2026

INTERNATIONAL BENEFITS GUIDE

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

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HR CARES
HR CARES for the employees and retirees of Georgetown University through culture, accessibility, respect, engagement and service. Learn more at **hr.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 41-42.

INTRODUCTION

Welcome to Georgetown University!

This benefits guide is for faculty, staff, and academic and administrative professionals (AAPs) working for Georgetown University at our international locations in 2026.

The concept of Cura Personalis, or Care for the Whole Person, is central to who we are as an institution of higher learning and as an employer. Whether you are maintaining good health, managing a chronic illness, planning for retirement, pursuing education, or caring for young children or aging parents, the Department of Human Resources is here to support you.

Cigna will continue to provide two health plan options:

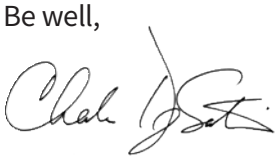
- Worldwide coverage (includes U.S. coverage) or
- International only coverage (excludes coverage in the U.S. except in emergency situations)

We encourage all international employees to only select the coverage they need. Of course, for those who travel to the U.S., emergency coverage is included in all of our health plans.

Open Enrollment for international benefits is held in the Fall and follows the same process and time frame as Open Enrollment in the United States. During Open Enrollment (October 15 – November 14, 2025), you'll have the opportunity to choose your benefits for 2026.

It's an honor to serve all faculty, staff and AAPs who bring the mission, vision and traditions of Georgetown University to students and communities around the globe. Thank you for all you do in service to Georgetown University. The Department of Human Resources cares for you through culture, accessibility, respect, engagement and service.

Be well,



Charles DeSantis
Associate Vice President and Chief Benefits Officer

benefits.georgetown.edu

Visit for details about your benefits, including:

- Plan summaries
- Important forms and contact information
- Provider directories for Qatar and the U.K.

BENEFITS AND ELIGIBILITY

Benefits for international faculty, staff and AAPs

Medical and prescription drug coverage	Business Travel Accident insurance
Dental coverage	Supplemental life insurance
Vision coverage	Dependent spouse life insurance
Flexible spending accounts	Dependent child life insurance
Salary continuance	Supplemental AD&D insurance
Long term disability	International Employee Assistance Program
Basic life insurance – $50,000	International SOS
Basic AD&D insurance – $50,000	Tuition Assistance for employees and eligible children

Retirement plans

Defined Contribution Retirement Plan	457(b) Retirement Plan
Voluntary Contribution Retirement Plan	End of service benefit Qatar and Jakarta only

Eligibility

You're eligible for benefits if you are classified as:

- Faculty or academic and administrative professional (AAP) and work at least 75% time.
- Staff and work at least 30 hours per week.

Family you can enroll in coverage include your:

- Legal spouse.
- Children (natural children, legally adopted children, legal wards – yours or your spouse's – stepchildren who depend on you for support and children for whom you are the proposed adoptive parent from the date of placement).

For information about international benefits available to Legally Domiciled Adults (LDAs), please call the Department of Human Resources at **1-202-687-2500** or email **benefitshelp@georgetown.edu**.

Age limit for children enrolled in medical, dental and vision coverage
Up to the end of the month they turn 26 (or 30 if a full-time student)

Georgetown reserves the right to require documentation of a dependent's eligibility at any time (e.g., marriage or birth certificate).

Continuing coverage

If you have non-Georgetown insurance continuing beyond the effective date of your Georgetown coverage, you may waive the Georgetown plans. When your current non-Georgetown medical, dental and vision coverage ends, you may enroll in Georgetown plans through a qualifying event. This lets you keep continuous coverage without paying premiums on overlapping coverage.

How to enroll in Georgetown coverage through a qualifying event

Upload supporting documents in the Georgetown Management System (GMS) that verify your qualifying event.

TIP **You can also enroll and change plans during Open Enrollment. If you're eligible, choose your retirement investment company and set your annual retirement contributions in GMS.**

Enrollment

You have 30 calendar days from your hire date to enroll in benefits through the Georgetown Management System (GMS). If you need help, contact the Department of Human Resources. The following table shows the dates your coverage will be effective and if you need to actively enroll under the various benefit plans:

Plan	Coverage Effective Date	Active Enrollment Required to Participate?
Medical/Prescription Drug	First of the month following or coinciding with date of hire	Yes
	If you're working in Qatar and you are eligible for medical coverage through another family member, you may choose between that coverage or medical coverage through Cigna.	
Dental	First of the month following or coinciding with date of hire	Yes
Vision	First of the month following or coinciding with date of hire	Yes
Flexible Spending Accounts	First of the month following or coinciding with date of hire	Yes
Salary Continuance	Date of hire	No
Long Term Disability	Date of hire	No
Basic Life and AD&D	Date of hire	No
Business Travel Accident	Date of hire	No
Supplemental Life and AD&D	First of the month following or coinciding with date of hire	Yes
	If your election requires a Statement of Health form from you and/or your spouse, coverage is effective on the date MetLife approves insurability.	
International Employee Assistance Program	First of the month following or coinciding with date of hire	No
Retirement Benefits	Date of hire*	Yes
	See page 29 for important information **if you're working in Qatar**.	

* Retirement elections submitted or approved after the payroll processing deadline will take effect in the following month's payroll, including both employee contributions and employer matches.

If you don't enroll in coverage when first eligible, you'll need to wait until the next Open Enrollment to enroll, except as summarized in the *Making Changes During the Year* and the *HIPAA Special Enrollment Rights* sections.

Enroll in benefits in GMS

Log in to **gms.georgetown.edu** with your NetID and password or through the Workday app.

- In your GMS inbox, select the option to enroll in benefits. Click on **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 (or equivalent identifier) and address of each of your dependents and/or beneficiaries. Also submit copies of eligibility verification documentation for each dependent, such as birth or marriage certificates. All such documentation must be in English or translated to English.
- Submit your elections after reviewing each page for completion.

Choose your retirement investment company and set your annual retirement contributions in GMS, if eligible. After you're enrolled, register for an account with the investment company to view and adjust your investment choices on their website.

OPEN ENROLLMENT FOR 2026 BENEFITS

Open Enrollment is October 15 - November 14, 2025

Open Enrollment is when you can review and elect your benefits for the upcoming year. Changes made during Open Enrollment are effective on January 1, 2026.

During Open Enrollment

Make the following changes by November 14:

- Enroll in or change your medical, dental, vision, supplemental life, dependent life and/or AD&D plans.
- Add or remove dependents from your coverage.
- Enroll in flexible spending accounts (FSAs).

If you don't make any changes by November 14:

- Your current elections for medical, dental, vision, supplemental life, dependent life and/or AD&D carry over to 2026.
- You won't be enrolled in an FSA for 2026.

If you're enrolled in medical, dental, vision, long term disability, supplemental life, dependent life, and/or AD&D coverage, payroll deductions are automatically adjusted to reflect any premium changes. See *Appendix D* for more information.

Georgetown Management System (GMS)

Log in to **gms.georgetown.edu** to:

- Manage your personal, job, pay, benefits and financial information.
- Make your new hire, qualifying event and Open Enrollment benefit elections.

TIP **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.**

MAKING CHANGES DURING THE YEAR

Qualifying events

After enrolling in medical, dental, vision and flexible spending account benefits, you can only change them during the next Open Enrollment. However, if you have a qualifying event (such as marriage or the birth of a child), you have 30 calendar days from the event date to log in to GMS, request benefit changes and submit supporting documents (e.g., marriage or birth certificate).

Qualifying events include:

- Birth or placement for adoption
- Marriage, divorce, annulment or legal separation
- Death of your spouse or child/ren
- Gain or loss of other coverage for you, your spouse or child/ren
- Change in your employment classification from part-time to full-time
- Change in your spouse's or child/ren's eligibility
- Loss of eligibility under your parent's benefit plan(s)
- Unpaid leave of absence for you or your spouse

Any benefit changes you make must be consistent with the qualifying event. For example, the birth of a child would be a qualifying event for adding the child to your medical coverage.

Find more information in the Qualifying Events Matrix at **benefits.georgetown.edu/benefitschanges** or contact the Department of Human Resources.

Special enrollment opportunities for medical, dental and vision coverage

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that lets you select or change coverage if you acquire a new dependent or decline Georgetown medical, dental and/or vision coverage (for yourself or an eligible dependent) while other coverage is in effect, and later lose that other coverage for qualifying reasons. Refer to the Legal Notices section titled *HIPAA Special Enrollment Rights* for more information or contact the Department of Human Resources.

TIP **Report family status changes promptly to ensure new dependents are covered and dependents who become ineligible (for example, children who exceed the plan's age limit) are removed from coverage.**

MEDICAL AND PRESCRIPTION DRUG COVERAGE

Georgetown University provides you with international medical and prescription drug coverage through the Cigna Global Health Benefits medical plan.

Cigna Global Health Benefits administers the medical plan's benefits.

Cigna Global Health Benefits

You can choose between the Cigna International plan or the Cigna Worldwide plan. However, if you are a U.S. citizen, you can only enroll in the Cigna Worldwide plan. Cigna Global Health Benefits ensures that you have access to quality health care while working abroad. The Cigna Global Health Benefits medical plan is an indemnity plan that lets you receive care from any licensed health care provider.

Important reminder for GU-Q

If you are eligible for medical coverage through another family member, you may choose between that coverage or medical coverage through Cigna.

During Open Enrollment

Make the following changes by November 14:

- Choose between the Cigna Worldwide medical plan (includes coverage in the U.S.) and the Cigna International medical plan (excludes coverage in the U.S. except in emergencies).
- Add or remove dependents.

If you don't make any changes by November 14:

- Your current medical coverage continues in 2026.
- Your payroll deductions are automatically adjusted to reflect any premium changes (see *Appendix D*).

When accessing care

- If you receive care in the United States, emphasize that you are covered by Cigna Global Health Benefits (not Cigna Health Care) to ensure prompt claims processing.
- Provide your most current Cigna ID card (available on your **Cigna Envoy account** and app).
- Use the same Cigna ID card for your medical and pharmacy benefits.

ID cards

Download your digital ID card at **cignaenvoy.com** or use the Cigna Envoy mobile app. Hard copy ID cards will no longer be mailed unless you request it in the **Your Cigna ID cards** section of Cigna Envoy.

Use the Cigna Envoy website to:

- Download or view your member ID card.
- Search for providers and facilities.
- Submit and track claims.
- Find health advice.
- Use a health information library.
- Order up to a 90-day supply of maintenance medications through Express Scripts Home Delivery.

How to register on the website

1. Go to **cignaenvoy.com** > **Register**.
2. Enter the full eleven digits of your Cigna ID number.
3. Click **Register** and use the one-time PIN you receive to change your password.

Download the Cigna Envoy app

cigna

Available on the App Store

Google play

Available on amazon appstore

Telehealth through Cigna Envoy

- Consult with a doctor by video or phone for non-emergency health issues without paying coinsurance.
- Access services from board-certified doctors practicing internal medicine, gastroenterology, orthopedics, mental health and pediatrics.
- Schedule doctor visits globally and in multiple languages 24/7/365 and be seen within 24-72 hours.

Cigna Health and Well-being Assessment

Take a 15-minute online questionnaire, available in more than 20 languages. You'll answer questions about your health — from sleep and health problems to stress and job satisfaction.

1. Log in to **cignaenvoy.com**.
2. Click on **Toolkit**.
3. Select **Health and Well-being**.
4. Click the **Assess my Health** link.
5. Register and complete the assessment.

After the questionnaire, you'll receive a personalized health report to help you find out what you're doing right, discover areas of improvement, and offer suggestions for current issues. Your results are confidential. Retake the questionnaire every few months to track your progress.

Cigna Global Health Benefits medical coverage

The Cigna medical plan offers you comprehensive coverage. Use the summary below to understand your 2026 medical and prescription drug benefits. See page 28 for important information **if you're working in Qatar**.

	Cigna Global Health Benefits — Worldwide plan			
	In-network (outside USA)	Out-of-network (outside USA)	In-network (inside USA)	Out-of-network (inside USA)
	Plan pays	Plan pays	Plan pays	Plan pays
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited
	You pay	You pay	You pay	You pay
Calendar year deductible - Individual - Family	N/A	N/A	$250 NEW $500 NEW	$1,000 NEW $2,000 NEW
Calendar year out-of-pocket maximum - Individual - Family	$2,000 $4,000	$2,000 $4,000	$2,000 $4,000	$5,000 NEW $10,000 NEW
Preventive care Includes periodic well visits (e.g., annual physical exam) and certain designated screenings, routine immunizations, and prescriptions for symptom-free or disease-free individuals. Also includes designated services for individuals at increased risk for a particular disease.	$0	$0	$0	$0
Office visit, lab and testing - Doctor office visit - Diagnostic x-ray and lab testing - Specialty diagnostic - Physical/speech therapy - Chiropractic visit (medically necessary) - Pre/postnatal office visit	20%	20%	20%	40%
Inpatient services - Hospital room and board - Physician/surgeon	20%	20%	20%	40%
Emergency room	20%	20%	20%	20%
Urgent care services	20%	20%	20%	40%
Outpatient services - Outpatient facility or physician	20%	20%	20%	40%
Mental illness and substance abuse - Inpatient or outpatient	20%	20%	20%	40%
Prescription drugs* - Tier 1 (generic) - Tier 2 (preferred brand) - Tier 3 (non-preferred brand) - Retail (up to a 30-day supply) - Home delivery (up to a 90-day supply)**	20%	20%	$10 $30 $50	40%

* To access the covered drug list, visit **cigna.com/druglist** and select **Performance 3 Tier** from the drop-down menu. Certain medications require prior authorization from Cigna before you can fill them and have **(PA)** next to the medication name. To see if your pharmacy is in Cigna's network, call Cigna or check the directory on **cignaenvoy.com**.

**Home delivery is three times the retail copay for in-network prescriptions filled in the United States.

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

MEDICAL AND PRESCRIPTION DRUG COVERAGE

Key terms

Out-of-pocket maximum (OOPM)
It's the most you pay each calendar year for covered medical and prescription drug expenses. After reaching the OOPM, the plan pays 100% of any additional covered medical and prescription drug expenses for the rest of the year (you are still responsible for paying any non-compliance penalties and provider charges in excess of the maximum reimbursable).

Coinsurance
It's the percentage of the total eligible medical expenses you must pay (for example, 20%) up to your OOPM.

Prescription drug step therapy
This plan feature encourages you to try the most cost-effective and appropriate drugs available to treat your condition. Typically, these drugs are generics or low-cost brands. You need to try these before more expensive medications are approved. When you fill a prescription for a medication which has a higher cost, Cigna sends you and your doctor a letter explaining the steps you need to take before you refill your medication. This may include trying a generic or lower cost alternative, or asking Cigna for authorization for coverage of your medication. Your doctor can request authorization for continued coverage of a medication if a different one isn't right for you due to medical reasons. You can find medications that require Step Therapy on **cigna.com/druglist** (select **Performance 3 Tier**).

Prior authorization
It's an approval from Cigna's review organization that a provider must get before you receive certain services to ensure they are covered by your plan. Some services that require prior authorization include inpatient services, residential treatment, outpatient facility services, intensive outpatient programs, advanced radiological imaging, non-emergency ambulance, and transplant services.

You can find medications that require prior authorization at **cigna.com/druglist** (select **Performance 3 Tier**) and look for a **(PA)** next to the medication name. If you're taking one of these medications, your provider can ask Cigna to consider approving coverage for your medication. If you don't get approval, the medication may not be covered.

Explanation of Benefits (EOB)
This is a written explanation of how an insurance claim was calculated. It shows how much the plan paid, how much the plan member must pay and any related discounted fees.

Brand vs. generic

When you fill a prescription for a brand name medication at a pharmacy, you usually receive the generic alternative. If you ask the pharmacist to fill the brand-name medication instead of the generic alternative when your doctor didn't include "dispense as written" on your prescription, you need to pay your normal copay or coinsurance plus the difference between the cost of the brand-name medication and the generic alternative. Discuss with your doctor what medication is most appropriate for you based on your condition and out-of-pocket cost.

DENTAL

Georgetown University provides Cigna Global Health Benefits plan participants with access to dental coverage while working abroad. If you are working at an international location, you don't need to be enrolled in the Cigna Global Health Benefits medical plan to enroll in the dental plan.

Cigna Global Health Benefits administers the dental plan's benefits.

Find providers on the Cigna Envoy website and app

See registration steps on page 9. After logging in, search for dental providers. For help, contact Cigna Global.

Dental coverage is important

Dental coverage keeps dental care affordable for you and your family. The American Dental Association recommends regular dental checkups to help:

- Prevent the need for advanced dental treatments
- Maintain good physical health
- Prevent gum disease and oral cancer

During Open Enrollment

Make the following changes by November 14:

- Enroll in the dental plan if you previously declined coverage.
- Waive coverage.
- Add or remove dependents.

If you don't make any changes by November 14:

- Your current dental coverage continues in 2026.
- Your payroll deductions are automatically adjusted to reflect any premium changes (see *Appendix D*).

DENTAL

The Cigna dental plan offers you comprehensive coverage. Dental is a standalone benefit, so you may enroll even if you are not covered by Cigna medical and prescription insurance. Use the summary below to understand your 2026 dental benefits.

Cigna Global dental plan benefits	
Plan maximums	**Plan pays**
Calendar Year Orthodontia Lifetime Maximum (dependent children under age 19)	$1,000 per individual $1,000 per individual
	You pay
Calendar year deductible	
Individual Family	$50 $100
Diagnostic and preventive services	
Oral exams (2 per person per calendar year), x-rays, and cleanings (2 per person per calendar year)	No deductible, $0
Basic services	
Endodontics, periodontics, maintenance of removable and fixed bridge prosthodontics, and oral surgery	25% after deductible
Major services	
Restorative and installation of removable and fixed bridge prosthodontics	25% after deductible
Orthodontic services	
For dependent children under age 19	No deductible, 25%

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

Questions?

You can talk to the Cigna Global Health Benefits customer service center 24/7. If dialing internationally, use your country's access code.

- **1-302-797-3100** (accepts collect calls)
- **1-800-441-2668** (toll-free in the U.S.)

Key terms

Endodontist: Treats diseases related to the tooth root, dental pulp and surrounding tissue.

Oral surgeon: Specializes in the surgical treatment of the jaw, face and teeth.

Orthodontist: Prevents and corrects tooth irregularities using braces.

Pedodontist (or pediatric dentist): Treats children.

Periodontist: Studies and treats gum disease.

Prosthodontist: Treats and corrects missing teeth using dental implants, dentures, crowns and some cosmetic procedures.

VISION

Georgetown University provides Cigna Global Health Benefits plan participants with access to vision coverage while working abroad. If you are working at an international location, you don't need to be enrolled in the Cigna Global Health Benefits medical plan to enroll in the vision plan.

Cigna Global Health Benefits administers the vision plan's benefits for International claims. Starting in 2026, EyeMed will administer in-network and out-of-network vision claims in the U.S. NEW

During Open Enrollment

Make the following changes by November 14:

- Enroll in the vision plan if you previously declined coverage.
- Waive coverage.
- Add or remove dependents.

If you don't make any changes by November 14:

- Your current vision coverage continues in 2026.
- Your payroll deductions are automatically adjusted to reflect any premium changes (see *Appendix D*).

Find providers on the Cigna Envoy website and app

See registration steps on page 9. After logging in, you can select from Vision, Optical, Optometry or Ophthalmology to find the appropriate provider. For help, contact Cigna Global.

Schedule your free annual eye exam

Make an appointment at network providers for you and your children to:

- Catch signs of cataracts, glaucoma and other eye conditions early.
- Know when it's time for reading glasses or a new prescription.
- Ask your doctor about switching from glasses to contacts and vice versa.

Find an online provider NEW (available only in the U.S.)

You can use the following participating online providers:

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

Amplifon hearing discounts* NEW (available only in the U.S.)

You have access to discounts on Amplifon network hearing exams and aids. Call **1-877-203-0675** to find a hearing care provider and schedule a hearing exam.

* This is not insurance. You have access to discounts only.

Questions?

You can talk to the Cigna Global Health Benefits customer service center 24/7. If dialing internationally, use your country's access code.

- **1-302-797-3100** (accepts collect calls)
- **1-800-441-2668** (toll-free in the U.S.)

VISION

The Cigna vision plan offers you comprehensive coverage. Vision is a standalone benefit, so you may enroll even if you are not covered by Cigna medical and prescription insurance. Use the summary below to understand your 2026 vision benefits.

Cigna Global vision plan benefits NEW	In-network (inside USA)	Out-of-Network (inside USA)	International (outside USA)
Exam – once every 12 months	$0 copay	Up to $40	$0 copay
Lenses (in lieu of contacts) – once every 12 months	$0 copay	Single Vision – up to $30 Bifocal – up to $50 Trifocal – up to $70 Lenticular – up to $70	$0 copay
Frames* – once every 12 months	Up to $150	Up to $120	Up to $150
Wholesale Frame from Costco	Up to $100	Not Covered	Not Covered
Elective Contacts (in lieu of lenses)* – once every 12 months	Up to $150	Up to $120	Up to $150
Medically Necessary Contacts (in lieu of lenses)* – once every 12 months	$0 copay	Up to $250	$0 copay

* You have a combined plan allowance for frames and lenses (glasses or contacts).
This summary is provided for general information only. Since exclusions, dollar amount, frequency and age limits apply, refer to the specific plan documents for detailed information.

Frequently asked questions

Which ID card should I use?
Use the white Cigna Global ID card (instead of the Neuron card) for vision services.

Do my dependents need to have their own ID cards?
Yes.

How do I get an ID card replacement or extra cards?
ID cards have gone digital and are available through the **Cigna Envoy website** or app.

How do I schedule an appointment?
Find a vision provider on the **Cigna Envoy website** or app or by calling Cigna Global. Cigna Global can also help you schedule an appointment.

If my lenses cost more than the plan's maximum, am I still responsible for a copay?
Yes, you are responsible for your copay plus any amount that exceeds the plan's maximum coverage.

How do I submit a claim?
Submit it on the **Cigna Envoy website** or app, fax it or mail it.

Do I need prior authorization to receive services?
No, but we recommend that you or your provider contact Cigna Global before receiving care to verify your eligibility and benefits.

Can I get my eye exams at one location and go somewhere else for the frames or contacts?
Yes.

How can I use my vision benefits when going to an eye care professional who is not in the Cigna network?
If you visit an out-of-network provider, you may be required to pay up front and submit a claim to Cigna for reimbursement.

Key terms

Ophthalmologist: A doctor (M.D.) who has a medical degree and is licensed to practice medicine and perform eye surgery. Ophthalmologists can diagnose and treat all eye diseases; perform surgery; prescribe and fit glasses and contact lenses.

Optometrist: A health care specialist who assists patients with the health of the eyes and related vision. Optometrists can determine the need for glasses and contact lenses; prescribe optical correction; and screen for some eye conditions.

Optician: A specialized practitioner who designs, fits and dispenses lenses for the correction of a person's vision. Opticians can fit and dispense eyeglasses or contact lenses based on a prescription that will give the necessary and best correction to a person's eyesight.

FLEXIBLE SPENDING ACCOUNTS

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

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.

Optum Financial administers the FSA program.

During Open Enrollment

Make the following changes by November 14:

- Enroll in the health care FSA.
- Enroll in the dependent care FSA.

If you don't make any changes by November 14:

You won't be able to enroll in an FSA until the next Open Enrollment, unless you have a qualifying event.

	Health care FSA	Dependent care FSA*
Advantages	• Helps pay eligible, out-of-pocket expenses with pre-tax dollars • Helps reduce your taxable income • Helps 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	• 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 another 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 contribution	$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 from January 1 to March 15, 2027

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.

FLEXIBLE SPENDING ACCOUNTS

How to pay with a health care FSA

There are two ways 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.**

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 first to ensure proper processing of your charges.

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

How to pay with a dependent care FSA

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

Download the Optum Financial app

- View your FSA balance and transaction history.
- See a list of qualified expenses.
- Submit claims and upload claim documents.
- Pay bills online.
- Add a family member.

Register for mobile alerts to know immediately if your health care payment card purchase requires additional documentation. Learn more at **optum.com/financial/resources/mobile.html**.

Available on the App Store

Google play

More about FSAs

- Find examples of eligible FSA expenses at **now.optum.com/qualified-expenses**.
- Find answers to frequently asked questions at **optum.com/financial-services/flexible-spending-accounts.html**.
- See how much you can save on eligible health and dependent care expenses using the FSA Savings Calculator at **cdn.optum.com/fsa**.

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**.

Salary continuance

Salary continuance is short term disability leave that is fully paid for, and administered, by your department. There is a 1 week (5 working days) unpaid waiting period for staff and AAPs before paid benefits begin on the sixth day of absence. You may request Paid Time Off (PTO) or unpaid leave during the waiting period. The benefit length for salary continuance is up to 90 days.

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 long term disability (LTD) benefits.

Long term disability

LTD insurance provides income protection if you are disabled due to injury or illness and you have satisfied the 90-day elimination period.

LTD plan	
Monthly benefit	60% of base monthly salary up to $15,000
Elimination period	90 days
Preexisting exclusion	Any condition diagnosed or treated in the 12 months prior to your effective date is not covered unless you have been without treatment for six consecutive months after that date. In this case, the remainder of the preexisting condition period, defined as 24 months, will be waived.

Cost

Enrollment is automatic and you pay the full cost of LTD coverage on an after-tax basis. See more details in the table below.

How your LTD cost is calculated

Your cost is equal to $0.69 per $100 of covered monthly salary. The example below assumes an annual salary of $55,000 or monthly salary of $4,583.33.

A. Covered monthly salary		$4,583.33
B. Per $100 of covered monthly salary	Line A ÷ 100 =	$45.83
C. Premium rate		$0.69
D. Your monthly cost	Line B x Line C =	$31.62

SURVIVOR BENEFITS

Georgetown University provides basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and business travel accident (BTA) insurance at no cost to you. Additional life and AD&D insurance may be purchased through the University, as described on the following pages.

Basic life and AD&D insurance

You're automatically enrolled in:

- MetLife basic life insurance in the amount of $50,000.
- MetLife basic 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.

Business travel accident

You have 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.

Cost

Georgetown pays the entire costs of these benefits and enrollment in these plans is automatic. Your coverage begins automatically and is subject to any active at work requirements.

Check that your beneficiaries are up to date

Designate or update your beneficiaries at any time in GMS. 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 on GMS.

ADDITIONAL LIFE/AD&D INSURANCE OPTIONS

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 you can update your elections during the annual Open Enrollment period. Refer to the *Supplemental life and AD&D insurance options* chart on the next page for more details.

When you choose to enroll in or request increased coverage under your supplemental and spouse life plans:

1. Make your election in **gms.georgetown.edu** by your enrollment deadline.
2. If applicable, download and complete the Statement of Health form from MetLife.
3. Return the form directly to MetLife.
4. MetLife will inform you when your request has been reviewed; until then your coverage change will be "pending." Any current coverage levels will continue to be in place until the request has been approved.

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 supplemental life plan, you can contact MetLife Legal Plans by calling **1-800-821-6400** (Group Number: **123529**).

During Open Enrollment

Make the following changes by November 14:

- Enroll in supplemental life, spouse life, child life and/or AD&D coverage.
- Change the coverage amount of your supplemental life, spouse life, child life and/or AD&D coverage.

Refer to the next page to see if you need to provide a Statement of Health form for your coverage change.

If you don't make any changes by November 14:

- Your current supplemental life, AD&D, spouse life and/or child life coverage continues in 2026.
- Your payroll deductions are automatically adjusted to reflect any premium changes (see pages 21-22).

* 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 sitused 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.

ADDITIONAL LIFE/AD&D INSURANCE OPTIONS

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 a free will preparation service.	• 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: Legal spouse - 50% of your coverage amount if no children are covered. - 40% of your coverage amount if children are covered. Children - 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)
Requires a statement of health? No		

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

ADDITIONAL LIFE/AD&D INSURANCE OPTIONS

Cost

You pay the entire premium for supplemental life and AD&D insurance; your cost is deducted from your pay on an after-tax basis. Rates are based on age attained as of January 1 and salary as of the prior September 1. Benefits are paid based on salary at the time the loss is incurred.

How to calculate your cost

Use the table below to calculate your monthly cost based on the amount of life and AD&D insurance you need.

Example

Four times salary supplemental life insurance coverage for a 36 year old with a salary of $60,000:

1. Choose your supplemental life insurance amount	Four times salary ($60,000 x 4) =	$240,000
2. Divide the amount from line 1 by 1,000	$240,000 ÷ 1,000 =	$240
3. Multiply line 2 by the rate for your age from the table on the previous page to get your monthly premium	$240 x $0.09 =	$21.60

What's the right amount?

Most people don't like to think about needing life/AD&D insurance, but when an unexpected death happens to a wage earner, we realize how important it can be. You can minimize the impact of an unexpected death by selecting the right amount of insurance.

You should consider both your family's immediate and long-term financial needs, such as:

- Mortgage expenses
- Day care and everyday expenses
- Credit card debt
- College costs
- Charitable giving goals
- Financial goals
- Final expenses for a simple funeral, which can cost $10,000 or more

To help determine how much coverage you need, use the insurance calculator.

INTERNATIONAL EMPLOYEE ASSISTANCE PROGRAM

The International Employee Assistance Program (IEAP) provides:

- Unlimited telephonic counseling available 24/7.
- Six face-to-face visits with a professional counselor.

Counseling services are provided by Workplace Options, the world's largest provider of work-life services. Additional support benefits can be accessed through your Cigna Global Health Benefits medical coverage. If you're a benefits-eligible employee working at an international location, you don't have to be enrolled in the Cigna Global Health Benefits medical coverage to access the IEAP telephone counseling. Simply call the IEAP and let them know you're a Georgetown University employee. Spouses and dependents who reside with you in the same household are also covered under this program.

Cost

Georgetown pays the entire cost of this benefit. There is no cost to you and enrollment is automatic.

IEAP contact information

For information and counseling services, contact:

- **44-208-987-6230** (reverse charges or return phone call may be requested)
- **1-877-857-2952** (when calling from the U.S.)
- **support@resourcesforyourlife.com**

The IEAP is available to help you during times of stress or crisis. The IEAP handles a wide range of issues, including:

- Cultural adjustment
- Emotional well-being
- Family
- Marital
- Financial
- Substance abuse
- Legal
- Workplace
- Elder care

For more information and resources, go to **cignaenvoy.com** or contact **support@resourcesforyourlife.com**.

INTERNATIONAL SOS

24-hour worldwide assistance and emergency evacuation services

Managed and administered by International SOS, the Georgetown University SOS Program covers you while traveling abroad on University business.

Medical services

If you need medical care, International SOS can provide care or transport you to a medical facility. Services include:

- Emergency evacuation
- Medically-supervised evacuation
- Emergency and routine medical advice
- Medical and dental referrals
- Dispatch of prescription medication
- Pre-trip information on travel health issues
- Repatriation of mortal remains
- Return home of minor children

Security services

If you are in a dangerous situation, International SOS can provide you with:

- Security evacuation assistance
- Online travel security information
- Access to security crisis center

Travel services

If you need other travel-related assistance, International SOS can help with:

- Legal referrals
- Translations and interpreters
- Lost document advice
- Emergency personal cash advances

Cost

Georgetown University covers the cost of this program. Additional services are available at an additional cost to you. Visit **riskmanagement.georgetown.edu** and click **International Travel** for more information.

Travel services

Find information on University resources and policies for all travelers at

travel.georgetown.edu

Frequently asked questions

How can International SOS help?

One phone call connects you to the International SOS network of multilingual specialists for immediate help in an emergency. International SOS services are designed to help you with medical, personal, travel, security and legal problems when away from home.

How does it work?

Carry the International SOS membership card with you at all times. It includes the phone numbers of the three major worldwide International SOS Alarm Centers to call in the event of an emergency. Contact **benefitshelp@georgetown.edu** for a membership card.

What if I need a doctor?

International SOS coordinator doctors can provide you advice by phone or refer you to an English-speaking doctor for outpatient consultations.

What if local medical facilities are not adequate?

If you are hospitalized in an area where adequate medical facilities are not available, International SOS will provide medical evacuation to the nearest facility capable of providing the required care. Evacuations are carried out under medical supervision and are attended by specialists when required.

What if my wallet is stolen and I need replacement documents?

International SOS will assist with obtaining replacements if you lose important travel documents, such as your passport or credit cards.

What if I'm unable to contact my family?

International SOS will receive and transmit emergency messages between you and your family.

What if I don't speak the language?

Emergency phone translation services are available through the 24-hour International SOS network, as well as referrals to interpreter services.

What if I'm traveling on vacation or personal business?

International SOS benefits are not available when traveling on vacation or personal business. You're only covered when traveling on official University business.

TUITION ASSISTANCE PROGRAM

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

Your children's benefits for courses 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 for courses 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 gains/losses on your total account balance.

When does eligibility begin?*

Employees hired on or after February 1, 2018 are eligible to receive a "matching" University contribution of up to 5% of earnings after one full year of service. You become eligible to receive a University "core" contribution of 5% of earnings after two full years of service. **There is no waiting period for eligible faculty and staff of Georgetown University in Qatar and London.** See page 29 for more information.

London faculty and staff without an SSN will need to get an ITIN for an account distribution

Contributions

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

* 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.

Voluntary Contribution Retirement Plan 403(b) (VCRP)

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

The Voluntary Contribution Retirement Plan allows you to save additional funds for retirement on a pre-tax or post-tax (Roth) basis, giving you flexibility in how you manage your contributions. 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 for GU-Q

If you are subject to the United States Federal Income tax exclusion ($132,900 in 2026), you cannot contribute to a Roth 403(b) until you first earn over $132,900.

457(b) Retirement Plan

You are eligible to contribute to the 457(b) Retirement Plan if you are contributing the maximum to the Voluntary Contribution Retirement Plan (VCRP) and have a base salary of at least $200,000.

Dubai DEWS Savings Plan

If you're working in Dubai, you may enroll in the DEWS Savings Plan. Contact the Department of Human Resources for more information.

Visit **benefits.georgetown.edu** or email **benefitshelp@georgetown.edu** for additional information.

APPENDIX A: GEORGETOWN UNIVERSITY IN QATAR

The following medical coverage options are available for faculty, staff and AAPs at Georgetown University in Qatar.

Cigna Global Health Benefits medical coverage

You can choose between either the Cigna International plan or the Cigna Worldwide plan. However, if you are a U.S. citizen, you can only enroll in the Cigna Worldwide plan. Cigna Global Health Benefits ensures that you have access to quality health care while working abroad.

Generally, when accessing in-network care in the Middle East, the plan pays 100%. If you use an out-of-network provider, you pay 20% coinsurance and the plan pays the remaining 80% of covered services. Refer to pages 8-11 (*Medical and Prescription Drug Coverage*) for more information, or visit **benefits.georgetown.edu** for a Schedule of Benefits.

Important reminder for GU-Q

If you are eligible for medical coverage through another family member, you may choose between that coverage or medical coverage through Cigna.

Cigna*Links* Middle East

Cigna Global Health Benefits has partnered with Neuron to enhance your standard Cigna Global Health Benefits coverage. Cigna*Links* Middle East provides simplified claims processing and access to a larger network of hospitals and clinics within the five countries covered by the plan. When accessing care within Bahrain, Kuwait, Oman, Qatar, and United Arab Emirates, the plan pays 100% of covered in-network services and 80% of covered out-of-network services.

As a Cigna*Links* Middle East member, you have two ID cards – a digital one for use throughout the Gulf Corporation Council (GCC) with Cigna and Neuron logos, and one from Cigna Global Health Benefits – for use when you or your covered family members access care anywhere in the world outside these countries.

Cigna*Links* Middle East	
	Plan pays
Lifetime maximum	Unlimited
	You pay
Calendar year deductible	N/A
Calendar year out-of-pocket maximum (U.S. $) - Individual/family	$2,000/$4,000
Inpatient facility	$0
Inpatient physician services	$0
Outpatient facility	$0
Outpatient physician services	$0
Prescription drugs	$0
Mental illness and substance abuse - Inpatient/outpatient	$0
In-network coinsurance	0%
Out-of-network coinsurance	20%

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

Accessing in-network care

1. Find a network provider in the Cigna*Links* Middle East Qatar Provider Directory at **cignaenvoy.com**.
2. Present your digital ID card with Cigna and Neuron logos and you won't need to file a claim form.

Accessing out-of-network care in the Middle East (Bahrain, Kuwait, Oman, Qatar, United Arab Emirates)

1. Pay provider at time of service.
2. File a Cigna claim form through **cignaenvoy.com**.
3. You'll receive reimbursement by check or wire transfer.

Accessing care outside of the Middle East

1. Visit any provider.
2. Contact Cigna Global Health Benefits to arrange to pay provider directly OR pay for services and file a reimbursement claim.

APPENDIX A: GEORGETOWN UNIVERSITY IN QATAR

End of Service Benefit

The End of Service Benefit (EOSB) provides a lump sum payment when you terminate employment. The benefit is based on your length of employment with GU-Q. Under this benefit, eligible participants earn one month's final base (basic) salary for each completed year of service. The EOSB is prorated for partial years of service. Vesting in this option begins after one year of service.

Eligibility

All employees are eligible (excludes adjunct faculty and tenured main campus faculty). Only employees who are U.S. citizens or green card holders may elect the Defined Contribution Retirement Plan in lieu of the EOSB.

Defined Contribution Retirement Plan

In this 403(b) retirement plan, available to U.S. citizens and green card holders, contributions are made by both you and Georgetown University. The fund's value is based on the amount of contributions made and the return on investment.

Only employees who are U.S. citizens or green card holders may elect retirement plan benefits in lieu of the End of Service Benefit. If you elect this option, you are required to contribute 3% of your salary and the University will contribute an additional 10% of your salary, for a total of 13% being contributed to the Plan.

Georgetown University provides a one-time opportunity for eligible, newly hired faculty and staff of Georgetown University in Qatar to choose between two retirement savings options: the Defined Contribution Retirement Plan – 403(b) – or the End of Service Benefit. Retirement plan elections are irrevocable.

Eligible GU-Q faculty and staff who do not make an election to participate in the Defined Contribution Retirement Plan within 30 days of their date of hire are automatically and irrevocably enrolled in the End of Service Benefit.

Important contacts and resources

Local contacts		
GU-Q Human Resources		
David Phongsavan, *Executive Director of Human Resources*	dnp3@georgetown.edu	+974 4457-8226
Nicole Heinz, *Director of Human Resources*	nlh33@georgetown.edu	+974 4457-8506
Omar Al Swadi, *Immigration and Government Relations Manager*	oma6@georgetown.edu	+974 4457-8295
Eunice Dickerson, *Payroll and Tax Manager*	ejd81@georgetown.edu	+974 4457-8325
Jolanta Jankowska, *Assistant Director for Employment*	jj831@georgetown.edu	+974 4457-8289
Malgorzata Ledwon, *Associate Director for Rewards and Wellness*	ml1736@georgetown.edu	+974 4457-8482
Gemma Davies, *Human Resources Coordinator*	gd553@georgetown.edu	+974 4457-8292
Marta Fernández Viña, *Recruitment and Employment Manager*	mf1321@georgetown.edu	+974 4457-8586
Cynthia Rihan, *Human Resources Generalist*	cr1159@georgetown.edu	+974 4457-8458
Anna Cabrera, *Human Resources Analyst*	ac2582@georgetown.edu	+974 4457-8503
General Inquiries	guqhr@georgetown.edu	+974 4457-8220
Cigna*Links* Middle East		
Bahrain		800 11310
Kuwait		+965 22069102
Oman		800 74264
Qatar		+800 100401
United Arab Emirates		800 555333
International Helpline		+1 302 797 31100

APPENDIX B: GEORGETOWN UNIVERSITY IN DUBAI

The following medical coverage options are available for faculty, staff and AAPs at Georgetown University in Dubai.

Cigna Global Health Benefits medical coverage

You can choose between either the Cigna International plan or the Cigna Worldwide plan. However, if you are a U.S. citizen, you can only enroll in the Cigna Worldwide plan. Cigna Global Health Benefits ensures that you have access to quality health care while working abroad.

Generally, when accessing in-network care in the Middle East, the plan pays 100%. If you use an out-of-network provider, you pay 20% coinsurance and the plan pays the remaining 80% of covered services. Refer to pages 8-11 (*Medical and Prescription Drug Coverage*) for more information, or visit **benefits.georgetown.edu** for a Schedule of Benefits.

Cigna*Links* Middle East

Cigna Global Health Benefits has partnered with Neuron to enhance your standard Cigna Global Health Benefits coverage. Cigna*Links* Middle East provides simplified claims processing and access to a larger network of hospitals and clinics within the five countries covered by the plan. When accessing care within Bahrain, Kuwait, Oman, Qatar, and United Arab Emirates, the plan pays 100% of covered in-network services and 80% of covered out-of-network services.

As a Cigna*Links* Middle East member, you have two ID cards – a digital one for use throughout the Gulf Corporation Council (GCC) with Cigna and Neuron logos, and one from Cigna Global Health Benefits – for use when you or your covered family members access care anywhere in the world outside these countries.

Cigna*Links* Middle East	
	Plan pays
Lifetime maximum	Unlimited
	You pay
Calendar year deductible	N/A
Calendar year out-of-pocket maximum (U.S. $) - Individual/family	$2,000/$4,000
Inpatient facility	$0
Inpatient physician services	$0
Outpatient facility	$0
Outpatient physician services	$0
Prescription drugs	$0
Mental illness and substance abuse - Inpatient/outpatient	$0
In-network coinsurance	0%
Out-of-network coinsurance	20%

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

Accessing in-network care

1. Find a network provider in the Cigna*Links* Middle East Dubai Provider Directory at **cignaenvoy.com**.
2. Present your digital ID card with Cigna and Neuron logos and you won't need to file a claim form.

Accessing out-of-network care in the Middle East (Bahrain, Kuwait, Oman, Qatar, United Arab Emirates)

1. Pay provider at time of service.
2. File a Cigna claim form through **cignaenvoy.com**.
3. You'll receive reimbursement by check or wire transfer.

Accessing care outside of the Middle East

1. Visit any provider.
2. Contact Cigna Global Health Benefits to arrange to pay provider directly OR pay for services and file a reimbursement claim.

APPENDIX C: GEORGETOWN UNIVERSITY IN JAKARTA

The following medical coverage options are available for faculty, staff and AAPs at Georgetown University in Jakarta.

Cigna Global Health Benefits medical coverage

You can choose between either the Cigna International plan or the Cigna Worldwide plan. However, if you are a U.S. citizen, you can only enroll in the Cigna Worldwide plan. Cigna Global Health Benefits ensures that you have access to quality health care while working abroad.

Generally, whether you access in-network care in Southeast Asia or you use an out-of-network provider, you pay 20% coinsurance and the plan pays the remaining 80% of covered services. Refer to pages 8-11 (*Medical and Prescription Drug Coverage*) for more information, or visit **benefits.georgetown.edu** for a Schedule of Benefits.

Cigna*Links* Southeast Asia

Cigna Global Health Benefits has partnered with Parkway Health to enhance your standard Cigna Global Health Benefits coverage. Cigna*Links* Southeast Asia provides simplified claims processing and access to a larger network of hospitals and clinics within the countries covered by the plan. When accessing care within Indonesia, Malaysia and Singapore, the plan pays 80% of covered services.

As a Cigna*Links* Southeast Asia member, you have one ID card for use when you or your covered family members access care anywhere in the world.

Cigna*Links* Southeast Asia	
	Plan pays
Lifetime maximum	Unlimited
	You pay
Calendar year deductible	N/A
Calendar year out-of-pocket maximum (U.S. $) - Individual/family	$2,000/$4,000
Inpatient facility	20%
Inpatient physician services	20%
Outpatient facility	20%
Outpatient physician services	20%
Prescription drugs	20%
Mental illness and substance abuse - Inpatient/outpatient	20%
In-network coinsurance	20%
Out-of-network coinsurance	20%

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

Accessing in-network care

1. Find a network provider in the Cigna*Links* Southeast Asia Jakarta Provider Directory at **cignaenvoy.com**.
2. Present your digital ID card with Cigna and Parkway Health logos and you won't need to file a claim form.

Accessing out-of-network care in Southeast Asia (Indonesia, Malaysia, Singapore)

1. Pay provider at time of service.
2. File a Cigna claim form through **cignaenvoy.com**.
3. Receive reimbursement by check or wire transfer.

Accessing care outside of Southeast Asia

1. Visit any provider.
2. Contact Cigna Global Health Benefits to arrange to pay provider directly OR pay for services and file a reimbursement claim.

End of Service Benefit (EOSB)

The EOSB provides a lump sum payment when you terminate employment. The benefit is based on your length of employment with GU-Jakarta. Under this benefit, eligible participants earn one month's final base (basic) salary for each completed year of service. The EOSB is prorated for partial years of service. Vesting in this option begins after one year of service.

Eligibility

All employees are eligible (excludes adjunct faculty and tenured main campus faculty). Only employees who are U.S. citizens or green card holders may elect the Defined Contribution Retirement Plan in lieu of the EOSB.

Defined Contribution Retirement Plan (DCRP)

In this 403(b) retirement plan, only available to U.S. citizens or green card holders in lieu of the EOSB, contributions are made by both you and Georgetown University. The fund's value is based on the amount of contributions made and the return on investment. If you elect this option, you are required to contribute 3% of your salary and the University will contribute an additional 10% of your salary, for a total of 13% being contributed to the Plan.

The University provides a one-time opportunity for eligible, newly hired faculty and staff of Georgetown University in Jakarta to choose between two retirement savings options: the DCRP – 403(b) – or the EOSB. Retirement plan elections are irrevocable. Eligible GU-Jakarta faculty and staff who do not make an election to participate in the DCRP within 30 days of their date of hire are automatically and irrevocably enrolled in the EOSB.

APPENDIX D: INSURANCE PREMIUMS (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. LTD and supplemental life/AD&D insurance benefit contributions are deducted from your pay on an after-tax basis.

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 or supplemental life/AD&D insurance plans, you will not be taxed on the benefit amount.

Important reminder for GU-Q

If you are eligible for medical coverage through another family member, you may choose between that coverage or medical coverage through Cigna.

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 chart on the following page shows the amounts that will be deducted from your pay each month for medical, dental and vision insurance.

GU-Q medical premiums

Georgetown University provides you with international medical and prescription drug coverage while you are employed at the GU-Q campus in Doha. The Qatar Foundation covers the full monthly premium cost. No employee premium contribution is required.

Dubai and Jakarta medical premiums

Georgetown University provides you with international medical and prescription drug coverage while you are employed in Dubai or Jakarta. No employee premium contribution is required.

APPENDIX D: INSURANCE PREMIUMS (2026)

		You pay monthly pre-tax	University pays monthly	Total
Employee only				
Medical	Employees working in Qatar, Dubai and Jakarta - Worldwide Plan (includes U.S. coverage)	$0.00	$453.56*	$453.56
	Employees working in Qatar, Dubai and Jakarta - International Plan (excludes U.S. coverage except emergencies)	$0.00	$403.54*	$403.54
	Employees working outside Qatar, Dubai and Jakarta - Worldwide Plan (includes U.S. coverage)	$68.03	$385.53	$453.56
	Employees working outside Qatar, Dubai and Jakarta - International Plan (excludes U.S. coverage except emergencies)	$18.01	$385.53	$403.54
Dental	Cigna Global Health Benefits	$28.86	$10.41	$39.27
Vision	Cigna Global Health Benefits	$3.77	$0.00	$3.77
Employee & legal spouse				
Medical	Employees working in Qatar, Dubai and Jakarta - Worldwide Plan (includes U.S. coverage)	$0.00	$1,173.69*	$1,173.69
	Employees working in Qatar, Dubai and Jakarta - International Plan (excludes U.S. coverage except emergencies)	$0.00	$1,043.67*	$1,043.67
	Employees working outside Qatar, Dubai and Jakarta - Worldwide Plan (includes U.S. coverage)	$176.05	$997.64	$1,173.69
	Employees working outside Qatar, Dubai and Jakarta - International Plan (excludes U.S. coverage except emergencies)	$46.03	$997.64	$1,043.67
Dental	Cigna Global Health Benefits	$91.68	$10.41	$102.09
Vision	Cigna Global Health Benefits	$9.79	$0.00	$9.79
Employee & child/ren				
Medical	Employees working in Qatar, Dubai and Jakarta - Worldwide Plan (includes U.S. coverage)	$0.00	$948.64*	$948.64
	Employees working in Qatar, Dubai and Jakarta - International Plan (excludes U.S. coverage except emergencies)	$0.00	$843.63*	$843.63
	Employees working outside Qatar, Dubai and Jakarta - Worldwide Plan (includes U.S. coverage)	$142.30	$806.34	$948.64
	Employees working outside Qatar, Dubai and Jakarta - International Plan (excludes U.S. coverage except emergencies)	$37.29	$806.34	$843.63
Dental	Cigna Global Health Benefits	$72.05	$10.41	$82.46
Vision	Cigna Global Health Benefits	$7.91	$0.00	$7.91
Family (employee, legal spouse, child/ren)				
Medical	Employees working in Qatar, Dubai and Jakarta - Worldwide Plan (includes U.S. coverage)	$0.00	$1,691.50*	$1,691.50
	Employees working in Qatar, Dubai and Jakarta - International Plan (excludes U.S. coverage except emergencies)	$0.00	$1,503.94*	$1,503.94
	Employees working outside Qatar, Dubai and Jakarta - Worldwide Plan (includes U.S. coverage)	$253.73	$1,437.77	$1,691.50
	Employees working outside Qatar, Dubai and Jakarta - International Plan (excludes U.S. coverage except emergencies)	$66.17	$1,437.77	$1,503.94
Dental	Cigna Global Health Benefits	$157.19	$10.41	$167.60
Vision	Cigna Global Health Benefits	$14.12	$0.00	$14.12

* Medical premiums for employees working in Qatar are paid by the Qatar Foundation, and medical premiums for employees working in Dubai and Jakarta are paid by the University.

APPENDIX E: LEGAL NOTICES

Notice of Privacy Practices

Effective September 23, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact the Georgetown University Privacy Official, Georgetown University, 2115 Wisconsin Avenue, N.W., Suite 601, Washington, D.C. 20007, **1-202-687-6457**, or by email to **hipaaprivacy@georgetown.edu**.

Who Must Follow This Notice

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

Our Obligations

We are required by law to:

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

How We May Use and Disclose Health Information

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

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

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

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

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

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

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

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

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

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

APPENDIX E: LEGAL NOTICES

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.

APPENDIX E: LEGAL NOTICES

Michelle's Law

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

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 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@MyAKHIPP.com Medicaid Eligibility: **https://health.alaska.gov/dpa/Pages/default.aspx**
Arkansas Medicaid	**http://myarhipp.com** 1-855-MyARHIPP (1-855-692-7447)
California Medicaid	Health Insurance Premium Payment (HIPP) Program: **http://dhcs.ca.gov/hipp** 1-916-445-8322 (fax: 1-916-440-5676) hipp@dhcs.ca.gov
Colorado Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado: **www.healthfirstcolorado.com** Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: **https://hcpf.colorado.gov/child-health-plan-plus** CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): **www.mycohibi.com** HIBI Customer Service: 1-855-692-6442
Florida Medicaid	**www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html** 1-877-357-3268
Georgia Medicaid	GA HIPP: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp** 1-678-564-1162, press 1 GA CHIPRA: **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra** 1-678-564-1162, press 2
Indiana Medicaid	Health Insurance Premium Payment Program All other Medicaid **www.in.gov/medicaid** Family and Social Services Administration: **www.in.gov/fssa/dfr** 1-800-403-0864 Member Services: 1-800-457-4584

APPENDIX E: 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 KIHIPP.PROGRAM@ky.gov KCHIP: **https://kynect.ky.gov** 1-877-524-4718 Kentucky Medicaid: **https://chfs.ky.gov/agencies/dms**
Louisiana Medicaid	**www.medicaid.la.gov** or **www.ldh.la.gov/lahipp** Medicaid Hotline: 1-888-342-6207 LaHIPP: 1-855-618-5488
Maine Medicaid	Enrollment: **www.mymaineconnection.gov/benefits/s** 1-800-442-6003 TTY: Maine Relay 711 Private Health Insurance Premium: **www.maine.gov/dhhs/ofi/applications-forms** 1-800-977-6740 TTY: Maine Relay 711
Massachusetts Medicaid and CHIP	**www.mass.gov/masshealth/pa** 1-800-862-4840 TTY: 711 masspremassistance@accenture.com
Minnesota Medicaid	**https://mn.gov/dhs/health-care-coverage** 1-800-657-3672
Missouri Medicaid	**www.dss.mo.gov/mhd/participants/pages/hipp.htm** 1-573-751-2005
Montana Medicaid	**http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP** 1-800-694-3084 HHSHIPPProgram@mt.gov
Nebraska Medicaid	**www.ACCESSNebraska.ne.gov** 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178
Nevada Medicaid	**http://dhcfp.nv.gov** 1-800-992-0900
New Hampshire Medicaid	**www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program** 1-603-271-5218 HIPP program: 1-800-852-3345, ext. 15218 DHHS.ThirdPartyLiabi@dhhs.nh.gov
New Jersey Medicaid and CHIP	Medicaid: **www.state.nj.us/humanservices/dmahs/clients/medicaid** 1-800-356-1561 CHIP: **www.njfamilycare.org/index.html** 1-800-701-0710 (TTY: 711) CHIP Premium Assistance: 1-609-631-2392
New York Medicaid	**www.health.ny.gov/health_care/medicaid** 1-800-541-2831
North Carolina Medicaid	**https://medicaid.ncdhhs.gov** 1-919-855-4100
North Dakota Medicaid	**www.hhs.nd.gov/healthcare** 1-844-854-4825
Oklahoma Medicaid and CHIP	**www.insureoklahoma.org** 1-888-365-3742
Oregon Medicaid	**http://healthcare.oregon.gov/Pages/index.aspx** 1-800-699-9075
Pennsylvania Medicaid and CHIP	**www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html** 1-800-692-7462 CHIP: **www.pa.gov/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**

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**. 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**.

HIPAA Special Enrollment Rights

If you decline 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**.

APPENDIX E: LEGAL NOTICES

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

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

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

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

Read this notice carefully – it explains your options.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th 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 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 end up paying 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.

APPENDIX E: 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 them at **1-800-772-1213** (TTY **1-800-325-0778**).

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

Date:	October 15, 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

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 **ideaa.georgetown.edu/ada/pregnancy-accommodations**.

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).

APPENDIX E: LEGAL NOTICES

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.

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**.

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.

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**.

APPENDIX E: LEGAL NOTICES

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 are 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.

Notice for Highly Compensated Employees with a Dependent Care FSA

The Internal Revenue Code (IRC) allows pretax contributions to FSAs as long as the benefit does not favor highly compensated employees (HCEs). 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).

In accordance with IRC regulations, Georgetown University's Department of Human Resources examines Dependent Care FSA elections each year to ensure that the benefit does not disproportionately benefit HCEs and that the Plan remains compliant. 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. If the Dependent Care FSA fails the test for the year, HCEs will be taxed on the pretax deductions contributed to their Dependent Care FSA during that calendar year. Non-highly compensated employees are not affected by this rule. Find details at **benefits.georgetown.edu/flexspendacct**.

APPENDIX E: LEGAL NOTICES

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 dɛ nià kɛ dyédé gbo: Ɔ jǔ ké m̀ [Bàsɔ́ɔ̀-wùdù-po-nyɔ̀] jǔ ní, nìí, à wudu kà kò dò po-poɔ̀ bɛ́ìn m̀ gbo kpáa. Đá 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 করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-1-202-687-4798
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.

APPENDIX E: 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.

Investment company	Website	Telephone
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	1-800-523-1188

We look forward to serving you in 2026 and beyond.

Sincerely,

Vivek Kumar
Retirement Benefits Analyst
Department of Human Resources

APPENDIX F: COBRA NOTICE

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."

APPENDIX F: COBRA NOTICE

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

When Is COBRA Continuation Coverage Available?

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

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

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

How Is COBRA Continuation Coverage Provided?

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are There Other Coverage Options Besides COBRA Continuation Coverage?

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

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

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

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

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

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

Visit **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**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **healthcare.gov**.

Keep Your Plan Informed of Address Changes

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

GEORGETOWN BENEFITS DIRECTORY

Department of Human Resources		
- Benefits Help - GMS Assistance	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, prescription drug, dental and vision		
- Cigna Global Health Benefits - GU Policy # 02774A	cignaenvoy.com	1-302-797-3100 (collect calls accepted) 1-800-441-2668 (toll-free in the U.S.)
Flexible spending accounts		
- Optum Financial	optumfinancial.com	1-877-292-4040
Long term disability		
Contact the Department of Human Resources		
Life/AD&D insurance		
- MetLife - MetLife Legal Plans (Supplemental Life Will Prep)	Group number: 123529	1-866-492-6983 1-800-821-6400
Business Travel Accident		
- The Hartford	Contact the Department of Human Resources	
International Employee Assistance Program		
- Cigna Envoy	cignaenvoy.com	44-208-987-6230 (reverse charges accepted) 1-877-857-2952 (within the U.S.)
- Workplace Options	support@resourcesforyourlife.com	
Worldwide Assistance and Evacuation Services		
- International SOS	riskmanagement.georgetown.edu (click on **International Travel**)	1-215-942-8226 (collect calls accepted) 1-800-523-6586 (within the U.S.)
-Travel Services	travel.georgetown.edu travel@georgetown.edu	
Tuition Assistance Program		
- Tuition Assistance Program	tapbenefits@georgetown.edu	
Retirement		
- Fidelity Investments - TIAA - Vanguard	netbenefits.com/georgetown tiaa.org/georgetown ownyourfuture.vanguard.com/content/en/ekit/georgetown-university/index.html	1-800-343-0860 1-800-842-2776 1-800-523-1188 (hit ✱ then **0** to speak with an associate)
GUAdvantage		
- Discounts on health, wellness, travel, electronics, restaurants, movies, and more	guadvantage.savings.beneplace.com Discount code: **GUSaves**	1-800-683-2886
GU-Q Wellness		
- GU-Q Wellness	guqwellness@georgetown.edu	

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**.