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

Effective Date: 10/01/2018

<table>
<thead>
<tr>
<th></th>
<th>Hall Health Providers</th>
<th>In-Network Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible</td>
<td>$75 per quarter/ $300 per plan year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Out-of-Pocket Maximum</td>
<td>$1,200</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>Family Out-of-Pocket Maximum</td>
<td>$2,400</td>
<td>Unlimited</td>
<td></td>
</tr>
</tbody>
</table>

**COMMON MEDICAL SERVICES**

<table>
<thead>
<tr>
<th></th>
<th>Hall Health Providers</th>
<th>In-Network Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office and Clinic Visits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Office visits (including telehealth virtual care services)</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>• Office visit for women’s health</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>• Non-hospital urgent care centers</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>• All other office and clinic visits</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Exams, screenings and immunizations</td>
<td>0% coinsurance, deductible waived</td>
<td>0% coinsurance, deductible waived</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>• Seasonal and travel immunizations</td>
<td>0% coinsurance, deductible waived</td>
<td>0% coinsurance, deductible waived</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>• Health education and nicotine dependency treatment</td>
<td>0% coinsurance, deductible waived</td>
<td>0% coinsurance, deductible waived</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td><strong>Contraception Management and Sterilization</strong></td>
<td>0% coinsurance, deductible waived</td>
<td>0% coinsurance, deductible waived</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td><strong>Diagnostic X-ray, Lab and Imaging</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Preventive care screening and tests</td>
<td>0% coinsurance, deductible waived</td>
<td>0% coinsurance, deductible waived</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>• Lab Work</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>• Basic diagnostic x-ray and imaging</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>• Major diagnostic x-ray and imaging</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td><strong>Surgery Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient hospital and professional services</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>• Outpatient hospital, ambulatory surgical center, including professional services</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Facility fees</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
</tr>
<tr>
<td>• Professional, diagnostic services, other services and supplies</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
</tr>
<tr>
<td><strong>Emergency Ambulance Services</strong></td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
</tr>
<tr>
<td><strong>Urgent Care Centers</strong></td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient Care</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
</tr>
<tr>
<td>• Outpatient Care</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient</td>
<td>10% coinsurance, deductible waived</td>
<td>10% coinsurance, deductible waived</td>
<td>40% coinsurance deductible waived</td>
</tr>
</tbody>
</table>
### Hall Health

<table>
<thead>
<tr>
<th>Hall Health Providers</th>
<th>In-Network Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and residential</td>
<td>Not Available</td>
<td>10% coinsurance deductible waived</td>
</tr>
</tbody>
</table>

### Chemical Dependency

<table>
<thead>
<tr>
<th></th>
<th>Hall Health Providers</th>
<th>In-Network Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
</tr>
<tr>
<td>Inpatient and residential</td>
<td>Not Available</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
</tr>
</tbody>
</table>

### 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.

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<thead>
<tr>
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<th>In-Network Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital and professional services</td>
<td>Not Available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Birthing center or short-stay facility</td>
<td>Not Available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Diagnostic tests during pregnancy</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Outpatient Professional</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Midwife</td>
<td>Not available</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

### Home Health Care

Limited to 130 visits per plan year

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

### Hospice Care

<table>
<thead>
<tr>
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<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visits</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Respite care, inpatient or outpatient</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

### Habilitation Therapy (Neurodevelopmental)

<table>
<thead>
<tr>
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<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (limited to 30 days per plan year)</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Outpatient. Medical necessity will be reviewed after 12 visits combined in- network and out-of-network.</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

### Rehabilitation Therapy

<table>
<thead>
<tr>
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<th>Out-of-Network Providers</th>
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</thead>
<tbody>
<tr>
<td>Inpatient (limited to 30 days per plan year)</td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Outpatient. Medical necessity will be reviewed after 12 visits combined in- network and out-of-network.</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

### Skilled Nursing Facility and Care

<table>
<thead>
<tr>
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<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled nursing facility care limited to 90 days per plan year</td>
<td>Not available</td>
<td>$300 copay then 10% coinsurance</td>
<td>$300 copay then 40% coinsurance</td>
</tr>
<tr>
<td>Skilled nursing care in the long-term care facility care limited to 90 days per plan year</td>
<td>Not available</td>
<td>$300 copay, then 10% coinsurance</td>
<td>$300 copay, then 40% coinsurance</td>
</tr>
</tbody>
</table>

### Home Medical Equipment (HME), Supplies, Devices, Prosthetics and Orthotics

Shoe inserts and orthopedic shoes not covered, except when diabetes-related.

<table>
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<th>Out-of-Network Providers</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Not available</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
</tr>
</tbody>
</table>

### Acupuncture, Massage Therapy, Naturopathic Visits and Spinal Manipulation

<table>
<thead>
<tr>
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<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>50% coinsurance</td>
</tr>
</tbody>
</table>

### Allergy Testing and Treatment

<table>
<thead>
<tr>
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<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>
### Hall Health Providers | In-Network Providers | Out-of-Network Providers
---|---|---
**Hearing Care**<br>Non-preventive, medically necessary hearing care supplies and procedures | 25% coinsurance | 25% coinsurance | 25% coinsurance

### Temporomandibular Joint (TMJ) Disorders
- Office visits | 10% coinsurance | 10% coinsurance | 40% coinsurance
- Inpatient facility fees | Not available | 10% coinsurance | 40% coinsurance
- Other professional services | 10% coinsurance | 10% coinsurance | 40% coinsurance

### Transgender Surgery
- Office visits | 10% coinsurance | 10% coinsurance | 40% coinsurance
- Inpatient facility fees | Not available | 10% coinsurance | 40% coinsurance
- Other professional services | 10% coinsurance | 10% coinsurance | 40% coinsurance

### Transplants
All approved transplant centers covered at in-network benefit level.
- Office visits | 10% coinsurance | 10% coinsurance | 40% coinsurance
- Inpatient facility fees | Not available | 10% coinsurance | 40% coinsurance
- Other professional services | Not available | 10% coinsurance | 40% coinsurance
- Travel and lodging (as permitted under current IRS guidelines) | Not available | 10% 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
- Emergency Medical Evacuation ($50,000 per evacuation maximum) | Not available | 0% coinsurance, deductible waived
- Repatriation of Remains ($25,000 maximum) | Not available | 0% coinsurance, deductible waived

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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](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.