

Percentages in the accompanying chart represent the percentages of **allowed** benefit covered by the GW plan as well as the LTD participant responsibility. **Important:** *If you are under age 65 and eligible for Medicare, please review the Coordination of Benefits with Medicare section on page 24 in LTD Open Enrollment Guide for details on how this plan coordinates with Medicare.*

## Medical Plan

**Note:**

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

	GW LTD PPO	
	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$750	\$2,000
Family	\$1,500	\$4,000
<b>Out-of-Pocket Maximum (OOPM)</b>		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
<b>Coinsurance</b>		
	GW - 80% Participant - 20%	GW - 60% Participant - 40%
<b>Lifetime Maximum</b>		
	Unlimited	Unlimited
<b>Office Visit</b>		
Primary Care Physician (PCP)	\$30 copay	After deductible: GW - 60% Participant - 40%
Specialist	\$50 copay	After deductible: GW - 60% Participant - 40%
<b>Virtual Visit</b>		
	\$10 copay	
<b>Imaging and Labs<sup>†</sup></b> <i>LabCorp is the preferred lab for GW medical plans.</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%

<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 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)
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### 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)
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### Infertility Benefits\*\*

	Up to \$30,000 lifetime medical benefit and up to a \$8,000 pharmacy benefit	Not Covered
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### Hearing Aids\*\*\*

	After deductible: GW - 80% Participant - 20%	After deductible: GW - 60% Participant - 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.uhcpreventivecare.com](http://www.uhcpreventivecare.com) for additional details on ALL preventive care guidelines based on your age and sex.

\*\* Benefits are limited to members with a history of medical infertility. Artificial insemination and in vitro fertilization are covered. Additional limitations apply. 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

### Obesity 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

### Mail-Order Prescription Drugs

Generic

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

10% Coinsurance  
(Minimum \$37.50, Maximum \$75)  
90-day supply

Brand Formulary

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

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 2018**

**contribution rates for Medical Coverage, please refer to page 31 in the LTD Open Enrollment Guide.**