

Graduate Appointee Insurance Program (GAIP)
Dependents and Non-Registered Academic Student Employees– Medical Plan

Effective Date: 10/01/2017

	Hall Health Providers	In-Network Providers	Out-of-Network Providers
Individual Deductible	\$75 per quarter/ \$300 per plan year		
Individual Out-of-Pocket Maximum	\$1,200		Unlimited
Family Out-of-Pocket Maximum	\$2,400		Unlimited
COMMON MEDICAL SERVICES			
Office and Clinic Visits <ul style="list-style-type: none">Office visits (including telehealth virtual care services)Office visit for women’s healthNon-hospital urgent care centersAll other office and clinic visits	10% coinsurance 10% coinsurance Not available 10% coinsurance	10% coinsurance 10% coinsurance 10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance
Preventive Care <ul style="list-style-type: none">Exams, screenings and immunizationsSeasonal and travel immunizationsHealth education and nicotine dependency treatment	0% coinsurance, deductible waived 0% coinsurance, deductible waived 0% coinsurance, deductible waived	0% coinsurance, deductible waived 0% coinsurance, deductible waived 0% coinsurance, deductible waived	40% coinsurance 40% coinsurance 40% coinsurance
Contraception Management and Sterilization	0% coinsurance, deductible waived	0% coinsurance, deductible waived	40% coinsurance
Diagnostic X-ray, Lab and Imaging <ul style="list-style-type: none">Preventive care screening and testsLab WorkBasic diagnostic x-ray and imagingMajor diagnostic x-ray and imaging	0% coinsurance, deductible waived 10% coinsurance 10% coinsurance 10% coinsurance	0% coinsurance, deductible waived 10% coinsurance 10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance
Surgery Services <ul style="list-style-type: none">Inpatient hospital and professional servicesOutpatient hospital, ambulatory surgical center, including professional services	Not available 10% coinsurance	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
Emergency Room <ul style="list-style-type: none">Facility feesProfessional, diagnostic services, other services and supplies	Not available Not available	10% coinsurance 10% coinsurance	10% coinsurance 10% coinsurance
Emergency Ambulance Services	Not available	10% coinsurance	10% coinsurance
Urgent Care Centers	Not available	10% coinsurance	40% coinsurance
Hospital Services <ul style="list-style-type: none">Inpatient CareOutpatient Care	Not available Not available	10% coinsurance 10% coinsurance	10% coinsurance 10% coinsurance
Mental Health <ul style="list-style-type: none">OutpatientInpatient and residential	10% coinsurance Not Available	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance

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Chemical Dependency <ul style="list-style-type: none"> Outpatient Inpatient and residential 	10% coinsurance Not Available	0% coinsurance 0% coinsurance	0% coinsurance 0% coinsurance
Maternity and Newborn Care Prenatal, postnatal, delivery, inpatient care and termination of pregnancy. See also Diagnostic X-ray, Lab and Imaging. For specialty care see also Office and Clinic Visits. <ul style="list-style-type: none"> Inpatient Hospital and professional services Birthing center or short-stay facility Diagnostic tests during pregnancy Outpatient Professional Midwife 	 Not Available Not Available 10% coinsurance 10% coinsurance Not available	 10% coinsurance 10% coinsurance 10% coinsurance 10% coinsurance 20% coinsurance	 40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance 20% coinsurance
Home Health Care Limited to 130 visits per plan year	Not available	10% coinsurance	40% coinsurance
Hospice Care <ul style="list-style-type: none"> Home visits Respite care, inpatient or outpatient 	Not available Not available	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
Habilitation Therapy (Neurodevelopmental) <ul style="list-style-type: none"> Inpatient (limited to 30 days per plan year) Outpatient. Medical necessity will be reviewed after 12 visits combined in- network and out-of-network. 	Not available 10% coinsurance	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
Rehabilitation Therapy <ul style="list-style-type: none"> Inpatient (limited to 30 days per plan year) Outpatient. Medical necessity will be reviewed after 12 visits combined in- network and out-of-network. 	Not available 10% coinsurance	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
Skilled Nursing Facility and Care <ul style="list-style-type: none"> Skilled nursing facility care limited to 90 days per plan year Skilled nursing care in the long-term care facility care limited to 90 days per plan year 	Not available Not available	\$300 copay then 10% coinsurance \$300 copay, then 10% coinsurance	\$300 copay then 40% coinsurance \$300 copay, then 40% coinsurance
Home Medical Equipment (HME), Supplies, Devices, Prosthetics and Orthotics Shoe inserts and orthopedic shoes not covered, except when diabetes-related.	Not available	10% coinsurance	10% coinsurance
Acupuncture, Massage Therapy, Naturopathic Visits and Spinal Manipulation	25% coinsurance	25% coinsurance	50% coinsurance
Allergy Testing and Treatment	10% coinsurance	10% coinsurance	40% coinsurance
Hearing Care Non-preventive, medically necessary hearing care supplies and procedures	25% coinsurance	25% coinsurance	25% coinsurance

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Temporomandibular Joint (TMJ) Disorders <ul style="list-style-type: none"> Office visits Inpatient facility fees Other professional services 	10% coinsurance Not available 10% coinsurance	10% coinsurance 10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
Transplants All approved transplant centers covered at in-network benefit level. <ul style="list-style-type: none"> Office visits Inpatient facility fees Other professional services Travel and lodging (as permitted under current IRS guidelines) 	10% coinsurance Not available Not available Not available	10% coinsurance 10% coinsurance 10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance
Transgender Surgery	Not available	25% coinsurance	40% coinsurance
OTHER COVERED SERVICES			
Emergency Medical Evacuation and Repatriation of Remains Services do not apply toward the out-of-pocket maximum shown above <ul style="list-style-type: none"> Emergency Medical Evacuation (\$50,000 per evacuation maximum) Repatriation of Remains (\$25,000 maximum). 	Not available Not available	0% coinsurance, deductible waived 0% coinsurance, deductible waived	

This plan is a Preferred Provider Plan (PPO). The In-network providers are those that have a contractual arrangement with LifeWise and have agreed to discount their billed charges. The GAIP plan gives you access to the LifeWise provider network and to networks in other states with which LifeWise has arranged to provide covered services to you. Hospitals, physicians and other providers in these networks are called "in-network providers." A list of in-network providers is available in the LifeWise provider directory. These providers are listed by geographical area, specialty and in alphabetical order to help you select a provider that is right for you. LifeWise updates this directory regularly, but it is subject to change. We suggest that you call LifeWise for current information and to verify that your provider and their office location or provider group are included in the LifeWise network before you receive services. The provider directory is available online at <https://student.lifewiseac.com/uw/gaip/find-a-doctor.aspx>. Non-network providers are all other providers not in the LifeWise network and they may bill you for charges over the allowable charge.

Prior authorization is required for many services to be covered. For more information please refer to your benefit booklet.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please see the [benefit booklet](#) or contact LifeWise Customer Service.