

# Comparing the Medical Plans

**Note:**  
The GW medical plan offerings use the UHC Choice Plus network.

GW Health Savings Plan (HSP)			GW PPO		
MFA Provider†	In-Network	Out-of-Network	MFA Provider	In-Network	Out-of-Network

## Deductible

Individual		\$2,000	\$3,000		\$750	\$2,000
Family		\$4,000 <sup>††</sup>	\$6,000 <sup>††</sup>		\$1,500	\$4,000

## Out-of-Pocket Maximum (OOPM)<sup>†††</sup>

Individual		\$4,000	\$6,000		\$3,000	\$6,000
Family		\$8,000	\$12,000		\$6,000	\$12,000

## Coinsurance

After deductible	GW - 90% Employee - 10%	GW - 80% Employee - 20%	GW - 60% Employee - 40%	GW - 90% Employee - 10%	GW - 80% Employee - 20%	GW - 60% Employee - 40%
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## Lifetime Maximum

	Unlimited	Unlimited
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## Office Visit

Primary Care Physician (PCP)	After deductible: GW - 90% Employee - 10%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	\$10 copay	\$30 copay	After deductible: GW - 60% Employee - 40%
Specialist	After deductible: GW - 90% Employee - 10%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	\$25 copay	\$50 copay	After deductible: GW - 60% Employee - 40%

## Virtual Visit

	After deductible: GW - 80% Employee - 20%	\$10 copay
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## Imaging and Labs<sup>††††</sup> *LabCorp and Quest Diagnostics will continue to be GW's preferred vendors for lab work.*

	Preferred	Non-Preferred	Preferred	Non-Preferred
Diagnostic Test (x-ray, blood work)	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
Imaging (CT/PET scans, MRIs)	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%

<sup>†</sup> The MFA tier applies to professional charges by MFA providers; MFA behavioral health providers continue to be out-of-network.

<sup>††</sup> For family coverage, no one in the family is eligible for the coinsurance benefit until the family coverage deductible is met.

<sup>†††</sup> Under Healthcare Reform all plans must have an out-of-pocket maximum. In addition deductibles, copays and coinsurance must apply to the OOPM. (Only allowed charges will count towards the OOPM for out-of-network benefits.)

<sup>††††</sup> Preferred Network = in-network freestanding facilities and GW hospital

Non-Preferred Network = in-network hospitals (other than GW Hospital) or out-of-network freestanding facilities or hospitals (in or out-of-network deductible applies as appropriate)

GW Health Savings Plan (HSP)		GW PPO	
In-Network	Out-of-Network	In-Network	Out-of-Network

## Hospital Care

Inpatient	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
Outpatient	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
Urgent Care	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	\$30 copay	After deductible: GW - 60% Employee - 40%
Emergency Room	After deductible: GW - 80% Employee - 20%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 80% Employee - 20%	After deductible: GW - 80% Employee - 20%

## Home Health Care

Up to 100 visits per calendar year	80% after you meet the annual deductible	60% after you meet the annual deductible	80% after you meet the annual deductible	60% after you meet the annual deductible
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## Preventive

\* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit [uhcpreventivecare.com](http://uhcpreventivecare.com) for additional details on ALL preventive care guidelines based on your age and sex.

Mammography*	100% for one preventive mammogram per year, age 40 and over			
Pap Test*	GW covers 100% if part of wellness exam	After deductible: GW - 60% Employee - 40%	GW covers 100% if part of wellness exam	After deductible: GW - 60% Employee - 40%
Prostate Exam*	GW covers 100% if part of wellness exam	After deductible: GW - 60% Employee - 40%	GW covers 100% if part of wellness exam	After deductible: GW - 60% Employee - 40%
Well Child and Well Adult Exams*	GW covers 100%	After deductible: GW - 60% Employee - 40%	GW covers 100%	After deductible: GW - 60% Employee - 40%
<b>Applied Behavior Analysis (ABA)</b>	Covered	Covered	Covered	Covered

## Chiropractic Care

	After deductible: GW - 80% Employee - 20% up to 60 visits per year (combined in- and out-of-network)	After deductible: GW - 60% Employee - 40% up to 60 visits per year (combined in- and out-of-network)	\$50 copay per office visit, up to 60 visits per year (combined in- and out-of-network)	After deductible: GW - 60% Employee - 40% up to 60 visits per year (combined in- and out-of-network)
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## Acupuncture

	After deductible: GW - 80% Employee - 20% up to 20 visits per year (combined in- and out-of-network)	After deductible: GW - 60% Employee - 40% up to 20 visits per year (combined in- and out-of-network)	\$50 copay per office visit, up to 20 visits per year (combined in- and out-of-network)	After deductible: GW - 60% Employee - 40% up to 20 visits per year (combined in- and out-of-network)
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## Fertility Benefits\*\*

**Artificial insemination and in vitro fertilization are covered as well as other services. Limitations apply. For additional details, please review the Fertility Benefit Overview PDF at <a href="http://hr.gwu.edu/benefits">hr.gwu.edu/benefits</a> .	Not Covered	Not Covered	Up to \$30,000 lifetime medical benefit and up to \$8,000 pharmacy benefit	Not Covered
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## Hearing Aids\*\*\*

*** Up to a single purchase (including repair/replacement) per hearing impaired ear every 36 months.	Not Covered	Not Covered	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%
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\* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit [myuhc.com](http://myuhc.com) for additional details on ALL preventive care guidelines based on your age and sex.

\*\* Artificial insemination and in vitro fertilization are covered as well as other services. Additional limitations apply. For additional details, please review the Fertility Benefit Overview PDF at [hr.gwu.edu/benefits](http://hr.gwu.edu/benefits).

\*\*\* Up to a single purchase (including repair/replacement) per hearing impaired ear every 36 months.

## GW Health Savings Plan (HSP)

## GW PPO

In-Network

Out-of-Network

In-Network

Out-of-Network

### Cochlear Implants

Not Covered

Not Covered

Covered

Not Covered

### Obesity Surgery\*\*\*\*

\*\*\*\* Notification is required six months prior to surgery. Please contact UHC for plan details.

Not Covered

Not Covered

Up to \$60,000 lifetime limit

Not Covered

### Vision

After deductible:  
GW - 80%  
Employee - 20%

After deductible:  
GW - 60%  
Employee - 40%

Routine eye exams are covered once every 24 months with applicable copay. Discounts on hardware/frames/contacts are available at participating eye centers. You are subject to the annual deductible and coinsurance if you go out-of-network in the GW PPO.

### Durable Medical Equipment (DME)

After deductible:  
GW - 80%  
Employee - 20%

After deductible:  
GW - 60%  
Employee - 40%

After deductible:  
GW - 80%  
Employee - 20%

After deductible:  
GW - 60%  
Employee - 40%

### Prescription Drug Deductible

Included in overall plan deductible (\$2,000 individual / \$4,000 family)

N/A

### Prescription Out-of-Pocket Maximum

Individual

Combined with medical

\$3,600

\$7,200

Family

Combined with medical

\$7,200

\$14,400

### Preventive Drugs

Covered at 100%

Subject to coinsurance

### Retail Prescription Drugs

Generic

After deductible:  
GW - 80%  
Employee - 20%

After deductible:  
GW - 60%  
Employee - 40%

10% Coinsurance  
(Minimum \$15, Maximum \$30)  
30-day supply

Brand Formulary

After deductible:  
GW - 80%  
Employee - 20%

After deductible:  
GW - 60%  
Employee - 40%

20% Coinsurance  
(Minimum \$30, Maximum \$50)  
30-day supply

Brand Non-Formulary

After deductible:  
GW - 80%  
Employee - 20%

After deductible:  
GW - 60%  
Employee - 40%

25% Coinsurance  
(Minimum \$60, Maximum \$100)  
30-day supply

Specialty

After deductible:  
GW - 80%  
Employee - 20%

After deductible:  
GW - 60%  
Employee - 40%

30% coinsurance for PrudentRx eligible specialty prescriptions filled at CVS Specialty, \$0 when enrolled in PrudentRx. **Please visit the [Open Enrollment Guide](#) for details.**

### Mail-Order Prescription Drugs

Generic

*Vacation Exception  
Additional 30-day supply one time per year*

After deductible:  
GW - 80%  
Employee - 20%

After deductible:  
GW - 60%  
Employee - 40%

10% Coinsurance  
(Minimum \$37.50, Maximum \$75)  
90-day supply

Brand Formulary

*Vacation Exception  
Additional 30-day supply one time per year*

After deductible:  
GW - 80%  
Employee - 20%

After deductible:  
GW - 60%  
Employee - 40%

20% Coinsurance (Minimum \$75, Maximum \$125)  
90-day supply

Summaries of Benefits and Coverage (SBCs) are available [go.gwu.edu/2022OE](http://go.gwu.edu/2022OE).