



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

2024 Legal Notices

Open Enrollment for 2024 Benefits

Begins: Monday, October 16, 2023

Ends: Wednesday, November 15, 2023

For details: benefits.georgetown.edu

Important Information About Medicare Prescription Drug Coverage

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 7-8 for more details.

This document contains the Legal Notices required for the Georgetown University health and welfare plans in effect on January 1, 2024. If you would like information on the plans, refer to the summary plan descriptions, evidence of coverage, insurance certificates and policies for complete terms, provisions, limitations and exclusions. Those documents are available on the Georgetown Benefits Website at benefits.georgetown.edu.

- 2** Summary of benefits and coverage
Notice of privacy practices
Primary care physicians (PCPs) and OB/GYN care
Women's Health and Cancer Rights Act
Michelle's Law
- 3** Premium assistance under Medicaid and the Children's Health Insurance Program (CHIP)
- 5** HIPAA special enrollment rights
Summary annual reports (SARs)
Notice for highly compensated employees with a dependent care FSA
- 6** Health Insurance Marketplace
Surprise billing notice
- 7** Important notice from Georgetown University about your prescription drug coverage and Medicare
- 9** Nondiscrimination notice
- 10** 403(b) Universal availability notice
- 11** Information on paid family leave in the District of Columbia
- 12** COBRA notice

Legal Notices

Summary of benefits and coverage (SBC)

The Affordable Care Act requires that you have access to health plan SBCs so you can understand your choices. Georgetown medical plan SBCs are distributed electronically during Open Enrollment and are also available at **benefits.georgetown.edu**. For free paper copies of the SBCs, call the Department of Human Resources at 1-202-687-2500.

Notice of privacy practices

You have the right to a paper copy of the Georgetown Group Health Plan Notice of Privacy Practices, and can request one at any time. This notice is also available at **benefits.georgetown.edu**. If you have questions about this notice, or would like a paper copy, contact the Department of Human Resources on campus at 2115 Wisconsin Avenue, N.W., Suite 601, Washington, D.C. 20007, call 1-202-687-2500, or email hipaaprivacy@georgetown.edu.

Primary care physicians (PCPs) and OB/GYN care

To the extent that any of the medical plan options allow for the designation of a primary care provider, 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 anyone else (including a primary care provider) to access 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 participating primary care providers, contact your medical plan carrier.

Women's Health and Cancer Rights Act

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

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

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

Michelle's Law

Public law 110-381, also known as "Michelle's Law," allows dependent college students insured under their parent's policy to remain covered if they are required to take a medical leave of absence from school or make any other enrollment changes that might cause them to lose dependent student eligibility. 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, dependent students will once again be required to provide student certification (as may be required under the applicable plan) to remain eligible for dependent coverage.

Legal Notices

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 to 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, 2023. 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.flmedicaidtprecovery.com/flmedicaidtprecovery.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	Healthy Indiana Plan for low-income adults 19-64: www.in.gov/fssa/hip 1-877-438-4479 All other Medicaid: www.in.gov/medicaid 1-800-457-4584
Iowa Medicaid and CHIP (Hawki)	Medicaid: https://dhs.iowa.gov/ime/members 1-800-338-8366 Hawki: http://dhs.iowa.gov/Hawki 1-800-257-8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 1-888-346-9562
Kansas Medicaid	www.kancare.ks.gov 1-800-792-4884 HIPP: 1-800-967-4660
Kentucky Medicaid	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 1-855-459-6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 1-877-524-4718 Kentucky Medicaid: https://chfs.ky.gov/agencies/dms

Legal Notices

Louisiana Medicaid	www.medicaid.la.gov or www.ldh.la.gov/la hipp 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/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 1-800-657-3739
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 HSHIPPProgram@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. 5218
New Jersey Medicaid and CHIP	Medicaid: www.state.nj.us/humanservices/dmahs/clients/medicaid 1-609-631-2392 CHIP: www.njfamilycare.org/index.html 1-800-701-0710
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.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 1-800-692-7462 CHIP: www.dhs.pa.gov/CHIP/Pages/CHIP.aspx 1-800-986-KIDS (5437)
Rhode Island Medicaid and CHIP	www.eohhs.ri.gov 1-855-697-4347 Direct RlTe 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	Medicaid: https://medicaid.utah.gov CHIP: http://chip.health.utah.gov 1-877-543-7669
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, 2023, 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

Legal Notices

HIPAA special enrollment rights

If you decline enrollment in Georgetown University health care coverage 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 Georgetown University health care coverage if you or your dependents lose eligibility for that other coverage (or if an 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 an 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 in Georgetown University health care coverage. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment in Georgetown University health care coverage 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 Georgetown University health care coverage if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your 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' determination of eligibility for such assistance.

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.

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. You can order a paper copy of the SARs from the Department of Human Resources at benefitshelp@georgetown.edu or 1-202-687-2500.

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 "discriminate" against non-highly compensated employees, 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.

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 premium savings that you’re eligible for depend 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 satisfy 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. Please visit **healthcare.gov** for more information, including an online application for health insurance coverage.

Surprise billing notice

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

If you believe you’ve been wrongly billed, 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**.

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 and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

Read this notice carefully – it explains your options.

When can I 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 my current coverage if I decide to join a Medicare drug plan?

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

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



Legal Notices

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

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

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

For more information about this notice or your current prescription drug coverage:

Contact the 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](https://www.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](https://www.ssa.gov), or call 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	October 15, 2023
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

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 dè nà ke dyédé gbo: Ɔ jũ ké n̄ [Bàsɔ̀-̀wùdù-po-nyò] jũ ní, ní, à wuqu kà kò dò po-poò béin n̄ gbo kpáa. Dá 1-202-687-4798

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

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

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

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

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

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

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

Notice to all employees of Georgetown University: 2024 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. Visit **benefits.georgetown.edu/retirement/voluntary** or call the Department of Human Resources at 1-202-687-2500 for more information.

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 submit 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 calling their toll-free numbers to talk to a representative.

Fidelity Investments

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

TIAA

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

Vanguard

georgetown.vanguard-education.com/ekit
1-800-523-1188

We look forward to serving you in 2024 and beyond.

Sincerely,



Vivek Kumar
Retirement Benefits Analyst
Department of Human Resources

Notice to Employees

Information on Paid Family Leave in the District of Columbia

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

Covered workers

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

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

Covered events

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

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

Maximum leave entitlement

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

Applying for benefits

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

Benefit amounts

Paid Family Leave benefits are based on the wages Georgetown University paid to you and reported to the Department of Employment Services. If you believe your wages were reported incorrectly, you have the right to provide proof of your correct wages. The maximum weekly benefit amount is \$1,118.

Employee protection

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

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

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

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

If you have questions

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

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 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 and your spouse divorce or legally separate.

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."

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.

COBRA Notice

Are there other coverage options besides COBRA continuation coverage?

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

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

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

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

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

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

For more information, visit **medicare.gov/medicare-and-you**.

If you have questions

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

Keep your plan informed of address changes

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

Notes



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.



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