

# Comparing the Medical Plans

Percentages in the accompanying chart represent the percentages of **allowed** benefit covered by the plan (GW) as well as the employee responsibility.

**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%

## Lifetime Maximum

		Unlimited	Unlimited

## Office Visit

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

## Virtual Visit

		After deductible: GW - 80% Employee - 20%			\$10 copay

## Imaging and Labs<sup>††††</sup> *LabCorp and Quest Diagnostics are the preferred labs for GW medical plans.*

		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%

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

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

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

†††† 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**

**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%

**Preventive**

Mammography*	100% for one preventive mammogram per year, age 40 and over			
Pap Test*	GW covers 100% with 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% with 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%

**Applied Behavior Analysis (ABA)**

	Covered	Covered	Covered	Covered
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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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**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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**Fertility Benefits\*\***

	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\*\*\***

	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

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

Not Covered	Not Covered	Up to \$60,000 lifetime limit	Not Covered
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### 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.	
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### 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%
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### Prescription Drug Deductible

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

### Mail-Order Prescription Drugs

Generic <i>Vacation Exception Additional 30-day supply one time per year</i>	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	10% Coinsurance (Minimum \$37.50, Maximum \$75) 90-day supply
Brand Formulary <i>Vacation Exception Additional 30-day supply one time per year</i>	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	20% Coinsurance (Minimum \$75, Maximum \$125) 90-day supply
Brand Non-Formulary	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	25% Coinsurance (Minimum \$150, Maximum \$250) 90-day supply

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

Summaries of Benefits and Coverage (SBCs) are available at [hr.gwu.edu/benefits](http://hr.gwu.edu/benefits). Please review for additional plan coverage information.