

Percentages in the accompanying chart represent the percentages of **allowed** benefit covered by the GW plan as well as the LTD recipient responsibility.

Medical Plan

NOTE

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

	GW LTD PPO		
	MFA Provider †	In-Network	Out-of-Network
Deductible			
Individual		\$750	\$2,000
Family		\$1,500	\$4,000
Out-of-Pocket Maximum (OOPM)			
Individual		\$3,000	\$6,000
Family		\$6,000	\$12,000
Coinsurance			
	GW - 90% Participant - 10%	GW - 80% Participant - 20%	GW - 60% Participant - 40%
Lifetime Maximum			
		Unlimited	Unlimited
Office Visit			
Primary Care Physician (PCP)	\$10 copay	\$30 copay	After deductible: GW - 60% Participant - 40%
Specialist	\$25 copay	\$50 copay	After deductible: GW - 60% Participant - 40%
Virtual Visit			
		\$10 copay	
Imaging and Labs^{††} <i>LabCorp and Quest Diagnostics will continue to be GW's preferred vendors for lab work.</i>			
		Preferred	Non-Preferred
Diagnostic Test (x-ray, blood work)		After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%
Imaging (CT/PET scans, MRIs)		After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%

† 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)

GW LTD PPO

In-Network

Out-of-Network

Hospital Care

Inpatient	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%
Outpatient	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 40%
Urgent Care	\$30 copay	After deductible: GW - 60% Participant - 40%
Emergency Room	After deductible: GW - 80% Participant - 20%	After deductible: GW - 80% Participant - 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% Participant - 40%
Prostate Exam*	GW covers 100% if part of wellness exam	After deductible: GW - 60% Participant - 40%
Well Child and Well Adult Exams*	GW covers 100%	After deductible: GW - 60% Participant - 40%

Applied Behavior Analysis (ABA)

	Covered	Covered
--	---------	---------

Chiropractic Care

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

Acupuncture

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

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 uhcpreventivecare.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.

GW LTD PPO

In-Network

Out-of-Network

Cochlear Implants

Covered

Not Covered

Bariatric Surgery****

Up to \$60,000
lifetime limit

Not Covered

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

Individual	\$3,600	\$7,200
Family	\$7,200	\$14,400

Retail Prescription Drugs

Generic	10% Coinsurance (Minimum \$15, Maximum \$30) 30-day supply
Brand Formulary	20% Coinsurance (Minimum \$30, Maximum \$50) 30-day supply
Brand Non-Formulary	25% Coinsurance (Minimum \$60, Maximum \$100) 30-day supply
Specialty	30% Coinsurance for PrudentRx eligible specialty prescriptions filled at CVS Specialty*, \$0 when enrolled in PrudentRx

*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

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

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

To review 2023 contribution rates for medical coverage, please refer to page 28.