

For more details about your coverage options, read the [Comparing the Medical Plans](#) chart, which follows.

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

COMPARING THE MEDICAL PLANS

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

	Retiree Health Savings Plan (HSP)		Blue 65 PPO
	In-Network	Out-of-Network	In-Network and Out-of Network

Deductible

Individual	\$2,000	\$3,000	\$500
Family	\$4,000 [†]	\$6,000 [†]	\$1,000

Out-of-Pocket Maximum^{††}

Individual	\$4,000	\$6,000	\$4,000
Family	\$7,150	\$12,000	\$8,000

Coinsurance

	GW - 80% Retiree - 20%	GW - 60% Retiree - 40%	GW - 80% Retiree - 20%
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Lifetime Maximum

	Unlimited		Unlimited
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Office Visit

PCP	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%	After deductible: GW - 80% Retiree - 20%
Specialist	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%	After deductible: GW - 80% Retiree - 20%

Virtual Visit

	After deductible: GW - 80% Retiree - 20%		After deductible: GW - 80% Retiree - 20%
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Imaging and Labs^{†††}

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

[†] 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 OOP max. (Only allowed charges will count towards the OOP max 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)

Retiree Health Savings Plan (HSP)		Blue 65 PPO	
In-Network	Out-of-Network	In-Network and Out-of-Network	

Hospital Care

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

Chiropractic Care

	After deductible: GW - 80% Retiree - 20% up to 60 visits per year (combined in- and out-of-network)	After deductible: GW - 60% Retiree - 40% up to 60 visits per year (combined in- and out-of-network)	After deductible: GW - 80% Retiree - 20% up to 60 visits per year
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Acupuncture

	After deductible: GW - 80% Retiree - 20% up to 20 visits per year (combined in- and out-of-network)	After deductible: GW - 60% Retiree - 40% up to 20 visits per year (combined in- and out-of-network)	After deductible: GW - 80% Retiree - 20% up to 20 visits per year
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Hearing Aids**

	Not Covered	Not Covered	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 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 www.uhcreventivecare.com for additional details on ALL preventive care guidelines based on your age and sex.

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

Retiree Health Savings Plan (HSP)		Blue 65 PPO
In-Network	Out-of-Network	In-Network and Out-of-Network

Cochlear Implants

Not Covered	Not Covered	Covered
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Obesity Surgery***

Not Covered	Not Covered	Up to \$60,000 lifetime limit
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Vision

After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 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 Blue 65 PPO.
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Durable Medical Equipment (DME)

After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%	After deductible: GW - 80% Retiree - 20%
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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
Family	Combined with medical	\$7,200

Preventive Drugs

Covered at 100%	Subject to coinsurance
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Retail Prescription Drugs

Generic	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%	10% Coinsurance (Minimum \$15, Maximum \$30) 30-day supply
Brand Formulary	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%	20% Coinsurance (Minimum \$30, Maximum \$50) 30-day supply
Brand Non-Formulary	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 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% Retiree - 20%	After deductible: GW - 60% Retiree - 40%	10% Coinsurance (Minimum \$37.50, Maximum \$75) 90-day supply
Brand Formulary <i>Add vacation exception Additional 30-day supply one time per year</i>	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%	20% Coinsurance (Minimum \$75, Maximum \$125) 90-day supply
Brand Non-Formulary	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%	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 2017 contribution rates for Retiree Medical Coverage, please refer to <https://benefits.gwu.edu/annual-open-enrollment>.