$1,024.93
25+ years	$585.67	$439.26	$1,024.93
Retired before January 1, 1993	$536.87	$488.06	$1,024.93
Retiree + legal spouse (retiree < 65/legal spouse = > 65)			
Hospital*	-	-	-
10-14 years	-	-	-
15-24 years	-	-	-
25+ years	-	-	-
Retired before January 1, 1993	-	-	-
Retiree + children			
Hospital*	$927.31	$0.00	$927.31
10-14 years	$683.28	$244.03	$927.31
15-24 years	$585.66	$341.65	$927.31
25+ years	$488.05	$439.26	$927.31
Retired before January 1, 1993	$439.25	$488.06	$927.31
Retiree + family**			
Hospital*	$1,464.18	$0.00	$1,464.18
10-14 years	$1,220.15	$244.03	$1,464.18
15-24 years	$1,122.53	$341.65	$1,464.18
25+ years	$1,024.92	$439.26	$1,464.18
Retired before January 1, 1993	$976.12	$488.06	$1,464.18
Surviving legal spouse (< 65)	$488.06	$0.00	$488.06
Surviving legal spouse (= > 65)	-	-	-
Surviving legal spouse (< 65) + children	$927.31	$0.00	$927.31
Surviving legal spouse (= > 65) + children	-	-	-

* For Georgetown University Hospital employees who retired between August 1, 1998 and June 30, 2000. ** Assumes legal spouse isn't Medicare-eligible. Family premiums for a retiree with a legal spouse who is Medicare-eligible will incur different premiums. Contact the AleraEdge Benefits Center for more information.

CareFirst BlueChoice Advantage POS Plan — medical premiums

Check out how much you and Georgetown contribute to this plan's total premium.

2025 monthly costs			
Coverage level	**Retiree contribution**	**University contribution**	**Total premium**
Retiree only (< 65)			
Hospital*	$788.73	$0.00	$788.73
10-14 years	$497.06	$291.67	$788.73
15-24 years	$380.40	$408.33	$788.73
25+ years	$263.73	$525.00	$788.73
Retired before January 1, 1993	$0.00	$788.73	$788.73
Retiree + legal spouse (both < 65)			
Hospital*	$1,656.28	$0.00	$1,656.28
10-14 years	$1,364.61	$291.67	$1,656.28
15-24 years	$1,247.95	$408.33	$1,656.28
25+ years	$1,131.28	$525.00	$1,656.28
Retired before January 1, 1993	$867.55	$788.73	$1,656.28
Retiree + legal spouse (retiree < 65/legal spouse = > 65)			
Hospital*	$1,427.95	$0.00	$1,427.95
10-14 years	$1,136.28	$291.67	$1,427.95
15-24 years	$1,019.62	$408.33	$1,427.95
25+ years	$902.95	$525.00	$1,427.95
Retired before January 1, 1993	$639.22	$788.73	$1,427.95
Retiree + children			
Hospital*	$1,498.54	$0.00	$1,498.54
10-14 years	$1,206.87	$291.67	$1,498.54
15-24 years	$1,090.21	$408.33	$1,498.54
25+ years	$973.54	$525.00	$1,498.54
Retired before January 1, 1993	$709.81	$788.73	$1,498.54
Retiree + family**			
Hospital*	$2,366.04	$0.00	$2,366.04
10-14 years	$2,074.37	$291.67	$2,366.04
15-24 years	$1,957.71	$408.33	$2,366.04
25+ years	$1,841.04	$525.00	$2,366.04
Retired before January 1, 1993	$1,577.31	$788.73	$2,366.04
Surviving legal spouse (< 65)	$788.73	$0.00	$788.73
Surviving legal spouse (= > 65)	$639.22	$0.00	$639.22
Surviving legal spouse (< 65) + children	$1,498.54	$0.00	$1,498.54
Surviving legal spouse (= > 65) + children	$1,276.17	$0.00	$1,276.17

* For Georgetown University Hospital employees who retired between August 1, 1998 and June 30, 2000. ** Assumes legal spouse isn't Medicare-eligible. Family premiums for a retiree with a legal spouse who is Medicare-eligible will incur different premiums. Contact the AleraEdge Benefits Center for more information.

CareFirst BlueChoice Advantage CDHP with HSA — medical premiums

Check out how much you and Georgetown contribute to this plan's total premium.

2025 monthly costs			
Coverage level	**Retiree contribution**	**University contribution**	**Total premium**
Retiree only (< 65)			
Hospital*	$635.29	$0.00	$635.29
10-14 years	$343.62	$291.67	$635.29
15-24 years	$226.96	$408.33	$635.29
25+ years	$110.29	$525.00	$635.29
Retired before January 1, 1993	$0.00	$635.29	$635.29
Retiree + legal spouse (both < 65)			
Hospital*	$1,333.99	$0.00	$1,333.99
10-14 years	$1,042.32	$291.67	$1,333.99
15-24 years	$925.66	$408.33	$1,333.99
25+ years	$762.22	$571.77	$1,333.99
Retired before January 1, 1993	$698.70	$635.29	$1,333.99
Retiree + legal spouse (retiree < 65/legal spouse = > 65)			
Hospital*	-	-	-
10-14 years	-	-	-
15-24 years	-	-	-
25+ years	-	-	-
Retired before January 1, 1993	-	-	-
Retiree + children			
Hospital*	$1,207.00	$0.00	$1,207.00
10-14 years	$915.33	$291.67	$1,207.00
15-24 years	$798.67	$408.33	$1,207.00
25+ years	$682.00	$525.00	$1,207.00
Retired before January 1, 1993	$571.71	$635.29	$1,207.00
Retiree + family**			
Hospital*	$1,905.75	$0.00	$1,905.75
10-14 years	$1,614.08	$291.67	$1,905.75
15-24 years	$1,497.42	$408.33	$1,905.75
25+ years	$1,380.75	$525.00	$1,905.75
Retired before January 1, 1993	$1,270.46	$635.29	$1,905.75
Surviving legal spouse (< 65)	$635.29	$0.00	$635.29
Surviving legal spouse (= > 65)	-	-	-
Surviving legal spouse (< 65) + children	$1,207.00	$0.00	$1,207.00
Surviving legal spouse (= > 65) + children	-	-	-

* For Georgetown University Hospital employees who retired between August 1, 1998 and June 30, 2000. ** Assumes legal spouse isn't Medicare-eligible. Family premiums for a retiree with a legal spouse who is Medicare-eligible will incur different premiums. Contact the AleraEdge Benefits Center for more information.

UnitedHealthcare Choice Plus PPO Plan — medical premiums

Check out how much you and Georgetown contribute to this plan's total premium.

2025 monthly costs			
Coverage level	**Retiree contribution**	**University contribution**	**Total premium**
Retiree only (< 65)			
Hospital*	$972.57	$0.00	$972.57
10-14 years	$680.90	$291.67	$972.57
15-24 years	$564.24	$408.33	$972.57
25+ years	$447.57	$525.00	$972.57
Retired before January 1, 1993	$0.00	$972.57	$972.57
Retiree + legal spouse (both < 65)			
Hospital*	$2,042.37	$0.00	$2,042.37
10-14 years	$1,750.70	$291.67	$2,042.37
15-24 years	$1,634.04	$408.33	$2,042.37
25+ years	$1,517.37	$525.00	$2,042.37
Retired before January 1, 1993	$1,069.80	$972.57	$2,042.37
Retiree + legal spouse (retiree < 65/legal spouse = > 65)			
Hospital*	$1,616.52	$0.00	$1,616.52
10-14 years	$1,324.85	$291.67	$1,616.52
15-24 years	$1,208.19	$408.33	$1,616.52
25+ years	$1,091.52	$525.00	$1,616.52
Retired before January 1, 1993	$643.95	$972.57	$1,616.52
Retiree + children			
Hospital*	$1,896.48	$0.00	$1,896.48
10-14 years	$1,604.81	$291.67	$1,896.48
15-24 years	$1,488.15	$408.33	$1,896.48
25+ years	$1,371.48	$525.00	$1,896.48
Retired before January 1, 1993	$923.91	$972.57	$1,896.48
Retiree + family**			
Hospital*	$2,879.31	$0.00	$2,879.31
10-14 years	$2,587.64	$291.67	$2,879.31
15-24 years	$2,470.98	$408.33	$2,879.31
25+ years	$2,354.31	$525.00	$2,879.31
Retired before January 1, 1993	$1,906.74	$972.57	$2,879.31
Surviving legal spouse (< 65)	$972.57	$0.00	$972.57
Surviving legal spouse (= > 65)	$643.95	$0.00	$643.95
Surviving legal spouse (< 65) + children	$1,896.48	$0.00	$1,896.48
Surviving legal spouse (= > 65) + children	$1,212.82	$0.00	$1,212.82

* For Georgetown University Hospital employees who retired between August 1, 1998 and June 30, 2000. ** Assumes legal spouse isn't Medicare-eligible. Family premiums for a retiree with a legal spouse who is Medicare-eligible will incur different premiums. Contact the AlexaEdge Benefits Center for more information.

Kaiser Signature HMO and HDHP 3

my.kp.org/georgetown **1-800-777-7902**

Use your new ID cards

If you're new to the plan, look for an ID card in your mailbox at home.

Create an account and download the app

my.kp.org/georgetown

Access your medical and prescription drug benefits information, as well as your ID card from your phone.

Available on the App Store

Get it on Google play

Call the Advice Nurse Line

1-800-777-7904

This free service lets you talk to a nurse about non-emergency health concerns, such as mild COVID-19 symptoms, minor cuts and stomachaches.

Sign up for video visits

healthy.kaiserpermanente.org/get-care

Connect with a doctor through your smart device about non-emergencies. Doctors can provide a diagnosis and prescribe medications. Video visits are free if you're in the HMO plan. If you're in the HDHP, they're free after you satisfy the plan deductible.

Schedule preventive care services

These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

Care outside the service area

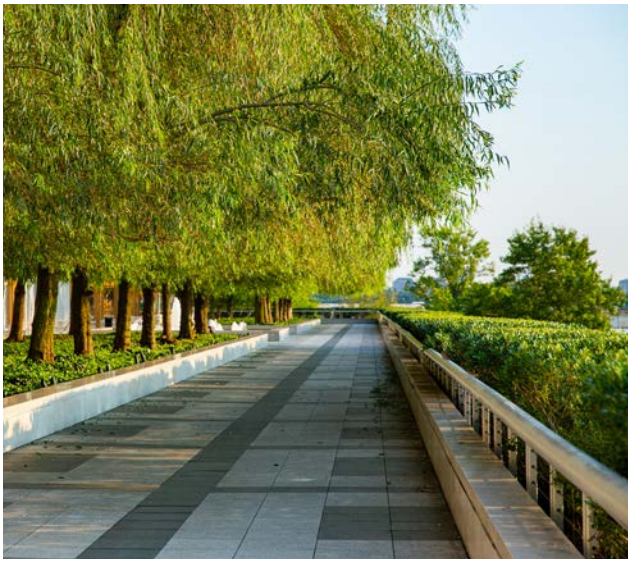
If you're traveling out of state, you can receive urgent and emergency care at:

- Cigna PPO network providers and facilities
- MinuteClinics®, including pharmacies
- Concentra clinics

Simply show your ID card. No matter where you get urgent or emergency care, you can file a claim for reimbursement. At many locations outside Kaiser Permanente states, you'll only pay your copay or coinsurance and don't need to file a claim.

Use the Away from Home Travel Line

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



If you move from 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 because you'll only have emergency and urgent care coverage outside the Kaiser Permanente service area. **You have up to 30 days after the day you move to change your medical plan through AleraEdge.**

Kaiser Signature HDHP 3 (continued)

How to use a health savings account

For Kaiser Signature HDHP 3 members

kp.org/healthpayment **1-877-761-3399**
kp@healthaccountservices.com

Contribute up to the IRS limit
In 2025, you can contribute up to:

$4,300 individual coverage

$8,550 family coverage

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

You can open your HSA with Kaiser Permanente or a bank/brokerage of your choice, and they'll let you know how to update your HSA contribution.

Pay current eligible expenses
Use your HSA debit card to pay eligible medical, prescription drug, dental and vision expenses — see a list of eligible HSA expenses at **irs.gov/publications/p502**.

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

Save for expenses down the road
Unused HSA money in your account carries over each year and is yours to keep even if you change medical plans, start working again or turn age 65. It also earns tax-free interest, lets you invest and make tax-free withdrawals for eligible expenses. Learn more at **irs.gov/publications/p969**.

CareFirst BlueChoice Advantage POS and CDHP

BlueChoice Advantage (Washington, D.C. metro area)	BlueCard PPO (outside Washington, D.C. metro area)	CVS Caremark (prescription carrier)
carefirst.com/georgetown	provider.bcbs.com	caremark.com
1-800-628-8549	1-800-810-BLUE (2583)	1-844-256-0030

Use your new ID cards

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

Create accounts and download the apps

carefirst.com

Access your medical benefits information and ID card from your phone.

caremark.com

Access your pharmacy benefits information and ID card from your phone.

Call the Advice Nurse Line

1-800-535-9700

This free service lets you talk to a nurse about non-emergency health concerns, such as mild Covid-19 symptoms, minor cuts and stomachaches.

Sign up for video visits

closeknithealth.com **1-866-233-6925**

Connect with a doctor through your smart device about non-emergency medical or mental health conditions. Doctors can provide a diagnosis and prescribe medications. Per video visit, you pay $25 if you're in the POS plan and 10% coinsurance (after deductible) if you're in the CDHP.

Schedule preventive care services

These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

CareFirst BlueChoice Advantage CDHP (continued)

How to use a health savings account

For CareFirst BlueChoice Advantage CDHP members

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

Contribute up to the IRS limit
In 2025, you can contribute pre-tax up to:

$4,300 individual coverage

$8,550 family coverage

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

You can open your HSA with CareFirst or a bank/brokerage of your choice, and they'll let you know how to update your HSA contribution.

Pay current eligible expenses
Use your HSA debit card to pay eligible medical, prescription drug, dental and vision expenses — see a list of eligible HSA expenses at **irs.gov/publications/p502**.

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

Save for expenses down the road
Unused HSA money in your account carries over each year and is yours to keep even if you change medical plans, start working again or turn age 65. It also earns tax-free interest, lets you invest and make tax-free withdrawals for eligible expenses. Learn more at **irs.gov/publications/p969**.

UnitedHealthcare Choice Plus PPO

UnitedHealthcare (medical carrier)	CVS Caremark (prescription carrier)
myuhc.com	caremark.com
1-888-332-8885	1-844-256-0030

Use your new ID cards

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

Create accounts and download the apps

myuhc.com

Access your medical benefits information and ID card from your phone.

Available on the App Store · Get it on Google play

caremark.com

Access your pharmacy benefits information and ID card from your phone.

Available on the App Store · Get it on Google play

Call the Advice Nurse Line

1-877-365-7949

This free service lets you talk to a nurse about non-emergency health concerns, such as mild Covid-19 symptoms, minor cuts and stomachaches.

Sign up for video visits

uhc.com/virtualvisits

Enter your UnitedHealthcare member ID when signing up. You pay $20 per virtual visit. Connect with a doctor through your smart device about non-emergencies. Doctors can provide a diagnosis and prescribe medications. You can choose from four doctor networks — Teladoc, Doctor on Demand, AmWell and Optum Virtual Care.

Schedule preventive care services

These include no-cost annual physicals, pap smears and prostate-specific antigen (PSA) tests.

Health Advocate is free

Health Advocate assigns a Personal Health Advocate to you who's typically a registered nurse supported by medical directors and benefits and claims specialists. A Health Advocate is an expert who's on your side when you or your family need help navigating the healthcare system. Your Personal Health Advocate can help you:

- Find doctors, hospitals and other providers.
- Schedule tests and appointments.
- Resolve billing and claim issues.
- Explain benefits coverage, health conditions and research the latest treatments.
- Find elder care services.
- Negotiate down bills for non-covered medical and dental services over $400.
- Access Centers of Medical Excellence.

HealthAdvocate℠

Health Advocate is available to you no matter your Medicare eligibility. Normal business hours are Monday – Friday, 8 a.m. – 10 p.m. Eastern Time. Health Advocate is also available after hours and weekends.

1-866-695-8622
HealthAdvocate.com/georgetown
answers@HealthAdvocate.com

UnitedHealthcare Dental PPO

myuhc.com | **1-877-816-3596**

The UnitedHealthcare dental plan is a PPO plan that allows you to go to the dentist of your choice and receive benefits. However, for maximum benefits, you must receive services from a network dentist. If you receive services from a non-network dentist, your out-of-pocket costs will generally be higher. Regardless of whether you receive services from a network or non-network dentist, you'll be reimbursed for all or part of your costs for covered procedures, up to your $1,500 calendar year maximum, after you have satisfied any applicable deductible.

Create an account at myuhc.com to:

- View your coverage information.
- Find dentists.
- Make appointments.
- Check your claims.
- Use tools to help you get the most from your coverage.

Find a network dentist

Go to **myuhc.com** > **Find a Dentist** > **Employer and Individual Plans** > **enter your zip code** > **National Options PPO 20**. You can also call UnitedHealthcare at 1-877-816-3596.

Schedule preventive care services

These include no-cost oral evaluations and cleanings to protect your teeth.

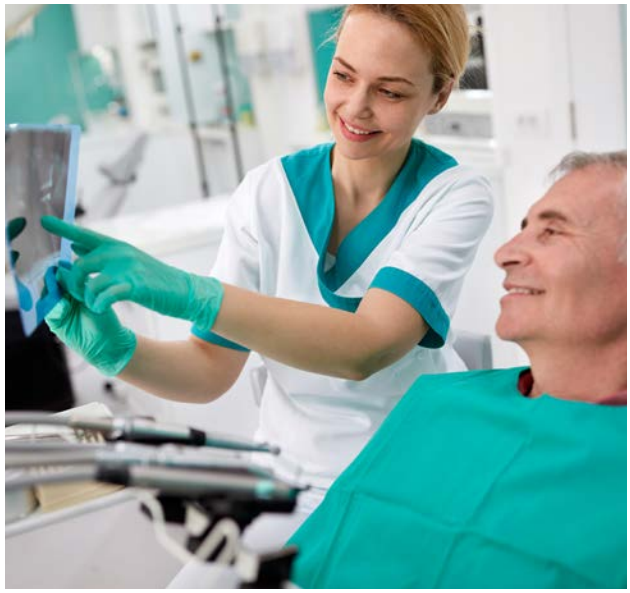
TIP

You and your dependents must be enrolled in a Georgetown retiree medical plan to enroll in the Georgetown retiree dental plan.

2025 Monthly costs

You pay the full dental plan premium. See your monthly contributions below.

Coverage level	Retiree contribution
Retiree only	$37.82
Retiree + legal spouse	$73.36
Retiree + child(ren)	$73.36
Retiree + family	$114.94



Dental

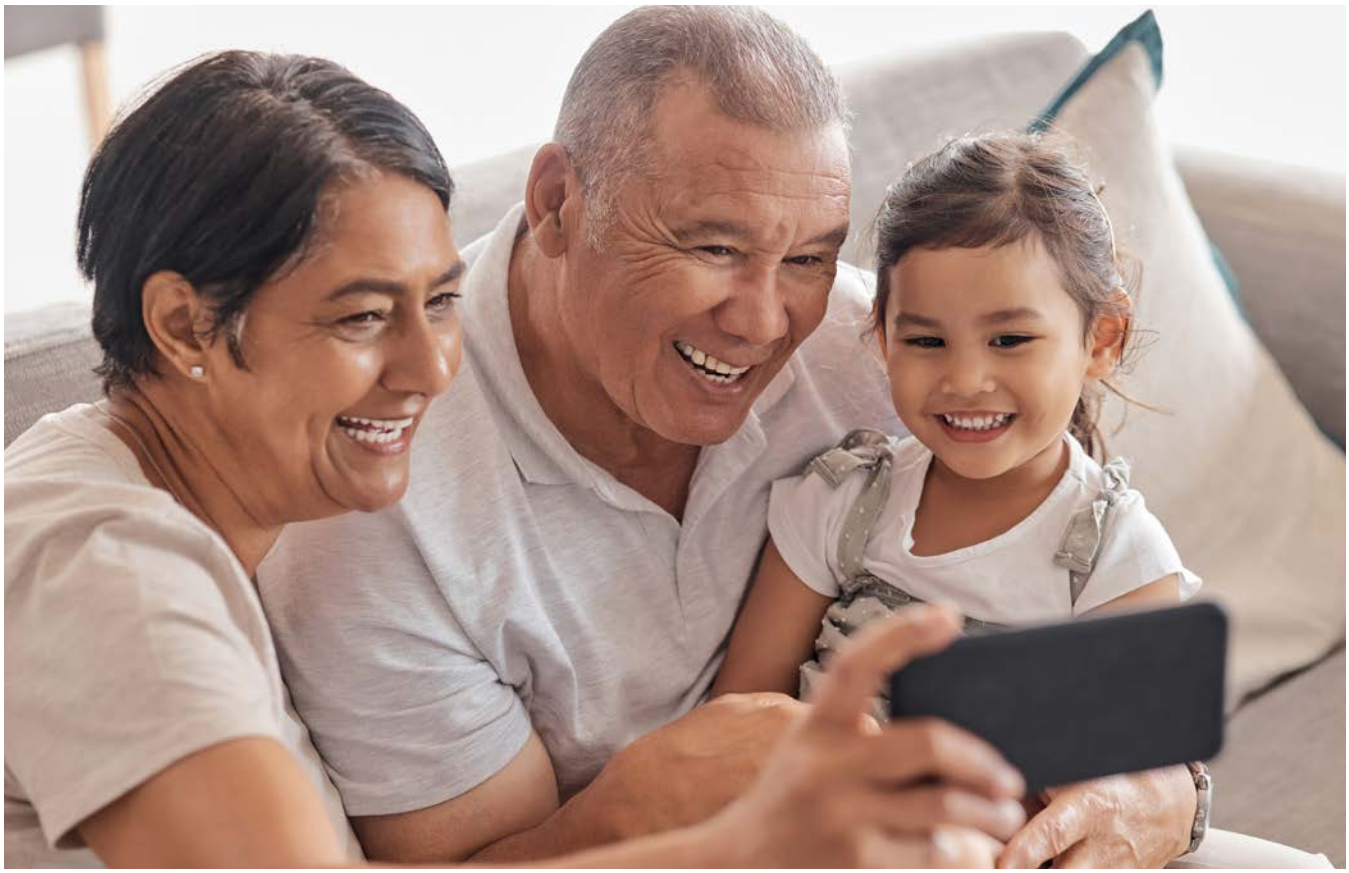
The following table summarizes the key features of the benefits available under the 2025 dental plan.

	UnitedHealthcare	
	Network	**Non-network***
Plan pays		
Plan maximum		
• Calendar year maximum	$1,500 per participant	
You pay		
Annual deductible (ded.)		
• Individual only • Family**	$50 $100	
Diagnostic and preventive services		
• Oral evaluations • Prophylaxis (cleaning) • Lab and x-rays • Sealants • Fluoride treatment • Space maintainers	No charge	No charge
Basic services		
• Restorations (amalgams and resin based only) • Simple extractions	10% after ded.	20% of allowable charge after ded.
Major services		
• Surgical periodontal services • Periodontics • Endodontics • Oral surgery	40% after ded.	40% of allowable charge after ded.
• Dentures and other removable prosthetics • Crowns, inlays and onlays • Fixed prosthetics	40% after ded.	50% of allowable charge after ded.
• Orthodontics	Not covered	Not covered

This summary is provided for general information only. Since exclusions, dollar, frequency and age limitations apply, refer to the specific plan documents for detailed information. Except for the Plan Maximum, the benefits schedule reflects amounts paid by members; however, keep in mind that the benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred. Network dentists accept 100% of the allowed benefit as payment in full for covered services.

* Providers in UnitedHealthcare's (UHC's) Dental Options PPO network will not bill you for the difference between the contracted amount and their usual fee. Non-UHC providers have no agreement with UHC and can bill you for any difference between what UHC pays and the submitted fee (known as "balance billing"). You may be required to pay the provider yourself and then submit a claim to UHC for reimbursement. Since UHC's payment for services you receive may be less than the non-UHC provider's actual charges, your out-of-pocket cost may be significantly higher.

** Family includes retiree and legal spouse, retiree and child/ren, or retiree, legal spouse + child/ren.



$5,000 life insurance benefit

This benefit is paid to your beneficiary in the event of your death. You have automatic coverage provided by Georgetown at no cost to you.

Beneficiary designation

Be sure to designate your life insurance beneficiary. If you don't designate one, the $5,000 life insurance benefit is distributed according to the terms of the insurance contract in the event of your death.

Keep in mind that changes in your family situation (such as marriage, divorce, birth, adoption or death) don't automatically alter or revoke your beneficiary designation. You can change your beneficiary designation anytime through AleraEdge at **aleraedge.aleragroup.com** > **Participant Log In** > **AleraGray**, by calling 1-800-836-0026 (ext. 7300) or emailing GUBenefits@aleragroup.com.

Tuition Assistance Program

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

Your eligibility

You're eligible for TAP if you were working at least 90% time or 36 hours per week when you retired.

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 retired staff or AAP, you may use TAP benefits for Georgetown undergraduate or graduate courses.

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

Your children's eligibility

If you're eligible for TAP, your children are also eligible if they are under age 30.

Your children's benefits at Georgetown

- Georgetown pays 67% of their tuition.
- Georgetown pays 100% of their tuition if you were hired by Georgetown before 1996.
- Benefits have a lifetime maximum of 8 semesters.

Your children's benefits at outside institutions

- 33% of tuition applied by Georgetown.
- Benefits have a lifetime maximum of 8 semesters.

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

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.

Retirement plans

You're eligible for a distribution of your benefits from any of the following plans you're enrolled in:

- Defined Contribution Retirement Plan (DCRP)
- Voluntary Contribution Retirement Plan (VCRP)

Payment distributions at retirement

If you have a balance in any of the plans above, you can:

- Receive a distribution as a lump sum* or a monthly annuity
- Roll over your balance to another employer's plan (if allowed)*
- Roll over your balance to an IRA*
- Leave the balance in the plan as long as you start receiving benefits at age 72

TIP

If you are entitled to a Georgetown University Retirement Plan (GURP) benefit, Principal Life Insurance Company is now responsible for making those payments. Contact Principal at 1-800-247-7011 (reference Contract #222028) for assistance.

Retirement plan resources

Contact your retirement plan vendor to learn more about investing strategies during retirement and distribution options available for your Defined Contribution and Voluntary Contribution Retirement accounts.

Fidelity Investments
1-800-343-0860

TIAA
1-800-842-2776

Vanguard
1-800-523-1188, Hit "0"

* Distribution restrictions may apply to amounts held in TIAA Traditional Annuity and GURP.

EyeMed Vision Care discount program

The EyeMed Vision Care discount program is available to you through the GUAdvantage Savings and Discount program. You get vision care discounts without enrolling in a plan or paying any monthly premiums. There are no out-of-network benefits. Locate participating providers at **eyemed.com** > **Find an eye doctor**. Choose **Select** as the network. For LASIK providers, call 1-877-552-7376.

Vision care services	Your cost
Exam with dilation as necessary	$5 off routine exam/ $10 off contact lens exam
Standard plastic lenses	
• Single vision	$50
• Bifocal	$70
• Trifocal	$105
Frames (any frame available at provider location)	40% off retail price
Lens options	
• UV coating	$15
• Tint (solid or gradient)	$15
• Standard scratch-resistance	$15
• Standard polycarbonate	$40
• Standard progressive (add-on to bifocal)	$65
• Standard anti-reflective coating	$45
• Other lens options	20% discount off retail price
Contact lens materials (discount applied to materials only)*	
• Disposable	No discount
• Conventional	15% off retail price
Laser vision correction	
• LASIK or PRK	15% off retail price or 5% off promotional price
Frequency	
• Examination, frame, lenses, contact lenses	Unlimited
Complete pair of eyeglasses purchase: frame, lenses and lens options must be purchased in the same transaction to receive the full discount. Items purchased separately will be discounted at 20%.	

This summary is provided for general information only. Log in to AleraGray to view the plan summary for more detailed information.
* Visit **eyemed.com** to order replacement contact lenses for shipment to your home at less than retail price.

No ID card needed! Simply reference plan #9244500 and let them know you're a Georgetown University retiree. You can also ask the Department of Human Resources for a discount card to take with you.

Vision benefits through Georgetown medical plans

If you are covered by a Georgetown medical plan, you may be eligible to receive vision benefits through that plan. Contact your medical plan carrier for more information.

Additional discounts and features

- 40% off additional eyewear purchases
- 20% off remaining balance beyond plan coverage

Amplifon hearing discounts**

The EyeMed discount program gives you access to discounts on Amplifon network hearing exams and aids. Call 1-877-203-0675 to find a hearing care provider and schedule a hearing exam.

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

The GUAdvantage website is your one-stop shop for voluntary benefits and discounts! Need a new computer? GUAdvantage has deals from top names like Dell, IBM and HP. Going on vacation? GUAdvantage has discounts on car rentals, resorts, cruises and theme park tickets. Planning a night on the town? GUAdvantage can save you money on event tickets and dining out!

GUAdvantage
savings & discount program

See all that GUAdvantage has to offer by going to **guadvantage.savings.beneplace.com**. Register using your Georgetown email and NetID to receive discounts. Enter the code **GUSAVES** if prompted.

Legal Notices

This section contains the Legal Notices required for the Georgetown University health and welfare plans in effect on January 1, 2025. Refer to the summary plan descriptions, evidence of coverage, insurance certificates and policies for complete terms, provisions, limitations and exclusions — available on **benefits.georgetown.edu** (see **Benefits for Retirees**).

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 access this information. Please review it carefully. If you have questions, contact the Georgetown University Privacy Official at 2115 Wisconsin Avenue, N.W., Suite 601, Washington, D.C. 20007, 1-202-687-6457 or email 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 fully insured health care plans offered by the University.

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 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. This is 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 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 with 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. Get a copy at **benefits.georgetown.edu**.

To obtain a paper copy of this notice, contact:
University Privacy Official
Georgetown University
2115 Wisconsin Avenue, N.W., Suite 601
Washington, D.C. 20007

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 Department of Human Resources.

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.

Surprise Billing Notice

The Consolidated Appropriations Act, 2021 (CAA) requires health plans to provide protections against Surprise Medical Bills for services received on or after January 1, 2022. When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

If you believe you've been wrongly billed, contact the U.S. Department of Health & Human Services at 1-877-696-6775 or your State Insurance Commissioner. Find more information specific to your Georgetown University coverage at **benefits.georgetown.edu**.

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 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 through 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 a retiree (or a covered legal spouse or dependent of a retiree) your current Georgetown retiree medical plan pays for other medical expenses in addition to prescription drug benefits.

If you decide to join a Medicare drug plan, your Georgetown retiree medical and prescription drug plan coverage will be affected. Specifically, you and your eligible dependents will no longer be eligible for and will lose coverage under the Georgetown retiree medical and prescription drug plan.

In addition, if you do decide to join a Medicare drug plan and drop your Georgetown retiree medical and prescription drug plan, be aware that you and your dependents cannot get this coverage back later. Your decision to drop coverage under the Georgetown retiree medical and prescription drug plan will be irrevocable.

Remember, because your current Georgetown retiree medical and prescription drug plan pays for other health expenses, in addition to prescription drug benefits, by joining a Medicare drug plan, you will lose eligibility and coverage not only for your prescription drug benefits but all your Georgetown retiree medical benefits. Therefore, you should compare your current coverage under the Georgetown retiree medical and prescription drug plan, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area and weigh whether it is in your best interest to drop coverage under the Georgetown retiree medical and prescription drug plan instead be covered by Medicare for all your health care needs.

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 do not 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 19 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 Department of Human Resources at 1-202-687-2500 or benefitshelp@georgetown.edu. **NOTE:** You will 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 available in the "Medicare & You" handbook. You will 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 (please see the inside back cover of your copy of "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 the Social Security website at **ssa.gov**, or call 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, 2024
Name of Entity/Sender	Georgetown University
Contact-Position/Office	Department of Human Resources 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

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 (PCP), you have the right to designate any PCP 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 PCP. 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 PCP) 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 PCP, and for a list of the participating PCPs, contact your medical plan carrier.

ACA Information and Updates

2024 Reporting of Minimum Essential Coverage, Offer of Coverage and Affordability

Health Coverage Reporting for Minimum Essential Coverage (MEC) Plans on Form 1095-B

In 2025, insurance companies that provide MEC and fully insure the Georgetown medical plans will be required to report to the IRS who was covered under their medical plans in the previous plan year (in this case, January 1, 2024 through December 31, 2024).

If you were covered under one of Georgetown's Kaiser Permanente medical plans in 2024, Kaiser Permanente will mail you a copy of your 2024 Form 1095-B (or a substitute statement containing the same information), postmarked no later than January 31, 2025.

Employer-Provided Health Insurance Offer and Coverage Reporting on Form 1095-C

In 2025, Georgetown will be required to report to the IRS who was offered medical plan coverage in the previous plan year (in this case, January 1, 2024 through December 31, 2024), if coverage was elected, and if the plan offered was affordable as required by the Affordable Care Act. This information will be used by the federal government to administer the employer-shared responsibility provision.

If you are not enrolled in Medicare and were covered under one of Georgetown's medical plans in 2024, you will receive a copy of the 2024 Form 1095-C (or a substitute statement containing the same information), postmarked no later than January 31, 2025. If you were covered under one of Georgetown's CareFirst or UnitedHealthcare medical plans as your primary plan while working full-time at Georgetown University at any point during 2024, your 2024 Form 1095-C will include information on who was covered under your medical plan in 2024 (i.e., required reporting information for the individual-shared responsibility provision as required by the Affordable Care Act).

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, 2024. Contact your state for more information on eligibility.

Alabama Medicaid	**http://myalhipp.com** 1-855-692-5447
Alaska Medicaid	The AK Health Insurance Premium Payment Program: **http://myakhipp.com** 1-866-251-4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: **https://health.alaska.gov/dpa/Pages/default.aspx**
Arkansas Medicaid	**http://myarhipp.com** 1-855-MyARHIPP (1-855-692-7447)
California Medicaid	Health Insurance Premium Payment (HIPP) Program: **http://dhcs.ca.gov/hipp** 1-916-445-8322 (fax: 1-916-440-5676) hipp@dhcs.ca.gov
Colorado Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado: **www.healthfirstcolorado.com** Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: **https://hcpf.colorado.gov/child-health-plan-plus** CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): **www.mycohibi.com** HIBI Customer Service: 1-855-692-6442
Florida Medicaid	**www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html** 1-877-357-3268
Georgia Medicaid	GA HIPP: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp** 1-678-564-1162, press 1 GA CHIPRA: **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra** 1-678-564-1162, press 2
Indiana Medicaid	Health Insurance Premium Payment Program All other Medicaid **www.in.gov/medicaid** 1-877-438-4479 Family and Social Services Administration: **www.in.gov/fssa/dfr** 1-800-403-0864 Member Services: 1-800-457-4584
Iowa Medicaid and CHIP (Hawki)	Medicaid: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid** 1-800-338-8366 Hawki: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki** 1-800-257-8563 HIPP: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp** 1-888-346-9562
Kansas Medicaid	**www.kancare.ks.gov** 1-800-792-4884 HIPP: 1-800-967-4660
Kentucky Medicaid	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): **https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx** 1-855-459-6328 KIHIPP.PROGRAM@ky.gov KCHIP: **https://kynect.ky.gov** 1-877-524-4718 Kentucky Medicaid: **https://chfs.ky.gov/agencies/dms**
Louisiana Medicaid	**www.medicaid.la.gov** or **www.ldh.la.gov/lahipp** Medicaid Hotline: 1-888-342-6207 LaHIPP: 1-855-618-5488
Maine Medicaid	Enrollment: **www.mymaineconnection.gov/benefits/s** 1-800-442-6003 TTY: Maine Relay 711 Private Health Insurance Premium: **www.maine.gov/dhhs/ofi/applications-forms** 1-800-977-6740 TTY: Maine Relay 711
Massachusetts Medicaid and CHIP	**www.mass.gov/masshealth/pa** 1-800-862-4840 TTY: 711 masspremassistance@accenture.com

Minnesota Medicaid	**https://mn.gov/dhs/health-care-coverage** 1-800-657-3672
Missouri Medicaid	**www.dss.mo.gov/mhd/participants/pages/hipp.htm** 1-573-751-2005
Montana Medicaid	**http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP** 1-800-694-3084 HHSHIPPProgram@mt.gov
Nebraska Medicaid	**www.ACCESSNebraska.ne.gov** 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178
Nevada Medicaid	**http://dhcfp.nv.gov** 1-800-992-0900
New Hampshire Medicaid	**www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program** 1-603-271-5218 HIPP program: 1-800-852-3345, ext. 15218 DHHS.ThirdPartyLiabi@dhhs.nh.gov
New Jersey Medicaid and CHIP	Medicaid: **www.state.nj.us/humanservices/dmahs/clients/medicaid** 1-800-356-1561 CHIP: **www.njfamilycare.org/index.html** 1-800-701-0710 (TTY: 711) CHIP Premium Assistance: 1-609-631-2392
New York Medicaid	**www.health.ny.gov/health_care/medicaid** 1-800-541-2831
North Carolina Medicaid	**https://medicaid.ncdhhs.gov** 1-919-855-4100
North Dakota Medicaid	**www.hhs.nd.gov/healthcare** 1-844-854-4825
Oklahoma Medicaid and CHIP	**www.insureoklahoma.org** 1-888-365-3742
Oregon Medicaid	**http://healthcare.oregon.gov/Pages/index.aspx** 1-800-699-9075
Pennsylvania Medicaid and CHIP	**www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html** 1-800-692-7462 CHIP: **www.pa.gov/en/agencies/dhs/resources/chip.html** 1-800-986-KIDS (5437)
Rhode Island Medicaid and CHIP	**www.eohhs.ri.gov** 1-855-697-4347 Direct RIte Share Line: 1-401-462-0311
South Carolina Medicaid	**www.scdhhs.gov** 1-888-549-0820
South Dakota Medicaid	**https://dss.sd.gov** 1-888-828-0059
Texas Medicaid	**www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program** 1-800-440-0493
Utah Medicaid and CHIP	Utah's Premium Partnership for Health Insurance (UPP): **https://medicaid.utah.gov/upp** upp@utah.gov 1-888-222-2542 Adult Expansion: **https://medicaid.utah.gov/expansion** Utah Medicaid Buyout Program: **https://medicaid.utah.gov/buyout-program** CHIP: **https://chip.utah.gov**
Vermont Medicaid	**https://dvha.vermont.gov/members/medicaid/hipp-program** 1-800-250-8427
Virginia Medicaid and CHIP	**https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select** **https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs** Medicaid/CHIP: 1-800-432-5924
Washington Medicaid	**www.hca.wa.gov** 1-800-562-3022
West Virginia Medicaid and CHIP	**https://dhhr.wv.gov/bms** **http://mywvhipp.com** Medicaid: 1-304-558-1700 CHIP: 1-855-MyWVHIPP (699-8447)
Wisconsin Medicaid and CHIP	**www.dhs.wisconsin.gov/badgercareplus/p-10095.htm** 1-800-362-3002
Wyoming Medicaid	**https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility** 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, 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

Summary of Benefits and Coverage (Non-Medicare Retirees Only)

The Affordable Care Act requires that you have access to a Summary of Benefits and Coverage (SBC) to help you understand and evaluate your health plan choices. To get free copies of the SBC for each of the Georgetown-sponsored medical plans, visit **aleraedge.aleragroup.com** or contact the AleraEdge Benefits Center at 1-800-836-0026 (ext. 7300) or GUBenefits@aleragroup.com.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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, 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.

Transparency in coverage rule

In accordance with rules issued by the Centers for Medicaid and Medicare Services (CMS) in an effort designed to help patients know how much their healthcare will cost in advance of treatment, each of the Georgetown University medical plan claim administrators will disclose in-network provider negotiated service rates and historical out-of-network allowed amounts between health plans and healthcare providers in a "machine-readable file." The goal of this rule is to allow public access to health coverage information to aid in the understanding of health care pricing and mitigate the rise in health care spending. The machine-readable files are formatted to allow researchers, regulators, and application developers to access and analyze data more easily.

Here are the links containing the data for each the medical plans offered by Georgetown University which may need particular software capable of opening these machine-readable files:

- **CareFirst**
  individual.carefirst.com/individuals-families/mandates-policies/machine-readable-data.page
- **Kaiser Permanente**
  healthy.kaiserpermanente.org/maryland-virginia-washington-dc/front-door/machine-readable
- **UnitedHealthcare**
  transparency-in-coverage.uhc.com
  Enter **georgetown-university** in the search bar

If you have any questions or encounter technical issues, contact the respective Member Services.

Mental Health Parity and Addiction Equity Act

Under a federal law called the Mental Health Parity and Addiction Equity Act (MHPAEA), many health plans and insurers must make sure that there is "parity" between mental health and substance use disorder benefits, and medical and surgical benefits. This generally means that financial requirements and treatment limitations applied to mental health or substance use disorder benefits cannot be more restrictive than the financial requirements and treatment limitations applied to medical and surgical benefits. The types of limits covered by parity protections include:

- Financial requirements—such as deductibles, copayments, coinsurance, and out-of-pocket limits; and
- Treatment limitations—such as limits on the number of days or visits covered, or other limits on the scope or duration of treatment (for example, being required to get prior authorization).

If you have questions about MHPAEA or the mental health or substance use disorder benefits under your plan, contact the Department of Labor at **askebsa.dol.gov** or 1-866-444-3272.

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.

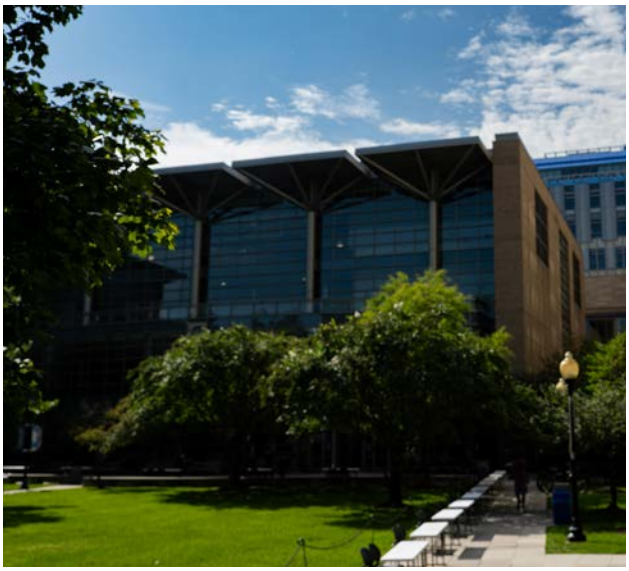
If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- 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**.

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.

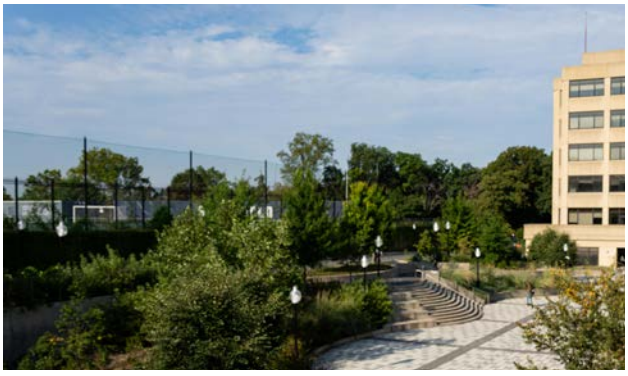
If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information, visit **medicare.gov/medicare-and-you**.

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**. (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**.

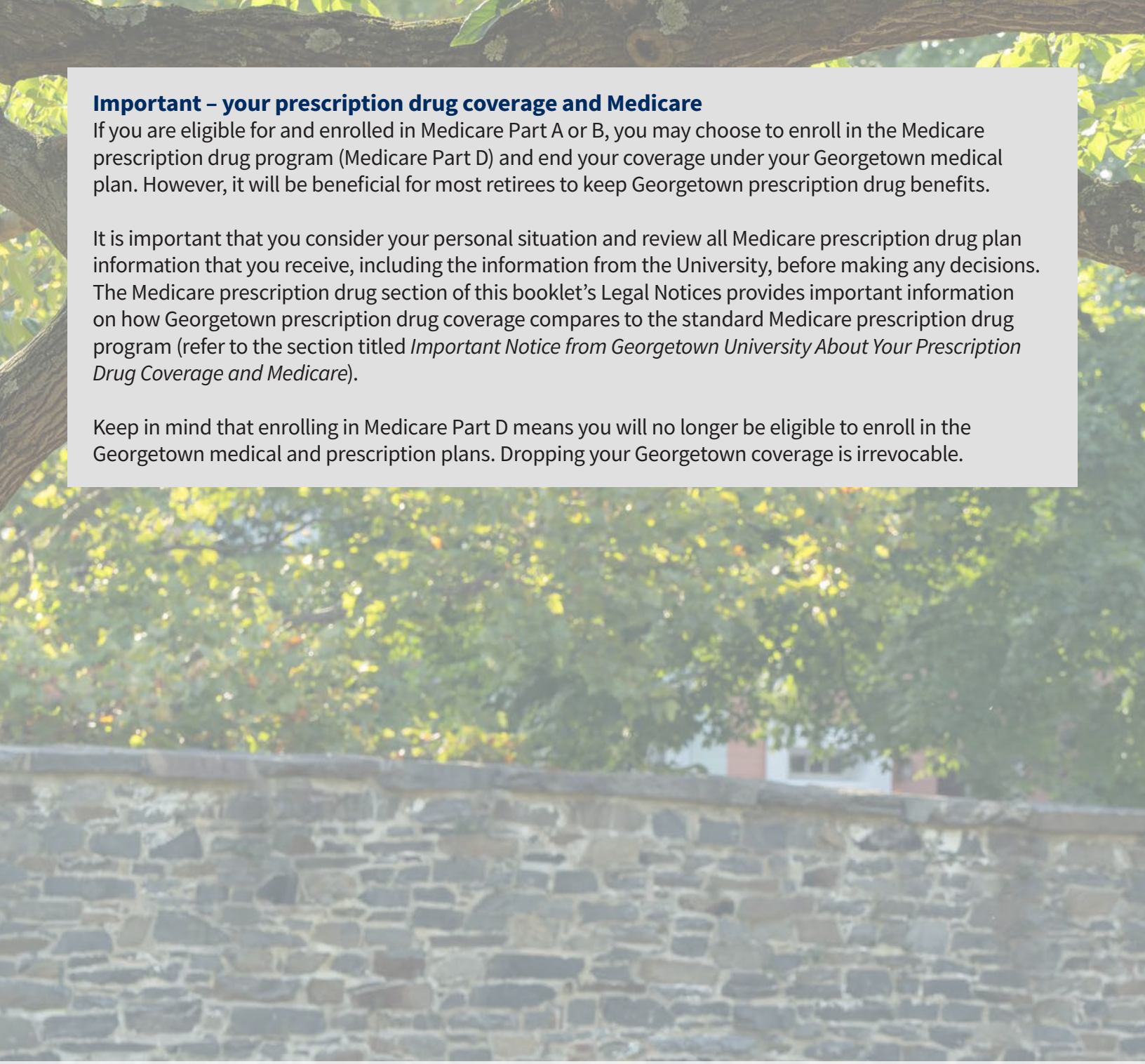
Keep Your Plan Informed of Address Changes

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.



Contacts

AleraEdge Benefits Center		
• Retiree billing (PremiumPay) • Benefits enrollment (AleraGray)	aleraedge.aleragroup.com GUBenefits@aleragroup.com	1-800-836-0026 (ext. 7300)
Department of Human Resources		
Benefits help	benefitshelp@georgetown.edu	1-202-687-2500
Georgetown Benefits Website		
• Benefit plan information • Provider directories • Important forms	benefits.georgetown.edu See **Benefits for Retirees**	
Medical		
Kaiser Permanente	my.kp.org/georgetown	1-800-777-7902
Kaiser Permanente HDHP HSA Health Payment Services	kp.org/healthpayment kp@healthaccountservices.com	1-877-761-3399
CareFirst	carefirst.com	1-800-628-8549
HSA, administered by Further	member.carefirst.com/mos/#/login CareFirstSolutions@HelloFurther.com	1-866-758-6119
UnitedHealthcare Medical (<Age 65)	myuhc.com	1-888-332-8885
CVS Caremark Prescription Drugs (<Age 65 CareFirst and UnitedHealthcare members)	caremark.com	1-844-256-0030
UnitedHealthcare Medical (= >Age 65)	myuhc.com	1-888-332-8885
UnitedHealthcare MedicareRx for Groups (PDP) (= >Age 65)	uhcretiree.com	1-888-556-6648
OptumRx Mail Order (= >Age 65)		1-877-889-6358
Via Benefits (= >Age 65)	my.viabenefits.com/georgetown	1-855-835-3863
Health Advocate		
Clinical and administrative support, including billing and claim issues	HealthAdvocate.com/georgetown answers@HealthAdvocate.com	1-866-695-8622
Dental		
UnitedHealthcare	myuhc.com	1-877-816-3596
Retirement		
Fidelity Investments	netbenefits.com/georgetown	1-800-343-0860
TIAA	tiaa.org/georgetown	1-800-842-2252
Vanguard	ownyourfuture.vanguard.com/content/en/ekit/georgetown-university/index.html	1-800-523-1188 Hit ✱ then **0** for an associate
Vision Care Discount Program		
EyeMed Select (Plan # **9244500**)	eyemed.com	1-866-723-0391
Amplifon hearing discounts	eyemed.com/en-us/member/benefits/hearing	1-877-203-0675
GUAdvantage		
Use **GUSAVES** code	guadvantage.savings.beneplace.com	



Important – your prescription drug coverage and Medicare

If you are eligible for and enrolled in Medicare Part A or B, you may choose to enroll in the Medicare prescription drug program (Medicare Part D) and end your coverage under your Georgetown medical plan. However, it will be beneficial for most retirees to keep Georgetown prescription drug benefits.

It is important that you consider your personal situation and review all Medicare prescription drug plan information that you receive, including the information from the University, before making any decisions. The Medicare prescription drug section of this booklet's Legal Notices provides important information on how Georgetown prescription drug coverage compares to the standard Medicare prescription drug program (refer to the section titled *Important Notice from Georgetown University About Your Prescription Drug Coverage and Medicare*).

Keep in mind that enrolling in Medicare Part D means you will no longer be eligible to enroll in the Georgetown medical and prescription plans. Dropping your Georgetown coverage is irrevocable.

Georgetown reserves the right to modify, terminate or amend its plans/provisions, or any part thereof, at its discretion at any time or for any reason. Details of the benefits or the limitations and exclusions of the plans are contained in the official plan documents and agreements between the insurance companies and Georgetown University. It is these documents that legally govern the operation of the plans and which will control in the event of any omission or other differences arising elsewhere. Copies of the summary plan description (SPD) for each plan can be found at **benefits.georgetown.edu** (see **Benefits for Retirees**) or can be obtained by contacting the Department of Human Resources at 1-202-687-2500.