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BENEFITS GUIDE

~ For Faculty & Staff ~



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

TABLE OF CONTENTS

HR CARES

HR CARES for the employees and retirees of Georgetown University through culture, accessibility, respect, engagement and service. To learn more visit hr.georgetown.edu.

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HR/Benefits Service Center

Monday – Friday, 8:30 a.m. – 5:00 p.m.

1-202-687-2500

benefitshelp@georgetown.edu

Schedule an appointment

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

Important information about Medicare prescription drug coverage

If you or your dependents have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage — see pages 40-41.

Every effort is made to ensure this guide contains the most current information available. See the publication date on the back cover, and keep in mind a more current version may be available on the benefits website at **benefits.georgetown.edu**.

Benefits at a Glance

Medical

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

Dental

- Delta Dental Standard PPO
- Delta Dental Enhanced PPO
- Aetna DMO

Vision

- EyeMed Vision Care Select

Flexible Spending Accounts (FSAs)

- Health Care
- Dependent Care

Life and Accidental Death & Dismemberment (AD&D)

- Supplemental Life
- Child Life
- Spouse Life
- Voluntary AD&D

Voluntary Benefits

- Critical Illness
- Hospital Indemnity
- Accident
- Legal
- Legal Plus Parents
- Pet Insurance
- Auto, Home and Renter's
- Identity and Fraud Protection
- Identity and Fraud Protection Plus

Other Benefits

- Health Advocate
- One Medical Membership
- Amplifon Hearing Discounts
- GUWellness
- GUAdvantage Discounts
- Capital Bikeshare
- Bright Horizons Back-Up Care and Enhanced Family Support
- Calm Premium Subscription
- Faculty and Staff Assistance Program
- Journey Employee Assistance Program
- Short Term Disability
- Paid Parental Leave
- Long Term Disability
- Basic Life and AD&D
- Business Travel Accident
- Tuition Assistance Program
- Retirement Benefits

INTRODUCTION

Welcome to Georgetown!

We're so glad you're part of our community. Your work helps advance our mission of research, teaching, and service — and makes a real difference every day.

At Georgetown, we live out *Cura Personalis* — “Care for the Whole Person.” It's what guides us as a university and as an employer. Whether you're focusing on your health, planning for retirement, caring for loved ones, or continuing your education, Human Resources is here to help you at every step.

Beyond our core benefits, be sure to check out **GUWellness: Mind, Body, Soul** for retreats, workshops, and community challenges, and **GUAdvantage** for discounts on travel, fitness, and everyday purchases — as well as voluntary benefits like auto, home, and pet insurance.



We know that understanding your benefits can sometimes feel overwhelming, but you don't have to figure it out alone. Our team is here to make things clear and easy, so you can make the best choices for yourself and your family.

Thank you for all that you do for Georgetown. It's our privilege to support your well-being and help you thrive. Explore this guide and visit benefits.georgetown.edu to get more information or schedule an appointment with our team.

Be well,

A handwritten signature in black ink, appearing to read "Charles DeSantis". The signature is fluid and cursive, with a large initial "C" and "D".

Charles DeSantis
Associate Vice President and Chief Benefits Officer



ENROLLING IN BENEFITS

Benefits and eligibility

Your employment category determines the benefits available to you. Visit benefits.georgetown.edu/staff/enrolling.

Eligible dependents

Most plans let you cover eligible dependents. If you are covered under a plan, you may also elect coverage for your legal spouse or legally domiciled adult (LDA) and eligible dependent children. Find out if your dependents are eligible for benefits at benefits.georgetown.edu/eligibility.



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

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



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

Plan	Age limits for enrolled dependent children*
Medical**	
Kaiser Signature (HMO and HDHP)	– Up to the end of the month they turn 26
CareFirst BlueChoice Advantage (POS and 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)
Dental	
Delta Dental (Standard PPO and Enhanced PPO)	– Up to the end of the month they turn 19 (or 30 if a full-time student)
Aetna DMO	– Up to the end of the month they turn 19 (or 30 if a full-time student)
Vision	
EyeMed Vision Care Select	– Up to the end of the month they turn 19 (or 25 if a full-time student)
Child life	
MetLife	– From 15 days of age until age 23 – Until age 25 if a full-time student – Excludes children for whom the employee is the legal guardian
Voluntary insurance	
MetLife Accident, Critical Illness, Hospital Indemnity insurance	– Up to the end of the month they turn 26

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

**The Affordable Care Act mandates coverage for certain married and unmarried dependent children to age 26.

ENROLLING IN BENEFITS

New employees

Newly hired benefits-eligible faculty and administrative staff are encouraged to attend a Benefits Orientation to learn more about Georgetown University benefits and how to enroll.

Staff employees will automatically receive an invitation to register for New Employee Orientation and Benefits Orientation. You can view the Benefits Orientation schedule and find more new hire resources at hr.georgetown.edu/new-employee-orientation.

Enrollment in the following benefits is *not* automatic: medical*, dental, vision, flexible spending accounts, health savings account, supplemental life/AD&D insurance and other voluntary benefits.

Enroll promptly to have access to your benefits as soon as they take effect. Plan ID cards are usually sent within two to three weeks of enrollment; however, you can seek care before having them. Just call your insurance company, register on their website or download their app (see page 54).

Making benefit elections

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

- In your GMS inbox, select the option to enroll in benefits. Select **Benefit Elections**.
- Elect or waive coverage for each option and select **Continue** when you are sure your selections are accurate.
- Enter the date of birth, Social Security number and address of each of your dependents and/or beneficiaries. You also need to submit copies of eligibility verification documentation for each dependent, such as birth or marriage certificates.
- Submit your elections after reviewing each page for completion.

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

Continuing coverage

If you have insurance continuing beyond the effective date of your Georgetown coverage, you may waive the Georgetown plans and keep your current medical, dental and/or vision coverage. When your non-Georgetown coverage ends, you may enroll in Georgetown plans through a qualifying event. This lets you keep continuous coverage without paying premiums on overlapping coverage. To enroll via a qualifying event, you need to upload supporting documentation in GMS within 30 days of the event to verify your loss of other coverage. You can also enroll and change plans during Open Enrollment.

New hire enrollment rules

Enrollment period: As a new employee, you have 30 days from your hire date to enroll in benefits through the Georgetown Management System (GMS).

Insurance coverage effective dates

Medical, Dental, Vision, Flexible Spending Account, Supplemental Life/AD&D, and Other Voluntary Benefits: Coverage becomes effective on the first of the month following or coinciding with your hire date. If you are hired on the first day of a month, your coverage begins on that date.

Life Insurance: If you or your spouse are required to submit an online Statement of Health form (see page 24), coverage exceeding the allowed amount becomes effective when MetLife approves insurability.



If you don't enroll for coverage when you're first eligible, you must wait until the next Open Enrollment period unless otherwise specified in the *Making Changes During the Year* or the *HIPAA Special Enrollment Rights* sections. Attending a Benefits Orientation session does not automatically enroll you in any benefits.

Basic Life, Basic AD&D, Business Travel Accident, Short Term Disability/Salary Continuance, Long Term Disability, and Retirement Benefits: You are automatically enrolled in these benefits and they are effective on your hire date. These benefits are not subject to Open Enrollment rules.

Make sure you have a clear understanding of your enrollment period and when your coverage takes effect. Please review the specific benefit details to make informed choices regarding your Georgetown employment package.

Automatic retirement plan benefits

Upon hire, DCRP-eligible employees are automatically enrolled in the Voluntary Contribution Retirement Plan (VCRP). Under the VCRP's automatic enrollment feature, the University deducts 3% of your eligible pay each pay period, deposits that amount as a pre-tax contribution to your VCRP account, and invests that amount in a TIAA LifeCycle Index Fund most appropriate for your age, unless you choose otherwise. You may choose to change the level of your deductions in the VCRP from the automatic deduction amount or stop contributions entirely (see page 26).

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

upwise

Use Upwise to help you make benefit decisions

Upwise is an enhanced digital benefits experience that helps you choose and use your benefits wisely by offering a personalized and comprehensive recommendation.

- 1 Start with an interactive survey** — Upwise explores your health, wellness, finances, and future plans in 10 minutes or less.
- 2 Get your recommendation** — Receive a tailored recommendation including many of the benefits Georgetown University offers, not just medical insurance.
- 3 Enroll with confidence** — Choose the benefits that best fit your family's specific needs and preferences.

Then get timely reminders to help maximize the value of your benefits throughout the year. Learn more at benefits.georgetown.edu/upwise.



Making changes during the year

Generally, Open Enrollment is the only time you can change your benefit plan elections. However, after a qualifying event, you have 30 calendar days from the event date to log in to GMS, request changes to your elections and upload supporting documents. Qualifying events do not allow you to switch to a different medical or dental plan. You must remain in the same plan for the year unless you move outside of the Washington, D.C. metropolitan area if you're enrolled in a Kaiser Permanente medical plan and/or the Aetna DMO plan. Go to the Qualifying Events Matrix at benefits.georgetown.edu/benefitschanges for more information.

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

Open Enrollment

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

You need to take action during Open Enrollment to:

- Enroll in or change your medical, dental, vision, supplemental life, dependent life, AD&D and/or voluntary coverage
- Enroll a dependent or drop their coverage
- Enroll (or re-enroll) in a flexible spending account (health care and/or dependent care) or a health savings account



Medical insurance options

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

Kaiser Permanente Signature HMO Plan

An **integrated health maintenance organization (HMO)** plan providing coordinated care through Kaiser's network of physicians and facilities in the greater DC metropolitan area.

Kaiser Permanente Signature HDHP 3 with HSA

A **high-deductible health plan (HDHP)** that offers the same Kaiser network and coordinated care model, plus the ability to save pre-tax dollars in a Health Savings Account (HSA).

CareFirst BlueChoice Advantage POS Plan

A **point of service (POS)** plan that uses the BlueChoice Advantage network and combines the flexibility of a PPO with the coordinated care features of an HMO. Care is available both in the Washington, DC area and nationwide through the Blue Cross Blue Shield network.

CareFirst BlueChoice Advantage CDHP with BlueFund HSA

A **consumer directed health plan (CDHP)** offering lower premiums and tax-advantaged savings through the BlueFund Health Savings Account (HSA). This plan uses the same BlueChoice Advantage network as the POS plan, providing access to care both in the Washington, DC area and nationwide through the Blue Cross Blue Shield network.

UnitedHealthcare Choice Plus PPO Plan

A **preferred provider organization (PPO)** plan with both in-network and out-of-network coverage through UnitedHealthcare's national network.

Georgetown University contributes to medical insurance premiums based on your salary. The University's contribution is calculated on a sliding scale, with the greatest contribution for those earning up to \$82,500/year (see pages 51-52).

Key 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.

Out-of-pocket limit

What's the most I'll pay out of pocket this year?

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

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

Health savings account

Can I 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, change jobs or retire. This account also lets you:

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

The Internal Revenue Service limits how much you can contribute to an HSA each year. 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 2026.
- You don't have a remaining (unspent) 2025 health care FSA balance as of January 1, 2026.
- 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

Medical coverage comparison

The following table provides a quick comparison of the medical benefits under each 2026 medical plan. 1199SEIU members should go to benefits.georgetown.edu for more details regarding their Kaiser HMO medical benefits.

	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	\$1,700	\$250	\$1,000	\$2,000	\$3,000	\$500	\$1,000
Family		\$3,400	\$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.
Specialist 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 Surgeon							25% after ded.	
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.
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.

Medical coverage comparison

The following table provides a quick comparison of the prescription drug benefits under each 2026 medical plan. 1199SEIU members should go to benefits.georgetown.edu for more details regarding their Kaiser HMO pharmacy benefits.

	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 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 CVS retail pharmacies, 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.

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

Kaiser Signature HMO 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.



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

myhealth.kaiserpermanente.org/georgetown/getting-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.

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 date you move to change your medical plan. Contact the benefits service team at benefitshelp@georgetown.edu.**



Both Kaiser Permanente medical plans are only available to those living in the Washington, D.C. metropolitan area.

Care outside the service area

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

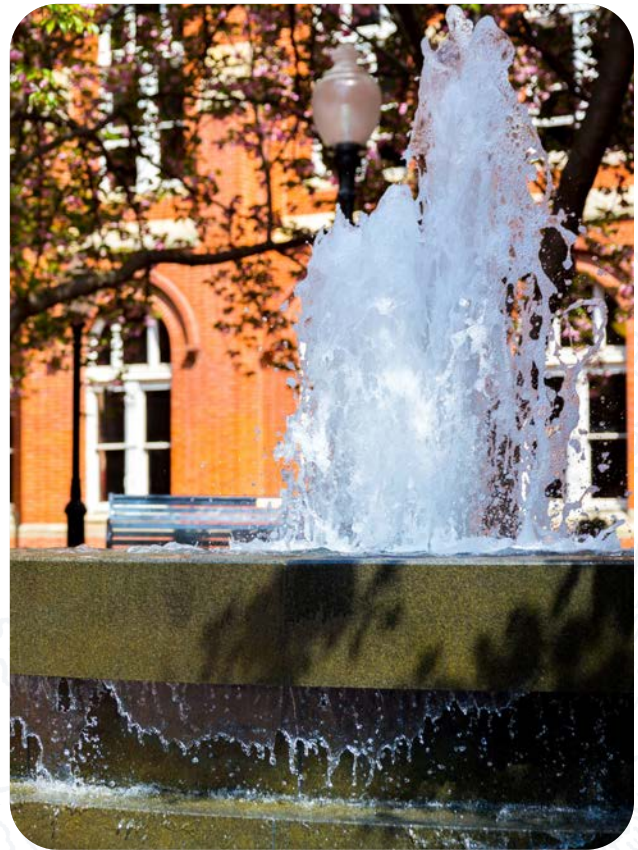
- Providers and facilities within Cigna's PPO network
- MinuteClinics®, including pharmacies
- Concentra clinics

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



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

Enrollment in the Kaiser HDHP does not mean that you are enrolled in a Kaiser HSA. You must select the Kaiser HSA when making your benefit elections in GMS. You'll also receive a communication from Kaiser Permanente prompting you to complete your HSA set up. Once that is completed, you'll be able to contribute and receive Georgetown's contributions to your HSA.

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

Elect to have an HSA each year in GMS

After your initial enrollment, you must re-enroll in the Kaiser HSA each year during Open Enrollment and specify your annual election. If you don't plan to contribute to your Kaiser HSA but would like to receive Georgetown's contributions, you still need to enroll and set your annual contribution to \$0 in GMS.

Contribute up to the IRS limit

In 2026, you can contribute pre-tax up to:

\$4,400 individual coverage

\$8,750 family coverage

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

Pay current eligible expenses

Use your HSA debit card to pay eligible medical, prescription drug, dental and vision expenses — find 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, change jobs or retire. 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)

carefirst.com/georgetown

1-866-758-6119

BlueCard PPO

(outside Washington, D.C. metro area)

provider.bcbs.com

1-800-810-BLUE (2583)

CVS Caremark

(prescription carrier)

caremark.com

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.

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

When you initially enroll in the CareFirst CDHP you will be required to elect the CareFirst BlueFund HSA and specify your annual contribution amount. You may choose to contribute \$0 or up to the IRS limit. Keep in mind that Georgetown University does not contribute to your BlueFund HSA.

Elect to have an HSA each year in GMS

After your initial enrollment, you must re-enroll in the CareFirst HSA each year during Open Enrollment and specify your annual election.

Contribute up to the IRS limit

In 2026, you can contribute pre-tax up to:

\$4,400 individual coverage

\$8,750 family coverage

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

Pay current eligible expenses

Use your HSA debit card to pay eligible medical, prescription drug, dental and vision expenses — find 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, change jobs or retire. 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)

myuhc.com

1-888-332-8885

CVS Caremark
(prescription carrier)

caremark.com

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.



caremark.com

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



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 three doctor networks — Teladoc, Doctor on Demand, and AmWell.

Schedule preventive care services

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



Health Advocate

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

Georgetown University provides you and your family with FREE Health Advocate services. Health Advocate is not affiliated with any insurance or third-party provider nor do they replace health insurance coverage, provide medical care or recommend treatment.

Health Advocacy

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

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

Medical Bill Saver

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



Normal business hours are Monday – Friday, 8 a.m. – 10 p.m. Eastern Time. Health Advocate is also available after hours and weekends.



One Medical membership

Georgetown University provides you with a free membership to One Medical — a primary care practice that helps you when you're sick or injured, meet your physical and mental health goals, and manage chronic illnesses. One Medical is in network with our medical plans — **with the exception of Kaiser Permanente** — and most major insurance plans. Visits scheduled in advance are billed to your insurance like a standard doctor's visit.



one medical

On-demand 24/7 care — including video chat, prescription renewal requests, messaging providers, and appointment booking — through the One Medical app is cost and claim-free for all eligible faculty, staff and students, including Kaiser Permanente members.

You also have access to Mindset+ to care for your body and mind. Meet with an in-network virtual behavioral health care provider to create a care plan designed around your needs and goals.

Join using your Georgetown University email address and sign up your dependents as well. Go to benefits.georgetown.edu/one-medical for more information.

Delta Dental Preferred Provider Organization (PPO) Plus Premier

deltadentalins.com

1-800-932-0783

Both Georgetown Delta Dental plans provide comprehensive coverage, including network preventive care covered at 100%. Delta Dental offers you the lowest contracted fees and opportunities to save money by visiting network dentists. You can choose from two Delta Dental preferred provider organization (PPO) plans — the Standard PPO plan and the Enhanced PPO plan.

Standard PPO plan

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

Enhanced PPO plan

- Pays up to \$2,000 per member each calendar year.
- Offers a lifetime maximum orthodontia benefit of up to \$2,000 for dependent children up to age 19.
- Diagnostic and preventive services do not count towards your calendar plan maximum.

Aetna Dental Maintenance Organization (DMO)

aetna.com/docfind

1-800-843-3661

- Preventive care is free, and you pay a \$10 copay per visit for most other services at network providers.
- Offers 50% coverage for orthodontia for covered children up to age 19 (some exceptions apply for services started under another plan).
- You don't have to pay a deductible and there's no annual maximum on benefits.

DMO versus PPO

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

Find a network dentist — Delta Dental PPO

Visit deltadentalins.com, click **Find a dentist**, enter your zip code and select **Delta Dental PPO** as your network. You can also call **1-800-932-0783**.

Value each type of provider offers you

Delta Dental PPO network providers	You save the most, receive the greatest discounts and best value.
Delta Dental Premier network providers	You save some money, receive some discounts, providers accept negotiated rate as "payment in full," and you don't need to file paperwork.
Non-Delta Dental network providers	You receive some reimbursement, subject to balance billing.

Find a network dentist — Aetna DMO

Visit aetna.com/docfind or call **1-800-843-3661**. If you enroll in the Aetna DMO, you need to choose a dentist for yourself and your dependents. Make the process easier with these tips:

- 1 Call the dentist you're thinking of choosing.
- 2 Confirm they're in the Aetna DMO network and will remain in the network for the plan year.
- 3 Verify they're accepting new patients.

Compare the dental plans

Use this table to compare key features of the 2026 dental plans.*

	Delta Dental Standard PPO			Delta Dental Enhanced PPO			Aetna DMO
	PPO network**	Out of PPO network		PPO network**	Out of PPO network		Network
		Premier network**	Non-network**		Premier network**	Non-network**	
Plan maximums (per person)							
Calendar year	\$1,000	\$1,000	\$1,000	\$2,000***	\$2,000***	\$2,000***	None
Orthodontia lifetime	N/A	N/A	N/A	\$2,000	\$2,000	\$2,000	
Annual deductible (ded.)							
	You pay	You pay	You pay	You pay	You pay	You pay	You pay
Individual only	\$50	\$50	\$50	\$50	\$50	\$50	None
Family	\$100	\$100	\$100	\$100	\$100	\$100	
Diagnostic & preventive services							
Exams, cleanings, x-rays, sealants	No charge	20%, no ded.	20%, no ded.	No charge	No charge	No charge up to the allowable amt., no ded.	No charge
Basic services							
Fillings, simple extractions, non-surgical gum treatment	20% after ded.	20% after ded.	20% after ded.	10% after ded.	20% after ded.	20% after ded.	\$10 copay
Major services							
Crowns, inlays, onlays, cast restorations, bridges, dentures, implants****, surgical gum treatment	40% after ded.	50% after ded.	50% after ded.	40% after ded.	50% after ded.	50% after ded.	\$10 copay
Orthodontic services							
Children only (up to age 19)	Not covered	Not covered	Not covered	25%, no ded.	25%, no ded.	25%, no ded.	50%

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

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

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

*** Diagnostic and preventive services do not count towards your calendar plan maximum.

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

Non-Delta Dental dentists balance bill you

This means that dentists who do not participate in the Delta Dental network will bill you for the difference between what your Delta Dental plan pays and the usual fee they charge. You may also need to pay non-Delta Dental dentists out-of-pocket and later submit a reimbursement claim to Delta Dental. For the Aetna DMO, there is no coverage for out-of-network dentists.

EyeMed Vision Care Select plan

eyemed.com	1-866-723-0514 (members)
	1-866-299-1358 (non-members)

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

- 100% covered annual eye exams at in-network providers.
- \$130 for new frames every 24 months.
- \$180 for new frames at **PLUS providers** every 24 months.

See the chart on the next page for more details.

Find a provider

Use **eyemed.com** to find an eye doctor within the EyeMed Select network. You can also use the following participating online providers:

- **glasses.com**
- **targetoptical.com**
- **contactsdirect.com**
- **ray-ban.com**
- **lenscrafters.com**
- **oakley.com**

EyeSiteOnWellness.com

Visit to learn about vision health, including tips on eye care by age, nutrition and different eye conditions.

EyeMed vision plan perks

Special offers — Access the latest discounts and extra savings at eyemed.com/en-us/member/benefits or download the EyeMed app, log in and select **Special Offers**.

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

Vision benefits through GU-sponsored medical plans

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

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

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

VISION

Vision plan summary

Use this table to view the EyeMed Select vision plan's coverage for 2026.

EyeMed Select vision plan		
	Network	Non-network
	You pay	Plan allowance
Exam (with dilation as necessary) – once every 12 months		
Exam	\$0 copay	Up to \$35
Retinal imaging benefit	Up to \$39	None
Contact lens visits		
Standard contact lens fit and follow up	Up to \$40; then plan pays 100%	None
Premium contact lens fit and follow up	90% of retail price	None
Lenses (glasses or contacts) – once every 12 months		
Standard plastic lenses		
Single vision/bifocal/trifocal	\$15 copay	Up to \$25/\$40/\$55
Lens options		
Standard anti-reflective coating/UV treatment	\$10 copay	Up to \$5
Tint (solid and gradient)/standard plastic scratch coating/standard polycarbonate for adults and kids under age 19	\$0 copay	Up to \$5
Contact lenses (material only)		
Conventional	85% of balance over \$130	Up to \$104
Disposable	100% of balance over \$130	Up to \$104
Medically necessary	No charge	Up to \$200
Frames – once every 24 months		
Provider's available frames	80% of balance over \$130 80% of balance over \$180 at PLUS providers	Up to \$65
Discounts		
	Plan allowance	Plan allowance
LASIK (or PRK) surgery	15% discount on retail or 5% off promotional price from U.S. Laser Network (eyemedlasik.com)	None
Additional discounts	20% discount on items not covered by the plan; 40% discount on complete pair of eyeglasses; Hearing discount program (see below)	None

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

Amplifon hearing discounts*

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

40% off

hearing exams at thousands of convenient locations nationwide

60-day trial period

for hearing aids without restocking fees

Discounts

on thousands of hearing aids

Free batteries

for 2 years with initial purchase

Low price guarantee

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

3-year warranty

plus loss and damage coverage

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 only discounts for its members.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts

optumfinancial.com

1-877-292-4040

Optum

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



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

The health care FSA and dependent care FSA are two distinct accounts, and you can't transfer money between them. Get to know how you can use each one in the chart below.

	Health care FSA	Dependent care FSA*
Advantages	- Pay for eligible, out-of-pocket expenses with pre-tax dollars - Reduce your taxable income - Increase your take home pay	
What's covered	Health-related expenses that are not covered by your medical, dental or vision plan	Dependent care expenses that allow you (and your legal spouse) to work
Examples of eligible expenses	- Deductibles, copays and coinsurance - Over-the-counter medications - Menstrual care products	- Child day care for children under age 13 - Adult dependent day care - Dependent day care centers - Preschool expenses - Housekeeping services in your home for your child or other qualifying individual
Restrictions	Medical expenses that are not deductible under IRS Section 213 may not be reimbursed	- Expenses reimbursed under this plan may not be claimed as a federal tax credit on your tax return This account is NOT used for dependent health care (medical, prescription drug, dental or vision) expenses
Maximum annual election	\$3,400 per person	\$7,500 per household (\$3,750 if you and your spouse file separate tax returns)*
Access to funds	As soon as coverage starts	As funds accrue
IRS regulations	Publication 502: irs.gov/pub/irs-pdf/p502.pdf	Publication 503: irs.gov/pub/irs-pdf/p503.pdf

* If you are enrolled in the Dependent Care FSA and are considered "highly compensated" by the Internal Revenue Service (see the IRS website for details), and the plan is found to "discriminate" against non-highly compensated employees, Georgetown University will reduce contributions made by you to a level that enables compliance with the IRC. If you had a salary of \$155,000 or more in 2025, the maximum annual amount you can contribute to the dependent care FSA is \$3,600. See benefits.georgetown.edu/flexspendacct for more details.

FSA grace period

Although FSA funds not used by December 31 are usually lost, you have a grace period. This means if you have unspent 2026 FSA money on December 31, 2026, you can use it on eligible expenses you incur through March 15, 2027. You have until April 30, 2027 to submit those claims to Optum Financial for reimbursement.

Contributing to your FSAs

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

Email benefitshelp@georgetown.edu to see if you meet the IRS mid-year change requirements if you want to change your FSA contribution outside of Open Enrollment.

FLEXIBLE SPENDING ACCOUNTS

optumfinancial.com

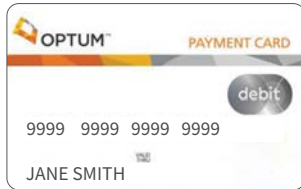
Track your FSA balances, pending and completed reimbursements, view account statements and much more.

To get answers to frequently asked questions, go to optum.com/financial-services/flexible-spending-accounts.html.

How to pay with a health care FSA

You have two options to pay for health care expenses:

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



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

TIP

Set up direct deposit online for faster reimbursements.

The Optum Store

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

Eligible expenses and savings calculator

- Find examples of eligible FSA expenses at now.optum.com/qualified-expenses.
- See how much you can save on eligible health and dependent care expenses using the FSA Savings Calculator at cdn.optum.com/fsa.

Using your health care FSA

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

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

How to pay with a dependent care FSA

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

Tax Considerations for Employer-Provided Dependent Care Benefits

The Internal Revenue Code (IRC) limits the amount of employer-provided child care benefits you receive annually that may be excluded from your taxable income to \$7,500. Any excess child care benefits above this dollar limit must be reported to you as taxable income and subject to applicable payroll tax withholding. At Georgetown, these employer-provided child care benefits include the Dependent Care Flexible Spending Account, Hoya Kids Scholarship Awards, and **Bright Horizons Back-Up Care** benefits. The IRS website contains additional details about **Child and Dependent Care expenses**.

DISABILITY AND LEAVES

Short Term Disability (STD) All Staff

mybenefits.metlife.com **1-877-638-8262**

STD benefits replace up to 100% of your income if you become unable to work due to an injury, illness, or other medical scenario, such as scheduled surgeries or childbirth. Depending on the type of claim, STD paid benefits can last up to 90 days. STD is administered by MetLife.

You must complete an unpaid waiting period of 5 workdays before the start of your STD paid benefit. During this unpaid waiting period, you need to use PTO, unpaid leave or sick leave for days that aren't Georgetown University holidays or weekends.

Example: having a baby

Birth claims are approved for 8 weeks

**First week
unpaid**

You must use PTO, unpaid leave or sick leave.

**Remaining 7 weeks
paid**

Covered at 100% under the STD plan.

If additional recovery time is required

If remaining on leave is deemed medically necessary by your healthcare provider, contact MetLife to request an extension of benefits. Approval will be based on medical documentation provided.

Salary Continuance Faculty

mybenefits.metlife.com **1-877-638-8262**

Salary Continuance benefits replace up to 100% of your income if you become unable to work due to an injury, illness, or other medical scenario, such as scheduled surgeries or childbirth. There is no waiting period, and you're covered under the plan on the first day of work.

Salary Continuance is administered by MetLife. You are expected to return to work after your disability period ends. If you exhaust the disability leave period and your physician determines that you are unable to return to work due to disability, you may elect to file for LTD benefits.

Filing a claim?

Register for an account and file your disability claims at **mybenefits.metlife.com** or call **1-877-638-8262** (Policy #123529). For instructions on how to apply for benefits, visit **benefits.georgetown.edu/disability**.



DC Paid Family Leave (DC PFL) Employees working 50%+ in DC

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

The District of Columbia's PFL provides paid time off for qualifying reasons, such as medical leave for a serious health condition, leave to care for a family member's serious health condition or parental leave. DC PFL is administered by DC's Department of Employment Services. Georgetown University's leave policies run concurrently with DC PFL whenever possible. DC PFL benefit payments are based on a percentage of your average weekly wage up to \$1,190 per week (see page 46).

If you're eligible for paid leave benefits through Georgetown's STD plan and DC PFL, your benefits will coordinate so you receive 100% of your salary from a combination of both sources. If you are eligible for DC PFL, Georgetown will reduce your benefit payment by the DC PFL paid benefit you're eligible to receive.

Paid Parental Leave (PPL) Fellows/AAP/Staff/1199SEIU

mybenefits.metlife.com **1-877-638-8262**

If you're having a child, adopting or welcoming one for foster care or legal guardianship, you can receive up to 8 weeks of PPL if you're a benefits-eligible employee, Postdoctoral or Law Center Fellow with at least one year of completed service at the time of your child's birth or placement with you. Request PPL through MetLife.

Georgetown University PPL paid benefits coordinate with DC (or other state) Paid Family Leave benefits to pay 100% of your salary.

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

mybenefits.metlife.com **1-877-638-8262**

LTD benefits begin after you've been unable to work due to an injury or illness, exhausted your STD and satisfied the required waiting period. See chart below.

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

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

Basic Life/AD&D insurance

You're automatically enrolled in:

- MetLife Basic Term Life insurance in the amount of \$50,000.
- MetLife Basic Accidental Death & Dismemberment (AD&D) insurance of up to \$50,000.

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

Supplemental Life and AD&D

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

Will Preparation and Estate Resolution Services (ERS)*

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

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

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



Insurance calculator

Find out how much coverage you need using the **insurance calculator**.

Business Travel Accident (BTA)

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

MetLife offers additional insurance programs through GUAdvantage — see page 31.

Keep your beneficiaries updated

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

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

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

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

LIFE INSURANCE

Supplemental Life and AD&D insurance options

The following table summarizes the key features of the benefits available under the 2026 supplemental life and AD&D plans.

Plan	Coverage amount*	Monthly cost (per \$1,000 of coverage except for Child Life)	
Supplemental Life			
For you This coverage complements your basic life insurance with additional coverage in the event of your death. Enhanced features include free will preparation services.	0.5 – 8 times your salary (rounded to the next higher multiple of \$1,000) Maximum: \$1 million	Your age as of 1/1/2026	Rate
		Under 25	\$0.05
		25-29	\$0.06
		30-34	\$0.08
		35-39	\$0.09
		40-44	\$0.10
		45-49	\$0.15
		50-54	\$0.23
		55-59	\$0.29
		60-64	\$0.43
		65-69	\$0.84
		70+	\$1.36
Requires a statement of health?			
Yes — if it's Open Enrollment and you are increasing coverage or enrolling for the first time.			
No — if you're a new hire and your total election is \$500,000 or less.			
Yes — if you're a new hire and your total election is more than \$500,000.			
Supplemental AD&D			
For you	\$10,000 – \$1 million (in increments of \$10,000)	\$0.015	
For you & your family This coverage complements your supplemental life coverage in the event of death due to accident or covered disabling injury. It can help replace lost income and lessen the impact of costs associated with serious injuries.	The amount of dependent insurance is based on a percentage of your coverage amount: <u>Legal spouse</u> - 50% of your coverage amount if no children are covered. - 40% of your coverage amount if children are covered. <u>Children</u> - 15% of your coverage amount if no spouse is covered. - 10% of your coverage amount if a spouse is covered.	\$0.025	
Requires a statement of health? No			
Spouse Life			
For your legal spouse You must be enrolled in supplemental life if you wish to enroll in spouse life.	\$10,000 \$30,000 \$50,000 \$100,000 \$150,000 \$200,000 \$250,000 Maximum: You may choose from the options above, up to 50% of your supplemental life amount (rounded down to the closest coverage option) or \$250,000, whichever is less.	Legal spouse's age as of 1/1/2026	Rate
		Under 25	\$0.05
		25-29	\$0.06
		30-34	\$0.08
		35-39	\$0.10
		40-44	\$0.12
		45-49	\$0.17
		50-54	\$0.31
		55-59	\$0.49
		60-64	\$0.87
		65-69	\$1.50
		70+	\$2.37
Requires a statement of health?			
Yes — if it's Open Enrollment and you are increasing coverage or enrolling for the first time.			
No — if you're a new hire and your total election is \$30,000 or less.			
Yes — if you're a new hire and your total election is more than \$30,000.			
Child Life			
For your children from age 15 days to 23 years (or 25 years if a full-time student)	\$5,000 \$10,000	\$0.75 \$1.50 (Regardless of the number of children covered)	

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

TUITION ASSISTANCE PROGRAM (TAP)



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

Your eligibility

To receive TAP benefits, you must be scheduled at least 90% time or 36 hours per week. Your waiting period begins on your eligible hire date. You must meet the required service period on or prior to the last day of the month in which Georgetown University Main Campus undergraduate classes begin.

Your benefits

- Georgetown pays 90% of tuition (you pay 10% plus fees).
- You're eligible in the semester following your completion of **one year** of continuous full-time service in a benefits-eligible position.
- Used for up to six credit hours per semester, though certain exceptions apply.
- Benefits have a lifetime maximum of 120 credit hours (if not already exhausted before July 1, 2020).
- Covers courses taken at Georgetown University.

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

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

Your children's eligibility

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

Your children's benefits at Georgetown

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

Your children's benefits at outside institutions

- Georgetown pays 16.5% of Georgetown tuition (in the semester following your completion of **three years** of continuous full-time service in a benefits-eligible position).
- Georgetown pays 33% of Georgetown tuition (in the semester following your completion of **five years** of continuous full-time service in a benefits-eligible position).
- 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 BENEFITS

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

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

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

When does eligibility begin?

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

Phase one

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

Phase two

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

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

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

Phase three

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

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

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

Exceptions to the waiting period

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

Automatic 403(b) enrollment and escalation features

The changes below apply to all employees eligible for the Defined Contribution Retirement Plan (DCRP).

While these changes occur automatically, they are completely voluntary. You may opt-out or adjust your retirement savings options in GMS at any time.

DCRP automatic enrollment to 3%

Each January 1, all employees who are eligible for the DCRP who are contributing less than 3% of their eligible pay will be automatically enrolled at 3%. This change aims to encourage increased retirement savings and ensure all eligible employees receive the maximum matching contribution from the University.

- If you are in Phase One of the DCRP waiting period and are contributing less than 3% to the VCRP, your contributions will automatically increase to 3% in the VCRP.

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

RETIREMENT BENEFITS

- If you are enrolled in the DCRP and are contributing less than 3%, your contributions will automatically increase to 3%, and you will receive the corresponding contribution from the University.
- If you are enrolled in the DCRP and are already contributing 3%, there will be no change to your DCRP contributions.

VCRP automatic escalation of employee contributions

If you are enrolled in the DCRP and contributing 3%, there will be automatic contribution escalations to the Voluntary Contribution Retirement Plan (VCRP).

- Each January 1, this contribution percentage will increase by 1% annually, until you reach a maximum contribution of 12% in the VCRP.
- If your contribution is a specific dollar amount, it will be converted into a percentage and increased to the nearest whole percentage.
- If you are already contributing the maximum employee contribution amount allowable by the IRS (\$24,500 in 2026 with an additional catch-up contribution of \$8,000 for those 50 and above), there will be no change to your contribution. Employees who are age 50 or older and earned \$145,000 or more in 2025 must make their catch-up contributions (up to \$8,000) as Roth contributions.

This automatic escalation feature will not apply if you are in Phase One of the DCRP waiting period.

Voluntary Contribution Retirement Plan 403(b) (VCRP)

You do not receive contributions to your account from Georgetown University. This plan is funded solely by your contributions. You may contribute up to the annual IRS contribution maximum; this annual maximum includes your combined contributions to both the Voluntary and Defined Contribution Retirement Plans.

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

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

Roth option in the Voluntary Contribution Retirement Plan (VCRP)

A Roth contribution allows you to invest in your retirement on an after-tax basis. Any Roth contributions you make will count toward the annual IRS limit in addition to your pre-tax contributions. The designated Roth option allows:

- Your after-tax Roth contributions to accumulate tax-deferred (like pre-tax contributions to your retirement plan).
- Your qualified distributions to be taken out tax-free (unlike withdrawals from your retirement plan, which are taxed).

Qualified distributions occur at least five years after the year of your first Roth contribution and is made either on or after attainment of age 59½, on account of disability, or on or after death.

457(b) Retirement Plan

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

Additional retirement benefits

Financial counseling

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

Financial wellness webinars and more

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

Retirement Orientation

Second Wednesday of each month

9:30 – 11 a.m.

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

Register for these and other programs in **Learning** in GMS.

WHEN YOU LEAVE GEORGETOWN UNIVERSITY

Terminated or severance employees

As you leave Georgetown University, you may have questions about what happens to your benefits. The following summarizes your eligibility for continued benefits after you leave. The information only applies to you if you were enrolled in the specific plans upon separation. This summary is intended as a high-level summary, please contact the Department of Human Resources for more information.

Medical, dental and vision insurance

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

Life and disability insurance

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

Flexible spending accounts (FSAs)

Coverage ends on the last day of your employment. You can be reimbursed for eligible expenses incurred through your last day of employment. You have until December 31 of the year in which your employment terminates to submit claims. Any unused funds will be forfeited. You may choose to continue your participation in the health care FSA for up to 18 months under COBRA as long as you remit the required payment for the coverage period. The dependent care FSA is not subject to COBRA.

Defined Contribution Retirement Plan (DCRP)

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

Voluntary Contribution Retirement Plan (VCRP)

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

Georgetown University Retirement Plan (GURP)

If you are vested in this plan upon termination, please contact the Department of Human Resources for information regarding your benefits.

Tuition benefits

If you or your dependent(s) are using tuition benefits when your employment terminates, you do not have to repay the benefit if it has already been disbursed.

Retiring faculty & staff

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

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

Exception to Rule of 75

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

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

- Medical coverage through one of the retiree plan options,
- Dental insurance (you must also be enrolled in a Georgetown retiree medical plan),
- Vision care discount program,
- \$5,000 face value of life insurance, and
- Tuition benefits for you or your dependent children.

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

TIAA: 1-800-842-2776

The Vanguard Group: 1-800-523-1188

Fidelity Investments: 1-800-343-0860

Refer to benefits.georgetown.edu/benefitsretirees for more information about the benefits available to you as a retiree.

METLIFE VOLUNTARY BENEFITS

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

MetLife Accident insurance

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

MetLife Critical Illness insurance

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

MetLife Hospital Indemnity insurance

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



MetLife Identity and Fraud Protection powered by Aura

You can enroll in a robust digital security plan to help protect you and your family from financial and identity fraud. Here are your plan options:

- **Protection Plan:** Basic protection for your identity, finances, and two devices per adult member.
- **Protection Plus Plan:** Robust protection for your identity, finances, privacy, and unlimited devices per adult member.

You can choose protection for yourself, or you can choose family coverage. Family coverage allows you to add up to 10 additional adults, no matter where they live, their age, relationship, or whether they are financially dependent on you. You may also add unlimited minors (under 18 years old) to the plan. You must have parental guardianship rights over the minors in order to view their information and alerts.

Contact Aura Customer Support 24/7/365 at **1-844-931-2872**.

MetLife Legal Plans

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

MetLife Legal Plans Plus Parents

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

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



Journey Proactive EAP

Journey's unique employee assistance program (EAP) provides you with free mental health therapy and support, as well as customized well-being resources. You and your dependents have access to a comprehensive range of confidential services, including in-person and virtual therapy options, counseling, coaching, and referral support. Learn more at benefits.georgetown.edu/journey.



Calm App

Calm — the #1 app for sleep, meditation, and relaxation — is available to all eligible Georgetown faculty, staff, and temporary employees at no cost. Full-time employees with Kaiser Permanente can access Calm through their kp.org account. Learn more and subscribe at benefits.georgetown.edu/calm-app.



GUWellness is a well-being initiative for faculty and staff. It offers programs, experiences, resources and opportunities to help build and sustain self-care practices.

- Free premium subscription to the **Calm app**
- Free meditation, **mind-body** and **Qigong classes**
- **Financial wellness** and **retirement planning support**

For more information on these and other programs, visit benefits.georgetown.edu/guwellness.



GUAdvantage discounts through Beneplace

You can find great deals on electronics, entertainment, gym memberships, travel and retail, as well as special offers on auto, home and pet insurance through our GUAdvantage program. Use your Georgetown email and NetID when registering for the site and enter the code **GUSAVES** if prompted. Log on to guadvantage.savings.beneplace.com to learn more and save.

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

Nationwide Pet insurance

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

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

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

Farmers Auto, Home and Renter's insurance

Your auto, home, renter's and other policies can be renewed at any time during the year. Protect yourself and your belongings with a policy for your auto, home, renter's, boat, recreational vehicle, condo and more. You can pay your premiums through payroll deductions. Contact **1-855-516-0890** for more information.

Farmers Insurance Choice

Compare insurance quotes and choose the policies that are right for you. Receive additional savings with good driver rewards and for bundling multiple policies. Call **1-866-383-8897** and mention discount code **BLF** or visit Farmersinsurancechoice.com/georgetown to get your free, no-obligation quotes.

GUAdvantage
savings & discount program

guadvantage.savings.beneplace.com



Go



Capital Bikeshare

Capital Bikeshare is a point-to-point bike sharing system in Washington, D.C. Users can pick up a bike at one docking station and park it at another, making it a great option for getting to Georgetown University. Faculty and staff can sign-up for a Capital Bikeshare Annual Membership at a discounted rate of \$25 (a \$95 value) which includes benefits such as unlimited 45-minute rides. Learn more at benefits.georgetown.edu/guadvantage.

Bright Horizons Back-Up Care

Benefits-eligible staff have access to back-up child, adult and elder care through Bright Horizons. This benefit will provide seven days of care each year when:

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

The cost for care is as follows:

- \$15 for one child per day at a care center.
- \$25 for multiple children per day at a care center.
- \$6 per hour for in-home care (minimum of 4 hours).



Register and reserve Back-Up Care

Go to clients.brighthorizons.com/georgetown and register using your nine-digit GUID (found on your GOCard).



Bright Horizons Enhanced Family Support

Life gets busy. You've got help.

You have so much on your plate. Your GU-subsidized Bright Horizons benefits provide support — including options for child and senior care, educational activities and tutoring, and more. Sign up to unlock your full network of exclusive savings and discounts today.

Here's how Bright Horizons can help once you register at clients.brighthorizons.com/georgetown:

- Free premium membership to Sittercity, a national network of sitters, nannies, pet sitters, housekeepers, and senior care companions.
- Help finding a full-time or on-call nanny with our local, personalized placement service.
- Discounted access to a network of education and care support: tutoring, help at home, adult and elder care, and more.
- Complimentary toolkit to help you prepare for parental leave and transition back to work.

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



A Bright Horizons company

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



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

Tax Considerations for Employer-Provided Dependent Care Benefits

The Internal Revenue Code (IRC) limits the amount of employer-provided child care benefits you receive annually that may be excluded from your taxable income to \$7,500. Any excess child care benefits above this dollar limit must be reported to you as taxable income and subject to applicable payroll tax withholding. At Georgetown, these employer-provided child care benefits include the Dependent Care Flexible Spending Account, Hoya Kids Scholarship Awards, and **Bright Horizons Back-Up Care** benefits. The IRS website contains additional details about **Child and Dependent Care expenses**.

Summary of Benefits and Coverage (SBC)

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

Notice of privacy practices

Effective September 23, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, contact the Georgetown University Privacy Official at Georgetown University, 2115 Wisconsin Avenue, N.W., Suite 601, Washington, D.C. 20007, call **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 health care plans offered by the University that are fully insured.

Our obligations

We are required by law to:

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

How we may use and disclose health information

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

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

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

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

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

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

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

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

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

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

Special Circumstances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Your rights

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

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

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

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

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

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

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

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

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

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

Primary Care Physicians (PCPs) and OB/GYN care

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

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

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

Women's Health and Cancer Rights Act

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

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

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

Michelle's Law

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

Premium assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. 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@MyAKHIP.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.flmedicaidtplecovery.com/flmedicaidtplecovery.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 Family and Social Services Administration: www.in.gov/fssa/dfr 1-800-403-0864 Member Services: 1-800-457-4584

LEGAL NOTICES

Iowa Medicaid and CHIP (Hawki)	Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid 1-800-338-8366 Hawki: https://hhs.iowa.gov/medicaid/plans-programs/hawki 1-800-257-8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/plans-programs/fee-service/health-insurance-premium-payment-program 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 KIHIPPPROGRAM@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 HHSHIPPPProgram@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://dhcnp.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/agencies/dhs/resources/chip 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, 2025, 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**

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**.

HIPAA special enrollment rights

If you are declining enrollment for yourself or your eligible dependents (including your legal spouse/LDA) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

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

If you decline enrollment for yourself or for an eligible dependent (including your legal spouse/LDA) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. If you or your dependents (including your legal spouse/LDA) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program or after your or your dependents’ determination of eligibility for such state premium assistance, whichever is applicable.

For more information on making changes during the year, refer to the Qualifying Events Matrix at benefits.georgetown.edu/enrolling/benefitschanges or contact the Department of Human Resources at **1-202-687-2500** or benefitshelp@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 coverage pays and is therefore considered Creditable Coverage. If your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Read this notice carefully — it explains your options.

When can you join a Medicare drug plan?

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

What happens to your current coverage if you decide to join a Medicare drug plan?

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

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

When will you pay a higher premium (penalty) to join a Medicare drug plan?

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

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

LEGAL NOTICES

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

For more information about your options under Medicare prescription drug coverage:

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit 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, 2025
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

Summary Annual Reports (SARs)

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

Each December 15, you may view copies of the prior plan year's SARs on our website at **benefits.georgetown.edu/legal**. You may not be enrolled in all of the plans that are referenced, so please disregard any reports that do not apply to you. If you require a paper copy of the SARs, you can order them from the Department of Human Resources at **benefitshelp@georgetown.edu** or **1-202-687-2500**.

Summary Plan Description (SPD)

The Georgetown University Welfare and Fringe Benefits Summary Plan Description (SPD) contains important information regarding the benefits provided to you (and if applicable, your family) under the Plan. This document also outlines your rights and responsibilities under the Plan, including claims and appeals procedures. Please note that this document incorporates and/or references any current applicable Certificates of Coverage and/or benefit summaries that you have or will receive from Georgetown University. You can find a copy of the SPD at **benefits.georgetown.edu**. You also have the right to request and obtain at no charge a paper version of the Georgetown University Welfare and Fringe Benefits SPD. To do so, contact the Department of Human Resources at **1-202-687-2500** or **benefitshelp@georgetown.edu**.

Health Insurance Marketplace

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

What is the Health Insurance Marketplace?

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

Can I save money on my health insurance premiums in the Marketplace?

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

Does employer health coverage affect eligibility for premium savings through the Marketplace?

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

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

The Georgetown University health plans offered satisfies the minimum value standard and the costs of the plan is intended to be affordable, based on wages. Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Georgetown University, then you will lose the contribution provided by Georgetown University. Also, Georgetown University's contribution — as well as your contribution to Georgetown-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

Questions?

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

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, you may contact the U.S. Department of Health & Human Services at **1-877-696-6775** or your State Insurance Commissioner. You can find more information specific to your Georgetown University coverage at benefits.georgetown.edu.

Continuing health coverage during a military leave (USERRA rights)

Your right to continue enrollment in the Medical, Dental, and Vision programs during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). You may continue your enrollment during a USERRA leave as long as you continue to make the required contributions. Generally, you may continue your enrollment through the 24-month period beginning on the date on which your USERRA leave begins or through the period ending on the day after the date on you fail to return to a position of employment with the University, as determined in accordance with USERRA, whichever ends earlier. If your USERRA leave is 31 days or longer, you may be required to pay up to 102% of the required contributions. If the USERRA leave is for less than 31 days, your required contributions will remain the same as similarly situated active employees. Note that coverage provided under USERRA will run concurrently with any right to continue coverage under COBRA.

To be eligible for USERRA benefits, you are generally required to give advance notice of your military service to the Department of Human Resources. For more information about continuing coverage under USERRA, contact the Department of Human Resources.

Notice for highly compensated employees with a dependent care FSA

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

Required workplace postings

The University has reviewed and established a list of states that are approved for telework. Go to hr.georgetown.edu/emp-postings to find the state where your workplace is located to view the required postings.

Genetic Information Nondiscrimination Act

Congress passed the Genetic Information Nondiscrimination Act (GINA) establishing a national and uniform standard to protect workers from genetic discrimination. In addition to prohibitions on discrimination in employment practices, GINA prohibits group health insurers and group health plans from adjusting premiums or contributions based on genetic information. Also, GINA amended the HIPAA privacy rules to include genetic information in the definition of protected health information.

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).

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.

Pregnant Workers Fairness Act

Pursuant to Title IX of the Education Amendments of 1972 and the Pregnant Workers Fairness Act (PWFA), Georgetown University is committed to creating an accessible and inclusive environment for pregnant and parenting students, faculty, and staff. For more information on requesting adjustments and accommodations, visit idea.georgetown.edu/ada/pregnancy-accommodations.

Nondiscrimination and accessibility requirements and nondiscrimination statement: discrimination is against the law

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

Georgetown University provides:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dè dè nà ke dyédé gbo: Ɔ jù ké m̃ [Bàsɔ̀-̀wùdù-po-nyò] jù ní, nìí, à wuɖu kà kò dọ po-poò b́éin m̃ gbo kpáa. Ɖá 1-202-687-4798

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

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

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

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

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

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

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

LEGAL NOTICES

Notice to all employees of Georgetown University: 2026 403(b) Universal Availability Notice for Georgetown University Voluntary Contribution Retirement Plan

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

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

Eligibility

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

Enrollment

You may enroll in the Voluntary Plan or discontinue or change your enrollment at any time. For more information, visit benefits.georgetown.edu/retirement/voluntary or call the Department of Human Resources at **1-202-687-2500**.

Contribution and investment elections

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

Investment companies

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

Fidelity Investments
netbenefits.com/georgetown
1-800-343-0860

TIAA
tiaa.org/georgetown
1-800-842-2888

Vanguard
[ownyourfuture.vanguard.com/content/en/ekit/
georgetown-university/index.html](https://ownyourfuture.vanguard.com/content/en/ekit/georgetown-university/index.html)
1-800-523-1188

We look forward to serving you in 2026 and beyond.

Sincerely,



Vivek Kumar
Retirement Benefits Analyst
Department of Human Resources

Notice to employees information on Paid Family Leave in the District of Columbia

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

Covered workers

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

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

Covered events

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

1. Parental leave — receive benefits to bond with a new child for up to 12 weeks in a year;
2. Family leave — receive benefits to care for a family member for up to 12 weeks in a year;
3. Medical leave — receive benefits for your own serious health condition for up to 12 weeks in a year; and
4. Prenatal leave — receive benefits for prenatal medical care for up to 2 weeks in a year.

Maximum leave entitlement

Each kind of leave has its own eligibility rules and its own limit on the length of time you can receive benefits in a year. The maximum amount of leave for any combination of parental, family and medical leave is 12 weeks. However, there is an exception for pregnant women who take prenatal leave. Pregnant women are eligible for 2 weeks of prenatal leave while pregnant and 12 weeks of parental leave after giving birth, for a maximum of 14 weeks.

Applying for benefits

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

Benefit amounts

Paid Family Leave benefits are based on the wages Georgetown University paid to you and reported to the Department of Employment Services. If you believe your wages were reported incorrectly, you have the right to provide proof of your correct wages. The maximum weekly benefit amount is \$1,190.

Employee protection

The Office of Paid Family Leave does not administer any job protections for District workers who take leave from work. However, some job protections may be available under laws and regulations administered by the District's Office of Human Rights (OHR).

Under the Universal Paid Leave Act, the Office of Paid Family Leave is required to provide notice of the following:

1. That retaliation by a covered employer against a covered employee for requesting, applying for, or using paid-leave benefits is prohibited;
2. That an employee who works for a covered employer with under 20 employees shall not be entitled to job protection if he or she decides to take paid leave pursuant to this act; and
3. That employees have a right to file a complaint with OHR if they feel they have been retaliated against for requesting, applying for, or using paid leave.

For more information on OHR and job protections, please visit ohr.dc.gov.

If you have questions

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

Continuation coverage rights under COBRA

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

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

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

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

When is COBRA continuation coverage available?

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

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

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

How is COBRA continuation coverage provided?

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are there other coverage options besides COBRA continuation coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

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

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

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

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

Visit [medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you) for more information.

If you have questions

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

Keep your plan informed of address changes

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



HOLIDAYS AND OTHER BENEFITS

2025-2026 Academic year holiday calendar

July 2025

4 Friday Independence Day

September 2025

1 Monday Labor Day

October 2025

13 Monday Mid-Semester Holiday

November 2025

27 Thursday Thanksgiving Day

28 Friday Day after Thanksgiving

December 2025

24 Wednesday Christmas Eve

25 Thursday Christmas Day

26 Friday Holiday

29 Monday Holiday

30 Tuesday Holiday

31 Wednesday New Year's Eve

January 2026

1 Thursday New Year's Day

19 Monday Dr. Martin Luther King, Jr. Day

February 2026

16 Monday President's Day

April 2026

3 Friday Good Friday

May 2026

25 Monday Memorial Day

June 2026

19 Friday Juneteenth

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

- **Capital Bikeshare:** Discounts are available for new annual memberships.
- **Car Sharing:** Discounts available through Zipcar.
- **Child Care:** Hoya Kids Learning Center is an on-site facility for children from 18 months old to 5 years old. Fees vary by income level; separate facility and policy at GU Law Center. You have additional child care options through your Bright Horizons membership.
- **Faculty and Staff Assistance Program:** Assists you and your family with professional and personal concerns, provided at no cost to you, as well as short term and crisis counseling and coordination of wellness programs, while remaining completely confidential.
- **Holidays:** You are provided with paid holidays.
- **Lactation Room:** Georgetown University provides clean, comfortable spaces designated for nursing mothers to pump. The rooms are available for any GU staff, faculty, or student with a valid GUID.
- **Learning and Development:** In-person and web-based trainings, self-paced courses through LinkedIn Learning, workshops, tools and a variety of other resources to support and enhance your personal and professional growth and well-being.
- **Parking/Transportation:** On-campus and satellite options available, paid for by pre-tax paycheck deductions, price varies by income level and site, free shuttle service to Wisconsin Avenue, Dupont Circle, Arlington, and Law Center, free motorist assistance, pre-tax SmartBenefits.
- **PNC Bank:** Offers on-campus e-branch, ATMs, workplace banking, as well as financial literacy programs.



2026 INSURANCE PREMIUMS

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

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

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

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

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



University contribution strategy for medical

Your cost of the monthly medical premium is calculated based on your salary. There are four salary bands (Band One: up to \$82,500, Band Two: \$82,501-\$137,500, Band Three: \$137,501-\$330,000, Band Four: \$330,001+). Georgetown's contribution is on a sliding scale, with the greatest contribution for those in Band One. Salary bands do not affect 1199SEIU members enrolled in the Kaiser HMO plan.

Employees with legally domiciled adults (LDAs)

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

Monthly Imputed Income Liability*

Medical	
- Kaiser Signature HMO**	\$752.79**
- Kaiser Signature HDHP 3 with HSA	\$631.56
- CareFirst BlueChoice Advantage POS	\$870.17
- CareFirst BlueChoice Advantage CDHP with HSA	\$755.85
- UnitedHealthcare Choice Plus PPO	\$1,079.38
Dental	
- Delta Dental Standard PPO	\$39.76
- Delta Dental Enhanced PPO	\$71.48
- Aetna DMO	\$42.22
Vision	
- EyeMed Vision Care Select	\$5.84

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

** The monthly imputed income liability for 1199SEIU members is different for the Kaiser Signature HMO plan.

2026 INSURANCE PREMIUMS

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



Your portion of the medical plan premium is calculated based on salary. Salary bands do not affect 1199SEIU members enrolled in the Kaiser HMO plan.



Medical

Employee medical premiums								
Your salary band	Band 1 Up to \$82,500		Band 2 \$82,501 - \$137,500		Band 3 \$137,501 - \$330,000		Band 4 \$330,001+	
Your pay period	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly
Kaiser Signature HMO								
Employee only	\$57.64	\$115.28	\$70.12	\$140.24	\$89.66	\$179.32	\$101.83	\$203.66
Employee & spouse/LDA	\$134.67	\$269.34	\$166.64	\$333.28	\$206.33	\$412.66	\$234.16	\$468.32
Employee & child(ren)	\$121.83	\$243.66	\$150.77	\$301.54	\$186.69	\$373.38	\$211.87	\$423.74
Family	\$192.38	\$384.76	\$238.05	\$476.10	\$294.75	\$589.50	\$334.51	\$669.02
Kaiser Signature HDHP 3 with HSA								
Employee only	\$15.54	\$31.08	\$23.64	\$47.28	\$35.56	\$71.12	\$42.55	\$85.10
Employee & spouse/LDA	\$41.44	\$82.88	\$59.69	\$119.38	\$84.36	\$168.72	\$100.55	\$201.10
Employee & child(ren)	\$43.46	\$86.92	\$60.84	\$121.68	\$84.15	\$168.30	\$99.54	\$199.08
Family	\$70.19	\$140.38	\$97.86	\$195.72	\$134.89	\$269.78	\$159.39	\$318.78
CareFirst BlueChoice Advantage POS								
Employee only	\$89.66	\$179.32	\$106.18	\$212.36	\$134.91	\$269.82	\$152.32	\$304.64
Employee & spouse/LDA	\$203.22	\$406.44	\$248.41	\$496.82	\$304.82	\$609.64	\$343.99	\$687.98
Employee & child(ren)	\$183.86	\$367.72	\$224.73	\$449.46	\$275.79	\$551.58	\$310.70	\$621.40
Family	\$290.30	\$580.60	\$354.82	\$709.64	\$435.42	\$870.84	\$491.36	\$982.72
CareFirst BlueChoice Advantage CDHP with HSA								
Employee only	\$24.06	\$48.12	\$33.75	\$67.50	\$50.63	\$101.26	\$59.96	\$119.92
Employee & spouse/LDA	\$65.45	\$130.90	\$90.32	\$180.64	\$124.57	\$249.14	\$146.53	\$293.06
Employee & child(ren)	\$59.23	\$118.46	\$81.73	\$163.46	\$112.73	\$225.46	\$132.58	\$265.16
Family	\$93.51	\$187.02	\$129.02	\$258.04	\$177.95	\$355.90	\$209.31	\$418.62
UnitedHealthcare Choice Plus PPO								
Employee only	\$178.87	\$357.74	\$193.52	\$387.04	\$213.84	\$427.68	\$225.21	\$450.42
Employee & spouse/LDA	\$390.57	\$781.14	\$423.88	\$847.76	\$466.28	\$932.56	\$492.46	\$984.92
Employee & child(ren)	\$373.29	\$746.58	\$404.22	\$808.44	\$443.44	\$886.88	\$467.65	\$935.30
Family	\$542.25	\$1,084.50	\$589.16	\$1,178.32	\$649.10	\$1,298.20	\$686.05	\$1,372.10

2026 INSURANCE PREMIUMS

The dental and vision plan premiums do not vary by salary band.

Dental

Employee dental premiums		
Your pay period	Biweekly	Monthly
Delta Dental Standard PPO		
Employee only	\$10.04	\$20.08
Employee & spouse/LDA	\$29.92	\$59.84
Employee & child(ren)	\$23.80	\$47.60
Family	\$37.51	\$75.02
Delta Dental Enhanced PPO		
Employee only	\$22.27	\$44.54
Employee & spouse/LDA	\$58.01	\$116.02
Employee & child(ren)	\$47.01	\$94.02
Family	\$71.76	\$143.52
Aetna DMO		
Employee only	\$12.43	\$24.86
Employee & spouse/LDA	\$33.54	\$67.08
Employee & child(ren)	\$38.16	\$76.32
Family	\$58.33	\$116.66



Vision

Employee vision premiums		
Your pay period	Biweekly	Monthly
EyeMed Vision Care Select		
Employee only	\$3.28	\$6.56
Employee & spouse/LDA	\$6.20	\$12.40
Employee & child(ren)	\$6.51	\$13.02
Family	\$9.56	\$19.12



2026 METLIFE VOLUNTARY PLAN PREMIUMS

MetLife Accident insurance		
Coverage options	Monthly cost	
	Low plan	High plan
Employee only	\$5.40	\$10.01
Employee & spouse	\$7.98	\$15.03
Employee & child(ren)	\$10.17	\$19.15
Family	\$12.98	\$23.94

MetLife Critical Illness insurance (\$15,000 benefit)				
Attained age	Employee only	Employee & spouse	Employee & child(ren)	Family
<25	\$4.20	\$7.95	\$9.90	\$13.80
25 – 29	\$4.20	\$8.55	\$10.20	\$14.70
30 – 34	\$5.85	\$12.00	\$11.70	\$17.70
35 – 39	\$8.25	\$16.95	\$14.10	\$22.65
40 – 44	\$12.15	\$25.20	\$18.00	\$31.05
45 – 49	\$18.45	\$37.80	\$24.30	\$43.35
50 – 54	\$26.70	\$54.75	\$32.55	\$60.60
55 – 59	\$37.35	\$77.40	\$43.05	\$83.25
60 – 64	\$54.00	\$112.05	\$59.70	\$117.75
65 – 69	\$81.30	\$169.20	\$87.15	\$175.05
70 – 74	\$123.30	\$255.15	\$129.30	\$261.00
75 – 79	\$186.45	\$383.10	\$192.15	\$388.95
80 – 84	\$286.95	\$583.35	\$292.80	\$589.20
85+	\$379.35	\$767.70	\$385.20	\$773.55

MetLife Critical Illness insurance (\$30,000 benefit)				
Attained age	Employee only	Employee & spouse	Employee & child(ren)	Family
<25	\$8.40	\$15.90	\$19.80	\$27.60
25 – 29	\$8.40	\$17.10	\$20.40	\$29.40
30 – 34	\$11.70	\$24.00	\$23.40	\$35.40
35 – 39	\$16.50	\$33.90	\$28.20	\$45.30
40 – 44	\$24.30	\$50.40	\$36.00	\$62.10
45 – 49	\$36.90	\$75.60	\$48.60	\$86.70
50 – 54	\$53.40	\$109.50	\$65.10	\$121.20
55 – 59	\$74.70	\$154.80	\$86.10	\$166.50
60 – 64	\$108.00	\$224.10	\$119.40	\$235.50
65 – 69	\$162.60	\$338.40	\$174.30	\$350.10
70 – 74	\$246.60	\$510.30	\$258.60	\$522.00
75 – 79	\$372.90	\$766.20	\$384.30	\$777.90
80 – 84	\$573.90	\$1,166.70	\$585.60	\$1,178.40
85+	\$758.70	\$1,535.40	\$770.40	\$1,547.10

MetLife Hospital Indemnity insurance	
Coverage options	Monthly cost
Employee only	\$23.29
Employee & spouse	\$45.92
Employee & child(ren)	\$35.96
Family	\$58.59

MetLife Identity and Fraud Protection powered by Aura		
Coverage options	Monthly cost	
	Protection	Protection Plus
Employee only	\$6.44	\$8.44
Family	\$10.94	\$13.94

MetLife Legal Plans	
Coverage options	Monthly cost
Employee only	\$16.50
Plus parents	\$22.50

APPS FOR EASY ACCESS TO YOUR BENEFITS AND ID CARDS

Kaiser Permanente



- Video consultations.
- Contact your PCP's office.
- Schedule or cancel appointments.
- Refill prescriptions.
- See test results.



CareFirst



- Video consultations.
- View your claims.
- Locate a provider or urgent care center.



UnitedHealthcare



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



CVS Caremark

(For CareFirst and UnitedHealthcare members)



- Fill new prescriptions.
- Easy refills.
- Locate a pharmacy.
- View order status.



Health Advocate



- View your benefits.
- Connect with a Personal Health Advocate.
- Health Cost Estimator™.



One Medical



- Schedule an in-office or remote visit.
- Get 24/7 on-demand care nationwide with Treat Me Now and Urgent Video Chat.
- Request prescription refills and renewals.
- Manage bills and access your health records.



Delta Dental



- Use the dental care cost estimator.
- View your claims.
- Search for a dentist.
- Schedule appointments.



Aetna



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



EyeMed



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



Optum Financial



- View FSA balances and claims history.
- Upload claim documentation.
- Scan items in store to check eligibility.
- Access a list of eligible expenses.



Journey Proactive EAP



- Manage stress at work and at home.
- Reduce anxiety.
- Stay productive.
- Learn communication skills.



Bright Horizons Back-Up Care



- Submit a new request for back-up care.
- Quickly create new reservations by copying past reservations.
- Find nearby centers.
- Add confirmed reservations to your device's calendar.



Workday



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



GEORGETOWN BENEFITS DIRECTORY

Mobile benefits directory

Go to teamcreativa.com/gubenefits on your smart device to save all your benefits contacts to your home screen.

Department of Human Resources		
Benefits and GMS help	benefits.georgetown.edu benefitshelp@georgetown.edu	1-202-687-2500
Georgetown Management System (GMS)		
Benefits enrollment	gms.georgetown.edu help@georgetown.edu	1-202-687-4949
Medical		
Kaiser Permanente	my.kp.org/georgetown	1-800-777-7902
Kaiser HDHP HSA Health Payment Services	kp.org/healthpayment kp@healthaccountservices.com	1-877-761-3399
CareFirst	carefirst.com/georgetown	1-800-628-8549
HSA, administered by Further	member.carefirst.com/mos/#/login CareFirstSolutions@HelloFurther.com	1-866-758-6119
UnitedHealthcare	myuhc.com	1-888-332-8885
CVS Caremark	caremark.com	1-844-256-0030
Health Advocate		
Medical bill assistance	HealthAdvocate.com/georgetown answers@HealthAdvocate.com	1-866-695-8622
Dental		
Delta Dental	deltadentalins.com	1-800-932-0783
Aetna Dental DMO	aetna.com	1-800-843-3661
Vision		
EyeMed Vision Care Select	eyemed.com	1-866-723-0514
Amplifon hearing discounts for EyeMed members	eyemed.com/en-us/member/benefits/hearing	1-877-203-0675
Flexible Spending Accounts		
Optum Financial	optumfinancial.com	1-877-292-4040
Short Term Disability insurance and Long Term Disability insurance		
MetLife	mybenefits.metlife.com	1-866-729-9201
Life/AD&D insurance		
• MetLife	Group number: 123529	1-866-492-6983
• Supplemental Life will prep		1-800-821-6400
Business Travel Accident insurance		
The Hartford	Contact the Department of Human Resources	
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
GUAdvantage		
• Insurance (Personal, Home, Auto, Pet) • Discounts (health, wellness, travel, electronics and more)	guadvantage.savings.beneplace.com Discount code: GUSaves	1-800-683-2886
Voluntary benefits		
MetLife Accident, Hospital Indemnity, Critical Illness, Legal	metlife.com/info/georgetown-university	1-800-GET-MET-8 (1-800-438-6388)
Farmers Auto, Home and Renter's	metlife.com/info/georgetown-university	1-855-516-0890
Bright Horizons		
• Sittercity, Years Ahead • Back-Up Care • Tuition discounts, preferred enrollment	clients.brighthorizons.com/georgetown Register with your GUID (found on your GOCard)	1-877-BH-CARES (242-2737)

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 or can be obtained by contacting the Department of Human Resources at 1-202-687-2500.