

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

	MFA Provider†	In-Network	Out-of-Network	MFA Provider†	In-Network	Out-of-Network
Individual		\$2,000	\$3,000		\$750	\$2,000
Family		\$4,000†	\$6,000†		\$1,500	\$4,000

Out-of-Pocket Maximum (OOPM)††

	MFA Provider†	In-Network	Out-of-Network	MFA Provider†	In-Network	Out-of-Network
Individual		\$4,000	\$6,000		\$3,000	\$6,000
Family		\$8,000	\$12,000		\$6,000	\$12,000

Coinsurance

	MFA Provider†	In-Network	Out-of-Network	MFA Provider†	In-Network	Out-of-Network
	10% after ded	GW - 80% Employee - 20%	GW - 60% Employee - 40%	10% after ded	GW - 80% Employee - 20%	GW - 60% Employee - 40%

Lifetime Maximum

	MFA Provider†	In-Network	Out-of-Network
		Unlimited	Unlimited

Office Visit

	MFA Provider†	In-Network	Out-of-Network	MFA Provider†	In-Network	Out-of-Network
Primary Care Physician (PCP)	10% after ded	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	\$10 copay	\$30 copay	After deductible: GW - 60% Employee - 40%
Specialist	10% after ded	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	\$25 copay	\$50 copay	After deductible: GW - 60% Employee - 40%

Virtual Visit

	MFA Provider†	In-Network	Out-of-Network
		After deductible: GW - 80% Employee - 20%	\$10 copay

Imaging and Labs††† 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%

† 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. 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 (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%

Preventive

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%
Applied Behavior Analysis (ABA)	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 hr.gwu.edu/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***

*** 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 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. Limitations apply. Please review the Fertility Benefit Overview PDF at 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
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Bariatric 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
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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
Specialty under Brand Non-Formulary	After deductible: GW - 80% Employee - 20%	After deductible: GW - 60% Employee - 40%	30% for PrudentRx eligible specialty prescriptions filled at CVS Specialty*, \$0 when enrolled in PrudentRx

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

Summaries of Benefits and Coverage (SBCs) are available go.gwu.edu/2023OE.
Please see details on the following page.