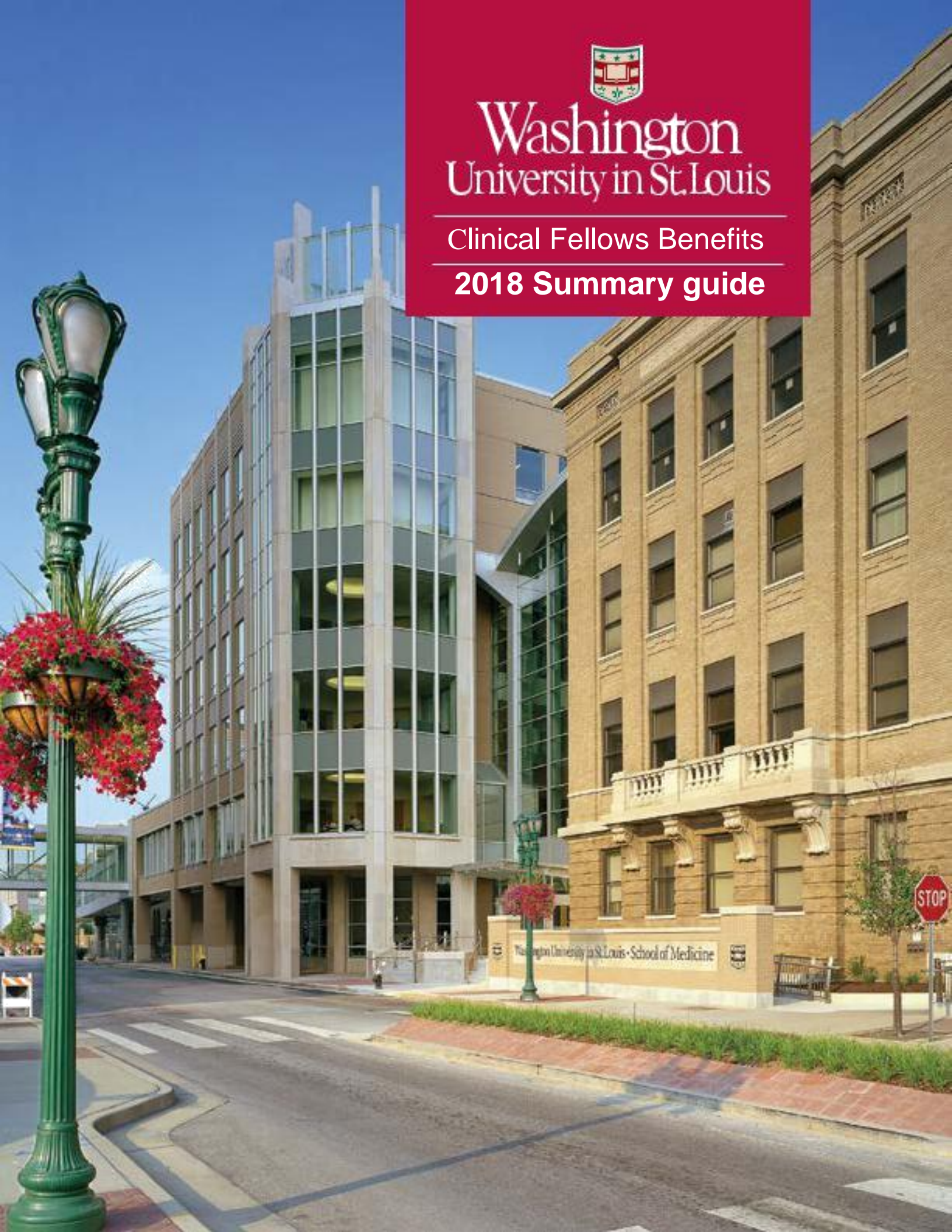




# Washington University in St. Louis

Clinical Fellows Benefits  
**2018 Summary guide**



# Washington University in St. Louis Clinical Fellow Benefits Summary

Washington University in St. Louis committed to providing a comprehensive and competitive benefits package to our clinical fellows and clinical trainees. Review your benefit options and use ALEX<sup>®</sup>, the interactive benefit education tool to learn what's best for you and your family. Walk through your benefits with ALEX<sup>®</sup> at [myalex.com/wustl](http://myalex.com/wustl).

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The content found in this summary is not all-inclusive and is not intended to replace the plan documents and summary plan descriptions, which can be found on the Human Resources website at <http://hr.wustl.edu>.

Welcome to Washington University, a place where people matter and serious work is done. Together, we help shape the future of our university, our region and our world.

Visit **wustl.edu** to learn more about our campus community.



This guide provides a summary of benefits, but you can walk through benefit options and learn more with the interactive, online tool, ALEX® at [myalex.com/wustl](http://myalex.com/wustl).

## Walk through your benefits with **alex**® – an interactive benefit education tool.

ALEX® is an interactive benefits education tool to help you learn about and find great-fit benefit plans for you and your family. ALEX® provides details in a simple, clear and interactive format.

Learn about the health plans, flexible spending accounts, dental, vision, life and other benefits through ALEX®.

ALEX® is available 24/7 to help you. The chat with ALEX® is engaging and will give you piece of mind that you made the right choice.



**Before you make your benefit selections, visit [myalex.com/wustl](http://myalex.com/wustl).**

## Health

The University provides you and your eligible dependents with a choice of two health plans and access to high quality providers, on the first day of the month coincident with or the first of the month following your appointment start date. When you enroll in a University health plan, you also receive prescription drug and basic vision coverage. Dental coverage is separate from medical and has its own premiums.

### Walk through your benefit options with ALEX at [myalex.com/wustl](http://myalex.com/wustl).

The following side-by-side comparison of the two health plans is provided to assist you with choosing the right plan to fit your individual needs. A detailed Summary of Benefits and Coverage (SBC) for each health plan can be found on the Health Plan Comparisons page of our Human Resources websites.

The **WUDirect**© program provides WUSTL health plan participants priority access for initial appointments with Washington University’s network of over 1300 physicians. Seeing a **WUDirect**© physician will help lower your out-of-pocket costs through reduced co-pays and co-insurance, as reflected in the following comparison. A listing of the **WUDirect**© physicians is available at <https://wudirect.wustl.edu>. To access this website, you will be required to enter the group number for your WUSTL health plan, which is listed on your health insurance ID card.

Annual Calendar Year Deductible		HMO/EPO	POS
Individual	In--Network	None	None
	Out--of--Network	N/A	\$300
Family	In--Network	None	None
	Out--of--Network	N/A	\$900
<i>Out---Of---Pocket Maximum (Incl. co---pays, deductibles, co---ins.)</i>			
Individual	In--Network	\$1,500	\$1,500
	Out--of--Network	N/A	\$3,300
Family	In--Network	\$3,000	\$3,000
	Out--of--Network	N/A	\$6,600
<i>Co---Payment / Co---Insurance</i>			
Chiropractic/ Spinal Manipulation	In--Network	\$50	\$50
	Out--of--Network	N/A	30%
Durable Medical Equipment	In--Network	20%	20%
	Out--of--Network	N/A	30%
Emergency Room Care		\$150 (waived if admitted) Covered as In--Network	
Inpatient Hospital, Rehab, Skilled Nursing	In--Network	\$500	\$500
	Out--of--Network	N/A	30%
Lab & X---Ray Services			
	PREVENTIVE		
PREVENTIVE	In--Network	\$0	\$0
	Out--of--Network	N/A	30%
NON---PREVENTIVE	--NetworkIn	10%	10%
	Out--of--Network	N/A	30%
MAJOR RADIOLOGIC DIAGNOSTIC	In--Network	20%	20%
	Out--of--Network	N/A	30%
Maternity			
	PRENATAL OFFICE VISIT		
LAB TESTS/ULTRASOUND	--InNetwork	\$0	\$0
	Out--of--Network	N/A	30%
LAB TESTS/ULTRASOUND	--InNetwork	10%	10%
	Out--of--Network		30%
		N/A	



<i>Co---Payment / Co---Insurance</i>		HMO/EPO	POS
INPATIENT DELIVERY	---NetworkIn	\$500	\$500
	Out---of---Network	N/A	30%
<b>Mental Health &amp; Substance Use Disorders</b>			
IN---PATIENT	In---Network	\$500	\$500
	Out---of---Network	N/A	30%
OUT---PATIENT	---InNetwork	WUDirect® --- \$25 Other --- \$50	WUDirect® --- \$25 Other --- \$50
	Out---of---Network	N/A	30%
ABA Therapy for Autism	O/P In---Network	WUDirect® --- \$25 Other --- \$50	WUDirect® --- \$25 Other --- \$50
	O/P Out---of---Network	N/A	30%
<b>Office Visit</b>			
PRIMARY CARE	---NetworkIn	WUDirect® --- \$15 Other --- \$25	WUDirect® --- \$15 Other --- \$25
	Out---of---Network	N/A	30%
SPECIALIST	---InNetwork	WUDirect® --- \$25 Other --- \$50	WUDirect® --- \$25 Other --- \$50
	Out---of---Network	N/A	30%
<b>Preventive Exams</b>			
	In---Network	\$0	\$0
	Out---of---Network	N/A	30%
<b>Surgery</b>			
IN---PATIENT	In---Network	\$0	\$0
	Out---of---Network	N/A	30%
OUT---PATIENT	---InNetwork	\$250	\$250
	Out---of---Network	N/A	30%
<b>Therapy Services</b>			
PT/OT/Speech	---InNetwork	WUDirect® --- \$25 Other --- \$50	WUDirect® --- \$25 Other --- \$50
	Out---of---Network	N/A	30%
<b>Urgent Care</b>			
	In---Network	\$35	\$35
	Out---of---Network	N/A	30%

## Prescription Drugs

Prescription drug benefits are included as part of your health care package when you enroll in a University health plan. Drugs are categorized by tier. Tier One is primarily generic drugs, Tier Two is primarily preferred brand name drugs and Tier Three is primarily non-preferred brand name drugs.

<i>Express Scripts Prescription Drug Plan</i>		
<i>Co---Payments/ Co---Insurance</i>	30---Day Retail	90---Day Mail---Order
Tier One	\$12*	\$30*
Tier Two	25% \$40 min --- \$80 max	25% \$100 min --- \$200 max
Tier Three	50% \$60 min --- \$120 max	50% \$150 min --- \$300 max
Specialty Drugs	Generic --- \$12 per 30---day supply Brand --- \$100 per 30---day supply	
Out---of---Pocket Maximum	\$2,500 - Individual; \$5,000 --- Family	

\*For generic drugs used to treat diabetes and heart disease for high cholesterol and hypertension only, co---pay is \$4 retail, \$10 mail---order.

## Vision

Basic Coverage vision benefits are included as part of the health care package if you enroll in a University health plan. You may purchase Vision Buy-Up Coverage, which expands university-paid Basic Coverage. If you elect Buy-up coverage, you must cover the same dependents covered in your health plan.

<i>VSP Vision Service Plan</i>		
<i>Co---Payment &amp; Discounts</i>	<b>Basic Coverage<sup>1</sup></b>	<b>Buy---Up Coverage</b>
Routine Eye Exam      In---Network	\$20 co---pay	\$20 co---pay
Per Calendar Year      Out---of---Network	Allowance up to \$50	Allowance up to \$50
Per Calendar Year: PRESCRIPTION EYEGLASSES      In---Network	20% discount on lenses and frames/ Allowance up to \$50	\$40 co---pay (single vision, lined bifocal, trifocal lenses) Frames--- \$150 allowance (\$170 for featured brands) + 20% discount
Out---of---Network	Allowance up to \$50	\$50---\$100 allowance, based on product
---OR--- CONTACT LENSES                              In---Network	Allowance up to \$50	\$150 allowance
Out---of---Network	Allowance up to \$50	Allowance up to \$105
Contact Lens Exam & Fitting	15% discount on exam	15% discount --- Exam not to exceed \$60

<sup>1</sup>Included with health plan

## Dental

Dental coverage is separate from medical and has its own premiums. You have the flexibility to enroll dependents in the dental plan, without enrolling them in medical coverage.

<i>Advantica Dental PPO Plan</i>					
<i>Annual Calendar Year Deductible</i>	Individual	In---Network	\$50	Out---of---Network	\$50
	Family	In---Network	\$150	Out---of---Network	\$150
<i>Postdoc Co---Insurance</i>	Preventive Care	In---Network	0%	Out---of---Network*	10%
	Basic Services	In---Network	20%	Out---of---Network*	40%
	Major Services	In---Network	50%	Out---of---Network*	50%
	Orthodontia	In---Network	50%	Out---of---Network*	50%
<i>Benefit Plan Maximums</i>	Calendar year benefit maximum per person (excludes orthodontia)				\$1,500
	Orthodontia lifetime maximum (postdocs; covered dependents up to age 26)				\$1,250

\*Out-of-Network benefits are based on Advantica's fee schedule.

## Basic Term Life Insurance

The University provides life insurance coverage to Clinical Fellows equal to one times your annual stipend, and accidental death and dismemberment coverage equal to four times your annual stipend. Enrollment is automatic and the coverage is provided at no cost to you. The term of the policy is equal to the duration of your fellowship appointment with the University.

## Optional Term Life Insurance

As a Clinical Fellow, you may purchase optional term life insurance for yourself and your dependents. Coverage for you is available in increments of one to four times your annual stipend. Coverage for your spouse or domestic partner is available in increments of \$25,000 up to a maximum of \$100,000. Dependent children birth to age 25 are eligible for coverage of \$4,000. Premiums for fellow and spouse/domestic partner coverage are based upon the clinical fellow's age. The term of the policy is equal to the duration of your benefits-eligible appointment with the University. If you enroll within the first 31 days of your appointment start date you do not have to submit a statement of health, but after the first 31 days a statement of health is required. You become eligible for Optional Term Life Insurance the first of the month coincident with or the first day of the month following your appointment start date.

## Long Term Disability (LTD)

LTD benefits provide continuation of pay when you are unable to perform your fellowship duties for an extended period of time due to illness or injury. This policy is provided by the University immediately at no cost to you.

Should you become disabled, disability payments begin after a three month waiting period. The basic LTD benefit is 60% of your monthly earnings, up to a maximum monthly benefit of \$3,000. If awarded Social Security disability, this monthly amount will be offset by your Social Security benefit.

## Family Support Benefits

**Backup Care Advantage Program** – This service is available when you need to be at work and your regular child or elder/adult care is unavailable. Services available include center-based back-up child care, in-home back-up and mildly-ill child care, and in-home back-up elder/adult care. For more information about the Backup Care Advantage Program contact (877) 242-2737 or visit the website at [www.brighthorizons.com/advantage](http://www.brighthorizons.com/advantage).

**Employee Assistance Program (EAP)** – A confidential professional service for you and your immediate family members is available to help resolve issues that may impact your personal lives and your job performance. To access information, you may contact (844) 365-4587 or visit the website at [www.guidanceresources.com](http://www.guidanceresources.com), Web ID: WASHU.

**Washington University Family Learning Center** – The Family Learning Center offers quality child care for children ages six weeks to six years. The Center is located at the University's North Campus site. For more information please view the website at [childcare.wustl.edu](http://childcare.wustl.edu) or contact the center director, Ann Bingham, at [annbingham@wustl.edu](mailto:annbingham@wustl.edu) or (314) 935-KIDS (5437).

**University City Children's Center** – Washington University in St. Louis has long enjoyed an affiliation with the University City Children's Center (UCCC). Located at 6646 Vernon Avenue in University City, UCCC is a nonprofit, United Way agency committed to providing innovative, quality education and a nurturing environment to a racially, culturally, socio-economically, and developmentally diverse population of children between six weeks and six years of age while providing supportive services to families. For more information, please visit the UCCC website at [www.uccc.org](http://www.uccc.org).

**Washington University Nursery School** – The Washington University Nursery School was founded in 1947 as a cooperative venture of faculty and the University. The Nursery School promotes the highest quality preschool program for children two years and seven months to five years of age. Children come from a variety of countries, cultures, and economic backgrounds. The school is licensed by the State of Missouri and is fully accredited by the National Association for the Education of Young Children. For more information you may contact [nursery@wustl.edu](mailto:nursery@wustl.edu) or view the website at [nurseryschool.wustl.edu](http://nurseryschool.wustl.edu).

## Additional Benefits

**Metro Universal Pass/Shuttle Bus Service** – Receive an annual Metro pass at no charge that can be used on all St. Louis Metro busses and the light-rail MetroLink. In addition, there are three bus routes designed specifically for the Washington University campus. For more information on these routes or the benefit, visit the Parking and Transportation Services website at <http://medfacilities.wustl.edu>.

**Parking** - Permits are available for on campus parking. For more information, visit the Parking and Transportation Services website at <http://medfacilities.wustl.edu>.

**Medical Coverage for international business travel** – Washington University offers international medical coverage through GeoBlue® to benefits-eligible employees traveling abroad for university business purposes (personal travel excluded). This coverage also applies to faculty members doing research abroad while on sabbatical. To register, visit [www.geo-blue.com](http://www.geo-blue.com) and click on the 'Register' box on the main page. Enter the Washington University Group Access Code: QHG99999WUBT. Visit [global.wustl.edu](http://global.wustl.edu) for more details. *Please note: This is separate from your university health plan.*



## Eligibility

A benefits-eligible clinical fellow is a Clinical Fellow or Clinical Trainee who receives the majority of their living stipend from Washington University, or is sponsored by a foreign government or organization and receives stipend payments from Washington University sufficient to cover the cost of benefits.

**New Hire Event** – New hire benefits begin on the first of the month coincident with or the first of the month following your appointment start date. You must enroll within 31 days of your appointment start date to participate in the health, dental, and vision buy-up plans, or to enroll in optional life insurance without completing a statement of health.

**Life Event** – You may enroll in, cancel coverage, add or delete dependents from your health and dental plans within 31 days of a qualifying life event. Life events include, but are not limited to, marriage, death, divorce, birth, adoption and certain changes in employment status. For the birth of a child, you have 62 days from the date of birth to add the child to your health coverage. Supporting documentation may be required.

**Open Enrollment** – During open enrollment you may enroll in the health and/or dental plan, cancel coverage, add or delete dependents from your health/dental coverage, and enroll in or cancel the vision buy-up option for the upcoming year. Open enrollment occurs each year during the month of November.

## Enrollment

You may enroll in benefits online through HRMS Employee Self Service or by submitting the completed enrollment/change forms to your Benefits Office. With the exception of the optional life insurance, enrollment is limited to the new hire event, life events and open enrollment. You may apply for optional life insurance coverage at any time by completing a statement of health.

Benefit premiums will be deducted from your monthly stipend check.

## Health Insurance Marketplace

The health care reform law requires most individuals to have health insurance or otherwise pay a penalty. If you are enrolled in a WUSTL health plan, you meet this requirement and will not be subject to a penalty. If you are not eligible for or do not enroll in a WUSTL health plan, you must obtain health insurance coverage from another source, such as a family member's employer-sponsored health plan or the public Health Insurance Marketplace that was established in connection with health care reform. A Health Insurance Marketplace Notice that provides required information about the Marketplace can be found on the Health Plan Comparisons page of our Human Resources website. To request a paper copy of the Notice, contact the Benefits Office at 1-866-232-1482.

## Regulatory Benefit Notices

The University is required to provide you with important information regarding eligibility and enrollment, benefit coverage, COBRA rights, HIPAA privacy rules, and whether the University's prescription drug coverage qualifies as creditable coverage for Medicare. **For full regulatory benefit notices, please visit [hr.wustl.edu](http://hr.wustl.edu) or call 1-866-232-1482 to request paper copies.**

### Continuation Coverage Rights Under COBRA

This general notice informs group health plan participants of their right under federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), to COBRA continuation coverage --- a temporary extension of group health plan coverage. COBRA continuation coverage is available to group health plan participants when they would otherwise lose their group health plan coverage.

### Health Insurance Marketplace Notice

The Patient Protection and Affordable Care Act (PPACA) requires most individuals to have health insurance coverage or otherwise pay a tax penalty. The goal is to ensure that individuals have access to affordable health insurance -- whether through their own employer, a family member's employer, an insurance company, or the government. The Health Insurance Marketplace was established by the federal government in connection with the PPACA. You can access information about the Health Insurance Marketplace and the PPACA's requirements for individuals and families at [www.healthcare.gov](http://www.healthcare.gov) or 1-800-318-2596.

### HIPAA Privacy Notice

Washington University respects the confidentiality of your health information and recognizes that information about your health is personal. WUSTL's Comprehensive Employee Welfare Benefit Plan, which encompasses its group health plans and health spending plans, Employee Assistance Program and Wellness Program, is required by law to protect your health information and to inform you of its legal duties and your rights regarding such information. This notice explains how, when and why these plans typically use and disclose your health information and your privacy rights regarding such information.

### HIPAA Special Enrollment Rights

In accordance with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"), you have the right to enroll in a WUSTL group health plan under a "special enrollment" provision if you acquire a new dependent or if you decline coverage under WUSTL's group health plans for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

### Newborns' & Mothers' Health Protection Act of 1996

Group health plans generally may not 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 the group health plan may pay for a shorter stay if the attending provider, after consultation with the mother, discharges the mother or newborn earlier. The group health plan may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours for a cesarean section).

### Notice of Creditable Coverage

This notice, which applies to individuals who are entitled to Medicare benefits, provides information about the prescription drug coverage included with WUSTL's health care benefits and the options that are available under Medicare's prescription drug coverage. This information is provided to assist such individuals in deciding whether or not to enroll in a Medicare prescription drug plan.

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

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you are eligible for WUSTL health insurance coverage, some states (including the State of Missouri) have premium assistance programs that can help pay for coverage, using funds from their Medicaid or CHIP programs.

### Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, WUSTL's group health plans provide benefits for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

If you receive benefits under your health plan in connection with a mastectomy, benefits are also provided for the following services, as you determine appropriate with your attending physician:

- All states 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.

The amount you must pay for such services are the same as required for any other covered health services under your health plan.

## Monthly Health Premiums and Reimbursements

The premiums for the UnitedHealthcare HMO/EPO and POS health plans include the cost of medical, prescription drug and basic vision coverage. You may add dental coverage for an additional charge or elect Dental Only coverage if you do not need health coverage. The Vision Buy-Up option is only available if you are enrolled in the health plan. The “Net Premium” represents the net amount you pay for your health, dental and/or vision buy-up coverage. The “Net Premium” is the difference between the “deduction” (the total premium) that is withheld from your monthly stipend check and the taxable “reimbursement” that is added to your stipend check.

HMO/EPO					
Level of Coverage		Deduction	Reimbursement	Net Premium	
Individual Only		\$575.35	\$527.08	\$48.27	
Individual + Child/ren		1,127.98	897.30	230.68	
Individual + Spouse/Partner		1,305.04	1,064.03	241.01	
Family		1,858.16	1,516.77	341.39	
Plus POS					
Level of Coverage		Deduction	Reimbursement	Net Premium	
Individual Only		\$751.48	\$680.09	\$71.39	
Individual + Child/ren		1,473.22	1,156.37	316.85	
Individual + Spouse/Partner		1,704.88	1,373.64	331.24	
Family		2,427.11	1,928.90	498.21	
Dental					
Level of Coverage		Deduction	Reimbursement	Net Premium	
Individual Only		\$24.04	\$22.04	\$2.00	
Individual + Child/ren		50.04	45.04	5.00	
Individual + Spouse/Partner		50.63	45.63	5.00	
Family		87.93	77.93	10.00	
VSP Vision Buy-Up					
Level of Coverage		Deduction	Reimbursement	Net Premium	
Individual Only		\$5.76	\$0.00	\$5.76	
Individual + Child/ren		12.39	0.00	12.39	
Individual + Spouse/Partner		11.54	0.00	11.54	
Family		19.79	0.00	19.79	
Optional Term Life Insurance Premiums					
Fellow Age as of July 1	Fellow Monthly Rate per \$1,000 of Coverage	Fellow Age as of July 1	Spouse/DP Monthly Rate per \$1,000 of Coverage	Dependent Child Monthly Rate	
Under 30	<b>.034</b>	Under 30	<b>.045</b>	<b>.60 per month</b>  Will waive child premium if spouse/domestic partner coverage is elected	
30 - 34	<b>.043</b>	30 - 34	<b>.063</b>		
35 - 39	<b>.051</b>	35 - 39	<b>.078</b>		
40 - 44	<b>.062</b>	40 - 44	<b>.099</b>		
45 - 49	<b>.086</b>	45 - 49	<b>.144</b>		
50 - 54	<b>.123</b>	50 - 54	<b>.213</b>		
55 - 59*	<b>.197</b>	55 - 59*	<b>.354</b>		

## Glossary

**Co-Insurance:** Your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

**Co-Payment (Co-Pay):** A fixed amount (for example, \$20) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible:** The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1,000 your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

**Network:** The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Out-of-Pocket Limit:** The most you pay during a policy period (usually a year\_ before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments out-of-network payments or other expenses toward this limit.

**Primary Care:** A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

**Specialist:** A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

# FOR MORE INFORMATION ON YOUR BENEFITS

This guide provides a summary of benefits, but you can find more information and use the interactive ALEX® benefit tool to learn more.



## **ALEX®, INTERACTIVE BENEFIT EDUCATION TOOL**

Learn about the health plans, flexible spending accounts, dental, vision, life and other benefits through ALEX®.

ALEX® is available 24/7 to help you. The chat with ALEX® is engaging and will give you piece of mind that you made the right choice.

**Before you make your benefit selections, visit [myalex.com/wustl](http://myalex.com/wustl).**



## **HUMAN RESOURCES WEBSITE**

Find plan documents, complete details and more information on benefits at [hr.wustl.edu](http://hr.wustl.edu).



## **VENDOR CONTACTS**

Dental  
Advantica  
[www.advanticabenefits.com](http://www.advanticabenefits.com)  
(800) 501-3471

Prescription Drug Benefits  
Express Scripts  
[www.express-scripts.com/wustl](http://www.express-scripts.com/wustl)  
(877) 880-1877

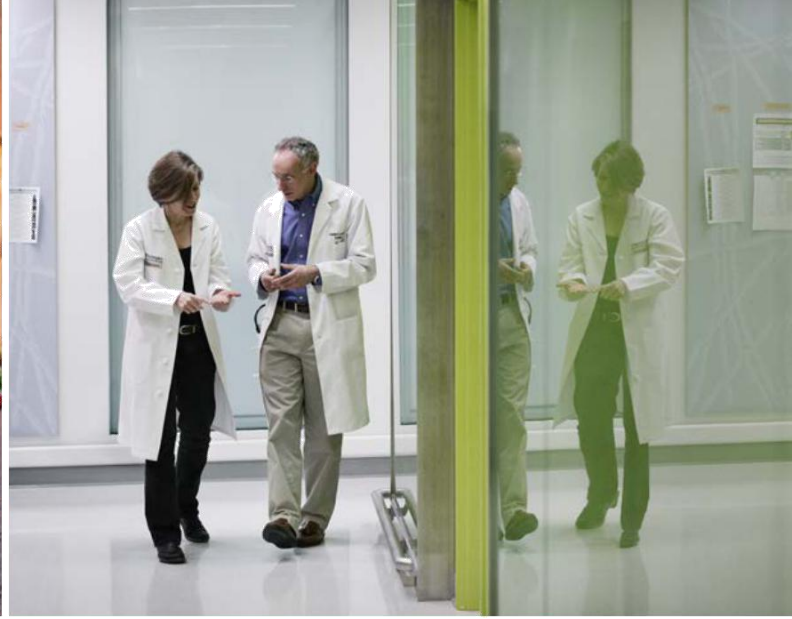
Healthcare  
UnitedHealthcare  
[www.myuhc.com](http://www.myuhc.com)  
(800) 382-2599

Vision  
VSP  
[www.vsp.com](http://www.vsp.com)  
(800) 877-7195









Washington  
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