

	Hall Health Providers	In-Network Providers	Out-of-Network Providers
<b>Hall Health Maximum Benefit</b> You receive this enhanced benefit when eligible for UW-paid coverage or if covered under Self Pay and registered for classes; when not registered, services and supplies from Hall Health are covered at the In-Network levels. <i>Note:</i> Not all services are provided at Hall Health.	First \$1,000 per academic student employee per plan year are covered in full (deductible & coinsurance are waived)	Not Applicable	
<b>Individual Deductible</b>	\$75 per quarter/ \$300 per plan year		
<b>Individual Out-of-Pocket Maximum</b>	\$1,200		Unlimited
<b>Family Out-of-Pocket Maximum</b>	\$2,400		Unlimited
<b>COMMON MEDICAL SERVICES</b>			
<b>Office and Clinic Visits</b> <ul style="list-style-type: none"> <li>Office visits (including telehealth virtual care services)</li> <li>Office visit for women's health</li> <li>Non-hospital urgent care centers</li> <li>All other office and clinic visits</li> </ul>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i> 0% coinsurance  0% Coinsurance Not available 0% Coinsurance	10% coinsurance  10% coinsurance 10% coinsurance 10% coinsurance	40% coinsurance  40% coinsurance 40% coinsurance 40% coinsurance
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Exams, screenings and immunizations</li> <li>Seasonal and travel immunizations</li> <li>Health education and nicotine dependency treatment</li> </ul>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i> 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
<b>Contraception Management and Sterilization</b>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i> 0% coinsurance, deductible waived	0% coinsurance, deductible waived	40% coinsurance
<b>Diagnostic X-ray, Lab and Imaging</b> <ul style="list-style-type: none"> <li>Preventive care screening and tests</li> <li>Lab Work</li> <li>Basic diagnostic x-ray and imaging</li> <li>Major diagnostic x-ray and imaging</li> </ul>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i> 0% coinsurance, deductible waived 0% coinsurance 0% coinsurance 0% coinsurance	0% coinsurance, deductible waived 10% coinsurance 10% coinsurance 10% coinsurance	40% coinsurance  40% coinsurance 40% coinsurance 40% coinsurance

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<b>Surgery Services</b> <ul style="list-style-type: none"> <li>Inpatient hospital and professional services</li> <li>Outpatient hospital, ambulatory surgical center, including professional services</li> </ul>	Not available <i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i> 0% coinsurance	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
<b>Emergency Room</b> <ul style="list-style-type: none"> <li>Facility fees</li> <li>Professional, diagnostic services, other services and supplies</li> </ul>	Not available Not available	10% coinsurance 10% coinsurance	10% coinsurance 10% coinsurance
<b>Emergency Ambulance Services</b>	Not available	10% coinsurance	10% coinsurance
<b>Urgent Care Centers</b>	Not available	10% coinsurance	40% coinsurance
<b>Hospital Services</b> <ul style="list-style-type: none"> <li>Inpatient Care</li> <li>Outpatient Care</li> </ul>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i> Not available 0% coinsurance	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
<b>Mental Health</b> <ul style="list-style-type: none"> <li>Outpatient (there are no fees at the Counseling Center for registered students)</li> <li>Inpatient and residential</li> </ul>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then</i> 0% coinsurance, deductible waived Not Available	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
<b>Chemical Dependency</b> <ul style="list-style-type: none"> <li>Outpatient</li> <li>Inpatient and residential</li> </ul>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then</i> 0% coinsurance, deductible waived Not Available	0% coinsurance 0% coinsurance	0% coinsurance 0% coinsurance
<b>Maternity and Newborn Care</b> 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"> <li>Inpatient Hospital and professional services</li> <li>Birthing center or short-stay facility</li> <li>Diagnostic tests during pregnancy</li> <li>Outpatient Professional</li> <li>Midwife</li> </ul>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then</i> 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
<b>Home Health Care</b> Limited to 130 visits per plan year	Not available	10% coinsurance	40% coinsurance

	<b>Hall Health Providers</b>	<b>In-Network Providers</b>	<b>Out-of-Network Providers</b>
<b>Hospice Care</b> <ul style="list-style-type: none"> <li>Home visits</li> <li>Respite care, inpatient or outpatient</li> </ul>	<p>Not available</p> <p>Not available</p>	<p>10% coinsurance</p> <p>10% coinsurance</p> <p>10% coinsurance</p>	<p>40% coinsurance</p> <p>40% coinsurance</p> <p>40% coinsurance</p>
<b>Habilitation Therapy</b> (Neurodevelopmental) <ul style="list-style-type: none"> <li>Inpatient (limited to 30 days per plan year)</li> <li>Outpatient. Medical necessity will be reviewed after 12 visits combined in- network and out-of-network.</li> </ul>	<p><i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i></p> <p>Not available</p> <p>10% coinsurance</p>	<p>10% coinsurance</p> <p>10% coinsurance</p>	<p>40% coinsurance</p> <p>40% coinsurance</p>
<b>Rehabilitation Therapy</b> <ul style="list-style-type: none"> <li>Inpatient (limited to 30 days per plan year)</li> <li>Outpatient. Medical necessity will be reviewed after 12 visits combined in- network and out-of-network.</li> </ul>	<p><i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i></p> <p>Not available</p> <p>0% coinsurance</p>	<p>10% coinsurance</p> <p>10% coinsurance</p>	<p>40% coinsurance</p> <p>40% coinsurance</p>
<b>Skilled Nursing Facility and Care</b> <ul style="list-style-type: none"> <li>Skilled nursing facility care limited to 90 days per plan year</li> <li>Skilled nursing care in the long-term care facility care limited to 90 days per plan year</li> </ul>	<p>Not available</p> <p>Not available</p>	<p>\$300 copay, then 10% coinsurance</p> <p>\$300 copay, then 10% coinsurance</p>	<p>\$300 copay, then 40% coinsurance</p> <p>\$300 copay, then 40% coinsurance</p>
<b>Home Medical Equipment (HME), Supplies, Devices, Prosthetics and Orthotics</b> Shoe inserts and orthopedic shoes not covered, except when diabetes-related.	Not available	10% coinsurance	40% coinsurance
<b>Acupuncture, Massage Therapy, Naturopathic Visits and Spinal Manipulation</b>	<p><i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i></p> <p>25% coinsurance</p>	25% coinsurance	50% coinsurance
<b>Allergy Testing and Treatment</b>	<p><i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i></p> <p>0% coinsurance</p>	10% coinsurance	40% coinsurance
<b>Hearing Care</b> Non-preventive, medically necessary hearing care supplies and procedures	<p><i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i></p> <p>25% coinsurance</p>	25% coinsurance	25% coinsurance

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<b>Temporomandibular Joint (TMJ) Disorders</b> <ul style="list-style-type: none"> <li>Office visits</li> <li>Inpatient facility fees</li> <li>Other professional services</li> </ul>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i> 0% coinsurance Not available 0% coinsurance	10% coinsurance 10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
<b>Transplants</b> All approved transplant centers covered at in-network benefit level. <ul style="list-style-type: none"> <li>Office visits</li> <li>Inpatient facility fees</li> <li>Other professional services</li> <li>Travel and lodging (as permitted under current IRS guidelines)</li> </ul>	<i>After \$1,000 Hall Health Maximum Benefit, benefits then:</i> 0% coinsurance Not available Not available Not available	10% coinsurance 10% coinsurance 10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance
<b>Transgender Surgery</b>	Not available	25% coinsurance	40% coinsurance
<b>OTHER COVERED SERVICES</b>			
<b>Emergency Medical Evacuation and Repatriation of Remains</b> Services do not apply toward the out-of-pocket maximum shown above <ul style="list-style-type: none"> <li>Emergency Medical Evacuation (\$50,000 per evacuation maximum)</li> <li>Repatriation of Remains (\$25,000 maximum).</li> </ul>	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.*