

The following pages provide the Medical Plan chart, which highlights some of the services provided under the GW Retiree HSP.

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

## Medical Plan

**Note:**

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

GW Retiree Health Savings Plan (HSP)		
	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$2,000	\$3,000
Family	\$4,000 <sup>†</sup>	\$6,000 <sup>†</sup>
<b>Out-of-Pocket Maximum (OOPM)<sup>††</sup></b>		
Individual	\$4,000	\$6,000
Family	\$8,000	\$12,000
<b>Coinsurance</b>		
	GW - 80% Retiree - 20%	GW - 60% Retiree - 40%
<b>Lifetime Maximum</b>		
	Unlimited	
<b>Office Visit</b>		
Primary Care Physician (PCP)	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%
Specialist	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%
<b>Virtual Visit</b>		
	After deductible: GW - 80% Retiree - 20%	
<b>Imaging and Labs<sup>†††</sup></b> <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% Retiree - 20%	After deductible: GW - 60% Retiree - 40%
Imaging (CT/PET scans, MRIs)	After deductible: GW - 80% Retiree - 20%	After deductible: GW - 60% Retiree - 40%

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

<sup>††</sup> 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.)

<sup>†††</sup> **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 Retiree Health Savings Plan (HSP)

In-Network

Out-of-Network

### Hospital Care

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

### Applied Behavior Analysis (ABA)

Covered

Covered

### 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)
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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)
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\* Preventive care guidelines are based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Visit [uhcpreventivecare.com](http://uhcpreventivecare.com) for additional details on ALL preventive care guidelines based on your age and sex.

## GW Retiree Health Savings Plan (HSP)

In-Network

Out-of-Network

### Vision

After deductible:  
GW - 80%  
Retiree - 20%

After deductible:  
GW - 60%  
Retiree - 40%

### Durable Medical Equipment (DME)

After deductible:  
GW - 80%  
Retiree - 20%

After deductible:  
GW - 60%  
Retiree - 40%

### Prescription Drug Deductible

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

### Prescription Out-of-Pocket Maximum

Individual

Combined with medical

Family

Combined with medical

### Preventive Drugs

Covered at 100%

### Retail Prescription Drugs

Generic

After deductible:  
GW - 80%  
Retiree - 20%

After deductible:  
GW - 60%  
Retiree - 40%

Brand Formulary

After deductible:  
GW - 80%  
Retiree - 20%

After deductible:  
GW - 60%  
Retiree - 40%

Brand Non-Formulary

After deductible:  
GW - 80%  
Retiree - 20%

After deductible:  
GW - 60%  
Retiree - 40%

### Mail-Order Prescription Drugs

Generic

*Vacation Exception  
Additional 30-day supply one time per year*

After deductible:  
GW - 80%  
Retiree - 20%

After deductible:  
GW - 60%  
Retiree - 40%

Brand Formulary

*Vacation Exception  
Additional 30-day supply one time per year*

After deductible:  
GW - 80%  
Retiree - 20%

After deductible:  
GW - 60%  
Retiree - 40%

Brand Non-Formulary

After deductible:  
GW - 80%  
Retiree - 20%

After deductible:  
GW - 60%  
Retiree - 40%

To review 2020 contribution rates for retiree medical coverage, please visit [benefits.gwu.edu/annual-open-enrollment](https://benefits.gwu.edu/annual-open-enrollment).