Percentages in the accompanying chart represent the percentages of allowed benefit covered by the GW plan as well as the LTD recipient responsibility. **Important:** If you are under age 65 and eligible for Medicare, please review the Coordination of Benefits with Medicare section on page 10 for details on how this plan coordinates with Medicare.

## Medical Plan

### Note

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

### Deductible

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>$750</td>
<td>$1,500</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

### Out-of-Pocket Maximum (OOPM)

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$6,000</td>
<td>$12,000</td>
</tr>
</tbody>
</table>

### Coinsurance

<table>
<thead>
<tr>
<th></th>
<th>GW - 90% Participant - 10%</th>
<th>GW - 80% Participant - 20%</th>
<th>GW - 60% Participant - 40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP)</td>
<td>$10 copay</td>
<td>$30 copay</td>
<td>After deductible: GW - 60% Participant - 40%</td>
</tr>
<tr>
<td>Specialist</td>
<td>$25 copay</td>
<td>$50 copay</td>
<td>After deductible: GW - 60% Participant - 40%</td>
</tr>
</tbody>
</table>

### Lifetime Maximum

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Unlimited</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### Office Visit

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Test (x-ray, blood work)</td>
<td>After deductible: GW - 80% Participant - 20%</td>
<td>After deductible: GW - 60% Participant - 40%</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>After deductible: GW - 80% Participant - 20%</td>
<td>After deductible: GW - 60% Participant - 40%</td>
</tr>
</tbody>
</table>

### Virtual Visit

$10 copay

### Imaging and Labs† †

LabCorp and Quest Diagnostics will continue to be GW’s preferred vendors for lab work.

### MFA Provider

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Test (x-ray, blood work)</td>
<td>After deductible: GW - 80% Participant - 20%</td>
<td>After deductible: GW - 60% Participant - 40%</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>After deductible: GW - 80% Participant - 20%</td>
<td>After deductible: GW - 60% Participant - 40%</td>
</tr>
</tbody>
</table>

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

†† 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)
### Hospital Care

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td>After deductible: GW – 80% Participant – 20%</td>
<td>After deductible: GW – 60% Participant – 40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>After deductible: GW – 80% Participant – 20%</td>
<td>After deductible: GW – 60% Participant – 40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>30 copay</td>
<td>After deductible: GW – 80% Participant – 20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>After deductible: GW – 80% Participant – 20%</td>
<td>After deductible: GW – 80% Participant – 20%</td>
</tr>
</tbody>
</table>

### Preventive

<table>
<thead>
<tr>
<th></th>
<th>GW covers</th>
<th>After deductible: GW – 60% Participant – 40%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mammography</strong></td>
<td>GW covers 100% if part of wellness exam</td>
<td></td>
</tr>
<tr>
<td><strong>Pap Test</strong></td>
<td>GW covers 100% if part of wellness exam</td>
<td></td>
</tr>
<tr>
<td><strong>Prostate Exam</strong></td>
<td>GW covers 100% if part of wellness exam</td>
<td></td>
</tr>
<tr>
<td><strong>Well Child and Well Adult Exams</strong></td>
<td>GW covers 100%</td>
<td></td>
</tr>
</tbody>
</table>

### Applied Behavior Analysis (ABA)

<table>
<thead>
<tr>
<th></th>
<th>Covered</th>
<th>Covered</th>
</tr>
</thead>
</table>

### Chiropractic Care

<table>
<thead>
<tr>
<th></th>
<th>$50 copay per office visit, up to 60 visits per year (combined in- and out-of-network)</th>
<th>After deductible: GW – 60% Participant – 40% up to 60 visits per year (combined in- and out-of-network)</th>
</tr>
</thead>
</table>

### Acupuncture

<table>
<thead>
<tr>
<th></th>
<th>$50 copay per office visit, up to 20 visits per year (combined in- and out-of-network)</th>
<th>After deductible: GW – 60% Participant – 40% up to 20 visits per year (combined in- and out-of-network)</th>
</tr>
</thead>
</table>

### Fertility Benefits**

|                      | Up to $30,000 lifetime medical benefit and up to a $8,000 pharmacy benefit | Not Covered |

### Hearing Aids***

|                      | After deductible: GW – 80% Participant – 20% | After deductible: GW – 60% Participant – 40% |

* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit uhcppreventivecare.com for additional details on ALL preventive care guidelines based on your age and sex.

** Artificial insemination, in vitro fertilization, and other procedures are covered. Please contact UHC for details.

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

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

**Obesity Surgery****

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $60,000 lifetime limit</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

**Vision**

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 LTD PPO.

**Prescription Out-of-Pocket Maximum**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,600</td>
<td>$7,200</td>
</tr>
<tr>
<td>$7,200</td>
<td>$14,400</td>
</tr>
</tbody>
</table>

**Retail Prescription Drugs**

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Generic</th>
<th>Brand Formulary</th>
<th>Brand Non-Formulary</th>
<th>Speciality</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% Coinsurance</td>
<td>(Minimum $15, Maximum $30) 30-day supply</td>
<td>20% Coinsurance (Minimum $30, Maximum $50) 30-day supply</td>
<td>25% Coinsurance (Minimum $60, Maximum $100) 30-day supply</td>
<td>30% Coinsurance for PrudentRx eligible specialty prescriptions filled at CVS Speciality*, $0 when enrolled in PrudentRx</td>
</tr>
</tbody>
</table>

*Your plan includes the PrudentRx program for specialty medications. This program is designed to lower your out of pocket costs by assisting you with enrollment in drug manufacturers discount copay cards/assistance programs. When enrolled in PrudentRx, your out of pocket cost will be $0 for medications included on the PrudentRx exclusive specialty drug list. If you opt out, you will be responsible for the 30% coinsurance (only the amount you pay out of pocket will apply toward your deductible/out of pocket maximums for essential health benefit medications.)

**Mail-Order Prescription Drugs**

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Generic</th>
<th>Brand Formulary</th>
<th>Brand Non-Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% Coinsurance</td>
<td>(Minimum $37.50, Maximum $75) 90-day supply</td>
<td>20% Coinsurance (Minimum $75, Maximum $125) 90-day supply</td>
<td>25% Coinsurance (Minimum $150, Maximum $250) 90-day supply</td>
</tr>
</tbody>
</table>

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

To review 2022 contribution rates for medical coverage, please refer to page 26.